



SUNNYMEDE TRUST
TEETH RELIEF

ORAL HEALTH MANUAL

by

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THIS IS CHAPTER 7 OF 7

OTHER DENTAL/ ORAL PROBLEMS

**SEPARATE CHAPTERS MAY BE DOWNLOADED
FOR TRAINING PURPOSES BUT PLEASE NOTE:
EACH CHAPTER WAS WRITTEN & DESIGNED TO
BE READ AS PART OF THE WHOLE MANUAL.**

DISCLAIMER

The authors of this manuscript accept no responsibility for the acts or omissions of any individual or groups of individuals, who having utilised the text in this manuscript as their source of information and knowledge, cause unacceptable harm to any patient or to themselves by undertaking procedures described or alluded to, in this manual.

CHAPTER 7:

OTHER DENTAL/ORAL PROBLEMS

This chapter includes guidance notes for the following:

- HOW HIV/AIDS AFFECTS THE MOUTH
- ORAL CANCERS
- OTHER DENTAL/ORAL CONDITIONS
- CULTURAL PRACTICES WITH ORAL HEALTH IMPLICATIONS

This section is intended for use as a reference tool to help you identify certain oral conditions. It is impossible to give definitive advice without actually seeing patients but we hope it will be a useful guide and help you to build up diagnostic experience.

REMEMBER! IF IN DOUBT – REFER THE PATIENT

HOW HIV/AIDS AFFECTS THE MOUTH

People with HIV are likely to have more problems inside the mouth because their bodies are weaker so any sores and infections may spread more quickly. They therefore need more regular and careful help from dental workers.

Most people with HIV will get an infection or problem in the mouth at some stage during their illness. If this is not treated, not only will it cause them pain but it will affect how and what they eat, leading to further health problems.

Infections in the mouth relating to HIV affect soft skin tissue – lips, tongue, cheeks, lining of the palate, under the tongue and the gums.

HIV does not directly affect the teeth but in the final stages of AIDS, the gums and jawbone may be affected. HIV can also cause ‘dry mouth’ especially for those taking ARV’s (Anti Retro Viral drugs) and this increases the chance of tooth decay.

It used to be the case that ‘extra’ precautions were recommended when examining and treating patients with HIV/AIDS but no longer. The virus is now so widespread and carried by many people (including health workers) who may not even know that they are infected that **precautions against cross infection MUST BE TAKEN by every worker, with every patient, at all times.**

The main problems in the mouth for people with HIV/AIDS are:

1. White or yellow patches
2. Open sores
3. Gum infections
4. Cold sores or blisters
5. Dark coloured skin patches
6. Dry or painful mouth/throat.

ORAL CANCER

Oral cancer takes different forms but the term is generally used to cover any abnormal malignant tissue growth in the mouth, often including tissue from the lips, tongue and cheek.

Smoking and tobacco use are associated with 70 – 80% of oral cancers and heavy alcohol intake is also a high-risk activity.

Symptoms:

- Skin lesion, lump or ulcer – seen on the tongue, lip or cheek
- Usually small in size
- Usually pale coloured but can also be dark or discoloured
- May be a deep, hard edged crack in the tissue
- Usually painless, initially
- May develop a burning sensation or pain as the tumour advances

Additional symptoms can include:

- Tongue problems
- Difficulty with swallowing
- Mouth sores
- Abnormal taste

Prevention:

- Minimise or avoid smoking or tobacco use
- Minimise or avoid drinking alcohol
- Eat a balanced diet
- Practise good oral hygiene
- Have dental problems corrected
- Have soft tissue areas of mouth examined once a year – many oral cancers are first discovered during routine dental examinations.

It is difficult to give precise indicators since this is a broad and specialised field.

Not every occurrence of the symptoms mentioned will be an oral cancer and not every oral cancer will have these symptoms but if you suspect the presence of oral cancer, refer the patient to a specialist because early detection is very important.

www.oralcancerfoundation.org

OTHER DENTAL/ORAL CONDITIONS

ORAL THRUSH

Candida Albicans



This fungus microbe is naturally present inside the mouth but if resistance to infection is low, it can multiply out of control.

What to look for

White, yellow or sometimes red patches, most often appearing on the roof of the mouth and on top of the tongue. If they are rubbed off (e.g. when eating or cleaning teeth) they leave a painful raw area that may bleed.

Patient complains of a burning or swelling feeling in the mouth especially when eating spicy food. There may also be cracks at the corners of the mouth that are painful and sometimes bleed.

It occurs most commonly in:

- the very young or the elderly
- those poorly nourished
- those who are sick or on long term antibiotics
- those with impaired immune systems.

Treatment

Gently scrub the tongue and gums with a clean cloth or soft brush 3 - 4 times daily. Then rinse with salt water and spit out.

Address possible causes e.g. malnutrition or stopping antibiotic use. Prescribe antifungal drug and mouthwash (see p.53).

People infected with HIV

Approximately 70 – 80% of people with HIV will experience thrush.

MOUTH ULCER

Aphthous ulcer



Image courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases, 3rd edition*; Taylor & Francis 2004

Small whitish painful sore on soft tissue areas within the mouth. (Any shallow breach of the skin or mucous membrane is called an ulcer.)

What to look for

The skin lining of the mouth or on the tongue is broken appearing like a white spot and the area around the ulcer looks much redder than the unbroken skin beyond it.

They often occur as a sign of being run down or under stress, but can also be caused by accidental damage e.g. biting side of mouth, using toothbrush carelessly, eating food which is too hot. They can also be aggravated by acidic and spicy food and by cigarette smoke.

Most common ulcers heal within 10 days. If a generally painless ulcer has not healed after 3 weeks, this could be an early sign of cancer and the patient requires specialist referral.

Treatment

Keep the area clean using a simple salt mouthwash or Chlorhexidine to control infection and enable it to heal (see p.53).

No medicine will give complete relief so make sure the patient is aware of this.

If the skin around the ulcer is very swollen AND you can feel the lymph glands (soft lumps just underneath the lower jaw bone) a suitable antibiotic may be required – e.g. 500 mg amoxycillin 3 x daily x 7 days.

People infected with HIV

Ulcers will take much longer to heal and the sore area(s) may get enlarged, especially in people taking one of the medicines used to weaken HIV e.g. AZT (zidovudine).

KAPOSI'S SARCOMA



Image courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases, 3rd edition*; Taylor & Francis 2004

Kaposi's sarcoma is a malignant tumour of the connective tissue, often associated with AIDS.

Orally, it occurs as red or purple patches in the mouth.

What to look for

Painless red, brown, purple coloured patches that look like swollen bruises, appearing anywhere in the mouth. The patches rarely become infected unless they burst.

Treatment

Refer the patient to a health worker or doctor experienced with the problems of HIV/AIDS.

DRY MOUTH



What to look for

Patient complains of a dry mouth and may have difficulty talking, eating and swallowing.

May be caused by infected swelling in saliva glands or Sjogrens syndrome which dries mucous membranes.

Treatment

For help with eating if the mouth is very dry or sore, try the following:

- eat soft foods in small pieces that are easy to chew and swallow
- cook foods until they are soft and tender
- mix foods with liquids to make them easier to swallow
- keep a small bottle of drinking water with you all the time
- use a straw to drink fluids
- do not eat hot or spicy foods which can irritate a sore mouth
- if it is difficult to swallow, tilt the head back a little or move it forward
- rinse the mouth with clean water often to remove food and germs.

People infected with HIV

Condition is common in people who take Anti Retro Viral drugs (ARV's).

LEUKOPLAKIA



Also known as: *Hairy Leukoplakia*
Smoker's Keratosis

Leukoplakia is a pre-cancerous lesion that develops on the tongue or the inside of the cheek as a response to chronic irritation. Part of the soft delicate lining of the mouth or tongue thickens or hardens.

What to look for

- Location is usually on the tongue but may be on the inside of the cheeks.
- Skin lesion colour is usually white or grey or may be red (called erythroplakia).
- Texture of lesions may be slightly raised or thick with a hardened surface.
- There might also be secondary candidal infection.

White or grey patch of any size, developed over a period of weeks.

At first there is no discomfort but once the patch is well formed it feels rough and stiff and may be sensitive to hot or spicy food.

It sometimes forms to protect an area made sore by rubbing from a rough tooth or denture or sometimes as a protective reaction to the heat of inhaled smoke – a condition known as smoker's keratosis.

Treatment

Dealing with the source of irritation usually sees most cases heal within a week or two – rough teeth or dentures can be filed smooth; for keratosis, advise patient to stop smoking.

If the patch has not cleared up within 3 weeks, a small tissue biopsy may be advisable to check for other causes.

People infected with HIV

"Hairy" leukoplakia of the mouth is an unusual form of leukoplakia that is seen only in people who are HIV-positive. The symptoms of hairy leukoplakia are painless, fuzzy, white patches on the tongue.

ORAL LICHEN PLANUS

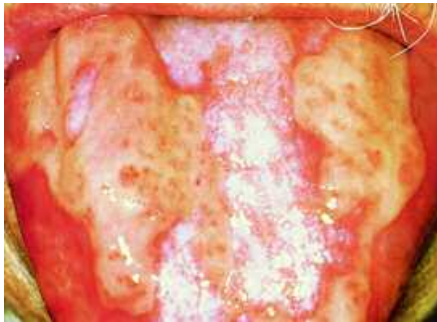


Image courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases, 3rd edition*; Taylor & Francis 2004

Lichen planus is a relatively rare disorder of the skin and mucous membranes. There is a change in the lining of the mouth resulting in inflammation, itching and distinctive skin lesions. Most common in middle aged and elderly women, half of whom are also likely have the condition on their skin.

What to look for

Most commonly starts as a number of small pale pimples, gradually joining to form a fine, white, lacy network of slightly raised tissue.

Can also take the form of shiny, red, slightly raised patches.

Most common on the inside of cheeks and sides of the tongue.

Patients complain of sore mouth, may have dry metallic taste but some also remain unaware of the condition.

The exact cause is unknown, but the disorder is likely to be related to an allergic or immune reaction. Symptoms are increased with emotional stress and generally occur at or after middle age. It is less common in children. The initial attack may last for weeks to months, resolve itself and then recur for years.

Lichen planus may be associated with several other disorders, notably Hepatitis.

Treatment

Any colour or texture changes to the inside of the mouth that do not clear up within 3 weeks should be referred to a doctor.

This disease tends to persist and recur and the effects can best be minimized rather than cured.

Keep the mouth healthy by regular brushing – if this is painful, use a very soft brush.

Anti inflammatory tablets or mouthwash can give some relief.

FEVER BLISTERS

Herpes simplex: Cold Sores



Image courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases, 3rd edition*; Taylor & Francis 2004

Herpes labialis is an infection caused by the herpes simplex virus, characterized by an eruption of small and usually painful blisters on the skin of the lips, mouth, gums or on the skin around the mouth. These blisters are commonly called cold sores or fever blisters.

What to look for

Infection occurs in two stages. Most people get stage 1 as a child and develop stage 2 as adults.

Stage 1:

Blisters form on the inside of the mouth then develop into painful ulcers. The gums become swollen and deep red and often the tongue is furred. After this clears, the virus lays dormant until another infection reactivates it – e.g. exposure to a cold, to strong wind or sunshine, stress, fever, menstruation.

Stage 2:

A blister or cluster of blisters, forms on the edge of the lip or nearby. The cluster then bursts to become an encrusted cold sore. Sufferers may feel a tingling sensation or numbness as the blisters form – this may also linger after they recede. Sores usually heal after 1-2 weeks.

Treatment

Mild cases of the first infection need no treatment. If it recurs, treatment with an antiviral drug e.g. Acyclovir can be useful if the natural defences are impaired. Pressing ice onto ulcers often brings relief but take care not to burn the skin.

For sores outside the mouth, covering the area with a dry powder e.g. baby powder, helps to ease pain.

Cold sores are common and while they present no serious risk they are **highly infectious**. The main danger is that during the first infection when the body has no immunity or resistance to the virus, it can easily be spread: e.g. - touching the ulcers and then touching the eye can lead to a corneal ulcer
- oral/genital contact can lead to herpes genitalis.

Keep fingers and hands away from sores and always wash the hands before and after touching the face and eyes.

People infected with HIV may also get blisters just inside the lips, on the gums and the roof of the mouth. They are vulnerable to picking up other infections through sores so good hygiene is critical. They are likely to get sores more frequently and these will take longer to heal.

HERPES ZOSTER

Shingles



Image courtesy of Professor Stephen Porter ©

Is caused by the same virus responsible for chicken pox. After the initial exposure, 'herpes zoster' lies dormant in certain nerve fibres. It may become active as a result of many factors such as: ageing, stress, suppression of the immune system and certain medications.

What to look for

It is characterised by the formation of a painful blister like rash and inflammation of the skin. The rash usually forms on one side of the face and mouth following the line of a neural pathway up to the midline. The nearby lymph nodes are usually enlarged and tender. Acute phase lasts for about a week but the pain continues until the blisters start healing.

- Flu-like symptoms (fever, headache, fatigue)
- Herpes zoster causes a wide range of problems affecting the skin and the eye, forming on one side of face and mouth
- Red, sensitive, sore skin with blisters
- Pain (may be burning or throbbing), itching and tingling.

Treatment

If severe, the antiviral drug Acyclovir (800mg 5 x daily x 7-10 days) may help. An analgesic may also be given to moderate pain.

People infected with HIV

Herpes zoster occurs commonly at all stages of the HIV infection.

CHEMICAL BURNS

Chemical burns are primarily either acid or alkaline.

What to look for

Aspirin sucked for toothache will cause a mucosal burn, injury may be represented by redness, swelling, and pain, with a whitened area where the tablet was placed.



Treatment

Remove irritant and deal with toothache.

Advise the Patient against such a practice.

ACUTE ULCERATIVE GINGIVITIS



AUG is also known as *Vincent's Infection* or *Trench Mouth*.

This is a painful bacterial infection and ulceration of the gums.

What to look for

Symptoms often begin suddenly. The gums are red and puffy, very painful and bleed in response to any pressure. Crater like ulcers are seen along the margins of the gums next to one or more teeth.

The mouth is very sore and because of this the patient may not wish to eat. The ulcers may have a white covering, bleed easily or be oozing pus. The patient's breath has a characteristic foul smell.

Sometimes the patient feels generally unwell and may have a temperature.

Risk factors are:

- poor oral hygiene, poor nutrition
- throat, tooth or mouth infections
- smoking and emotional stress.

Treatment

Carefully apply a little 5% chromic acid or similar strong antiseptic on a very small piece of cotton wool to the ulcers. Do this once a day for outpatients, being careful not to allow medicine to touch anywhere else in the mouth or on the skin because it may burn. Tell the patient to keep the mouth clean. If it is too sore to use a brush, cotton wool or even a damp cloth may be used to wash the teeth.

Rinsing the mouth with warm salt water after meals is also helpful and Antibiotics would be recommended for most cases. Consult a doctor about the dose.

As soon as possible, correct mouth cleaning should be started. It is also important to ensure that the patient is having a balanced diet, especially in child cases.

Good oral hygiene is vital to the treatment of AUG.

Hydrogen Peroxide, used to rinse or irrigate the gums, is often recommended as is Chlorhexidine or salt water rinsing (see p. 53).

Metronidazole may also be prescribed (see p. 52).

PERICORONITIS

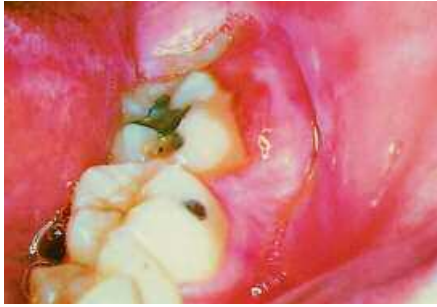


Image courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases, 3rd edition*; Taylor & Francis 2004

Pericoronitis is inflammation of the gum around a partially erupted tooth.

It is seen most commonly in the mandibular third molars of young adults.

What to look for

The inflammation is most often seen next to the last molars (wisdom teeth), especially the lower ones.

It may only last a short time during the eruption of these teeth but it may persist if they are impacted and unable to come through the gum completely – e.g. if there is insufficient room in the mouth.

Common symptoms and signs are pain, bad taste, inflammation and pus from beneath the gum around the tooth.

It can also be made worse if an upper tooth is biting down onto the inflamed gum.

Treatment

Clean the area around the tooth using a syringe of warm antiseptic (e.g. Hydrogen Peroxide)

Tell the patient to keep the mouth clean and rinse the area with warm salt water or Chlorhexidine mouthwash, 4 x daily, after meals (see p 53).

Pain relief can be given if required.

If the condition does not improve after carrying out this treatment a few times or if there is much swelling, prescribe a course of antibiotics.

The patient may be advised to visit a dental surgeon for the removal of the last molar because sometimes this is the only way of permanently curing the inflammation.

Removal of the upper tooth may sometimes also help.

CELLULITIS

This is the spread of infection from an infected tooth, periodontal disease or pericoronitis to other areas of the face, head and neck.

Bacterial infections of the floor of the mouth involving any swelling that may block the airway are known as Ludwig's Angina.



What to look for

- Swelling
- Pain
- Fever
- Trismus – inability to open jaw/mouth
- Drooling

Treatment

Antibiotics – Penicillin (see p.52)

Remove cause of infection usually by incision, drainage, and extraction of tooth

Refer the patient to hospital.

OSTEOMYELITIS

Osteomyelitis is an acute or chronic bone infection, usually caused by bacteria.

Spread of the infection can be from an abscess, tooth extraction or directly from cellulitis.

It is more commonly seen in the mandible than in the maxilla.



Image courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases*, 3rd edition; Taylor & Francis 2004

What to look for

- Pain in the bone
- Local swelling, redness, and heat
- Fever
- Nausea
- General discomfort, uneasiness, or ill feeling (malaise)
- Drainage of pus through the skin (in chronic osteomyelitis)
- Numbness of the lip
- Trismus - inability to open the jaw/mouth

Treatment

- Drainage of abscess
- Referral to the hospital for IV intravenous antibiotic therapy and further management

For chronic infections, surgical removal of dead bone tissue is usually required.

NOMA

(CANCROUM ORIS)



Gangrene of the face.

This occurs primarily in young, severely malnourished children, 2-5 years of age.

Risk factors include malnutrition, poor sanitation and poor cleanliness.

What to look for

Inflammation of the gums and inner cheeks where the inflamed area will ulcerate if not treated.

Ulcers develop a foul-smelling drainage, causing breath odour as the tissues begin to die. Eventual destruction of the bones around the mouth will cause deformity and loss of teeth.

In severe cases, the jawbone will be infected and this can spread through the cheek to the face.

Treatment

Get medical help quickly, in hospital if possible since Noma can be fatal if left untreated. Antibiotics and nutritional support can halt progression of the disease, however, plastic surgery may be necessary to clean destroyed tissues and reconstruct facial bone loss.

If you require more information about Noma read 'The surgical treatment of noma' written by Kurt Bos and Klaas Marck. It can be ordered via www.zuidencomm.nl quoting the ISBN: 978-90-71736-31-5 or contact info@facingafrica.org

MALNUTRITION

Malnutrition means a person's body is not getting enough nutrients. The condition may result from an inadequate or unbalanced diet, digestive difficulties, absorption problems, or other medical conditions.

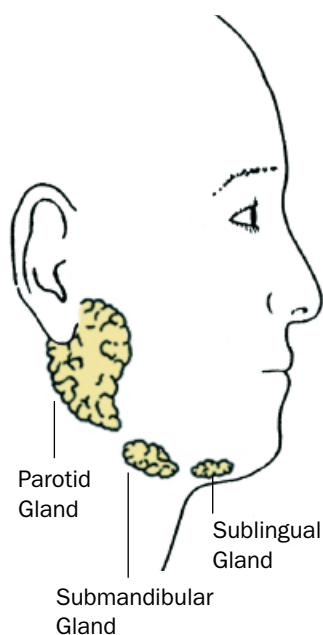
Malnutrition isn't always visible and 'well fed' does not automatically mean 'well nourished' so stay alert for oral signs.

What to look for

The gums sometimes become red, swollen and painful in people who do not have enough of the right foods to eat so it is important to make sure that patients with severe gingivitis are having a good balanced diet.

Treatment

Treatment usually consists of replacing missing nutrients, treating symptoms as needed, and treating any underlying medical condition.



SPIT GLAND INFECTION

Salivary Glands are located in front of the ear and under the jaw on each side of the head.

Saliva enters the mouth through ducts on the inside of each cheek and under the tongue.

The major glands are found in and around the mouth and throat.

What to look for

Swelling on the face, around the area of the glands.

Pain gets worse when hungry or when food is seen or smelt.

Duct openings inside the mouth may be red, swollen or tender to the touch.

It is possible for a small stone to block a duct and cause infection. You may be able to feel the stone near where the duct enters the mouth.

The most common salivary gland infection in children is mumps.

Tumors: Primary benign and malignant salivary gland tumors usually show up as painless enlargements of these glands.

Treatment

Reduce the infection and swelling first with a short course of antibiotics and analgesics.

Apply a wet, hot cloth to the swelling as often as possible.

Give enough soft food to prevent the person from feeling hungry – this will also help to reduce pain.

When the person feels better, a doctor can try to remove any obvious blockage.

If in doubt, refer for specialist help.

MUMPS



Infectious disease caused by a virus.

Occurs most commonly in children but can also affect adults.

What to look for

After an incubation period of 2-4 weeks, the salivary glands swell.

One parotid gland under the ear begins to swell first and a day later the other one.

Patient has raised temperature, feels generally unwell.

Opening the mouth or swallowing may be painful.

Though small children can sometimes get mumps, the disease is most common after the age of two.

Treatment

Apart from staying in bed while the swelling and temperature is at its highest, mumps demands no special attention.

Anti-inflammatory drugs may reduce pain and swelling, if severe.

Complete recovery normally occurs within 10 days.

CLEFT PALATE



Cleft lip and palate is a congenital anomaly, presenting in a wide variety of forms and combinations. It is the most common physical birth defect and occurs once in every 500-1000 children.

What to look for

Cleft lip ranges from notching of the lip to a complete gap, involving the floor of the nose, and may be associated with the hard and/or soft palate. It results from incomplete facial development during pregnancy.

Treatment

It can be treated with surgery shortly after birth with highly successful results. Parents will need reassurance and help with feeding the infant.

SICKLE CELL ANAEMIA

Sickle cell anaemia is an inherited disease in which the red blood cells, normally disc-shaped, become crescent shaped. As a result, they function abnormally and cause small blood clots. These clots give rise to recurrent painful episodes called "sickle cell pain crises." The disease usually occurs in periodic painful attacks, eventually leading to damage of some internal organs, stroke, or anaemia.

Sufferers of this illness can die prematurely and it is especially prevalent among people with recent ancestry in malaria-stricken areas, such as Africa, the Mediterranean, India and the Middle East.

What to look for

Oral signs:

- bone malformation
- expanded maxilla (uncommon)
- painful jaw
- pale or yellowish gums
- low immunity, susceptible to infection.

Treatment

Reduce factors that may bring on a crisis: stress infections, dehydration, excessive smoking and drinking and undergoing a general anaesthetic. Refer to the doctor or to a hospital.

EPILEPSY

Epilepsy is a brain disorder involving recurrent seizures. A seizure or convulsion can be a sudden, violent, uncontrollable contraction of a group of muscles or a few moments of what appears to be daydreaming.

Associated oral problems are not caused by the condition itself but rather by the drug Phenytoin (diphenylhydantoin) – used to control epilepsy, especially if this is combined with poor oral hygiene.

What to look for

Check if the patient is taking any medication.

The gums are swollen and in some cases may even cover the teeth. Phenytoin can produce ‘gingival hyperplasia’, (more common in children), a condition that results in painful, swollen, red gums.

Treatment

If the patient has epilepsy and is taking Phenytoin, encourage them to change to a different drug. Show them how to keep teeth clean and maintain good oral health.

TETANUS

Commonly known as *Lockjaw*

Serious infection affecting the nervous system. It is, caused by a type of bacterium that lives in the soil (*clostridium tetani*) and enters the body through a wound.

It can also be transmitted through dirty instruments.

What to look for

Incubation period may be anything from 2 days to 2 months.

Common first signs of tetanus are a headache and muscular stiffness in the jaw (lockjaw) followed by stiffness of the neck, difficulty in swallowing, rigidity of abdominal muscles, spasms, sweating and fever.

Symptoms usually begin 8 days after the infection, but may range in onset from 3 days to 3 weeks.

Treatment

This condition requires immediate medical attention preferably in a hospital.

A course of antibiotics and anti-toxins will counter the effects but they need to be given under supervision where specialised equipment is on hand – in case any bodily systems are affected by paralysis.



TOOTH EROSION

This is loss of tooth substance from acid from the stomach, vomiting and frequent intake of fizzy drinks and acidic food, including pickles.

It results in loss of enamel, which leads to sensitive teeth. Patients should be advised as follows:

Reduce frequency of intake of fizzy drinks and sour foods.

After having such foods, do not brush your teeth for at least 30 minutes.

Instead, rinse your mouth with plain water.

Rinse your mouth with plain water after every episode of vomiting.



TOOTH ABRASION

This is wear of teeth caused by an external agent like a tooth-brush with hard bristles or even crushed coal or ash, as is a common habit among e.g. some Nepali villagers.

People, should be advised to use soft cleaning instruments.



TOOTH ATTRITION

This is wear of teeth caused by movement of one tooth against the other.

It affects occlusal surfaces and those between the teeth (interproximal).

Images courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases, 3rd edition*; Taylor & Francis 2004

Images courtesy of C Scully, SR Flint, SR Porter, KF Moos: *Oral and Maxillofacial Diseases, 3rd edition*; Taylor & Francis 2004

DISLOCATED JAW

A dislocated jaw occurs when the mandible is displaced from one or both of the Temporo Mandibular Joint(s).

When the jaw is opened wide and then cannot be closed.

Often occurs in people who are missing several back teeth: e.g. when yawning.

What to look for

- Unable to close jaw, stuck in open position.
- Unable to close teeth together.
- Unable to close lips easily.
- Lower jaw looks long and pointed forward.
- Pain when you press on the joint in front of the ear.
- Cannot speak clearly.

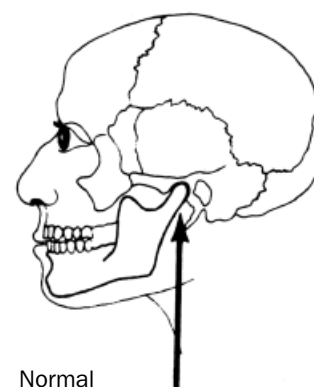
When extracting a tooth, pressing against the jaw can sometimes dislocate it.

Treatment

1. Find a way to support the patient's head
e.g. sitting on the floor with their head against a wall
2. Kneel in front of them.
Place your fingers under the jaw, outside the mouth.
3. Place thumbs inside the mouth, beside the last molar tooth on each side – do not put them on top of the molars – you may get bitten!
4. Tell the patient to relax; if the muscles are tight they'll resist the jaw being replaced. Press down on the lower molars to force the mandible downwards and backwards. Press down before you press back. The jaw should click back into place and the patient should feel immediate relief.
5. Once it is back in position, hold it there until you feel the muscles relax. Support the jaw with a head and chin bandage for 3-4 days.

Prescribe analgesia if required.

Refer if not successful.



Normal



Dislocated



MAXILLOFACIAL TRAUMA

Maxillofacial trauma refers to any injury to the face or jaw caused by physical force, foreign objects, or burns.

Treatment

Initial treatment should always be to check, restore and maintain an adequate airway and arrest any haemorrhage - then refer to a specialist.

FRACTURED TEETH

that are very sensitive may benefit from a temporary filling but only as a short-term relief before referral to a dentist.

KNOCKED OUT (AVULSED) TEETH:

Permanent teeth that have been avulsed should be held by the crown, **not** by the root. Rinse them with a sterile solution to remove debris, (milk is the best substitute, if available) and then compress the tooth/teeth back into their sockets.

If a patient is storing a tooth while awaiting treatment, the best solutions to use, in order of preference, are:

1. milk
2. saline
3. saliva
4. bottled water and least suitable is tap water.

Teeth re-implanted within 15 minutes have a 98% chance of being retained after further dental attention.

CULTURAL PRACTICES WITH ORAL HEALTH IMPLICATIONS

Practices that have oral implications vary in different countries and regions.

Be aware of areas that need addressing in your own community.

CHEWING/ SMOKING HABITS

It has now been established that chewing or smoking habits relating to areca nut, betel quid and tobacco, cause **oral submucous fibrosis**.

What to look for

This is marked by stiffening of the oral mucosa and development of fibrous bands and results in a restricted mouth opening. Submucous fibrosis is not reversible nor is there any effective cure. The most serious aspect of this disease is the risk of developing oral cancer.

TEETHING

Some teeth come through with no trouble at all – in other cases, the gum may be sore and red where the tooth is pushing its way out. Explain to parents the importance of keeping their child's mouth clean: i.e. Use a piece of wet cotton wool or a small, damp rag to wash food away from the area around erupting teeth.

INFANT ORAL MUTILATION

In some communities, a traditional healer will carry out this practice on infants (usually aged between 1 week - 6 months). It involves cutting the gums and then removing the canine tooth buds. The tonsils and adenoids are often removed at the same time. This practice is likely to be carried out using non-sterile instruments e.g. razor blade, weaving hook and carries a high risk of infection.

Various symptoms often occur after this procedure: fever, diarrhoea, vomiting, shallow rapid breathing and loss of appetite. White blisters can appear within the mouth due to dehydration. In addition to damaging the adult canine tooth buds, this practice can result in anaemia, septicemia, cross infection spread, sometimes leading to death.

What's happening where you are?

We are always keen to hear about practices that are damaging to oral health – so that we can advise people about what to look for and how to manage the effects.

We also want to hear about good practice so if things are working well in your community, can we share your experience with others?

*Please let us know what's going on via the feedback sheet at the end of the manual or email us: **info@teethrelief.org.uk***

Every effort should be made to discourage communities from continuing harmful habits and customs.