

Approach to the Dental Patient

Introduction



<http://www.sandiegolaserperio.info/wp-content/uploads/2012/05/dentalpatient.jpg>

A physician should always examine the mouth and be able to recognize major oral disorders, particularly possible cancers. However, consultation with a dentist is needed to evaluate **non-malignant** changes as well as patients with tooth problems. Likewise, patients with **xerostomia** or unexplained swelling or pain in the mouth, face, or neck require a dental consultation. Children with abnormal **facies** (who also may have dental **malformations** requiring correction) should be evaluated by a dentist. In F.U.O. or a systemic infection of unknown cause, a dental disorder should be considered. A dental consultation is necessary before head and neck **radiation therapy** and is advisable before **chemotherapy**.

Common dental disorders are discussed in Common Dental Disorders. Dental emergencies, including toothache, are discussed in Dental Emergencies. Other dental and oral symptoms are discussed in Symptoms of Dental and Oral Disorders.

Geriatrics Essentials

With aging, resting **salivary secretion** diminishes and can be further diminished by drugs, although meal-stimulated salivary flow is usually adequate. The flattened cusps of worn teeth and weakness of the masticatory muscles may make chewing tiresome, impairing food intake. Loss of bone mass in the jaws (particularly the alveolar portion), dryness of the mouth, thinning of the oral **mucosa**, and impaired coordination of lip, cheek, and tongue movements may make denture retention difficult. The taste buds become less sensitive, so the elderly may add abundant seasonings, particularly salt (which is harmful for some), or they may desire very hot foods for more taste, sometimes burning the often atrophic oral mucosa. **Gingival** recession and **xerostomia** contribute to development of root caries. Despite these changes, improved dental hygiene has greatly decreased the prevalence of tooth loss, and older people can expect to retain their teeth.



<http://www.rochesterhillsmidentist.com/wp-content/uploads/2012/08/teethfood.jpg>

Poor oral health contributes to poor nutritional intake, which impairs general health. Dental disease (particularly **periodontitis**) is associated with a 2-fold increased risk of **coronary artery disease**. Edentulous patients cannot have periodontitis (because they do not have a **periodontium**), although periodontitis may have resulted in their tooth loss. Aspiration pneumonia in patients with **periodontitis** can involve **anaerobic organisms** and has a high mortality rate. Severe **bacteremias** secondary to acute or chronic dental infection may contribute to brain **abscesses**, **cavernous sinus thrombosis**, **endocarditis**, prosthetic joint infections, and unexplained fevers.

Reference: <http://www.merckmanuals.com>

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