Arestin Case Report

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Demographics
The patient was AH, a 52 year old African American woman. She presented in late February, 2019 for a recare appointment, and was classified as a medium type III due to recession and probing depths.

Assessment
Chief Complaint – AH requested the use of Arestin.

Medical History – AH was forthcoming regarding her very complex medical history. Most recently, on April 29, 2019), AH underwent reconstructive surgery on both breasts. The surgeon removed an implant from the right breast and replaced it with another type of implant. A week prior to her recare appointment in March of 2019, AH fell and sprained/bruised her right ankle. She was wearing a brace for support. She also suffered from arthritis in her right knee. Prior to that, in 2016, AH was struck by a motor vehicle. She had bilateral arthroscopic knee procedures. In 2011 and 2014, AH was diagnosed with breast cancer. In 2011, she underwent a lumpectomy on the right breast and six weeks of radiation therapy. In 2014, AH had a mastectomy on the right breast. AH had a history of lung nodules, and ovarian polyps. She continued to be followed by doctors.

AH was prescribed multiple daily medications. She was prescribed ibuprofen, 800mg daily as needed for pain from her arthritis. She also took atenolol, 75mg daily for hypertension, and hydrochlorothiazide diuretic, 25mg daily for hypertension. AH was prescribed tamoxifen, 20mg daily as an estrogen blocker, as well as clonazepam, 0.5mg daily for anxiety. AH did not require premedication for dental appointments.

Social History - AH reported drinking one to two beers daily. She did not report tobacco or drug use.

Dental/Radiographic History – AH's last prophylaxis was completed at the New York City College of Technology Dental Clinic in October, 2018. At the time, AH was classified as a heavy type III. AH had a history of periodontitis and bone loss, and was very concerned with maintaining oral health. AH had a panoramic radiograph taken in April, 2017.

Homecare – AH reported an extensive homecare routine. She used an electric toothbrush (unable to recall the brand) twice a day, used antiseptic mouthwash twice daily, and used floss or a proxabrush daily.

Vitals – BP was 131/86, pulse 70. ASA II.

Pathology
Extraoral Exam – No significant findings.

Intraoral Exam – No significant findings

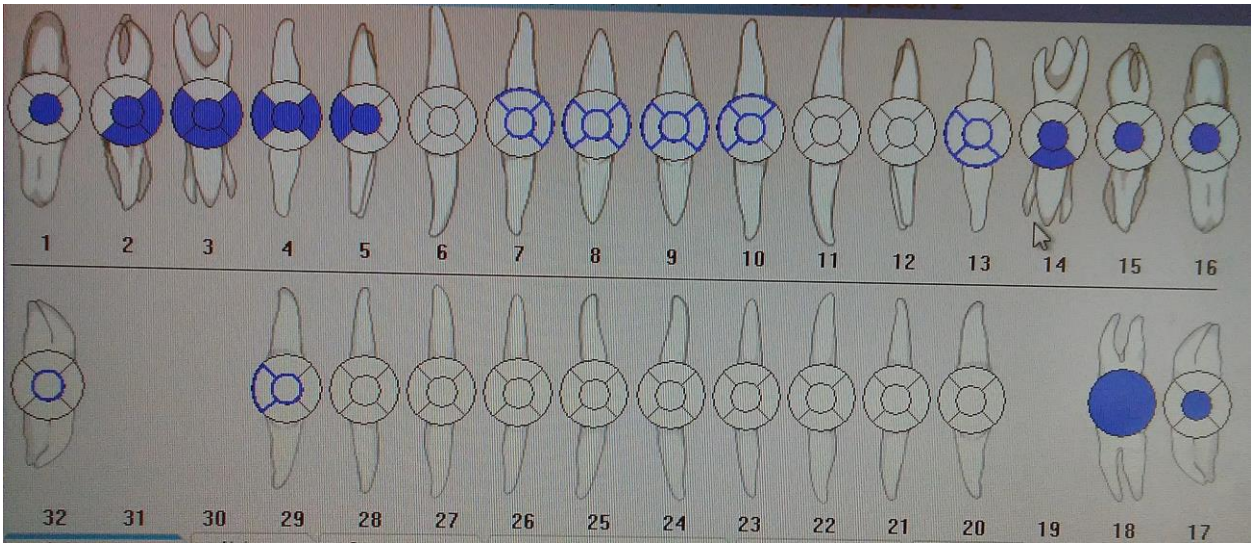
Dentition
AH had bilateral class I occlusion with a 50% overbite and 4mm overjet. AH had multiple restorations present, as well as several missing teeth.

AH was missing teeth #19, 30, and 31.

AH had the following amalgam restorations: #1O, 2MOL, 3MODL, 4MOD, 5DO, 14OL, 15O, 16O, and 17O.

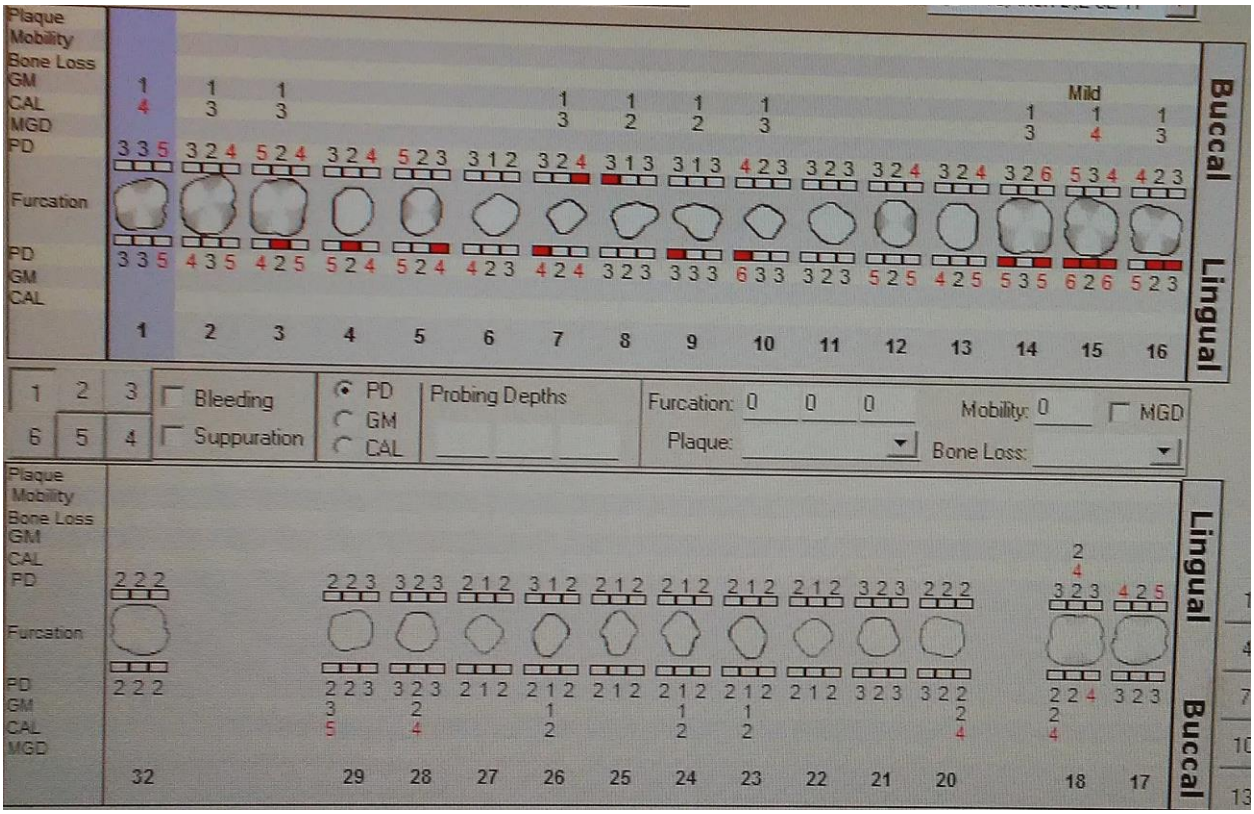
AH had the following composite restorations: #7MOB, 8MOD, 9MOD, 10MOB, 13MOL, 29DO, and 32O.

AH had a porcelain fused to metal crown on #18.



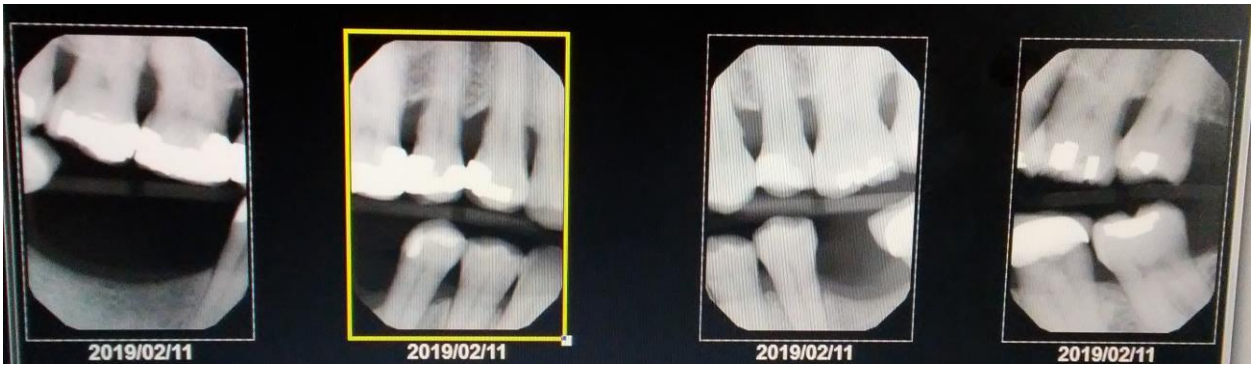
Periodontal
AH's gingiva was pigmented, smooth, and firm. There was a type III embrasure between #8/9, but AH reported that she had had a diastema corrected with bonding. She had mostly type II embrasures on her posterior teeth, along with generalized 1-2mm recession. There was moderate bleeding on probing on the maxilla, and no BOP on the mandible.

Radiographs revealed generalized vertical bone loss.



Oral Hygiene
AH's initial plaque score was 1.3, with biofilm present marginally and interproximally. Biofilm was especially abundant around posterior teeth.

Radiographs
Four vertical bitewing radiographs were exposed. They revealed generalized bone loss.



Treatment
AH's debridement took two visits, Arestin was placed at the second visit, and AH returned for an evaluation on a third visit.

At her first visit, assessments were completed, radiographs were exposed, and the upper right quadrant was debrided using the Cavitron and hand-scaling. AH was administered 0.8mL of

1:100,000 lidocaine with epinephrine via a MSA and PSA regional block. AH reported anesthesia. Teeth #12 and 13 were also scaled using the Cavitron and hand instruments with 0.4mL of 1:100,000 lidocaine with epinephrine via a MSA regional block. Again AH reported anesthesia. Arestin was recommended on mesial and distal surfaces of #2, 3, 5, 10, 12, 14, and 15, pending final decision on the day of placement.

At her second visit, AH was taught how to use a power toothbrush, and demonstrated it successfully. Debridement was completed on the remaining quadrants with Cavitron and hand-scaling with one carpule of Oraqix. Previously treated areas were lavaged with the Cavitron.

AH had previously purchased Arestin from a private dental office. It was expiring in April of 2019, but was placed in March of 2019. Final sites were: #2M, 3M, 4D, 5D, 10M, 12M, 12D, 13D, 14M, 14D, 15M, and 15D. After-care instructions were explained and given to AH.

Evaluation

Over the course of treatment, AH was very concerned with her oral status. She continually asked what probing depths were, and asked which teeth had the deepest pockets. She reported positive experiences during the administration of local anesthetic and during debridement.

AH reported having an extensive homecare routine, but her plaque score did not reflect her efforts. After teaching the power toothbrush, she seemed to improve her technique.

The Arestin did seem to improve AH's periodontal health. Generally, probing depths decreased by 1mm, and there was almost no bleeding on probing during her evaluation. Probing depths for teeth #3M, 12D, and 14D did not change, and only #10M had slight bleeding on probing. Probing depths were as follows:

Tooth/Surface	Pre-Treatment Probing Depth (mm) as of 03/25/19	Post-Treatment Probing Depth (mm) as of 05/02/19
2M	5	4
3M	5	5
4D	5	4
5D	5	4
10M	6	5
12M	5	4
12D	5	5
13D	5	4
14M	5	4
14D	5	5
15M	6	5
15D	6	4