Oral Medicine

Lecture 2

The Examination of the patient
Extra Oral (head and neck examination)

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A complete examination covers the following three areas:

1-The General Examination:
briefly assesses the patient's general appearance
2-The Extraoral Head and neck Soft Tissue examination:
focuses on the head and neck.
3-The Intraoral soft tissue examination:
determines if the soft tissue is within normal limits (WNL)

A. General examination

A thorough examination includes observing the: patient's general appearance. The examination starts as soon as the patient enters the dental operatory. The patient's general appearance may give clues to medical conditions. As the patient enters the room, and during history taking, observe:

- the patient's general appearance, symmetry, gait, and mobility.
- During the history taking, note any facial asymmetries, lesions or scars.

Extra Oral (head and neck examination)

1. Asymmetries

Asymmetries of the head and neck are assessed by standing directly in front of the patient. So, the dentist may have to sit on the side of the chair. Compare one side of the head and neck to the other.

Most people are not completely symmetrical, but significant asymmetries should be noted and the cause obtained from the patient if known.

Examples of asymmetries are: previous surgeries, nerve paralysis from CVA/stroke, tumors, and infections.

Details of the asymmetries should be noted in the chart - such as "3 cm scar in left submandibular area from submandibular gland stone removal .

Facial Asymmetry







Shuffling gate in Parkinson’s disease(gate of the patient)



A. General examination

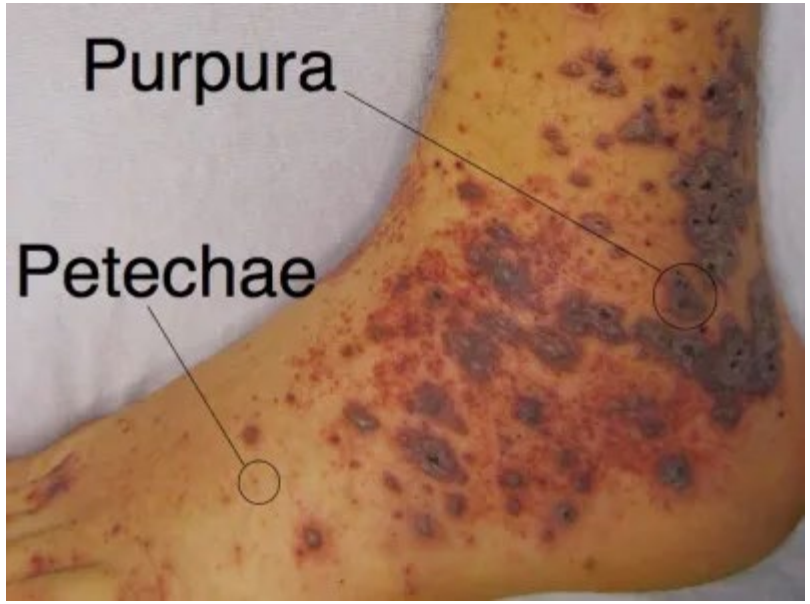
For example, if the patient is in a wheelchair, the dentist need to find out the reason for this in your medical history. This could affect dental treatment in several ways.

If the patient had suffered a stroke, they may need assistance transferring to the dental chair. As well, the medications the patient is taking following a stroke could affect your treatment. Additionally, the patient could have trouble maintaining adequate oral hygiene due to physical limitations.

If the patient has decreased mobility of the head and neck, this should be noted, as it may affect the patient's ability to tolerate dental procedures.

A. General examination

- **<u>The patient's exposed skin should also be examined</u>**:
- Clues to the patient's medical status may be obtained:1- If petechiae, ecchymosis, or hematoma are seen, then further information should be obtained from the patient about bleeding problems, or medications such as blood thinners.



<u>Hematom</u>
a



A. General examination

- **<u>The patient's exposed skin should also be examined</u>**:
- 3-Clubbing of the fingers may be a sign of heart or respiratory problems. Other causes should be noticed by the dentist

Clubbing of the fingers, in which the fingertips spread out and become rounder than usual, is often linked to heart or lung conditions



A. General examination

- **The patient's exposed skin should also be examined**:
- 2-If the patient's skin appears yellowish, more information is needed about possible jaundice or liver problems.



A. General examination

The patient's exposed skin should also be examined:

color changes :

1.**Vitiligo:** is a condition in which the skin loses its pigment cells (melanocytes). This can result in discolored patches in different areas of the body, including the skin, hair and mucous membranes

2.Melasma:. Melasma (also known as chloasma) is noticed by tan or brown patches that may appear on the forehead, cheeks, upper lip, nose, and chin. Although this condition is often called the "pregnancy mask," men can also develop it. It may also occur in women who are taking birth control pills or postmenopausal estrogen. Melasma may go away after pregnancy, but if it remains, it can be treated with certain prescription

Vitiligo



melasma



A. General examination

3.Pigmentation alteration (change) as a result of skin damage (postinflammatory hyper- or hypopigmentation).

If the patient had a skin infection, blisters, burns, or other trauma to the patient here there will be decrease or increase of pigmentation in the affected area. This type of alteration is usually not permanent,

- other factors, including lifestyle modifications, hormonal changes, excessive exposure to the sun, repeated friction/exfoliation, and just growing older

Postinflammatory hyper- & hypo-pigmintation





5.**Yellowing of the skin and the whites (sclera) of the eyes** — the main sign of infant jaundice usually appears between the second and fourth day after birth. (To check for infant jaundice, press gently on baby's forehead or nose. If the skin looks yellow where pressed, it's likely that baby has mild jaundice)

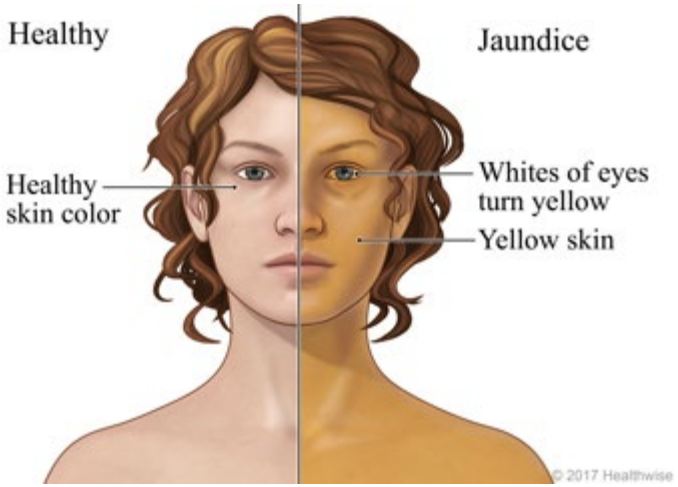
Jaundice :is a condition in which the skin, whites of the eyes and mucous membranes urn yellow because of a high level of bilirubin (a yellow-orange bile pigment). Jaundice has many causes, including hepatitis, gallstones and tumors. In adults, jaundice usually more serious

6.**Pale skin** can be a sign that patient have a shortage of normal red blood cells (anemia), which means that less oxygen is delivered to the body. This can be from a nutritional deficiency, blood loss, or a blood cancer like leukemia. Other causes of pale skin include low blood pressure or infection.

Pale skin face in anemia



Jaundice


Healthy
Jaundice
Healthy skin color
Whites of eyes turn yellow
Yellow skin
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7. Brown spots are caused by the overproduction of melanin in the skin. Melanin is the pigment that gives the skin, hair and eyes their color. produced by cells called melanocytes. melanocytes as sponges that soak up sunlight



8. When the kidneys stop working as they should, toxins build up in skin this buildup can cause color changes to the skin. other causes of skin discoloration is related to pigments called urochromes being retained in the skin.
Normally these are excreted by healthy kidneys. Patients with this condition tend to have a grayish, almost metallic color skin. Another discoloration is called uremic frost





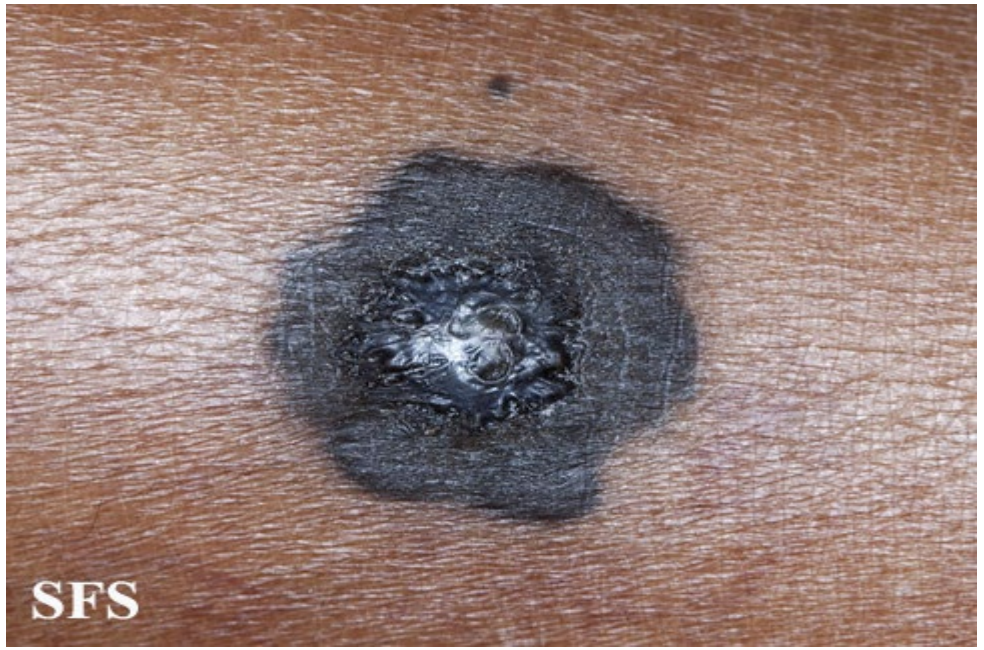
9. The presence of the basal cell carcinoma





10. Blue nevi are localized benign proliferations of melanocytes. They may be congenital or acquired. There are two types. Common blue nevi range in size from 2–10 mm. They present as small round to oval, smooth-surfaced, well-defined papules with a bluish-black pigmentation.
Cellular blue nevi are less common and tend to be >1 cm. They are also bluishblack and may be mistaken for nodular melanoma. Rarely, cellular blue nevi can undergo malignant transformation





Facial features

Face has gradually swollen into a rounded shape; this is moon facies. Also called moon face, Moon facies occurs when extra fat builds up on the sides of the face.

It is often related to obesity but can be from Cushing's syndrome. That's why people sometimes refer to it as a Cushingoid appearance.

Cushing's syndrome occurs when the body is exposed for long periods to high levels of a hormone called cortisol.

A. Symptoms and Causes of Moon Facies

Moon faces may cause the face to gradually become round, full, or puffy. The sides of face may become so round from the buildup of fat that the ears can't be seen from the front of face. Fat deposits in the sides of the skull can also make the face look rounder.

A high release of hormones, especially cortisol, is a cause of moon face. This is called hyperadrenocorticism or hypercortisolism.(The adrenal glands, triangular-shaped glands that sit on top of the kidneys, release the cortisol).

Conditions Related to Moon Facies

The conditions that most commonly lead to hypercortisolism and the symptom of moon facies include:

- **Increased release of a hormone (ACTH) Increased release of a hormone (ACTH)**

from the pituitary gland; ACTH prompts the adrenal gland to produce cortisol. Nonpituitary tumors -- such as tumors of the lung, pancreas, or thymus -- which may also cause big releases of ACTH

- Benign tumors or cancers in the adrenal glan

- Long-term use of steroid medications like prednisone for conditions such as rheumatoid arthritis or other autoimmune conditions

To confirm that moon facies is the result of abnormal cortisol levels, blood and urine tests. should be done to confirm the cause of high cortisol levels, other tests, such as an MRI or CT scan.

Note

Moon Facies and Cushing Syndrome

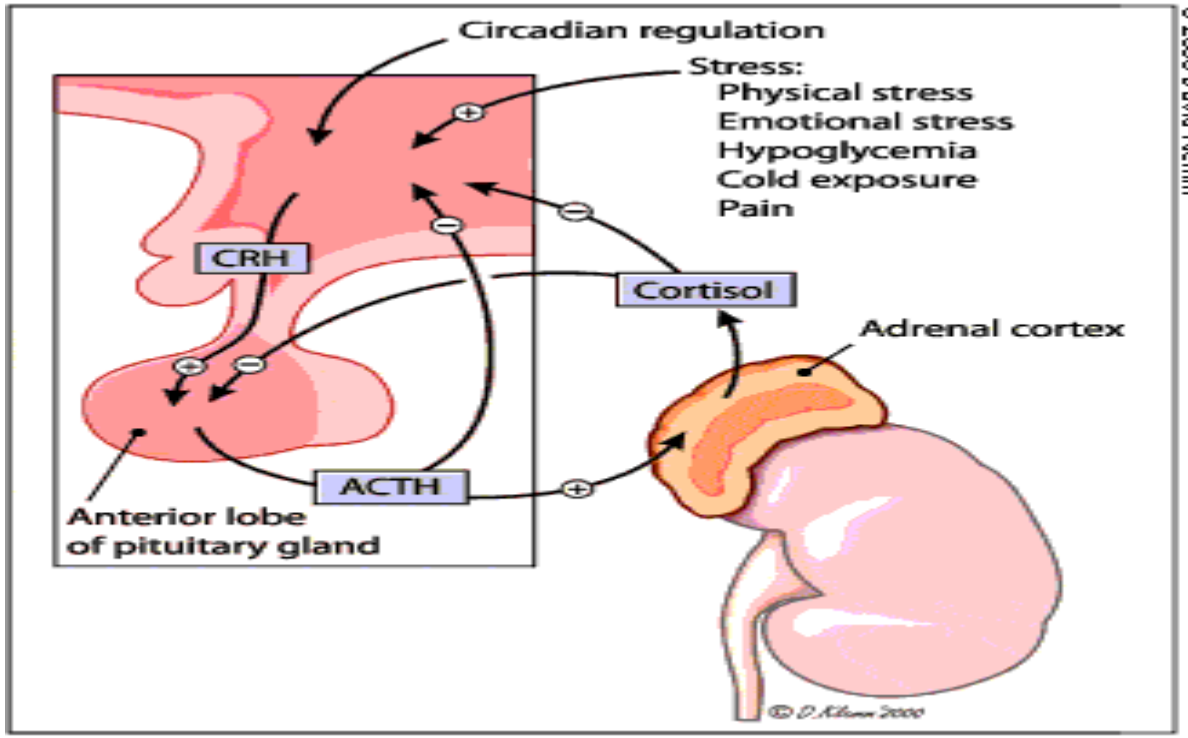
It can be difficult to diagnose Cushing's syndrome. That's because signs and symptoms such as facial swelling can be caused by other conditions. But it is more likely to be Cushing's syndrome if moon facies gets worse gradually along with other characteristic symptoms.

Moon Facies and Steroid Treatment

Long-term use of steroids such as prednisone can cause many of the same signs and symptoms of Cushing's syndrome. In fact, weight gain with fat redistribution such as moon facies is one of the most common signs of steroid use.

the risk of developing these signs depends on the dose of medication and how long take it. With steroid use, an increase in appetite and food intake may contribute to weight gain.

Symptoms usually occur as the result of long-term use of oral steroids. But less commonly, injected or inhaled steroids may cause Cushing's signs and symptoms, too. myopathy."



Hypothalamic-pituitary-adrenal axis. (CRH = corticotropin-releasing hormone; ACTH = adrenocorticotropin hormone)



2. Hypotonic faces

Along with the rest of the muscles in the body the muscles in the face can also be slightly weaker which sometimes means that the children may lack a puzzled expression or generally not be very expressive at all.

Noses

They may have a prominent bridge/root, a bulbous or dimpled/creased tip and the nostrils are narrow and it looks as though the part just below where glasses would sit bulges out slightly





Eyes

They can be small, almond shaped and either upward or downward sloping with hooded upper and lower eyelids. They can also be wide set.

Mouth

This is generally noted as being small, sometimes with a thin upper lip and long featureless philtrum (the channel that runs between the nose and the mouth) so that sometimes the top lip is straight i.e. it doesn't have a 'bow shape'.

Face

The cheekbones may be flat, this is called malar flatness. As the children get older it is sometimes the case that their faces become longer and the flatness then becomes more apparent. The forehead can also seem broad and flat.

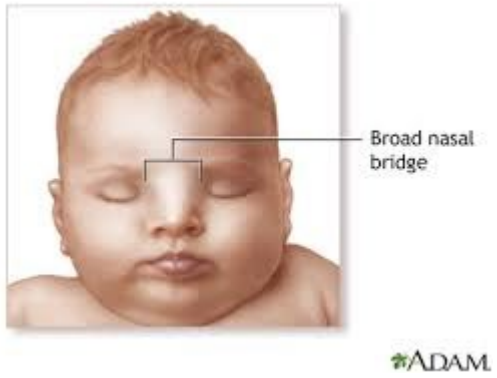
3.Down syndrome often have a characteristic facial appearance that includes a flattened appearance to the face, outside corners of the eyes that point upward (upslanting palpebral fissures), small ears, a short neck , and a tongue that tends to stick out of the mouth

Three features that are found in nearly every person with Down syndrome are:

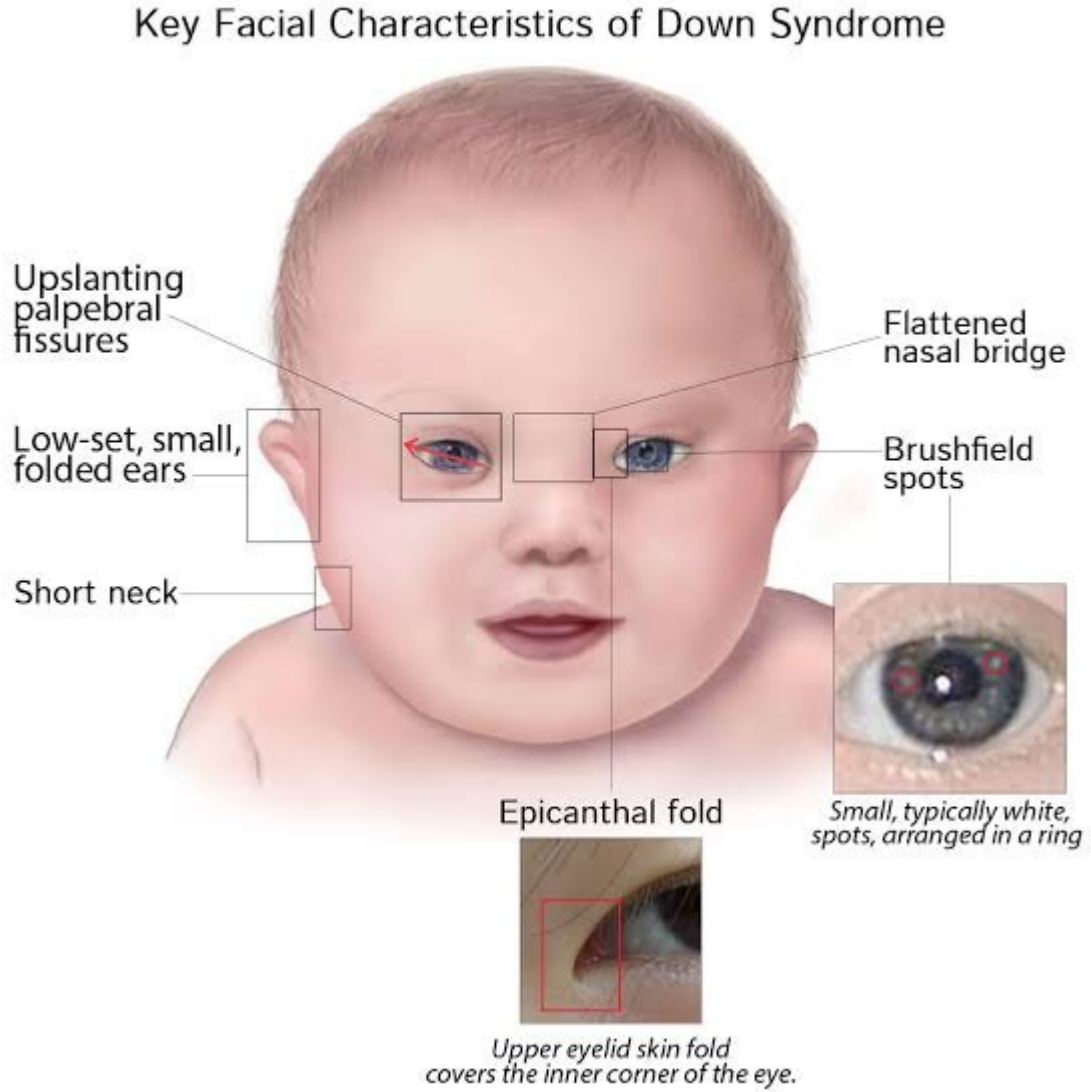
- Epicanthic folds (extra skin of the inner eyelid, which gives the eyes an almond shape)
- Up slanting palpebral fissures (slanting eyes)
- Brachycephaly (a smaller head that is somewhat flattened in the back)

➢ The nose is pinched, the eyes are sunken, the temples hollow, the ears cold and retracted, the skin of the forehead tense and dry, the complexion livid, the lips pendent, relaxed, and cold. The Hippocratic face is so called because it was first described by Hippocrates




Broad nasal bridge

A.D.A.M.


Key Facial Characteristics of Down Syndrome
Upslanting palpebral fissures
Low-set, small, folded ears
Short neck
Flattened nasal bridge
Brushfield spots
Small, typically white, spots, arranged in a ring
Epicanthal fold
Upper eyelid skin fold covers the inner corner of the eye.

4.Malar rash is a red or purplish facial rash with a “butterfly” pattern. It covers your cheeks and the bridge of the nose, but usually not the rest of the face. The rash can be flat or raised. A malar rash can occur with many different diseases and conditions, from sunburn to lupus.

5 .Face of mal nutritional Acute malnutrition pertains to a group of linked disorders that includes kwashiorkor, marasmus, and intermediate states of marasmic kwashiorkor. They are distinguished based on clinical findings, with the primary distinction between kwashiorkor and marasmus being the presence of edema in kwashiorkor

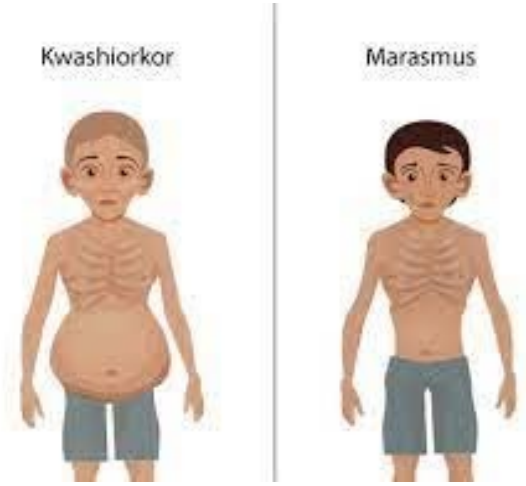
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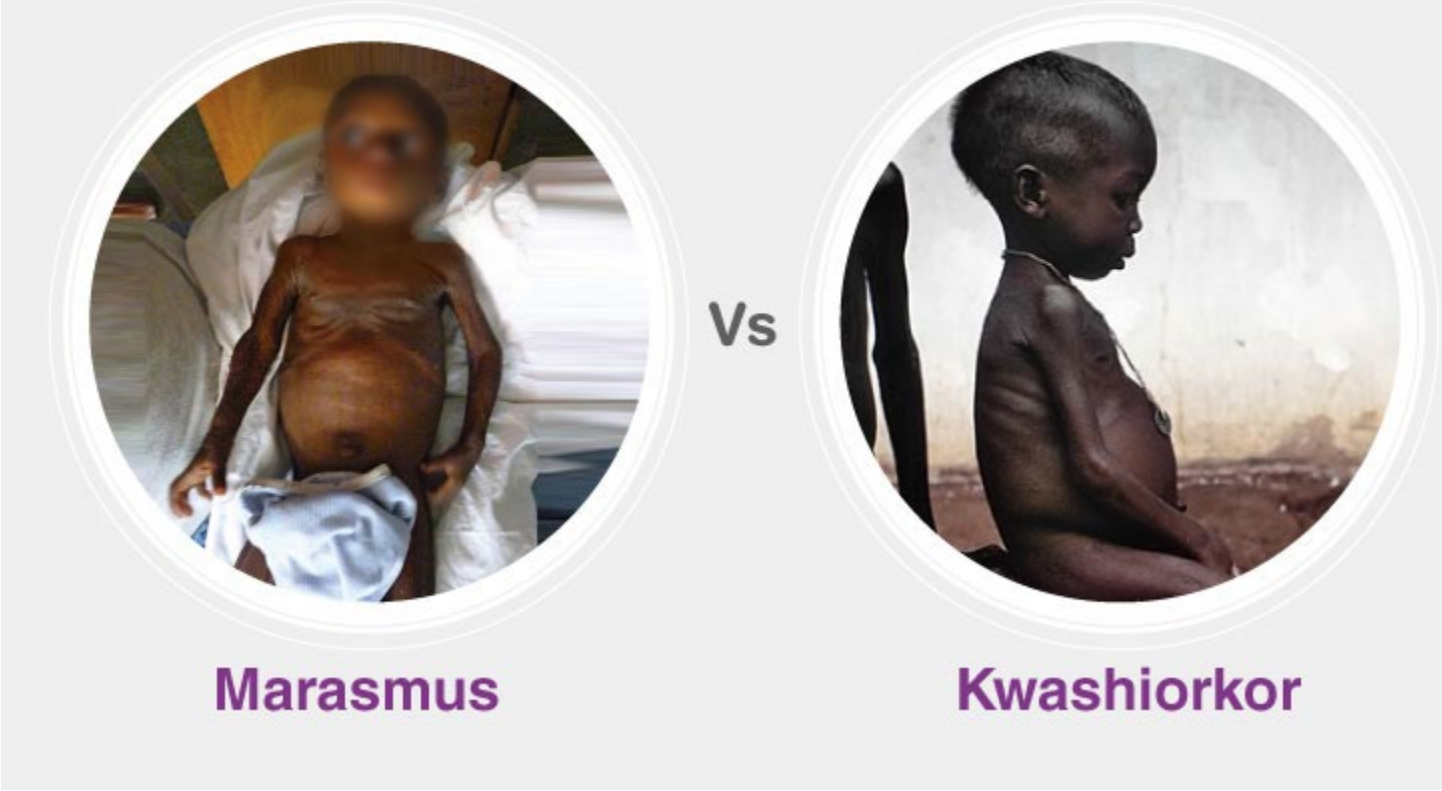


Systemic lupus erythematosus malar rash



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SCALY SKIN

Repeated skin irritation due to environmental factors, such as the sun, the wind, dryness or excessive humidity, may cause **skin desquamation**, that is the detachment of big scales from the epidermis, which sometimes look like fine dust. However, desquamation may also be the result of some condition, such as an **allergic reaction**, a fungal or staphylococcus infection, an immune system disorder or cancer, and of oncological treatments. In these cases, desquamation is usually accompanied by itching




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RED SPOTS

There is a large number of dermatological causes and diseases for the appearance of **red spots or rash**, including infections, heat, allergens, immune system disorders and medications





SKIN MOLES

Moles are dark dots or spots on the skin that **usually appear during childhood and adolescence**. They are caused by groups of pigmented cells. In general they are harmless, but it is best to check them with a dermatologist if they change size,

shape or color, or if itching or bleeding occurs, since some may become cancerous.

In general, it is important to pay attention to skin appearance because, regardless of the type of skin you have, there are certain characteristics that could be a sign of a skin problem.

Skin mole






Thank You
For Your
Attention