

STUDY OBJECTIVES

This study aims to explore the common oral health needs among patients identified as medically complex. In addition, to determining the most prevalent systemic conditions among medically complex patients who are concurrently seeking dental care, we evaluate the major treatment needs and explore how these systemic conditions limit their restorative options.

MATERIALS AND METHODS

An estimate of 80 electronic records from the Medically Complex Clinic at Harvard Dental Center were retrospectively evaluated using a statistical software package for analysis of various demographic data in addition to medical and dental information relevant to the acquired patient pool.

RESULTS

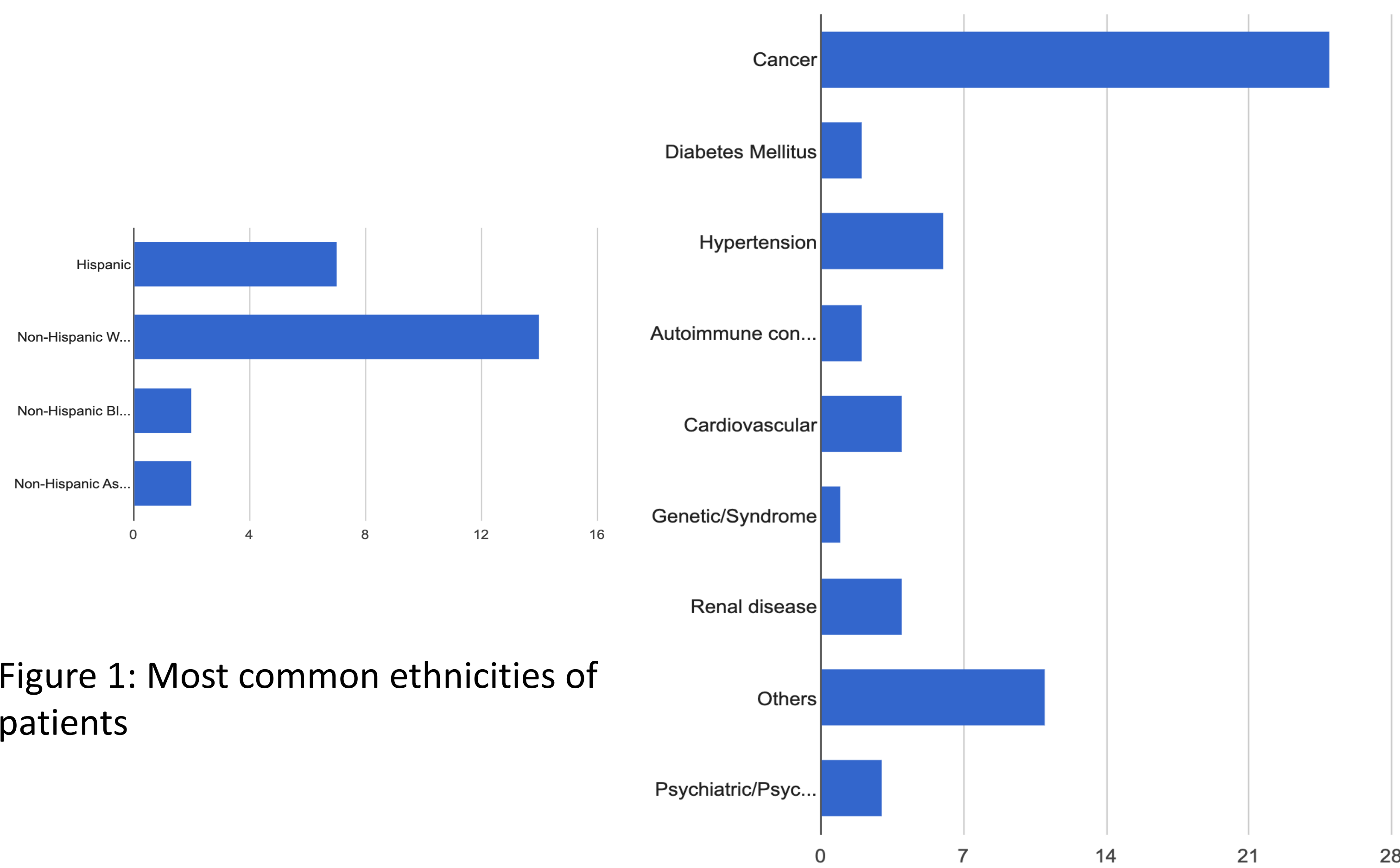


Figure 1: Most common ethnicities of patients

Figure 2: Systemic diseases in MCC patient pool.

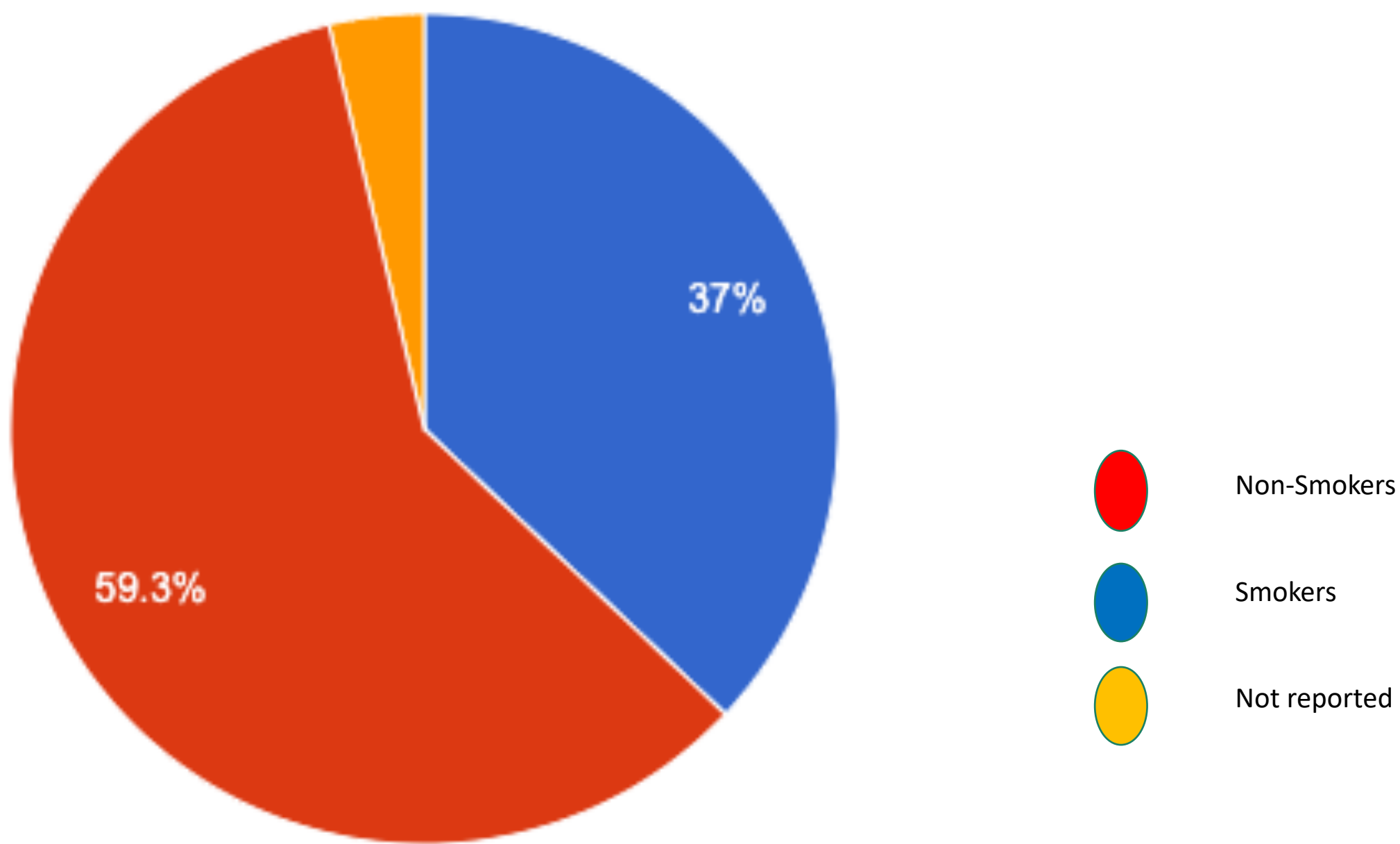


Figure 3: Smoking History

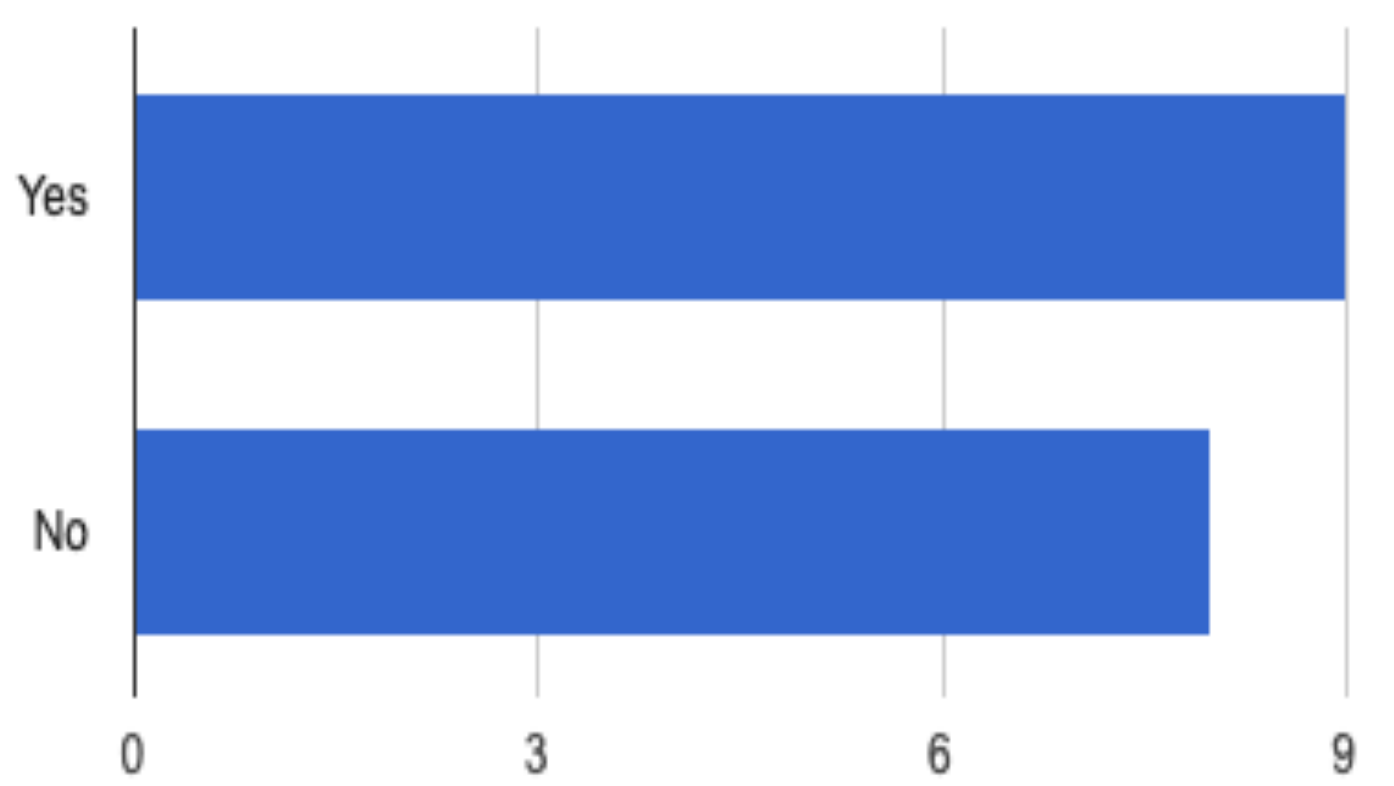


Figure 4: Incidence of Xerostomia

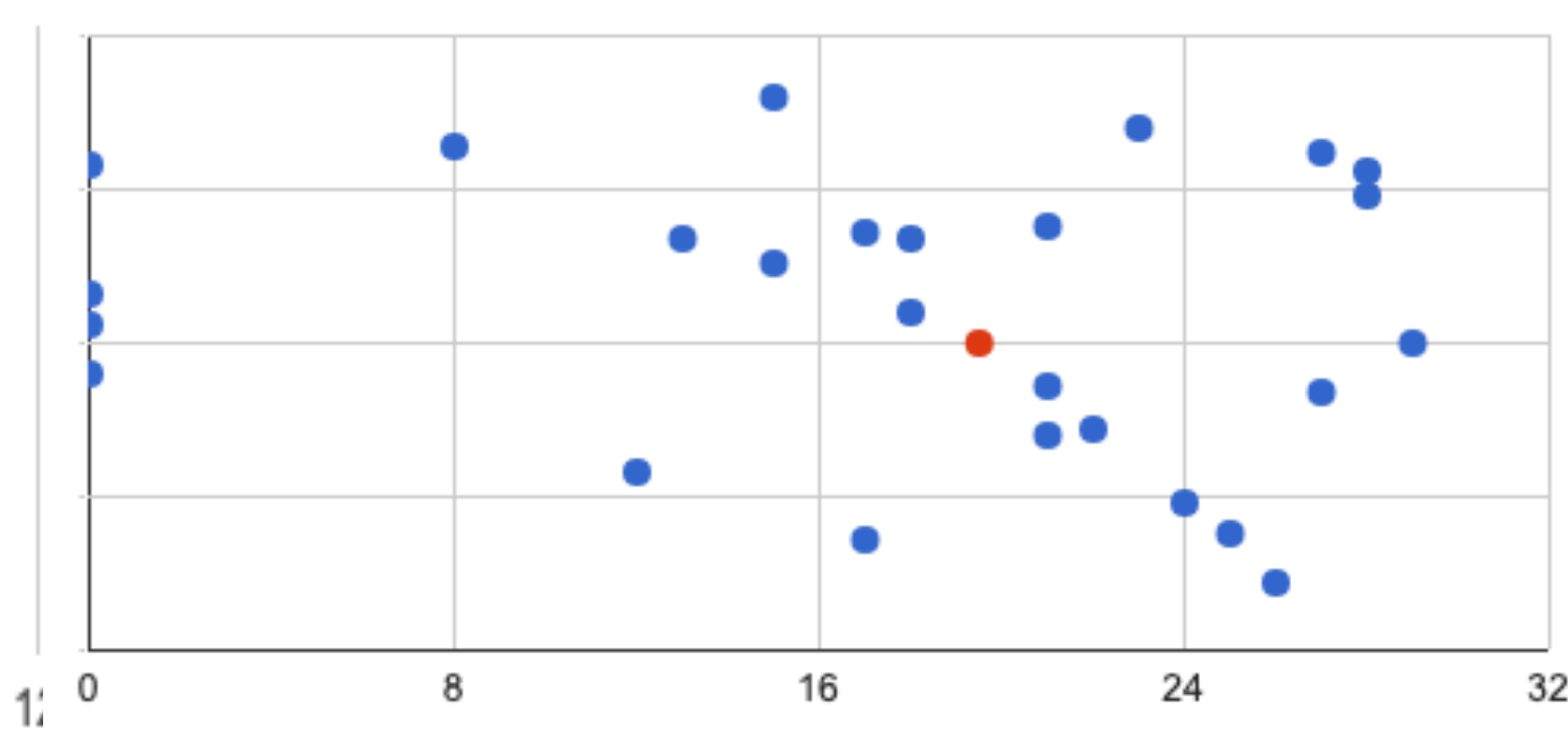


Figure 5: Mean number of teeth present.

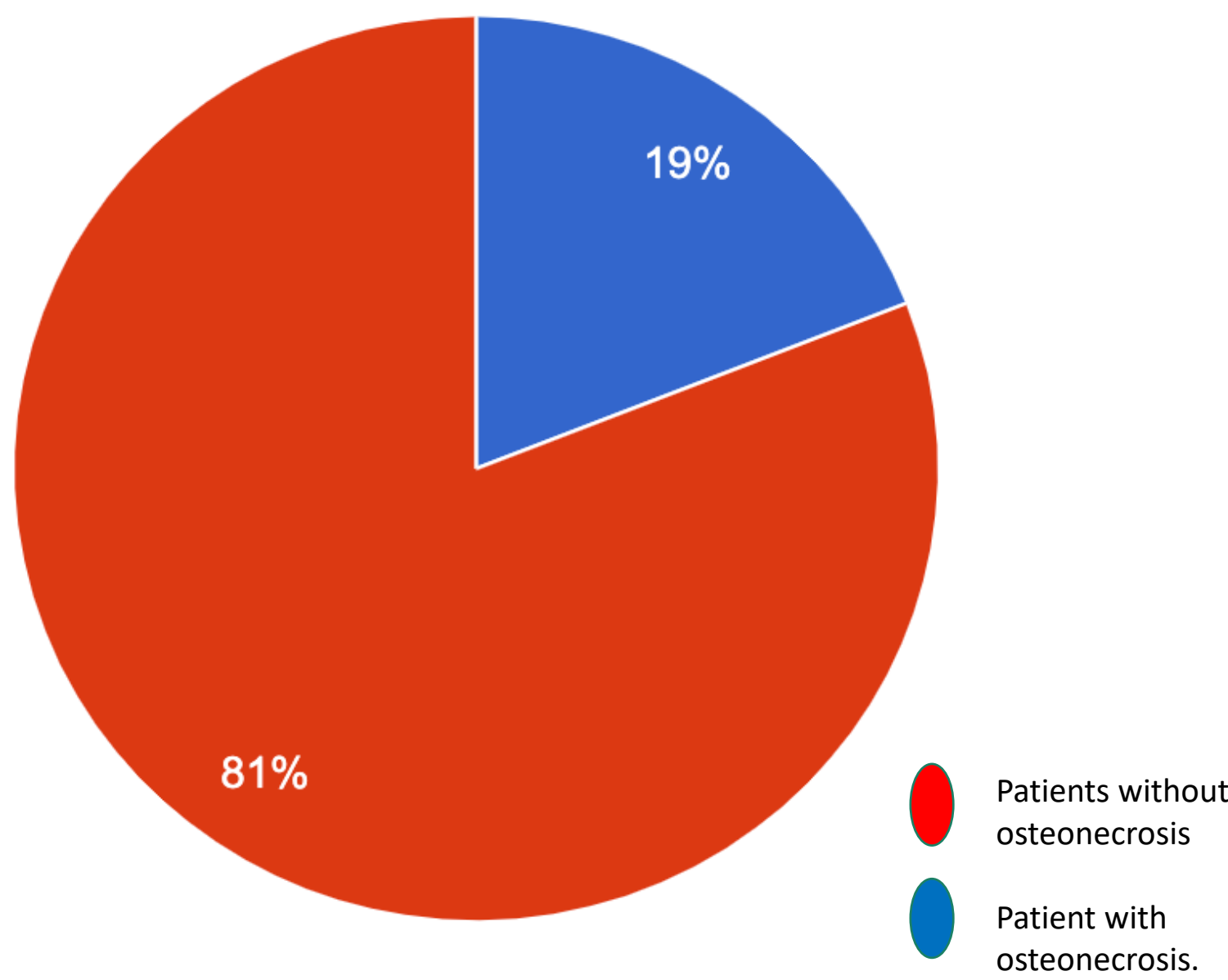


Figure 6: Incidence of Osteonecrosis of the Jaw.



Figure 7: Osteonecrosis of the jaw lesion on an MCC patient.

DISCUSSION

On exploration of basic demographic information, the mean age of patients was found to be 60 years with a ratio of 1.2:1 female to male patients and close to 60% identified themselves as non-Hispanic white as their ethnicity (Fig.1). The most prevalent systemic conditions noted among records of the medically complex patients used for this study were cancer, hypertension, and other reported diseases; cancer was the most predominant, with 80% of our sample diagnosed and treated for the same (Fig. 2). A third of the patients presented with a positive smoking history and over 50% of them reported xerostomia (Figs. 3 and 4). The mean number of teeth present in patients were about 17, suggesting tooth loss from advanced caries or periodontal disease (Fig.5). In addition, one-quarter of the patients' reported having at least one episode of osteonecrosis of the jaw, related to cancer treatment (Fig.6) These are bone exposed lesions that may last for more than eight weeks without healing. It may vary in size, and may be painful or asymptomatic (Fig. 7). Some additional parameters that we hope to explore are vertical dimension, bone health, and hyposalivation, that will be important to determine prognosis of prescribed treatment options.

CONCLUSION

Complete/partial edentulism is associated with several comorbid conditions, where pre-treatment and peri-treatment oral health status are critical for a favorable long-term prognosis of prosthodontic treatment outcomes. Our findings show that cancer patients and other medically complex patients routinely seek comprehensive dental care after their medical treatment that may itself cause an exacerbation of their poor oral health findings. The responsibility of the oral health specialist is to identify these conditions and correlate co-morbidities to the oral findings. Patients will benefit significantly from these considerations in treatment planning and decision making, resulting in better overall outcomes. It is essential to recognize that systemic diseases may affect or limit restorative treatment options and complicate treatment planning and implementation.

REFERENCES

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