



## Effects of Misdiagnosis with Poor Surgical Management of Nonmalignant Lesions on Maxillofacial Patient's Public Life

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### Abstract.

Health is one of the major factor affect patients public life & the majority of effects increase if patient prolong complaining in their life due to excessive no. of visits& prolongation duration of treatment with different types of treatments & with no benefits. Make them with psychological problem, lost part of their income with no results. Aims of the study Decrease the load to the hospitals & health centers. Decrease infection& contamination. Improve the life of the patient's especially low-income patient. Patients & methods. Data collected by Standardized formula for all patients the data obtained from patients attending maxillofacial clinic. All patients fully examined through history &clinical examination. Results. According to No. of visits Three visits 46% Four visits 24% five visits 20% Six & more visits 10%. No. of patients According to Duration of complain 1-2months 20%, 2-3months36% ,3-4 months 30%, 4-5 months10%,6months&more4%. No. of patients According to Type of feelings Fear 40% Anxiety 35% Insomnia 18% GIT disturbances 7%. No. of patients According to the cost generally 200-300\$30% 300-400\$50% 400-500\$14% 500-600\$ 6%. Conclusion. Misdiagnosis &poor managements may lead to increase no. of visits to hospitals & clinics & these leads to increase attachment of patients so leads to increase infection, contamination, coasts organic& psychological problems with General health & Patient's public life &wasting time.

## Introduction:

A misdiagnosis describes a case in which your doctor advises you have a certain disorder or disease, but it is wrong <sup>(1)</sup>. An injury is any disruption or unexpected alteration in an organism's tissue, usually caused by illness or trauma <sup>(2)</sup>. Fear an unpleasant emotion caused by the threat of

danger, pain, or harm <sup>(3)</sup>. Fear is an emotion caused by perceived threat or danger that induces changes in physiology and eventually actions, such as escaping, hiding, or freezing from perceived traumatic events. <sup>(4)</sup>. the natural reaction of your body to stress is anxiety. It is a sense

of dread or anticipation of what is to come. Most people may feel fearful and nervous about the first day of school, going to a job interview, or delivering a speech. <sup>(5)</sup> Insomnia is a sleep disorder in which it is difficult for you to fall and/or stay asleep. The disease can be short-term (acute) or may last (chronic) for a long time. In addition, it can come and go. Acute sleeplessness lasts for 1 night to a few weeks. If it occurs at least 3 nights a week for 3 months or longer, insomnia is permanent. <sup>(6)</sup> Symptoms of abdominal pain, heartburn, diarrhea, constipation, nausea, and vomiting usually include gastrointestinal (GI) disturbances. When no medical cause of GI disorders known, they are sometimes referred to as "functional GI symptoms" <sup>(7)</sup>. Noun for expense (money spent). The sum of money available for something to buy, do, or make <sup>(8)</sup>. The dollar symbol: \$ is the name of 20 currencies or more. The U.S. dollar, Australian dollar, Canadian dollar, Hong Kong dollar, New Zealand dollar, Singapore dollar, New Taiwan dollar, Jamaican dollar, Liberian dollar, Namibian dollar, Brunei dollar are included. <sup>(9)</sup> All these feelings & complain of the patients due to prolongation of duration& visits without response & leads to increase the cost of treatment & stressed on with limited income. Therefore, this study gives answers to these problems. Most of surgical nonmalignant lesions need maximum two-three visit to heal & about two week's durations. If there are good diagnosis & good managements. This study focusing on the visits & duration after the normal no. of visits & duration for healings. The increase in no. of visits & duration beyond the normal may be due to the misdiagnosis & poor managements these will leads to multiple different effects on patient's public life. Preventions of these effects to the patient's public life should be the goal of any doctor. Exact diagnosis in the first visit could Leads to overcome all these effects on the patient's public life. Decrease no. of visits, decrease coast, decrease psychological complaining& decrease infection, contaminations & loads to hospitals & clinics.

**Aims of the study**

1. Decrease the load to the hospitals & health centers.
2. Decrease infection& contamination.
3. Improve the life of the patient's especially low-income patient.

**Patients & Method**

Across sectional study with a sample of 50 patients complaining of misdiagnosis with poor surgical management of nonmalignant lesions this study done in Salah Alden government, from the period of June 2018 to October 2019. The data obtained from patients attending maxillofacial clinic. All patients fully examined through history & clinical examination depends on. Doctor's prescription papers for assessing the no. of visits, assessing the types, no. & quantity of drugs prescribed by dates. Laboratory investigation papers, to assess the types & no. of investigation done by dates. X-rays films or reports for each patient conventional, OPG, CBCT, CT-scan. Ultrasounds or colure Doppler reports for some of patients. MRI. Films & reports. The cost of each of the above assessed for the patients.

The Standardized formula of the patients (case sheet)

Pt name Age  
 gender Residence  
 occupation  
 Chief complaint.  
 History of present illness  
 History of complaining.

No. of visits	yes	no
Three visits		
Four visits		
Five visits		
Six visits & more		

Duration of complain	yes	no
1-2 months		
2-3 months		
3-4 months		
4-5 months		
6 months& more		

Type of feelings	yes	no
Fear		
Anxiety		
Insomnia		
GIT disturbances		

The cost generally	yes	no
200-300\$		
300-400\$		
400-500\$		
500-600\$		

### Results:

Equal male to female (25patient) (50%) as in Table (1), Fig. (1). The no. of patients in this study (50) patients .5 patients(0-10year) (10%)8patients(10-20year) (16%) 21patient(20-30year) (42%)10patient(30-40year) (20%) 4patient(40-50year) (8%) 2patient (50-60year) (4%) as in Table (2), Fig. (2). According to No. of visits Three visits (23patient) (64%) Four visits (12patient) (24%) five visits (10patient) (20%) Six & more visits (5patient) (10%) as in Table (3), Fig. (3). No. of patients According to Duration of complain 1-2 months(10patient) (20%),2-3 months (18 patient) (36%), 3-4months(15patient) (30%),4-5 months (5 patient) (10%),6months&more (2 patient) (4%), as in Table (4), Fig. (4). No. of patients According to Type of feelings Fear (45patient) (40%). Anxiety (40 patient) (35%), Insomnia (20 patient) (18%). GIT disturbances (8 patient) (7%), as in Table (5). Fig. (5). No. of patients According to the cost generally 200-300\$(15 patient) (30%), 300-400\$(25 patient) (50%), 400-500\$(seven patient) (14%), 500-600\$(three patient) (6%), as in Table (6) Fig. (6).

### Discussion:

Patients with long duration of complaining commonly holds most of past information of their state with them. this information may be used as a data for assessing. Doctor's prescription papers for assessing the no. of visits, assessing the types, no. & quantity of drugs prescribed by dates. Laboratory investigation papers, to assess the types & no. of investigation done by

dates. X-rays films or reports for each patient conventional, OPG, CBCT, CT-scan. Ultrasounds or colure Doppler reports for some of patients. MRI. Films & reports. The cost of each of the above assessed for all patients. The patients most involved age was (20-30year) this may be due to this age more active & outdoor. Misdiagnosis & poor management lead to no. of visits beyond normal healing period to three visit (higher), four, five, six & more visits. & Increase the duration of patients complaining 2-3 months (higher) than other period, poor education of patients, carless, rapid change to many doctors, unorganized relation of medical& surgical branches make patient complaining. Increase no. of visits with increase periods of treatment & duration of complain, multiple efforts done without benefits. make patients fear. Anxiety insomnia, with these abnormal feelings & many drugs (analgesic, antibiotics& other drugs) GIT disturbances happens.

Costs, (300-400\$ higher). The cost of visit by Iraqi dinar converted to \$ for simplest& depend on the price spent for (doctors examination, laboratory investigations, imaging). Increase no. of visits, increase period of treatment, increase period of complain, increase somatic & psychological effects, lead to increase the cost & decrease the income. These factors affect the quality of the public life of patients. Increase patients suffering & wasting time due to increase hospitality, health centers& clinics patients load& increase contamination &infection. Addition to general& special circumstances in the government. Rare number of maxillofacial specialists, and all these factors could explain these results, especially when most of those patients from outside of the center of the government & poor income. Referral& consultation to the specialist may be help in decrease patients suffering. & decrease hospitality, health centers, clinics patients' load& decrease contamination, decrease no. of visits & cost. & could lead to overcome all these effects on the patient's public life. This study agree with Poor quality health services are holding back progress on improving health in countries at all income levels, according to a new

joint report by the OECD, World Health Organization (WHO) and the World Bank. Today, inaccurate diagnosis, medication errors, inappropriate or unnecessary treatment, inadequate or unsafe clinical facilities or practices, or providers who lack adequate training and expertise prevail in all countries.

The situation is worst in low and middle-income countries where 10 percent of hospitalized patients can expect to acquire an infection during their stay, as compared to seven percent in high-income countries. This is despite hospital-acquired infections easily avoided through better hygiene, improved infection control practices and appropriate use of antimicrobials... At the same time, one in ten patients is harmed during medical treatment in high income countries <sup>(10)</sup> There has been some progress in improving quality, for example in survival rates for cancer and cardiovascular disease. Even so, the broader economic and social costs of poor-quality care, including long-term disability, impairment, and lost

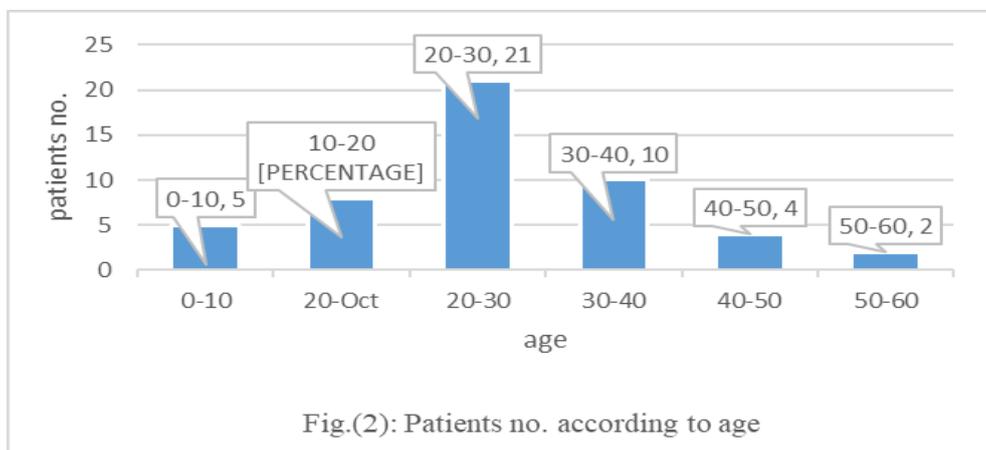
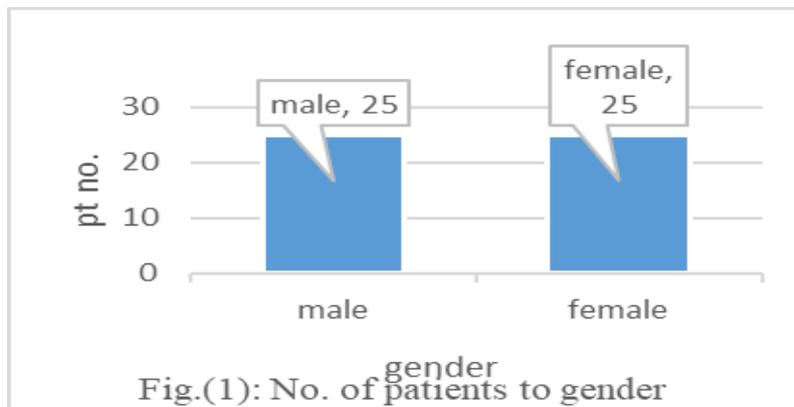
productivity, estimated to amount to trillions of dollars each year <sup>(11)</sup>.

**Recommendations:**

Encourage the doctors for delay treatment until spot diagnosis approved. Encourage the doctors for referral& consultation to maxillofacial specialist if the diseases within the face. Provide the hospitals by facilities help in maxillofacial diagnosis. May be this study done with other departments.

**Conclusion:**

General health& Patient’s public life affected by Misdiagnosis &poor managements, any increase in no. of visits to hospitals & clinics leads to increase attachment of patients so leads to increase infection, contamination, increase coasts & increase organic& psychological problems so wasting time of patient & doctors.



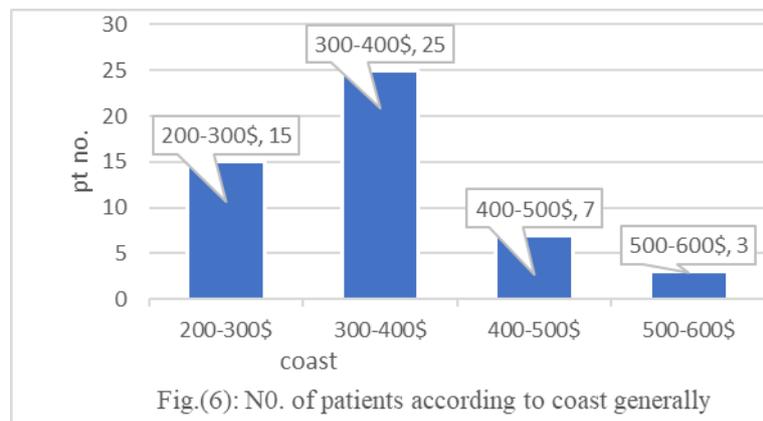
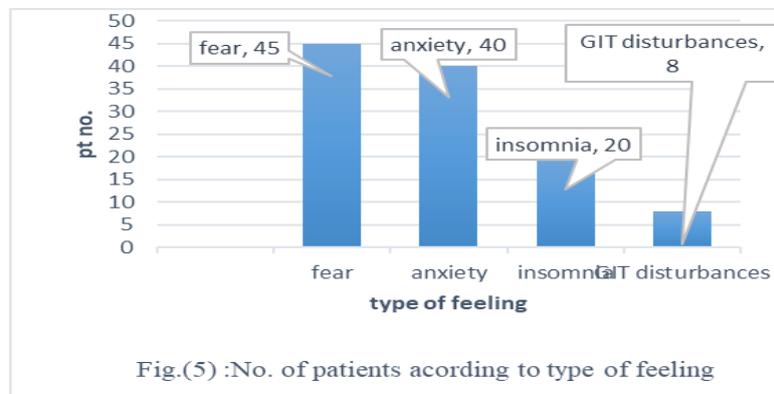
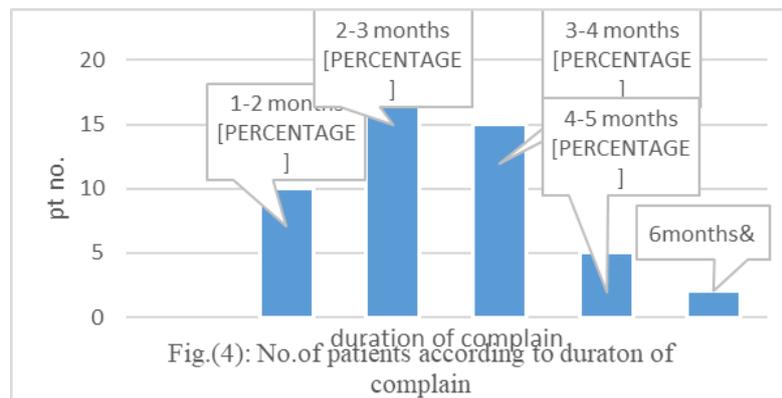
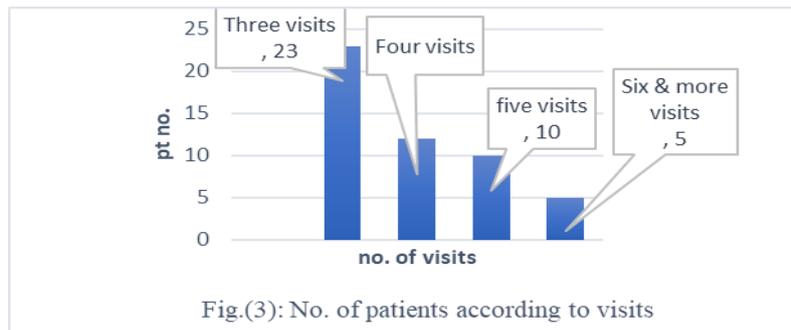


Table (1): Patient no. according to gender.

gender	male	female	Total
Patient no.	25	25	50

Table (2): Patient no. according to age.

age	Patients no.
0-10	5
10-20	8
20-30	21
30-40	10
40-50	4
50-60	2
total	50

Table (3): Show no. of patients according to no. of visits.

No. of visits	No. of patients
Three visits	23
Four visits	12
five visits	10
Six & more visits	5
total	50

Table (4): Show no. of patients according to Duration of complain.

Duration of complain	No. of patients
1-2 months	10
2-3 months	18
3-4 months	15
4-5 months	5
6months&more	2
total	50

Table (5): Show no. of patients feeling according to type of feelings.

Type of feelings	No. of patients
fear	45
anxiety	40
insomnia	20
GIT disturbances	8

Table (6): Show no. of patients according to cost of visits generally.

the cost generally	No. of patients	Total cost
200-300\$	15	3000-4500\$
300-400\$	25	7500-10000\$
400-500\$	7	2800-3500\$
500-600\$	3	1500-1800\$
total	50	14500-10800\$

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