

Bridging the Gap Between Medical and Dental Services The Oral Medicine Approach



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Disclosure

- **I have no actual/potential conflict of interest or financial interest in relations to this presentation**



“Cure sometimes, relieve often, comfort always”

Dr. Edward Trudeau

Objectives

Examine	oral medicine's scope of practice in the clinical dental and medical setting and the proper referral process
Identify	oral manifestations of systemic diseases and their impact on the patient's overall health
Assess	for non-odontogenic pain in the head and neck region

Oral Medicine



Good oral health directly impact overall health

- Support with medical-dental visit coordination
- Reducing number of health care visits / costs
- Reduce delayed/misdiagnosis of oral diseases
- Improving prognosis and quality of life
- Diagnose systemic diseases based on oral manifestations


Access to Care Barriers

- Aging
- Uninsured
- Low income / financial barriers
- Living in rural regions
- Ethnic/racial minority groups
- Disabilities



Review Article

C.E. Credit. Addressing Access to Care and Bridging the Dental-Medical Services in an Oral Medicine Practice

Sahar Mirfarsi , DDS, Aaron Bacha, MS, Vineza Saraza Reduta, BA, Mark Mintline, DDS & Craig S. Miller, DMD, MS

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The American Academy of Oral Medicine
INTEGRATING MEDICINE AND DENTISTRY



Diagnosis & Management:

- **Oral mucosal abnormalities (growths, ulcers, infection, allergies, immune-mediated/autoimmune disorders, oral potentially malignant disorders/lesions and oral cancer)**
- **Salivary gland disorders/dysfunctions**
- **Temporomandibular disorders & facial pain (musculoskeletal or neurologic conditions)**
- **Oral Chemosensory disorders (taste and smell disorders)**
- **Recognition of the oral manifestations of systemic & infectious diseases**
- **Pre/post chemoradiotherapy dental clearance/management**

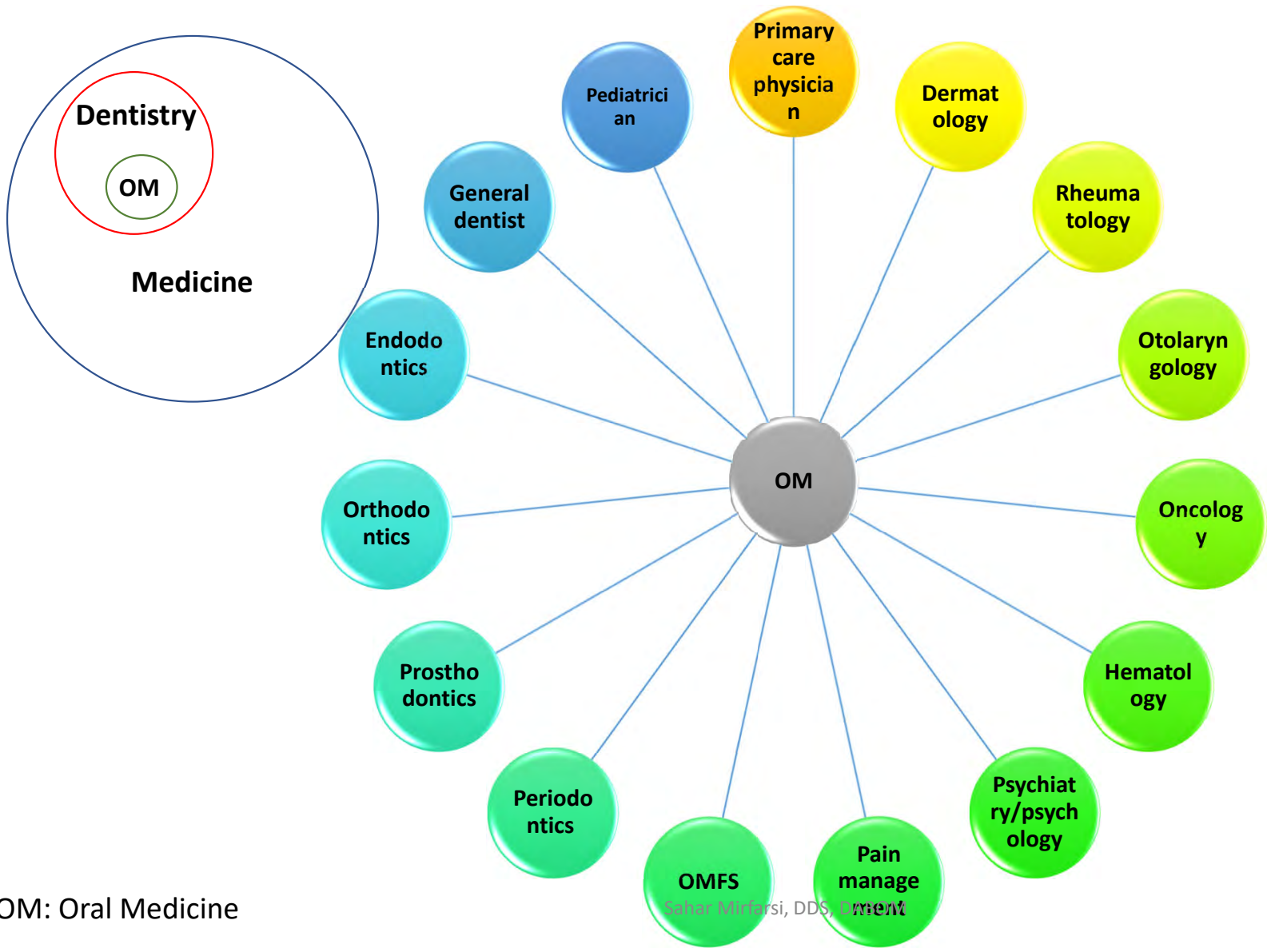
Quest Health Equity (Q4HE)

"Biopsies Save Lives"



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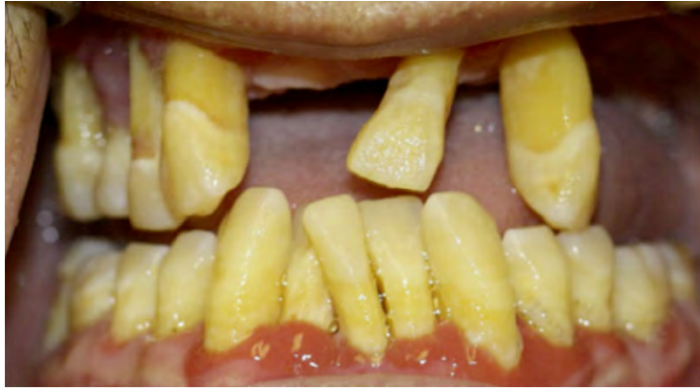


*OM: Oral Medicine

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- **Periodontitis**
- **Xerostomia**
- **Opportunistic infections**
- **Sialadenosis/sialosis**

Your Photo Can Save a Life !



Prevention & Early Detection GMP vs GDM

How can we help each other?

- **Aggressive screening & expedited referral**



Center for Disease Control & Prevention:

- **54.5% - people in the U.S. made a visit to their PCP**
- **65% - adults visited DDS in the past year**

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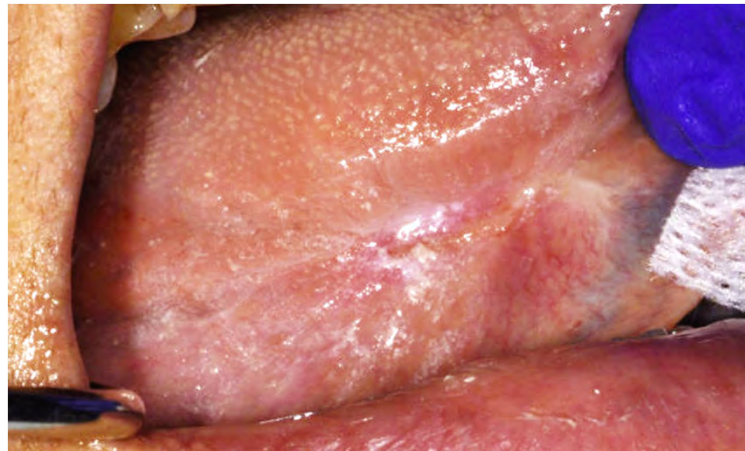
“YOU CAN NEVER DIAGNOSE SOMETHING YOU HAVE NEVER HEARD ABOUT.”
—Jeffrey P. Okeson

ARE YOU SCREENING?

- **Opportunistic screening → COE, POE, LOE (case finding)**
 - **Opportunity to early detection**
 - **Unrelated to exam**
- **Conventional Visual and Tactile Examination (CVTE)**



- Palpation, temperature, texture
 - Skin, scalp, thyroid, lymph nodes, major salivary glands, cranial examination
- Light emitting diode (LED) – ↑ color contrast
- Magnifying loupes



Bouvard V, Wentzensen N, Mackie A, Berkhof J, Brotherton J, Giorgi-Rossi P, Kupets R, Smith R, Arrossi S, Bendahhou K, Canfell K, Chirenje ZM, Chung MH, Del Pino M, de Sanjosé S, Elfström M, Franco EL, Hamashima G, Hamers FF, Herrington CS, Mujillo R, Sangrajrang S, Sankaranarayanan R, Saraiya M, Schiffman M, Zhao F, Arbyn M, Prendiville W, Indave Ruiz BI, Mosquera-Metcalfe I, Lauby-Secretan B. The IARC Perspective on Cervical Cancer Screening. *N Engl J Med*. 2021 Nov 11;385(20):1908-1918. doi: 10.1056/NEJMs2030640. PMID: 34758259.

CONSIDERATIONS

- Generalized/localized
- Size
- Pain/tenderness
- Consistency
- Matting/cluster
- Location

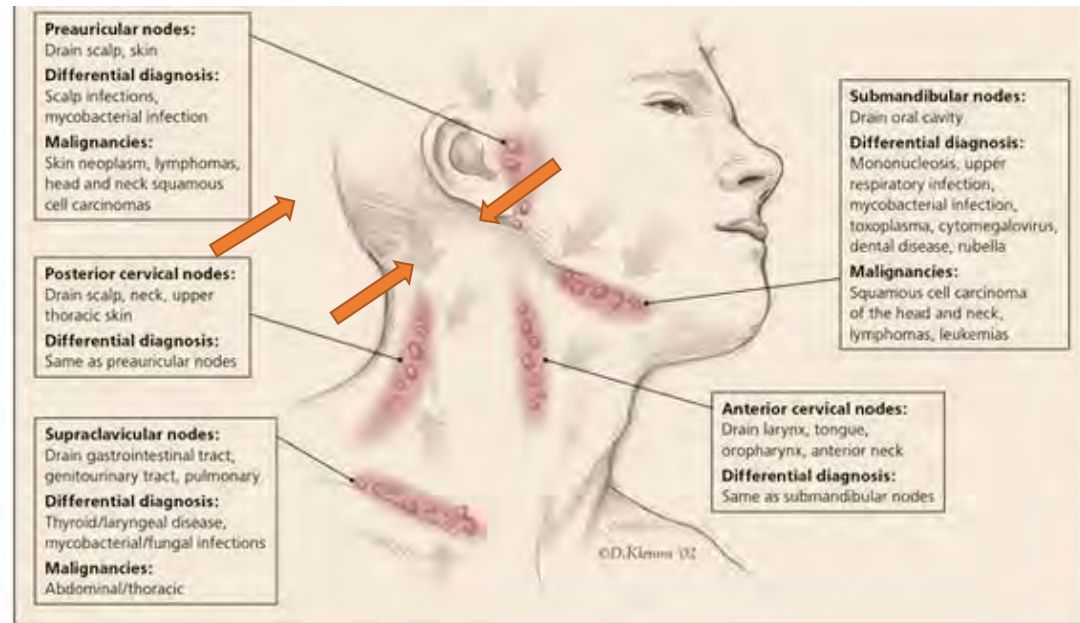


Figure 1. Parisi E, Glick M. Cervical lymphadenopathy in the dental patient: a review of clinical approach. Quintessence Int. 2005 Jun;36(6):423-36. PMID: 15954248.

Lymph nodes of the head and neck and the regions that they drain.

Reprinted with permission from Bazemore AW, Smucker DR. Lymphadenopathy and malignancy. Am Fam Physician. 2002;66(11):2106.

Causes of lymphadenopathy

Infectious diseases: viral, bacterial, fungal, parasitic

Immunological diseases: Sicca, SLE, GVHD, RA

Malignancy: H&N cancers, hematologic

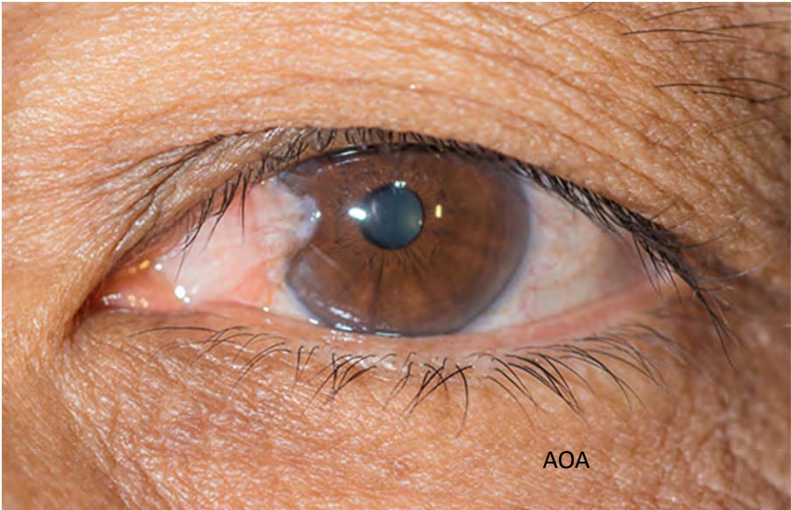
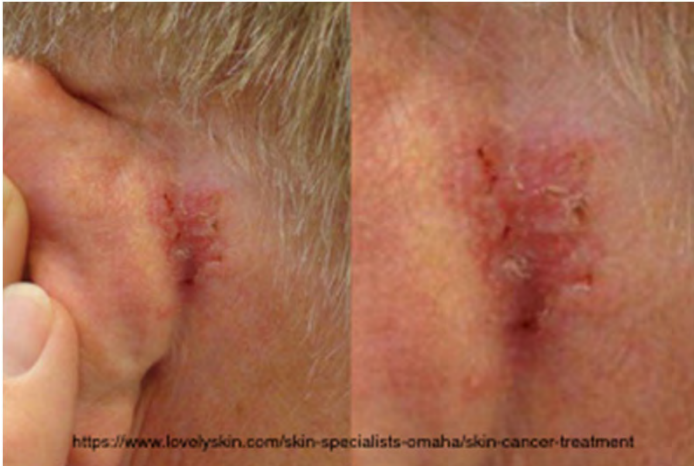
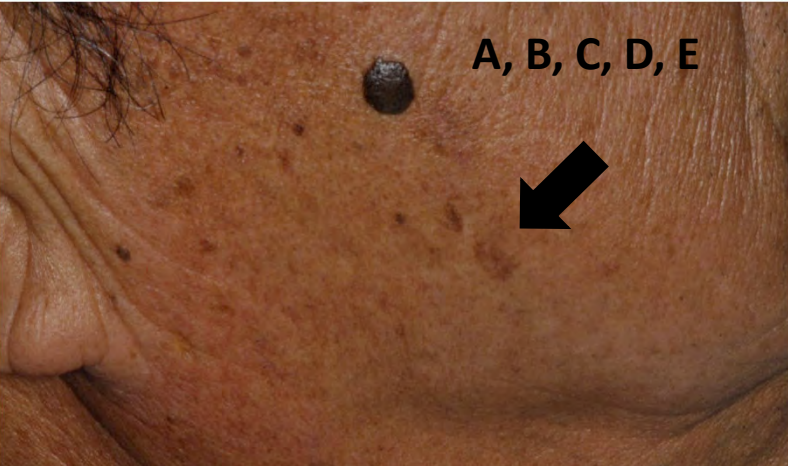
Endocrine diseases

Others: sarcoidosis, Castleman's disease

Medications: phenytoin, carbamazepine, cephalosporins, atenolol, captopril, allopurinol

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Visualize skin & palpate



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Lingen, M.W., Abt, E., Agarwal, N. et al. Evidence-based clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity. A report of the American Dental Association. *J Am Dent Assoc.* 2017; 148: 712-727



Actinic keratosis/cheilitis

Solar cheilosis

Sailor's lip

Farmer's lip

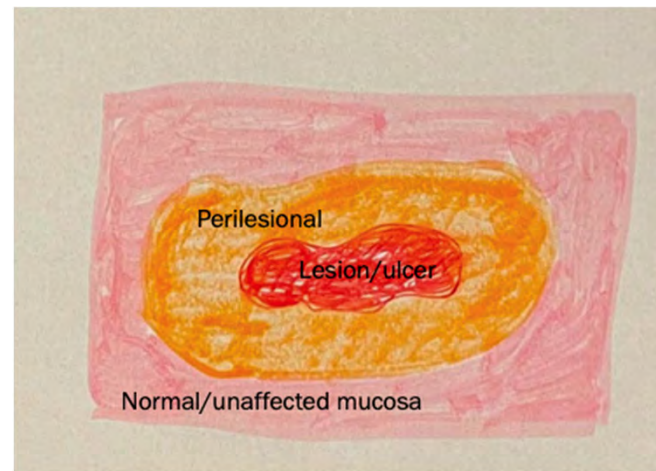
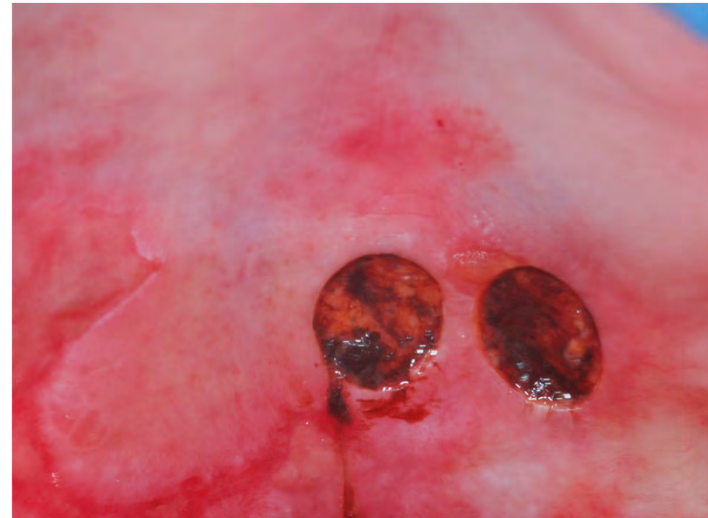
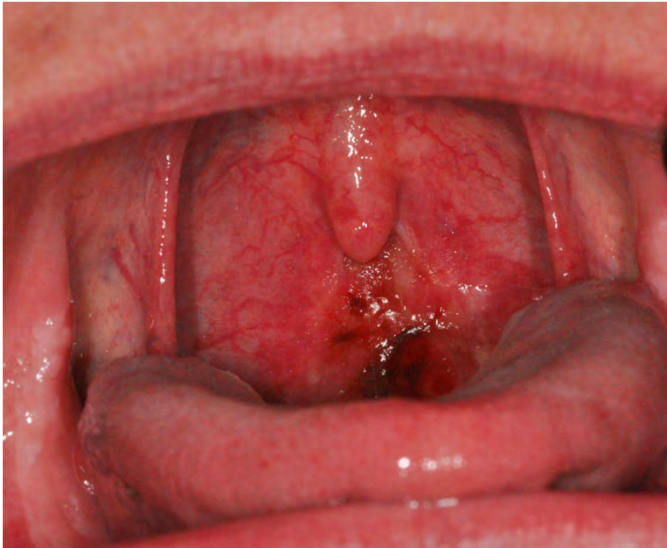
- Sun/UVB exposure
 - Geography/ lifestyle/ employment
- Blurring of the vermilion boarder
- Prone to cracking, dryness, ulceration, erythema
- 6-10% progress to carcinoma
- PRE-CANCEROUS
 - Not benign – Not cancer



Lingen, M.W., Abt, E., Agarwal, N. et al. Evidence-based clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity. A report of the American Dental Association. *J Am Dent Assoc.* 2017; 148: 712–727

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Oral Lichen Planus (OLP)

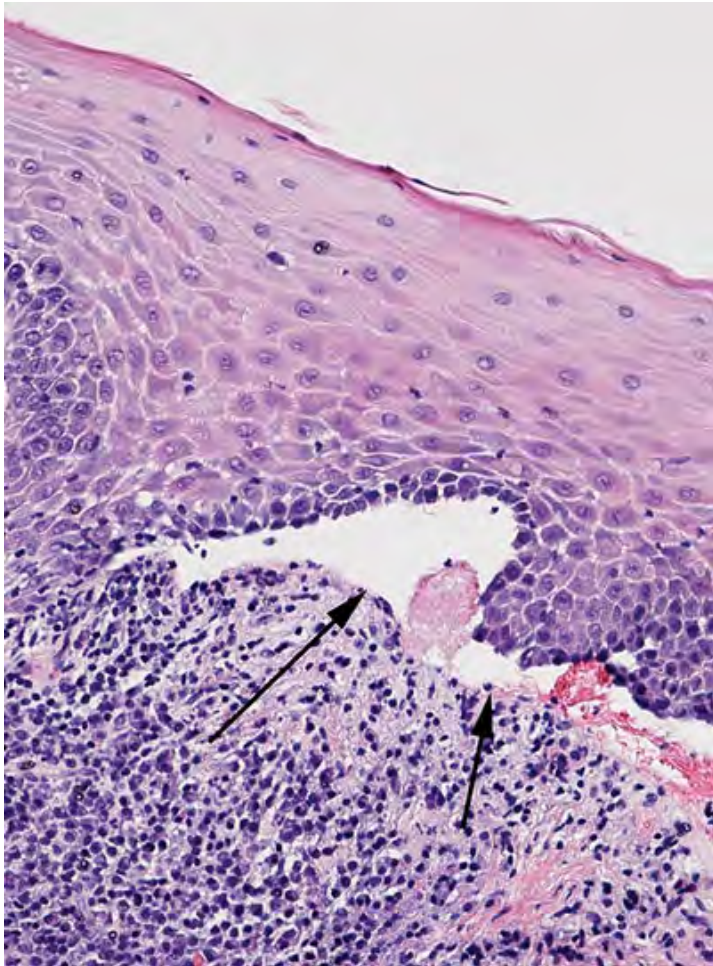
- Cell mediated immune response
- Chronic inflammatory mucosal disorder
- 2% of population -> F>M- 30-60yrs
- 40% all involvement, 25% oral, 35% skin only
- Buccal mucosa common - >B/L
- **White** lines/lacy/reticular/plaque-like
- **Red**/atrophic/erosive/ulcerated/bullous
- Can it become malignant? Symptoms?



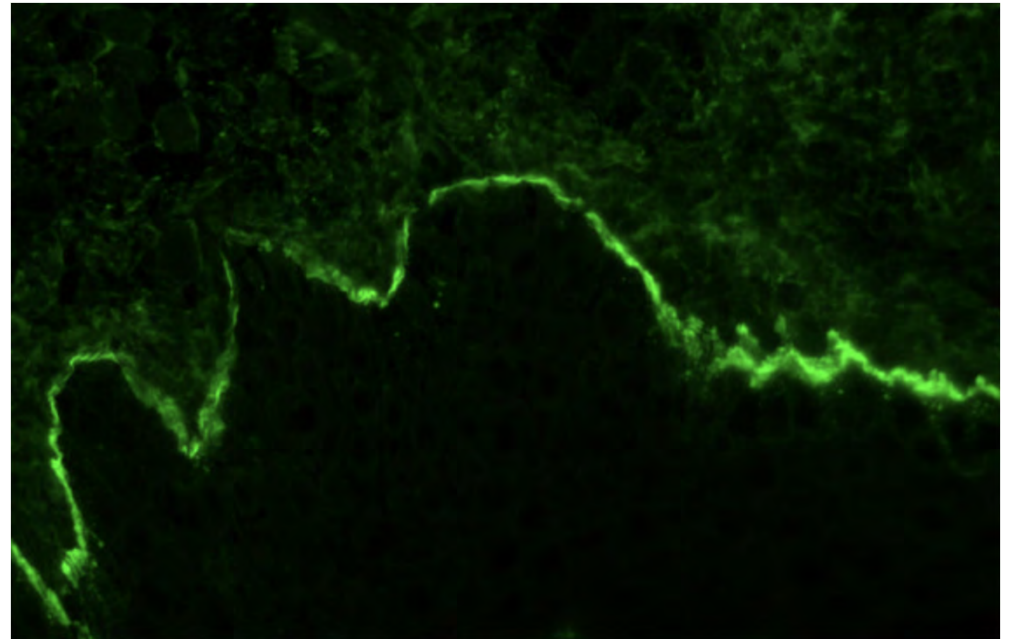
David Ojeda, DDS



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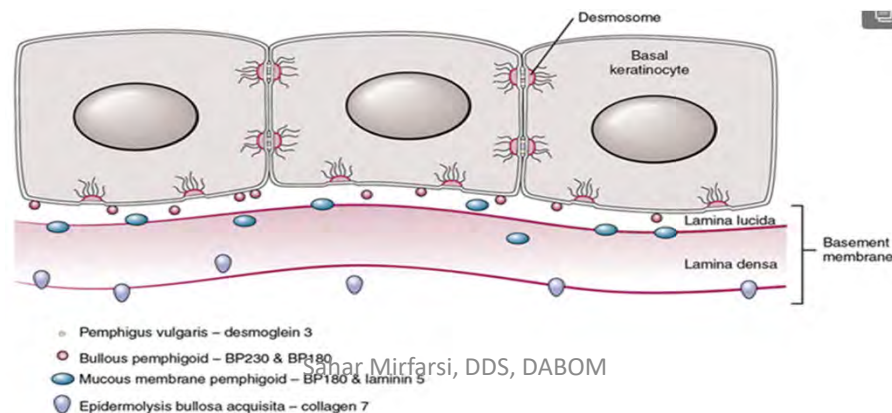
H&E: subepithelial clefting



MMP DIF study will show a uniform, apple-green, linear deposition of IgG and C3 along the BMZ in MMP.

Epidemiology and Pathobiology

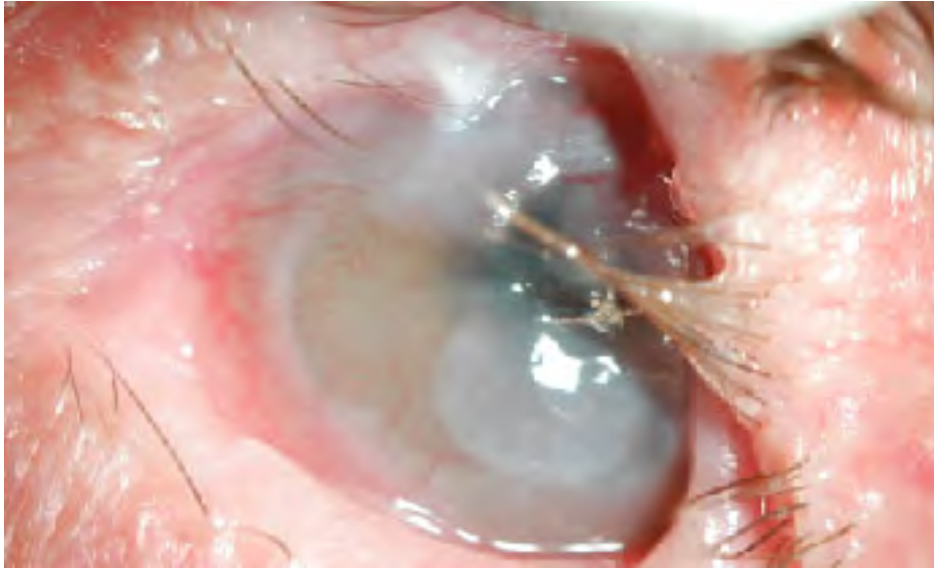
- A group of acquired autoimmune subepithelial/subdermal blistering disease
 - Affecting skin or mucosa
- Mucous membrane pemphigoid: 1/6 entities of pemphigoid
- 1.3-2.0 per million , F:M: 2:1
- 6th-8th decades of life → as young as 14, so do not ignore the signs
- Identified antigens in the basement membrane of epithelium/epidermis:
 - BP 180, Laminin 332, Laminin 311, BP 230, both subunits of $\alpha 6\beta 4$ integrin, and type IV collagen.
- **IgG, and IgA autoantibodies found most commonly against BP180 in MMP - >85% of patients**



MMP Manifestations

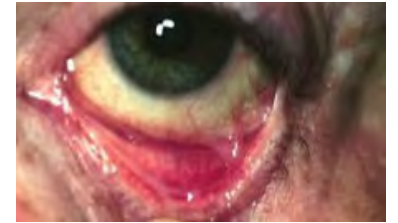
- Tense blister formation and ulceration
- Buccal mucosa, palate, alveolar ridge, tongue, and lower lip
 - Healing with scar
 - Oral pain
- Oral mucosa (85% of cases)
- Ocular mucosa (65% of cases)
- Nasal mucosa (up to 40% of cases)
- Anogenital (20%)
- Pharynx (20%)
- Larynx (10%)

Ocular Cicatricial Pemphigoid



Conjunctival Involvement

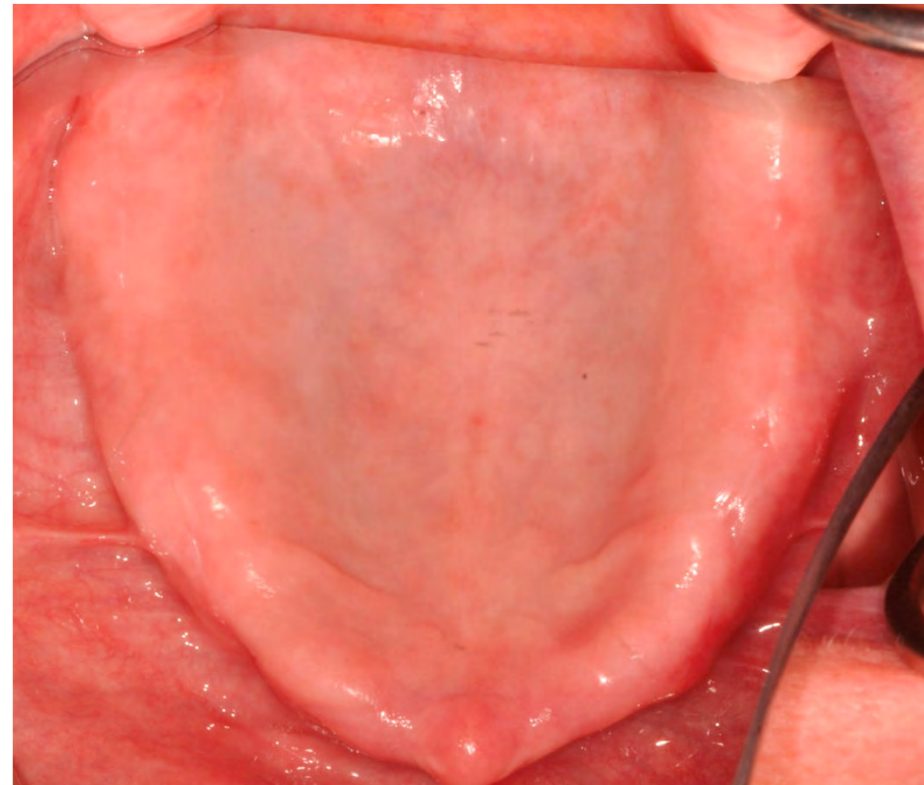
- Conjunctivitis
- Symblepharon
- Scarring
- Blindness



Can you imagine?

- Difficulty bathing, sleeping, wearing clothes, sitting, etc.
- Do NOT ignore the signs → you can save a life

It only took 11 years 😞

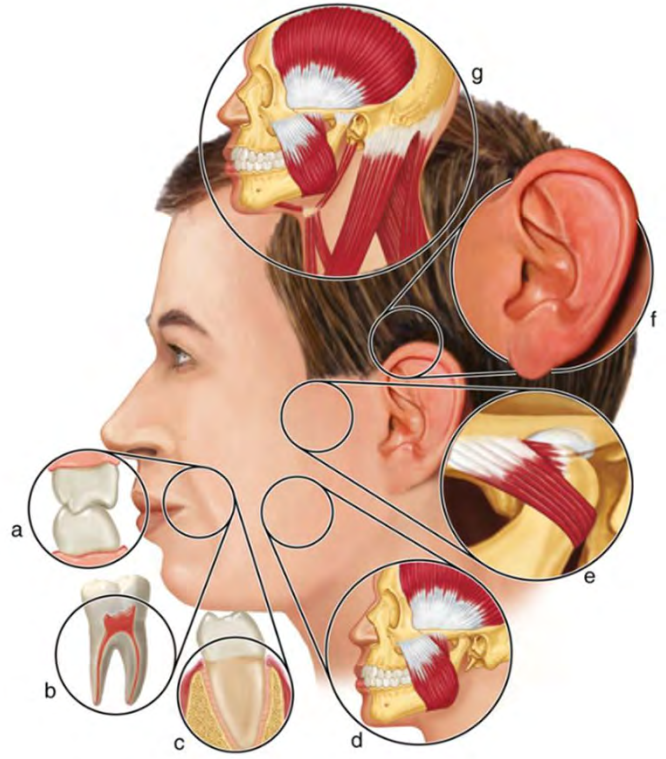


**BIOPSIES
SAVE
LIVES**

Sahar Mirfarsi, DDS, DABOM

ippf International
Pemphigus &
Pemphigoid
Foundation

“Temporomandibular disorder is a problem for dentists, but NOT necessarily a dental problem” - JPO



Okeson, Jeffrey P. Management of Temporomandibular Disorders and Occlusion. Available from: VitalSource Bookshelf, (7th Edition)
S. Mirfarsi, DDS

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Primary Pain vs. Heterotopic pain

Site vs. Source

- **Source:** The origin of the nociceptive process that is causing the pain experience
- **Site:** The anatomic site where pain is felt

Doctor shopping phenomenon

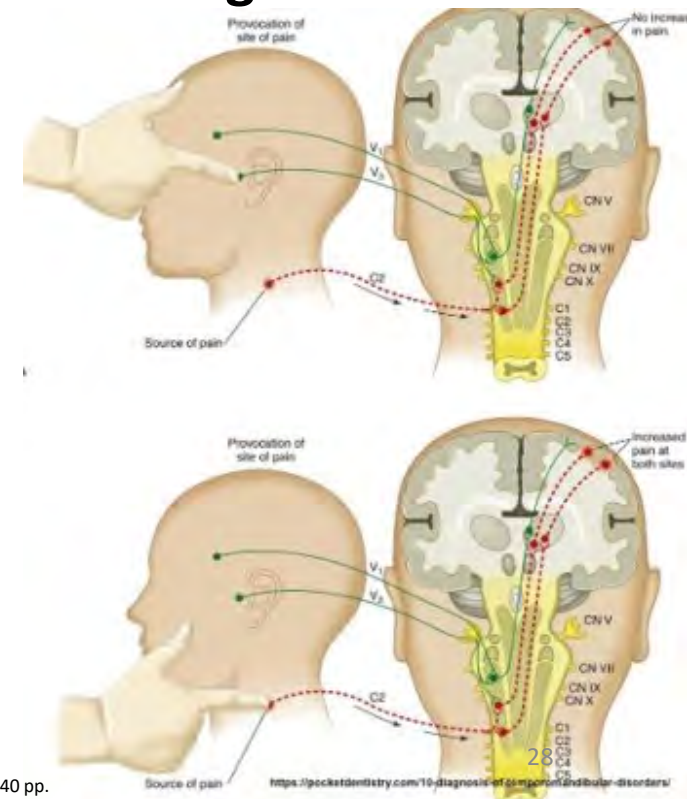
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The American Academy of Oral Medicine Clinical Practice Statement: Somatic symptom and related disorders

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Originators: Sahar Mirfarsi, DDS,^a and Eric T. Stoopler, DMD, FDSRCS, FDSRCPS^b

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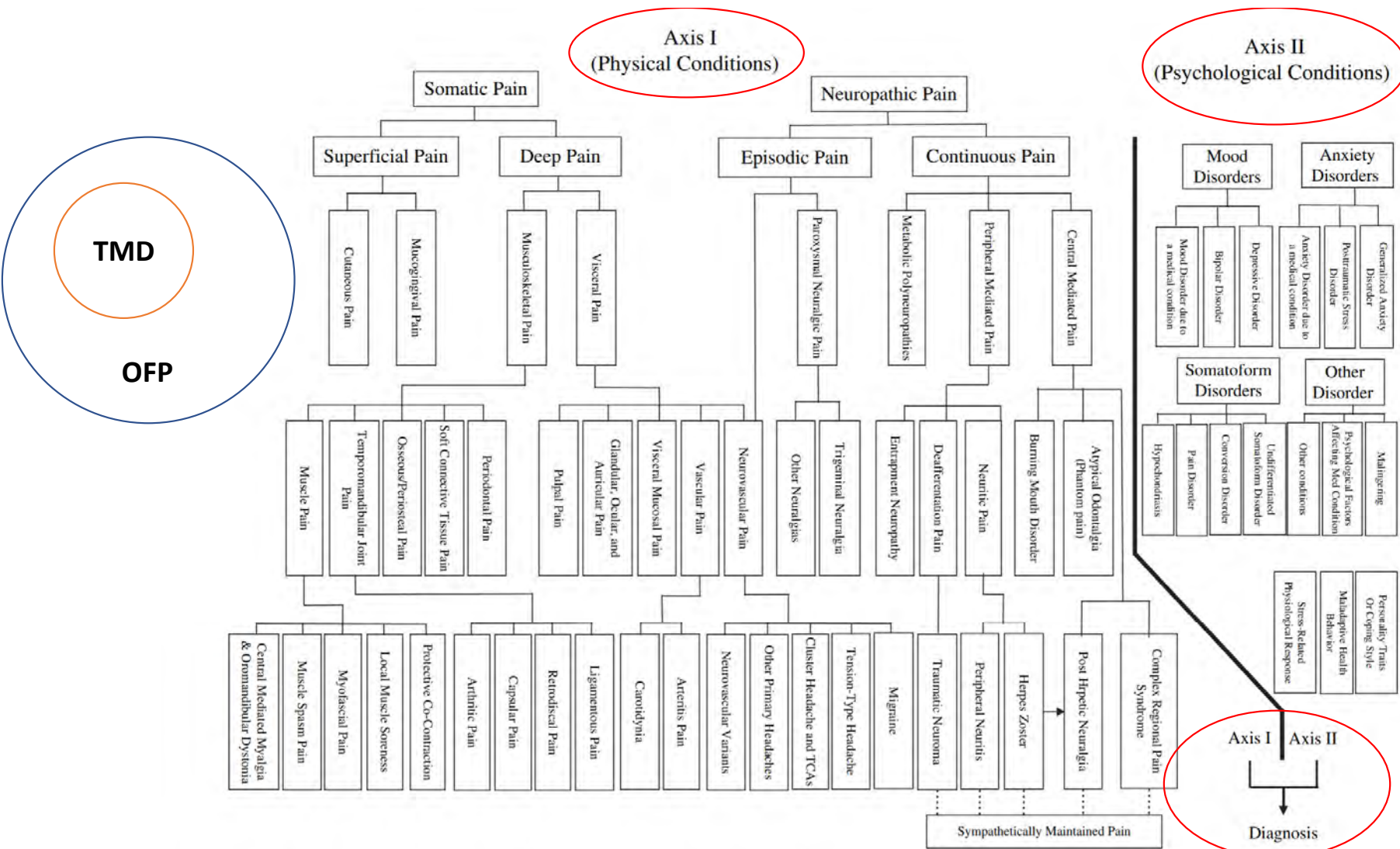


Fig. 1. The classification of orofacial pain. (Modified from Okeson JP. Bell's Orofacial Pains, 6th edition. Quintessence Publishers, Chicago Ill, 2005; with permission.)

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Common Temporomandibular Disorder (TMD) Conditions

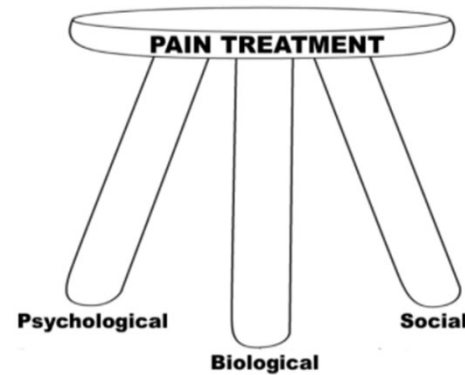
- Arthralgia
- **Myalgia**
 - Local myalgia
 - Myofascial pain
 - **Myofascial pain with referral**
- Disc displacement disorders
- Degenerative joint disease
- Subluxation
- Headache

Data

- **TMD in the adult U.S. population**
 - **33% have at least 1 symptom**
- **Only 5 –10% will require active treatment**
 - **Majority with TMD will have condition resolve spontaneously**
- **Myopain:**
 - **MFP + FBM → most common chronic pain**
- **TMD → reported age: 20 –50 years**
- **Female : Male**
 - **3:1**

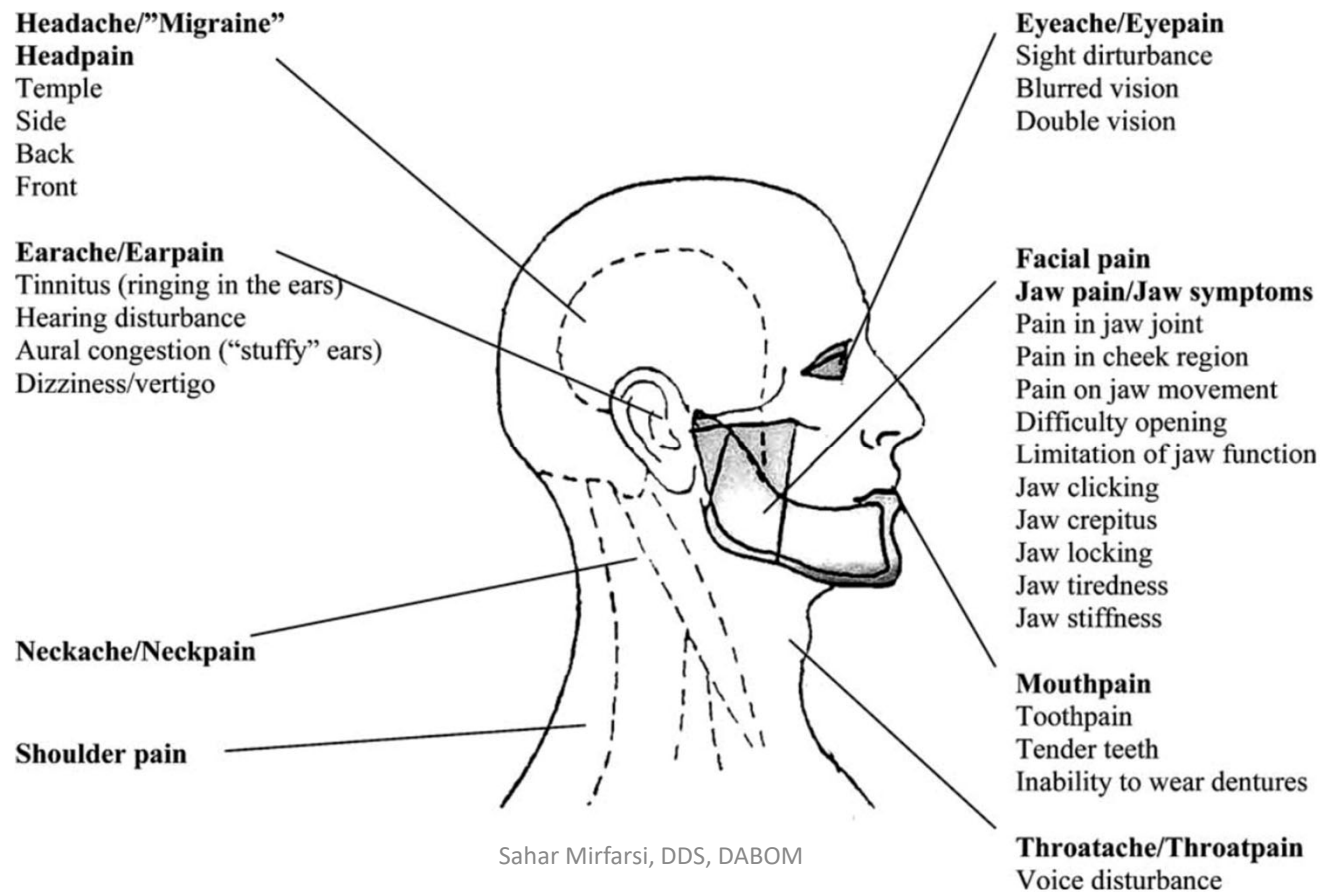


Biopsychosocial Model



- **Combining the biological (physical disorder factors) and psychological and social factors**
- **Recognizes the biological disorder in the context of pain experience**
 - **Personal, and cultural responses**
- **Encourages a rehabilitation model for management of chronic illness**
 - **Multidisciplinary care**

Various Symptoms and Signs Associated with Pain and Dysfunction in the TMJ Region



Suvinen TI, Reade PC, Kempainen P, Könönen M, Dworkin SF. Review of aetiological concepts of temporomandibular pain disorders: towards a biopsychosocial model for integration of physical disorder factors with psychological and psychosocial illness impact factors. Eur J Pain. 2005 Dec;9(6):613-
 doi: 10.1016/j.ejpain.2005.01.012. PMID: 15978854.

- Previous hx of TMD & related issues diagnosis
 - Use of occlusal appliances in the past
- Noise w + w/o symptoms → at least document + f/u
- Limited opening / tightness of the jaw → locking
- Headaches → time of the day?
- Visual and hearing changes
- Otalgia, tinnitus, hearing loss
- Cervical spine pain
- Parafunctional habits/ occupational factors
- Sleep patterns
- Paresthesia, dysgeusia, oral complaints
- Disturbing thoughts



Thank you for your attention!



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