

# THE CLINICAL PRACTICE OF ORAL MEDICINE IN SPECIALTY DENTAL CENTERS OF KUWAIT

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## Abstract

This article aims to define the current state of clinical practice pertaining to the specialty of oral medicine in Kuwait, and to provide recommendations for future modeling of the clinical practice of oral medicine. An overview of the dental specialties organizational framework will be illustrated with view of current administrative and clinical protocols. Future directions are explained for promoting specialty recognition to improve quality of care while avoiding the many impediments relevant to the clinical practice of oral medicine in Kuwait.

**Keywords:** Oral medicine, clinical practice, dental specialties, Kuwait

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# LA PRATIQUE CLINIQUE DE LA MÉDECINE BUCCALE DANS LES CENTRES DENTAIRE SPÉCIALISÉS DU KOWEÏT

## Résumé

Cet article vise à définir l'état actuel de la pratique clinique relative à la spécialité de la médecine buccale au Koweït, et à fournir des recommandations pour la modélisation future de la pratique clinique de la médecine buccale. Un aperçu du cadre organisationnel des spécialités dentaires sera illustré à la lumière des protocoles administratifs et cliniques actuels. Les orientations futures sont expliquées pour promouvoir la reconnaissance des spécialités afin d'améliorer la qualité des soins tout en évitant les nombreux obstacles liés à la pratique clinique de la médecine buccale au Koweït.

**Mots clés:** Médecine bucco-dentaire, pratique clinique, spécialités dentaires, Koweït

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## Introduction

Oral medicine (OM) is the specialty of dentistry concerned with the diagnosis, prevention, and predominantly non-surgical management of medically related diseases and conditions affecting the oral and maxillofacial region. These include oral mucosal disease and orofacial pain, as well as the oral healthcare of medically complex patients. The specialty acts as an imperative link to a wide variety of disciplines in medicine including dermatology, immunology, otolaryngology, internal medicine, rheumatology, ophthalmology, and oncology amongst other medical disciplines. It is a recognized and increasingly important dental specialty in many parts of the world.[1] Oral medicine satisfies specialty recognition requirements in many countries including the United Kingdom, Canada, Australia, and most recently the United States of America. A recent report reviewed the state of specialty recognition, services, and training of OM in the Arab Middle Eastern Countries.[2] In the middle east, OM has been introduced professionally as a specialty in Saudi Arabia, Bahrain, Qatar, and Jordan.[2] In the United Arab Emirates, OM is deemed eligible for licensure by Dubai Health Authority. Furthermore, at least 22 countries in the world identified as having postgraduate specialty training programs in OM.[3] Medical and/or dental authorities, dental societies and associations across the world acknowledges the lack of awareness of the scope and expertise of OM by general dentists and dental specialists.[4] While this lack of awareness is being clearly noticeable in Kuwait, OM is erroneously merged with the specialty of periodontics, leading to many hindrances and afflictions to general dentists, oral medicine specialists, and more importantly, the patients. Therefore, specialty recognition of OM necessitates immediate establishment to overcome the challenges being faced with referral, diagnosis, and management of patients presenting to primary or specialty dental

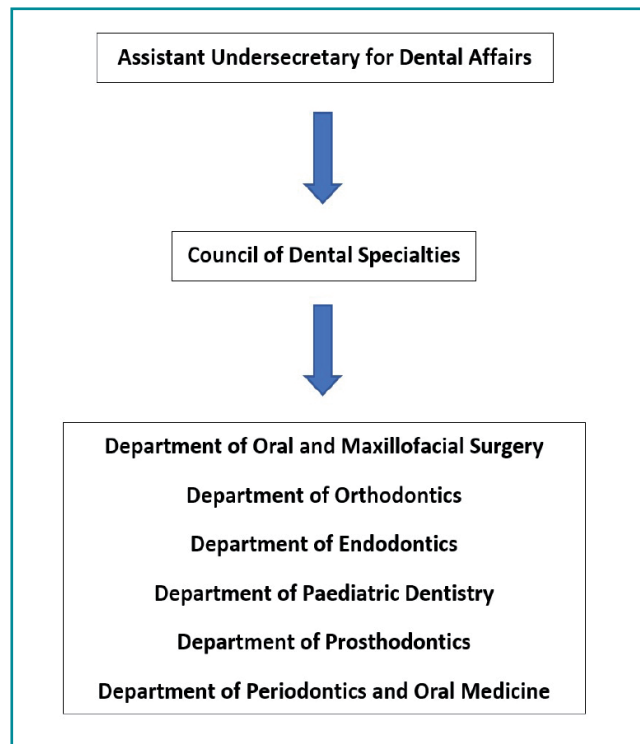


Figure 1. Dental Specialties Organizational Framework

centers. The specialty recognition will ultimately enforce the vision of integrating medicine and dentistry to facilitate interdisciplinary and multidisciplinary care for disorders and conditions presenting in the head and neck region. To our knowledge, this is the first attempt to define the current state of oral medicine in Kuwait, and to highlight the importance of recognizing oral medicine as a distinct dental specialty.

## Dental Specialties in Kuwait

### Dental specialties organizational framework

The inauguration of the first specialty dental center in Kuwait was in 1973 followed by six additional specialty centers established across the country, the latest launched in 2017. Each specialty center contains between 50 to 70 dental clinics distributed amongst the following specialties: prosthodontics, periodontics, pediatric dentistry, endodontics,

oral and maxillofacial surgery, and orthodontics. One of the seven centers is dedicated to postgraduate training lead by the faculty of dentistry of the Kuwait Institute for Medical Specializations. The allocated oral medicine clinics are positioned within the periodontics department in each dental specialty center. Administrative and procedural tasks in dental centers act under policies updated by the assistant undersecretary for dental affairs, through the council of dental specialties. Figure 1 shows the current dental specialties organizational framework.

### The scope of Oral Medicine

The number of oral medicine specialists in Kuwait remain limited. At present, there are 5 specialists allocated to one of the seven dental specialty centers throughout the country (Table 1), accepting patients from a population of over 4 million with an annual population growth of around 4%.

It is widely accepted that clinical services provided by oral medicine specialists often have a profound impact on

Specialty Dental Centre	Oral Medicine Specialist	Oral Pathology Service On-Site
Al-Amiri (Capital Governorate)	1	Yes
Bneid Al-Gar (Capital Governorate)	0	No
Farwaniya (Farwaniya Governorate)	1	No
Jaber Al Ahmad (Mubarak Al-Kabeer Governorate)	1	No
Al-Adan (Ahmadi Governorate)	1	No
The Specialty Dental Centre (Hawally Governorate)	0	No
Al-Jahra (Al-Jahra Governorate)	1	Yes

Table 1. Current oral medicine and oral pathology services in Kuwait

Treatment/Special tests	Remarks
<b>Surgical treatment</b> - Excisional/incisional biopsy - Punch biopsy - Cryotherapy - Laser excision - Dental extractions	All biopsies are expected to be evaluated and assessed by an oral pathologist for accurate reporting and diagnosis. Dental extractions may be performed as part of granuloma excision.
<b>Non-surgical treatment</b> - Splint fabrication - Medicament stent fabrication - Desensitisation	Splints may be fabricated for the management of temporomandibular disorders. Medicament stent facilitates the exposure to widespread mucosal sites in immune-mediated/autoimmune diseases.
<b>Dental evaluation of head and neck cancer patients</b> - Dry mouth management - Oral hygiene status - Prosthetic considerations - Risk of osteoradionecrosis	Patients undergoing chemotherapy, radiotherapy, or both, require comprehensive clinical and radiological examination prior to commencing therapy. Patients are then managed by oral medicine for side effects occurring during and after therapy.
<b>Medications</b> - Prescriptions - Intralesional corticosteroid injections - Trigger point injections	The use of medications in oral medicine are predominantly off-label, and recommendations are based on collective experience.
<b>Blood investigations</b> Full blood counts, serum folate, iron studies, vitamin B12, ANA, ENA, LFT, EFT, fasting blood glucose levels, thyroid function tests	Other tests are requested less frequently but sometimes required if certain diseases are suspected such as Addison's disease, Behcet's disease, HIV, and other complex conditions.
<b>Imaging</b> OPG, CT, sialogram, ultrasound and MRI	Dental radiographs may be requested to assess the extent of periodontal/bone pathology and exclude odontogenic causes.

Table 2. Services rendered by oral medicine specialists

the overall health and patients' quality of life.[5, 6] However, many people are unaware of the existence of OM, and patients usually have been previously consulted by at least two health practitioners prior to their visit to an oral medicine specialist, as previously noted in the literature.[7, 8] These inappropriately made referrals lead to escalated expenses, delayed diagnoses and can result in poorly coordinated patient care. Services rendered

by oral medicine specialists are listed in Table 2.

Most procedures may be performed in specialty dental clinics however, some are impractical due to the absence of equipment or lack of coordination with dental and medical laboratories. Some medications require special prescription forms such as clonazepam which dentists are not entitled to prescribe, while topical therapies are not readily available due

to logistics. The processing of samples is mostly reported by general pathologists with major discrepancies to suspected clinical conditions detected. The lack of clinico-pathologic correlation is partly due to the lack of collaboration with histology units at medical laboratories, and in part due to the limited number of oral pathologists available. It is important to all dentists practicing in Kuwait to have knowledge of these issues as it affects referral

pathways and healthcare service delivery. In hospital-based settings, many patients with oral diseases present to otolaryngology departments due to the fact that patients consider the oral cavity to be within the realm of otolaryngologists,[8] while patients with oral manifestations of cutaneous diseases are frequently seen by dermatologists.[9] The recognized need for oral medicine specialty service is therefore supported by the fact that dental specialists, regardless of their specialty, and medical specialists refer patients due to uncertainty of diagnosis, treatment, or management of conditions presented.[10, 11] This also supports the fact that oral medicine specialists offer specialized procedures beyond the expertise of general practice.[12] Studies reporting the prevalence of oral mucosal lesions in Kuwait are very limited. A study reported the prevalence of lesions in patients attending Kuwait University Dental Centre.[13] White lesions were one of the most common lesions presented and were prevalent among tobacco and alcohol users.[13] Due to Kuwait's rapid socioeconomic development over the past decade, smoking in its varying forms including cigarette smoking, waterpipe smoking, use of cigars and most recently, the use of e-cigarettes are found to be a common habit in males and surprisingly, females. More recently, it has been observed that a high number of oral mucosal diseases are detected in Kuwait, including oral potentially malignant disorders. Studies have showed that a high percentage of young Kuwaiti individuals smoke, while secondhand smoke is prevalent[14, 15], which may contribute to the detection of oral leukoplakias. The use of smokeless tobacco is also prevalent due to the high number of expatriates from countries known for the excessive use of paan, gutka, and ghat, including India, Pakistan, and Bangladesh. Future research is warranted to unfold the impact of the prevalence of oral potentially malignant disorders and to identify specific risk factors in the Kuwaiti population.

## Current Challenges

There are several impediments experienced while practicing oral medicine in Kuwait. This is partly due to the confounded merging of the specialty with the periodontics department. In the context of administrative and clinical protocols, several consequences are impacting on overall patient care, including lack of consent forms relative to the specialty of OM, lack of triaging system, deficient statistical records tailored to OM conditions and disorders, inexplicit laboratory collaboration for the processing of oral biopsies, and the lack of coordinating multidisciplinary care clinics for the management of medically complex patients such as Sjogren's syndrome. From a clinical standpoint, most conditions and disorders managed in an OM setting differs significantly from periodontal procedures, and therefore it deems inappropriate to effectively practice the scope of OM directed by a periodontist. It has also been observed that clinical decisions are influenced by non-specialists in the field (i.e., periodontist), significantly affecting management protocols and standard of care. Examples of these clinical decisions include inappropriate review periods for certain conditions such as oral ulcers, inaccurate prescriptions and improper instructions and advice for the use of topical and/or systemic agents. Additionally, it has been confirmed that specimens from oral biopsies performed by some clinicians lacks adequate thickness and/or size for processing and reporting resulting in further additional surgeries to patients with delays in diagnosis and management. It has also been noted that the oral medicine specialist is restrained to a list of over-the-counter medications to manage any condition presenting to the clinic, which causes significant delays in medication prescriptions due to the inability to prescribe and/or unavailability of medications. Patients requiring topical or systemic corticosteroids for instance, are required to visit the dermatology

outpatient clinic for a prescription by a dermatologist. Other patients requiring anticonvulsants or antidepressants for the management of orofacial pain conditions are expected to visit internal medicine or neurology outpatient clinics to request a prescription. The more dilemmatic scenario is the refusal of medication prescription by dermatologists, neurologists, or any other healthcare professional due to medico-legal concerns and overall case responsibility. In some instances, patients may not be able to commence treatment. It is worthwhile noting that patients' dental records are not linked to medical healthcare systems in the relevant hospital in any form. Therefore, clinicians are not able to monitor patient's prescriptions electronically, adding more uncertainty to treatment progress. In this current state of clinical practice of dentistry in Kuwait, there unfortunately is a significant challenge in the healthcare system with regards to the number of oral medicine specialists, educators, and overall specialty awareness.

## Future Directions

Dental specialties are recognized to improve the quality of care. Global advances in oral medicine have been made through clinical, educational, and research activities considering the fast-changing spectrum of orofacial diseases brought about by human immunodeficiency virus (HIV), iatrogenic immunosuppression, and the increasing prevalence of human papillomavirus (HPV) related infections. [4] At present, there are critical consequences for oral medicine specialists and patients managed in Kuwait due to the absence of specialty recognition. This will in turn affect medical-dental cooperation in the delivery of care to patients, considering the many recognized oral manifestations of systemic diseases. It is therefore deemed necessary to establish an oral medicine department to applicably organize the range of administrative and clinical protocols discussed,

while clinical services provided by oral medicine specialists often have a profound impact on the overall health and patients' quality of life. It is also important to implement regular training courses for general dentists emphasizing extraoral and intraoral examination as part of routine clinical practice. With regards to career opportunities, it was clearly noted that the lack of information available, absence of specialty recognition and limited number of specialists, affect recent dental graduates' desire to pursue a career in this field. Oral medicine generally has active research components and colleagues has shown advanced progress in understanding the underlying biology of disease, therapeutic efficacy of medications, and accuracy of adjunctive tools with evidence-based outcomes.[4] In Kuwait, there has been very limited published evidence on the prevalence of oral mucosal diseases including nonexistence of oral cancer registry within dental departments across the specialty centers. There is also lack of statistical records indicating the number of patients with oral potentially malignant disorders, therefore the implementation of aggressive and sustainable public health actions to confront leading risk factors may not be justified without this decisive data. Although we perceived an increased interest in the field of oral medicine amongst general dentists in Kuwait, there remains a crucial need for more specialists in the field, while specialty recognition remains a priority.

#### Conflicts of Interest

The authors declare that there is no conflict of interest.

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## References

1. Stoopler E, Shirlaw P, Arvind M, Lo Russo L, Bez C, De Rossi S, et al. An international survey of oral medicine practice: Proceedings from the 5th World Workshop in Oral Medicine. *Oral Dis.* 2011;17(s1):99-104.
2. Khoury ZH, Sultan AS. The state of Oral Medicine and Oral Pathology in the Arab Middle East. *Saudi Dent J.* 2021;33(3):113-5.
3. Rogers H, Sollecito T, Felix D, Yepes J, Williams M, D'Ambrosio J, et al. An international survey in postgraduate training in Oral Medicine. *Oral Dis.* 2011;17(s1):95-8.
4. Scully C, Miller CS, Aguirre Urizar JM, Alajbeg I, Almeida OP, Bagan JV, et al. Oral medicine (stomatology) across the globe: birth, growth, and future. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2016;121(2):149-57.e5.
5. Harrison W, O'Regan B. Provision of oral medicine in departments of oral and maxillofacial surgery in the UK: national postal questionnaire survey 2009. *Br J Oral Maxillofac Surg.* 2011;49(5):396-9.
6. Ni Riordain R, Meaney S, McCreary C. Impact of chronic oral mucosal disease on daily life: preliminary observations from a qualitative study. *Oral Dis.* 2011;17(3):265-9.
7. Haberland CM, Allen CM, Beck FM. Referral patterns, lesion prevalence, and patient care parameters in a clinical oral pathology practice. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1999;87(5):583-8.
8. Miller CS, Hall EH, Falace DA, Jacobson JJ, Lederman DA, Segelman AE. Need and Demand for Oral Medicine Services in 1996. A report prepared by the Subcommittee on Need and Demand for Oral Medicine Services, a subcommittee of the Specialty Recognition Committee, American Academy of Oral Medicine. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod.* 1997;84(6):630-4.
9. Ramírez-Amador VA, Esquivel-Pedraza L, Orozco-Topete R. Frequency of oral conditions in a dermatology clinic. *Int J Dermatol.* 2000;39(7):501-5.
10. Bottomley WK, Brown RS, Lavigne GJ. A Retrospective Survey of the Oral Conditions of 981 Patients Referred to an Oral Medicine Private Practice. *The Journal of the American Dental Association.* 1990;120(5):529-33.
11. Pinto A, Khalaf M, Miller CS. The practice of oral medicine in the United States in the twenty-first century: an update. *Oral Surg Oral Med Oral Pathol Oral Radiol.* 2015;119(4):408-15.
12. Farah CS, Simanovic B, Savage NW. Scope of practice, referral patterns and lesion occurrence of an oral medicine service in Australia. *Oral Dis.* 2008;14(4):367-75.
13. Ali M, Joseph B, Sundaram D. Prevalence of oral mucosal lesions in patients of the Kuwait University Dental Center. *Saudi Dent J.* 2013;25(3):111-8.
14. Alali WQ, Longenecker JC, Alwotyan R, AlKandari H, Al-Mulla F, Al Duwairi Q. Prevalence of smoking in the Kuwaiti adult population in 2014: a cross-sectional study. *Environmental Science and Pollution Research.* 2021;28(8):10053-67.
15. Al-Shammari KF, Moussa MA, Al-Ansari JM, Al-Duwairi YS, Honkala EJ. Dental patient awareness of smoking effects on oral health: Comparison of smokers and non-smokers. *J Dent.* 2006;34(3):173-8.