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Understanding Common Dental Diseases: Triaging Dental Pain for GPs and Health Care Workers

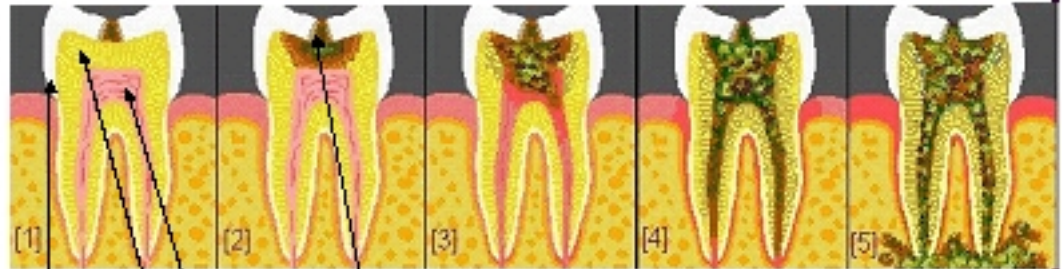
Please Note:

1) Antibiotics are of no value in reducing pulpal pain

2) Useful analgesics are:
Paracetamol and Ibuprofen

3) Dihydrocodeine should be avoided as it has been proven to be a hyperalgesic in some dental pain.

THE STAGES OF DENTAL DISEASE



ENAMEL
DENTINE
PULP

Acid dissolves the enamel creating a cavity

Decay travels at a faster rate once it reaches the dentine

Once the decay reaches the pulp and further to the apex of the roots abscess formation begins

STAGES

- Enamel-dentine-pulp (PULPITIS)
- Sequel: Pulpal involvement leads to NECROSIS (irreversible)
- This may lead to a PERIAPICAL ABCESS
- (May break into adjacent anatomical landmarks/ spaces causing swelling/ pain/
- Lymphadenopathy.

THE STAGES OF PERIODONTAL DISEASE



- **Plaque:** The primary aetiological factor of periodontal disease
- **Gingivitis:** (reversible)
In a susceptible individual this may lead to
- **Periodontitis:** (irreversible)
ie inflammation of Periodontal Membrane with alveolar bone loss causing the loosening of teeth

Presentation	Likely Diagnosis	Treatment
Acute pain difficult to locate by the patient. May complain of ear ache or facial pains. Exaggerated response to hot/cold and wakeful nights are almost diagnostic of dental (pulpal) origin	Pulpal Decay 1° or 2° (under restoration), Loss of restoration. Increasingly common cause is Cracked Tooth Syndrome (CTS) which may also be difficult to diagnose	Remove decay and restore. If pulpitis is irreversible (can be difficult to diagnose - wakeful nights is a good pointer), nerve (pulp) will need to be extirpated and Root Canal Treatment (RCT) carried out by dentist
Painless bleeding gums (spontaneous or during brushing), Bad breath. Poor dental hygiene	Chronic Gingivitis	Good dental hygiene (referral to a dentist for scaling/ oral hygiene instructions)
Adult with painful gums, bad breath, pyrexia, patient generally unwell, smoker	Vincent organism causing Acute Necrotising Gingivitis (ANUG)	Metronidazole (200mg tds for 3 days). Oral hygiene instructions (Gentle Brushing, Mouth Wash)
Young child with pyrexia, Generally unwell. Painful ulcerated gums. Varies widely in severity	Primary Herpetic Stomatitis	Usually self limiting. Lasts 10 days. ABs may be given to prevent secondary bacterial infection. Severely ill or immunocompromised should receive systemic acyclovir
Adult with vesicles around lips and crust.	Secondary Herpes	Self limiting. 5% acyclovir may be given
Localised acute pain around tooth. Local swelling	Periodontal abscess due to poor plaque control or occasionally trauma (e.g fish bone). Partially erupted tooth (usually wisdom tooth in 18+ yrs old)	Emergency Rx Amoxicillin (250mg tds for 5 days) or Metronidazole (200 mg tds for 3 days). Refer Referral to dentist for further Rx
Acute pain around a tooth with ulcer (s) in an adult (who may have some known GI problems)	Aphthous or similar ulceration	Usually self limiting. Mouth Washes such as Chlorhexidine may reduce secondary infection
Thrush	Acute candidiasis	Chlorhexidine MWs. Amphotericin or Miconazole (but not both as antagonistic)

Non Dental Pain which may manifest as "toothache" may be due to:

- Temporomandibular Dysfunction Syndrome (TMDS) Pain in and around TMJ
- Sinusitis
- Psychological disorders
- Tumours
- Herpes Zoster