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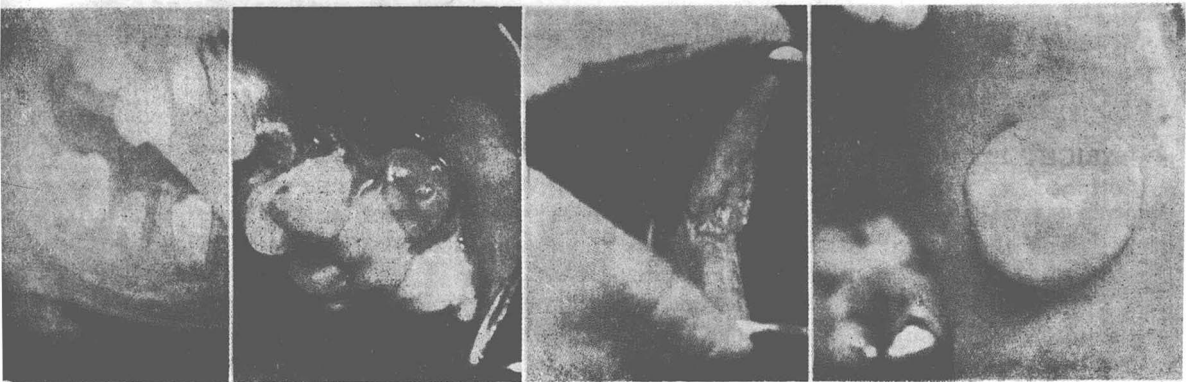
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DYNAMICS OF



ORAL DIAGNOSIS



Published by

THE YEAR BOOK PUBLISHERS, INC.

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AL DIAGNOSIS

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Preface

The art of diagnosis consists of drawing correct conclusions from inadequate data.

Walter Freeman

IT IS AXIOMATIC that rational therapy is dependent upon an accurate diagnosis. The term *diagnosis* is derived from two Greek stems, *dia*, meaning *apart*, and *gnosis*, implying *knowledge*. Thus, through knowledge, one disease may be distinguished from all others. Diagnosis may therefore be defined as the art or the act of distinguishing one disease from another. *Oral diagnosis is the act or art of differentiating diseases of the oral cavity*. It should be clear from this definition that the term *differential diagnosis* is redundant. For this reason, it does not appear in the manuscript.

The differentiation of diseases is not a simple, static procedure, although many disorders can be recognized by the check-list method. In other cases, however, this method does not suffice and a dynamic approach is imperative. The examiner must be well trained in the basic mechanics of the living body. He must comprehend how the normal pattern, or physiology, is deranged by pathologic processes. When a sign or symptom is observed, it will provide an indication of the functioning of the body. Several such clues, assembled in a logical pattern, lead to an accurate diagnosis. For these reasons, this book is entitled *Dynamics of Oral Diagnosis*.

To arrive at a diagnosis, the clinician follows the same procedure as a detective. He

seeks every trace of available evidence and relies upon the method most likely to provide significant clues. The clinician too must adopt an efficient examination procedure, such as the technique suggested in this book. No claim is made that this is the only method—or the best one. The important point is to recognize that a logical approach is necessary, desirable, and rewarding.

It seems wise, in oral diagnosis, to begin with the over-all, or gross, examination of the patient. To proceed immediately with the oral examination is ineffectual; such a technique tends to limit the field and blur the periphery.

After the gross evaluation has been made, the examiner may move closer, so that the head and neck, and finally the oral cavity, are brought into higher and more detailed focus. In short, the procedure for acquiring every available clue, and the one used throughout this book, begins with *the gross appraisal of the patient*, continues with *the examination of the head and neck*, and concludes with *the examination of the oral cavity*. These are the three major subdivisions. Within each category there are specific observations which must be made as the examination proceeds. In the gross appraisal of the patient one should note the *stature, gait, speech, age and sex, hands, history, personality, temperature, pulse, and blood pressure*. Those

trained in traditional diagnostic methods may question why history is included in the gross appraisal of the patient. It is for one reason only—convenience. The diagnostician should envision that, as the patient walks into the office, an appraisal of stature and gait can be made quickly. A few words of greeting should suffice to evaluate the speech. When the patient is seated, the examiner may glance at his hands. Before the actual physical examination, it is desirable to obtain the history and to make a personality analysis. Not only should the history fit into the suggested outline, but, with the data obtained, the clinician is prepared to make sound diagnostic conclusions as the physical appraisal proceeds. In the examination of the head and neck, the *size and shape of the head*, the *skin*, *hair*, *facial swelling* and *asymmetry*, *temporomandibular joint*, *ears*, *eyes*, *nose* and *paranasal sinuses*, and *neck* are examined. In the examination of the oral cavity the *breath*, *lips*, *buccal mucosa*, *saliva*, *gingiva*, *tongue*, *sublingual space*, *palate*, *pharynx* and *tonsils*, and *teeth* are appraised.

This diagnostic procedure is logical, can be executed promptly and, most importantly, is designed to reveal every available symptom and sign. If the examiner has a comprehensive knowledge of oral medicine, in most cases the clues will indicate one, two, or perhaps three oral diseases. Further cerebration should permit a definitive diagnosis. The diagnostician must, of course, be familiar with all manifestations of the disorders which afflict the oral cavity. For this reason, the first part of the book is devoted to the oral diseases, and each disease is presented following the procedure recommended for the ultimate diagnosis. First a *definition* of the disease is offered which includes its derivation. Next the *pathologic physiology* is presented. While in many instances the manifestations of the disorder suffice to identify the disease, there are cases in which this is not possible. Knowledge of the sequence of events by which the disease process alters the basic physiologic pattern proves extremely helpful in the ultimate diagnosis. Subsequent to the pathologic physiology, the *clinical features* are outlined in accordance with the suggested format of

gross appraisal of the patient, examination of the head and neck, and examination of the oral cavity. The *radiographic* and *laboratory findings*, and *treatment* conclude the discussion of each disease.

In medical science, the ultimate goal is the eradication of disease. This is accomplished by, *first*, a definitive diagnosis of the disorder; *second*, the discovery of the responsible etiologic agent; *third*, a sound knowledge of the physiologic sequence of events which logically follows; and *fourth*, rational treatment based upon this knowledge. The first and most important step is to obtain an accurate diagnosis. This is a dynamic process that embraces two major disciplines: one, *oral medicine*, and, two, *oral diagnosis*. The oral medicine section consists of approximately two hundred diseases arranged in an etiologic frame. Diseases may be classified in several ways. Probably the only incontestable method is to list them alphabetically. This design permits ease of reference and allows the section to be used as a handbook. However, there are distinct disadvantages. Diseases may be categorized in the various systems of the body, or the disorders may be grouped according to etiologic factors, such as chemical, physical and biologic agents. The latter method has been chosen for the following reasons: first, the material may be easily adapted for lecture purposes; second, after a particular condition or constellation of clues has been recognized, the examiner should ask himself, for example, "Are these observations due to invasion by a biologic agent? Is this the result of chemical interference? Are we dealing with a neoplasm?" Consequently, the section on oral medicine is subdivided into disorders due to biologic agents, chemical agents, physical factors, neoplasms, cysts, nutritional disorders, endocrine conditions, and developmental problems.

The section on oral diagnosis is organized to follow the precise procedure recommended for making the diagnosis. Since the clinician will begin the diagnosis by appraising the stature and gait, these problems are given first consideration. Next speech is discussed, and, in sequence, such subjects as hands and history, and so forth throughout the en-

tire gross appraisal of the patient. The procedure concludes with the examination of the head, and neck, and the examination of the oral cavity. Thus each step of the diagnostic procedure is reviewed in detail in the light of pertinent diseases. The technique of oral diagnosis is presented *three* times. In these preatory remarks, the basic design is formulated; next, within the clinical discussion of *each* disease, this format is followed. Finally, in the section entitled Oral Diagnosis, the method is reiterated. In conclusion, the dynamics of oral diagnosis are studied as they are practiced.

It may be of interest for those who teach this subject that this manuscript, in mimeographed form, was used in the classroom employing the Oral Diagnosis section as the stroma for the course. Thus, the first lecture consists of a discussion of *stature*. The student is asked to read pages 303 to 305. If any of the diseases listed therein are unknown to him, then he can refer to the appropriate pages in the section on Oral Medicine. The second lecture outlines the problem of *gait* which in this text occupies only 1½

pages. And, in this manner, one lecture hour is devoted to each step, such as, *age* and *sex*, the *hands*, and so on. A few topics warrant more detailed discussion. Hence, two lecture periods are relegated to *history*, three to the *gingiva*, and six to the *teeth*.

Dynamics of Oral Diagnosis is an attempt to describe in *slow motion* the mechanics of the diagnostic procedure. We sincerely trust that it will complement the several excellent texts in the field, notable among which are Burket's *Oral Medicine*, Thoma-Robinson's *Oral and Dental Diagnosis*, and Bernier's *The Management of Oral Disease*.

Within these pages are countless controversial points—debatable even after careful consideration and numerous conferences with scores of teachers and practitioners. Some of the disturbing features of this book will never be reconciled. Others we hope we can correct with time, with learning on our part and with criticisms from interested readers. For these reasons, we welcome your comments.

—E. C.
—L. L. L.

ACKNOWLEDGMENTS

A book is rarely, if ever, the product of but one or two authors. Surely, *Dynamics of Oral Diagnosis* would never have approached a publishable state had it not been developed through the years in mimeographed form in the classroom. Thus, we first pay tribute to the many students who stimulated its development. The experimental editions have also been used by practitioners and teachers in this country and abroad. Their comments have been gratefully received, seriously weighed, and revisions made, in order to perfect the contents of the book for teaching purposes.

More directly, more specifically, we wish to thank Dean J. F. Volker of the University of Alabama School of Dentistry. His encouragement initiated the original teaching ex-

periment. Without his continued assistance and stimulation the project could not have been completed.

It will be observed that the illustrations have been culled from numerous sources. Such contributions are recognized by parenthetical mention beneath each illustration. We would like to emphasize here our appreciation for their use. Wherever possible, illustrations of so-called "house" cases have been used. These have been provided by almost every department of the University of Alabama School of Dentistry.

Intimate daily contact with our graduate fellows, Dr. R. T. Binford, Jr., Dr. E. M. Speed, and Dr. E. W. Strother, has been exceedingly fruitful in the classroom, the clinic, in the corridor and coffee-shop debates. Their contributions cannot go unrecorded.

In the original manuscripts, references

were included. Though not combined with this edition, they served an important function. The more than four thousand articles could not have been found, read and abstracted, without the efficient efforts of Miss Mildred Crowe, Chief Librarian, Mrs. Sara Brown, and the staff of cheerful and enthusiastic assistants.

The photography of case material is an artistic achievement. The photographic artists are Mr. Joseph Mineo and Mr. William Bowen.

The voluminous typing, not only of the treatise and the final manuscript, but the

accompanying correspondence as well, involved an incredible amount of time and patience. The zealous and indefatigable Mrs. Christine E. Bagley and her assistant, Miss Joyce Hyde, deserve our everlasting appreciation.

Finally, we have been fortunate in having the constantly refreshing viewpoint of Dr. Herbert Spencer Polin who, as a physicist, was able to read all the editions of the manuscript with intelligence unclouded by the myopia which is naturally present in those trained in more closely related disciplines.

—E. C.

—L. L. L.

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