

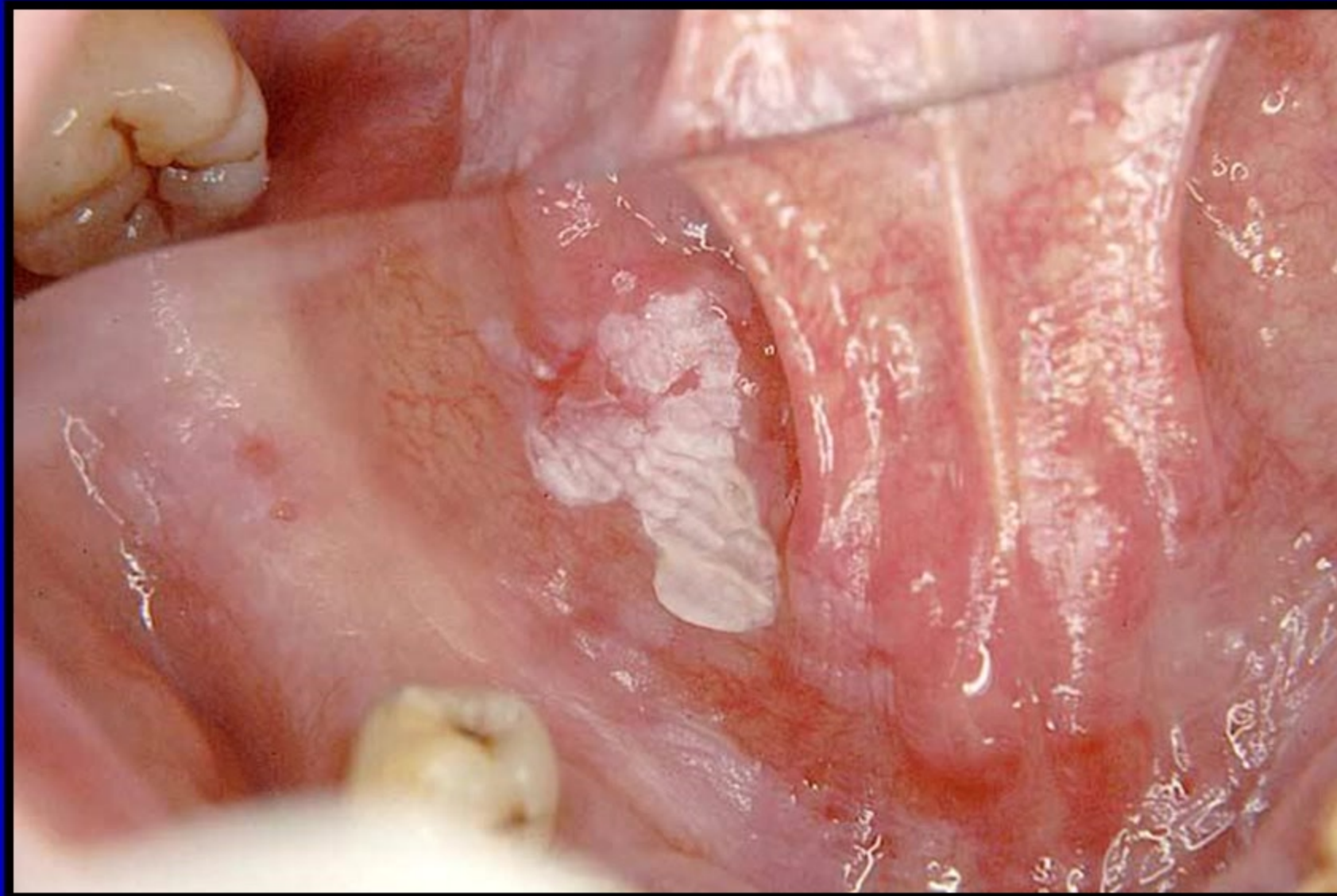


***History
Taking, Patient
Examination
and Lesion
Evaluation***



Why this topic?

- To ensure accurate diagnosis



History taking – presenting complaint

- Date of onset / Duration
- Location(s)
- Aggravating and relieving factors
- Past investigations
- Past treatments



History taking – medical history

- Important!
 - Diagnosis
 - Treatment
 - Prognosis



History taking – medical history

Home ⚡ Actions View Communicate Files & Extras Comments

Medical history:

Cardiovascular disease e.g. hypertension, heart disease	No	
Blood disorders e.g. anaemia	No	
Bleeding / clotting disorders. Any history of excessive bleeding?	No	
Respiratory disease e.g. asthma, emphysema	No	
Neurological disorders e.g. epilepsy	No	
Gastrointestinal disease e.g. coeliac disease, inflammatory bowel disease, gastritis	No	
Endocrine disease such e.g. diabetes, thyroid disorders, dyslipidaemia	No	
Liver disease e.g. hepatitis	No	
Kidney disease	No	
Any history of a bone modifying agent use such as bisphosphonates, denosumab	No	
Skin disease	No	
Psychological disorders e.g. anxiety, depression, dental phobia	No	
Any cancer history	No	
Any history of radiation therapy to the head and neck	No	
Any history of infectious disease such as tuberculosis, hepatitis, HIV	No	
All past operations and hospitalization. Any history of complications?	No	
Possibility of pregnancy (if yes, due date)	No	
Allergy to medications, foods and chemicals	No	
Current medications, including supplements	No	
Any history of recreational drug use	No	
Smoker / former smoker (including e-cigarettes) Please specify product type, how many per day or week and for how long	No	
Alcohol use (please specify product type, how many drinks per day/week/month/year and for how long)	No	

Complete and Perform Actions Cancel



History taking – medical history

- Important points to note:
 - Cardiovascular disease
 - Respiratory disease
 - CNS disease
 - Skin disease
 - GIT disease
 - Liver disease
 - Endocrine disorders



History taking – dental history

- Important points to note:

- Regularity of attendance
- Recent dental problems



History taking – social history

- Important points to note:
 - Single / married, etc.
 - Attitudes to medical treatment
 - Socioeconomic status
 - Overseas travel
 - Sexual history
 - Occupation
 - Life stressors
 - Habits



Examination - extraoral

■ Extraoral head and neck examination

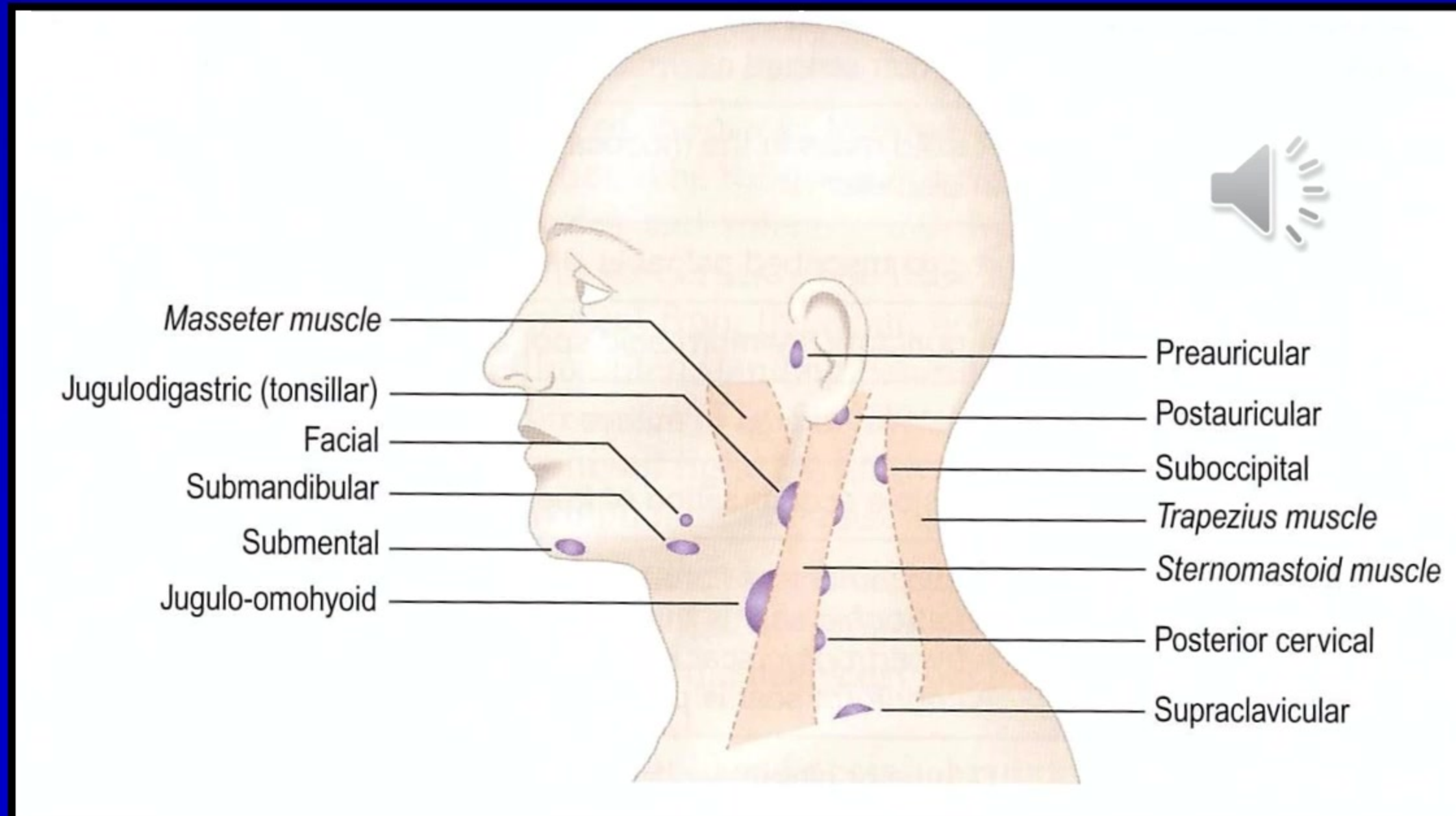
→ Look for:

- ✓ Swellings
- ✓ Pallor
- ✓ Rashes



Examination - extraoral

→ Examine the neck



Examination - extraoral

→ Examine the neck



Area	Draining lymph nodes
Scalp, temporal region	Superficial parotid (pre-auricular)
Scalp, posterior region	Occipital
Scalp, parietal region	Mastoid
Ear, external	Superficial cervical over upper part of sternomastoid muscle
Ear, middle	Parotid
Over angle of mandible	Superficial cervical over upper part of sternomastoid muscle
Medial part of frontal region, medial eyelids, skin of nose	Submandibular
Lateral part of frontal region, lateral part of eyelids	Parotid
Cheek	Submandibular
Upper lip	Submandibular
Lower lip	Submental
Lower lip, lateral part	Submandibular
Mandibular gingivae	Submandibular
Maxillary teeth	Deep cervical
Maxillary gingivae	Deep cervical
Tongue tip	Submental
Tongue, anterior two-thirds	Submandibular, some midline cross-over of lymphatic drainage
Tongue, posterior third	Deep cervical
Tongue ventrum	Deep cervical
Floor of mouth	Submandibular
Palate, hard	Deep cervical
Palate, soft	Retropharyngeal and deep cervical
Tonsil	Jugulodigastric



Examination - extraoral













- Examine the TMJs and muscles of mastication
 - ✓ Facial asymmetry
 - ✓ Mandibular opening and closing paths
 - ✓ Mandibular opening extent (Restricted mandibular opening <40mm)
 - ✓ Lateral excursions (8mm)
 - ✓ Joint noises



Examination - extraoral

→ Cranial nerve exam



Nerve	Classification	Major functions	Assessment
I Olfactory 	Sensory	Smell	Have patient identify a familiar scent with eyes closed (usually deferred).
II Optic 	Sensory	Vision (acuity and field of vision); pupil reactivity to light and accommodation (afferent impulse)	Have patient read from a card or newspaper, one eye at a time. Test visual fields by having patient cover one eye, focus on your nose, and identify the number of fingers you're holding up in each of four visual quadrants.
III Oculomotor 	Motor	Eyelid elevation; most EOMs; pupil size and reactivity (efferent impulse)	Check pupillary responses by shining a bright light on one pupil; both pupils should constrict. Do the same for other eye. To check accommodation, move your finger toward the patient's nose; the pupils should constrict and converge. Check EOMs by having patient look up, down, laterally, and diagonally.
IV Trochlear 	Motor	EOM (turns eye downward and laterally)	Have patient look down and in.
V Trigeminal 	Both	Chewing; facial and mouth sensation; corneal reflex (sensory)	Ask patient to hold the mouth open while you try to close it and to move the jaw laterally against your hand. With patient's eyes closed, touch her face with cotton and have her identify the area touched. In comatose patients, brush the cornea with a wisp of cotton; the patient should blink.
VI Abducens 	Motor	EOM (turns eye laterally)	Have patient move the eyes from side to side.
VII Facial 	Both	Facial expression; taste; corneal reflex (motor); eyelid and lip closure	Ask patient to smile, raise eyebrows, and keep eyes and lips closed while you try to open them. Have patient identify salt or sugar placed on the tongue (usually deferred).
VIII Acoustic/Vestibulocochlear 	Sensory	Hearing; equilibrium	To test hearing, use tuning fork or rub your fingers, place a ticking watch, or whisper near each ear. Equilibrium testing is usually deferred.
IX Glossopharyngeal 	Both	Gagging and swallowing (sensory); taste	Touch back of throat with sterile tongue depressor or cotton-tipped applicator. Have patient swallow.
X Vagus 	Both	Gagging and swallowing (motor); speech (phonation)	Assess gag and swallowing with CN IX. Assess vocal quality.
XI Spinal accessory 	Motor	Shoulder movement; head rotation	Have patient shrug shoulders and turn head from side to side (not routinely tested).
XII Hypoglossal 	Motor	Tongue movement; speech (articulation)	Have patient stick out tongue and move it internally from cheek to cheek. Assess articulation.

Examination - intraoral

- **Intraoral examination**

- Proper light
- Dental mouth mirror
- Gauze squares
- PPE
- Visual aids



Examination - intraoral



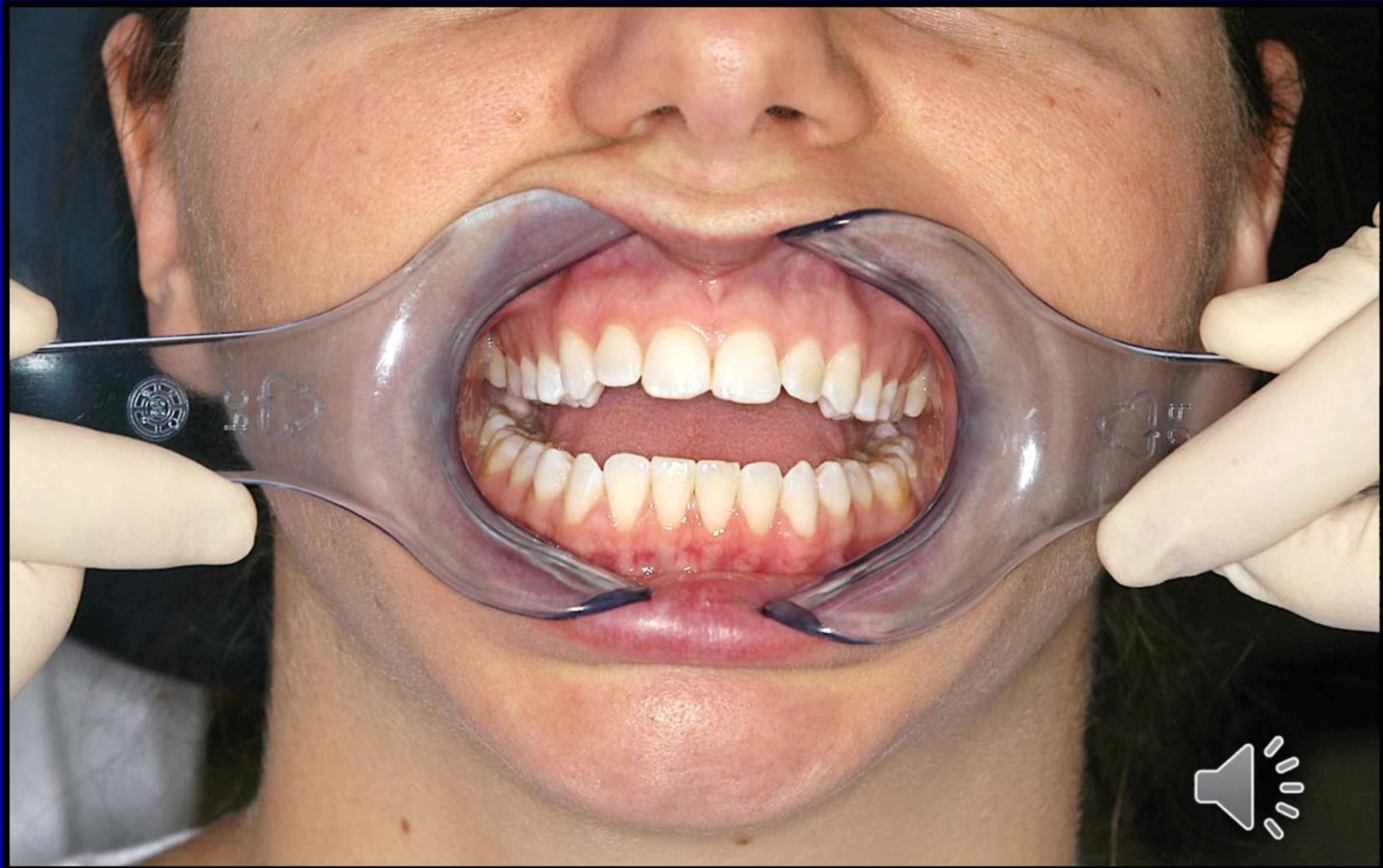
Examination - intraoral



Examination - intraoral



Examination - intraoral



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Examination - intraoral



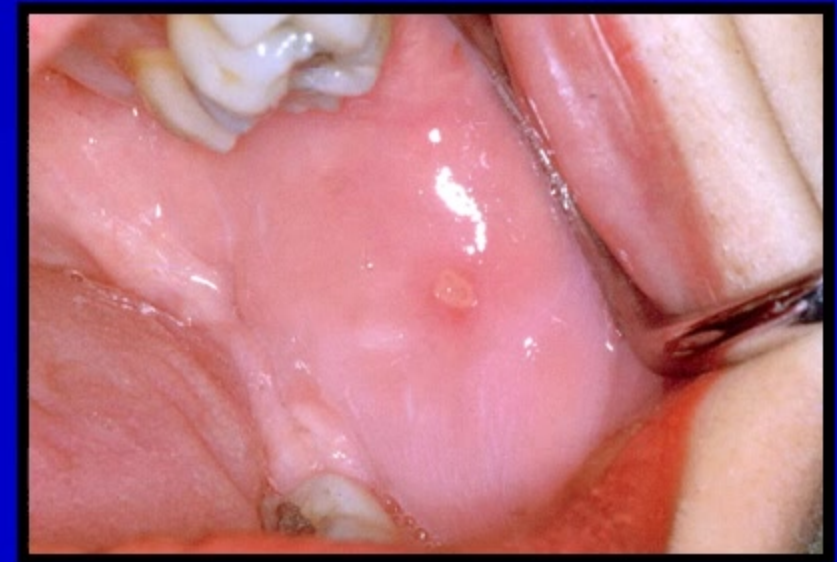
Examination - intraoral



Examination - intraoral



Lesion evaluation



Lesion evaluation



Lesion evaluation

Lesion evaluation

Problem history

Medical and social history

Clinical examination

Differential diagnosis

Diagnostic tests

Definitive diagnosis

Management



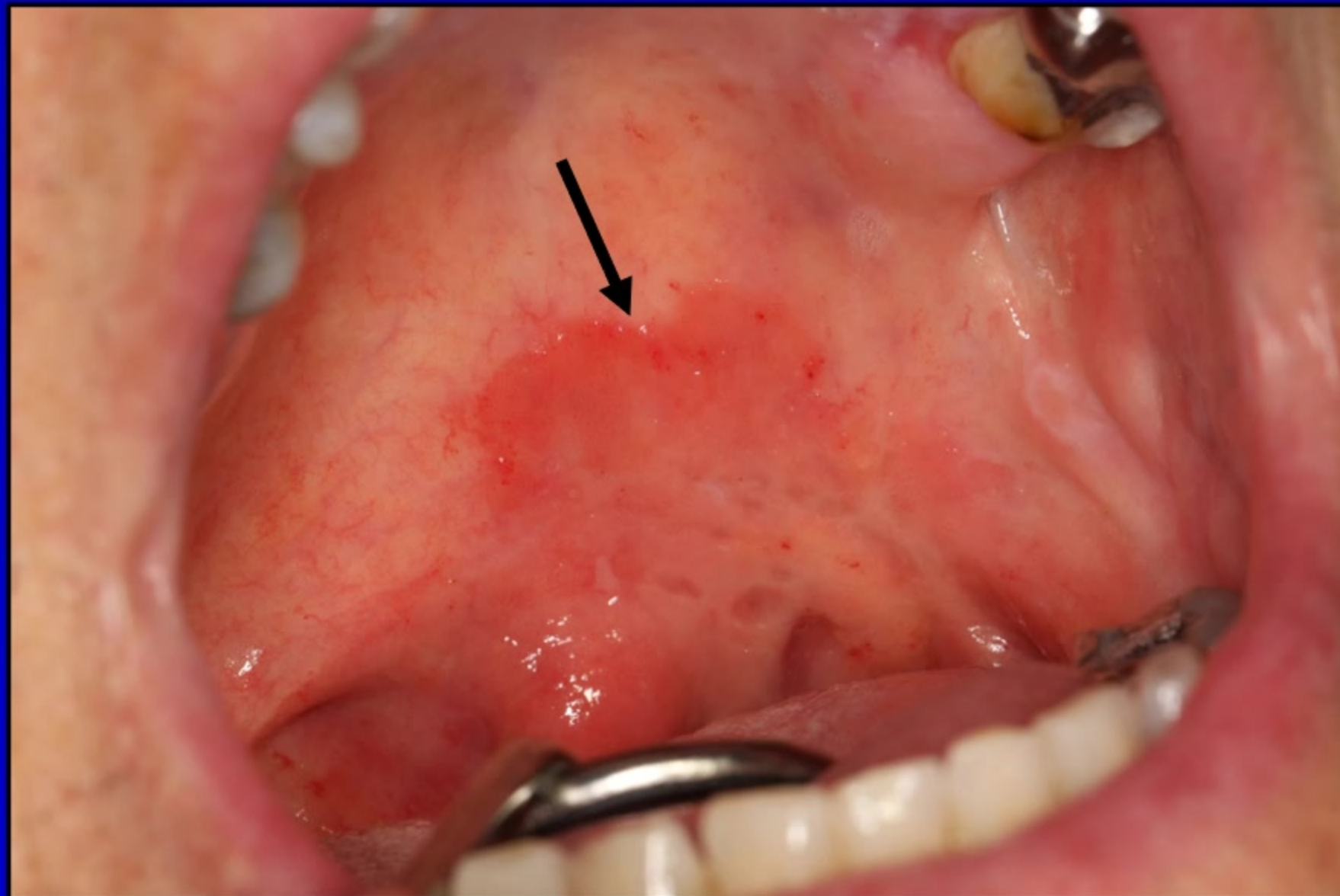
Lesion evaluation

- Medical and social history
 - General medical history

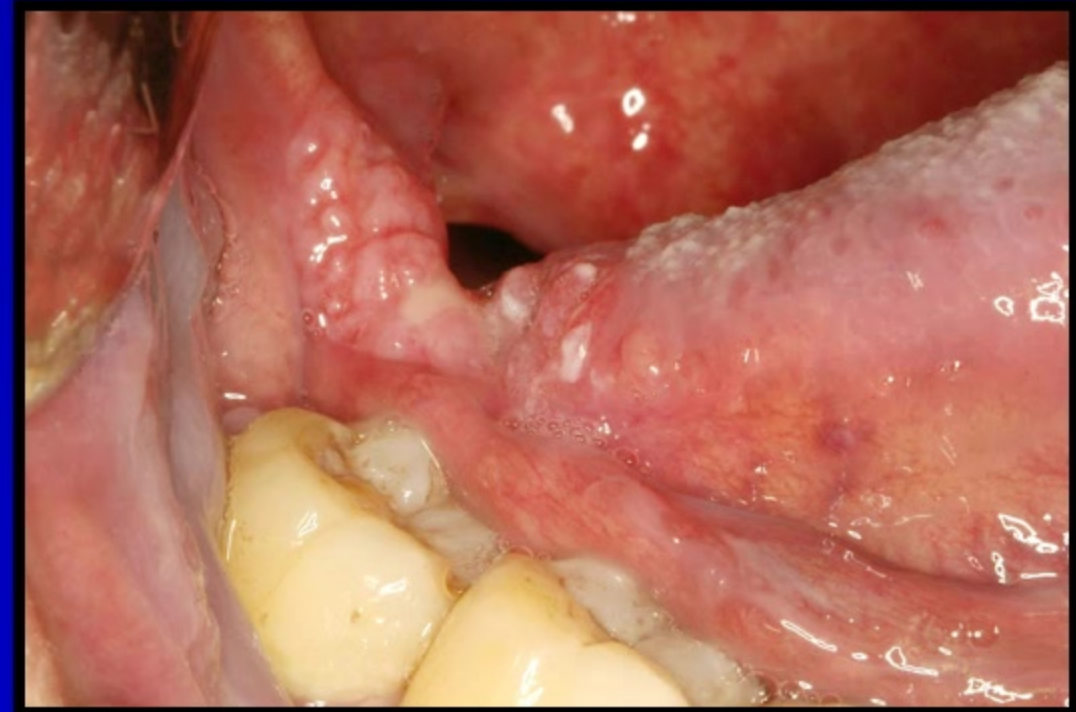


Lesion evaluation

- Medical and social history
 - General medical history



Lesion evaluation



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Lesion evaluation

Lesion evaluation

Problem history

Medical and social history

Clinical examination

Differential diagnosis

Diagnostic tests

Definitive diagnosis

Management



Lesion evaluation

- Differential diagnosis
 - Inherited
 - Inflammatory
 - Infection
 - Iatrogenic
 - Idiopathic
 - Neoplastic

“The *eye* does
not see what
the *mind*
does not know”

Anonymous



Lesion evaluation

Lesion evaluation

Problem history

Medical and social history

Clinical examination

Differential diagnosis

Diagnostic tests

Definitive diagnosis

Management



Lesion evaluation

- Diagnostic tests
 - Tissue biopsy
 - Smears and cultures
 - Blood testing
 - Skin tests
 - Imaging

