

## Case Report

### The hazard of treatment by dental quack – non recognition of underlying systemic disease

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#### **ABSTRACT:**

Medical and dental quacks practice on the roadside and continue to thrive in the twenty first century especially in low income countries where poverty and lack of health facility force people to undergo their treatment by such quacks. Recognizing an underlying systemic disorder like diabetes and hypertension change body response and therefore is vital to be recognized and treated first before any local medical and dental treatment is done. We present a case of a 43 year old patient who was suffering from diabetes and was wearing a faulty prosthesis. Trauma and infection caused by prosthesis had resulted in the development of chronic osteomyelitis of the maxilla which is rare in occurrence. The faulty prosthesis was removed and an excisional biopsy was performed thus removing all the infectious bone.

**Key words:** osteomyelitis, diabetes mellitus, hypertension, partial denture, necrosis.

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#### **Introduction**

Many times we make choices that at times become a nightmare for us. Since dentistry has evolved from the work of lay practitioners, many dental quacks (charlatan) still thrive in present era although dentistry is a self regulation profession in most parts of the modern world. It is not surprising to see dental quacks working even in luxurious cities and towns especially in low income countries where most patients decide to get treated by a dental quack mainly due to financial restraints. A quack has been defined as an unqualified person who falsely claims to have medical knowledge<sup>1</sup> and perform quack remedies or quack cures which are unlikely to work since they are not scientific.<sup>2</sup> Studies have shown that elderly, less educated, low socioeconomic class people and inaccessible dental care to be the reason for people to make such choices.<sup>3</sup> Although, they may do any kind of dental work, the most common treatment done by quacks is the prosthetic treatment.<sup>4</sup> Among various prosthodontic treatments, the most tempting treatment done by quacks is to place a partial

denture that is attached to the remaining teeth using wire or placing self cure denture base acrylic resin in an undercut area so that the patient cannot remove it on his own. Since such prosthesis is fixed within the natural teeth, the patient develops a sense of self confidence since the denture does not come out of its place. Such prosthetic treatment damages periodontium and causes tooth decay in an otherwise healthy patient.

Serious problems can, however occur in patients who are systemically compromised like underlying diabetes and hypertension especially if it is uncontrolled and progressive. Currently, there are no studies who have investigated the potential hazards of undergoing a dental treatment by a dental quack who does not have the ability to recognize patients systemic status and treat the patient accordingly. This article in the form of a case report presents a patient who was suffering from uncontrolled diabetes mellitus and developed chronic osteomyelitis in the maxilla under an acrylic fixed partial denture made by a dental quack.

### Case report

An adult male patient aged 43 years, was referred to the department of prosthodontics from oral medicine and diagnosis for removal of faulty prosthesis in



**Figure 1: (A) Intra oral view of maxillary left side showing the suppurative lesion (B) Pus exudate from the lesion**

relation to maxillary left canine. The tentative provisional clinical diagnosis made by the department was chronic osteomyelitis of maxillary left side in relation to an acrylic fixed partial denture (missing tooth left maxillary canine) (**Fig 1A**). The final confirmatory diagnosis was awaited after histological findings. The patient's medical history revealed that the patient was diagnosed to have diabetes mellitus which was thought to be long standing since patient had not sought any treatment in the past except for the missing left canine which he sought from a dental quack for esthetic reasons about one year back. Patient had developed pain and swelling 7 days back along with pus discharge in the region (**Fig 1b**) which the patient claimed to be since a month or more. Patient also reported to have cough, nasal congestion and fever at times. Pain was mild to moderate, but continuous while getting aggravated on eating. Intra oral examination revealed alveolar ridge opening on the labial and buccal cortical plates that extended deep. The local and systemic condition were controlled through a medical referral and the final treatment was performed with an excisional biopsy.

### Discussion

Osteomyelitis is inflammation of the bone which is rarely seen to occur in maxilla except in patients with underlying diabetes.<sup>5</sup> The primary

objective of presenting this case is to highlight the hazards of any medical or dental treatment by a quack who does not recognize the significance of patients underlying medical disease and plan quack remedy accordingly. The results of such treatment as in this case are obviously disastrous. Systemic diseases like diabetes mellitus act as suppressor of the host immune response along with compromised vascularity in the affected region (arteritis of smaller vessels).<sup>6</sup> A prosthesis like acrylic fixed partial denture acts as a nidus of infection which cannot be cleaned by the patient. Patients need to be made aware of the fact that unlicensed practitioners or quacks lack training, qualifications and knowledge thus differing from even those who can practice herbal or ayurvedic therapies.<sup>4,7</sup> Patient awareness regarding the inability of quack to recognize his medical condition becomes more important since a study by Naidu, has shown that two thirds of the patients in their study were satisfied with the treatment by the dental quack and over one third of their study sample would use a quack again.<sup>8</sup> Role of government bodies to direct health policy to bring public awareness is mandatory in low income countries like India, where medical and dental quacks are thriving even in the twenty first century.

### Conclusion

Underlying medical condition compromises the patients' ability to respond to treatment and identification of such systemic disorders is essential which self styled health workers like quacks are neither trained nor capable of. Awareness of patients is mandatory for their benefit.

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