

A Case Which Was Able to Avoid the Risk of Dental Treatment Due to Preoperative Consultation with Medical Doctor

Yoshihiro NAKAIKE, Shu TOMITA, Ryuichi AKANUMA, Jun SATO, Masahiro WATANABE
Sachie OGAWA, Hiroshi ITO, Hiroyoshi KAWAAI and Shinya YAMAZAKI

The number of encounters with patients with co-morbid illnesses in the dentistry will increase year by year, because Japan has shifted to an aged society. We experienced a case where the risk of dental treatment was avoided due to a preoperative consultation with a medical doctor.

The patient was 71-year-old male. He visited a dental clinic in his neighborhood with a chief complaint of anorexia due to tooth pain. However, the dental clinic introduced the patient to our hospital because the patient had a heart disease. In the first examination in our hospital, it was clarified that he was taking a lot of cardiovascular medicines. Therefore, we requested his medical information from his cardiovascular physician. The reply clarified that he was a high-risk patient because he had two or more experiences of cardiac arrest due to poor control of chronic heart failure. We obtained detailed informed consent from the patient and his family, telling that his dental treatment will be highly risky. However, the patient and his family still requested the dental treatment on the understanding of the risk. Then, we prepared the systemic management such as cardiovascular monitoring (ECG, percutaneous oxygen saturation, blood pressure, heart rate), oxygen supply, intravenous infusion, defibrillation and an emergency wagon with a dental anesthesiologist, and the dental treatment was carried out 6 times. Some serious arrhythmia attacks were observed during the dental treatments, but his cardiovascular condition did not deteriorated any further due to careful treatment.

It was suggested from this incident that detailed information on patients' anamneses and medical cooperation between dentists and doctors are important. In addition, the skills in emergency care (cardiovascular monitoring, basic life support, advanced cardiovascular life support, and venipuncture) will be required of dentists.

Key words : medical cooperation, chronic heart failure, co-morbid illness, dental treatment, systemic management