CASE HISTORY - PART A

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• Case History is a planned professional conversation between patient and doctor which enables the patient to express his symptoms, fear and feelings to the clinician so that the nature of patient’s real or suspected illness and mental attitude may be determined.

(Malcolm A. Lynch)
Objectives

• To establish a positive professional relationship.

• To provide the clinician with information concerning the patient’s past dental, medical & personal history.

• To provide the clinician with the information that may be necessary for making a diagnosis.

• To provide information that will aid the clinician in making decisions concerning the treatment of the patient.
Steps in case history taking

1. Assemble all the available facts gathered from statistics, chief complaint, medical history, dental history and diagnostic tests.

2. Analyze and interpret the assembled clues to reach the provisional diagnosis.

3. Make a differential diagnosis of all possible complications.

4. Select a closest possible choice - final diagnosis.

5. Plan effective treatment accordingly.
There are 3 methods:

1) Interview

2) Health questionnaire

3) Combination of these
1) INTERVIEW

• In this the patient is asked about his or her health in an organized fashion.

• The patient is allowed to discuss any problem fully.

DISADVANTAGE

a) Method depends on the dentist skill as an interviewer.

b) may skip some important topics.

c) requires time to be done well.
2) HEALTH QUESTIONNAIRE

The health questionnaire is a printed list of health-related questions that the patient is requested to answer at the first appointment.

ADVANTAGE:
1) it takes little of the dentist’s time
2) it offers a standardized approach for each patient.

DISADVANTAGE:
1) Little time to build rapport with the patient
2) The questions or their format may be interpreted inaccurately by some patient.
3) Combination

- The combined method is considered by the authors to be the best appropriate technique for history taking in the routine practice of Dentistry.

- This approach uses the advantages of both techniques and reduces the disadvantages.

- After reviewing a completed health questionnaire, the dentist discusses the response with the patient.
COMPONENTS OF CASE HISTORY

- Statistics (Personal info)
- Chief complaint
- History of present illness
- Past dental history
- Medical history
- Personal history
- General examination
- Extraoral examination
- Intraoral examination
- Provisional diagnosis
- Differential diagnosis
- Investigations
- Final diagnosis
- Treatment plan
STATISTICS

- Patient registration number
- Date
- Name
- Age
- Sex/Gender
- Address
- Occupation
- Marital status
**Patient registration number**

Useful for

1. maintaining a record,
2. Billing purposes,
3. medico legal aspects.

**Date**

Useful for

1. Time of admission
2. reference during follow up visits
3. Record maintenance.
NAME

• To communicate with the patient

• To establish a rapport with the patient

• Record maintenance

• Psychological benefits
AGE

- Age related disorders
- Calculating a suitable dosage
- Treatment plan
Age related disorders

DISEASE MORE - COMMONLY PRESENT AT BIRTH

• Micrognathia, Cleft lip & cleft plate, Ankyloglossia, Predecidous dentition, Teratoma Hemophilia.

DISEASE PRESENT IN CHILDREN & YOUNG ADULTS

• Benign migratory glossitis, Juvenile periodontitis, Pemphigus, Recurrent apthous stomatitis, Dental caries, Dentigerous cyst, Diptheria, Rickets, Infectious mononucleosis.

DISEASE PRESENT IN ADULTS & OLDER PATIENTS

• Attrision, Abrasion, Gingival recession, Periodontitis, Lichen planus, Ameloblastoma, Trigeminal neuralgia, Fibroma, Verrucous carcinoma, Iron deficiency anemia, Diabetes, Hypertension, Asthma.
Calculating a suitable dosage

Dose adjustments

Young Formula
Dose = \( \frac{\text{Age}}{(\text{age} + 12)} \) x adult dose

Clarke Formula
Dose = \( \frac{\text{Weight in kg}}{70} \) x adult dose

Dilling Formula
Dose = \( \frac{\text{Age}}{20} \) x adult dose
SEX/GENDER SIGNIFICANCE

• Certain diseases are gender specific

• Diseases common in males: Attrition, leukolpakia, cancer like squamous cell carcinoma, melanoma, lymphoma etc

• Diseases common in females: Iron deficiency anemia, sjogren’s syndrome, osteoporosis, recurrent apthous ulcers etc

• Drug interaction :- in females, special consideration must be given to pregnancy & lactation.
• For future correspondence

• Gives a view of socio-economic status - to know about the nourishment, hygiene & payment capacity of the patient

• Prevalence of diseases like fluorosis as a result of increase level of fluorides in water are spread differently in various parts of the country.
OCCUPATION

• To assess the socioeconomic status.

• Predilection of diseases in different occupations

• For eg: hepatitis B is common in dentists & surgeons.
MARITAL STATUS

• To see any history of consanguineous marriages.

• The high consanguinity rates, coupled by the large family size in some communities, could induce the expression of autosomal recessive diseases.
CHIEF COMPLAINT

- The chief complaint is usually the reason for the patient’s visit.

- It is stated in patient’s own words in chronological order of their appearance & their severity.

- Also record the duration of complaint

- The chief complaint aids in diagnosis & treatment therefore should be given utmost priority.
HISTORY OF PRESENT ILLNESS

• Elaborate on the chief complaint in detail

• Ask relevant associated symptoms

• The symptoms can be elaborated in terms of:
  ✓ Mode & cause of onset
  ✓ Duration
  ✓ Location-localized, diffuse, referred, radiating.
  ✓ Progression- continuous or intermittent.
  ✓ Aggravating & relieving factors
  ✓ Treatment taken
COMMON CHIEF COMPLAINT

PAIN

• **Origin of pain** ➔ Anatomical location where the pain felt?

• **Origin & mode of onset** ➔ activity which inducing the pain should be taken in consideration.

• **Severity** ➔ whether the pain is mild, moderate or severe.
COMMON CHIEF COMPLAINT
PAIN

• **Nature of pain** ➔ it can be throbbing, shooting, stabbing, dull, aching, lancinating, boring, griping, sharp, gnawing, squeezing.

• **Progression of pain** ➔ The patient should be asked ‘how is it progressing? The pain may begin on a weak note & gradually reach a peak & then gradually declines. It may begin at its maximum intensity & remains at this level this disappears.

• **Duration of pain** ➔ means the period from the time of onset to the time of pain disappearance
• **Movement of pain** → referred, radiating, shifting or migration of pain.

• **Periodicity of pain** → Sometimes an interval of days, weeks, months or even years may elapse between two painful attack.

• **Effect of functional activity** → effect of various activity such as brushing, shaving, washing the face, turning the head, lying down etc. should be noted.
COMMON CHIEF COMPLAINT

PAIN

• **Aggravating factors** → whether it aggravates with chewing or any other factors

• **Relieving factors** → relieved any medications or any other factors

• **Associated symptoms** → Severe pain may be associated with symptoms like Pallor, Sweating, fever or nausea

• **Treatment taken** → Any medication taken by patient & its outcome
PAST DENTAL HISTORY

• Provides us the basis to evaluate the patient’s current dental status and how the patient will respond to the proposed treatment.

• History of dental treatment undergone by the patient, along with patients experience before, during and after the dental treatment.

• History of complications experienced by the patient

• Following are the details that should be investigated:
  → Past experience during and after local anesthesia, general anesthesia.
  → Past experience during and after extraction.
  → Past orthodontic treatment.
  → Any surgical procedures besides exodontia.
MEDICAL HISTORY

• Primary function of PMH is to avoid complications during dental treatment includes the information about past & present illness.

• All diseases suffered by patient should be recorded in chronological order.

→ Anemia
→ Bleeding disorders
→ Cardio respiratory disorders
→ Drug treatment and allergies
→ Endocrine disorders
→ Fits and faints
→ Gastrointestinal disorders
→ Hospital admissions and surgeries
→ Infections
→ Jaundice
→ Kidney disease
Cardiovascular system

• Do you ever have chest pain or tightness?

• Palpitations?

• Did you suffer from joint pains, sore throat or fever?

• Do you have any breathlessness on exertion?
Respiratory system

- Are you ever short of breath on exertion?
- Breathing difficulty on rest?
- Have you ever coughed up blood?
- Wheezing?
Patients with a history of:

- Epileptic attacks
- Paresthesia
- Paralysis
- Syncope.
Gastrointestinal System

• Do you have heart burn/acidity/foul taste?
  - Peptic ulcer
  - Hiatal hernia

• Do you have bouts of nausea, lack of appetite?

• Did you suffer from jaundice/hepatitis?

• Have you noticed any change in your bowel habit recently?
Genitourinary System

- Renal disease \(\rightarrow\) Impaired drug excretion
- Renal failure/ Dialysis \(\rightarrow\) Bleeding tendency
- Renal transplant \(\rightarrow\) Immunosuppressive drugs
- Pregnancy \(\rightarrow\) trimesters, h/o miscarriage
- Oral contraceptive pills
Endocrine system

- Do you tend to feel the heat or cold more than you used to?
  → Hyperthyroidism/hypothyroidism
- Have you been feeling frequent thirst/ frequent hunger/ frequent urination?
  → Diabetes Mellitus
Others

• Bleeding and clotting disorders
  ➢ Hemophilia
  ➢ Von Willebrand disease
  ➢ Thrombocytopenia
• Contagious infections
  ➢ HIV-AIDS
  ➢ Hepatitis
• Malignancies & its treatment
  ➢ radiotherapy and chemotherapy
Allergies

• Have you ever experienced an unusual reaction to any drugs/food/materials?

• Any unusual reaction to dental anesthetics?
Thank you for listening