

Ms. Dx

Establishing an accurate diagnosis is the cornerstone of successful endodontic therapy. Its consistent and reliable attainment can only be realised if there is a dogmatic adherence to a systematic diagnostic workup with patient-specific information:

- Preeminent concern
- Medical, dental, pain, and social histories
- Clinical findings
- Pulp and periradicular tests
- Radiographs

Common things occur commonly; the marked rarity of non-odontogenic pathology can foster a low index of suspicion. Half of all oral cancer patients initially see a dentist for evaluation (Silverman). One in two of these people had the carcinoma diagnosed in a timely fashion (Cady and Catlin). Whereas the other moiety endured various treatments ranging from extraction to endodontics. These encumbrances delayed the diagnosis and definitive treatment anywhere from one month to over a year. When in doubt, do more than just pull it out. Interpretation of diagnostic data is subjective but a biopsy is definitive.

On that note, a healthy octogenarian presented for a second opinion regarding an asymptomatic midline exophytic mass in the attached gingiva. It extended from the buccal to the palatal aspect of the maxilla. Our systematic diagnostic workup revealed:

- Medical, dental, pain, and social histories are non-contributory
- The mass was discovered during a routine hygiene appointment
- Its tissue appeared analogous to its surroundings
- It was firm to touch with no exudate
- No other unusual findings, intra- or extra- orally
- No history of trauma
- 13 to 23 had a delayed response to cold and responded to EPT, no tooth was unique
- No probing defects or mobility
- No radiographic anomalies

Initially, the maxillary anteriors did not respond to the cold test. The cotton swab needed to be further fluffed so a temperature closer to -20°C could be achieved. The confidence of the pulpal diagnosis is strengthened when the results of the electric pulp test and thermal tests are complimentary. The systematic workup provided definitive information to substantiate a diagnosis of 'healthy' for the pulps and periradicular of the maxillary anteriors. The mass was of non-odontogenic origin and this provisional diagnosis warranted a referral for further evaluation and likely biopsy.

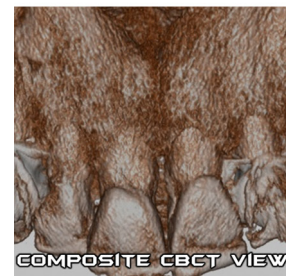
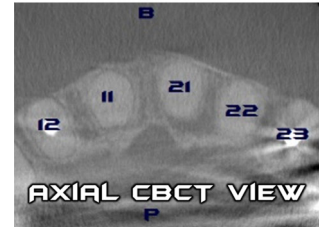
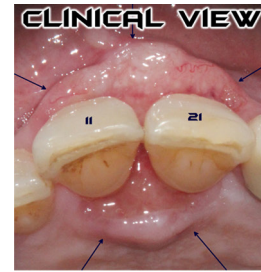
The systematic diagnostic workup prevented a misdiagnosis and further delay. A biopsy of the site led to the histopathological diagnosis of squamous cell carcinoma. The four maxillary anterior teeth and a twoonie-sized area of the anterior palate were removed forthwith. In retrospect, this cancerous lesion may appear to be a singularly facile diagnostic enterprise. However, would that be the case if one of the maxillary anterior teeth had been treated endodontically or had a widened apical PDL?

A disciplined approach to the initial diagnostic workup made a difference in the quality of life for this lovely grandmother. We are remiss if we do not consider ourselves central to the early detection of oral cancer.

Regards,



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Extended hours are also available

Please support my 2021 B.C. Ride to Conquer Cancer. This will be my tenth year in the Ride and with your support, it will be the best yet! Thank you to the superheroes that have donated so far.



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