

Medically Compromised Dental Patient: Dentists Nightmare

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Introduction

Present day advances in medical sciences and technology has resulted in substantial increase in the volume of dental patients with systemic illnesses. The term Medically Compromised refers to dental patients with impaired health status like pregnancy, or patients with systemic diseases like ischemic heart disease, congenital heart disease, liver disease, renal disease, asthma, patients with immunodeficiency and patients with altered immune status. Search of literature showed a paucity of data regarding prevalence of medical diseases and conditions among the dental patients. Absence or inadequacy of precautions needed to be taken while carrying out routine dental treatment in these patients may result in worsening their medical status or even result in a fatality. Care needs to be taken while prescribing medications for these patients in the form of altered dosage or altering the medications themselves. Medico-legal litigations are reportedly on the rise in all the countries across the globe due to increased patient activism and awareness of their rights and sensationalization of such cases by the media.

Materials and Method

We carried out a study of medical status in 55,000 patients visiting the department of oral medicine over a period of 2 years. The inclusion criteria were all dental patients aged 40 years and above, and dental patients below the age of 40 years suspected of or identified as having medical problems and willingness of the patients to undergo medical examination [1]. All the patients were examined by oral medicine specialists followed by confirmation of medical status by general medicine specialists. 5450 (9.9%) of the dental hospital population were identified by us as hypertensive. Among the hypertensive's, 3500 had mild hypertension, 1400 had moderate hypertension, and 550 patients had severe hypertension. *Mild hypertension* Diastolic 90-99 mmHg, Systolic 140-159 mmHg; *Moderate hypertension* Diastolic 100-109 mmHg, Systolic 160-179 mmHg; *Severe hypertension* Diastolic 110 mmHg or greater, Systolic 180 mmHg or greater. (National Institute for Health and Clinical Excellence (NICE) Hypertension, 2011) 4400 (8%) of the dental hospital population were identified by us as diabetic out of whom 800 were borderline diabetics, 1850 were mild diabetics, 1802 had

moderate diabetes, 88(2%) had poor glycemic control, 1650 (3%) of the dental hospital population were asthmatic, 360 (0.65%) of the dental hospital population were pregnant, 240 (0.44%) of the dental hospital population had ischemic heart disease, 50 (0.09%) of the dental hospital population had renal failure [2-5].

Many interesting findings were uncovered during interviews & examination of these patients. Quite a few of the patients were asymptomatic, some of the patients were unaware that their symptoms constituted presence of a disease, many of the patients took only home remedies, large number of the patients never had a medical checkup by a qualified doctor, presence of many of the diseases were detected for the first time in the life of some of the patients, some of the patients had discontinued medicines on their own while others had stopped medications on the advice of their friends or relatives. Several of the patients had never reported for follow up evaluation even though advised by the treating doctor partly out of fear of costs involved or apprehensions that they might be subjected to unnecessary investigations or treatments. Many patients were receiving medicines from pharmacies without consulting a doctor; several of the patients were not following dietary advice and not taking the medications according to the prescriptions.

Discussion

Worsening of the patient's medical status or fatality occurring as a result of inadequacy of precautions can prove to be nightmarish to the dentist's practice, life and reputation. Many of these medical conditions can be identified by detailed case history recording and thorough clinical examination. There may be oral manifestations which may present as taste alterations, salivary alterations, oral ulcerations, petechiae, ecchymosis, pigmentations, candidiasis, necrosis and gingival overgrowth. Busy dental practitioners in many parts of the world fail to take a detailed medical history and even to record the vital signs of the patient. Increased sensitization and awareness among dental surgeons of the oral manifestations of systemic diseases and their possible health implications could help avoid many of the medical complications.

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