AMALGAM 1844
• NO NO NO MERCURY!!!

AMALGAM 1844
• IT'S OK
• WE LIKE IT
• THREE MEN IN A TUB
• RUB A DUB DUB

1900’S HYSTERIA
• IMPACTED THIRD MOLARS

• YEA WE ARE SICIATRISTS NOW!

JUST FIX IT
TMJ SURGERY 1919

- WE THINK THERE IS A DISK PROBLEM
- OR A MENISCUS OR A DISC PROBLEM
- ARTHRITIS WHAT? NAH! YUP

1934 HEADACHES ARE CAUSED BY TMJ
COSTEN SYNDROME

TMJ PROBLEMS CAUSED BY NO BACK TEETH

THAT CAUSES POSTERIOR SUPERIOR CONDYLAR PRESSURE ON THE

1934 HEADACHES ARE CAUSED BY TMJ
COSTEN SYNDROME

YEA WE CAN FIX THE HEADACHE!!!

BUT WE REALLY NEED TO PUSH THE JAW WAY BACK ANYWAY

1934 HEADACHES ARE CAUSED BY TMJ
COSTEN SYNDROME

YEA WE CAN FIX THE HEADACHE!!!
JUST FIX IT
PAIN CONTROL
ORAL MANIFESTATIONS
ORAL INFLUENCES

1900’S TO PRESENT
GALVANISM COMES TO TOWN AND STAYS

- CORROSION OF OUR GOOD FILINGS, CROWNS AND BRIDGES
- AND PARTIALS
  - THE BAD TASTE IS NOT OUR PROBLEM
  - AND THE BURNING...WEIRD PATIENT
- BIOCOMPATIBILITY

PATHOLOGY COMES TO

1960’S
“TMJ” IS REALLY CAUSED BY BAD OCCLUSION

- ALWAYS CUSPID RISE
- MATCH THE SLOPE OF THE EMINENCE
- GET THAT CONDYLE BACK THERE
- THAT’S OCCLUSION 101

1960’S
“TMJ” IS REALLY CAUSED BY BAD OCCLUSION AGAIN
1960’s to ???
“TMJ” is really caused by bad occlusion (still??)

- It’s amazing that people we don’t treat, can chew
- It’s amazing that people we treat can actually chew

1970’s
Heart / Antibiotics

- Urinary procedures
- Vaginal procedures
- Lower GI procedures
- Oral procedures

Heart / Antibiotics

- Chewing gum
- Chewing food
- Brushing
- Dental procedures / blood
- Antibiotics?
- Oral rinse?
1970’S
TMJ IS REALLY CAUSED
BY
BAD OCCLUSION  STILL

- SAME OLD STUFF....ON OCCLUSION
- STARTING TO TEACH MULTIFACTORAL CAUSATION

1970’S
WATER SUCK BACK  OOPS

- WATER SUCKBACK
- MAYBE ORAL INFECTIONS CAN BE TRANSMITTED BY WATER LINES?

1970’S
MEDICALLY COMPROMISED PATIENTS

HOW TO DO DENTISTRY IN SPITE OF THE MEDICAL CONDITION
- SOME START GLOVING AND MASKING
- BP PULSE

RADIATION INDUCED BONE NECROSIS

- RADIATION DECREASES BLOOD SUPPLY TO MANDIBLE
- BACTERIAL INFECTION
- NOT ENOUGH BLOOD SUPPLY TO FIGHT INFECTIONS
- DEAD BONE
RADIATION INDUCED BONE NECROSIS

- Need a clean mouth
- Take out all the teeth?
- Keep it clean
- Surgeries?
- Dives needed?
- Antibiotic problems
- Local infections

RADIATION INDUCED MUCOSITIS

- Poor diet
- Infections

RADIATION INDUCED XEROSTOMIA

- Poor diet
- Infections
- Decay
- Bad taste
-Feels horrible

XEROSTOMIA EFFECTS

- > Caries (cervical)
- > Acute gingivitis
- > Dysarthria
- > Dysphagia
- > Dysgeusia
- > Candida
  - Acute pseudomembranous, median rhomboid glossitis, denture stomatitis, angular cheilitis
- > Burning tongue / depapillation
  - Oral mucosal soreness
  - Dry, sore, cracked lips
  - Salivary gland enlargement

Infections

Candida

Acute pseudomembranous, median rhomboid glossitis, denture stomatitis, angular cheilitis

Burning tongue / depapillation

Oral mucosal soreness
Dry, sore, cracked lips
Salivary gland enlargement
XEROSTOMIA ORAL CARE

- Oral Hygiene
  - NaCl rinses
  - Plaque control
  - Hygiene instruction
  - Dietary advice
  - Chlorhexidine
  - Fluoride mouthwash (0.05%)
- Dentures
  - Good fit
  - Implant retained
  - Hygiene

Antifungals
- Nystatin pastilles
- Amphotericin lozenges
- Miconazole gel
- Mycelex troche
- Saliva substitutes
  - Sugar-free gum, candies
  - Oral moisturizers
- Systemic therapies
  - Pilocarpine
  - Cevimeline

CHEMOTHERAPY

- NAUSEA BLEEDING ULCERS
- CANDIDIASIS BACTERIAL INF.
- VIRAL INF.
- POOR ORAL INTAKE
- POOR OR NO ORAL CARE
- FIX IT LATER

1980’S BONE MARROW TRANSPLANT

- NO COUNTS
- INFECTIONS OF UNKNOWN ORIGIN WERE 30% ORAL BACTERIA
- INFECTIONS LOOK DIFFERENT AND ACT DIFFERENT

1980’S OROFACIAL PAIN ORAL MEDICINE

- DENTAL SCHOOLS START ALLOWING TREATMENT OF
  - ORAL DISEASES BEYOND TEETH
    - VESICULOBULLOUS
    - TMD
    - TRIGEMINAL NEURALGIA
    - CHRONIC PAIN
JUST FIX IT
PAIN CONTROL
ORAL MANIFESTATIONS
ORAL INFLUENCES

1984-1985
WE START
GLOVES AND MASK

• A LOT OF RESISTANCE

MEDICAL TRIP?
HYSTERIA
HEART
RADIATION
CHEMOTHERAPY
MEDICALLY COMPROMISED CARE
BONE MARROW TRANSPLANT

ENTER AIDS
34 y/o AIDS Pseudomembranous candidiasis
Florid candidiasis Pain, bad breath, altered taste

Atrophic candidiasis
Atrophic (erythematous) candidiasis Palatal pain, AIDS

HIV+ male Mild, chronic, bilateral parotid gland swelling x 2 yrs

Cultures negative Fine needle aspiration bx negative for lymphoma

Autoimmune inflammatory salivary gland response

Tx. Symptomatic
WARTS / PAPILLOMA
FOCAL EPITHELIAL HYPERPLASIA

- PAPILLARY OUTGROWTHS ON ORAL MUCOSA

- FOCAL EPITHELIAL HYPERPLASIA
  MULTIPLE SMALL PAPULES
  GRANULAR SURFACE
  IRREGULAR MARGINS

- HISTOPATHOLOGY
ORAL MANIFESTATIONS OF AIDS

CANDIDIASIS
GINGIVITIS/PERIODONTITIS
NECROTIZING STOMATITIS
HERPES SIMPLEX
CYTOMEGALOVIRUS
VARICELLA-ZOSTER
APHTHOUS
HAIRY LEUKOPLAKIA
HIV SALIVARY GLAND DZ
ORAL KAPOSI SARCOMA
ORAL WARTS

JUST FIX IT
PAIN CONTROL
ORAL MANIFESTATIONS
ORAL INFLUENCES

GINGIVITIS
NECROTIZING STOMATITIS
PERIODONTITIS

1990’S
I have a 40+ year old female with bilateral face and intra-oral burning of 20 years duration that is intensifying.

The pain is so intense that she has been on a feeding tube for the past 6 months, and cannot tolerate food in her mouth.

She has not responded to high doses of multiple antiseizure meds, benzodiazepines, (including clonazepam), antidepressants, opioids, etc.

She was an inpatient in a pain clinic.

Regardless, nothing has changed. All testing by multiple GI, ENT, neurologists etc have been negative.

Everyone has thrown up their hands. All practitioners, including psychiatrists and psychologists feel that the symptoms are valid.

A topical anesthetic intraorally exacerbates the pain. She had bilateral gamma radiation to the trigeminal nerves with no help.

I would appreciate any avenues to persue.

Health history is negative. Married with one teenage child.
ORAL BURNING

- Not an independent diagnosis
- Symptom of a lot of clinical pictures

Burning Mouth Syndrome

- Hyperactivity of the sensory and motor components of the trigeminal nerve following loss of central inhibition as a result of taste damage in the chorda tympani and or glossopharyngeal nerves


Deamonte Driver,
a 12-year-old homeless child,
died Sunday in a District hospital after an infection from a molar spread to his brain.

JUST FIX IT
PAIN CONTROL
ORAL MANIFESTATIONS
ORAL INFLUENCES
PERIODONTAL DISEASE

INCREASED SYSTEMIC

INFLAMMATION

• OK PREDICTORS OF HEART DZ
  - TOTAL CHOLESTEROL
  - TRIGLYCERIDES
  - LDL
  - HDL (Needs to be low)

NEWER PREDICTORS

• CRP (C Reactive protein) risk factor for Stroke and MI
• Hit by -statin drugs which decrease cardiovascular atherosclerotic problems.
• Is there a cascade? Local infection which increases local inflammatory factors then causes an increase in systemic factors?

PERIODONTAL DISEASE

INCREASED CRP LEVELS

• ALSO OCCLUDED CORONARY VESSELS
  - P. GINGIVALIS
  - MISSING TEETH
  - ATTACHMENT LOSS

EXTRACTIONS
MULTIPLE RISK FACTORS FOR ATHEROSCLEROTIC DZ

- Hypertension
- Diabetes
- Smoking
- Exercise
- BMI
- Age, Gender, Race
- Fat (HDL LDL)
- NOW? MOD TO SEV PERIODONTAL DZ

WHAT TO TELL THE PT?

- Cardiovascular Disease is HIGHER in people who have Periodontal Disease.
  - So is Diabetes II, Renal Insufficiency
- We don’t know if it is CAUSE AND EFFECT……YET JULY 2009

JUST FIX IT PAIN CONTROL ORAL MANIFESTATIONS ORAL INFLUENCES

ORAL CANCER

- ABT 4% OF USA CANCER
- SURVIVAL RATE SAME…>50 YRS
- 5 Yr Survival rate 50%
- Usually Dx at late stage
- Delay in Dx is a real problem

ORAL CANCER

- Need To
  - 60-90sec exam
  - every 3 yrs asymptomatic age 20-40
  - Yearly on risk group. Over 40 or smokers or alcohol
ORAL CANCER EXAM
Just Do It!

- Visual
- Palpation
- Nodes
- DON'T BE AFRAID TO BIOPSY

Visual Palpation Nodes
DON'T BE AFRAID TO BIOPSY

TOLUIDINE BLUE
- The best visual helper to date
- Staining of non-keratinized tissue is helpful

ORAL CDx like PAP smear
- Helps you decide what to biopsy. Pretty accurate?

May be Helpful
- Vel Scope blue light 400nm florescence
  - Normal is pale green, abnormal is darker
- ViziLite
  - Acetic acid and 430, 540, 580nm light
  - Normal white. Abnormal darker
- Optical Coherence Tomography
  - Uses cross-sectional light to look at tissue
    - Up to 2mm getting good for scc and cis
    - Looking good!
SALIVA DIAGNOSTICS

- Dr. David Wong  UCLA
  - Oral Cancer biomarkers
  - Breast CA, Pancreatic CA
  - Infectious diseases...HIV Hepatitis, Dengue, Malaria, Parvovirus
  - Sjogrens
- Univ. Texas HSC looking at Saliva Markers for Heart

JUST FIX IT
PAIN CONTROL
ORAL MANIFESTATIONS
ORAL INFLUENCES

JUST FIX IT
PAIN CONTROL
ORAL MANIFESTATIONS

Huge huge

!!!!CLAPP!!!!