



NEW PERSPECTIVE ARTICLE:

The Role of the Endodontist in Palliative Care El rol del endodoncista en los cuidados paliativos

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ABSTRACT: This article addresses the crucial role of the endodontist in Palliative Care, focusing on the oral health of individuals with advanced diseases or a limited life expectancy. It highlights the importance of early detection of subclinical pathologies and the prevention of oral complications that can impact the patient's quality of life (1). The endodontist, as part of a multidisciplinary team, contributes to the planning of non-invasive treatments and the improvement of patient well-being (2). Additionally, the article underscores the need for academic training in Palliative Care for endodontists, as well as the importance of communication with other professionals responsible for each case. It also discusses the necessary precautions for patients undergoing bisphosphonate treatment and the importance of conducting detailed diagnoses before performing surgical procedures (5).

KEYWORDS: Endodontics; Palliative care; Oral health; Subclinical pathologies; Early diagnosis; Bisphosphonates; Osteonecrosis; Multidisciplinary team; Quality of life; Academic training.

RESUMEN: Este artículo aborda el papel crucial del endodoncista en los Cuidados Paliativos, enfocándose en la salud bucal de personas con enfermedades avanzadas o con una esperanza de vida limitada. Se destaca la importancia de la detección temprana de patologías subclínicas y la prevención de complicaciones orales que puedan afectar la calidad de vida del paciente (1). El endodoncista, como parte de un equipo multidisciplinario, contribuye a la planificación de tratamientos no invasivos y a la mejora del bienestar del paciente (2). Además, el artículo subraya la necesidad de formación académica en Cuidados Paliativos para los endodoncistas, así como la importancia de la comunicación con otros profesionales responsables de cada caso. También se discuten las precauciones necesarias para los pacientes que reciben tratamiento con bifosfonatos y la importancia de realizar diagnósticos detallados antes de llevar a cabo procedimientos quirúrgicos (5).

PALABRAS CLAVE: Endodoncia; Cuidados paliativos; Salud bucal; Patologías subclínicas; Diagnóstico precoz; Bifosfonatos; Osteonecrosis; Equipo multidisciplinario; Calidad de vida; Formación académica.

INTRODUCTION

The endodontist is a dentist specialized in the diagnosis and treatment of pathologies related to the dentin-pulp complex and its relationship with periodontal and periapical tissues. As part of a multidisciplinary team in Palliative Care, the endodontist plays a crucial role in the comprehensive management of oral health for individuals facing diseases with a limited life expectancy or in the initial phase of diagnosis. Therefore, they are a key element in the treatment planning of these individuals. The focus of Palliative Care is to improve the person's quality of life throughout the course of the disease by alleviating pain and other related symptoms, as well as addressing conditions related to the primary illness. Within this context, oral health and, in particular, subclinical dental pathologies can significantly impact the patient's quality of life (9). This article explores the function of the endodontist in palliative care, the importance of early diagnosis, and their integration as part of a multidisciplinary Palliative Care team.

THE MULTIDISCIPLINARY TEAM IN PALLIATIVE CARE

A Palliative Care unit generally consists of physicians, psychologists, social workers, and nurses, who receive "satellite" support from other health professionals trained in the care of patients with advanced diseases and limited life expectancy, such as an endodontist with academic training in Palliative Care (3). Although the role of the endodontist is not central to the Palliative Care team, their involvement is recognized as essential during the initial diagnosis and throughout the course of the disease. Palliative dentistry involves the prevention, diagnosis, and management of oral conditions that may complicate or aggravate the patient's health status or simply affect

their overall well-being and, consequently, their quality of life (4).

The endodontist is responsible for addressing dental needs arising from infections or complications in the oral cavity, which is particularly important for individuals who, due to their underlying disease or medical treatment, are more susceptible to developing oral pathologies. In many cases, these conditions result from the side effects of treatments for primary illness (7).

EARLY DIAGNOSIS AND TREATMENT OF SUBCLINICAL PATHOLOGIES

Early diagnosis of dental pathologies is fundamental in palliative care, as it prevents major complications during the course of the disease. The endodontist must conduct a comprehensive clinical and radiographic examination, evaluating both soft and hard tissues, searching for potential infection sites or subclinical pathologies that do not present evident symptoms but can be detected through imaging studies and pulp sensitivity tests.

The use of diagnostic techniques such as intraoral radiographs, panoramic X-rays, and tomography enables the endodontist to identify potential problems that could become infectious or painful foci during advanced stages of the disease (6). In this context, early detection can prevent the need for invasive interventions, such as extractions or surgeries, in later stages when the patient's health may deteriorate, and invasive treatments could be riskier.

The endodontist with training in Palliative Care can also be part of the Palliative Care Unit and conduct home visits to assist in the diagnosis of pulp and periodontal diseases, determining the best treatment plan for patients who can be transferred to a dental clinic for necessary treatment.

In more advanced stages, ambulatory home treatments may be provided to improve the affected person's quality of life (3).

IMPACT OF CTX MEASUREMENT AND BIPHOSPHONATE USE

The endodontist in a palliative role must also be aware that the patient population they serve may have been on medications such as bisphosphonates for several years. These drugs are prescribed for osteoporosis and metastatic bone cancer treatment and can increase the risk of maxillary osteonecrosis following surgical procedures or extractions (7). To minimize this risk, it is recommended that the professional conduct a thorough oral examination before the patient begins bisphosphonate therapy or rely on laboratory tests such as CTX to assess the risk level of developing osteonecrosis after a surgical or dental extraction procedure (10).

ETHICAL CONSIDERATIONS IN PALLIATIVE ENDODONTIC CARE

Endodontic care for patients in Palliative Care involves a series of ethical challenges that must be approached with sensitivity and professionalism. Key considerations include the principle of patient autonomy, informed consent, and treatment proportionality (1).

The endodontist must ensure that the patient, their family, and the healthcare team understand the benefits and risks of each intervention. In many cases, conservative treatments should be prioritized to minimize pain and improve quality of life without causing additional suffering.

Furthermore, shared decision-making with the multidisciplinary team is essential to ensure comprehensive and respectful treatment for the patient's situation.

CONCLUSION

The role of the endodontist in palliative care is fundamental to ensuring comprehensive care that improves the patient's quality of life. Early detection of subclinical pathologies, infection prevention, and proper planning of non-invasive treatments are essential to avoid complications that may worsen the patient's health status. The integration of the endodontist into the multidisciplinary Palliative Care team, as well as their training in this field, allows for a more effective and safer management of oral health in patients with advanced diseases.

RECOMMENDATIONS

Training in palliative care: It is advisable for dentists, especially endodontists, to receive training in Palliative Care to better understand comprehensive patient management and effectively coordinate with the multidisciplinary team (3).

Early detection of pulp and periapical pathologies: Thorough oral and radiographic examinations should be performed at the start of palliative treatment to prevent major complications (6).

Multidisciplinary communication: Maintaining clear communication with treating physicians and other palliative care professionals is crucial for making informed and safe decisions regarding dental care (4).

Precaution with bisphosphonates: Patients undergoing bisphosphonate treatment should be carefully monitored to avoid invasive procedures that may increase the risk of osteonecrosis. If in doubt, prior laboratory studies are recommended (5, 10).

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