



NYCCT Department of Dental Hygiene Case presentation

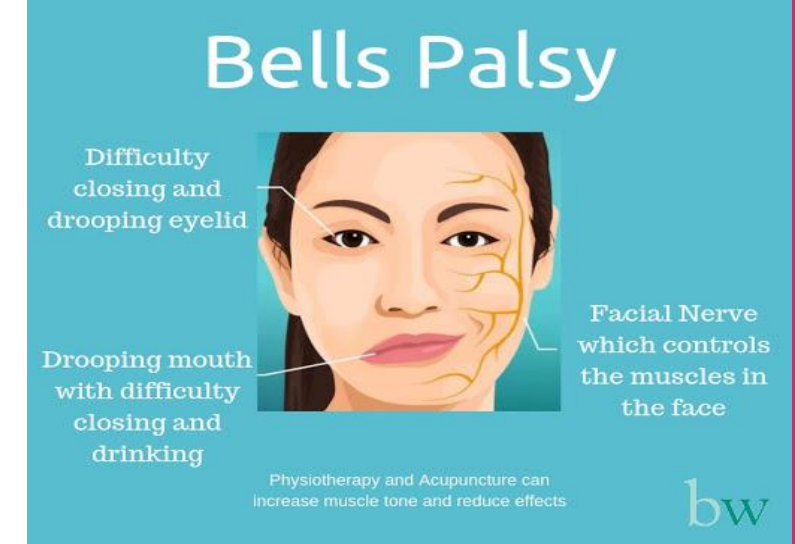
Elva A Uvera

Patient Profile



- ▶ Chief complaint: “Overdue for cleaning.”
- ▶ Mrs. F is a 41-year-old Hispanic female.
- ▶ She is a single, employed and lives in the Bronx with her three children.
- ▶ Her last cleaning and exam had July 2017. Last radiographs exposed were more than five years and patient could not recall how many were taken.
- ▶ Patient stated that she uses a manual, medium toothbrush twice a day with charcoal toothpaste. She reported that she did not floss and uses Listerine antiseptic whenever she remembered. Immediately I knew that our treatment plan would involve teaching my patient how to floss. I also suggested to stop using the charcoal toothpaste because it is abrasive and to switch to the soft toothbrush that was provided in this visit.

Medical History overview



- Vital Signs: BP: 117/77; Pulse:75; ASA:I ;Temperature:95.1
- When performing EO, the patient had a difficult time shifting her jaw from side to side. Patient reported that she had Bell's Palsy at age 20 and it had permanent damage on that.
- According to a systematic review of facial paralysis from Bell's Palsy, "*the annual incidence is 20-30 cases per 100,000 persons, regardless of age and gender.*"
- The clinical symptoms that are observed are facial asymmetry and facial motor dysfunction on the muscles on one side of the face.
- Unfortunately, my patient did not receive any medical care due to her undocumented status not providing her with any financial help.
- Her jaw not being able to move suggest a residual symptom of paresis.

Reference:

<https://www.painphysicianjournal.com/current/pdf?article=NTUwNA%3D%3D&journal=114>

Intraoral findings

- ▶ Intraorally, my patient presented with generalized erosion.
- ▶ After asking her about her dietary intake, I couldn't figure out why she has generalized erosion.
- ▶ After asking her about her sleeping habits, she explained that she was aware she snored at night. She also reported being a mouth breather which could contribute to her erosion.
- ▶ Patient also reported she woke up with her TMJ hurting because she had been stressed with work. She reported was not aware she grinds her teeth and I explained to her about the generalized attrition occurring in her teeth. Recommended a night guard.

Generalized Erosion



Comprehensive assessments



- Radiographically there was generalized horizontal bone loss of approximately 30%
- Calculus was present interproximally on posterior mandibular molars and anterior mandibular teeth.
- Incisal fracture # 10
- **Dental charting** consisted of incisal fracture on tooth #10 and #11, multiple diastemas on the anterior sextants with all teeth present in the mouth.

Clinical Findings

- ▶ EO: Anterior cervical chin had bilateral swollen nodules, patient found it difficult to shift her jaw from side to side.
- ▶ IO: bilateral linea alba, fibrotic skin on the lower lip, multiple diastemas, white coated tongue.
- ▶ Occlusion: Bilateral class I with an overjet:1mm and an edge-to-edge bite, multiple diastemas
- ▶ Deposits: Generalized heavy, subgingival calculus on all quadrants. Localized heavy sub and supra calculus on the anterior mandibular teeth.

Gingival description and Periodontal status

- ▶ Gingiva had generalized inflammation with moderate redness on the gingival margin, pyramidal, resilient, bulbous, with moderate bleeding on probing.
- ▶ Heavy; Perio: Stage II/Grade B; Low caries activity; Generalized attrition; Generalized erosion.

Perio charting

Provider: LIVE00 Uvera, Elva Movement: B.L 1-16, then B.L 32-17

Plaque	Mobility	Bone Loss	GM	CAL	MGD	PD	Furcation	PD	GM	CAL					
6 3 5	5 4 6	4 3 5	4 3 4	3 2 3	2 2 2	2 2 3	3 2 2	2 2 3	4 2 3	4 2 3	4 2 4	4 2 4	4 2 5	5 3 6	5 4 5
6 3 5	4 2 5	6 2 5	4 2 3	3 2 3	3 2 2	2 2 2	2 2 2	3 2 2	2 2 2	3 2 3	3 2 3	4 2 4	4 2 4	4 2 4	4 4 5
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

☐ Bleeding ☒ PD Probing Depths Furcation: 0 0 0 Mobility: 0 ☐ MGD
☐ Suppuration ☐ GM Plaque: Bone Loss:

Plaque	Mobility	Bone Loss	GM	CAL	MGD	PD	Furcation	PD	GM	CAL	MGD				
7 4 6	6 4 5	5 3 4	4 2 4	3 2 3	3 2 2	3 2 2	2 2 2	2 3 2	2 2 3	3 2 3	3 2 5	4 3 4	5 4 5	5 4 5	5 4 6
6 3 6	6 3 4	5 2 4	3 2 3	2 2 3	2 2 3	3 2 3	4 2 4	3 2 3	3 2 3	3 2 2	3 2 3	2 2 2	4 2 6	4 2 6	5 4 6
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- Probing depths of 4mm, 5mm, and 6mm are found posteriorly and interproximal with generalized moderate bleeding on probing.
- There is localized recession on teeth #21-#23 of 1mm all around the buccal surface.

Dental treatment plan

Visit 1

- Medical Hx review
- Full dental assessments completed
- PI; OHI: C-shaped flossing technique
- FMS
- Hand scale UR quadrant

Visit 2

- PI, OHI: modified Bass method
- Hand scale UL and LL quadrants

Visit 3

- PI, OHI: Power assisted toothbrush, benefits of Listerine Antiseptic
- Hand scale LR quadrant
- Engine polish
- Use upper and lower trays and apply 2% NaF.

Visit 1: 12/15/20 (Date)	Visit 2: TBA (Date)	Visit 3: TBA (Date)
Patient Education:		
<input type="checkbox"/> TB manual <input type="checkbox"/> power assisted	<input checked="" type="checkbox"/> TB manual <input type="checkbox"/> power assisted	<input type="checkbox"/> TB manual <input type="checkbox"/> power assisted
<input checked="" type="checkbox"/> Interdental Aid <u>8655</u>	<input type="checkbox"/> Interdental Aid	<input type="checkbox"/> Interdental Aid
<input type="checkbox"/> Toothpaste	<input type="checkbox"/> Toothpaste	<input checked="" type="checkbox"/> Toothpaste <u>Fluoride</u>
<input type="checkbox"/> Rinse	<input type="checkbox"/> Rinse	<input checked="" type="checkbox"/> Rinse <u>Listerine Antiseptic</u>
Radiographs: Digital		
<input checked="" type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	<input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	<input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan
Debridement:		
<input type="checkbox"/> Quadrant(s) <u>UR</u>	<input type="checkbox"/> Quadrant(s) <u>UL, LL</u>	<input type="checkbox"/> Quadrant(s) <u>LR</u>
<input type="checkbox"/> Whole Mouth	<input type="checkbox"/> Whole Mouth	<input type="checkbox"/> Whole Mouth
Pain Management:		
<input type="checkbox"/> Topical	<input type="checkbox"/> Topical	<input type="checkbox"/> Topical
<input type="checkbox"/> Oraqix	<input type="checkbox"/> Oraqix	<input type="checkbox"/> Oraqix
<input type="checkbox"/> Local Anesthesia	<input type="checkbox"/> Local Anesthesia	<input type="checkbox"/> Local Anesthesia
Coronal Polish:		
<input type="checkbox"/> Engine	<input type="checkbox"/> Engine	<input checked="" type="checkbox"/> Engine
<input type="checkbox"/> Air Polisher: Agent	<input type="checkbox"/> Air Polisher: Agent	<input type="checkbox"/> Air Polisher: Agent
Other:		
<input type="checkbox"/> Topical Fluoride:	<input type="checkbox"/> Topical Fluoride:	<input checked="" type="checkbox"/> Topical Fluoride: <u>Sodium F 20%</u>
<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"/> Impressions	<input type="checkbox"/> Impressions	<input type="checkbox"/> Impressions

The findings of my assessment were explained to me and I authorize my student dental supervisor to perform the following treatment:



Implementation

Visit 1

- All dental assessments completed. FMS exposed. PI:2 [Fair]; OHI: Taught modified Bass method. Hand scaled tooth #1-3.

Visit 2

- PI: 2 [Fair]; OHI: C-shaped flossing technique. Hand scaled UR quadrant.

Visit 3

- PI: 1.33 [Fair]; OHI: Reviewed flossing technique with patient. Spoke to patients about benefits of Listerine Antiseptic. Hand scaled LR and LL quadrants.

Visit 4

- PI:1 [Fair]; OHI: Demonstrated how to use power assisted toothbrush. Hand scaled UL quadrant. Engine polished with medium paste. Used upper and lower trays and applied 2% NaF.

Referral

- ▶ There was a referral given for periodontal evaluation, possible sleep apnea, and TMJ evaluation.



Continued care recommendation

- ▶ Mrs.F was recommended to return in 4 months for recare due to active periodontal disease and low caries risk. Patient need to be monitored to avoid further progression.



Reflection

- ▶ I understood after treating this patient that some people struggle from being single parents and not having the medical nor dental care.
- ▶ Explaining to my patient the importance of oral hygiene care and teaching her the proper way to brush and floss were essential.
- ▶ She mentioned that she was never previously taught any of this before, so I took my time until she understood how to properly brush and floss.

Reflection

- ▶ It was also emphasized that the large interproximal calculus deposits were created from the lack of an interdental aid and could be disrupted when incorporated the C-shaped method when flossing.
- ▶ As a clinician it was my duty to understand that my patient worked late nights so it took her months to return for treatment. I had to explain to Mrs. F that this could prolonged the amount of visits and she was understanding about it.
- ▶ If there is a clear communication with the patient, both the clinician and patient can build rapport.

