



This radiolucency around the crown of an unerupted wisdom tooth was diagnosed radiographically as a dentigerous cyst

PHOTO CREDIT: SUPPLIED BY DR MICHAEL ALDRED

Teething troubles

ORAL PATHOLOGY IS BOTH A MEDICAL AND DENTAL SPECIALTY, BUT FEW PEOPLE ARE AWARE IT EVEN EXISTS. CATHY SAUNDERS REPORTS ON THIS UNHERALDED DISCIPLINE.

Oral pathologists carry out sleuthing work every day for doctors, dentists and patients – and their work can be life-saving.

But they do all this in relative obscurity: some have even dubbed their under-recognised and under-funded role ‘the Cinderella discipline’.

As a result of this, oral pathologists are becoming an endangered species – there are only about 10 of them in Australia and New Zealand.

These low numbers are partly explained by low remuneration compared with other dental specialties. And job opportunities are scarce.

So while dentists are queuing to become orthodontists because ‘everyone wants their teeth straightened’, oral pathologists are struggling for survival.

While patients certainly don’t register the term ‘oral pathology’, many doctors and dentists aren’t aware of its role either, despite the fact it is a discipline of both medicine and dentistry.

Its practitioners deal with pathology of the soft and hard tissues of the mouth, jaws and salivary glands. Diagnoses include consideration of the clinical picture and radiographs as well as biopsies.

“But no-one really knows what an oral pathologist is,” says Dr Anna Talacko, chair of the RCPA Faculty of Oral Pathology.

“Many clinicians removing tissue from the head and neck do not even realise that oral pathologists, who are people with expertise in this area, exist.

“In addition, some anatomical pathologists are not familiar with the role of oral pathologists.”

And yet their work is indispensable.

Training in oral pathology has traditionally been combined with training in oral medicine – a discipline of dentistry – in Australia. Some work exclusively as oral pathologists, dealing with the microscopic diagnosis of oral and maxillofacial conditions, and some combine this with oral medicine.

And according to Dr Michael Aldred, secretary of the college’s oral pathology faculty committee, oral pathologists diagnose “lumps and bumps” in the mouth, which can range from benign conditions to serious malignancies.

“As one example, a lot of tissue we deal with is from changes in the jaw associated with teeth or with cysts,” says Dr Aldred, who shares the diagnostic oral pathology reporting with Dr Talacko at Dorevitch Pathology in Melbourne.

There is a bewildering variety of cysts, some of which are caused by a dead tooth that can be removed but some of which are likely to recur, and “that will be important for the long-term management of the patient, to intervene if there is going to be a recurrence to catch it early rather than late”.

It’s also important to get a correct initial diagnosis: some samples diagnosed by the clinician as cysts can prove on examination to be tumours.

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If teeth could talk

While oral pathologists might often be asked by medically qualified pathologists to give their opinion on specimens from the oral cavity, they also deal with extracted teeth.

Dr Aldred, who has a special interest in inherited diseases of the teeth, helps clinicians distinguish between *amelogenesis imperfecta* and *dentinogenesis imperfecta* in which the enamel or the dentine, respectively, is imperfectly formed.

“Clinically, these can sometimes be confusing,” he says. “A correct diagnosis is important for patient management because if the dentine is affected, it can be associated with the medical problem

Oral pathology

– how to get there

To become an oral pathologist, it is possible to qualify as a dentist and then complete a higher degree in oral pathology or a combined degree in oral medicine and oral pathology, depending on the university.

Alternatively, dental or medical graduates can train for the Fellowship of the Faculty of Oral Pathology (FFOP) through the RCPA, which sought to set standards of training and assessment in oral pathology with the establishment of the Faculty of Oral Pathology in 1996. Dental and medical graduates can enrol in accredited laboratories (two in Australia and one in New Zealand) to train for the FFOP, which requires five years of training with specific requirements for the number of cases reported, similar to the requirements in anatomical pathology.

Oral pathologists who have done a Masters can apply for exemption from part of the FFOP training. The degree of exemption depends on the training undertaken, particularly with regard to diagnostic work.

osteogenesis imperfecta or ‘brittle bone disease’.”

Dr David Booth, a retired WA oral and maxillofacial surgeon who works part-time as an oral pathologist, agrees that because the mouth is such a good litmus test for overall health, oral pathologists often diagnose serious diseases long before they manifest in other parts of the body.

Some gastrointestinal disorders for example – such as Crohn’s disease and ulcerative colitis – can present with oral manifestations.

Dr Nick Boyd, an oral pathologist who works for the WA pathology company PathWest and at the University of Western Australia’s Oral Health Centre of WA, has other pertinent examples.

When a woman with a history of cancer had a wobbly molar for no apparent dental reason, he examined the extracted tooth and found islands of carcinoma on the root. When he reported he did not think it was from an oral location, a CT scan was performed and her sinus was found to be cancer-ridden.

Another recent diagnosis of metastatic prostate cancer followed the biopsy of a patient who presented with a numb lower lip, and was found on x-ray to have a suspicious area of bone in his jaw.

Despite valuable diagnoses such as these, Dr Boyd says patients with oral pathology are often referred inappropriately by their GPs to ear–nose–throat surgeons.

“I often say I wonder which part of ENT stands for mouth,” he says.

Similarly, GPs may see problems with the oral mucosa, think it is a skin problem and refer the patient inappropriately to a dermatologist.

Dr Booth says the lack of understanding by GPs about oral pathology is due to little exposure during training. Medical students have no, or at most two, lectures on it in six years of training compared with a full year of training for dental students.

And he believes this “downgrades oral pathology in the eyes of the medical profession”.

Dr Aldred agrees. “Most medical students have limited teaching of anything



Persistent ulcer of the lip

to do with the oral cavity and jaws – they have a gap in their education, which starts at the lips and ends at the tonsils.”

A tight squeeze

Because the role of oral pathologists has largely been under-recognised, the work generated from pathology laboratories does not fill a week.

So most also teach, conduct research in universities, or work as oral medicine specialists, combining oral medicine with oral pathology.

Dr Aldred says only about five oral pathologists report in commercial laboratories, and full-time posts in oral pathology do not exist.

Worse still, there are only two registrars in training, one unfunded in Victoria and one in a half-time funded training post at Westmead Hospital in NSW.

The Australian Medical Workforce Advisory committee recommended 400 extra pathology training posts over the past four years and only 53 (soon to be 63) have been funded.

None of these are for oral pathology, Dr Aldred says.

“A number of years ago we put our bid in for two oral pathology posts but have never had any success.”

But there may yet be some hope.

A federal health department spokesperson says the department is currently in discussions with the RCPA about pathology specialties in particular shortage.

“Funding will take into consideration specialties and sub-specialties that are



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Drs Michael Aldred and Anna Talacko: indispensable but unheralded work

experiencing severe shortfalls,” the spokesperson says.

But training posts and recognition are not the only hurdles for oral pathology. The lack of patient rebates presents another difficulty.

Because they traditionally have dental, not medical, training, oral pathologists are not eligible for a Medicare provider number and cannot access Medicare item numbers for pathology reports on microscope slides.

Medicare claims for their work are therefore made by anatomical pathologists in the pathology companies they report for.

The RCPA has been lobbying the federal government to have Medicare provider numbers instated for oral pathologists and discussions are still underway.

But the federal health department spokesperson says that in general, Medicare benefits are available only for professional services provided by, or on behalf of, a medical practitioner.

An oral pathologist with only dental and no medical qualifications would not be

able to become an approved pathology practitioner, the spokesperson says.

Despite this impasse, the college’s Faculty of Oral Pathology is hopeful of success soon in a different field: receiving accreditation from the Australian Dental Council (ADC).

This is on the basis that the Australian Medical Council has recently carried out its accreditation review of the RCPA and is likely to have implications for registration of oral pathologists as specialists.

To date, state dental boards have accepted that the three-year combined masters degree course (or equivalent) in oral medicine and oral pathology is sufficient for a specialisation in both disciplines. All state dental boards, except Victoria, have allowed oral pathologists with a Masters degree to register with them as specialists. (The WA Dental Board does not have a category for specialist registration in oral pathology.)

In Victoria, the Dental Practice Board requires the Fellowship of the Faculty of Oral Pathology (FFOP), and so agrees with the RCPA that the five-year fellowship should be the basis of an oral

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– Dr Michael Aldred

pathology specialisation before dentists can register.

“Traditionally, the Masters degree has been the registrable specialist qualification, but we believe the College really has the benchmark standards... and there should be one exit – the College Fellowship,” Dr Talacko says.

The Faculty is hopeful that once it has gained formal recognition by receiving accreditation from the ADC, the FFOP will be the only pathway to specialisation.

While there is still some way to go in gaining better recognition for oral pathology, formal accreditation may well be a promising step towards a brighter future for this unsung speciality. 🔥