

Practical Aspects in Oral Medicine

Oral Medicine

Is the intersection of medicine and dentistry, and the clinicians are responsible for the management of:

- Oral mucosal diseases
- Salivary gland dysfunctions
- Oral manifestations of systemic disease
- OroFacial pain

Oral Medicine specialists

Are involved in treating of :

1) Oral diseases of medically complicated patients and the array of treatment spans across the diagnosis

2) And medical management of oral lesions

3) Minor surgical management of

Oral mucosal lesions

Potentially malignant conditions

Salivary gland diseases

Temporomandibular disorders

Orofacial neuropathic illness and disorders

Oral infections of the immunocompetent and compromised

Secondary complications of cancer

Osteonecrosis

Immune related adverse effects

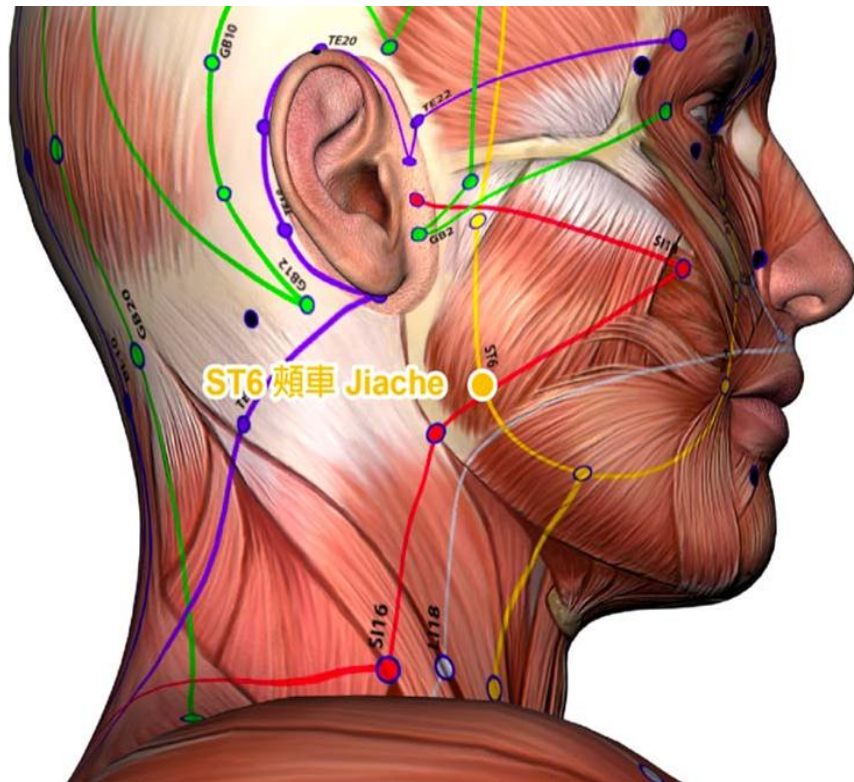
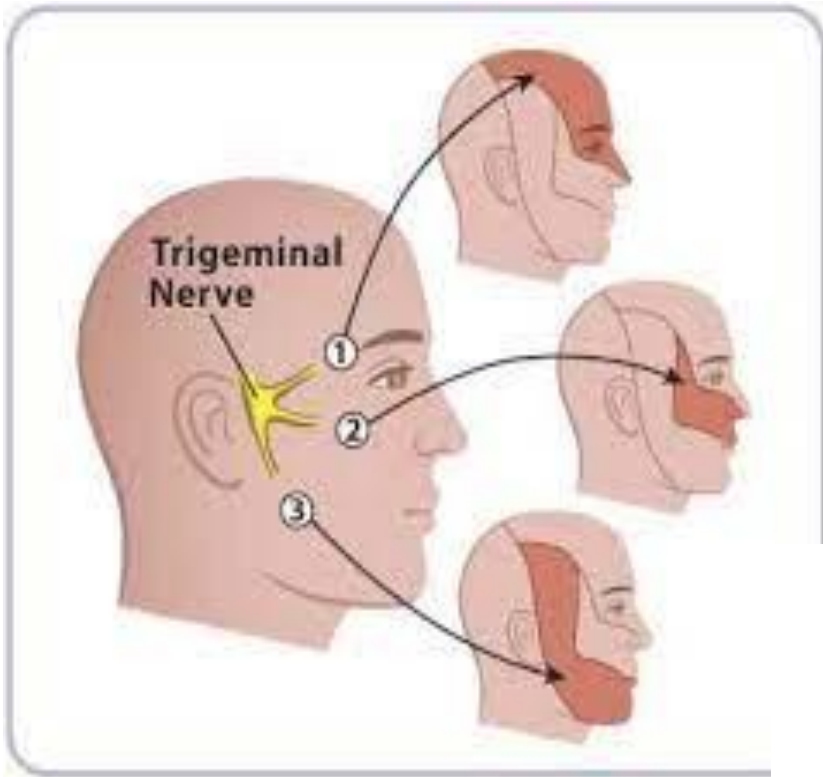
Orofacial pain disorders

- ❑ Orofacial pain disorders are highly prevalent and debilitating conditions involving the head, face, and neck.
- ❑ These conditions represent a challenge to the clinician since the orofacial region is complex and therefore, pain can arise from many sources
- ❑ Orofacial pain can arise from different regions and etiologies.

1. Temporomandibular disorders are the most prevalent orofacial pain conditions for which patients seek treatment.
 - Masticatory musculature /Temporomandibular joint or both.
2. Trigeminal neuropathic pain conditions
 - Injury secondary to dental procedures
 - Infection
 - Neoplasias
 - Disease / dysfunction of the peripheral and/or central nervous system
3. Neurovascular disorders
 - Primary headaches, can present as chronic orofacial pain, such as in the case of facial migraine, where the pain is localized in the 2nd and 3rd division of the trigeminal nerve.

Together, these disorders of the trigeminal system impact the quality of life of the sufferer dramatically

- A multidisciplinary pain management approach should be considered for the optimal treatment of orofacial pain disorders including both non-pharmacological and pharmacological modalities.



Local anesthetics



- ✓ Local anesthetics are primarily used when a myofascial trigger point is present.
- ✓ Myofascial trigger points are usually detected in the mastication muscles, and other muscles, such as the splenius capitis and upper trapezius.
- ✓ Due to its low toxicity to muscles, 1% procaine is recommended, but 1% or 2% lidocaine is also commonly used.
- ✓ The trigger point injection technique involves locating the trigger point, which is usually found in a taut band of muscle, and then needling the area.
- ✓ The patient should be instructed that the muscles may be sore for the first 48 hours after the injection, but should begin to improve thereafter.
- ✓ The efficacy of trigger point injections is highly variable and dependent, on the patient's compliance with a strict physical therapy with the injections.