Case Report #1

By: Christina Branco

May 7, 2018

Demographics:
Patient is V.C. age 20, light/type I.

Assessment:
V.C. was diagnosed with ulcerative colitis in 2017. She underwent two colonoscopies, and was prescribed medication (Apriso), but had since stopped taking it. She was only supposed to take medication for two months. Since symptoms subsided, the doctor did not prescribe anything else, and did not continue the prescription for Apriso. She does still see that doctor (last visit in 2017), and was due for another appointment at the time of treatment. V.C. manages symptoms with a modified diet, and reported a flare-up every few months. Her vital signs were slightly elevated: BP 129/92 and pulse was 105. At subsequent appointments, vitals were similar (134/90 and pulse 96; 128/89 and 106; 129/81 and pulse 105). She is ASA II.

Patient's last dental visit was in 2015.

V.C. does not smoke, use alcohol, or use drugs. She reported consuming a high-carb diet, and snacking frequently between meals.

No premedications required.

No systemic conditions other than ulcerative colitis.

V.C. takes Tylenol for headaches, but had not taken it for a week before her appointment.

Oral Pathology:
Patient had no significant pathological findings from extra- or intraoral examinations.

Dentition:
V.C. had bilateral class I occlusion, overjet of 6mm, 50% overbite.

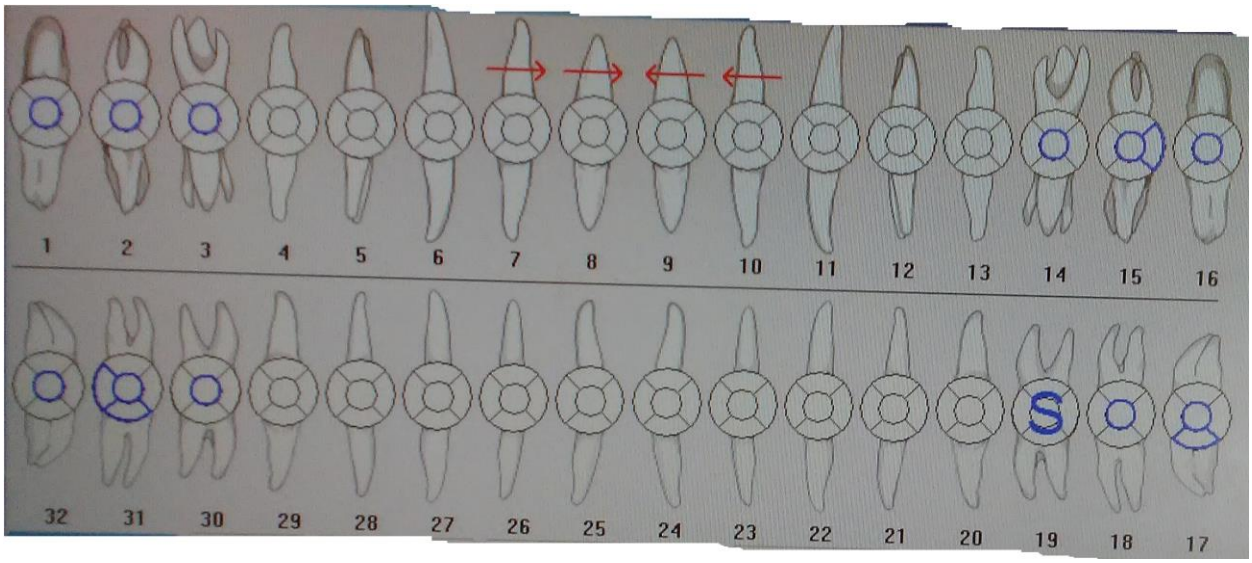
Patient had multiple composites: #2 DO, #3 O, #14 O, #15 O, #16 O, #17 OB, #18 O, #31 O, and #32 O.

Patient had suspected caries on #1 O, #3 DO, and #32 O.

Patient also had a sealant on #19.

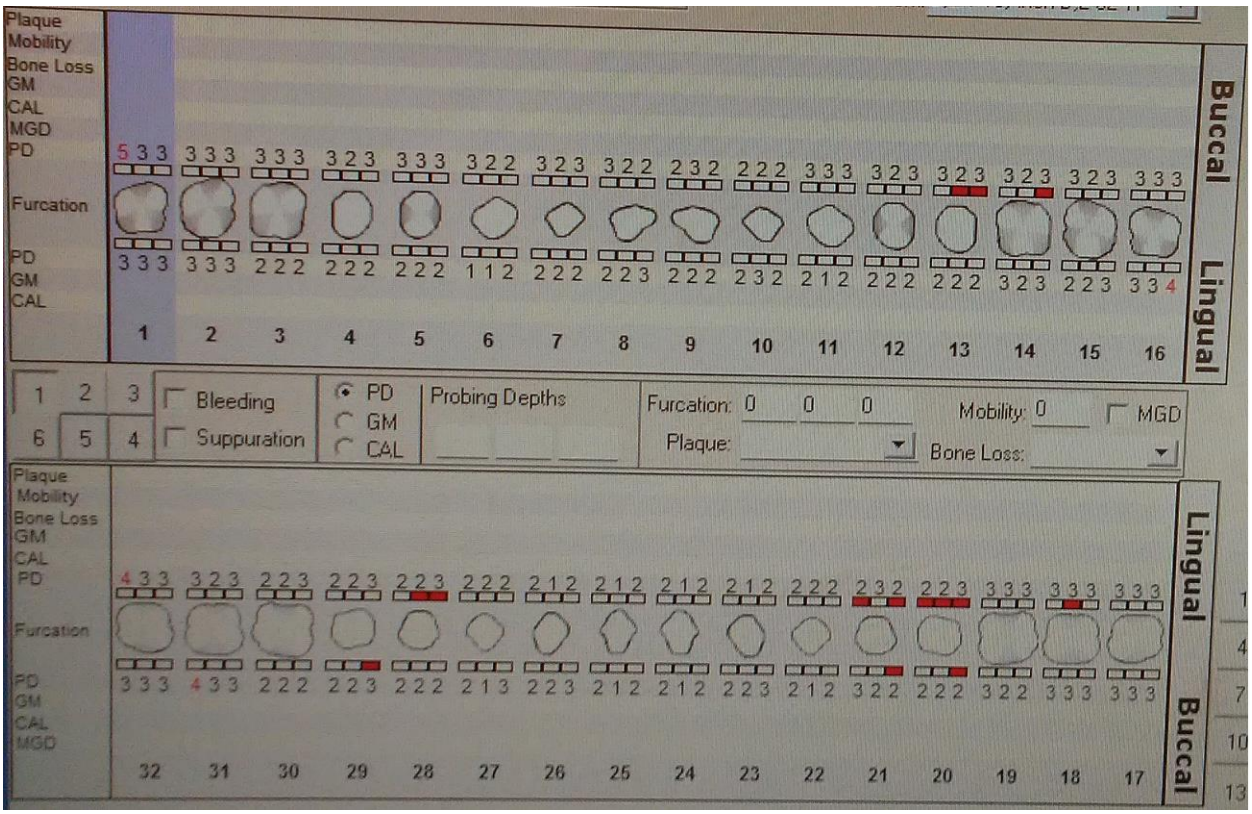
All third molars were present.

Attrition was present on 11, 24, and 25.



Periodontal:
V.C. had coral pink gingiva with generalized marginal redness and mild inflammation. Gingiva was scalloped and papillae filled the interdental spaces. Tissue was spongy around posterior teeth, and more firm around anterior teeth. Papillae between #22-24 were flaccid and edematous.

V.C. was a perio Type I case. Patient had 1-3mm sulci around most teeth, with localized 4mm pockets around #2, 16, 17, 19, 20, and 32. V.C. had moderate bleeding during probing.



Oral Hygiene
Patient's initial and revisit plaque indices were 1.3. I used this patient for my Prevention I and II exams.

Patient had very slight subgingival calculus on teeth #1, 17, and 30.

In session one of the exam, I taught V.C. the modified Bass tooth brushing technique because she had a lot of plaque on the flat surfaces of the teeth, as well as around the gingival margin. I showed V.C. with the hand mirror, and I told her which areas to focus on during brushing. In session two, V.C. reported using the technique only one time, but did not report any difficulty with it. During the exam, I forgot to have the patient demonstrate the technique, but afterwards, patient displayed some difficulty with the vibratory motion. Further instruction was given. Patient was also taught flossing, and needed guidance to curve the floss, as well as use less force. V.C. expressed some interest in electric toothbrushes, so I also demonstrated how to use one.

Additional treatment planning included polishing and a fluoride treatment with 2% neutral sodium fluoride gel.

Radiographs:
This patient had not had radiographs in almost 3 years. Four bitewings were approved, and exposed on Thursday, March 1, 2018. Radiographs were not available during initial data collection, and were not reviewed with the patient.

Treatment Management:
V.C. had multiple appointments. At the first appointment, after discussing medical history, the extraoral and intraoral exams were completed, as well as dental charting and two quadrants of perio probing. At V.C.'s second visit, probing and calculus detection were completed, but several errors in detection were found, and it was recommended that calculus detection be checked again. Between the second and third visits, V.C. came in for an additional appointment to take four radiographs. At V.C.'s third visit, I began by repeating calculus detection, and she was classified as a light case. A plaque score was determined and Prevention Part I was completed.

We had a lengthy conversation about bacteria, what they do in the mouth, and how they affect the teeth/soft tissues. I taught the modified bass toothbrushing technique. At V.C.'s. next visit, home care was discussed and reviewed though I forgot to have V.C. demonstrate what she had been doing with toothbrushing. After the competency was completed, I went back and reviewed toothbrushing and flossing. This was followed by scaling three teeth, polishing, and a fluoride treatment with 2% neutral sodium fluoride gel.

There were no medical, social, or psychological factors that impacted this patient's treatment. However, because of the ulcerative colitis, we did discuss diet and its impact on her health. We also discussed how V.C.'s diet may impact her teeth and oral health.

V.C. was very cooperative and enthusiastic about her treatment. She was asking questions and felt very positive about her experience. Regarding home care, unfortunately the patient did not really utilize the toothbrushing technique. She said she only use modified bass once, but after it

was retaught, she said she would try to incorporate it. Because V.C. expressed interest in an electric toothbrush, that was taught as well, and the patient said she was going to get an electric toothbrush. She was really pleased that an electric toothbrush would do most of the work.

A referral to a dentist was discussed with V.C. because she did have several suspicious carious lesions. However, the referral paper was not actually given to the patient. However, she did make an appointment with her dentist and I contacted the dentist to let him know the findings of the exam. I work for this dentist, so I was able to easily communicate with him. I understand that not giving out a referral was a mistake, and I will be much more conscious of this in the future. I will make every effort to fill out a referral form the moment it is mentioned, rather than wait and take the chance that I will not give it out again.

In hindsight, I would have changed several other things regarding V.C.'s treatment. First of all, I wouldn't have spent so much time checking and rechecking things like probing depth and calculus detection. I would have tried to get through these assessments much more quickly. In addition, I would have made it a point to look at V.C.'s radiographs. I was so focused on the rest of the assessment and taking the competencies that I overlooked them, which was not correct.

I do think I selected the appropriate toothbrushing technique and flossing, but I am disappointed that I didn't ask V.C. to demonstrate the technique, and that I did not teach flossing correctly.

Evaluation:
I was pleased by how invested V.C. was in her treatment; she seemed genuinely interested in her oral health. She was focused, she paid attention to the explanations, she asked insightful questions, and she seemed to really care. The more I met with her, the more questions she asked. It was really fun to have a conversation with someone who was internalizing what I was telling her.

V.C. seemed to be interested in the home care interventions that were taught. She made a definite effort to perform the toothbrushing and flossing correctly, and she was receptive to the constructive criticism that was given to her. However, she didn't really use the techniques. Perhaps she actually had more difficulty than she let on. I would be very excited to see what happens at the next appointment, assuming she gets an electric toothbrush.
There was not any significant change in V.C.'s gingival health from the first appointment to the last appointment. There was not a lot of calculus to scale, and the plaque score didn't change, which is why there wasn't really a major effect on the tissue. V.C. didn't use the toothbrushing technique, and I didn't see her for another visit to check if she flossed.
While teaching the patient flossing, I noticed that it wasn't the easiest thing in the world for her. V.C. was trying very hard and she was having some success by the time she left, but the next time I see her, I would like to teach her flossing with a floss holder. I think it would be easier to manage.

Reflection:
I was able to accomplish everything that I had planned for V.C., it just took too many appointments to do it. Too much time was spent on things that should have been easily completed. For example, calculus detection should have been done in one visit. That was one of

my major weaknesses. I was feeling calculus that was not there, and I was very slow. I kept going over teeth multiple times. I also had difficulty exploring posterior teeth, so my technique had to be corrected.

Based on faculty feedback, I think that one of my strengths was patient education. It was genuinely fun to feel like I knew what I was talking about when VC was asking me questions. I was excited when she seem to get excited. It was a really good feeling when I was able to adjust what I was doing in response to how she was managing the techniques I was showing her, and it was really gratifying to see her learning something that would help her in the long run.