

## Asociación entre el motivo de consulta y el diagnóstico en pacientes de la climuzac

*Association between the reason for medical consultation and diagnosis in patients of la climuzac*

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### RESUMEN

El dolor odontológico es el principal motivo de consulta y preocupación del especialista, además de ser el motivo por el cual un paciente no regrese.

**Objetivo:** Evaluar la asociación entre el motivo de la consulta y el diagnóstico en pacientes de la clínica multidisciplinaria de la Unidad Académica de Odontología, de Zacatecas.

**Metodología:** Se consideró una muestra con expedientes de pacientes atendidos durante agosto-diciembre 2013, sin diferenciar los de urgencia o integrales, fue un estudio observacional-descriptivo-transversal donde se incluyeron las variables: sexo, estado civil, escolaridad, motivo de la consulta y diagnóstico.

Con la información recabada se realizó una base de datos en el paquete estadístico SPSS versión 22 para la presentación de resultados, también se consideró la prueba ji-cuadrada.

**Resultados:** De los 1030 expedientes, 56.2% (579) señaló ir a revisión, 39.8% (410) dolor dental, 2.2% (23) sensibilidad, 1.2% (12) movilidad dental y 0.6% (6) otras causas. 56.3% (324) del sexo femenino fueron a revisión a diferencia del masculino con 43.7% (251), en cuanto al dolor y sensibilidad fue mayor en las mujeres; los solteros y casados fueron por revisión (25.7% y 22.3%, respectivamente), el dolor fue menor en solteros (17.9%) y casados (19.4%). Asistieron más con estudios de primaria (16.6%) seguido de licenciatura (15.9%) que iban a revisión. 69.2%(713) tuvieron caries, 17.6% (181) anodoncia parcial o total falsa, dientes retenidos o impactados 4.1%(42), solo 4 se diagnosticaron como sanos, mismos que fueron a revisión; 33.7% (347).

32.4%(334) con problemas de caries solo fueron por revisión y refirieron sensibilidad. No hubo significancia estadística entre las variables.

**Conclusiones:** La mayoría de los pacientes refieren ir a revisión, al momento de evaluar de manera clínica se encontró una alta prevalencia de caries seguida de anodoncia parcial o total falsa, 80% de los pacientes tuvieron más de dos diagnósticos pero solo se consideró el relacionado a la consulta.

**Palabras clave:** motivo de la consulta, dolor, sensibilidad, diagnóstico.

### Abstract

Dental pain is the main reason of query and concern of the specialist, in addition to being the reason by which a patient does not return.

**Objective:** To evaluate the association between the reason for consultation and diagnosis in patients of the multidisciplinary clinic of the Academic Unit of Dentistry, of Zacatecas.

**Methodology:** It was considered a sample with records of patients treated during August-December 2013, without differentiating urgency or integral, was a 'cross-sectional'descriptive-observational study where variables were included: sex, marital status, education, reason for consultation and diagnosis.

With the information gathered was a database package statistical SPSS version 22 for the presentation of results, was also considered the Chi-square Test.

**Results:** Of the 1030 records, 56.2% (579) said to go to review, 39.8% (410) dental pain, 2.2% (23) sensitivity, 1.2% (12) tooth mobility and 0.6% (6) other causes. 56.3% (324) of the female sex were to review as opposed to the male with 43.7% (251), in terms of pain and sensitivity was highest in women; singles and married were for review (25.7% and 22.3%, respectively), the pain was lower in singles (17.9%) and married (19.4%). Most attended elementary studies (16.6%) followed by Bachelor's degree (15.9%) who went to review. 69.2% (713) had cavities, 17.6% (181) false total or partial anodontia, retained or teeth impacted 4.1% (42), only 4 were diagnosed as healthy, same that they were to review; 33.7% (347).

32.4% (334) with problems of caries were only for review and reported sensitivity. There was no statistical significance between the variables.

**Conclusions:** The majority of the patients refer to go to review, evaluate when clinic found a high prevalence of caries followed by partial anodontia or total fake, 80% of the patients had more than two diagnoses but only considered the related to the query.

**Key words:** reason for consultation, medical consultation, pain, sensitivity, diagnose, diagnostic.

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## Introduction

The increase in average life expectancy at this times and in our patients generates a big deterioration in terms of oral health, as well as one larger number of these diseases. Knowing the reason why attends a patient consultation offers us a vast information about his current condition. In questioning the patient expresses their health at the time of requesting the medical consultation, and the dentist knows these conditions, taking into consideration the presence of pain, and determines their semiology to identify or calculate the period of evolution of the disease, for example: If note oral dryness or not, if you notice discomfort when chewed, if you do not feel well look in the mirror by his smile, if you have poorly positioned teeth, if you have noticed any wound, if your gums bleed when brushing, if there is any bulge in their tissues, etc.

Similarly the patients can inform us about their expectations with regard to pathology and treatment, because it is not the same: a patient who comes because not the color of their teeth, like a patient who has pain or simply attend a regular review.

Pain is an emotional and sensory experience, usually unpleasant, which involved the nerve fibers that carry nerve impulses through the tissues and that all living being can experience, usually associated with injury pathological, being the main reason for medical consultation. Without a doubt the dental pain is one of the worst situations that may present a patient. The perception of pain is subjective and depends on the idiosyncrasies of each individual.

The type of pain that causes the greatest number of consultations is that of dental origin. It can be acute or chronic, pulsating, continuous, increase in the supine position, anyhow, it tends to present a large number of manifestations, will be the clinical work investigating the origin and remedy it.<sup>1</sup>

The pain is manifested in various ways and intensities according to the psychological and physical conditions of each individual, including the following may appear to perceive them as very intense, moderate or mild: personality, mood patient expectations person,

anxiety, fear, anger, frustration; time or situation in life where the pain occurs; its relationship to other people, family, friends, co-workers; age and sex; cognitive level; previous experiences of pain; intellectual level, culture and education.<sup>2</sup>

These elements are considered when to commence with the interrogation of the patient's history, from the point of view of the child who needs help to determine their experience of pain or the status of an adult who has had a bad experience for pain.

The pain may be accompanied by inflammation and both are reason to attend treatment with the dentist. The manifestation of oral diseases may be accompanied by pain or not, it is a nonspecific response to external aggression and is generated by inflammatory agents in the body. The inflammatory reaction is a response to the attacks that this only occurs in vascularized connective tissues, and arises from the cells found in the bloodstream as a means of defense against aggression isolating and destroying aggressive agents trying to repair and fix damaged tissues.

It's annoying, at other times even scandalous, it may lead to physical, psychological and even social discomfort to the patient.

Disorders of saliva, usually also reason for consultation to the dentist, most consulted is related to the volume Hyposalivation causes are varied, from temporary; produced by emotions, drugs or anxiety They can also be durable, usually present with feeling of dry mouth for various reasons, may be related to systemic or local chronic degenerative diseases such as airway obstruction secretion called xerostomia.

It should be especially careful with patients who have decreased salivary secretions. In patients with dentures, especially removable should determine whether salivary secretions are responsible for diseases that strengthen pathology as they may be affected in its operation.

Halitosis is a problem or symptom of social, patients with this condition are usually rejected by society, on account of oral malodor.

The causes of halitosis may be multiple, from poor oral hygiene, to major diseases in the lung or digestive system. Oral causes are often, poor dental hygiene, tooth decay, periodontal disease, boils, ill-fitting dentures, undercuts food, periodontal abscess and hyposalivation. The major cause of halitosis is usually oral origin. Thus halitosis is another reason for consultation with a dentist.

The consultation with the dentist should be everyday, unfortunately I made a few members of society. Although it possible for all people with information and education for oral health becomes. This is exacerbated in underserved communities of a very low socioeconomic level.

It is necessary to conduct a thorough review when we receive patients with pain, discomfort or irritation or apparent state of emotional turmoil unable to say exactly how sucede.<sup>5</sup>

When no evidence of caries, periodontal disease or malocclusions are doubts and false expectations accrue puzzling and requires the dentist to implement scientific knowledge to reach a diagnosis. This can start with a simple conversation between dentist and patient, questioning the reason or circumstance that forces him to go to the dentist to reach the source of the trouble, signs and symptoms afflicting the patient.

In a study by Perla Arrighi 1998 assistant professor of dentistry at the Central University of Venezuela teacher. The findings were as follows: in 60 surveyed patients (48 females and 12 males) 13 attended by caries (21.6%), 2 attended by bleeding gums (3.3%), 1 presented with dental mobility (1.6%), 11 pain dental and / or joint (18.3%), 5 dental controls (8.6%), and 28 prosthetic restoration (46.6%).

In another study in health units in Santa Rosa de Lima and San Alejo and Cold Water together in the department of La Union in El Salvador in 2009, the study population were patients attending dental practice in Health Unit Santa Rosa de Lima with a random sample of 174 patients and the Health Unit and St. Alexius Medical Home Cold Water with 88

patients as a random sample.

From the results the main complaints were: dental problems with 49% and 63%, and periodontal problems with 49% and 37%; exostosis with 70% and 20%, and 20% erythroplakia; the Loe plaque index and Sillness 47% with good condition and 51% mild condition, gingival index for 58% and 48% with good state.<sup>6</sup>

In a study on the health of the Policlínico Universitario "27 November" the municipality of Marianao, Havana. The study group consisted of 450 children of both sexes, in the three kindergartens in the health area, during the 2006-2007 school year. The sample was represented by 175 children diagnosed with injuries dental caries, which took into account age, sex, frequency of attendance at the emergency department and severity of caries, pain was the most common cause of assistance emergency consultation, and manifested only in the ages of 4 and 5 years, predominantly grade 1 severity, of which males were more affected.

## **MATERIAL AND METHOD**

An observational cross-sectional descriptive study considering a sample of 1030 cases of patients seeking medical care service both sexes, in the Multidisciplinary Clinic Zacatecas (CLIMUZAC), seen during August to December 2013, without differentiating patients was conducted to Emergency attended and those who are considered integral patients, where the variables are included: gender, marital status, education, reason for consultation and diagnosis.

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**TABLE # 1 REASON FOR CONSULTATION AND GENDER**

Género	MOTIVO DE CONSULTA					Total
	Revisión	Dolor dental	Sensibilidad	Movilidad dental	Otras	



	Femenino	43.7%	35.3%	47.8%	50%	50%	40.5%
	Masculino	56.3%	64.7%	52.2%	50%	50%	59.5%
Total		100%	100%	100%	100%	100%	100%

For the sake of consultation the following data were presented for patients who came to revision occurs in 56.2% and showed no symptoms when making medical history, then patients presenting with presence of pain with a percentage of presents 39.8%; then the sensitivity and tooth mobility, which are represented with a minimum percentage ranging from 2.2 and 1.2 respectively, which are the grounds for consultation embodied in the clinical records of patients see Table 2 is presented.

TABLE No. 2  
REASON FOR CONSULTATION

	Frecuencia	Porcentaje	Porcentaje válido
Revisión	579	56.2%	56.2
Dolor dental	410	39.8%	39.8
Sensibilidad	23	2.2%	2.2
Movilidad dental	12	1.2%	1.2
Otras	6	.6%	.6
Total	1030	100%	100

Regarding the reason for the consultation and diagnosis issued the following results: of 578 patients attending because of the emitted diagnostic review was presented well; 59.9% decay is the data that was presented with the highest percentage, with 26.4% anodontia and the rest from other diagnoses; in the case of the 410 patients attending for dental pain the panorama is as follows: 81.5% caries and other patients corresponding to 19.5% were distributed diagnostics anodontia with 5.6%, impacted teeth 4.4 %, among others.

Similarly the reason for consultation by sensitivity was next, 87% occurred in the diagnosis of dental caries and the rest distributed among anodontia and fractures; in the case of tooth mobility diagnosis was issued for dental caries 58.3%, 25% and 17.6% anodontia fluorosis. See Table # 3.

TABLE No. 3  
DIAGNOSIS REASON FOR CONSULTATION

Diagnóstico	MOTIVO DE CONSULTA					Total
	Revisión	Dolor dental	Sensibilidad	Movilidad dental	Otras	
Sano	.7%	0	0	0	0	4%
Caries	59.9%	81.5%	87%	58.3%	83.3%	69.2%
Fluorosis	3.5%	2.9%	0	25%	0	3.4%
Anodoncia	26.4%	5.6%	8.7%	16.7%	16.7%	17.6%
Dientes Retenidos	4.1%	4.4%	0	0	0	4.1%
Fractura	1.9%	1.0%	4.3%	0	0	1.6%
Otros	3.5%	4.6%	0	0	0	3.8%
Total	100%	100%	100%	100%	100%	

## DISCUSSION

Even if the reason for the consultation regarding dentistry and issuing a diagnosis has not been studied, it is necessary to discussion regarding this aspect, the reason for the consultation is part of the interrogation of the medical history in which makes patients come to consultation, we relate the signs and symptoms that require the patient to seek professional help and this will be issued regarding the diagnosis, to solve the problem afflicting the patient.

From the results the main complaint is the review without symptoms, this occurred in 56.2% of cases reviewed is presented for both sexes bowing slightly males situation that unlike other research does not, for example, dental pain is one of the main reasons for consultation in other studies for this comes in 39.8% almost half of the reviewed files.

With regard to the reason for the consultation it is a bit questionable, since there is no relationship between the signs and symptoms manifested by patients regarding diagnosis issued for the case of patients who attended for dental pain, 80% is related decayed, but does not specifically related to a pulp periapical pathology or, as in the case of study in the department of La Union in El Salvador in 2009, diagnoses were mainly issued: caries, dental fluorosis anodontia and in some manea correspond high percentage of dental examinations where no symptomatology. As is the case study in Venezuela in 1998 in which the majority was diagnosed with tooth decay and pathologies were very few, as in this study, can not determine if the reason for the consultation of revisions signs and

symptoms that could determine a more specific diagnosis pathologically speaking.

## **CONCLUSIONS**

1. You need to be more precise in the interrogation to define and operationalize the reason for the visit and be aware of the signs and symptoms when issuing the diagnosis.
2. The reason for the visit must be related to the issue of diagnosis, to implement an appropriate and correct treatment.
3. When the subject of consultation is oral revision is necessary to adapt an orderly and systematic clinical examination to identify key issues and oral conditions to establish an accurate diagnosis and appropriate treatment.
4. Be more accurate diagnosis to establish a correct or appropriate treatment without this relationship can fall into treatment failures for being misdiagnosed, poorly planned and poorly predicted.

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