

# History, Examination, diagnosis and treatment

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- Diagnosis is the art of identification or recognition of the patient's problem
- To achieve proper diagnosis, the operator should have:
  - Interest
  - Intuition
  - Curiosity
  - Patience
  - Sense

- All the collected data from the patient must be registered in the patient chart which should be uncomplicated, comprehensive, accessible and up to date
- This chart could be electronic form (softcopy) or paper form (hardcopy)
- The Chart is then followed by an interview with the patient to validate the given information and extract any missing data

- **Diagnostic procedures includes:**

- I. Patient assessment & information gathering
- II. Clinical examination

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# **PATIENT ASSESSMENT & INFORMATION GATHERING**

**DEMOGRAPHIC DATA**

**CHIEF COMPLAINT**

**MEDICAL HISTORY**

**DENTAL HISTORY**



# DEMOGRAPHIC DATA

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## 1. Name:

- Calling the patient in his name adds a more ethical communication

## 2. Address:

- Patient from area known by epidemic infections needs special precautions
- Reflects patient availability and frequency of treatment appointments

### **3. Age:**

- Size and approximation of the pulp chamber
- Depth of the cavity and biological principles to be followed
- Position of the gingival attachment
- Condition of calcified Tooth structure (attrition)
- Selection of restorative material & technique



## 4. Gender:

- Certain diseases are related to specific sex, e.g. gingival enlargement during pregnancy and menstruation
- Palatal erosive lesions due to regurgitation of gastric uptake and hyperacidity during pregnancy
- Selection of restorative material & technique



Pregnancy gingivitis



Pregnancy gingival polyp



## 5. Occupation:

- Provides an idea about certain occupational defects, e.g. notches in anterior teeth of dressmakers and carpenters
- Degree of interest of the restorative treatment
- The material & technique of choice



Occupational tooth wear

# CHIEF COMPLAINT

## **Definition:**

- The main problem that drives the patient to dental clinic
- Should be recorded in patient's own words

## **Complaints that may need restorative management:**

- Food stagnation & impaction
- Cavitation or fracture
- Discoloration
- Sensitivity or pain



# CHIEF COMPLAINT

## History of C.C.:

- It helps the clinician to establish location, nature, quality and urgency of the problem.
- It also encourages the patient to volunteer additional information that will complete the verbal picture of the problem
- **Ask about:**
  - 1. Commencement:** when did it/they start?
  - 2. Location:** ask the patient to describe or ask them to point/outline the area with one finger
  - 3. Type:** description of symptoms. Avoid putting words in the patient's mouth
  - 4. Incidence:** how long ago did the episodes start?
  - 5. Duration:** for how long do they persist? Frequency? Are they getting better, staying the same, or deteriorating?
  - 6. Initiating/relieving factors:** does anything make the symptoms worse or better?
- Answers to the above will often provide the clues to help direct the clinician to the correct diagnosis

# . MEDICAL HISTORY

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- Before examination and diagnosis, the patient completes a standard & comprehensive medical history form
- The form is the focus of the subsequent patient interview with the practitioner that helps identify conditions that could alter, complicate, or contraindicate proposed dental procedures



# MEDICAL HISTORY

## Importance:

- There are no systemic contra-indications to restorative treatment except those in uncontrolled diabetes and patient with a recent history of myocardial infarction, are temporary contra-indicated due to the L.A., till they will be controlled
- Some patients may require antibiotic prophylaxis before starting dental treatment because of systemic conditions, e.g. prosthetic valve, history of rheumatic fever, cancer chemotherapy and / or radiotherapy
- Patients with infectious diseases need special precautions to prevent cross infection to the dental staff or to the other patients, e.g. Hepatitis, Herpes, AIDS, Syphilis, T.B.
- To avoid adverse drug interaction with a medication that might be prescribed during treatment
- Some conditions may contra-indicate the use of certain equipment during treatment e.g. E.P.T. Such conditions as patient with pace-maker of the heart
- Some patients are aware of their systemic condition while others may not

# I.C. MEDICAL HISTORY

## Technique:

- Most oral healthcare teams use a formatted checklist, which should include information about:
  - Cardiac problems or disease / rheumatic fever / blood pressure
  - Respiratory disease / asthma / shortness of breath
  - Diabetes / epilepsy / jaundice / hepatitis history
  - Current / recent past medications
  - Allergies
  - Bleeding / hemorrhages/ clotting defects
  - other illnesses / operations / hospital admissions
  - Pregnancy
  - HIV / AIDS / communicable disease risk



## I.C. MEDICAL HISTORY

Scully and Cawson gave a checklist of medical conditions that should be reviewed and need special care\*:

- Anemia
- Bleeding Disorders
- Cardio-Respiratory Disorder
- Drug treatment & Allergies
- Endocrine Disease
- Fits & Faints
- Gastrointestinal Disorders
- Hospital Admissions
- Infections
- Jaundice
- Kidney Disorders
- Likelihood of pregnancy or
- Pregnancy
- Mental state
- Neurologic problem

# I.D. DENTAL HISTORY

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## Importance:

- Provides an idea about the degree of interest and satisfaction of the patient to different dental treatment techniques
- Also it gives an idea about the suspected unwanted or adverse reactions of the patient that may occur due to dental treatment

*“It is important to understand past experiences in order to provide optimal care in the future”*

# CLINICAL EXAMINATION & DIAGNOSIS

- **Examination** is the process of observing and testing both normal and abnormal conditions
- **Diagnosis** is the determination and judgment of variations from normal

**EXAMINATION OF DENTAL CARIES**

**EXAMINATION OF EXISTING RESTORATION**

**EXAMINATION OF OTHER TOOTH DEFECTS**

**ADJUNCTIVE AIDS FOR EXAMINING TEETH & RESTORATIONS**

**EXAMINATION OF OCCLUSION**

**EXAMINATION OF PATIENT IN PAIN**

**EXAMINATION OF CRACKED TOOTH**

## **EXAMINATION OF DENTAL CARIES**

- Traditional Techniques
- Advanced Caries Detection Aids
- Caries Risk Assessment

## **EXAMINATION OF EXISTING RESTORATION**

- Amalgam restoration
- Tooth Colored Restoration
- Indirect Restoration

## **TRADITIONAL TECHNIQUES:**

- a) Visual Examination
- b) Tactile Examination
- c) Radiographic Examination
- d) Limitations of Traditional Techniques

## **ADVANCED CARIES DETECTION AIDS**

- a) Electronic Caries Detector
- b) Caries Detection Dye (CDD)
- c) Laser Fluorescence (DIAGNOdent & QLF)



- **Visual detection of carious lesions relies on the following operator-controlled factors:**

1. Using **'sharp' eyes** and the recommended use of magnification in the form of dental loupes
2. Using **good illumination** from the overhead dental chair light or a more focused light from an LED headlight, usually coupled with the use of magnification loupes
3. Having **clean and dry tooth surfaces** to examine both wet and dry using a 3-1 air/water syringe. If surface debris (plaque/calculus) is present, this may have to be removed prior to any dental examination taking place
4. Using **rounded/ball-ended dental explorers**—the use of sharp dental probes is contraindicated for carious lesion detection as they can, with injudicious use, cause cavitation in a previously non-

## II.F. EXAMINATION OF PATIENT IN PAIN

- Treating patient in pain is a challenge that depends mainly on operator's diagnostic skills
- Skillful operator should determine and diagnose the cause of discomfort and then provide relief
- The problem could be identified and treated by careful piecing together subjective information from the patient with objective information from the clinical examination along with appropriate tests as follows:
  - a) Regardless the patient is new to the practice or not, the **medical history** must be reviewed
  - b) The patient is then asked to **describe the problem in detail** including:
    1. The onset and duration of the pain
    2. Stimuli causing the pain
    3. Spontaneity of the pain
    4. Intensity of the pain
    5. Factors that relieve the pain



## II.F. EXAMINATION OF PATIENT IN PAIN

- During this discussion the dentist begins to formulate an idea about the potential cause of the pain and means for verifying it
  - Care should be taken, not to focus too quickly, instead, all possible sources of pain must be considered (systemic, pulpal, periodontal, restorative, degenerative or neoplastic)
- c) After assessing the subjective symptoms described by the patient and developing a preliminary diagnosis, a **thorough clinical examination** with the use of the adjunctive tests and radiographic examination is done

in addition to periodontal evaluation with periodontal probing (that can help rule out periodontal abscess) and the integrity of existing restorations is evaluated as described before to confirm the diagnosis

# Oral hygien

- ▶ Good
- ▶ Bad
- ▶ Fair

# Periodontal condition

- ▶ Gingivitis
- ▶ Periodontitis
- ▶ Normal

- ▶ Non-vital teeth
- ▶ Missing teeth
- ▶ Crown and bridge



# Treatment plan

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**Thank you**

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