

LM's story – Dental Chester

Patient LM is a teenager with learning difficulties. He was a long term community dental patient who had been attending Fountains Clinic in Chester and making steady progress with his cooperation.

He attended our dental hub in the Covid-19 shutdown as he was refusing to open his mouth and his parents were concerned. There were no dental problems evident at the time but over the next few years, he attended several times and the problem seemed to be getting progressively worse.

He was seen by community mental health teams and by a psychologist at the Countess of Chester and diagnosed with food avoidance syndrome.

By the time he was seen for assessment he was not opening for toothbrushing and was having to have all food and drink syringed into his mouth. A decision was made to investigate any potential dental causes under general anaesthetic.

The first attempt did not go to plan. Security would not let LM and his parents in through the side entrance of the unit so he had to go through the main waiting room which was too busy. Then a nurse mentioned he was there for surgery so he panicked and the family left.

A staff member called the next day and talked through what had happened, then a video meeting was organised with mum, the anaesthetist, the oral surgeon and the ward manager and came up with a much better plan for admission.

However, when LM went to sleep we discovered that it was not physically possible to open his mouth. It was difficult to anaesthetise him safely, a second anaesthetist had to be called and he had to have a breathing tube through his nose placed with a fibre optic scope. His front teeth were very decayed and there was limited access to treat his teeth. Advice was sought from the maxillofacial team at Aintree and we were able to arrange a CT scan and remove the very decayed front teeth.

The scan revealed that LM had a rare condition called coronoid hyperplasia. The coronoid process of the lower jaw had grown up behind his cheek bone resulting in a complete mechanical lock.

Although things went wrong the first time at the hospital, we were able to get a really good plan and were very pleased how things went the second time. It's a relief to know that the very decayed teeth are gone and that he will no longer be in pain. We're also glad that we know what is wrong now and that he's not being difficult when he won't open his mouth.

Quote: LM's mum to the dental team "I'm sorry I always phone you but you're the only people who get back to me with answers"

Lessons learned:

This case raised a number of learning points. Chiefly the assumption by a number of services that what was actually a physical problem was perceived to be a psychological or behavioural one just because the patient had a learning disability and could not articulate what was happening to him.

Re-evaluation of the case by the team to see how things could have been handled better and if opportunities were missed to get the diagnosis prior to the anaesthetic.

Case was presented at our sector meeting in Cheshire and Mersey and was discussed in the special care network.