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Beyond the teeth

As a dentist, my training in a Dental School involved how to diagnose and treat dental, periodontal, and mouth diseases. This was expected from a Dental School, since dentists are allowed to carry out “activities regarding the diagnosis and therapy of the pathologies and congenital and acquired anomalies of the teeth, mouth, jaws and related tissues, as well as dental prophylaxis and rehabilitation” (Art. 1, law 409/85). Learning anatomy, general pathology, neurology, physiology, and all general subjects almost seemed incidental, as opposed to more specific subjects such as restorative dentistry, prosthodontics, periodontology, and so on.

During my last year in the University, I attended an optional class on Temporomandibular Disorders and Occlusion, and I found the topic very interesting and challenging. A few months later, I had the chance to meet Dr. Mehta (Professor and Director, Craniofacial Pain Center) at Tufts University, and he offered me a position in his postgraduate program. Although I was excited, I still did not have an idea of what I was going to face.

What seemed to me a pretty restricted field regarding the teeth and joints became an incredibly wide discipline including dentistry, neurology, orthopedics, psychology, and many other areas related to chronic pain and dysfunction. I learned how to go beyond the teeth and evaluate the patients’ full body together with several specialists in different fields. During those 2 years, and then, in the last 12 years, in Italy, I have been working in the mouth curing headache, neck pain, backache, and earache!

In the last years, we also learned that we can work in the mouth to treat sleep disorders. Doing so, we help reduce the risk of serious and potentially fatal diseases such as hypertension, stroke, and myocardial infarction.

Dentistry is gradually expanding by “invading” areas of different disciplines. This happens because it is impossible to divide the body in sections according to the doctors’ expertise, and orofacial pain is an area within which many different competencies come together.

At the same time, the overwhelming amount of scientific literature makes it impossible for a doctor to be proficient and

experienced in all the fields of medicine, therefore, we are required to split the patients’ body in different parts and have different doctors manage such portions. The risk is that any of these doctors has profound knowledge within the limits of his/her specialty, but has little knowledge about the rest of the body, and when what you have is a hammer, everything starts looking like a nail. In fact, we often manage patients’ complaints by only looking for what we know. For example, it is not infrequent for a patient complaining of face pain to receive different diagnoses and treatments based on doctors’ expertise: A neurologist may diagnose it as atypical facial pain or trigeminal neuralgia and prescribe medications, a dentist may diagnose it as dental pulpitis and perform a root canal therapy, an orofacial pain specialist may diagnose it as a temporomandibular disorder and suggest a dental appliance. Are all of them wrong? Of course it depends on the origin of the pain, but the main point is that we must focus on our expertise without losing the whole picture.

It is easier in large medical centers, where the different doctors can evaluate the patients as a team and easily share their opinions; unfortunately, it is more difficult in small offices, where the patients need to move from one office to another to see different specialists.

However, as dentistry continues to advance and move forward, we must learn to manage patients’ disorders together with neurologists, otolaryngologists, orthopedists, physicians, and put back together all the pieces of our patients in order to provide the best treatment available.

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