

ADULT CASE STUDY #1

Presenting complaint: 61-year-old male with painful oral lesions and recent weight loss

Setting: Referral from Dentist to Nurse Practitioner in Primary care office for a Consult

History of present complaint: Patient describes a gradual onset of a severe sore throat and mouth pain over the past three months. Patient first attributed symptoms to an upper respiratory infection but symptoms worsened and now patient is unable to swallow solids or tolerate most beverages due to oral pain. Patient's son reports a noticeable weight loss. Patient denies fever, cough, night sweats, fatigue, lymphadenopathy, abdominal pain, diarrhea, bloody stool, rash.

Past medical history: Stage 1 hypertension well controlled on hydrochlorothiazide 12.5 mg daily.

Family medical history: Unknown

Social history: Patient recently emigrated from the Ukraine. Lives with adult son.

Physical examination findings: Patient appears older than stated age. He is thin, sitting in chair and appears uncomfortable. He is afebrile, normotensive, heart rate and respiratory rate within normal limits. Intraoral examination revealed multiple oropharyngeal ulcerations of varying sizes on the palatal and buccal mucosa. Oral mucosa base is erythematous and swollen. Two rounded, crusted blisters were noted on patient's upper back.

Diagnosis: Chronic oral ulcerations of unknown etiology. Differentials: (1) Pemphigus vulgaris (PV); (2) Herpes simplex virus; (3) Oral lichen planus; (4) Oral candidiasis; (5) Oral aphthae.

Management plan: Refer patient to oral medicine specialist. Patient is scheduled for a cytologic smear to be performed by oral medicine, followed by a gingival biopsy for a direct immunofluorescence test and routine histopathology. Due to extensive oral ulcerations an oral biopsy is not possible. Recommend testing for circulating autoantibodies against the antigens desmogleins 1 and/or 3 in the epidermis. (Positive test result supports, but does not confirm, diagnosis of PV). Positive enzyme-linked immunosorbent assay (ELISA) for PV antibodies and cytologic smear with acantholytic cells.

Refer patient to Dermatologist. Patient is found to have a small truncal lesion consistent with PV. Order baseline laboratory tests. Assess for signs of infection, anemia, liver and kidney disease. Monitor for steroid-induced symptoms of elevated blood glucose levels, steroid-induced psychosis, weight gain. Patient is started on prednisone 80mg daily with azathioprine 50mg daily for next 14 days.

Refer patient to gastroenterologist for colonoscopy to rule out gastrointestinal malignancy. Patient refuses test.

Refer patient to otolaryngologist for nasal endoscopy. Lesions are found to extend from oral cavity into esophagus.

Communication issues: Patient does not speak English. Interpreter services required.

DISCUSSION

Using the 4 IPEC Competencies (2016) related to:

1. Working with individuals of other professions to maintain a climate of mutual respect and shared values (Values/Ethics for Interprofessional Practice);
2. Using the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations (Roles/Responsibilities);
3. Communicating with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease (Interprofessional Communication);
4. Applying relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable (Teams and Teamwork).

Please collaborate as a team to develop a management plan for the above patient.

- Oral-Systemic Risk Assessment
 - Identify the oral-systemic assessment findings (Hx and PE HEENOT)
 - What does the history and physical tell us about this patient?
 - What additional data do you need to collect (eg. labs, diet and exercise, etc)?
 - Identify oral-systemic risk factors
- Differential Diagnosis(es)
 - Identify the tentative diagnoses for the oral health problems
 - Identify the tentative diagnoses for the systemic health problems
 - Discuss the important oral-systemic connections
- Develop a management plan for the oral-systemic conditions affecting this patient, including:
 - Preventive interventions that include screening and behavior change counseling fundamental to patient-centered care
 - Anticipatory guidance
 - Oral health maintenance
 - Collaboration and referral with Dentist, Dermatologist, and Otolaryngologist

Questions to Guide Your Interprofessional Collaboration

- Roles and Responsibilities
 - What is the scope of the role and responsibilities of each of the providers on your team today?
- Collaboration
 - How can the Nurse Practitioner, Dentist and Physicians collaborate to promote this patient's health?

- How does the team communicate with the family?
- Team Building & Communication
 - What do you think are the most effective strategies to help a Nurse Practitioner, Physicians, and Dentist function as a community-based team involving multiple professions and specialties?
 - What are the most effective ways for the IP team to communicate?
- Referrals
 - What providers does this patient need to see? When? How often? What are the follow up actions for each team member so that there is a coordinated management plan?