Carotid artery calcification prevalence detected via panorex among Caucasians Ryan Vahdani DDS, Darby L Johnson

Abstract

Objectives

The study aims to evaluate the prevalence of carotid artery calcifications (CAC) in the Caucasian patient population at The University of Texas Health Science Center at Houston School of Dentistry using dental panoramic imaging. It will also assess documentation of CAC diagnoses in electronic health records (EHR) and subsequent referrals to physicians, along with identifying associated risk factors.

Methods

Retrospective study utilizing pre-existing available panoramic images of caucasian patients aged 45 years or older enrolled in University of Texas Health – Houston School of Dentistry who have undergone panoramic images from 2008 to 2023 will be included. Panoramic images and EHRs of these patients will be assessed for the following:

- Presence of CAC
 - o labeled following the plaque-RADS classification system of severity/extension from 0 (not present) to 4 (vessel-outlining calcification)
- Gender, age, cardiac risk factors
 - o Risk factors: age, gender, race, history of diabetes, kidney disease, stroke/myocardial infarction, ischemic attacks, peripheral artery disease, deep vein thrombosis, cardiovascular disease, history of bypass surgery, and use of medications including the most common antihypertensives, blood thinners, diabetes medications, diuretics, and antihyperlipidemics.
- Documented diagnosis of CAC in EHR
- Documentation of subsequent referral to physician

Results

			OVERALL	
Male				
Female				
CAC Present PANO				
*CAC	1			
Classifica tion	2			

	3		
	4		
CAC RAD INTERP			
PCP/MD Referral/Consult			
AVG			

Conclusion

Dental professionals improve overall health and should maximize the capacity for recognizing and addressing incidental findings. Early diagnosis of CACs on dental panoramic images potentially reduces patients' morbidity and mortality. Missed CAC diagnoses on panorexes pose a great loss to patients. Panoramic radiographs commonly used in dental practices pose a cost-effective, easy-to-use diagnostic tool for CAC than sonography, computed tomography, or angiography; thereby, strengthening the association between oral-systemic health and promoting early preventative measures.

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