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DISEASE CONDITIONS OF
THE MOUTH AND THEIR
RELATION TO HEALTH



DISEASE CONDITIONS OF THE MOUTH AND THEIR RELATION TO HEALTH



SERIOUS disease conditions of the jaws often escape notice; whereas, a condition of like severity in another portion of the body would immediately suggest the hospital and intensive study and treatment. It is not generally recognized that many infections that affect tissues elsewhere in the body may also occur in the mouth. When the teeth become involved, an extensive and specialized knowledge is essential to make a correct diagnosis and to care for the patient in the most effective way. This is mainly because the teeth are peculiar in structure and, unlike other tissues, do not repair themselves.

The specialty of oral surgery emphasizes the importance of diagnosis and treatment of these various disease conditions.

CONSULTATIONS

Owing to the complicated nature of symptoms in systemic disease, a difference of opinion occasionally arises as to whether certain dental conditions may be a contributing factor. In such cases, the oral surgeon and exodontist is especially qualified to be called in consultation.

The fields of dentistry and medicine are too vast for any one man to be expert in every phase of these sciences. That a dentist or a physician refers a patient to a specialist is evidence of his earnest desire that the best possible care be given the patient.

INFECTIOUS DISEASES

A large percentage of the internal diseases that occur in adults, including certain diseases of the heart, kidney, stomach, intestines, nerves, joints and eyes, are of infectious origin. The infection does not originate in the affected areas, but reaches them through the blood stream. The remote source of the infection, therefore, should be considered the primary cause of the disease.

INFECTED TEETH A CAUSE

Frequently, this infection originates in pulpless (so-called dead or devitalized) teeth, abscessed teeth or teeth affected by pyorrhea and enters the blood stream, to be carried to the internal structures, which, owing to a lowered resistance, may fall prey to the infection.

In addition to *absorption* of infective material from abscessed teeth, there is another factor involved. Keeping in mind that there is about 200 pounds pressure in the average human bite, and that this is applied several thousand times a day, we can readily understand how a tooth infection

between the root and the jaw bone can easily extend into the blood stream.

Few people realize that in many of the thousands of deaths from heart disease in children under 10 years, the fatal infection originated in abscesses around the deciduous, or baby teeth. It is just as important to take care of the deciduous teeth as of the permanent teeth. When the deciduous teeth become abscessed, they should always be removed, because the child's health must be given first consideration.

Frequently, infection results from disease conditions of the tissues of the gum, cheek and throat adjacent to third molars (wisdom teeth) that are crowded. Even though the third molars are fully erupted, some infective material can be absorbed into the general system from the diseased tissue around these teeth. Cutting away the gum tissue gives temporary relief, but the molars usually should be removed.

Another source of infection is pyorrhea. If one realizes that in the average case of advanced pyorrhea, the total area of ulcerated surface may be several square inches, the seriousness of the condition will be understood.

It is not desired to convey the impression that all infection originates in the teeth: there are other sources, such as tonsils, and sinuses; daily experience leads to the conclusion that many diseases of the internal organs can be traced to dental conditions.

CHRONIC TOOTH INFECTION NOT PAINFUL

It is important to bear in mind that teeth may be infected without the patient's knowledge, because there may be no pain or discomfort. It is even possible for the jaw to be partially destroyed by disease without pain or any other apparent indication of trouble. In fact, few diseases occurring anywhere in the body cause pain if their progress is slow.

Many patients go to the oral surgeon and exodontist to have a certain tooth removed because it "hurts," not questioning the condition of any of the other teeth. As a matter of fact, this type of tooth may often be saved and placed in a healthy condition; whereas, teeth that do not "hurt" may be hopelessly diseased and a menace to health and life.

DENTAL X-RAY PICTURES

X-ray films are usually necessary to determine whether the teeth are affected by chronic abscesses or other disease conditions. The teeth should be x-rayed periodically and these pictures should show each tooth from at least two different angles. Because of complicated conditions, it may sometimes be necessary to take an x-ray picture of one tooth from several angles before a correct interpretation can be made.

As there are varying degrees of ability to interpret x-ray films, one should be discriminating

in the choice of the specialist who is to render this service.

An interpretation of these pictures is not a diagnosis, merely one of several important aids thereto. X-ray films are similar to shadow pictures. Although they furnish important information, the shadows do not always indicate all the conditions present. Many diseases of the mouth are not revealed in x-ray pictures, especially disease conditions limited to the soft tissues. Also, certain changes in the appearance of bone, as portrayed in the x-ray, are not always due to disease. For example, an x-ray film taken after the removal of a tooth or after an operation on the jaw will show a dark area, which might simulate an area of disease. Thus, we see that a diagnosis should not be made from the x-ray evidence alone. Anyone attempting to make a diagnosis on this basis may misinterpret healthy areas as diseased, or may overlook serious disease conditions. Such a *pseudo-diagnosis* would be "worse than worthless." Because the x-ray picture cannot tell the whole story, the specialist must, before making a complete diagnosis, thoroughly examine the mouth and obtain a history of the case from the patient.

A patient who wears upper and lower dentures (plates) is often amused when a dentist or physician advises an x-ray examination of his mouth. When the cause of systemic infection is being sought, it is just as important to take x-ray pictures

of areas where teeth have been removed as of the regions where teeth are present. Statistics on extractions that were less carefully made than is now the rule prove that one out of every three jaws from which all the teeth have been removed harbors infection, impacted teeth or infected broken-off root tips. When a tooth is abscessed, the bone around the end of the root is diseased. When the tooth is removed, the diseased bone must receive the same consideration as infected areas elsewhere in the body. If not properly treated, the infection continues to spread through the jaw with no outward manifestations. In like manner, infection around retained fragments of decayed or broken-off roots, which were broken off and allowed to remain with the expectation that they might "work out," may spread.

Thus, it is apparent that periodic x-ray examinations should be made so that if a disease condition is revealed, corrective measures may be instituted early enough to prevent the impairment of the general health. Likewise, x-ray examination will also reveal the early stages of decay in the teeth.

Dentistry has developed to its highest degree of perfection in the United States and Canada and is progressing rapidly, yet dental work is occasionally, through misjudgment, done on diseased teeth. Such a condition is a menace to health and life.

In the light of present knowledge of the effect of dental disease upon health, it is obvious that a patient who has been treated for some infectious disease over a long period of time without beneficial result should have his mouth examined by the x-ray and a competent diagnosis made.

PULPLESS (DEAD OR DEVITALIZED) TEETH

There is considerable discussion as to whether the health may be endangered by the presence of pulpless teeth if there is no x-ray or other evidence of disease. We know from daily experience that these teeth are a potential source of infection, and that innumerable patients are relieved of serious general diseases after the removal of such teeth. As the pulpless tooth problem, now the subject of detailed research, will not be solved for some time to come, and considering that health and life are worth more than all the teeth in the mouth, we believe that patients should be informed of the detrimental possibilities.

REMOVAL OF TEETH

It is sometimes said that dentists and oral surgeons remove too many teeth. Such criticism may be wholly unjustified. A competent practitioner always considers each individual tooth on its own merit and in relation to the general health of his patient before recommending retention or removal.

When infected teeth are removed, the infection around them may enter the blood stream, and so the removal of even one tooth may cause considerable reaction. A patient sometimes enters the office of an oral surgeon and requests the removal of a large number of teeth at one time. In some of these cases, the teeth may be removed without any apparent reaction, but no one knows in advance how severe the reaction may be. In certain patients, therefore, it is not safe to remove several teeth at one time, even in the presence of normal health. Certainly, such a procedure would be unwise if the patient is suffering from serious general disease. In any case, the judgment of the physician should be accepted.

A present day operation for the removal of teeth is very different from that of several years ago, when teeth were removed only if they were "sore," and it was usually a very simple procedure to remove them because most of them were very loose. Now, by means of the x-ray and advanced methods of diagnosis, chronic disease is revealed in teeth that do not cause pain and which are firm in the mouth. Such teeth are usually more difficult to remove than normal teeth, because the chronic infection around them has often caused the bone to become abnormally hard, and the ends of the roots to become enlarged under this exceptionally dense bone.

The removal of any tooth is a surgical operation,

and the same principles should apply in extractions as in surgical procedures elsewhere in the body. It may be a simple operation to remove some teeth, but with a supposedly ordinary tooth having enlarged and curved roots surrounded by hardened bone, the operation often becomes very difficult. In such cases, the roots usually break, and in order to extract them it may be necessary to open the tissues and remove considerable bone. Such an operation sometimes requires a series of post-operative treatments.

Formerly, the removal of the tooth was all that was considered; but the skilled operator of today often finds it necessary to eliminate any disease that may be present, and also to remove the sharp margins of the bone around the tooth socket, which prevents subsequent distress and assures a more desirable and comfortable foundation for the restorative work.

To do all of this additional work often requires much more time and skill than to remove the tooth, and to carry out the entire operation without injury to the gum tissues requires specialized training.

Thus, we see that operations for the removal of teeth are not alike, but vary according to the conditions present. Naturally, the more expert the procedure, the less unfavorable the results of the operation. When unsatisfactory service is given in any commercial field, there is only financial

loss; unsatisfactory dental service may seriously affect appearance, comfort, health and life. Selecting a specialist, then, on any other basis than ability is not conducive to the welfare of the patient.

ACUTE INFECTIONS OF CHEEK AND NECK

Infection from a tooth sometimes spreads through the tissues to the cheek or neck, causing considerable swelling and pain. Such a condition is often considered "only an ulcerated tooth"; but it is then far beyond that stage, and the tooth should seldom be removed until the infection is under control. An infection of the cheek or neck is very serious, and it is usually necessary to establish drainage by opening into the affected tissues and maintaining drainage until nature is able to cope with the infection. Sometimes, after the removal of a tooth, the same condition arises owing to the infection previously present in the socket. The oral surgeon and exodontist is especially trained to establish drainage from inside the mouth in most of these conditions, thus avoiding the formation of unsightly scars.

CHOOSING THE ANESTHETIC

In all operative work, the serious aspects of any anesthesia must necessarily be taken into consideration. Certain patients mistakenly believe that they can select the anesthetic to be used. The choice of any means of controlling pain must

be left to the man who is to perform the operation. His knowledge and experience enable him to judge the physical condition of the patient and to determine the type of operation and all the related matters. In certain conditions, the use of a local anesthetic might have serious consequences. Certain types of operations cannot be performed with so much care under a general anesthetic as under a local. Decision, in any case, must depend on existing conditions, not on personal preference.

IMPACTED TEETH

When teeth do not come through the gums—a common occurrence—but are imbedded deep in the bone, some even lying crosswise, they are known as "impacted" teeth. Any tooth may not erupt normally, but the teeth that most commonly fail to do so are the third molars ("wisdom" teeth) and the upper cuspids ("eye" teeth). If left in place, impacted teeth, by exerting pressure, may force other teeth out of position, with resulting deformity and disease. They are often responsible for destruction of the roots of the teeth with which they are in contact. By their pressure against nerves, they may cause severe neuralgia of the face. By their effect on nerve centers in the brain, they tend to cause severe headaches and reflex nerve troubles elsewhere in the body, and, in certain cases, some types of insanity.

There is often a difference of opinion as to

whether certain impacted teeth should be removed. When the many serious conditions that they may cause are considered, removal is desirable in most instances. Impacted cuspids in children, however, can usually be brought into normal position by orthodontic procedures, and thus facial deformities are avoided.

The removal of an impacted tooth is a complicated surgical operation requiring skill and experience, but if the operation is performed by one who has been especially trained, there are usually no serious consequences.

CANCER OF THE MOUTH

The public should be cautioned against persistent and unnecessary irritation in the mouth caused by ill-fitting crowns, fillings, bridges, dentures or other dental attachments. Such irritations should be promptly reported to the dentist. Any abrasion of the mouth which fails to heal normally should be looked on with suspicion, and competent advice should be sought in order that serious consequences may be avoided. Cancer or other serious conditions often originate in areas where such irritations or abrasions are permitted to continue.

OTHER CONDITIONS IN THE ORAL SURGERY FIELD

This pamphlet has dealt principally with disease conditions of the mouth and their relation to

health. Oral surgery and exodontia covers a much larger field, including all of the various diseases and injuries involving the teeth and jaws and all tissues adjacent thereto.

A large percentage of patients cared for by the oral surgeon and exodontist are referred to him for his specialized care by dentists, physicians and former patients. At all times, it is the object of the specialist to cooperate with the family dentist and physician that the patient's mouth may be maintained in a healthy condition.

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