Oral diagnosis

*Sheet # 3*

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**History & Examination**

^^ We will talk about history and examination. .

History taking is an important skill you should have , either in prostho or cons or endo .

**# Diagnosis (التشخيص )** : (the cause of the patients complain)

Latin word means through knowledge that lead you to the treatment plan.

It's the Acquisition of data about patients and their complains to plan treatment or predict outcomes .

☆accurate diagnosis is the most important part of pts management .

**# diagnostic process**

1. Patients complain ( chief complain(

It's the reason why the patient come to your clinic , usually It's pain or swelling or any other thing .

1. Collection of diagnostic information by history taking(asking questions), clinical examinations and lab tests . After this step you will have the initial diagnosis.
2. Further investigation / differential diagnosis . This will lead you to definitive diagnosis .
3. Treatment plan

**# Diagnosis types ::**

Diagnosis have many types :

1. clinical diagnosis : made from history and examination

for Example: pt has spontaneous pain radiating to the ears it's obvious that it's irreversible pulpitis without any further investigations .

1. pathological diagnosis : provided by histopathology

Ex: a patient has a mass on the Buccal mucosa we can't be sure what's the problem without taking a biopsy under the microscope.

1. Direct diagnosis : diagnosis based on recognition of typical features .

Ex: multiple recurrent ulcer (Aphthous ulcer ) Can be detected easily by their appearance .

1. provisional diagnosis : It's the initial diagnosis. It needs further conformation by tests or investigations
2. Differential diagnosis( تشخيص تفريقي ) : is to make a list of the predicted causes of the complain ( considering similarities and differences between similar conditions , Then after further investigations you can choose the most reliable Diagnosis.
3. Diagnosis by exclusion : Identification of a disease by excluding all other possible causes ,

Ex: leukoplakia - Diagnosed by exclusion .
……….

☆ Diagnosis and History taking depends on communication skills, for ex: same Pt can see multiple Drs. and each Dr. has his own point of view because of the different ways to ask questions.

History taking is the most important part of any treatment ,it allow the clinicians to establish relationship with Pts .

☆ The Dr's attitude of taking history is very important, if the pt felt that you really don't care about what he is saying, he will not say that much , Depriving you from important information which will lead you to false diagnosis.

So approaching the pt in professional trustable and curing attitude is essential for success.

**# History Taking::**

It's important to cover the following points:

1. pt's details (who is the pt )
2. cheif complain .
3. history of chief complaint .
4. Relevant medical history.
5. social and traviling history.
6. Dental history.
7. Family history.

》 1《 general information (pt's details) : name ,Age , gender , marital status, place of residence, ethnic origin ,occupation .

 》2《 presenting complain : why is the pt attending the clinic it's better to be taken by the pt's own words if the pt has multiple complains then you have to list them in the order of importance to the patient .

》 3 《 History of each of the present complains ( cheif complains ) :does it mean when the pain start only !

☆ what's the full story of the pt's complain Not the time of starting.

☆ History of cheif complains should cover all aspects of pt's complains .

1. Date of onset ( when it start).
2. Aggregating Factors .
3. Relieving Factors.
4. Severity of pain ( mild ,, moderate ,, sever ) scale from 1 to 10
5. Change of symptoms over time ( ex: enlargement of the mass over time) .
6. Location of symptoms (localized or distributed.(
7. Investigations thus far .
8. Previous Consultation and treatment .
9. Possible etiology from pt's point of view, this will make your job easier.

During history taking it's better to ask OPEN QUESTION instead LEADING QUESTION which suggest the answer .

So instead of asking: is your tooth pain interrupt your sleep؟

Ask : what do you feel ? Or what's the nature of your pain ??

》 4《 Relevant medical history .

As long as the dentists don't treat teeth , they treat pts that have problems in their teeth . So you have to be aware of the medical history of the patient.

It's important to know if there's any medical condition that might be Relevant to the diagnosis for example the patient's complain can be an oral manifestation of a systemic disease or a side effect of a medication , or sometimes drugs might influence treatment or prognosis ; for example if you want to extract a tooth it's important to know if the patient take Voltaren or not because it's an anticoagulant drug ..

 ☆☆So in the relevant medical history it's important to include:

1. Already diagnosed systemic disease .
2. Recent or current medications especially the cortisol and osteoporosis medications ( bisphosphonates ) , it's important to know if the pt took it recently because it has a lasting effect .
3. Medical history ( drugs allergy ; penicillin or latex for example(.
4. History of hospitalization for serious illnesses or operations, History of open heart surgery for example is important to know before extraction or extensive dental procedures.

First thing to do in taking medical history is to do a review of the systems .

**GENERALY**

Is to ask the pt if he has weight loss , fever , loss of appetite , malaise ..

 **HEAD** : Ask if he has headache , sinus problems

**EAR :** ear itching , pain , discharge

**EYE :** Change in vision ..

in order not to forget the question to ask the patients about , there are **ABC reminder** from A to p

((question that you have to ask every new patients in the medical history ))

***A*** : Allergy , asthma , anemia

***B*** : Bleeding tendency ( hereditary or acquired (due to drug or medications) )

***C***: cardiorespiratory diseases

***D*** : drugs , dermatological disease

***E*** : endocrine diseases especially diabetes

***F*** : fits , faints , familial or inherited diseases

***G*** : gastrointestinal diseases

***H*** : hospital admission , attendances and operations

***I*** : infectious disease especially hepatitis

***J*** : jaundice or liver disease

***k*** : kidney disease

***L*** : likelihood of pregnancy

***M*** : malignancy or history of radiotherapy ( especially head and neck radiotherapy)

***N*** : neurological diseases or epilepsy

***O*** : osteoporosis or bone disease

***P*** : prosthesis or transplant pts ( ex: prosthetic palm or knee )

these questions are important

because some patients when you ask them if they have medical problem they will say no , but if you ask them in details you will find that they have lots of diseases.

》 5《 **Social and travelers history**

ask about occupation , what does the patients work;this information may not help but it is a way for the communication between you and the patients.

☆ **Home circumstances** , important especially in surgical procedure like if an old patient come to you , he have many systemic diseases and he is taking lots of medication and he is living alone ,,it is hard to give him clearance and let him go home , because if any complication occur , he can't manage this situation ..

☆ also ask about **tobacco and alcohol use** , cause these habits affect oral health , make cancer , pigmentation , caries , periodontitis ... etc

☆ **Recreational drug use** : some people use heroin and addictive drugs , you ask about it only for suspected pts , not everyone

☆ also ask about level of stress especially if patient complains have something related to stress diseases : like TMJ dysfunction or facial pain

knowing **level of stresses** affect choosing of type of anesthesia for ex : for stressful patients it is not always enough to make extraction of wisdom tooth under local anesthesia he needs a sedation.

 ☆**recent travels abroad:** it may be related to infectious disease , especially tropical diseases

☆ also in social and travel history we also ask about **dietary habits** ; oral soreness and ulceration , caries and their relation with diet

☆ **contact with pets and wide animal** especially in patients who have enlarged lymph node due to cat scratch disease or toxoplasmosis

note : we will know better about the diseases in the future , but it is important to know about the questions in each component of the history

》 6《 Dental history :

☆ ask about **oral hygiene practice** ;does you brush your teeth ? How many times in the day ??

☆ **attitude toward dental care** ; have you ever visit a dental clinic ?

☆ **history of past dental treatment** , if the patient made denture ,extraction , ortho or endo treatment before ??

For ex: if you took an x-ray to the patient and he had root resorption, these question may help you to know the cause , it maybe because of an orthodontic treatment .

☆ **previous obturation associated with a complication**, cause if it happens in the past it may happen in the future, especially in extraction cases if the pt used to have problems with extraction ( tooth fraction for ex ) you will expect that you going to face this problem during extraction .

》 7《 family history :

 ask about any inherited diseases , for ex : amelogenesis imperfecta

ask about if any of his family member have the same complain that the patient have , especially in ulcer cases , cause it is related to some familial cause.

**\*\* you have to remember that the Dentist is not treating teeth , he is treating patients with complains related to teeth**

# history give us about 90% of the information then after taking history we do examination , to make sure what is the patient's problem**.**

**Then we move on to do" a thorough systematic examination … "**

thorough (in details ) systematic (بطريقة منهجية )

doing examination following certain routine in order to reduce errors ; you start with extra oral then intraoral.

for example in the intraoral you start with buccal mucosa , labial mucosa, tongue then floor of the mouth, palatal mucosa and oral palate , then cheeks and gingival.

it may differ from one dentist to another but it is important to follow a routine.

\*\* the dr show us a video and ask to count how much the balls is passed

there were a gorilla and chicken in the video , if we didn't notice them that is because we were focusing on counting so we miss other things , the purpose of this video : that the person will find what he is looking for , so if you were looking for caries only , you may miss other problems , like oral cancer; usually diagnosed at later stages because the dentists did not notice them before .

***# physical examination include the sequential use of all primary means of examination***

-**inspection** by the eyes

-**palpation** any swelling or abscess

**-percussion**

-**auscultation** , used in some cases of TMJ dysfunction and vascular masses at the neck region .

**# sequence of examination** , first we do screening of the general appearance of the patient (first impression)

there are some features important in the general patients appearance like level of consciousness , facial color and expression , gates and posture.

 **extraoral** : head and neck examination include :

1. inspection of bone abnormalities
2. palpation of neck or salivary gland inflammation
3. TMJ and masticatory muscles
4. maxillary and frontal air sinuses
5. cranial nerve

**intraoral examination** :

it includes mucosal surfaces , buccal , labial , mucosal vestibule , palate, tongue and floor of the mouth , salivary flow , gingiva, periodontal ligament and dentoalveolar ( teeth and alveolar bone ).