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DEN1200-D213

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Patient T.L

Demographics

T.L, 35 years old, Light/Type I.

Assessment

Patient is a 35 year old African American male. His B.P was 123/93 with a pulse of 88 and was classified as ASAII for Asthma and high cholesterol. His Asthma level is moderate, where he has used Dulera inhaler once or twice a month or when needed. He was prescribed Lipitor for high cholesterol, but patient reported that he has not taken it for over three months because he does not like the side effects. He is a non-smoker, does not do drugs and he drinks occasionally. He does not need to take premedication. In January of 2019, he had a septoplasty. His last dental cleaning was on January 2019 with 4 bitewings taken June 2018.

Oral Pathology

After the completion of the EO/IO examination, the findings were an enlarged unilateral right submandibular lymph node, dried lips, xerostomia, bilateral enlargement of tonsils, bilateral mandibular tori and on the left buccal mucosa adjacent to #29, there was a white uniform border, 2mm by 2mm circular weal. During subsequent visits, the enlarged lymph node went away as he has completely recovered from his cold and the 2mm by 2mm circular weal was no longer present. Patient sleeps with his mouth open and due to the side effects of using the Dulera inhaler, he has xerostomia. Patient reported the bilaterally enlarged tonsils and mandibular tori does not bother the patient.

Dentition

The patient has a bilateral Class I occlusion with a 3mm overjet and a 25% overbite. Tooth #1, #16, #17, #32 were missing and patient reported having them removed over a decade ago. He has a diastema between tooth #8 and #9. Tooth #22 is partially erupted and patient states that he has an odontoma which can be seen radiographically. Patient has generalized moderate fluorosis and generalized attrition on anterior teeth from #6 to #11 and #23 to #27. He has a PFM crown on #2, amalgam on #3-O, #5-DO, #12-DO, #13-MO, #15-O, #19-MOL, #20-DO, #21-O, #29-O, #30-DO, #31-MO and suspicious lesions on #3-L, #30-B and #31-B. Patient was given a referral for further evaluation of the suspicious lesions on #3, #30 and #31.

Periodontal

Patient was classified as a periodontal assessment Type I with generalized probing depths of 3-4mm and localized 5mm in the posterior areas. His calculus case value was light and there were light staining on his teeth. There was minimal bleeding upon probing with moderate inflammation. Patient had generalized moderate gingival inflammation on anterior teeth and interdental papilla that appeared red, firm, matted and slightly rolled.

Oral Hygiene

The patient's initial plaque score was 1.33 which indicated a fair oral hygiene score. On his subsequent visit the score was 1.0 which showed slight improvement. There were subgingival calculus deposits found on the posterior area on tooth #3-M, #13-D, #14-MD, #28-M, #30-M. When interviewing the patient regarding his oral hygiene care at home, the patient reported using an electric toothbrush twice daily, flossing every other day and using oral rinses daily. Based on the findings, the planned oral hygiene intervention included teaching the patient how to properly use the Oral B power toothbrush, floss, hand scaling all quadrants to remove calculus. 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 did not require radiographs because he had 4 bitewing radiographs were taken on June 2018.

Treatment Management

The proposed treatment plan included hand scaling, engine polishing and fluoride treatment. During the patient's initial visit, I went over his medical history, completed the EO/IO exam, dental charting and started periodontal assessment. During his second visit I completed the periodontal assessment, determined that he is a Type I, did my calculus detection competency and started calculus detection. During his third visit, I completed calculus detection and determined the patient's calculus case value as light with light staining. I did my prevention part I competency, established a treatment plan and completed hand scaling quadrant I. During his fourth and last visit, I did the prevention part II competency, completed hand scaling quadrant II, III and IV, performed engine polishing and provided a 0.2% neutral sodium fluoride tray treatment. After completing the treatment, the patient was recommended for a recall appointment in six months because he has a periodontal assessment type I and light calculus case value. There were no medical, social or psychological factors which impacted the treatment. My patient home care goals for this patient were to effectively help him improve his plaque index score, bring his probing depths back into the health 1-3mm range, reduce inflammation, and reduce or eliminate calculus deposits. Upon interviewing the patient about his oral hygiene intervention, patient stated that he uses an electric toothbrush with a circular method and he snaps the floss into the interproximal surfaces. Based on the information provided, I taught the patient to hold the

electric toothbrush on each surface of each tooth for a few seconds before moving onto the next tooth with a minimum of two minutes spent on brushing. During the subsequent visit for the treatment, I taught him how to properly floss by showing him how to slowly slide the floss between the teeth while moving back and forth until the floss is below the gingiva and slide it up and down a few times before moving onto the next tooth surface. The patient was happy to know that he does not need to move his arm as much when brushing his teeth and showed interest in improving his oral health as treatment progressed. There were no changes to the patient's gingival tissue from his initial visit. He sleeps with his mouth open which contributes to the gingival inflammation. The patient was given a referral to see a DDS for the evaluation of suspicious lesions on tooth #3, #30 and #31. 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 his oral hygiene home care and he has reported during his last visit that he has incorporated the new power brushing technique and will attempt the flossing method I taught him.

Reflection

I accomplished everything that I planned for this patient; both educational and mechanical. My treatment plan was completed as planned and the patient showed interest in improving his oral health. Reflecting on my clinical treatment and faculty feedback, my clinical strength was probing. It was the second time I completed a full mouth periodontal assessment, but only this time it was on a light calculus case value patient so I was able to get accurate measurements. Although I was 1mm off for four of the surfaces, I was still happy to know my probing skills have improved and it will continue to improve. My clinical weakness during this clinical treatment was time management. I took too much time looking up the patient's medication which

hindered me from completing the periodontal assessment during the initial visit. Initially, I intended to complete the patient within three visits, but I completed him in four visits instead. The time I lost clinically and having completed three competencies on this patient contributed to having the patient come for a total of four visits. I hope with more experience, I will be able to manage my clinic time better.