PHYSICAL EVALUATION I
(Dent 5121)

Describing Mucosal and Cutaneous Lesions
Lecture Objectives

After today’s lecture, the student will be able to:

1. Define and use the appropriate terms to describe mucosal and cutaneous lesions by site, color and morphology

2. Accurately record information related to mucosal and cutaneous lesions onto the appropriate forms in the dental record (Clinical Examination Form and/or Progress Note) in the SOAP format
Terms

- Plaque – slightly (<2 mm) raised flat tissue filled lesion
**Terms**

- Coalescing – multiple lesions that appear to be joining or running together
Terms

- Pseudomembranous – yellowish-white covering of a lesion made up of necrotic debris and fibrin
Terms

- Pseudomembranous – yellowish-white covering of a lesion made up of fungal hyphae
Terms

- Petechiae – superficial round, pinpoint area of hemorrhage in the skin or mucosa.
Terms

Ecchymosis – nonelevated superficial area of hemorrhage in the skin or mucosa, larger than petechiae
Hematoma – localized mass of extravasated, usually clotted, blood confined within an organ, tissue, or space
Terms

Purpura – **CONDITIONS** characterized by hemorrhage into the skin. Multiple causes such as allergic purpura, fibrinolytic purpura, idiopathic thrombocytopenic purpura.
Terms

Telangiectasia – vascular lesion caused by dilatation of a small, superficial blood vessel

How might you differentiate between telangiectasia and petechiae?
Terms

- **Sessile** – growth whose base is the widest part of the lesion

- **Pedunculated** - growth whose base is narrower than the widest part of the lesion
Interview

- 55 y/o
- “I want a check up”
- PDH: last dental evaluation 5 yrs ago, prophy, amalgams
- Last radiographs: FMX 14/4, 1998
- PMHx: HTN
10/13/07 65 y/o Caucasian male presents for treatment planning appointment

CC: “I need a check up”

HPI: Last dental tx 5 yrs ago, extraction of 3 teeth w/o complications, no current dental pain, intraoral swelling or drainage. Last dental radiographs (panoramic) 5 yrs ago. Last FMX series 15 yrs ago.

Dent Hx: Sporadic care, mainly emergencies, brushes teeth daily, not floss

Med Hx:

Hypertension
S) Diagnosed 20 yrs ago, takes atenolol, lisinopril, and furosemide. BP at home taken weekly usually 120’s/80’s mm Hg. MD says well-controlled. No IHD, CHF, CVA, nephropathy, retinopathy.

O) BP 126/82 mm Hg, Pulse 72 bpm, reg rhythm and volume.

A) Well-controlled, mild hypertension

P) Monitor physical status at each appt.

Monitor BP every 2 months and before stressful dental appts.

Obtain effective local anesthesia w/judicious use of adrenergics

Monitor for and take precautions against orthostatic hypotension

Monitor for and treat xerostomia

ASA PS II
Clinical Exam

- Habitus
- Vital signs
- Head and Neck
- TMJ/muscles
Clinical Exam

Intra-oral exam
Worksheet

UNIVERSITY OF MINNESOTA

Dental Clinics

CLINICAL EXAMINATION

Date (yr/mo/da) Clinic

Check YES if the area examined reveals a problem or abnormality. All YES responses require comments identified by appropriate number. To further document any oral lesion or abnormality, use and insert into the record the supplemental ORAL LESION form.

General Inspection

Yes No

1. Blood pressure
2. Jaws
3. Habitus
4. Head and neck
5. Muscles of mastication
6. TMJ
7. Eyes

Soft Tissue

8. Lips
9. Buccal mucosa
10. Hard palate
11. Soft palate
12. Pharynx
13. Tonsil
14. Tongue
15. Jaw size
16. Gargle

OCCUSAL ANALYSIS

5. Occlusal characteristics of intercuspal position:

A. Jiggle Classification
   - Normal
   - Random
   - Unilateral
   - Bilateral
   - C. R.
   - Other

B. Anterior tooth relationship
   - Vertical overlap: __ mm
   - Horizontal overlap: __ mm

C. Occlusal Contacts (anterior)
   - Upper
   - Lower

D. Cusp-fossa relationship
   - Normal
   - Abnormal
   - C. R.
   - Other

6. Eccentric tooth guidance
   - Right
   - Left
   - Middle

7. Initial tooth contact in guided mandibular position:
   - Right
   - Left
   - Center

8. Tooth wear
   - Occlusal
   - Intermittent
   - Accelerated

9. Interocclusal rest space: __ mm

The maxillo-mandibular relationship which will be used as the reference position for restorative treatment:

- R
- C. R.
- Other (describe)
Lesion 1

1 cm
14. Tongue

O) R ventral tongue, just below lateral border, ½ way between tip and base of tongue, white, round, 8 mm diameter plaque with red areas, nontender, nonindurated, diffuse borders. Lesion aligns with ML cusp of tooth #30.
Noticed 5 yrs ago
Has not changed since then
No pain
Tongue rubs “back tooth”
14. Tongue

O) R ventral tongue, just below lateral border, ½ way between tip and base of tongue, white, round, 8 mm diameter plaque with red areas, nontender, nonindurated, diffuse borders. Lesion aligns with ML cusp of tooth #30.

S) Present x 5 yrs, not changed, no pain, tongue rubs back tooth.
Clinical Examination Form

<table>
<thead>
<tr>
<th>General Inspection</th>
<th>Yes</th>
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<tbody>
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<td>1. Blood pressure</td>
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<td>4. Head and neck</td>
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<td>5. Muscles of mastication</td>
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<td>6. TMJ</td>
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<td>7. Eyes</td>
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<tr>
<td>Soft Tissue</td>
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<tr>
<td>8. Lips</td>
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<td>9. Buccal mucosa</td>
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<td>10. Hard palate</td>
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<td>11. Soft palate</td>
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<td>13. Floor of mouth</td>
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<td>15. Aperistals</td>
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<td>16. Gingiva</td>
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**Occlusal Analysis**

1. Mandibular Movement
   - Initial tooth contact in guided mandibular position:
     - RT: |   | C | PM | M
     - LT: |   | C | PM | M

2. Palpation of Masticatory Muscles
   - Temporals: [ ] masseter
   - m. interosseous: [ ]

3. Palpation of TMJ
   - JT: [ ] pain
   - LT: [ ]

4. Joint Noise (stethoscope)
   - TM: [ ] crepitation
   - LM: [ ] crepitation

5. Occlusal characteristics of intercusal position:
   - Angle Classification (circle classification):
     - RT: |   |   | B | M
     - LT: |   |   | B | M
   - Vertical Overlap: ______ mm
   - Horizontal Overlap: ______ mm

6. Eccentric tooth guidance (circle contacting teeth):
   - RT working: |   | C | PM | M
   - LT non-working: |   | C | PM | M
   - RT non-working: |   | C | PM | M
   - LT working: |   | C | PM | M

7. Initial occlusal space ______ mm

8. Tooth wear
   - Consistent with age
   - Accelerated wear
   - RT: anterior [ ] posterior
   - LT: anterior [ ] posterior

9. Intercusal rest space ______ mm

University of Minnesota
Dental Clinics
CLINICAL EXAMINATION

Date (y/m/d): __________
Clinic: __________

Check YES if the area examined reveals a problem or abnormality. All YES responses require comments identified by appropriate number. To further document any oral lesion or abnormality, use and insert into the record the supplemental ORAL LESION form.

Record Number
Patient Name (last, first, M.N.)
Date of Birth (Y/M/D)

Form: 84 Rev. 4/93
14. Tongue
R ventral tongue, white plaque (see progress notes for details.)
Progress Notes Form

If treatment indicated, including follow up, referral, etc.

Tongue

S) Present x 5 yrs, not changed, no pain, tongue rubs back tooth.

O) R ventral tongue, just below lateral border, ½ way between tip and base of tongue, white, round, 8 mm diameter plaque with red areas, nontender, nonindurated, diffuse borders. Lesion aligns with ML cusp of tooth #30.

A) Frictional hyperkeratosis from trauma.

P) Informed patient of diagnosis and prognosis. Smooth ML cusp of tooth #30
65 y/o Caucasian male presents for treatment planning appointment
CC: “I need a check up”
HPI: Last dental tx 5 yrs ago, extraction of 3 teeth w/o complications, no current
dental pain, intraoral swelling or drainage. Last dental radiographs (panoramic)
5 yrs ago. Last FMX series 15 yrs ago.
Dent Hx: Sporadic care, mainly emergencies, brushes teeth daily, not floss
Med Hx:
- Hypertension
  - S) Diagnosed 20 yrs ago, takes atenolol, lisinopril, and furosemide. BP at home
taken weekly usually 120’s/80’s mm Hg. MD says well-controlled. No IHD,
  CHF, CVA, nephropathy, retinopathy.
  - O) BP 126/82 mm Hg, Pulse 72 bpm, reg rhythm and volume.
  - A) Well-controlled, mild hypertension
  - P) Monitor physical status at each appt.
    - Monitor BP every 2 months and before stressful dental appts.
    - Obtain effective local anesthesia w/ judicious use of adrenergics
    - Monitor for and take precautions against orthostatic hypotension
    - Monitor for and treat xerostomia
ASA “PS II
Tongue
  - S) Present x 5 yrs, not changed, no pain, tongue rubs back tooth.
  - O) R ventral tongue, just below lateral border, ½ way between tip and
    base of tongue, white, round, 8 mm diameter plaque with red areas,
    nontender, nonindurated, diffuse borders. Lesion aligns with ML cusp
    of tooth #30.
  - A) Frictional hyperkeratosis from trauma.
  - P) Informed patient of diagnosis and prognosis. Smooth ML cusp of
tooth #30
14. **Tongue**

**S)** Present x 5 yrs, not changed, no pain, tongue rubs back tooth.

**O)** R ventral tongue, just below lateral border, ½ way between tip and base of tongue, white, round, 8 mm diameter plaque with red areas, nontender, nonindurated, diffuse borders. Lesion aligns with ML cusp of tooth #30.

**A)** Frictional hyperkeratosis from trauma.

**P)** Informed patient of diagnosis and prognosis. No treatment indicated.
Lesion 2
8. Labial mucosa

O) Labial mucosa of the lower lip, ~ ½ way between the midline and the left commissure. 10 mm diameter, round, slightly raised bluish-purple, sessile, nodule with diffuse borders. Not blanch with pressure. Soft and slightly tender.

S) Patient hit in the mouth by her grandson’s head 6 days ago. No bleeding, she put ice on it. Pain at time of trauma but getting better since 2nd day.

A) Trauma-induced hematoma
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<td>3. habitus</td>
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<td>4. head and neck</td>
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<td>14. tongue</td>
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<td>15. alveolar ridge</td>
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<td>X</td>
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<td>16. gingiva</td>
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8. Labial mucosa
See progress notes for details
**Labial mucosa**

**S)** Patient hit in the mouth by her grandson’s head 6 days ago. No bleeding, she put ice on it. Pain at time of trauma but getting better since 2nd day.

**O)** Labial mucosa of the lower lip, ~ ½ way between the midline and the left commissure. 10 mm diameter, round, slightly raised bluish-purple, sessile, nodule with diffuse borders. Not blanch with pressure. Soft and slightly tender.

**A)** Trauma-induced hematoma

**P)** Informed patient of diagnosis, hematoma should resolve over the next 3 wks. Recommended patient call his physician if lesion doesn’t decrease in size within 3 wks.
13. Floor of Mouth

O) Lingual surface of mandible from mesial of 1st molar to mesial of canine on each side, ~2.5 cm tumor consisting of two masses, color similar to surrounding mucosa, nontender, hard.

S) Patient noticed bumps 15 yrs ago, no pain, not changed in 15 yrs

A) Bilateral mandibular tori
13. Floor of Mouth

S) Patient noticed bumps 15 yrs ago, no pain, not changed since she noticed them.

O) Lingual surface of mandible from mesial of 1st molar to mesial of canine on each side, ~2.5 cm tumor consisting of two masses, color similar to surrounding mucosa, nontender, hard to palpation.

A) Bilateral mandibular tori

P) Informed patient of diagnosis and that tori are a variation of normal anatomy. No treatment is indicated.
# Progress Note

<table>
<thead>
<tr>
<th>DATE</th>
<th>PROB LIST</th>
<th>ANATOMY</th>
<th>SURF</th>
<th>ADDITIONAL COMMENTS/DETAILS</th>
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<tr>
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(Operator/Faculty signature and ID required after each day's entry)

DEPT

ADA

PROG
Lesion 4

3 cm
4. **R neck**  
   See progress notes for details

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Right neck

S) “Lump” came up 2 wks ago, doesn’t hurt. Patient tired for last 3 days, appointment to see her physician tomorrow.

O) R lateral neck, posterior to sternocleidomastoid muscle ½ way between the mastoid process and clavicle. Ovoid, 3.5x1 cm, rubbery, mobile, non-tender. Overlying skin normal color.

A) Lymphadenopathy possibly due to mononucleosis

P) Informed patient of diagnosis and that she should be evaluated by a physician.
Lesion 5

1 cm
8. Labial mucosa

See progress notes for details
Vestibule of lower lip
S) Noticed lesion 1 yr ago, not painful. Places snuff in area for 5 yrs.
O) Vestibule apical to teeth #25-26. 1.5x0.8 cm white ovoid plaque with striations when stretched. From mesial of tooth #27 to mandibular frenum and from 3 mm apical to the mucogingival junction extending up the labial mucosa ~5 mm. Slightly rough, non-tender.
A) Snuff-dippers leukoplakia
P) Informed patient of diagnosis, long-term use of smokeless tobacco can result in gingival recession, bone loss, oral cancer. Recommended he stop using snuff and informed him of a tobacco cessation program. Monitor leukoplakia for resolution in 2 mo.
Oral Lesions Exercise

- Posted on class website
- **SIX** images of oral lesions (with scale bars)
- Information from the patient
- Information on elevation of lesion, consistency, and tenderness
- Diagnosis given (unless you have been taught this diagnosis from a previous lecture).
- Write progress note in SOAP format like shown in class (progress note form)
- Due Friday, March 7th, 2008 at **beginning** of class.