

Dental Treatment of patient with Systemic Erythematosus Lupus in hospital environment: Case Report.

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Introduction

Among several autoimmune pathologies that limit the life of patients, Systemic Lupus Erythematosus (SLE) deserves special attention. It is characterized by the production of antibodies that have the ability to attack organs and systems, leading to several complications that require medical assistance. The most common symptoms of Lupus are: cutaneous injuries, joint pains with stiffness, renal infections that can evolve into renal insufficiency, fever without apparent cause, sensitivity to light, alterations neuropsiquiátricas, inflammations in the membranes that cover heart and lung, alterations in the blood, among others.

Besides these symptoms, there is the possibility of a patient bearer of (SLE) having several other symptoms associated with this condition, such as present high blood pressure, diabetes, chronic renal insufficiency, and others. Therefore, a detailed recording of data, the correct approach and the right projection of the odontologic treatment of the patient bearer of SLE is determinative for this success.

Objective

Report a clinical case of an odontologic treatment of a patient bearer of systemic lupus erythematosus in a clinical environment.

Report of Case

Patient female, 55 years of age, bearer of systemic lupus erythematosus (diagnosis time: 2 years), Arterial High blood pressure, Chronic Renal Insufficiency, Depression, Diabetes type I. The patient presented herself for removal of three residual roots. Due to her systematic condition and the quantity of medicines which she was already using, she was directed to the odontologic service under general anesthesia of the Public General Hospital of Palms – Brazil. The clinical history of the patient was obtained through her anamnesis and three previous odontologic procedures, all radiographically without complications, and the anesthesiologist indicated conscious sedation for the procedure.

The trans-operating procedure happened without any interurrence, however in the immediate Postoperative, the patient presented glicemia of 522 mg/dl. With this result, it was administered insulin anesthetic-powders in the recuperation room three times, without patient presenting parameters of normality of the glicemia. Since there was no improvement, we asked for a consult of an endocrinologist. The patient remained hospitalized, having been evaluated by the solicited specialists; it was treated properly. The next day she was discharged from the hospital and was scheduled for followup with the department of the Endocrinology, for deepened investigation of the interurrence. Besides that, she was also directed to the service of prosthetic rehabilitation in the Center of Odontologic Specialties.

Conclusion

This case report presents the importance of the dental surgeon in evaluating the patient systemically and choosing the best approach to dental treatment; even with all the previous investigation to the procedure performed, the patient presented in the postoperative period, an unwanted situation difficult to be solved. Therefore, this paper emphasizes for an adequate planning of the treatment, in the attempt to minimize adverse situations and protect and support their life.

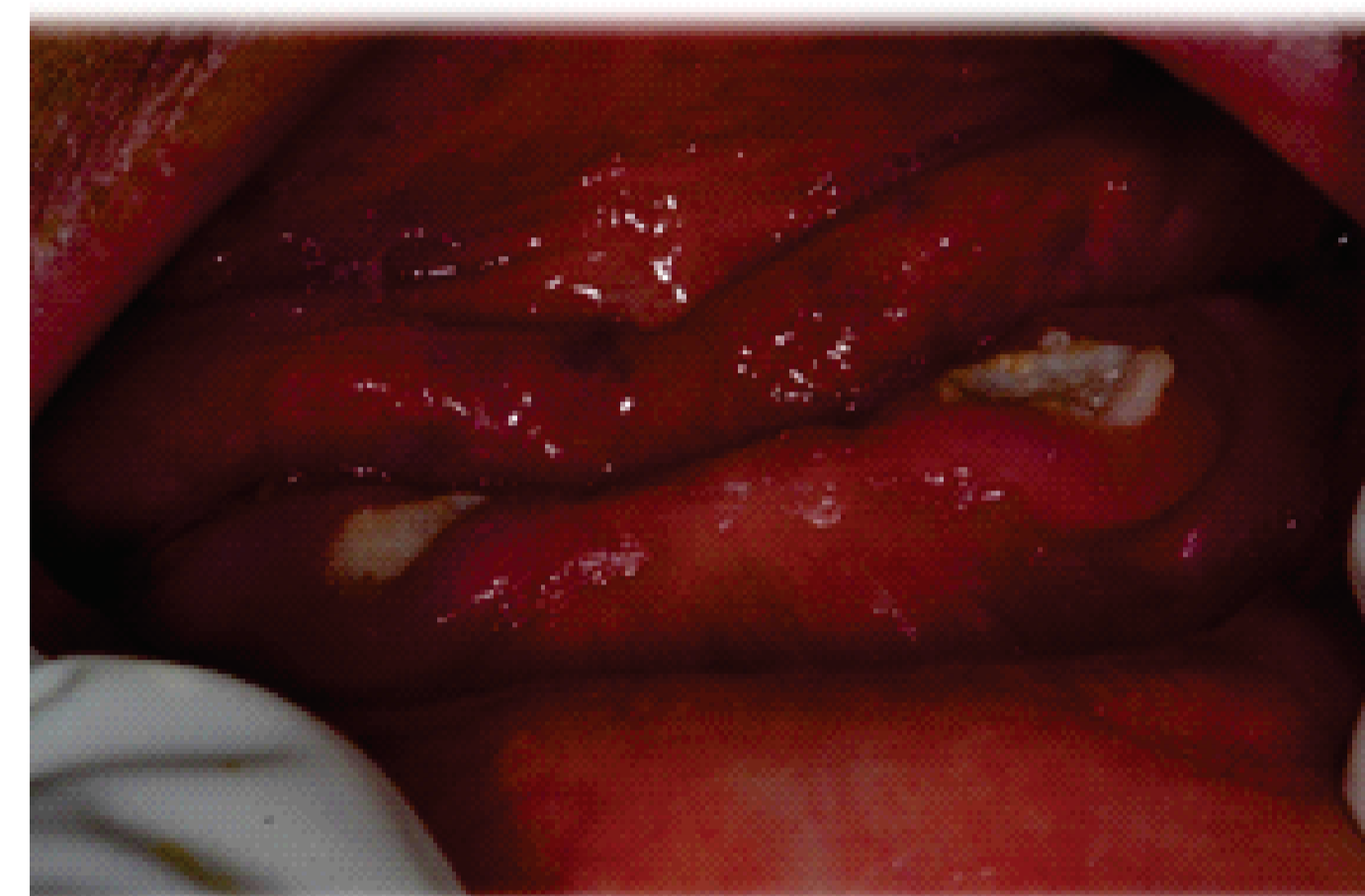


Photo 1 - Intraoral vision before the dental procedure (General Public Hospital of Palmas collection, 2016)

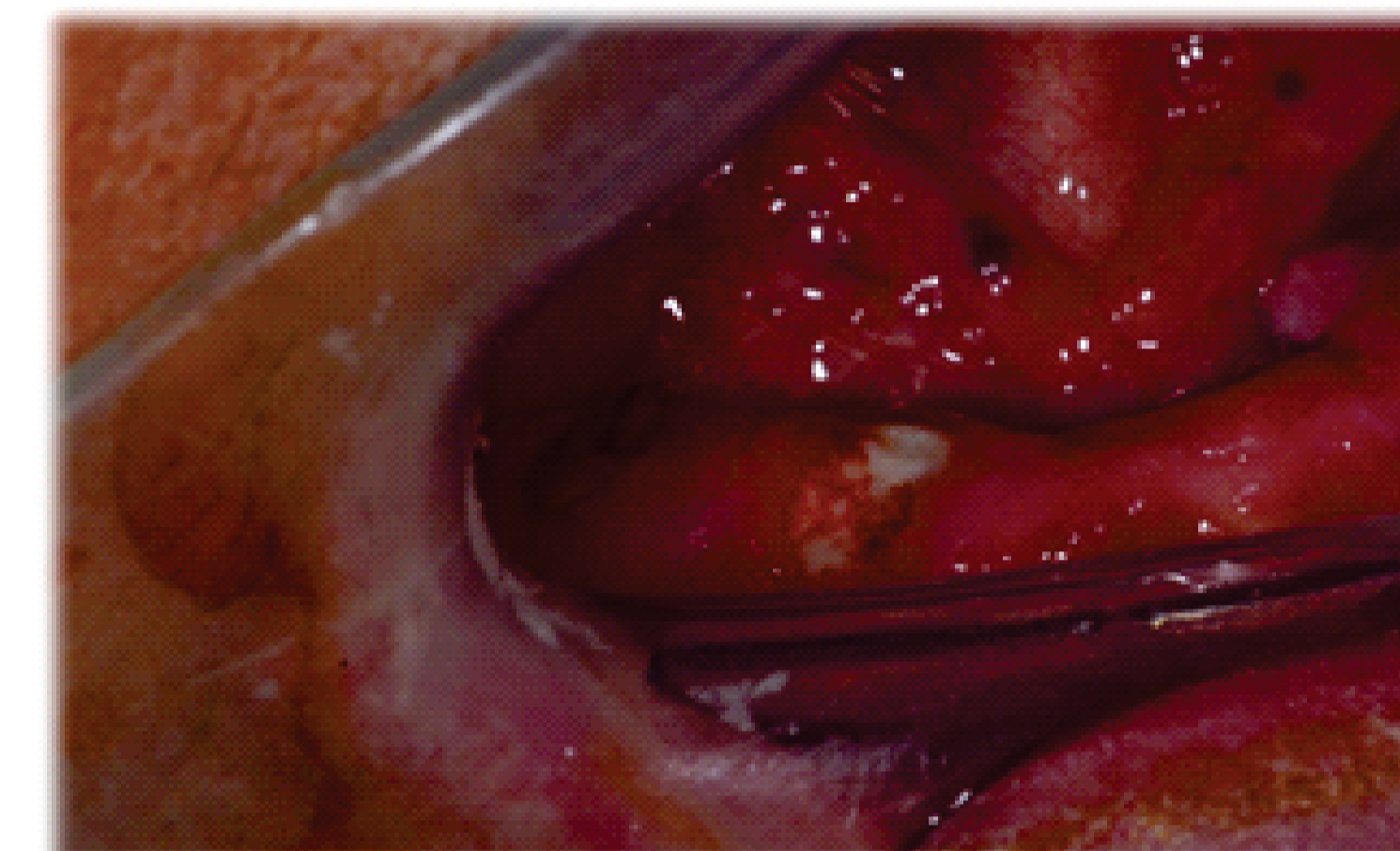


Photo 2 - Intra-oral view showing the presence of residual roots (General Public Hospital of Palmas Collection, 2016)

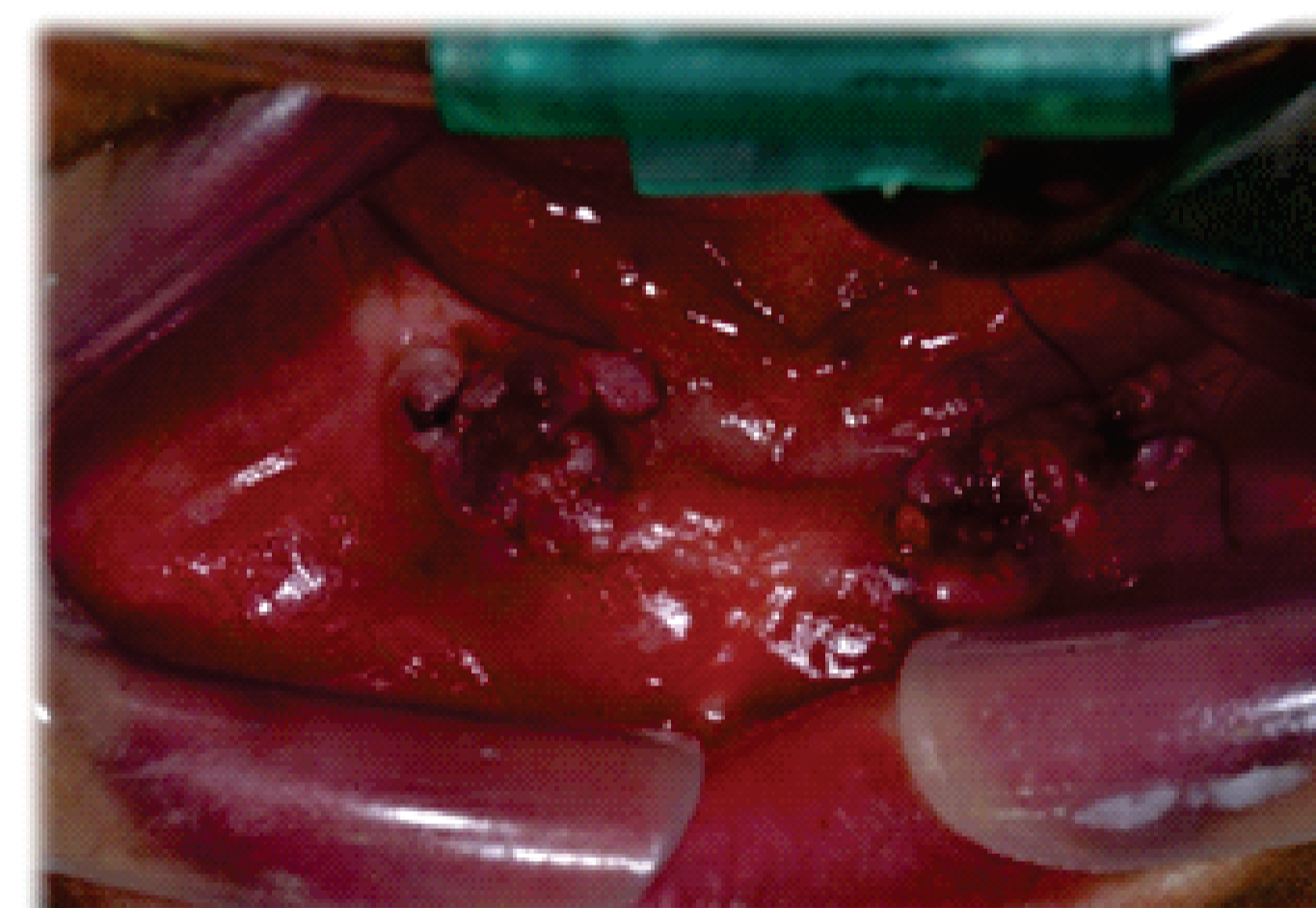


Photo 3 - Intraoral view of the end of dental surgery (General Public Hospital of Palmas collection, 2016)

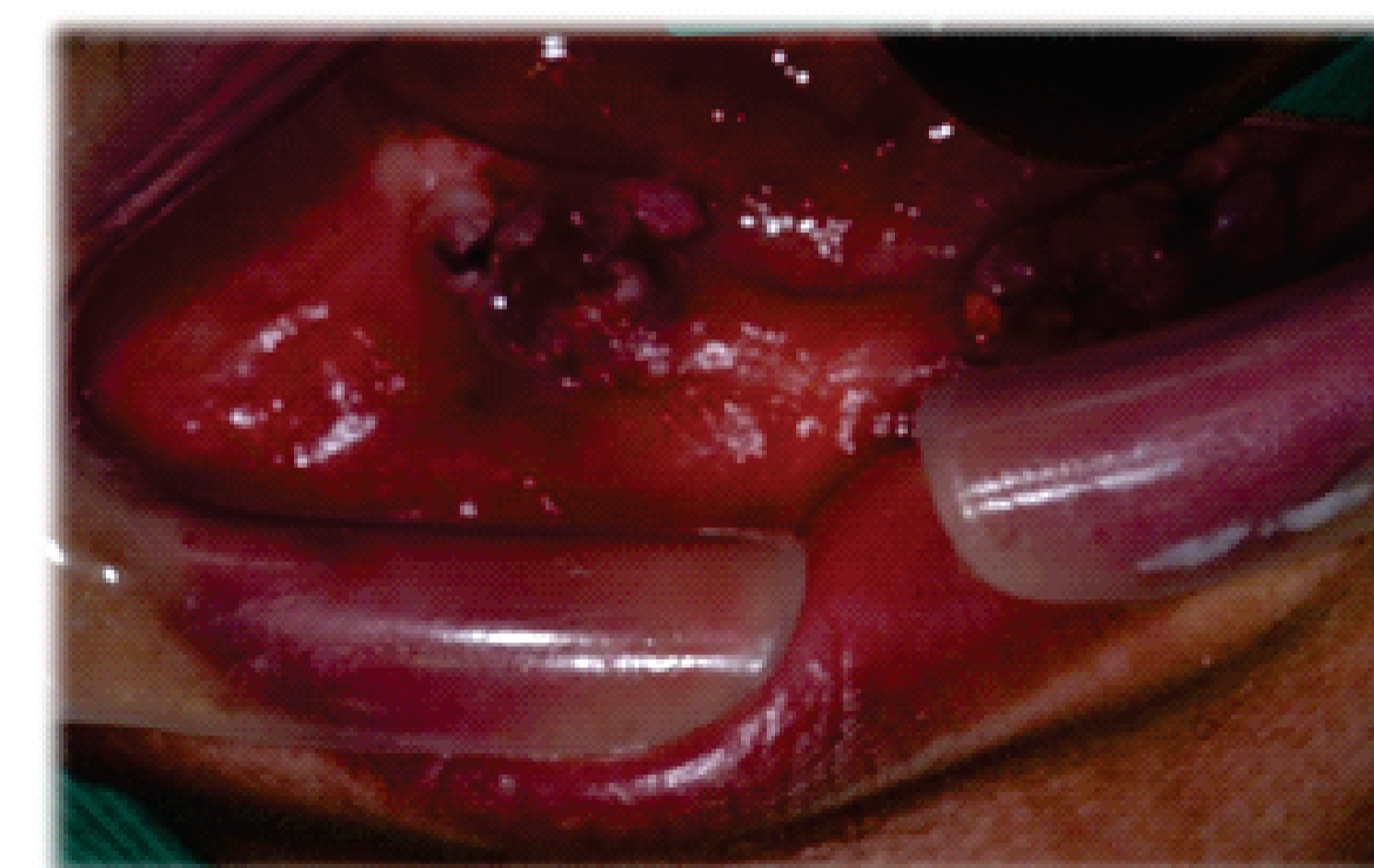


Photo 4 - Intraoral view of the end of dental surgery (General Public Hospital of Palmas Collection, 2016)

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