

A Case Report: The multidisciplinary management of an ulcer in a patient with an acquired brain injury during the COVID-19 pandemic

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Introduction

This case is an example of how multidisciplinary care between Special care dentistry (SCD) and Oral Maxillofacial Surgery (OMFS) is vital for the management of a patient with an acquired brain injury, who presented with a suspected malignant ulcer.

Presenting complaint

- 3/52 history of ulcer underneath tongue
- Patient is showing signs of change in behaviour e.g. refusing chewy foods and more vocal
- Carers concerned patient is in pain
- Appears to be increasing in size

Patient Profile

58year old Male

- **Medical History**- Epilepsy, registered blind, acquired brain injury causing limited communication and challenging behaviour, hx of malignant neoplasm of the brain, radiotherapy in 1972 and subsequent hydrocephalus, ?Dementia as cooperation has reduced recently
- **Social History**- Lives in a residential home with full time carers, mouthcare is challenging
- **Dental History**- Attempts at INS/IVS for simple extraction unsuccessful- GA in 2018 for extractions

Ulcer care

Rinse mouth with saline
 Anti-inflammatory mouth spray – discuss with doctor
ULCER PRESENT FOR MORE THAN 2 WEEKS; REFER TO DOCTOR

Fig 1. Advice for ulcers from Mouth care matters toolkit

Initial Triage

- Carers first contacted the Special care team via telephone triage service after first noticing ulcer
- Asked to send a photo see figure 2
- At this point only present for 1 week management advice given see fig 1 from mouth care matters toolkit
- Telephone review arranged for 1 week

Telephone Review

- Carers reported no improvement present now for 3 weeks
- Face to face appointment arranged at special care clinic however on day of appointment patient refused to attend
- Due to urgency of case special care specialist went on a domiciliary visit that day instead

References

1. Clinical guidelines and integrated care pathways for the oral health care of people with learning disabilities (2012)
2. Toolkit for Improving Mouth Care in Hospitals by Mouthcare matters (2019)

Domiciliary Examination

- Very difficult to examine due to challenging behaviour- only finger guard and plastic mirror used see figure 3
- Ulcer palpated briefly and felt firm
- 2x2.5cm on the left anterior tongue extending onto floor of mouth
- Multiple carious teeth noted



Fig 2. Intraoral photo of ulcer on left anterior tongue extending onto FOM, appears raised

Differential Diagnoses

- Oral Squamous cell carcinoma
- Aphthous Ulcer caused by trauma
- Major Recurrent aphthous stomatitis

Treatment Plan

1. Urgent 2ww referral to OMFS
2. EUA, biopsy and dental clearance under GA

Challenges

- Patient unable to communicate history
- Behaviour that Challenges– GA is only option for anaesthesia, previous failed attempts of sedation IVS and INS for simple extractions
- Had to be flexible in assessing patient SCD have capacity for domiciliary visits
- Patient lacks capacity to consent
- Best interests decision required quickly due to urgent nature of treatment
- Holistic approach- requires input for poor dentition also, highlights importance of SCD input
- Lack of imaging prior to having GA
- Covid 19 more pressure on GA services

Discussion

- OMFS GA chosen due to potential for malignancy, otherwise SCD would do GA for this patient group
- Best interest discussion between OMFS consultant, SCD consultant, care home managers and family
- It was decided would be in patients best interest to extract any teeth of poor prognosis whilst under GA for biopsy
- On EUA it was found all remaining teeth were of poor prognosis so a full clearance was completed
- Eliminates risk of another GA for teeth in future
- If ulcer is malignant patient likely has poor prognosis due to his difficulty in coping with surgical or radiotherapy treatment



Fig 3. Picture of finger guard similar to one used

Conclusion:

- Swift action needed to be taken as the history and clinical picture of the ulcer indicated it could be malignant
- It is Important that a patient who has challenging behaviour and barriers to care has access to care in an appropriate time frame
- Care home reports patient is recovering well post GA sutures used were resorbable- avoids further intervention for patient
- Covid 19 did not prevent this patient from receiving the assessment and investigations required
- Awaiting confirmation of biopsy results