Elderly patients are often accompanied by well-meaning adult children. These children, themselves parents, especially those with some medical knowledge, often second guess treatment. They often want second opinions from others not related to dentistry. These “others” do not know the full extent of a dentist’s or dental specialist’s training and background, and they then take over treatment. This is very often to the detriment of the patient, leading to expensive, unnecessary and harmful results.

Case report

An elderly lady living in a retirement home, was brought in by her daughter, who is a pharmacist. Her son, an ENT Surgeon, lives overseas. The main problem was a painful swelling of her face, present for 10 days. She had been eating a full upper denture which was now uncomfortable. The only significant medical problem, apart from early dementia, was that she had been a smoker for many years, but had given up 20 years ago.

The extra oral examination revealed a oedematous swelling of the right side of the upper lip and cheek. There was also a swelling of the buccal sulcus around the 16 area where there was a root present. A panorex xray demonstrated the presence of a root in the 16 area. A radiolucency was visible above the apex and extending into the maxillary antrum. Clinically the lesion was suspicious for a malignant neoplasm, but as there was an inflammation from the 16, irritated by the denture it was decided to treat the patient with antibiotics for a week and then to reassess for possible biopsy.

Now the interference kicked in. The daughter, unbeknown to me, decided to take her mother to head and neck surgeon for a second opinion, who decided to remove the submandibular lymph node under GA. He had diagnosed the lesion as lymphoma and was making arrangements for the lady to undergo chemotherapy thereafter. It was now that I was informed by the daughter of what was to take place. Apart from the fact that both the daughter and the head and neck surgeon had not spoken to me about the second opinion, my fear was that the chemotherapy would lower the lady’s resistance to infection and that the roots should be removed. Reluctantly the head and neck surgeon and the ENT son allowed me to be present in theatre at the time the lymph node was to be excised, so that the roots could be removed. To my horror the large ulcer in the mouth had not healed, but in fact had enlarged. The head and neck surgeon still thought that the ulcer was related to an infection from the tooth roots. However, I insisted that some tissue from the ulcer be sent away for histopathological examination. The Pathologist confirmed that was in fact a lymphoma.

Had there been no family interference, I would have biopsied the lesion under local anaesthetic and made the diagnosis. The patient would not have had to undergo a procedure to remove a lymph node and neck dissection and could have been referred on for the chemotherapy. Interference in treatment by members of the family often leads to an adverse outcome.

About the author

Dr Mike Ostrofsky discusses how a little bit of knowledge can adversely affect treatment.