

Cynthia Yun

DEN1200-D213

Professor Fiordimondo

Patient L.Y

Demographics

L.Y, 65 years old, Medium/Type III.

Assessment

Patient is a 65 year old Asian American female. Her B.P was 123/78 with a pulse of 83 and was classified as ASAI for anemia, rheumatoid arthritis and seasonal allergies. Patient is also allergic to chicken. Patient takes 1mg tab of folic acid per day for anemia and 200mg tab of hydroxychloroquine per day for rheumatoid arthritis. She does not drink, smoke or do drugs. She does not need to take premedication. Her last dental cleaning was on November 2018 and her last dental radiographs were taken in 2016, but patient reported she does not recall how many were taken.

Oral Pathology

After the completion of the EO/IO examination, the EO findings were bilateral clicking of the TMJ, three 2mm by 2mm melanin pigmentation on the lower lip and IO findings were bilateral linea alba, a 1mm by 1mm red lesion trauma on the right buccal mucosa due to biting adjacent to #29 and there were two 3mm by 3mm melanin pigmentation on the hard palate. Also, patient's tongue is sensitive when pressure is applied. During her next visit, the 1mm by 1mm red lesion trauma on the right buccal mucosa adjacent to #29 has completely healed and was no longer present.

Dentition

The patient has a bilateral Class I occlusion with a 2mm overjet and a 0% overbite. Tooth #1, #16, #17, #18, #19, #32 were missing and patient reported having them extracted over a decade ago due to severe tooth decay. Patient has arrested decay on tooth #15-D and #20-D. She has four diastemas between tooth #7 and #8, #9 and #10, #21 and #22, and #27 and #28. Patient has generalized recession, generalized attrition on all teeth, anterior flaring and labial version of teeth. Tooth #24, #25, #26 have a grade 1 mobility. She has two PFM crowns on #3 and #12, amalgams on #13-MO, #30-O and #31-O. There were no suspicious lesions present and no referral was given.

Periodontal

Patient reported that she has periodontal disease and she sees a periodontist every six months. Patient was classified as a periodontal assessment Type III with localized probing depths of 3-4mm on anterior regions and 4-5mm on posterior regions. Her calculus case value was medium with medium staining on her teeth. There was minimal bleeding upon probing. Patient had localized minimal gingival inflammation on posterior teeth.

Oral Hygiene

The patient's initial plaque score was 1.67 which indicated a fair oral hygiene score. On her subsequent visit the score was 1.33 which showed slight improvement. There were subgingival calculus deposits found on tooth #3-M, #11-D, #13-M, #14-MDB, #15-DB, #28-M and supragingival calculus deposits on #15-MDB. When interviewing the patient regarding her oral hygiene care at home, the patient reported using a manual toothbrush twice daily, a proxabrush to floss once or twice per day, and she uses oral mouthwash once or twice a day. She uses a tongue cleaner once a month. Based on the findings, the planned oral hygiene intervention

included teaching the patient how to brush using the circular fones method, how to floss properly with the proxabrush because she had a lot of material alba, hand scaling all quadrants to remove calculus, and using the ultrasonic for lavage. The primary goal of the plan is to help reduce the patient's overall plaque and calculus buildup, which would help reduce gingival inflammation, and improve or mitigate disease/condition.

Radiographs

The patient was required to take 4 horizontal bitewings because she was last exposed to dental x-rays in 2016. Patient was exposed to 4 horizontal bitewings in exposure room 3, at 7 mA and 70 kVP. The radiographs were reviewed with the patient. It showed negative for caries and generalized bone loss. A referral was not given because patient stated that she sees a periodontist every six months. She is supposed to alternate between a general dentist and periodontist every three months, but as per her periodontist, she can be seen every six months now.

Treatment Management

The proposed treatment plan included horizontal bitewings, hand scaling, engine polishing and fluoride varnish treatment. During the patient's initial visit, I went over her medical history, completed the EO/IO exam, dental charting and started periodontal assessment. During her second visit, I completed the periodontal assessment, exposed her to horizontal bitewings, determined that she is a Type III, did my calculus detection competency, completed calculus detection, determined the patient's calculus case value as medium with medium staining, established a treatment plan and completed hand scaling quadrant I. During her third visit I completed hand scaling quadrant II, III and IV, took the engine polish competency and provided a 5% fluoride varnish treatment. After completing the treatment, the patient was recommended for a recare appointment in three months because she has a periodontal assessment type III and

medium calculus case value. There were no medical, social or psychological factors which impacted the treatment. My patient home care goals for the patient were to effectively help her improve her plaque index score, bring her probing depths back into the health 1-3mm range, reduce inflammation, reduce material alba buildups and reduce or eliminate calculus deposits. Upon interviewing the patient about her oral hygiene intervention, patient stated that she used to use an electric toothbrush but stopped due to the loud vibrating noises. She switched back to a manual toothbrush, using the scrub brush with horizontal strokes and she briefly slides the proxabrush into the interproximal surfaces. Based on the information provided, I taught the patient how to brush with the circular fones method for a minimum of two minutes. During the subsequent visit for the treatment, I taught her how to properly floss with the proxabrush, by sliding the proxabrush into the interproximal surfaces and slowly slide it around the tooth moving back and forth then slide it up and down a few times before moving onto the next tooth surface. The patient showed interest in improving her oral health as treatment progressed. There were no changes to the patient's gingival tissue from her initial visit. In hindsight, I would not have changed any part of my treatment plan or patient education plan because it was based on the patient's needs. Patient showed interest and willingness in improving her oral hygiene home care.

Reflection

I accomplished everything that I planned for the patient; both educational and mechanical. My treatment plan was completed as planned and the patient showed interest in improving her oral health. Reflecting on my clinical treatment and faculty feedback, my clinical strength was probing. It was the fifth time I completed a full mouth periodontal assessment. I was happy to know my probing skills have improved since the first clinic patient I had this semester. My

clinical weakness during the clinical treatment was time management. Considering that she was my fifth clinic patient, I should have completed the periodontal assessment and get up to calculus detection. I hope with more experience, I will be able to complete the assessments faster and manage my clinic time better.