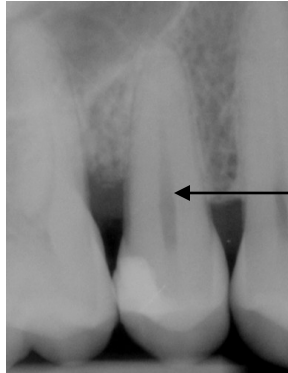


North Charlotte Dental Hygiene Study Club

Oral Pathology Overview 2013



#3-4

Ulcerated Tissue
Non-resolving
No pain
Radiographic bone loss

What is this? **Squamous Cell Carcinoma**
What Action? Biopsy; Resective Surgery with OMS; Teeth replacement with general dentist

1. What do you think it is?

- periodontal abscess / inflammatory lesion
- appliance (RPD clasp, mouthguard)
- NUG /NUP
- Osteonecrosis
- Pathology (cyst, pemphigoid, viral, stomatitis, reactionary tumor, cancer -sarcoma)
- traumatic injury (habits, toothpick, foodtrap)
- “no idea what this is”

2. What action would you take?

- biopsy
- referral: periodontist/OMS/pathologist
- SCRIP / debridement
- antibiotics, medicaments
- behavioral change
- new appliance (mouthguard)
- “not enough information”
- combination of above

The following are questions to think about when evaluating oral lesions:

1. Review medical history: **smoking**, diabetes, medications, radiation therapy, cancer history
2. Review dental history: look for causes of tissue trauma
3. Extraoral and Intraoral Exams (**palpation** of lymph nodes, lesions): size, soft, **firm, fixed**
4. Etiology: calculus, plaque, habits, appliances
5. Pain: If **no pain** and it looks like it should hurt, this can be a red flag.
6. Duration: new; **present longer than 2 weeks**
7. Frequency: **new** or recurring
8. Pattern: **localized** or generalized; **unilateral**
9. Location: attached gingiva, mucosal tissue, **tongue, FOM**, retromolar pad
10. Palpation: does surface wipe off, bleeding, soft, **firm, fixed**
11. Radiographic findings: **crestal bone loss, -lucency, -opacity, calculus present**

Take Home Message

1. Duration: If a lesion is present longer than 2 weeks — biopsy warranted! Do not wait until next cleaning to check lesion. Bring back in 2 weeks if necessary.
2. If you have no idea, ask your dentist to evaluate. May need to refer to a Periodontist or OMS
3. If you are not looking, you may not notice a lesion until it has progressed too far.

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