

Case Report

Proper Oral Examination - A Precursor of better Diagnosis

Mirza Asif Ali Beigh

Dental Surgeon, Private Practitioner, Alamgari Bazar, Srinagar, Jammu and Kashmir, India

ABSTRACT:

Good diagnosis helps in dispensing good treatment to the patients, consequently providing relief from pain and reducing his or her psychological stress. The paper is designed around a case study to investigate Irreversible Pulpitis, Apical Periodontitis and Trigeminal Neuralgia, its proper diagnosis and treatment.

Key word(s): Oral examination, Pulpal involvement, Tooth tenderness, Trigeminal neuralgia.

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Corresponding author: Mirza Asif Ali Beigh, Dental Surgeon, Private Practitioner, Alamgari Bazar, Srinagar, Jammu and Kashmir, India

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INTRODUCTION

Oral examination play effective role in management of patients and relief from pain. Inspection of (both hard and soft tissues) oral cavity including extra oral examination of face play important role in reducing pain. One such case is a very small carious lesion with or without tenderness (acute irreversible pulpitis, apical periodontitis) on any surface of teeth which often get unnoticed, leading to pain as discussed in case report 1.

Moreover, pain from a tooth may get referred to other orofacial structures or sometimes facial pain disorders may mimic the symptoms of toothache, the same has been reported in case study 2, where the patient was eventually diagnosed with trigeminal neuralgia or facial pain.

CASE REPORT 1

A 33 year old male patient visited our clinic concerning pain on left side of face since 4 months. Patient has visited some other Dental Clinics and was prescribed paracetamol with some anti sensitivity tooth paste, which didn't result in any form of relief from pain. As intensity of pain was increased over a period of time, patient visited our clinic. Proper clinical examination was done, both hard and soft tissue were examined including salivary glands. Extra oral examination of face was also done. It was found that left Mandibular teeth has abrasion on Buccal surface. Moreover, on further investigation left

Maxillary last molar (28) has pin point caries on Buccal surface and tooth is Tender on percussion (Apical periodontitis) [4,5]. Re-examination was done not to leave any structure un-checked. Patient was informed about the findings and was put on antibiotics, extraction of tooth was planned as patient was not ready for endodontic treatment. Next day extraction was performed after administration of 2% lignocaine with 1:1000000 Adrenaline. Patient was recalled after 24 hours. It was found that there was no pain and there was no need to take analgesics post operatively and patient was psychologically relieved almost after 4 months.

CASE REPORT 2

A 30 year old female patient visited our clinic concerning pain on right side of the face. Patient is of opinion that she has pain in right upper first molar tooth (16). On both clinical and radiological examination it was found "16" neither has caries nor is it tender on percussion. Other teeth were also checked followed by soft tissue examination. Extra oral examination was done. As such no problem was found [16]. Since patient insisted on pain in relation to 16, and there is missing right upper second premolar (15) as such "16" was mesially drifted leading to improper occlusion, therefore 16 was relieved out of occlusion and analgesics were prescribed for a few days and patient was sent back. In the next appointment patient again gives history of

intermittently severe pain, so provisional diagnosis was made as Trigeminal neuralgia [2,3] and patient was put on carbamazepine [7] and patient was recalled after 5 days. After 5 days it was found that there was no pain and as such patient was relieved from mental anguish. On recall visit after 6 month, patient did not give any history of pain.

DISCUSSION

Adherence to poor treatment due to poor diagnosis may prove a barrier in attaining proper clinical outcomes. The study reports that sometimes there is caries in multiple teeth on the same side of the jaw in the same quadrant or opposite arch. To identify the condition, teeth causing pain and discomfort to patients may require thorough oral examination and experience by the dental practitioners. Moreover, it was found that some oral pain is due to other underlying diseases (soft tissue diseases or neural involvement) such as; lichens, leukoplakia, erythroplakia, salivary duct stones or due to trigeminal neuralgia [2,4,5]. Thus its a matter of necessity to know the type of pain causing patient's illness which makes it easier for choosing the right kind of treatment.

CONCLUSION

Diagnosis can be challenging and complicated. Studies have reported that diagnosis forms the backbone of treatment planning. Accurate diagnosis is essential to initiate the appropriate treatment at the apt time. Diagnosis involves eliciting the signs and symptoms of the patient and their accurate

interpretations. The subtle signs that can go unnoticed lead to misdiagnosis and subsequent agony to the patient. Alertness on part of the clinician is important to avoid this error [1].

Conclusively, with effective treatment planning and successful implementation of the plan, many people can find wellness and return to being productive family members, employees, and citizens.

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