



The importance of collecting patients' medical histories

Clinicians from all disciplines and backgrounds agree that prior to any emergency or routine treatment, a proper diagnosis should be made. This is usually done during the initial interactions with the patient by gathering all the diagnostic information necessary to develop a treatment plan.

Thorough patient interviews that include details of any current conditions as well as the patient's medical history are essential for a proper diagnosis and successful treatment. Many dentists rely on questionnaires patients fill out prior to the appointment, which is extremely efficient in utilizing the time spent in the waiting room. However, I highly recommend that the dentist, assistant, or nurse review the form with the patient.

Some patients do not realize the importance their medical history bears in dental treatment. For example, some might regard controlled hypertension as no hypertension, without knowing that the medication taken to control the disease may interact with local anesthesia containing vasoconstrictors. Another example is a patient who had a malignant disease and underwent treatment, but is considered cured at the time of the dental appointment. The patient may not disclose this information; however, the treatment he or she is exposed to may have permanent adverse effects, such as hyposalivation (radiation-induced), hypothyroidism, and more.

In addition to the dental and periodontal examinations, the physical exam should also include a complete intra- and extraoral head and neck examination evaluating the oral mucosa, lymph nodes, muscles, and temporomandibular joint.

An excellent example that emphasizes the importance of the head and neck examination as well as the personal interview is the diagnosis of dental pain induced by maxillary sinusitis. The diagnosis is easy when the teeth are intact and no dental pathology can be detected. However, it becomes challenging when the scenario is unclear: premolars with large restorations and no conclusive vitality tests, previous root canal treatment, or periodontal pockets. Nevertheless, evidence of infraorbital area hypersensitivity, a history of headaches, or increased pain during movement can lead to diagnostic radiographs of the teeth and maxillary sinuses.

These exams are unquestionably part of the dentist's responsibility and may affect dental treatment. The decision regarding which radiographs and other special tests (ie, biopsies) to use should be made only after careful physical examination.

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