F39   Case Studies of Failure to Diagnose Gingival Carcinoma: Was the Standard of Care Met?

John D. McDowell, DDS*, University of CO, Dental Med, MS-F844, L26, Rm 130, 13065 E 17th Avenue, Aurora, CO 80045

After attending this presentation, attendees will be able to recognize many of the common and less-common signs and symptoms associated with gingival carcinomas. Additionally, attendees will be able to understand the need for biopsies to differentiate between inflammatory, reactive, and neoplastic lesions of the gingival tissues. Attendees will also be able to understand the advantages of an early diagnosis over a late diagnosis and to recognize benefits associated with the development of a treatment plan that is favorable to patient outcome.

This presentation will impact the forensic science community by increasing the likelihood that health care providers will be able to diagnose gingival carcinoma in a timely manner. Although not common, gingival carcinoma (most often, squamous cell carcinoma) is not rare and has been reported as such in the literature for many decades. Although schools in the health sciences prepare future practitioners to evaluate and treat the most common pathologic conditions, these students (and eventually, practitioners) are also instructed in the less-common pathologic conditions which they might encounter. Health care providers must not ignore, minimize, or trivialize the uncommon conditions with which their patients might present. This is especially true when the diagnostic imperative (the entity the prudent clinician cannot overlook when practicing safely) is a malignancy. The literature indicates that gingival malignancies (especially squamous cell carcinoma) are not rare and cannot be ignored by health care practitioners as they develop a differential diagnosis for chronic gingival erythema/erythroleukoplakia or for those lesions that might appear to result from an inflammatory or reactive process. Several case studies utilizing patient histories, the analysis of physical examinations (including multiple clinical photographs), and test results leading to a diagnosis of gingival carcinoma will be presented. Clinician failures to use a proven diagnostic algorithm resulted in malpractice claims against those clinicians who failed to meet the standard of care.

Since most forensic odontologists are practicing dentists often diagnosing and treating several patients per day, these oral health care providers will encounter in their practices a wide range of pathologic conditions. Unfortunately, some of these pathologic conditions might be overlooked or misdiagnosed as non-pathologic conditions or variations of normal anatomy. Attending this presentation will increase the likelihood that health care providers will be able to diagnose gingival carcinoma consistent with the standards of care and in a timely manner.

When forensic dentists are providing case analysis or expert witness testimony, the diagnostic algorithm presented will assist them in assessing whether or not the standard of care has been met in the instant case.

Malpractice, Gingival Cancer, Diagnosis Through Biopsy