

## Endo Diagnosis The Critical Skill



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With your patient in pain and looking for relief, (and symptom relief), precise endodontic diagnosis can

make you a dental hero and can bring extreme gratitude.

As you probably know, endodontic diagnosis is often not easy and not straight forward, particularly in a quadrant with multiple crowned teeth and no significant radiographic findings.

**We need:** clinical, radiographic, and health history information. "My whole head hurts", they say, but where, why, when and how much?

### Ask your patient:

- What is your chief complaint today? (Possible response: It hurts on the left side.)
- Try to find the location of discomfort: Left side, right side, lower, front, back, hot cold, biting, swelling...
- "Mrs. Jones, can you touch the tooth that bothers you?"

### Clinical Testing:

- Can you reproduce the patient's chief complaint on a specific tooth or teeth?
- B B C- by quadrant
  - Bang 'em .....Percussion
  - Bite 'em .....Biting
  - Chill 'em.... Cold/Hot test

Percussion is our most sensitive test in differentiating endodontic symptoms with extreme pain; you may want

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# Dentists Often First To Spot Eating Disorders in Patients

As many as 35 million men, women and children suffer from eating disorders in the United States and dentists are becoming the first line of defense when it comes to spotting eating disorders in patients, according to the Academy of General Dentistry:

"An eating disorder is a complex compulsion to eat in a way which disturbs physical, mental, and psychological health. The three most common eating disorders are anorexia nervosa, bulimia nervosa and binge eating disorder. The eating may be excessive (compulsive over eating); restrictive; or may include normal eating punctuated with episodes of purging(1) (such as self-induced vomiting, use of laxatives, fasting, diuretics or diet pills(2)). The eating may include cycles of bringing and purging; or may encompass the ingesting of non-foods(1) (such as dirt, clay or chalk).(3)," according to the Academy.

"A parent may not recognize a child is anorexic or bulimic, however, through a routine dental checkup, a dentist may spot the oral signs of the disease," said Dr. Katina Morelli, D.D.S., dental director for Delta Dental of Illinois. "Eating disorders have serious implications for oral health and overall health so when dentists see the symptoms of eating disorders we encourage our patients to seek help."

**The Infiniti Essence.** Presented as a concept at the 79th International Motor Show of Geneva last month, Essence is a celebration of Infiniti and its 20 years history as a creator of performance cars. The dramatic design, technology and performance statement is a 592-horsepower, rear-wheel-drive gasoline/electric hybrid coupe.



Source: Infiniti

Bad breath, sensitive teeth and eroded tooth enamel are just a few of the signs that dentists use to determine whether a patient suffers from an eating disorder. Other signs include teeth that are worn and appear almost translucent, mouth sores, dry mouth, cracked lips, bleeding gums, and tender mouth, throat and salivary glands.(4) Any of these symptoms can alert a dentist to a potential eating disorder.

Eating disorders rob the body of minerals, vitamins, proteins and other nutrients needed for good health and may cause injury to teeth, muscles and major organs.(1) Stomach acids can damage teeth with repeated exposures during purging for those individuals with bulimia nervosa. For those individuals

with anorexia nervosa, which is characterized by self-induced starvation, poor nutrition can affect oral health by increasing the risk for periodontal [gum] diseases.

According to the National Eating Disorders Association, studies have found up to 89 percent of bulimic patients have signs of tooth erosion, due to the effects of stomach acid.(5) Over time, this loss of tooth enamel can be considerable, and the teeth change color, shape and length.

(1)Delta Dental Plans Association National Scientific Advisory Committee Library  
(2)American Dental Association, "Oral Health Topics: Eating Disorders" [http://www.ada.org/public/topics/eating\\_disorders.asp](http://www.ada.org/public/topics/eating_disorders.asp)  
(3)National Eating Disorder Information Center, <http://www.nedic.ca/knowthefacts/definitions.shtml>  
(4)Academy of General Dentistry, "How Your Dentist Can Detect an Eating Disorder," <http://www.knowyourteeth.com/infobites/abc/article/?abc=h&iid=346&aid=123>  
(5)Oral Health Resources, March 30, 2007; AGD Impact magazine, May 2005  
(5)National Eating Disorders Association

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to press gently on teeth before percussion testing.

Bite testing with a soft wood stick should pinpoint whether discomfort occurs with biting down or releasing. Pain with pressure release may suggest a fracture or crack in the tooth.

Cold testing should start with healthy teeth in order to teach the patient the normal response to cold (Ice pencil or EndoIce). Heat testing can be performed with hot water applied by a cotton tipped applicator or with a rubber wheel used with a slow speed hand piece. Pain that is relieved by cold, where the patient must drink cold to stop the pain for a few minutes, can be tested with an ice pencil to identify the problem tooth.

#### **Radiographic signs:**

Periradicular radiolucencies and widened periodontal ligaments are typically readily apparent on the x-ray and can greatly assist in localizing symptoms. However, many times radiographic findings do not correspond with the same tooth causing the patient's chief complaint (i.e. more than one tooth may need treatment). When a tooth presents with a sinus tract, a piece of gutta-percha placed in the opening of the tract and gently advanced until it stops, can demonstrate radiographically the source of the gingival irritation. It is always important to correlate the clinical signs and symptoms with the radiographic findings.

As with all dental procedures, accurate pulpal and periapical diagnoses are essential to insure that the treatment provided will address the patient's chief complaint and relieve their presenting symptoms.

*Dr. Forbes has performed over 70,000 root canal treatments and 3,000 apico surgeries establishing him as one of the most experienced endodontists in the area.*



# Oral Cancer @ Epidemic Levels; Poor Dental Hygiene One Culprit

*This story was originally published in Mediaplanet's Dental Health section within the Wall Street Journal*

**By Robert H. Miller, MD, MBA**

Oral cancer has reached epidemic levels, with an annual growth rate of 11%. As is true for most cancers, early detection improves the survival rate. But equally important for such cancer is that detecting smaller tumors early frequently results in treatment with little physical or functional impact. Unfortunately, the treatment of advanced oral cavity cancers may require disfiguring surgery and aggressive chemotherapy combined with radiation that may impair speaking and swallowing.

The most common symptoms of oral cavity cancer include a painful, non-healing ulcer, loose teeth, and a firm lump in the neck. Pre-cancerous lesions may precede the development of an ulcerated lesion all of which can easily be diagnosed by a physician or dentist carefully examining the mouth. Although early detection is possible, many patients present with advanced disease. They had minimal oral cavity symptoms until the tumor spread to the lymph nodes in the neck. Treatment of these cancers may involve several physician specialties including a head and neck surgeon, a medical oncologist, a reconstructive surgeon, and a radiation therapist. In addition, speech/language pathologists, dieticians, and other health professionals are part of the rehabilitative team.

Smoking, including the use of any tobacco products in the mouth, is a well know cause of oral cavity cancer. The

carcinogens in smoke affect the entire upper aerodigestive tract (mouth, throat, larynx, lungs, and esophagus) which is why patients who develop one aerodigestive cancer are at increased risk of developing a second cancer in this region. Alcohol is also associated with oral cavity cancer. In addition, excessive sun exposure increases the chance of developing cancer of the lips. Lichen planus, an unusual condition of unknown etiology, is characterized by sometimes painful white, lacey lines in the mouth and may increase the risk of developing oral cancer. More recently, the human papilloma virus (HPV) transmitted during oral sex has been associated with oral cavity cancer. Certain HPV types are associated with cervical cancer in women, and it appears the same virus can cause oral cavity cancers in infected men. Habits in other countries have also been associated with the development of oral cancer. Maté, a South American beverage made from a type of holly tree, and betel nuts, chewed as a stimulant in areas of Asia, are known carcinogens.

Elimination of known carcinogens, all involving lifestyle changes, will reduce the chance of developing oral cavity cancer. Although some have suggested certain vitamins might be used for prevention, the results of these studies have not shown clear effectiveness. Clinical trials of other preventive measures are underway.

Poor dental hygiene is associated with a higher risk of developing oral cavity cancer, so routine visits to the dentist are important not only for dental cleaning, but also for regular oral examinations during which early lesions can be detected. Recent studies have suggested an additional benefit of improved oral hygiene to reduce the risk of cardiovascular disease including stroke.

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*Dr. Miller is the Executive Director of the American Board of Otolaryngology and Visiting Professor of Otolaryngology at Baylor College of Medicine.*  
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## Arguing in Front of Your Teens Has Lasting Impact

Exposure to family arguments during adolescence has a lasting impact on an individual's mental health and functioning as an adult, according to a study published in the March edition of The Journal of the American Academy of Child & Adolescent Psychiatry.

The longitudinal study shows adolescents who reported increased arguments at age 15, compared with their peers, had an elevated risk of major depression, alcohol abuse/dependence, drug dependence, and adult antisocial behaviors at age 30. These participants also had a twofold risk for being unemployed as adults.

Source: Simmons College