

# **Oral Medicine 526:** **General Medicine**

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# **Oral Medicine 526:**

## **General Medicine**

### **Goal:**

- a) Present the more common medical conditions that are likely to be encountered in clinical dental practices that impact the practice of dentistry**
- b) Provide a parallel clinical experience that this knowledge about medical – dental can be applied for patients being seen in the school's Emergency Clinic**

# Oral Medicine 526: Course Components

- **Clinical Rotations: 10% of grade**
  - Urgent Care Clinic rotations / write-ups
- **Lecture Course:**
  - 19 hours of lecture
  - 1 mid-term ; Final exam

# Oral Medicine 526: General Medicine

## Dr. Stuart Taylor

### Course Clinical Component

- Emergency clinic (B-229)
- Tuesdays and Fridays, 8:00-9:20 AM
- Interview and examine patients
  - Medical health review for dental school patients
  - Complete medical health history summary form
- 10% of final grade

***See web site for details***

<http://faculty.washington.edu/mschuber/oralm526/homepage.html>

# Oral Medicine 526: General Medicine

## Lecture Course Component

### • Course Web Site:

<http://faculty.washington.edu/mschuber/oralm526/homepage.html>

#### → Lecture schedule / Reading Assignments

- ***“Dental Management of the Medically Compromised Patient”***  
Little, Falace, Miller and Rhodus, 7th edition, 2007
- Additional reading materials may be assigned, too

#### → Lecture slides: PowerPoint slide files in PDF on web

#### → Tests and Grading Policies

- Testing on: Lectures and Reading assignments
- Examinations: 90% of total grade
- Exams: - 1 Mid-term Exam (Lectures 1-8; 42%)  
- 1 Final Exam (Lectures 9-18; 58%)
- Grading: ***See Course Web Site for details***
  - Adjusted curve
  - Oral Medicine Percentile to Decimal grade conversion table

## Scenario #1:

You are in Emergency Clinic and have a patient who you assigned to working up. The patient has an acute abscess that is causing significant pain for the last few days and getting worse. Review of health history shows that he has a history of hypertension and he reports to be on meds for it.

– How should you treat this patient's dental emergency if his blood pressure is:

1. 140 / 90?
2. 180 / 99?
3. 205 / 110?
4. 110 / 60?

How would this change if he was not on any medications for hypertension?

- What advice would you give this patient about following up on these detected changes

## Scenario #2:

- **You have a patient assigned to you as a periodontal / fixed prosthetics (possibly with implants) case. After completing basic assessment examination, you note that she has moderately rampant periodontal disease, and numerous missing teeth. The patient's health history reveals that she has had Type 1 diabetes since the age of 20; she thinks she is well controlled, but does not really check her blood sugars "as much as she should".**
  - **How could her diabetes affect your treatment planning?**
  - **What is your concern about her periodontal status relative to her diabetes and how her diabetes will effect her periodontal disease and recovery from dental surgeries?**
  - **When you prepare the patient for extractions and/or implant surgery, what specific guidelines should you impose relative to her surgical treatment and her diabetes management?**

## Scenario #3

A patient of yours is coming in for routine cleaning and check up. He complains of being a bit more fatigued than usual, but his work has been very hectic (trying to close a big real estate transaction for his law firm). Remainder of his health history and exam are non remarkable. The patient's gingivitis is a bit worse than usual. Local factors are mild to moderate. The hygienist notes that after probing there is a bit of oozing, but it stops after about 5 minutes. She goes over oral hygiene techniques with him. The hygienist sees him back in two weeks for scaling and a perio follow-up -- but he does not look much better. He now has a cold, too. Bleeding lasts for 3-4 minutes after scaling / prophy.

- How would you assess this patient's status – What would you start to “think about” – Should you be concerned about this now?
- What would advise him to do – how would you follow-up with him?

## Scenario #4

**You have a patient who has a history of a heart murmur but she does not know what type of murmur is. She has a toothache due to a periodontal abscess (possibly a non-vital tooth, too). She is in a lot of pain and “demands” that you take the tooth out as it is “killing her”.**

**What should you do at this point?**

- What additional information do you absolutely have to get before treating this emergency?**
- What are your options for treating this type of case?**

# What does all of this mean?

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- **How do you see yourself as a dentist:**
  - A skilled technician or as a health care provider?
    - a) If it is the latter what does that mean – what are your responsibilities to your patients relative to health care delivery?
    - b) When do “teeth and gums” become separate from the whole mouth → from the rest of the patient?

Patient needs and health situations / expectations

Responsibilities to our patients

# What does all of this have to do with this class?

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## What this course is NOT:

- It is not a detailed pathobiology course
- It is not an internal medicine course

## What we are trying to make this course is to provide practical basic knowledge

# What does all of this have to do with this class?

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## What we are trying to make this course is:

- **Practical basic understanding:**
  - **Enough pathobiology to make the more common and important medical conditions encountered in dental practice “makes sense”**
  - **How does the condition affect the mouth?**
  - **How does the mouth affect the condition?**
  - **Basics of management of the condition relative to oral health**
  - **How and when to provide dental treatment for patients with that condition**
  - **How to communicate with patients and physicians intelligently**

# Elements of Clinical Medicine in Dentistry

- **Health history**
- **Medical status review**
- **Vital signs**
- **Physical assessment**
- **Head / neck examination**
- **Oral / Dental examination**

**.....FOLLOW – UP!**

**Keep your eyes open!**

**Stay alert**

**Pay attention**

**Don't assume anything**

# A few housekeeping issues

## **Web site**

<http://faculty.washington.edu/mschuber/oralm526/homepage.html>

## **Course Goals / objective**

**Lecture schedule** (PDF downloadable)

**Clinic rotation schedule**

**Reading assignments**

**Test policies / style**

**Grading policies**

# Test Format

- **Case Based Questions:**
  - **Brief** clinical scenarios followed by a series of questions to answer relevant to the described case
    - True false
    - Multiple choice
  - **Computer graded (upper campus: fast turn around)**
  - **Graded on an adjusted curve**
  - **Mid term = 42% of grade (8 lectures)**
  - **Final = 58% of grade (11 lectures) -- Final exam is NOT comprehensive**

# Test Format

**A 25 year old patient comes into clinic with a 3 day history of bleeding gums, obvious suppurative gingival lesions and ulcers. He appears to be systemically ill. Head and neck exam reveals numerous slightly tender enlarged submandibular and cervical lymph node. The onset has steadily increased over the last 2 weeks.**

**1) Which diagnosis does not fit with this description**

- a) Hodgkin's lymphoma**
- b) AML**
- c) CML in chronic phase**
- d) CML in blast crisis**

**2) The most prominent dental concern for this patient include all of the following except:**

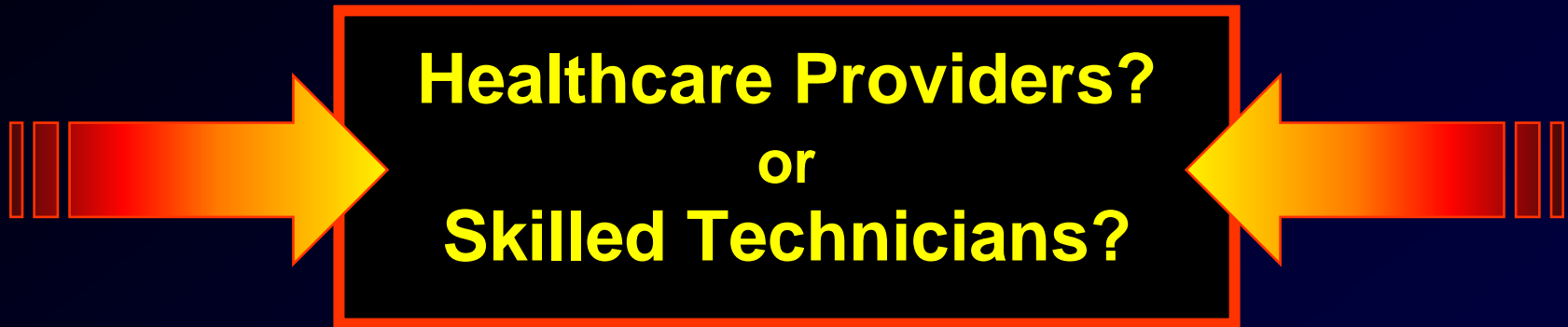
- 1) Risk for infection**
- 2) Risk for bleeding**
- 3) Need for an occlusal adjustment to prevent bruxing**

**3) .....**

A patient calls complaining that his mouth is very sore on the side that you placed a full crown on #19 5 weeks ago. He awoke this morning with the pain and has sores on his left cheek and left side of his tongue, and possibly his left lower lip. On exam multiple ulcerative lesions all on the left side. His temperature, pulse, HR, and respiration are normal; left cervical nodes and sub mandibular nodes are slightly enlarged and rubbery, but slightly tender to palpation. There is a small 1 cm. firm mass on the left posterior soft palate that is firm, non-mobile, and painless.

- 1) Given the clinical presentation of the mass on the soft palate and the enlarged nodes, which white cell disorder could this most likely be:**
  - a) Chronic lymphocytic leukemia
  - b) Acute lymphocytic leukemia
  - c) Acute myelogenous leukemia
  - d) Hodgkin's disease (lymphoma)
  - e) Non-Hodgkin's lymphoma
  
- 2) The patient is eventually diagnosed and treated with standard chemotherapy. All of the following oral complications can complicate this therapy except:**
  - a) Oral mucositis
  - b) Taste dysfunction
  - c) Graft versus host disease
  - d) Xerostomia
  - e) Oral infections (HSV, yeast, etc.)

# Does dentistry truly fulfill its responsibility as a health care profession?



- How does dentistry relate to total health?
- Oral cavity: Part of the whole patient
  - Oral Health  $\leftrightarrow$  Systemic Health

**Keeping the balance:**

Dental Health  $\leftrightarrow$  Oral Health  $\leftrightarrow$  Systemic Health

**Oh, yes, and by the way...don't pay attention,  
don't practice what you are taught, don't  
keep up with advances in medicine.....**

**YOU BETTER MAKE SURE THAT YOUR  
MALPRACTICE INSURANCE IS PAID UP  
and have a good lawyer, too**