Oral medicine: The other side of general practice

The majority of our daily activities in general attending dentistry involve the repair of oral damage. Our clinical training is largely based on mastery of the microsurgical techniques required for those repairs. Concentration on those techniques to the extent that we fail to understand how to manage other aspects of our patients' health reduces us to episodic mechanical interventionists. Such a limited role is not worthy of status as a learned profession.

Every patient we accept into our practices brings a number of contributing factors attached to his or her oral condition. Those factors must be managed adequately if we wish to have predictably successful treatment outcomes.

Last month we looked at occlusal stress as a factor, remembering that the key to clinical success is diagnosis of all disease factors that are active in each patient. This month we highlight two articles dealing with systemic diseases that manifest partially as oral mucocutaneous problems: one common and one rare. They are featured together as a reminder that during a career, we will encounter all sorts of conditions, and we must be able to recognize and manage them when they present.

Dr Jonathan Ship and colleagues present a comprehensive paper on recurrent aphthous stomatitis (RAS), which has been identified as the most common oral mucosal disease in humans (page 95). Dr William Carl et al offer a case report on the rare Behçet's disease (page 113). Both conditions merit close attention, as do all other soft tissue conditions. Our responsibility to our patients is either to treat all contributing conditions ourselves or refer the patient to someone who can. All such conditions must be dealt with adequately before we begin definitive restorative treatment.

Dr Ship et al's article is instructive in its completeness. In reviewing the differential diagnosis for patients with oral ulcerations, consideration is given to numerous causes and similar conditions that must be assessed as one moves toward the diagnosis of recurrent aphthous stomatitis. It reminds us of the importance of a careful patient history, because a partial list of contributing factors to RAS includes local, systemic, microbial, nutritional, allergic, immunologic, and genetic considerations that must be evaluated at the outset. These findings will either indicate or rule out several similar conditions: primarily herpes simplex virus, varicella zoster virus, herpangina, erythema multiforme, hand-foot-and-mouth disease, oral lichen planus, pemphigus vulgaris, and cicatricial pemphigoid.

Diagnostic decision trees in the article walk the clinician through the "if-then" sequences that must be answered to decide whether we should treat the patient ourselves or refer to other health care professionals. A section on patient management and treatment follows, moving from simple to increasingly complex cases of RAS. Indications for various drug therapies are given, from primary to secondary and tertiary treatment strategies, along with adjunctive therapy. This must-read paper is a wonderful review of many considerations necessary to adequately manage some of the soft tissue challenges we inevitably meet in our practices.

Dr Carl et al present a 26-year-old patient who suffers debilitating constriction throughout the mouth secondary to inelastic scar tissue formation. Failing oral hygiene and severely limited oral access pose incredibly difficult treatment decisions for patient and doctors alike. The complexities of treating patients such as this often tax us to and beyond our limits, but these are the cases that either distinguish or shame us.

We distinguish ourselves and our profession when we include such patients under our practice competency umbrella, either by referral or treatment. We shame ourselves by failing to recognize, diagnose, and manage those conditions.

If you have "what-would-you-do" types of cases that present increasingly difficult and complex conditions, submit them to QI. All such cases are worth sharing with our readers, because the chances are high that such a case will present sometime in our practice career.

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