



The University Of Jordan
Faculty of Dentistry
fourth Year
2016-2017



slides

handout

sheet

Website
:
<http://dentistry2018.weebly.com/>

LECTURE # : 8

DOCTOR :
Yazan Hassoneh

DONE BY :
Ibrahim Al-Dabbagh

CORRECTED BY :

DAY & DATE :
DAY, MONTH, DATE, 2015

PRICE :

مكتبة تلاع العلى - ABC Books

شارع الجامعة الأردنية - جسر كلية الزراعة
عمارة العساف - ٢٣٥ داخل المجمع

هاتف :

0797121818
06/5336475

Contact Us:

 **LjneH Asnan**
 Dental.c2013@gmail.com

 **Dental Correctionn**
 D.correction2013@gmail.com

Last time we talk about GI diseases , we talk about peptic ulcer , gastroesophageal reflux disease and inflammatory bowel diseases like crohn's and ulcerative colitis and there are other GI diseases it can be relevant for dentistry like celiac disease and pseudomembranous colitis .

Crohn's disease

It's an inflammatory bowel disease they consider it granulomatous disorder ; chronic inflammation and formation of granulomas and they classify them to caseating like TB (tuberculosis) and non-caseating granulomas like crohn's so it's not infectious it just inflammatory disease for un-known etiology .

*clinical features:

it's Signs usually are not specific like abdominal pain , diarrhea , weight loss and oral manifestation (**there are patients with limited manifestation to the oral cavity, called oral crohn's disease** like recurrent aphthous ulcer and this is not really specific because it can be with other systemic diseases like Bechet's disease and other form of hematic deficiency.

other specific sign's for crohn's disease which is labial swelling the patient may have recurrent swelling in his lips , tongue and buccal mucosa (cup stoning appearance) and there are other clinical features like fissuring of the lips , burning sensation of the mucosa because of mal-absorption .

We care about crohn's disease because it has oral manifestation it can help in diagnoses specially with young patients with recurrent apthaous ulcer and multiple mucosa tags and recurrent swelling in the lips .

They diagnose crohn's by taking biopsy and looking for chronic granulomatous inflammation , we can take it from the oral cavity and it's enough to confirm the diagnose if we haven't sufficient clinical features . sometime they take biopsy from the intestine.

Crohn's has old name (regional elides) because it mostly affect the terminal ileum and regional because there is skipping lesion .

The patient take steroids and immunosuppressant so they are susceptible for infections

And the patients may have anemia because of malabsorption like iron , B12 and folic acid deficiencies they called it hematinics because they are important for making blood cells RBCs and WBCs and platelets they are important for bone marrow metastases and they may have angular colitis susceptibility for candida infection .



ulcerative colitis

Another type for inflammatory bowel disease similar to crohn's by etiology and sign's and symptoms but the oral manifestation is different here , they are rare and not really clear and one of them bio stomatitis **vigitans** ; papules on the gingiva and mucosa

psedomembranous colitis

it's cause by the side effect for all the anti-biotic drugs and the most common one is clindamycin

*signs and symptoms

- watery diarrhea
- bloody diarrhea
- fever
- abdominal pain and vomiting

if a patient has mild signs symptoms , you should stop the antibiotic use.

If the symptoms severe and the patient enter the hospital and they give him IV fluid and sometimes they give him antibiotic to treat pseudomembranous colitis (caused by clostridium difficile) which is vancomycin given orally and it work like topical anti-biotic.

“ Don't compare yourself to others , compare yourself to the person from yesterday ... “
By : Izzat.S



