




# CAROLINA FRITMAN ORTIZ

New York City College of Technology

Den 2300: Case Presentation

12/13/19



# Patient Profile

- Mr. D is a 55 Year-old Hispanic male.
- Middles-class, lives in Queens/NY with his wife. He currently has dental insurance but does not take advantage of his benefits.
- His last dental examination was done on March 2015 for a cleaning and adjustment of partial denture. 4 BW's were taken at that time (as stated by the patient).
- Patient uses manual soft toothbrush with up & down motions twice a day, uses Colgate dentifrice, waxed flossed twice a day and Listerine every night.



# Chief Complaint(s)

- Patient stated he feels “okay” about the appearance of his teeth and thinks they need improvement.
- Mr. D wanted to get a cleaning done since it has been a while since he seeks dental care. But for the most part, patient did not have complaints about his teeth.
- Patient was self-conscious about his partial denture and was covering his mouth with a tissue paper when he removed it to be properly cleaned.

# Health History Overview

- Blood Pressure: 143/73, pulse: 75. Second visit BP: 140/69, pulse: 74. ASA II
- Medical conditions:
  - *Patient was diagnosed with high blood pressure about a year ago.*
- Current Medications:
  - *Losartan Potassium 100mg/day for treatment of high blood pressure.*



# Explanation of Condition

- Patient said that he never had any symptoms before he was diagnosed with high blood pressure.
- Patient went to the doctor for a general checkout after a while of not getting a physical done. That's when the doctor told him he had high blood pressure and gave him diet recommendation and told him to exercise more. Since blood pressure was not getting better the doctor decided to prescribe him with medication.
- Patient said to have history of his mother having high blood pressure and his blood pressure can be a result of genetics. He also mentioned that he used to have a very disorganized and unbalanced diet and eat at different times during the day. As well as lack of exercise because he was always working and did not have enough time.



# How Condition is Managed

- Initially, the condition was treated with a healthier diet and exercise but since no improvement was obtained, the doctor prescribed medication to the patient (Losartan Potassium 100mg/day).
- Patient takes his medication every morning with his breakfast and tries to exercise at least 3 times a week. Patient also mentioned to be eating a lot healthier than years ago and to be more careful to not miss any meals during the day because he said he used to have a very disorganized diet and times of meals.

# Dental Hygiene Management

- Contraindications to dental treatment could be the use of Epinephrine on a hypertensive patient, but special precautions are not available. However, the use of Epinephrine will constricted the blood vessels making the heart work more which can increase the blood pressure more, for that reason this type of anesthesia is not use on a high blood pressure patient.
- A hypertensive patient may experience orthostatic hypotension as they stand up after treatment; especially if lying in dental chair for extended periods of time. Therefore, a hypertensive patient has to be treated with caution after sudden changes in position during and after treatment.

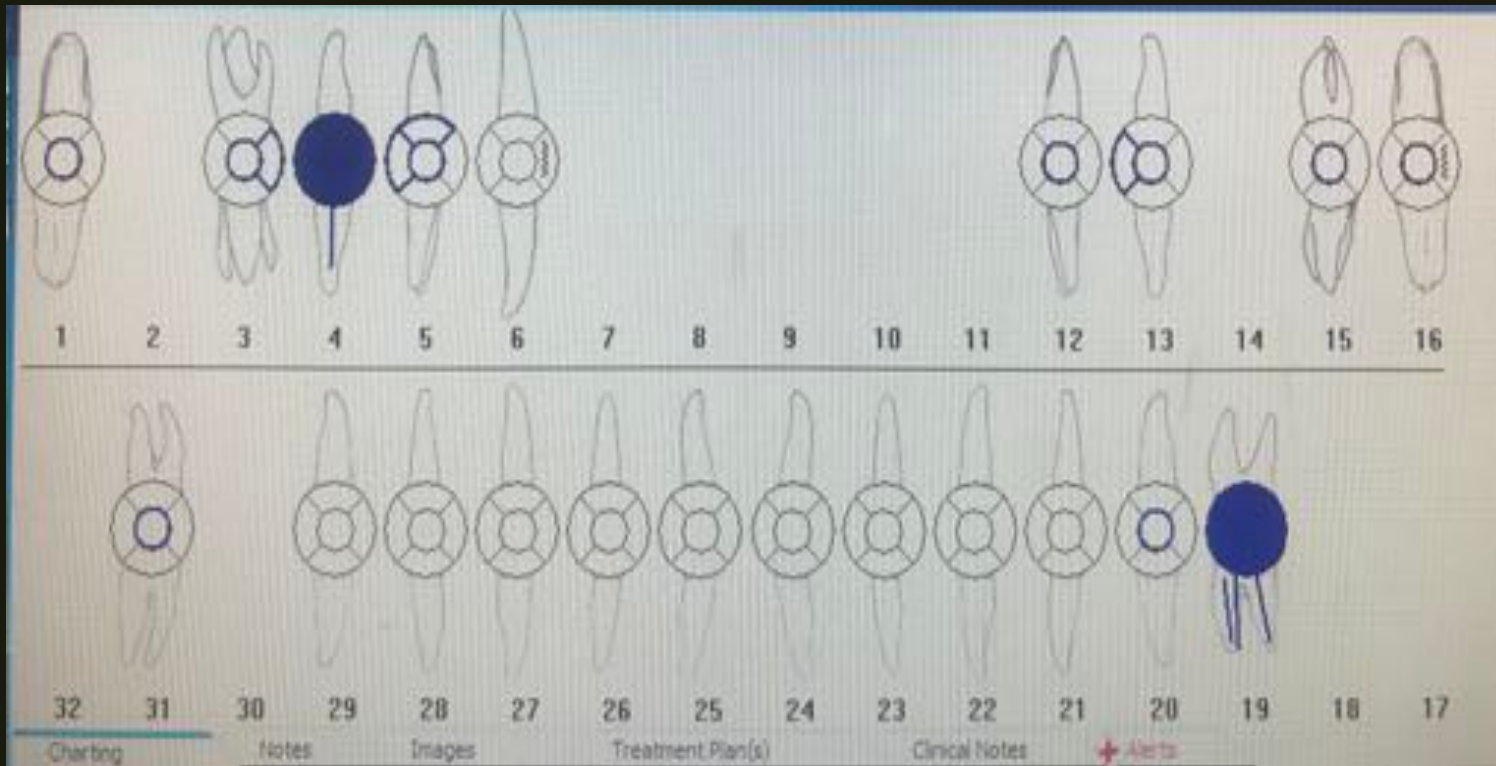
# RADIOGRAPHS





# Summary of Clinical Findings

- Extra oral findings, unilateral clicking of the TMJ on the left side (patient presents not symptoms), red macule on the occipital center of the neck (patient states that is a birth mark and all his children have it as well). Intra oral findings, scalloped tongue, coated tongue, leukoplakia lesion on the left cheek around the second molars, less than 1cm, flat with regular borders.
- Class of occlusion I, overjet and overbite was not recorded because patient is missing maxillary anterior teeth.
- Generalized subgingival calculus on the interproximal of posterior teeth with localized supragingival calculus on the mandibular anterior teeth. Patient presents no stains.



## Dental Charting

- Class I and II composite restorations on #1, #3, #5, #12, #13, #15, #16, #20, & #31.
- PFM and RCT on #4, & #19.
- Fractured teeth #6 & #16.
- Overhang restoration on #5/D.
- Partial removable denture from #7-11
- Localized attrition on #21-27 and abfraction on #6, #12, and #29.

# Caries Risk Assessment

- Patient does not present active suspicious decay, clinically or radiographically.
- Patient presents generalized moderate recession which place the patient at a moderate risk for caries. Patient also presents more than 1 interproximal restoration and removable partial denture on anterior maxillary teeth.

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### Caries Risk Assessment Form (Age >6)

Patient Name: [REDACTED]  
 Birth Date: 03/09/1969 Date: 10/09/19  
 Age: 55 Initials: C.F.

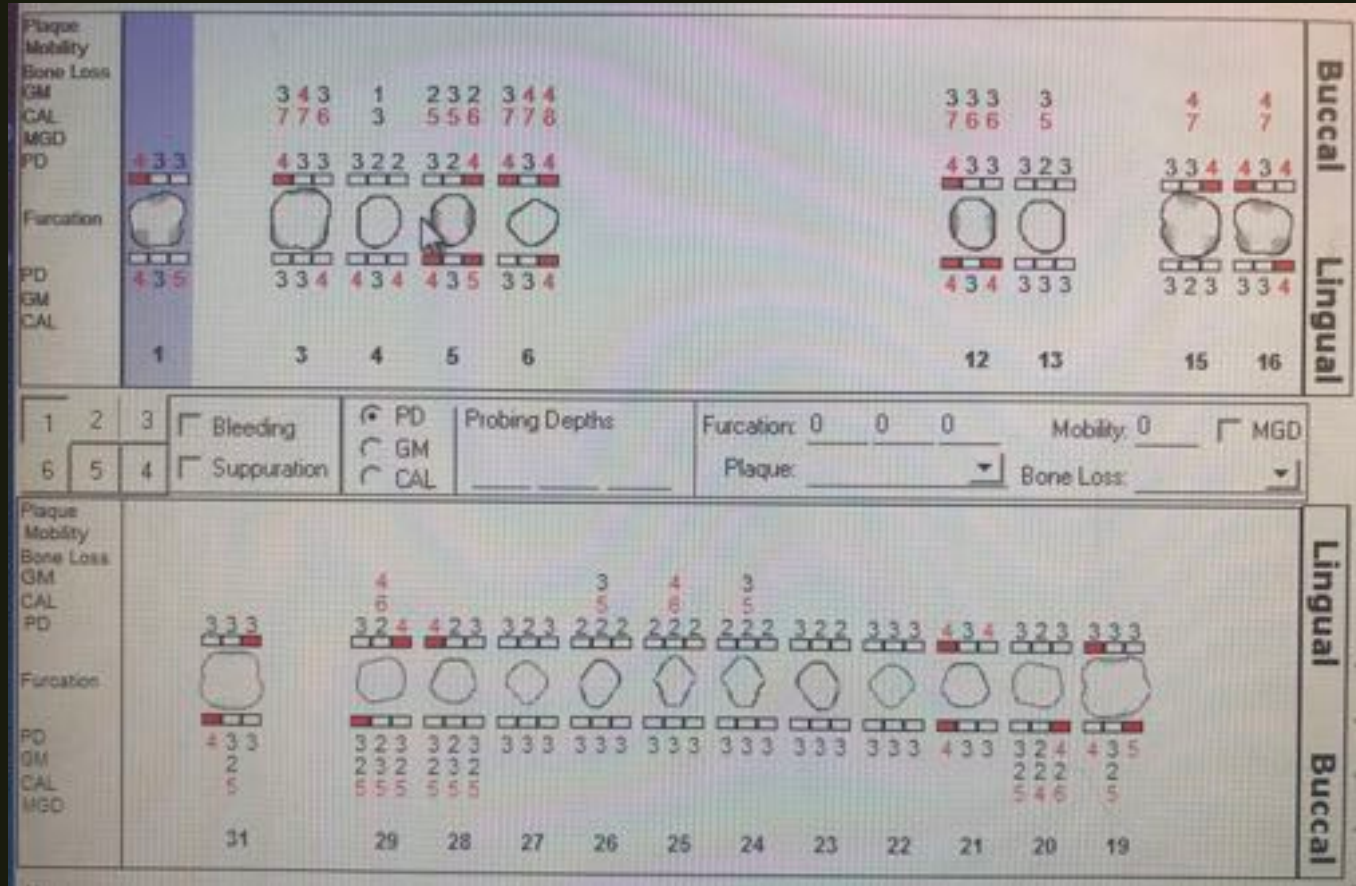
	Low Risk	Moderate Risk	High Risk
<b>Contributing Conditions</b> Check or Circle the conditions that apply			
I. Fluoride Exposure (through drinking water, supplements, professional applications, toothpaste)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
II. Sugary Foods or Drinks (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	<input checked="" type="checkbox"/> Primarily at mealtimes		<input type="checkbox"/> Frequent or prolonged between-meal exposures/day
III. Caries Experience of Mother, Caregiver and/or other Siblings (for patients ages 6-14)	<input checked="" type="checkbox"/> No carious lesions in last 24 months	<input type="checkbox"/> Carious lesions in last 7-23 months	<input type="checkbox"/> Carious lesions in last 6 months
IV. Dental Home: established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>General Health Conditions</b> Check or Circle the conditions that apply			
I. Special Health Care Needs (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (over age 14)	<input type="checkbox"/> Yes (ages 6-14)
II. Chemo/Radiation Therapy	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes
III. Eating Disorders	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
IV. Medications that Reduce Salivary Flow	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Drug/Alcohol Abuse	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Clinical Conditions</b> Check or Circle the conditions that apply			
I. Cavitated or Non-Cavitated (incipient) Carious Lesions or Restorations (visually or radiographically evident)	<input checked="" type="checkbox"/> No new carious lesions or restorations in last 36 months	<input type="checkbox"/> 1 or 2 new carious lesions or restorations in last 36 months	<input type="checkbox"/> 3 or more carious lesions or restorations in last 36 months
II. Teeth Missing Due to Caries in past 36 months	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes
III. Visible Plaque	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
IV. Unusual Tooth Morphology that compromises oral hygiene	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
V. Interproximal Restorations - 1 or more	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
VI. Exposed Root Surfaces Present	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
VII. Restorations with Overhangs and/or Open Margins; Open Contacts with Food Impaction	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
VIII. Dental/Orthodontic Appliances (fixed or removable)	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
IX. Severe Dry Mouth (Xerostomia)	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes
Overall assessment of dental caries risk: <input type="checkbox"/> Low <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> High			
Patient instructions: <i>Important of oral hygiene, supplement 3 months dental care maintain a healthy diet and make sure to maintain fluoride on regular oral hygiene.</i>			

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# Gingival Description & Periodontal Status

- Patient is a perio type II due to generalized moderate recession with localized severe recession on lower mandibular teeth and generalized horizontal bone loss.
- **Gingival Description:**
  - Pink color gingival with localized redness on maxillary premolars and mandibular anterior teeth, generalized spongy consistency, with generalized non-stippled present.
- Localized moderate bleeding upon probing on posterior teeth and localized moderate inflammation on maxillary premolar and mandibular anterior teeth.

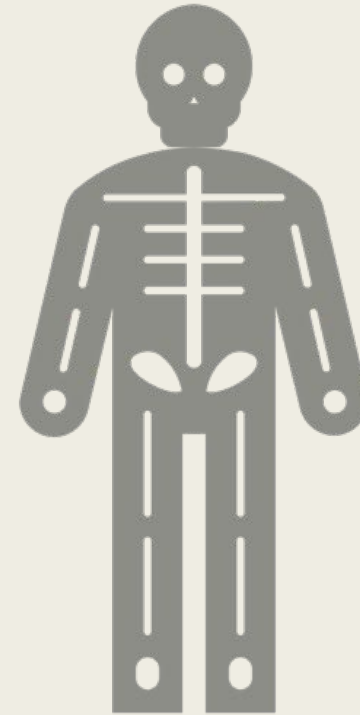
# Periodontal Charting



- Mrs D. periodontal chart presents generalized 2-3mm probing depths with localized 4-5mm on the posterior teeth.
- Generalized moderate recession.
- Localized grade I mobility on #23-26.
- Moderate bleeding upon probing and moderate inflammation.

# Dental Hygiene Diagnosis

- Mr. D is a perio II with active periodontal disease due to generalized recession, localized 4-5mm probing depths on posterior teeth. Moderate bleeding upon probing and moderate inflammation. Patient presents generalized moderate horizontal bone loss.
- Pt presents slight dentures stomatitis on #6/ML and #12/ML.
- Pt is a moderate risk of caries due to generalized moderate exposed roots, more than 1 interproximal restorations, and removable dental appliance. Localized moderate attrition on #21-27 and slight abfraction on #6, #12, and #29.





# Dental Hygiene Care Plan

- Treatment plan: The DH care plan was to review and teach Mr. D a toothbrushing technique appropriate to his needs. Recommend a power toothbrush to his oral hygiene care rather than a manual toothbrush and instructions on the cleaning and maintenance of denture. A full mouth series of radiographs. Ultrasonic and hand scale of the whole mouth, engine polish with fine prophylaxis paste, 5% varnish fluoride. Referral to a dentist for regular check up and for fractured teeth, recommendation of a 3 month re-care and the maintenance of a healthy diet.
- **Visit 1:** Assessments, CAMBRA form, oral hygiene instructions, ultrasonic and hand scale of LR. Referral to dentist.
- **Visit 2:** Review oral hygiene instructions, ultrasonic and hand scale of UR, UL, and LL. Engine polishing, varnish fluoride.

# CONSENT FOR TREATMENT PLAN

Visit 1: _____ (Date)	Visit 2: _____ (Date)	Visit 3: _____ (Date)	Visit 4: _____ (Date)
<b>Patient Education:</b> <input checked="" type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____	<b>Patient Education:</b> <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____	<b>Patient Education:</b> <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____	<b>Patient Education:</b> <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____
<b>Radiographs: Digital</b> <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	<b>Radiographs: Digital</b> <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	<b>Radiographs: Digital</b> <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	<b>Radiographs: Digital</b> <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan
<b>Debridement:</b> <input type="checkbox"/> Quadrant(s) <u>ULR</u> <input type="checkbox"/> Whole Mouth	<b>Debridement:</b> <input type="checkbox"/> Quadrant(s) <u>F, IF, UPR</u> <input type="checkbox"/> Whole Mouth	<b>Debridement:</b> <input type="checkbox"/> Quadrant(s) <u>LL</u> <input type="checkbox"/> Whole Mouth	<b>Debridement:</b> <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth
<b>Pain Management:</b> <input type="checkbox"/> Topical <input type="checkbox"/> Oraqu <input type="checkbox"/> Local Anesthesia	<b>Pain Management:</b> <input type="checkbox"/> Topical <input type="checkbox"/> Oraqu <input type="checkbox"/> Local Anesthesia	<b>Pain Management:</b> <input type="checkbox"/> Topical <input type="checkbox"/> Oraqu <input type="checkbox"/> Local Anesthesia	<b>Pain Management:</b> <input type="checkbox"/> Topical <input type="checkbox"/> Oraqu <input type="checkbox"/> Local Anesthesia
<b>Coronal Polish:</b> <input type="checkbox"/> Engine	<b>Coronal Polish:</b> <input type="checkbox"/> Engine	<b>Coronal Polish:</b> <input type="checkbox"/> Engine	<b>Coronal Polish:</b> <input type="checkbox"/> Engine
<input type="checkbox"/> Air Polisher: Agent _____	<input type="checkbox"/> Air Polisher: Agent _____	<input type="checkbox"/> Air Polisher: Agent _____	<input type="checkbox"/> Air Polisher: Agent _____
<b>Other:</b> <input type="checkbox"/> Topical Fluoride: _____	<b>Other:</b> <input type="checkbox"/> Topical Fluoride: _____	<b>Other:</b> <input type="checkbox"/> Topical Fluoride: _____	<b>Other:</b> <input type="checkbox"/> Topical Fluoride: _____
<input type="checkbox"/> Arestin: _____	<input type="checkbox"/> Arestin: _____	<input type="checkbox"/> Arestin: _____	<input type="checkbox"/> Arestin: _____
<input type="checkbox"/> Sealant(s): _____	<input type="checkbox"/> Sealant(s): _____	<input type="checkbox"/> Sealant(s): _____	<input type="checkbox"/> Sealant(s): _____
<input type="checkbox"/> Impressions _____	<input type="checkbox"/> Impressions _____	<input type="checkbox"/> Impressions _____	<input type="checkbox"/> Impressions _____

The findings of my assessments were explained to me and I authorize my student dental hygienist to perform the procedures delineated in the treatment recommendations above and I understand that modifications to care and photographs may be required based on my individual needs. A thorough discussion with me of the risks of hygienist and/or clinical faculty supervision, the nature, purpose, timing, and cost of these procedures, available treatment alternatives, and the advantages and disadvantages of such, including no treatment was discussed. I understand that additional treatment and/or referrals may be deemed appropriate in order to treat my oral condition. I understand that the dental hygiene clinic has the right to discontinue treatment and delay appointment scheduling after (2) missed appointments within the academic semester. In this event, I will be provided with a list of regional hospitals/clinics for continuation of care. I have read and understand the above statement and all my questions concerning my treatment have been satisfactorily answered.



# Implementation of Treatment

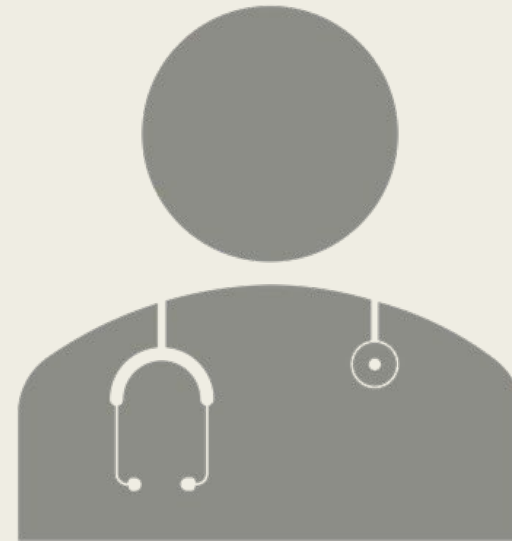
- **Initial visit:** Medical history was completed and reviewed, patient takes medication for hypertension. Intra and extra oral examination was performed and everything was WNL, dental and perio charting was completed and reviewed. A referral form was given to patient for a regular check up and fractured teeth. Calculus detection was completed and it was determined that the patient was a heavy/perio II. Treatment plan was presented to patient and approved. Plaque index was performed with a score of 0.6 (good). CAMBRA form was done to complement to assessment and oral hygiene instruction were given to patient; modified stillman method was the method of choice by the DH because plaque was mostly presented on the direct surfaces of his teeth. In addition, since patient presented slight denture stomatitis, I emphasized on the importance of not sleeping with denture on and I gave him instructions on how to properly clean his denture. It was recommended to patient to get constant dental care, to maintain a good oral hygiene and healthy diet as well as implement fluoride as part of his normal oral hygiene in order to reduce caries and sensitivity. Ultrasonic and hand scaled of LR.

# Implementation of Treatment

- **Second visit:** Reviewed medical history and changes intraorally. Blood pressure was re-taken due to patient been hypertensive. Reviewed toothbrushing technique previously taught and power toothbrush was recommended to the patient this time. It was also recommended to implement a sensitivity toothpaste like Sensodyne to prevent sensitivity on the areas of exposed root surfaces. Denture stomatitis appeared significantly less and patient said to be using Polydent to clean his denture every night. Plaque index showed not improvement with a 0.6 (good) final score. Ultrasonic and hand scaled of UR, UL and LL with local infiltration of UR and UL with Mepivacaine Hydrochloride, and a block on the LL with Mepivacaine Hydrochloride. Engine polished with fine prophylaxis paste due to not stain present and a plaque score of 0.6 (good). Application of 5% varnish fluoride to help prevent cavities and reduce sensitivity. A recommendation of a 3 month re-care was given to patient.

# Evaluation of Care

- Patient showed interest on the recommendation given and the rationality behind each recommendation. Even though his place score remain the same at the second visit, he showed well control over the toothbrushing technique initially taught and said to be implementing it to his oral hygiene routine twice a day. Patient also showed decreased inflammation on the area previously scaled and I believe that his inflammation, accumulation of plaque, and consequently calculus is going to minimize as he continues to implement the instructions given to him.



# Referral(s)

- Referral was given for a general check up with the dentist and for fractured teeth.

NEW YORK CITY COLLEGE OF TECHNOLOGY  
City University of New York  
Dental Hygiene Clinic  
300 Jay Street, Brooklyn, NY 11221-1999

**ADULT REFERRAL FORM**

A copy of this original form has been placed in the patient's electronic record.

Date: 10/03/19

Dear Doctor,

A student, under faculty supervision, at the Dental Hygiene Clinic at the New York City College of Technology has performed a periodontal and oral disease risk assessment on: [REDACTED]

The patient is being referred to you for consultation and treatment in the following areas:

- Caries: \_\_\_\_\_
- Restorative Care: \_\_\_\_\_
- Oral Pathology: \_\_\_\_\_
- Oral Surgery: \_\_\_\_\_
- Periodontal Disease: \_\_\_\_\_
- Elevated Blood Pressure: 1<sup>st</sup> reading: \_\_\_\_\_ 2<sup>nd</sup> reading: \_\_\_\_\_
- Other: Period (lock) Fractured on #6 and #16

Thank you,  
Dental Hygiene Student: Carolina Fritman Art 2  
Attending Faculty: Dora Ann Ochoa

I, (the patient), have been informed of the clinical findings and recommendations. I understand that failure to comply with referral recommendations may result in permanent, irreversible long-term damage to the areas indicated. I further understand that failure to comply with recommendations may result in discontinuation of treatment at the dental hygiene clinic.

Patient Signature: [REDACTED]

SNK/MAF/LFC  
FAR 2017

# Continued Care Recommendation

- I recommended a 3 month re-care to Mr. D due to his active periodontal disease, his moderate caries risk, as well as a maintenance cleaning to monitor the amount of plaque and calculus on his mouth and consequently his bleeding and inflammation. And most importantly to stabilize his periodontal status. I encouraged Mr. D to take advantage of his dental insurance and to seek dental care regularly to maintain his periodontal status and prevent future problems.



# Final Reflection

- Overall, the plan and treatment of Mr. D. went well. Patient left very happy after completion of dental treatment. He left motivated and encouraged to keep and maintain a healthy mouth. I was very satisfied with the treatment that was provided to Mr. D, with the way the visits were managed and the way the patient left.
- One thing I would have done differently is anesthesia. On my patient's first visit I did not use any type of anesthesia because the patient said to not need it. Even though he was comfortable the whole time and did not say to have much discomfort, when I used anesthesia on the second appointment I noticed he was a lot more relaxed and I can guarantee it was because he was not feeling anything.

# References

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