

Case Report

Self medication-A challenge in Dentistry

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Abstract: Self medication of over the counter drugs has created a whole new challenge in the field of medicine. The aid of modern technology, like the internet in self prescribing, certain medications in developing countries is in the rise. The present case deals with the challenge of diagnosing the etiology of a soft tissue abscess. The present case presentation is a soft tissue abscess of the upper lip caused due to self medication. Dental professional should educate the patients to stop self medicating.

Keywords: Self medication, over the counter drugs, Dental, tissue abscess.

INTRODUCTION

In Recent days, growing trends of self medication has created a new challenge in developing country like India. The patient's unawareness of resistance and side effects caused by the use of antibiotics or any medication bought from a local pharmacist without a prescription by a well qualified doctor has posed a new challenge to be dealt by health care professionals.

The lower and middle economic class patient's usually self medicate themselves by buying medications from a local pharmacist who is only qualified to dispense the medication and not prescribe. Whereas the well educated group of patient's use the world wide web for self medicating themselves with the information obtained from internet. The use of world wide web for use of self medication has posed a new challenge.

This present paper is a rare case report about a well educated female patient who had self medicated herself with multiple medications, by just finding information from the world wide web and had reported to dental clinic with a soft tissue abscess in the left side of the lip.

CASE PRESENTATION:

A female patient aged 45 years had visited our dental clinic with the chief complaint of swelling in the corner of the mouth past one week. On further enquiry the patient gave a history of developing multiple small vesicles in the corner of the mouth with episode of fever

before the vesicle developed 4 weeks ago. The patient also gave the history of recurring vesicles and was aware it to be herpes labialis infection which she mentioned to be recurring occasionally for past 30 years. The patient had applied silver x cream (silver nitrate) on the lesion and was manually removing the drying scab. The patient had then browsed the internet for permanent relief from the infection, consumed Tab. Acyclovir 800mg for 4 weeks. She developed swelling of the upper and the lower lip after starting the antiviral drug. For the swelling she self diagnosed it as an allergic reaction and consumed cetirizine (antihistamine) drug which gave her temporary relief. The patient continued with anti viral medication. She then developed a soft swelling in the left side of the corner of the mouth and again self medicated herself with Cap. Amoxicillin 500mg for 5 days. The swelling did not subside. The swelling then increased in size and was firm in consistency and she developed pain which was intolerable. Then she visited the dental clinic for treatment. Patient gave no relevant medical history.

On examination, a single swelling measuring about 1x1 cm in size was present in relation to the labial mucosa involving the upper lip in the left side and the corner of the mouth. (Figure 1) With the color of the overlying mucosa with sinus opening in the centre of the swelling and presence of pus oozing from the sinus opening. Soft in consistency, tender on palpation with sinus opening from the swelling with pus discharge. The lesion was given a provisional diagnosis of soft tissue abscess of the left side labial mucosa. The patient was instructed to stop all the medication. Hematological

and urine investigations were done. The drainage of the abscess was done (Figure 2) and antibiotic Tab. Cephalexin 250mg t.i.d, Tab. Ranitac (before food), Tab. Dolo 650 (paracetamol) t.i.d, Chlorhexidine mouth rinse, Hexigel to be applied for 3 days was prescribed. Patient was then called for review. One day post operation, 7th day showed satisfactory healing. (Figure 3, 4)



Fig-1: Soft tissue abscess of upper left side of Labial mucosa, with healing herpes labialis

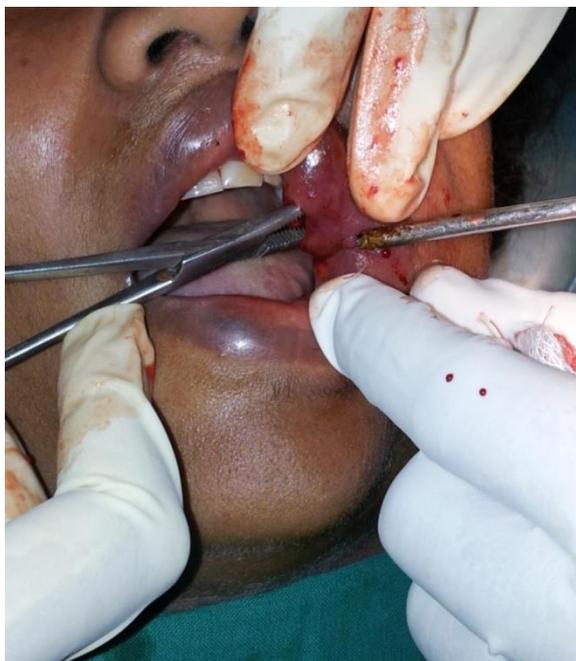


Fig-2: Soft tissue abscess drainage



Fig-3: One day post drainage healing, satisfactory



Fig-4: Two weeks post operative healing

DISCUSSION

Self medication is a global phenomenon [1], and there has been misconception that literate people self medicate less when compared to illiterate [2]. It has been noted that the concept of self medication in developing countries such as India is on the rise [3-5] there is no literature regarding patient developing soft tissue abscess of the labial mucosa due to abuse with self medicating drugs but in regards to the case presented the cause of developing of the soft tissue abscess may be a secondary bacterial infection caused on herpes labialis but the use of different medication on the lesion had made it difficult to the dental professional to come to a definite diagnosis of the lesion as well as the difficult to define a etiological factor. The use of over the counter drug in relation to dental problems is a common phenomenon in India. The patient's are not willing to go to a dentist for the fear of cost of the treatment and usually get pain relieving medications from a local pharmacist. The need

of educating the patients about the side effects of self medication should be emphasized by campaigning and this is the need of the hour. In the present case report a literate patient self medicated herself with multiple drugs without even knowing the significant of the medicine used. The cause of developing the soft tissue abscess of the upper left side of the lip is unknown in this present case. Dental professional are set with the dilemma to come to a diagnosis and to go about with a treatment plan. Self medication causes a barrier in diagnosis of the real cause. Dental professionals should take the initiative to educate the patients about the disadvantages of self medication.

REFERENCES

1. Available from http://abimip.org.br/uploads/material_de_apoio/1296056417_792.pdf/
2. Jain S, Malvi R, Purviya JK; Concept of self-medication. International Journal of Pharmaceutical & Biological Archives, 2011; 2(3):831-836
3. Verma RK, Mohan L, Pandey M; Evaluation of self medication among professional student in north India: proper statutory drug control must be implemented, Asian J pharma clin Reas, 2010; 3: 60-64.
4. Sharma R, Verma U, Sharma CL, Kapoor B; Self medication among urban population of Jammu city, Indian J Pharmacol 2005; 37: 37-45.
5. Kanthe RU; Self medication, Doctors and marketing of OTC products. Asian Journal of Management Research, 2010; 229-238.