MANAGEMENT OF DENTAL PRESENTATIONS

Dr Marietta Taylor
Senior Dentist, Bendigo Health Care Group
Caries
Meth Mouth
What do you see in your practice?

Pain?
Swelling?
Repeated courses of Antibiotics?
Trauma?
Loose/broken teeth?
Loose/broken dentures?
Dental infections were the most commonly encountered presentations as they often present with severe pain. Pain has been documented as the most common complaint in patients seeking treatment outside of normal dental business hours in medical practices and ED’s.

Dental Emergencies

Significant increase in the number of *private* dental practices in Bendigo in the last 5 years.

Significant increase in the number of *public* dental chairs in Bendigo in the last 15 years.

Yet....ED dental presentations have increased in the last 5 years.

Occasional visits by Dental to ICU
Learning Objectives

A primary care clinician should be able to*:

- Proficient in describing a dental emergency to a Dentist
- Able to assess the urgency of a dental emergency presenting to ED
- Able to give appropriate dental local anaesthesia
- Able to control haemorrhage from inside the mouth
- Able to place sutures correctly inside the mouth

Learning Objectives

A primary care clinician should be able to*:  
– Can provide appropriate emergency treatment and management for:  
  • Avulsed or displaced permanent tooth  
  • Avulsed or displaced primary tooth  
  • A dental infection  
  • Dental trauma  
  • Pericoronitis

I. Proficiently describe a dental emergency to a dentist.

- Dental Anatomy to describe tooth
- Trauma nomenclature to describe injury
Dental Anatomy

- Crown
- Neck
- Root

- Enamel
- Dentin
- Pulp cavity
- Root canal
Naming teeth

Identified by two digits

- Upper right central incisor is a 11
- Lower left wisdom tooth is a 38

First digit is the Quadrant
Second digit is the tooth number
II. Nomenclature of Injury/Trauma

1. Broken tooth
2. Tooth intact but has moved within bone
3. Both

Management of Injury/Trauma later in the presentation...
1. Broken tooth

I. Enamel Fracture- <2mm, not much fuss
Broken tooth

II. Dentine Fracture - sensitive to touch/cold/hot
Broken tooth

III. Pulpal Fracture — can see red dot of pulp
2. Tooth intact but moved through bone

- Lateral Luxation
- Extrusion
- Alveolar Fracture
- Avulsion
3. Both - a little bit of everything
Both - a little bit of everything
http://www.dentaltraumaguide.org/
III. Able to assess the urgency of a dental emergency presenting to ED

Cover the pulp
Splint the loose ones
Call a dentist
IV. Able to give appropriate dental local anaesthesia

Ligno+adren 1:80,000. About 2mL per tooth

Infiltration will numb all these teeth.
Infiltration

Ligno+adren 1:80,000

About 2mL per tooth

Aim point at the root tip of the tooth
Inferior Alveolar Nerve Block

Ligno+adren 1:80,000. About 2mL
Numbs the lower molars and premolars
Inferior Alveolar Nerve Block

Aiming for the Lingula, inner surface of mandible.
Inferior Alveolar Nerve Block

- Pterygomandibular Raphe
- Injection Site
- Coronoid Notch
Inferior Alveolar Nerve Block
OPG helps find the spot
V. Able to control Haemorrhage from inside the mouth.

1. Pressure. Roll up a bit of gauze
2. Oxidised cellulose (Surgicel)
3. Sutures. Pack the socket and suture and apply gauze.
4. Tranexamic acid 5%. Can be made with tablets of Cyklokapron crushed and mixed with 10mL water.
Pressure

1. Roll up gauze
2. Stick it in hole
3. Common error—gauze pressing on teeth, not in the hole
Able to control Haemorrhage from inside the mouth.

1. LA
2. Oxidised cellulose (Surgicel)
3. Sutures. (3.0 Vicryl or Plain Gut)

Pack the socket and suture, then apply gauze.
Key points when suturing in the mouth:

- gingival tissues tear easily so be gentle
- aim is not to get primary closure but to generate pressure across extraction socket
- 3/0 or 4/0 Vicryl rapid is best
Able to control Haemorrhage from inside the mouth.

Tranexamic acid 5%.
Can be made with tablets of Cyklokapron crushed and mixed with 10mL water.
• Soak gauze in it and place in mouth.
• Rinse with it.
VI. Can provide appropriate emergency treatment and management for:

- Avulsed or displaced permanent tooth
- Avulsed or displaced primary tooth
- Dental trauma
- A dental infection
- Pericoronitis
Dr Tony Skapedis is the creator of the Emergency Dental Kit for Rural GP’s. It is used in a number of ED’s.
Avulsed or displaced permanent tooth.

1. Store tooth in milk, saline, or cheek fold
2. Avoid touching the root
3. LA
4. Irrigate socket and tooth with saline
5. Reposition and splint with GIC. (Best chance if done within 15min-90min of avulsion)
6. Refer to dentist
7. Chlorhexidine Mouthwash
8. Doxycycline 100mg twice daily for 7 days
• Lateral/extrusive luxation
Avulsed or displaced primary tooth

Don’t reimplant
Take out any really loose/floppy ones
How do you know if it’s a deciduous or primary tooth?
  – <6 years they’re all deciduous teeth.
Traumatic injuries of the teeth

Chip to the enamel
Usually <2mm
A bit sharp to tongue
A bit sensitive to cold

Do Nothing
Traumatic injuries of the teeth

Bit of a bigger fracture
Dentine (live part of the tooth) exposed
Sensitive to cold and hot
Cover in GIC from Emergency Kit
Refer to Dentist
Traumatic injuries of the teeth

Red dot visible (Pulp)
Painful. May need LA to treat.

Dycal over red dot
GIC over exposed dentine
Refer to Dentist
Traumatic injuries of the teeth

LA to remove broken fragment
Keep fragment to go to dentist

GIC over dentine
Refer to Dentist
Traumatic injuries of the teeth

LA to remove fragment if it is loose
Splint to other teeth if it is not loose

Dycal over red dot
GIC over dentine
Refer to Dentist
Training Package for ED

http://aci.moodlesite.pukunui.net/course/view.php?id=37
Dental Infections and Pericoronitis

Dead teeth and Impacted wisdom teeth

- Drain the pus
- LA for patient’s sanity
- OPG
- AB’s
Abscess

Tooth decay eats a hole in the tooth. When the decay gets to the ‘nerve’ it turns to pus. Pus comes out the tip of the root, creating an abscess. Often associated with lots of pain.
Dental Abscess

Throbbing, aching, waking up at night
Pus from the tooth pulp puts pressure on the apical bone causing pain.
Pus may break through the bone and cause swelling/cellulitis.
Occasionally can lead to extra oral fistula.

Rx: Antibiotics, analgesics, referral to dentist.

Extra Oral Fistula-2 years duration
Caries and Periapical Abscess
Caries and Periapical Abscess
Facial Swelling/Pain

- Patients do not have to wait ‘until the swelling goes down’ before having the tooth out.
- It is uncommon not to obtain sufficient local anaesthesia when swelling/infection present.
- Removal of source of infection is recommended ASAP, especially if there are medical co-morbidities such as diabetes.
Wisdom teeth

Typically erupt between 16-21 years of age

1. Pain from ‘teething’
2. Pain from pericoronitis— infection of the gum around the partially erupted tooth
3. Pain from caries— necrotic tooth.

Rx: Refer to dentist.
Wisdom teeth

• Close proximity to inferior alveolar nerve carries risk of parasthesia.
• Referral to Oral and Maxillo Facial Surgeon may be necessary.
• Public cases referred to Royal Dental Hospital Melbourne. Wait of 12 months, no guarantee of GA.
• Private cases can be managed in Bendigo by Mr Ian Poker.
Bit of Extra Information

5454 7994

Dental@bendigohealth.org.au
Children and Oral Health

Over 70 per cent of Victorian children under five have never visited a dentist, and yet in a child’s first year of life they see a general practitioner almost 11 times.

Supporting general practitioners and practice nurses to incorporate oral health when seeing families with young children could help to tackle Australia’s most common chronic illness, tooth decay.
Children and Oral Health

Almost 50% of 6 year olds have tooth decay.
10% of 4-6 year olds have more than 9 teeth affected by tooth decay—a small minority have a larger amount of caries.
Ambulatory Care Sensitive Conditions

- ACSCs are hospitalisations that are potentially avoidable through public health interventions, early disease management (usually provided in ambulatory settings such as primary care) and community support.

- Dental ASCS’s are the 2\textsuperscript{nd} or 3\textsuperscript{rd} Highest. Dental is the highest for <18 year olds. Much higher in regional areas than Metro.
Ambulatory Care Sensitive Conditions

- Oral health related conditions account for the highest rate of ACSCs for under-18-year-olds and the second highest rate of ACSCs for all ages in Victoria.
- Preschool aged children are the predominant group affected. The Region’s admission rate is significantly higher than the state average.
# Ambulatory Care Sensitive Conditions

## All Individual ACSCs for selected year

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<th>Statistics results for:</th>
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## All individual ACSCs for selected year

<table>
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<tr>
<th>Condition</th>
<th>Number of Admissions</th>
<th>Standardised Rate per 1,000 Persons</th>
<th>Lower limit of 95% CI</th>
<th>Upper limit of 95% CI</th>
<th>Average Bed days</th>
<th>Total Bed Days</th>
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<td>6.10</td>
<td>10.21</td>
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<td>90</td>
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<td>5.03</td>
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<td>0.52</td>
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**Notes:** CI - Confidence Interval

* In the interest of privacy, the output is suppressed when less than 5 cases are reported
Community Dental Services

Anne Caudle Centre

Level 1 and 7

• 11 dental chairs used by qualified dentists, prosthetists and oral therapists.

Level 5 and 6

• 20 chairs used by dentistry and oral therapy students from LaTrobe University.
Community Dental Services

• **Emergency care** - relief of pain. Provided on the day a patient calls. Cost $27

• **General Care** - Waitlist of up to 2 years, cost $27 per visit up to a max of $108 per course of care.
Community Dental Services

Emergency care

• We offer treatment for toothaches every day.
• Patient to call first thing in the morning to be booked into our emergency clinic at 1:15pm. Patients are seen on a ‘first come’ basis and relief of pain is provided.
• Patient must be in pain
• $27
• Referral not necessary, but medical summary may be of benefit.
Community Dental Services

General Care

- Approx. 2200 people on the waitlist for a check up, clean, fillings and dentures.
- Wait of up to 2 years, cost $27 per visit up to a max of $108 per course of care.
- Dentures, root canal, fillings and cleanings provided.
- Medical referral not necessary.
Meth Mouth