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CASE HISTORY TAKING IN ORAL SURGERY

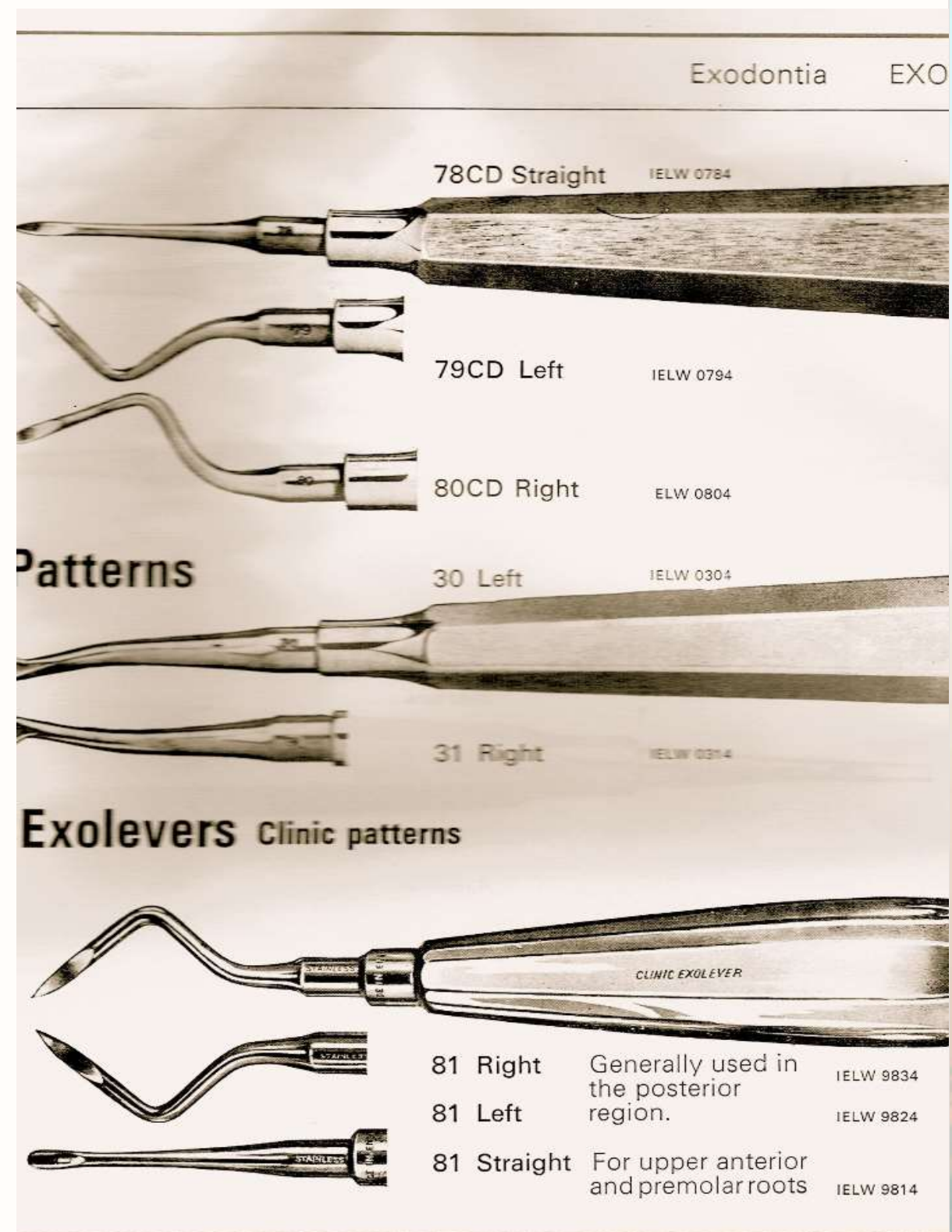
INTRODUCTION



A case history is defined as a planned professional conversation that enables the patient to communicate his/her symptoms, feelings and fears to the clinician so as to obtain an insight into the nature of patient's illness & his/her attitude towards them.

The Importance of Proper Case History Recording in Oral Surgery

Case history recording is a crucial step in ensuring successful and safe oral surgeries. In this presentation, we will explore the significance of proper case history recording and how it can positively impact treatment planning.



Why Case History Recording is Important



Accurate Diagnosis

Thorough case history recording provides essential information for accurate diagnosis and effective treatment planning.



Better Outcomes

Recording a detailed case history can improve communication between the patient and surgeon, leading to better treatment outcomes and higher patient satisfaction.



Reduced Risk

By identifying potential risk factors in advance, case history recording can help in reducing the risk of surgical complications.

What to Record in Case History

Medical History

Patient's current and past medical conditions, medications, allergies, and immunization status.

Dental History

Patient's dental history, previous surgeries, implants, extractions, restorations, and appliances.

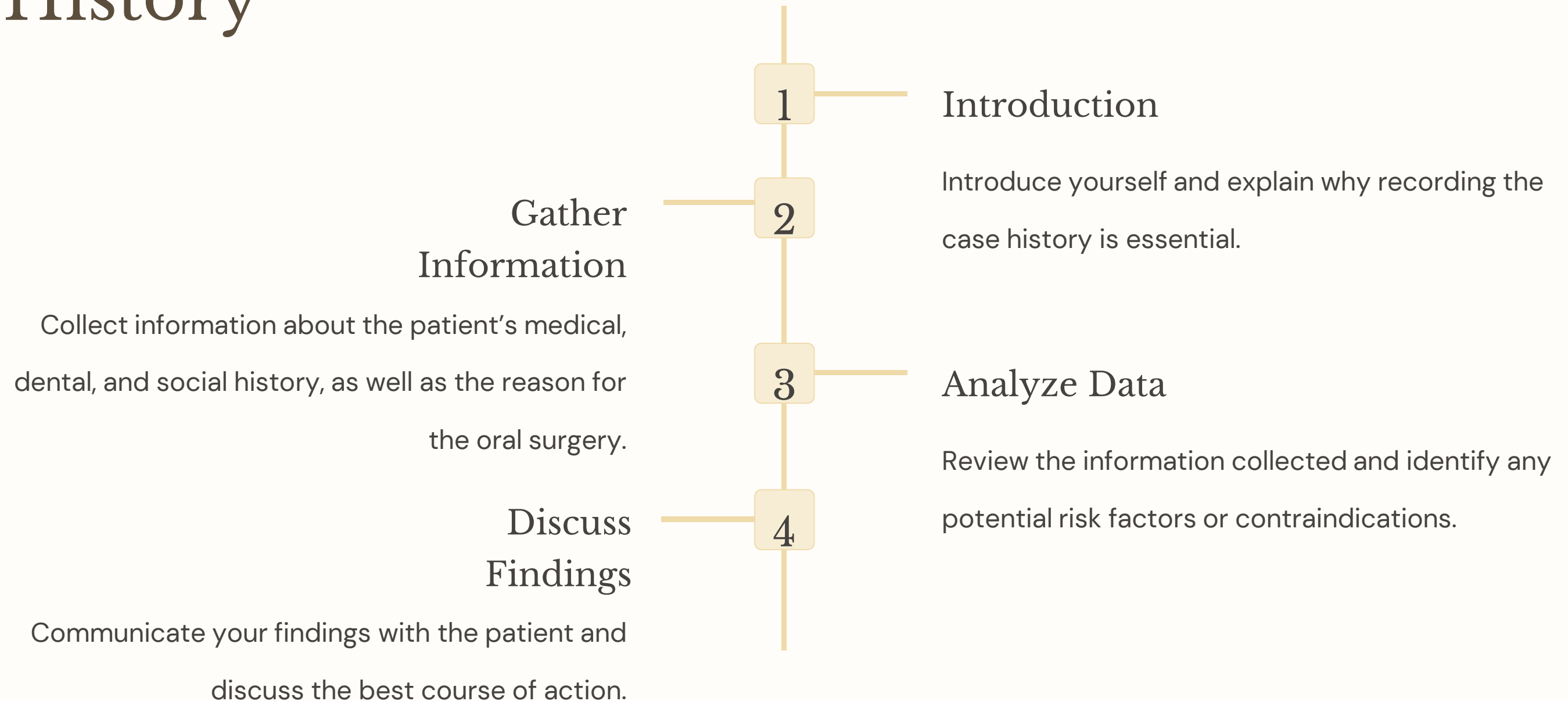
Social and Behavioral History

Patient's lifestyle habits, such as smoking and alcohol consumption, and any personal or family history of substance abuse.

Patient Concerns

Patient's chief complaint, pain level, and any concerns or special needs that may require special attention during surgery.

Step-by-step Process of Recording a Case History



SEQUENCE OF CASE RECORDING



- PERSONAL INFORMATION
- CHIEF COMPLAINT
- HISTORY OF PRESENT ILLNESS
- MEDICAL HISTORY
- PAST DENTAL HISTORY
- FAMILY HISTORY
- PERSONAL HISTORY
- GENERAL EXAMINATION
- EXTRA ORAL EXAMINATION
- INTRA ORAL EXAMINATION
- PROVISIONAL DIAGNOSIS
- INVESTIGATIONS
- FINAL DIAGNOSIS
- TREATMENT PLAN

Personal Information

Patient registration Number

- Record maintenance
- Billing purposes
- Medico-legal aspects

Date

- Reference
- Record maintenance

Name

- Identification
- Communication
- Forming a rapport with patient
- Record maintenance
- Information of patient such as religion

Age

- Age related disorders
- Calculating a suitable dosage
- Treatment plan

- ❑ At birth — congenital cleft lip & palate
- ❑ 1st — 2nd decades — Primary herpetic gingivostomatitis
- ❑ 6 months to 6 years— Nursing caries, cherubism, fibro osseous lesions.
- ❑ Middle aged —Ameloblastoma, Oral cancer.
- ❑ Old age — Degenerative osteoarthritis of TMJ, cancer.

Sex

- In female patients additional questions like pregnancy, nursing, oral contraceptive pills & menstruation.
- Females — lichen planus ,tmj disorders , iron deficiency anemia , sjogren's syndrome.
- Males — hemophilia, oral cancer, pernicious anemia.

Address

- Correspondence
- Geographical prevalence of dental/oral diseases.
- Gives an idea of the socioeconomic status of the patient.

Occupation

- E.g.: Tailors, Beauticians — notching of incisal edges of upper teeth.
- In acidic environment — erosion of teeth.
- Musicians - soft tissue trauma, herpes, dry mouth, TMJ pain.
- Paint industry- mercury poisoning, lead poisoning.
- Mining- silicosis, asbestosis.
- Cotton mills — Bysinosis
- Sugarcane industry — Bagassosis.

Chief Complaint (CC)

- In the patient's own words
- Why did you come to see us today?/
what is the problem?
- The main complaint in the Oral surgery clinic is (pain ,
swelling , mobility , ..)
- The aim of (C/C) is : to have provisional differential
diagnose even before examining the patient.
- The chief complaint aids in the diagnosis and treatment
planning and should be given the first priority.

History of present illness (HOPI)

- It is the record of narrative account of patient's problem from the onset to present time listing all the symptoms, signs, treatment undergone in a chronological order.
- If the patient has pain, a useful mnemonic is '**SOCRATES**':
 - S — site (localized ,diffuse ,referred, radiating)
 - O — onset (spontaneous, on stimulation, intermittent)
 - C — character (dull, sharp, throbbing, constant)
 - R — radiation,
 - A— associations (other symptoms),
 - T — timing/duration,
 - E —exacerbating and alleviating factors (cold, heat, palpation, percussion
Relieved by cold, heat, any medication ,sleep)
 - S — severity (rate the pain on a visual analogue scale of 1-10)

Past Medical History

- Blood Pressure (Yes / No) , last reading
- Diabetes Mellitus (Yes / No) , last reading
- Cardiovascular Disease (Yes / No)
- Respiratory Disease (Yes/No)
- Thyroid Disease (Yes/No)
- Bleeding Disorder (Yes / No)
- GIT Disease (Yes/No)
- last seizure / Epilepsy (Yes/No) ,
- Previous Hospitalization (Yes / No)
- Female : Are you pregnant (Yes/No)
- Any other medical history

Symptoms for Diabetes

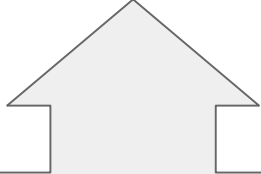


Allergy

- Have you ever experienced an unusual reaction to any drugs/food/materials?
- Any unusual reaction to dental anesthetics?

1. Anaphylaxis

- Unexpected and sudden onset
- Clinical signs

- 
- Rapid breathing
 - Evidence of poor circulation
 - Stridor, hoarseness or wheeze
 - Tongue swelling
 - Pale, clammy, rash, flushed



DRUG USE, ALLERGIES AND ABUSE:

- ❑ Drug use may cause orofacial lesions — hemorrhagic diathesis caused by decreased prothrombin level (mineral oil used as a laxative interferes with vit-k absorption)
- ❑ Drug allergies (urticaria, skin rash, angioedema, respiratory symptoms)
- ❑ Drug abuse (behavioral problems, cross infection)



PAST DENTAL HISTORY

- Provides us the basis to evaluate the patient's current dental status and how the patient will respond to the proposed treatment.
- Following are the details that should be investigated:
 - Frequency of visits to dentist.
 - Past experience during and after local anesthesia, general anesthesia.
 - Past experience during and after extraction.
 - Past orthodontic treatment.
 - Any surgical procedures besides exodontia

FAMILY HISTORY

- This may reveal familial outbreaks of contagious infections (e.g. herpangina; tuberculosis; hepatitis A)
- Hereditary problems, such as amelogenesis imperfecta, hemophilia or hereditary angioedema, Thalassemia
- Familial conditions, such as recurrent aphthous stomatitis or diabetes
- Information about siblings' ages and health status.
- Some diseases are more prevalent in certain ethnic groups, e.g. pemphigus in Jews and Asians;
- Behcet syndrome in people from Asia or the Mediterranean area

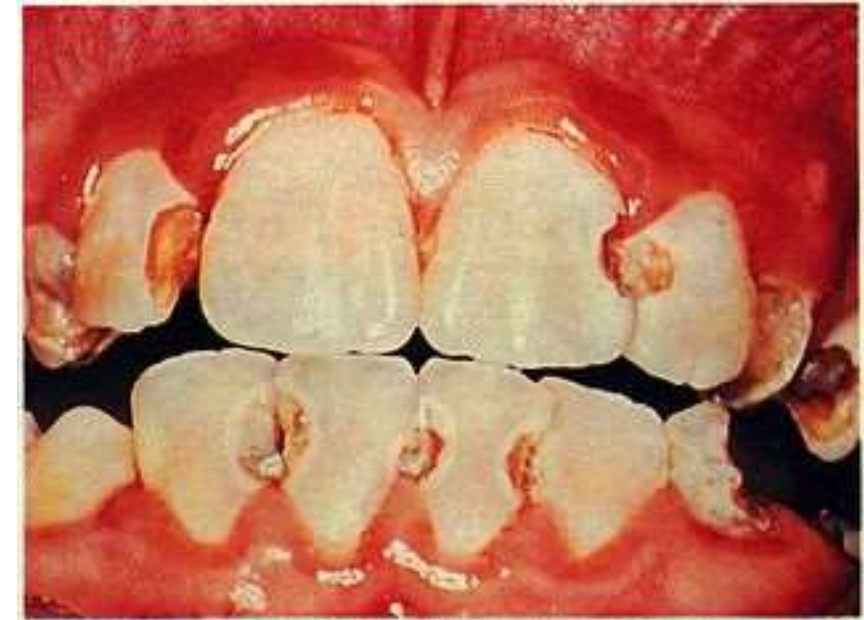
PERSONAL HISTORY

It includes:

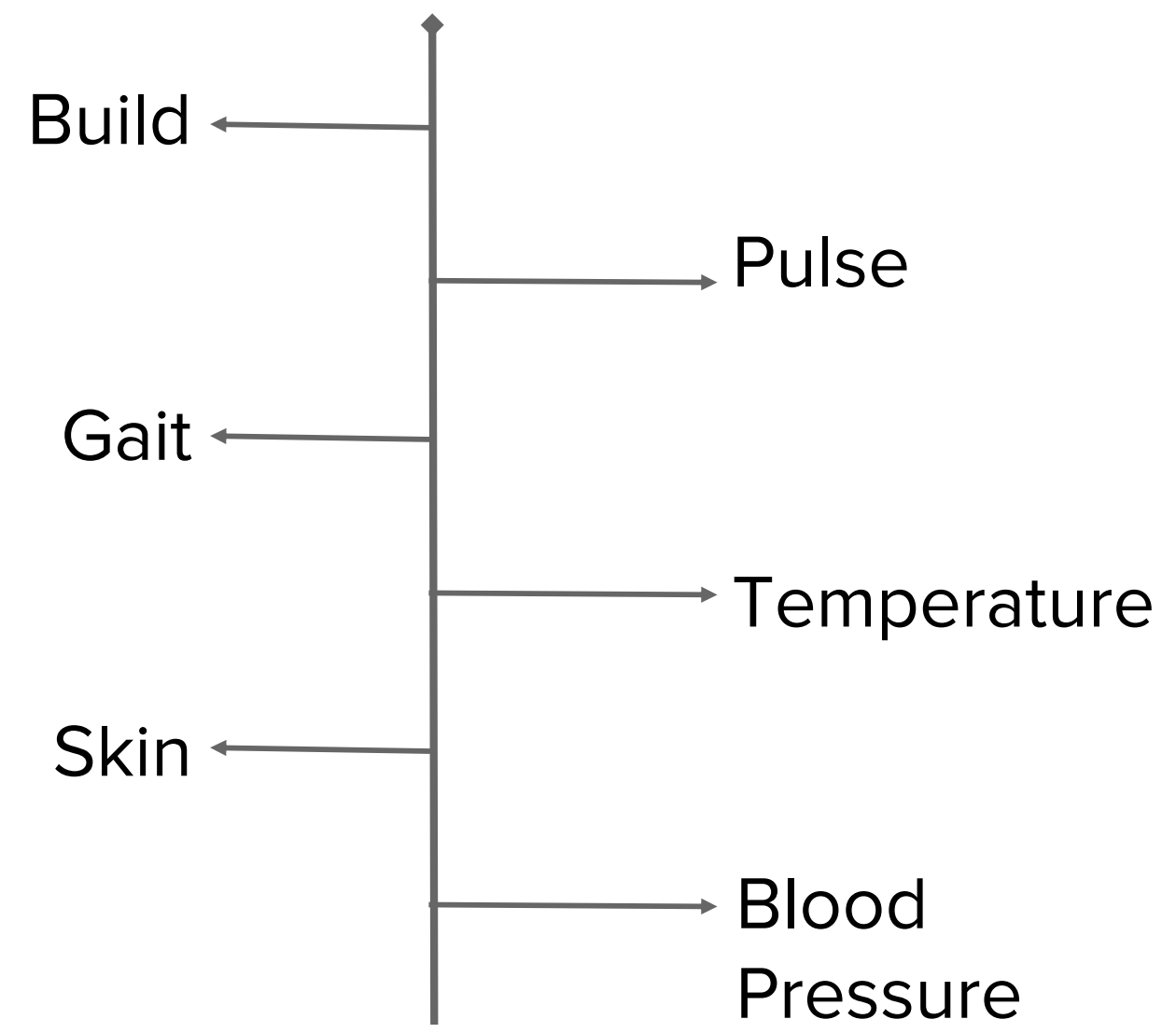
1. Oral habits
2. Oral hygiene practices
3. Adverse habits
4. Diet:
 - Excessive use of refined sugar and sticky food.
 - Nutritional deficiency

HABITS

- Smoking
- Alcoholism
- Tobacco chewing



GENERAL EXAMINATION



Build

- Asthenic - lean and underweight
- Sthenic - athletic
- Pyknic — have enormous amount of body fat compared to bone and muscle mass, appear rounded
- Cachexia — abnormally low tissue mass resulting from malnutrition or chronic debilitation

Skin

- Pallor
- Yellowness
- Cyanosis
- Blisters (infections, drug eruptions, skin diseases)
- Pigmentation (Addison's disease)
- Oedema

Gait (Manner of walking)

These abnormalities relate to neuromuscular disabilities, fractures

- Hemiplegic gait — Hemiplegia
- Ataxic gait- Cerebellar lesions, alcohol intoxication
- Propulsive gait- Parkinson's disease, CO poisoning, Manganese poisoning
- Scissors gait/Spastic gait — Cerebral palsy, multiple sclerosis,
- Waddling gait — Muscular dystrophy

Pulse

Pulse rates at rest in health are approximately as follows:

- Infants, 140 beats/min
- Adults, 60—80 beats/min.

Pulse rate is increased in:

- Exercise
- Anxiety or fear
- Fever
- Some cardiac disorders

Hyperthyroidism and other disorders.

Temperature

- The temperature is traditionally taken with a thermometer, but temperature-sensitive strips and sensors are available.

The normal body temperatures are:

Oral 36.60c; Rectal or ear(tympanic membrane) 37.40c; and axillary 36.50c.

- In most adults, an oral temperature above 37.80C or a rectal or ear temperature above 38.30C is considered a fever (pyrexia).
- A child has a fever when ear temperature is 380c or higher

Blood Pressure

- Normal 120/80 mm of Hg.
- Systolic controlled by stroke volume of the heart & stiffness of the arterial vessels.
- Diastolic controlled by peripheral resistance
- Varies with emotion, exercise, meal, alcohol, tobacco, bladder distension, temperature, anxiety & pain.

Normal & Hypertensive Values

	SYSTOLIC	DIASTOLIC
NORMAL	90-129	60-79
STAGE 1	130-139	80-89
STAGE 2	140-179	90-109
CRITICAL	OVER 180	OVER 110

EXTRA ORAL EXAMINATION

FACE

Gross asymmetries of face includes diffuse swellings ,traumatic injuries ,congenital deformities



Mesocephalic - average shape of head
Dolichocephalic - long and narrow head
Brachycephalic - broad and short head

TMJ

Gross derangement in symmetry may reflect growth disturbances



- Maximum interincisal opening any deviation in opening
- Range of vertical movement
- Range of lateral movement
- Listen for clicking and crepitus sounds over joint or masticatory muscles
- tenderness

LYMPH NODES

Consistency of lymph nodes



Soft- Inflammatory
Firm, discrete shotty- Syphilis
Elastic and rubbery- Hodgkin's disease
Matted lymph nodes- Peradenitis, Tuberculosis, Acute lymphadenitis.
Stony hard- Carcinoma

SALIVARY GLAND EXAMINATION



Evaluated for

- Dryness
- Enlargement
- Quantity of secretions

EXAMINATION OF SWELLING

➔ HISTORY

- 1) Duration
- 2) Mode of onset
- 3) Pain
- 4) Progress of swelling
- 5) Presence of other lumps
- 6) Impairment of function

➔ PALPATION

- 1) Temperature
- 2) Tenderness
- 3) Size, surface
- 4) Edge
- 5) Consistency
- 6) Fluctuation
- 7) Compressibility

➔ INSPECTION

- a) Situation
- b) Colour
- c) Shape
- d) Size
- e) Edge
- f) Number
- g) Movement on deglutition & protrusion of tongue

INTRA ORAL EXAMINATION

- ❖ Teeth Present
- ❖ Occlusion
- ❖ Periodontal Status
- ❖ lips
- ❖ Buccal Mucosa
- ❖ Tongue
- ❖ Floor of the Mouth

FRACTURED TEETH - Trauma

ELLIS CLASSIFICATION

Class 1- Enamel with little or no dentin

Class 2- Enamel & dentin without pulp

Class 3- Enamel, dentin & pulp

Class 4- Fracture of non vital tooth with or without crown fracture

Class 5- Tooth loss due to trauma

Class 6- Displacement of tooth with or without fracture of crown

Class 7- Displacement of tooth with or without fracture of crown

Class 8- Fracture of crown & mass

Class 9- Traumatic injury to deciduous tooth

INVESTIGATIONS

1. Hematological investigations
2. Urine analysis
3. Biochemical investigations
4. Radiological investigations
5. Histopathological investigations
6. Microbiological investigations
7. Sialography, Cephalometry, OPG, MRI, CT scan etc

Routinely used Hematological investigations include

- Total red blood count
- Hb concentration
- Red cell indices
- Total white cell count
- Differential white cell count
- ESR
- Bleeding and coagulations disorder
- Partial thromboplastin time.
- Blood Sugar- Random and PP

FINAL DIAGNOSIS

This indicates that a definitive diagnosis has been made on the basis of all necessary observations and laboratory investigations

TREATMENT PLAN

PHASE 1- EMERGENCY PHASE:

Management of pain & acute infections by antibiotics & analgesics. Incision & drainage, reduction of fractures

PHASE 2 -SURGICAL : Extraction, Biopsy, Enucleation, Resection.

PHASE 3 - PROPHYLACTIC : Scaling & root planing,& bone graft , bone curettage.

PHASE 4 - RESTORATIVE : Restoration

PHASE 5 - CORRECTIVE : Prosthesis & ortho correction

Phase 6 - RECALL & REVIEW

PROGNOSIS

The prognosis is the prediction of the probable course, duration, and outcome of a disease based on a general knowledge of the pathogenesis of the disease and the presence of risk factors for the disease. The prognosis is evaluated and informed to the patient.

Impact of Case History Recording on Treatment Planning



Customized Treatment

A thorough case history allows for customized treatment plans that are tailored to the patient's specific needs and risk factors.



Better Patient Education

Effective communication and information gathering result in better patient education, helping patients make informed decisions about their treatment options.



Improved Team Collaboration

Carefully recorded case histories facilitate better collaboration between different healthcare professionals working on the same case.

Common Mistakes and How to Avoid Them

1 Not Asking Enough Questions

Make a list of questions to ensure that you get all the information you need.

3 Assuming Information

Ask for specific details, rather than assuming that you know what the patient means.

2 Not Listening Carefully

Listen attentively to the patient's responses and ask follow-up questions to clarify any ambiguities.

Conclusion: The Significance of Proper Case History Recording

Proper case history recording is critical for ensuring successful oral surgery outcomes. Accurate diagnosis, customized treatment planning, improved communication, and better patient education are just a few of the many benefits of thorough case history recording. By avoiding common mistakes and taking the time to collect and analyze data, oral surgeons can positively impact their patients' lives and improve the quality of care they provide.