

The Treatment of the Patients Suffering From Cardiovascular Diseases in Surgical Dentistry.

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Case Report

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Abstract

It is the middle age and the third age patients that usually face Pathologies of different course such as Cardiac, Endocrine, neurological but not only, there are combined natured Pathologies which need more attention and more importance in treatment for the patients who need Dental Surgical Intervention. In this study, our attention is focused on the Pre-Treatment and Post-Treatment of the patients who suffer from a Cardiovascular Disease while prone to a Dental Surgical Intervention.

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The Purpose

To Specify, clarify and outline the codes and the regulations of interventions in this category of patients for the only purpose, that of getting the right treatment while in the Outpatient Ambulatory Clinics/Private Offices rather than in the Regional Hospital.

Surely we have to assure the patients that the treatment offered is of the high level of Proficiency, meanwhile focusing on the reduction of the cost for the patient and for our Health Institutions.

In these days, the continuous changes in the life style we lead, the huge change we see in the quantity and the quality of the food we consume every day followed by the increase Longevity/Life Expectancy has made all of us aware of the high number of people that suffer from Cardiovascular Diseases [2].

M.F Surgery Cardiovascular Pathologies more often encountered are Valvular heart Diseases Mitral valve stenosis and Stenosis of Aorta.

Valvular heart Diseases Mitral valve stenosis and Stenosis of Aorta. Mitral valve stenosis refers to a condition in the heart in which one of the valve openings has become narrow and restricts the flow of blood from the upper left chamber (left atrium) to the lower left chamber (left ventricle). If the mitral valve is abnormally narrow, due to disease or birth defect, blood flow from the atrium to the ventricle is restricted. . Both of the stenosis are almost always caused by rheumatic fever in early life and of idiopathic nature in rare cases. The main treatment plan for these patients is the Anticoagulant medication [2].

Atherosclerosis

This pathology is almost always responsible for the MI (Myocardial Infarct) and the CI (Cerebral Infarct), and it is considered the cause of the highest number of deaths in population. The term Atherosclerosis is used to describe the cause of coronary artery disease, in which the walls of the coronary arteries thicken due to the accumulation of plaque in the blood vessels. In our daily practice the risk factors are very important and need to be taken in consideration during the patients 'case history and anamnesis [2].

Cardiomyopathies are a group of chronic diseases of the heart muscle (myocardium of the ventricles), in which the muscle is abnormally enlarged, thickened, and/or stiffened [4].

Discussing the most often Heart Pathologies that we face in our daily office practices, we cannot avoid mentioning the patients suffering from "Insufficiencia Cardiaca"/Heart insufficiency [2].

This is a physiopathology health state in which the heart for different reasons it is not able to fulfill its metabolic needs. This pathology should be easily diagnosed as such, by identifying its main physical sign, Cyanosis (bluish discoloration of the skin and mucous membranes).

The treatment plan for these patients begins with the interruption of Anticoagulant for around two days prior to the treatment, and the beginning of the Antibiotic therapy [3].

The therapy is written by the dentist considering the patient's health conditions. After two days the laboratory re-examinations are required, and by our experience the threshold is above

35-45%, which allows us for the Surgical Intervention.

Materials and Method

For this study I have utilized and shared with you my personal experience extended in theory and practice in the surgical treatment plan of the patients with cardiovascular problems for a period of time approximately 15 years. . In this study we will present two clinical cases treated in the O.M.F Surgery Department [1, 3].

Case I

The patient **Lefteri Trifoni**, 60 years of age, diagnoses; “Thrombosis and Diabetes”. The patient shows up in the clinic and is diagnosed with “Dens Retinens # 38.”/ “Retained Tooth #38”.

It is recommended the intervention. “Surgical Extraction”.

The patient comes to the office with these symptoms: pain, edema in the peri-mandibular sinistra region, difficulty in chewing, and speech. The patient is not offered the treatment even though she required it while in the private office. Lab results dated before 16.01.2012 show:

1. N. protrombine 34%
2. INR 2.36
3. Glicemy levels 250 mg/dl. Treated with Antibiotic Therapy, Vitamin Therapy, siophor and the Anticoagulants are interrupted.

Lab results dated 19.01.2012

1. Glycemy levels 140 mg/dl.
2. N.Protrombine 95 %
3. INR 1.2
4. Erythrocytes Count 4 100.000
5. Hb 12.4
6. Kh 3'10 Kk 4'20
7. Leukocytes count 5.800.

In these conditions, we can go ahead with the treatment “Surgical Extractions of tooth # 38”. The patient did not have complications in blood flow after the extraction.



Figure I

Case II

Vasil Kavojeri, 45 years old.

The patient comes in as an emergency on 30/12/2012, Patient Chart Nr. 58.

The patient is diagnosed with “Angina Ludwig”. This patient

comes as a transfer from the Psychiatric Hospital with the diagnosis (Schizophrenia)



Figure II

Considering the patient’s worsening health conditions, the patient is taken in the surgical operation room. The recommended surgical intervention is “Incision-Drainage”. The inability to communicate with the patient, considering his health conditions/ Schizophrenia, the immediate transportation in the surgical operation room took place.



Figure III

In the present days the continuous usage of antibiotics with and without prescription, makes it more difficult for the doctors to detect clean cases diagnosed with “Angina Ludwig”. Therefore I will stop and explain the “true mirror” of this pathology, considered life-threatening.

It is easily mistaken by doctors, Angina Ludwig with Phlegmon (diffuse purulent inflammation of adipose tissue), of the floor of the mouth [3]. The presence of exudates/pus in the light brownish color, during palpation the feel of crepitating as a cause of the gas bubbles present, Sediment in the levels 60-70, I think that it is not the complete absence but the less quantity of the purulent secretions, not very high body Temperature, and mainly the presence of necrotic tissues are the characteristics that fully define “Angina Ludwig”. In the case

discussed above, except the large and intercommunicative incisions, we realized the complete process of curettage, considering the large tissues that had to be removed [3].

Conclusion

Patients with heart conditions should not be considered cases that cannot be treated in the ambulatory Services/Offices. Their treatment plan should follow a strict and documented paperwork to easily help the patient in his/her follow ups. Certainly, doctors should know their professional limits as to where their treatment plan will achieve success for these patients, avoiding any bad experience for the patients and the private office. The complicated dental pathologies, considered treatable in the private ambulatory offices, are a daily routine for every dentist.

As for the patients with cardiovascular pathologies, our duty is to fully “Shape” the disease in its complete “Form”.

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