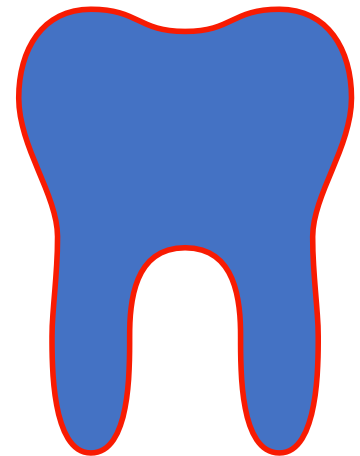


Evidence Based
Dentistry Rounds

Collaborative Care

Group 8A-2

11/18/2020



Rounds Team

- **Group Leader: Dr. Toburen**
- **Specialty Leader: Dr. Yale**
- **Project Team Leader: Ardit Haxhia**
- **Project Team Participants: Claudia VanOpdorp, Megan Hunjadi, Matthew Boeker**

Patient Background

- 68yo African American female
- Chief Complaint: comprehensive care
- Additional pertinent information
- Information is de-identified throughout presentation

Medical History

- 1 slide describing medical history
- Current & past:
 - Diagnoses
 - Conditions
 - Medications
 - Medical Consults, if any
 - Treatment considerations

Dental History

- 1 slide describing past dental history

Radiographs

- **Panoramic image (if available)**

Radiographs

- Full mouth series (BWX & PAX)
- Although all BWX and periapical radiographs could be placed on this slide, ~~side view~~ ~~be added~~
- Recommendations:
 - Show overall FMX on this slide
 - Show necessary close-up views on separate slide(s)
 - Zoom in on, or enlarge, relevant views of areas of interest.
 - Insert arrow, or other indicator, to draw attention to findings. Correlate with list of pertinent radiologic findings.

Radiographic Findings

- 1 slide summarizing pertinent radiologic findings
- Illustrate with radiograph and/or other graphics as needed

Clinical Findings

- 1 slide describing all clinical findings
- Clinical photos 1-2 slides
 - Relevant extraoral &/or intra-oral views
- Photos of casts 1-2 slides
 - Mounted on articulator
 - Same views as intraoral photos
 - Occlusal maxilla, mandible
 - Open, closed
 - Anterior, lateral
 - In occlusion, excursions
 - Show excursions from posterior to molar view

Specific Findings

- List findings specific to the Rounds discussion, 1 slide
- To enhance viewing, include close-ups of clinical photos, cast photos, radiographs,
add slides as needed



Periodontal
Charting

- Ensure that the periodontal charting is readable.
- **Highlight**, surround, point to, or

zoom in on areas of interest.



zoom in

Diagnosis

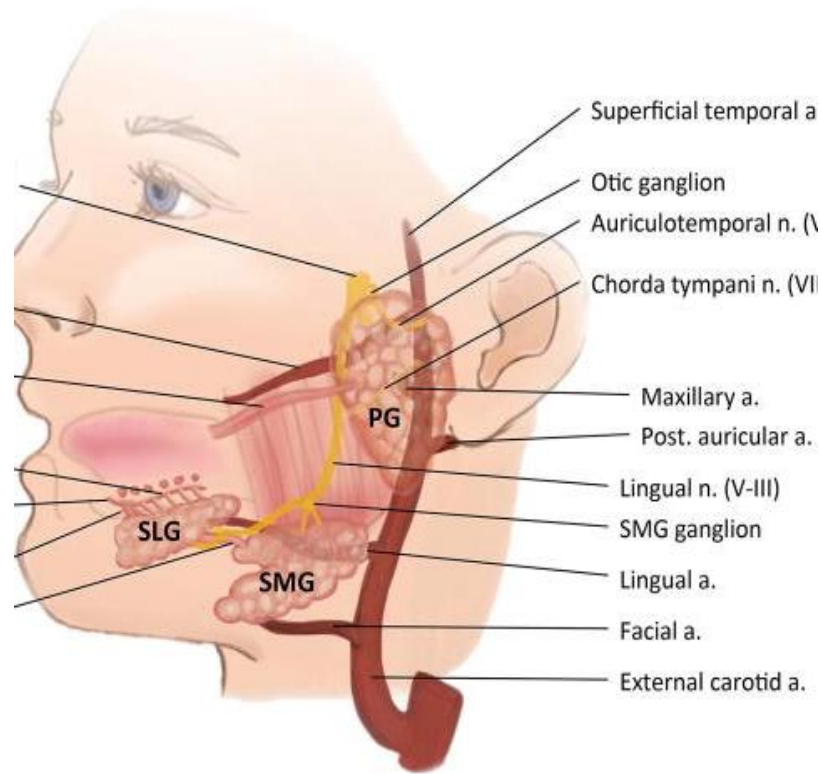
- **Diagnosis pertaining to Rounds discussion,
1 slide**

Problem List

- 1 slide
- Include graphics as needed

Major Salivary Glands of The Oral Cavity

- Three major salivary glands come in pairs.
- The Parotid gland excretes saliva through the Stensen's duct into the buccal mucosa near the second maxillary molar.
- The Submandibular gland excretes saliva through the Wharton's duct.
- The Sublingual gland excretes saliva through the Bartholin's duct.
- The wharton's and Bartholin's ducts connect at the sublingual caruncula located under the tongue by the lingual frenulum.



Major Salivary Glands of the Oral Cavity

Pathophysiology of Sialolithiasis

- Calcification of debris that forms within the ducts of the salivary glands.
- Unclear as to what triggers them.
- Most common in the submandibular gland duct (Wharton's Duct) because secretions there are thicker and move against gravity.
- Usually solitary
- Swelling/ pain before/while eating a meal is characteristic.

Pathophysiology of Sialolithiasis

- Radiopaque laminated masses sometimes difficult to see on radiographs.
- Sialography, ultrasound and CT may be helpful.
- If superficial stone may be palpable, when removed will appear yellow-white or yellow-brown color.
- Small stones can be passed with techniques like massage, sialagogues, moist heat, higher fluid intake, patient may be prescribed antibiotics, anti-inflammatory medication.
- Larger stones need to be removed surgically.
- Lithotripsy , sialendoscopy also possible options.



Sialolith at the opening of Wharton Duct



PA of sialolith in Wharton Duct

Pathophysiology of Sialolithiasis

D3 PICO

- **Clinical Question:**

PICO Format

P:

I:

C:

O:

PICO Formatted Question

Clinical Bottom Line

Search Background

- **Date(s) of Search:**
- **Database(s) Used:**
- **Search Strategy/Keywords:**

Search Background

- **MESH terms used:**

Article 1 Citation, Introduction

- **Citation: Authors, Title, Journal, Date, Volume, Page Numbers.**
- **Study Design:**
- **Study Need / Purpose:**

Article 1 Synopsis

- 1-2 slides
- Method
- Results
- Conclusions
- Limitations

Article 1 Selection

- 1 slide
- Reason for selection
- Applicability to your patient
- Implications

Article 2 Citation, Introduction

- Citation: Authors, Title, Journal, Date, Volume, Page Numbers.
- Study Design:
- Study Need / Purpose:


Article 2 Synopsis

- 1-2 slides
- Method
- Results
- Conclusions
- Limitations

Article 2 Selection

- 1 slide
- Reason for selection
- Applicability to your patient
- Implications

- ☐ **1a** – Clinical Practice Guideline, Meta-Analysis, Systematic Review of Randomized Control Trials (RCTs)
- ☐ **1b** – Individual RCT
- ☐ **2a** – Systematic Review of Cohort Studies
- ☐ **2b** – Individual Cohort Study
- ☐ **3** – Cross-sectional Studies, Ecologic Studies, “Outcomes” Research
- ☐ **4a** – Systematic Review of Case Control Studies
- ☐ **4b** – Individual Case Control Study
- ☐ **5** – Case Series, Case Reports
- ☐ **6** – Expert Opinion without explicit critical appraisal, Narrative Review
- ☐ **7** – Animal Research
- ☐ **8** – In Vitro Research



<input type="checkbox"/>	A – Consistent, good quality patient oriented evidence
<input type="checkbox"/>	B – Inconsistent or limited quality patient oriented evidence
<input type="checkbox"/>	C – Consensus, disease oriented evidence, usual practice, expert opinion, or case series for studies of diagnosis, treatment, prevention, or screening

Double click table to activate check-boxes or reference citations or other notes. Delete if not needed.

Conclusions: D3

How does the evidence apply to this patient?

- Consider/weigh:
 - Literature
 - Group Leader & Specialist experience
 - Patient circumstances & preferences

Based on the above considerations, how will you advise your D4?

Conclusions: D4

Based on your D3's bottom line recommendations, how will you ***advise*** your patient?

How will you ***help*** your patient?

Discussion Questions

- 1-2 slides
- List posted discussion questions
- Questions may also be from Group Leader or Specialist

Discussion Questions

A large red speech bubble graphic with a white outline, pointing downwards. The text "THANK YOU" is centered inside the bubble in white capital letters.

THANK YOU