

Re: Handpiece "injury" from ill patient

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- *From:* Mark & Steven Bornfeld <bornfeldmung@xxxxxxxxxxxxxxxxx>
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daconverter wrote:

The incident occurred three days ago. I was trimming a saliva-infected temporary crown (previously in the mouth of a patient)with my handpiece burrs, which eventually contacted my left glove, tore the glove, and made an indentation on the tip of my left index finger. Before the incident, the skin on that finger was a bit abraded from doing some tool work at home. Anyway, the finger tip looked red but there was no bleeding and I didn't see any visible tear from it.

A day later, I noticed a 1-mm scab there but I can't tell if it was from the handpiece burr injury or from when I abraded the skin during some hardware task at home.

The day after the incident, on the exact same patient, I was feeling for something in his mouth. I had gloves on at the time. His mouth was pooling with saliva and felt a bit cold. Once my gloves (particularly my left index finger) got soaked with his saliva, the site of recent accident on my left index finger began to hurt. (like the way it hurts when you wash a wound).

The patient is HIV and Hep C positive. His HIV viral load is about 56,000, with CD4 count at ~400. These were from blood tests 4 months ago but I have reasons to suspect they're now far worse. He appears symptomatic from HIV, as I always see him sweating heavily and his overall gait isn't presentive of a healthy, stable person. He has hep C but his viral load isn't known and, as of 4 months ago, his ALT and AST were normal. Along with his HIV status, I am also suspecting his hep c state to be worse than what his previous blood work indicated.

Are either, or both, of the above incidents considered an occupational exposure? How likely is it for an HIV or Hep C transmission? Are they worth reporting? (I'm already being tested within a 6 month window for another HIV exposure as of 2 weeks ago. Surely, there isn't a point for me in being testing for another souce patient in the same time period)

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I don't think anyone can tell you with any degree of accuracy the chances you will be infected by this individual exposure. Viral load in the saliva is much lower than in the blood, but of course saliva may be contaminated with blood. The old figures I'd heard was that a percutaneous exposure to HIV carried a risk of seroconversion on the order of 1%, and for Hep B about 50%, but this is blood exposure. I haven't heard anything specifically about Hep. C.

You may wish to look at your technique if you're being nipped by burs so often. It happens to all of us, but...

Steve

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