

# Introduction to Oral Manifestations of Systemic Diseases

## Evaluation of the Patient

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### KEYWORDS

• Medical history • Review of systems • Imaging studies • Radiographs • Oral diagnosis • Laboratory tests

### KEY POINTS

- For all complaints related to the orofacial region, a detailed evaluation is to be performed.
- The diagnosis is often delivered solely after obtaining a thorough medical history.
- The physical clinical examination should be conducted in a systematic and repeatable fashion, and in a manner to disprove the original provisional diagnosis obtained from the medical history, and to obtain a provisional differential diagnosis.
- Investigations may be required to confirm a diagnosis and prognosis, exclude some diagnoses, or aid in guiding treatment course.

Orofacial manifestations of systemic diseases of various types and causes have similar symptoms and clinical appearances that may make them difficult to diagnose solely on signs and symptoms. Thus, for all complaints related to the orofacial region, a detailed medical evaluation is to be performed, which would entail a detailed medical and dental history, comprehensive examination, performing appropriate tests (eg, imaging studies, laboratory studies, biopsy), or trial therapeutic regimens to obtain a differential diagnosis and a final diagnosis. This article provides a brief overview and review of the general approach to such patients.

### History of present condition and medical history

The major sections of patient interviewing include the following:<sup>1</sup>

#### Source and reliability

- The patient should be the source of information.
- If an interpreter is required, then an official accredited translator should be used rather than a family member. The name of the interpreter and license number should be included in the notes.

### Chief complaint

- This is the patient's brief statement, in their own words, explaining why he or she sought medical attention

### History of present illness

History of present illness refers to recent changes in health that led the patient to seek care. It should describe the information relevant to the chief complaint:

- Time of onset
- Initiating factors or incidences that preceded onset (eg, illnesses, injury, activities, new medications)
- The interviewer must determine if there are any debilitating symptoms that might impact the patient:<sup>1</sup>
  - Pain
  - Constipation
  - Weakness
  - Nausea
  - Shortness of breath
  - Depression
- Anatomic location (as noted by patient)
- Degree of pain (for example, using a 0 [none] to 10 [worst] scale) currently, average, and at worst
- Temporality of symptoms: continuous versus intermittent, times of day
- Exacerbating and alleviating factors
- Previous providers whom they sought care for this condition
- Previous treatments performed, and their response to therapy

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## Past medical, family, and social history

An overall assessment of the patient's health before the present illness should be performed and should include the following:

- Medical
  - General current state of health
  - Past: Illnesses, injuries or accidents, hospitalizations, surgeries, immunizations
    - The record of the past illnesses should include childhood and adult problems
  - Allergies (medications, food, environmental)
- Current medications
- Complementary/alternative therapies to include supplements
- Immunizations
- Social
  - Tobacco use (past and current)
  - Alcohol use (past and current)
  - Substance abuse
  - Diet
  - Sleep patterns
  - Current occupation
- Family
  - Information about the entire family, living and deceased, history of significant illnesses (eg, diabetes, cardiac, cancer, autoimmune conditions)
  - Attention to possible genetic and environmental aspects of disease should be considered
  - Considerations also include country of origin of family members, whether the patient grew up in a rural or urban setting, in what country did he or she grow up, at what age did the patient emigrate, the patient's native language, and the ethnicity of the spouse
- Psychological history
  - Information about the education, life experiences, and personal relationships of the patient
  - Information about the patient's lifestyle, schooling, military service, religious beliefs, and marital relationships<sup>2</sup>

## Occupational and environmental history

- Inquire about all occupations and the duration of each and temporal relationship between the onset of illness and exposure. Exposure to potential disease-producing substances should be considered.
- Occupational exposures account for an estimated 50,000 to 70,000 deaths annually in the United States.
- More than 350,000 new cases of occupational disease are recognized each year.
- Inquire whether the patient resides or ever resided near mines, farms, factories, or shipyards.<sup>2</sup>

## Review of systems

- The review of symptoms should summarize all symptoms the patient is currently experiencing and is best organized from the head to the extremities. The review of systems should include the following: general, skin, head, eyes, ears, nose, mouth, throat, neck, chest, cardiac, vascular, breasts, gastrointestinal, urinary, genitalia, musculoskeletal, and neurologic.<sup>3</sup>

- Examples of systemic conditions elicited from the medical history or review of systems that manifest in the orofacial area or impact dental treatment are outlined in [Table 1](#).

## Examination

A systematic and thorough approach should be used to examine the patient, executing the examination in the same sequence each time to avoid skipping steps. The purpose of the examination is to disprove or test any bias or conclusions that the provider elicits from their interview.

## Vital signs

A thorough examination often begins by taking vital signs, which often include pulse, blood pressure, temperature, conscious state, and respiration rate. Normal values are listed below.<sup>3</sup>

- Normal average temperature for an adult: 36.6°C, 97.8°F
- Normal average blood pressure for an adult: 120/80 mmHg
- Normal pulse for an adult: 60 to 80 bpm

- Elevated temperature may indicate an infectious process
- If the pulse rate is significantly high, a provider should explore causes such as fear/anxiety, physical exertion, cardiac problems, or hyperthyroidism

## General evaluation

- Provider should make an assessment of the patient's orientation to person, place, and time.
- Start with the most general aspect and include assessing the patient's overall appearance.
- Overall affect: Do they look well? Distressed? Anxious? Alert?
  - Because there can be strong correlations between psychological stressors and some conditions such as orofacial pain, a provider should make an attempt to gauge any psychological stressors that might be contributing and might affect treatment.<sup>4</sup>
- The skin should also be examined for rashes, pallor, erythema, lesions, and discolorations. The patient's hands should be visualized for evidence of arthritis and Raynaud syndrome, and the patient's nails evaluated for changes in shape/color<sup>3</sup>
- If significant weight loss is noted, this could be a sign of an eating disorder, nutritional problem, or systemic disease, and the patient should be questioned further.

## Cranial nerve examination

- Damage to one of the cranial nerves may result in a motor or sensory deficiency ([Table 2](#)).

## American Society of Anesthesiologists classification of physical status

This classification is summarized by the following:

- Class I: Healthy
- Class II: Controlled, mild systemic disease

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