

# Opinion Of Dentist On Need Of Oral Pathology Services For Diagnostic Procedures: A Digital Questionnaire Survey

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## Abstract:

**Background:** There are 9 branches in dentistry (including forensic odontology and each one) have its own significance. Though when it comes to clinical work Oral and maxillofacial pathologist is considered as non-clinical whereas it is backbone of 10 branches which was clearly proved during deadly Covid19.

**Aim:** To assess need of Oral and Maxillofacial pathologist in clinical work

**Materials and method:** A self-structured questions were prepared and distributed among dentist and MD-pathologist of Kanpur, to find the assessment for requirement of Oral and maxillofacial pathologist in dental clinics as well as in histopathological laboratories.

**Results:** Majority of participants (80%) responded positive by stating that would be better if oral and maxillofacial pathologists are a part of Histopathological laboratory. Only 12% accepted the requirement of Oral and maxillofacial pathologist as referral at their work place.

**Conclusion:** There is a need of Oral and maxillofacial pathologist at histo pathological laboratories which makes more accurate to diagnose the oral, head and neck lesions, whereas there is a need among private practitioners to follow specialist approach and refer certain cases to Oral and maxillofacial pathologist.

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## I. Introduction

Oral and maxillofacial pathology (OMFP) as a profession officially began in 1946 with the American Academy of Oral Pathology establishment. They defined it as “the specialty of dentistry and discipline of pathology which deals with the nature, identification and management of diseases affecting the oral and maxillofacial regions.” Previous literature on surveys documented the expanding role of Oral and Maxillofacial Pathologists (OMPs) for patient care in medical and dental settings. [1]

There are much more requirements of biopsy in case of private clinical practices, as in institution there is instant availability of proceeding further with biopsy or making reports soon where presence of oral and maxillofacial pathologist is readily available.

As per the previous literature of scientific studies, the head and neck lesions were the third most erroneously diagnosed lesions due to a shortage of experience and insufficient exposure to these pathologies. The expertise of OMPs may prove invaluable and assist the general pathologists as well as dentist with problematic cases. Presence or on call consultant for specialized skills of the OMPs fill what can sometimes be an essential gap in the expertise of some general pathologists. [2,3].

In this modern era, Patients seek a second opinion, often through the internet, when their diagnosis is uncertain or the therapeutic adopted option is un-effective, unpleasant, or risky.[4]

The term “second opinion” has been widely reported also in histology and pathology (e.g. thyroid pathology) where the diagnosis is often difficult, misunderstood and strongly based on the health care professionals’ experience. It has been defined as a qualified, interdisciplinary medical opinion, based on medical evidence, of an experienced medical specialist or a team, [5,6].

Second opinion diagnosis is a crucial aspect of daily practice for histopathological related cases worldwide.

Thus, this should be taken or diagnosed by a oral and maxillo facial pathologist only, for the same reason this study was carried out to take opinion among clinical practitioners of Kanpur and general pathologist of Kanpur regarding requirement of OMPs as in their clinic as a specialist in relevant cases.

## II. Materials And Methodology:

In this Survey, questionnaire was distributed (in English) by digital /electronic mode to all general pathologists as well as dentist from Kanpur. The questionnaire was adopted and modified using Barrett and Speight survey after electronic consent through email. The questionnaire's face validation was done by a senior general pathologist from department of oral and maxillofacial pathology, followed by a pilot study conducted electronically via what's app and e-mail survey among 10 general dentist and pathologists.

**AIM:** - To assess need of oral and maxillofacial pathologist in clinical work

**Inclusion Criteria:** -

- 1.Non-Oral and maxillofacial pathologist having their own clinic in and MD-pathologist having their own Pathology lab from kanpur.
- 2.Those respondents who had responded within a stipulated given time.

**Exclusion Criteria:** -

- 1.Consultant MDS dentist, not having their own clinic.
  - 2.MD-pathologist, not having their own laboratory.
- The questionnaire was send among dentist having clinics in Kanpur as well as MD-Pathologist having laboratory in Kanpur, 85 Respondents have provided their response, though of which 35 had responded after the given time limit, thus sample size based on **convenience sampling technique** of a researcher along with inclusion and exclusion criteria was taken as **50**.
  - The data from the final answers were transferred in an Excel sheet for preparing Graph whereas collected data was tabulated based on percentage.

Below are the questionnaire used and response were in single word: - **YES OR NO**

Study-Questions
Do you feel an oral pathologist must be a part of the team involved in diagnosis of complex head and neck pathologies referred to general histopathology laboratories?
Do you ever refer cases to oral pathologists?

**III. Result:**

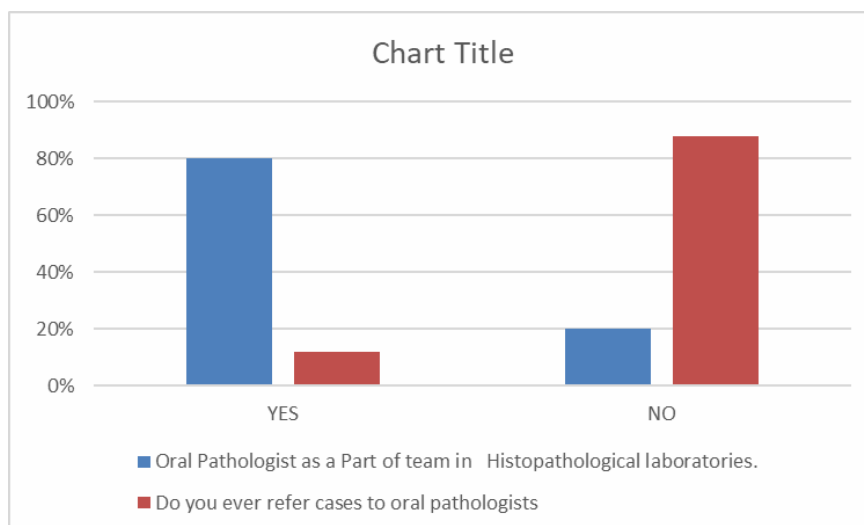
**TABLE: -1 Responses received (percentage) for individual questions in questionnaire survey**

QUESTION	YES	PERCENTAGE	NO	PERCENTAGE
Availability of Oral Pathologist as a team in Histopathological laboratories.	40	80%	10	20%
Do you ever refer cases to oral pathologists?	6	12%	44	88%

Table shows 1 Responses received (percentage) for individual questions in questionnaire survey where majority, n=40 [80%] preferred to have Availability of Oral Pathologist as a team in Histopathological laboratories, whereas only n=10 [20%] responded stating regarding no requirement.

Also, n=44 [88%] respondents do not refer cases to oral pathologist where as n=12 [12%] referred cases to oral pathologist.

**Graph:** -



#### IV. Discussion

In this modern era, treatment should be done in a proper and modern way, with: - a speciality approach.

Multiple requirements of biopsy is required though it is advisable if reports are prepared by a certified oral pathologist and for same reason before biopsy there must be a clinical visit for a oral pathologist.

In a study done by Varsha Salian et al majority [75.7%] of respondents agreed where there should be an oral and maxillofacial pathologist as a part of team in histopathological laboratories,

Similarly in present study [80%] stated there is a requirement of oral and maxillofacial pathologist in histopathological laboratories.

Also in present study majority responded stating they do not refer cases to Omp [88%] and this result was also in accordance with the study done by Varsha Shalini et al [1] where nearly [70%] though there is a gap of 18% this disparity even with similar results can be due to fact that sample size was more in present study as compared to study done by varsha Shalini et al.

Mudaliar *et al.* in India, have reported lower percentages for the same in their study.[3-5] These differences, as highlighted studies, could be due to differences in the training methods and curriculum related to the specialty of oral pathology. Hence, generating interest among the students toward the specialty by implementing new ideas in the curriculum in a constructive manner is needed.[5].

Binmadi and Almazrooa[6] reported in their study that only 32.4% of the pathologists were prepared to consider hiring an OMFP specialist in their department, whereas in present study 88% were ready to hire in their department, i.e.-Histopathological laboratories. This difference can be due to study done at different geographical locations where base of collecting data can be different, Binmadi and Almazrooa[6] conducted a study in Saudi Arabia whereas present study had study participants from Kanpur city of India.

A Brazilian study by Oliveira e Silva et al. mentioned that their public health system was the major user of the diagnostic service of oral pathology in their institution, which states mixed of dentist specialist available in their team, no specific affiliation as far as it was public health system, which is nearly equal to a general dentist.[7]

Chugh et al [8]. evaluated the effect of funding cuts on the utilization of an oral pathology diagnostic service in Canada. They reported that despite the introduction of fee for service, the number of specimens being submitted to OMFP appears to be on the rise as practitioners appear to recognize the value of a specialized oral pathology diagnostic service. This is nearly equal to be positive with respect to OMFP in histopathological laboratories whereas other part of questionnaire was not in accordance with this study.

As mentioned earlier regarding second opinion from patients as they need an exact diagnosis, Several studies suggest that about 68% of patients seek a second opinion, so that would get another diagnosis or prognosis, and 65% would assurance regarding the diagnosis or treatment options. [9-13]

Furthermore, the patients might seek another opinion to discuss their diagnosis and/or treatment, especially when they are dissatisfied with the first opinion. [14-15].

Such instances of second opinion is validated or have high chances when any lesion or any pathologic conditions are there, thus it makes a mandatory need for a OMFP, to be a part of team in histopathological laboratories as well as consultant in private clinics.

#### V. Conclusion:

For accurate outcome and to avoid patient's going for second opinion, there should be a practice for calling Oral and Maxillofacial Pathologist as consultant in dental clinics wherever required and it should be mandatory for histopathological laboratories to have oral and maxillofacial pathologist as their team member.

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