

NYCCT
DEPARTMENT OF DENTAL
HYGIENE
CASE PRESENTATION

ELVA UVERA

PATIENT PROFILE

- ▶ Chief Complaint: “Here for a cleaning.”
- ▶ Mr. C is a 25-year-old Hispanic male.
- ▶ He is single and an employed engineer.
- ▶ His last cleaning was Jan 2019 and could not remember his last exam or when his last radiographs were exposed either.
- ▶ Patient stated that he uses a manual, medium toothbrush twice a day with Colgate toothpaste. Patient uses GUM flossers every 2-3 days and Crest rinse once a day. Recommended to patient to switch to the soft toothbrush provided in the first visit.

MEDICAL HISTORY OVERVIEW

- ▶ Patient was not taking any prescription medication, nor taking any over-the-counter medications.
- ▶ On his 1st visit, when his blood pressure was taken it was elevated 123/80 P:78 and when it was taken it increased and was classified under ASA:II. Patient was given High Blood pressure clinic sheet.
- ▶ On his 2nd visit his vital signs were taken again, BP:140/91 with Pulse:103. As I spoke to the patient I began to ask if going to the dentist makes him nervous. He stated it does and is why he does not go there often which suggests his dental anxiety.
- ▶ After 10 minutes, his BP was taken again it dropped to BP:125/83 and Pulse:94



MEDICAL HISTORY OVERVIEW CONT.

- ▶ On the 3rd visit, BP: 120/78 and Pulse:105.
Patient seemed more relaxed during this visit.
- ▶ On the 4th visit, BP: 118/76 and Pulse:98.
Overall, patient expressed he was satisfied with the treatment provided!

DENTAL ANXIETY

- After reviewing a journal regarding the prevalence of dental anxiety, it is characterized as the physical and/or emotional response to a perceived threat.
- As mentioned in the journal, *“the mere idea of an uncomfortable situation can provoke feelings of uneasiness and apprehension.”*
- Important statistics for us clinicians to keep in mind is that according to researchers *“anywhere between 50 and 80% of adults in the U.S. have some degree of dental anxiety, ranging from mild to severe.”*

Reference:

<https://jdh.adha.org/content/91/1/30>



DENTAL ANXIETY

- ▶ Additionally, *“more than 20% of dental anxious patients do not see a dentist regularly, and anywhere from 9 to 15% of anxious patients avoid care altogether.”*
- ▶ My patient was a bit apprehensive when he arrived yet for every assessment, I provided an explanation of everything I would be using and checking for. I always asked if he had any questions and afterwards proceeded after he gave approval of it.

Reference:

<https://jdh.adha.org/content/91/1/30>



- ▶ Hypertension is defined as abnormal high BP. It occurs when the force of your blood pushing against the walls of your blood vessels, is consistently too high.
- ▶ According to WebMD, “In the U.S. alone, about 30% of adults have high blood pressure”.
- ▶ The High Blood Pressure clinical sheet was given to him. I spoke to him about dietary changes such as reducing the amount of sodium in their diet, eating less fried and processed foods, reducing the amount of caffeine, eating more fruits and vegetables, and incorporating exercise daily of at least 30 minutes.

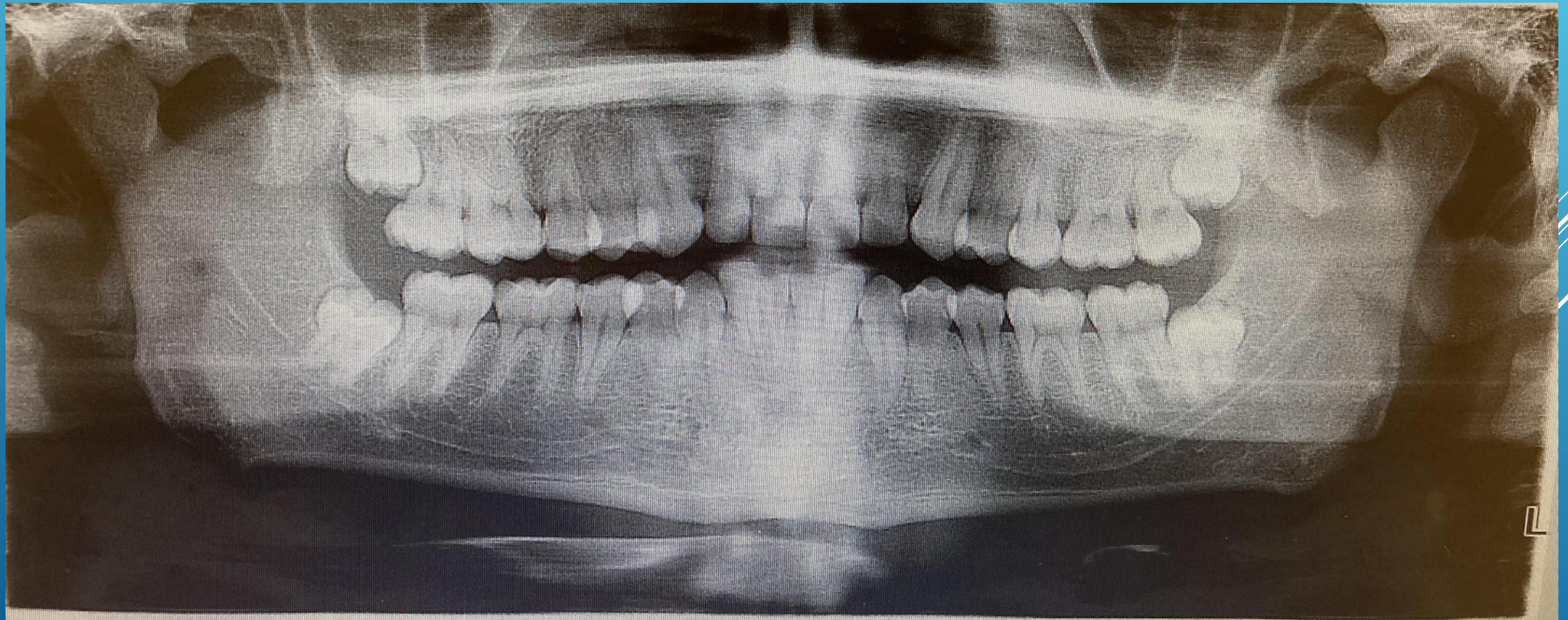
References:

-<https://www.webmd.com/hypertension-high-blood-pressure/guide/understanding-high-blood-pressure-basics>

COMPREHENSIVE ASSESSMENTS

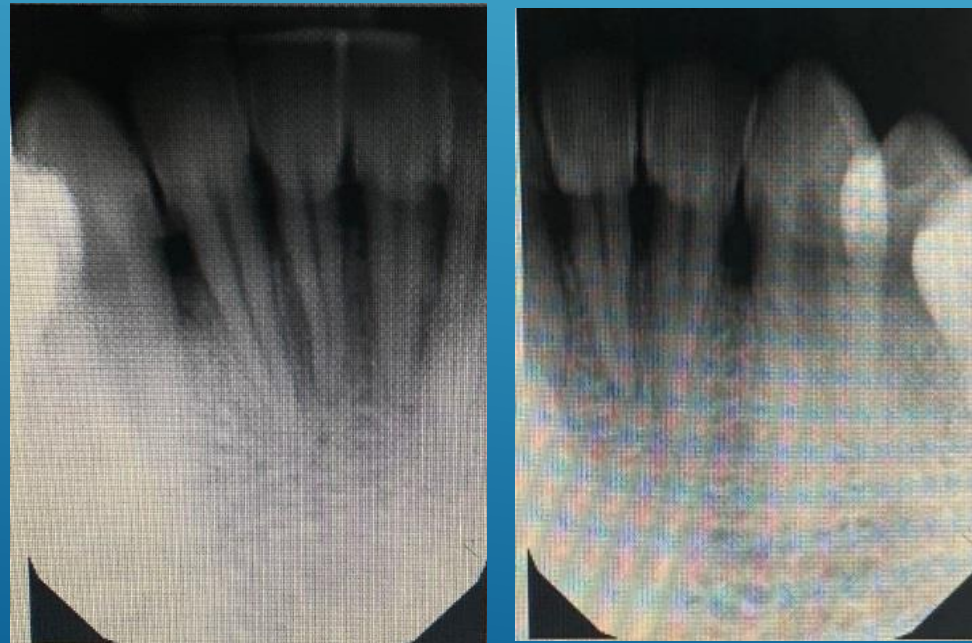


PANORAMIC IMAGE



Radiographic findings

- Radiographically, the patient was informed that tooth #1, #16, #17 and #32 are impacted.
- Also, periapical radiographs show horizontal bone loss of approximately 20% on his mandibular anterior sextant.



SUMMARY OF CLINICAL FINDINGS

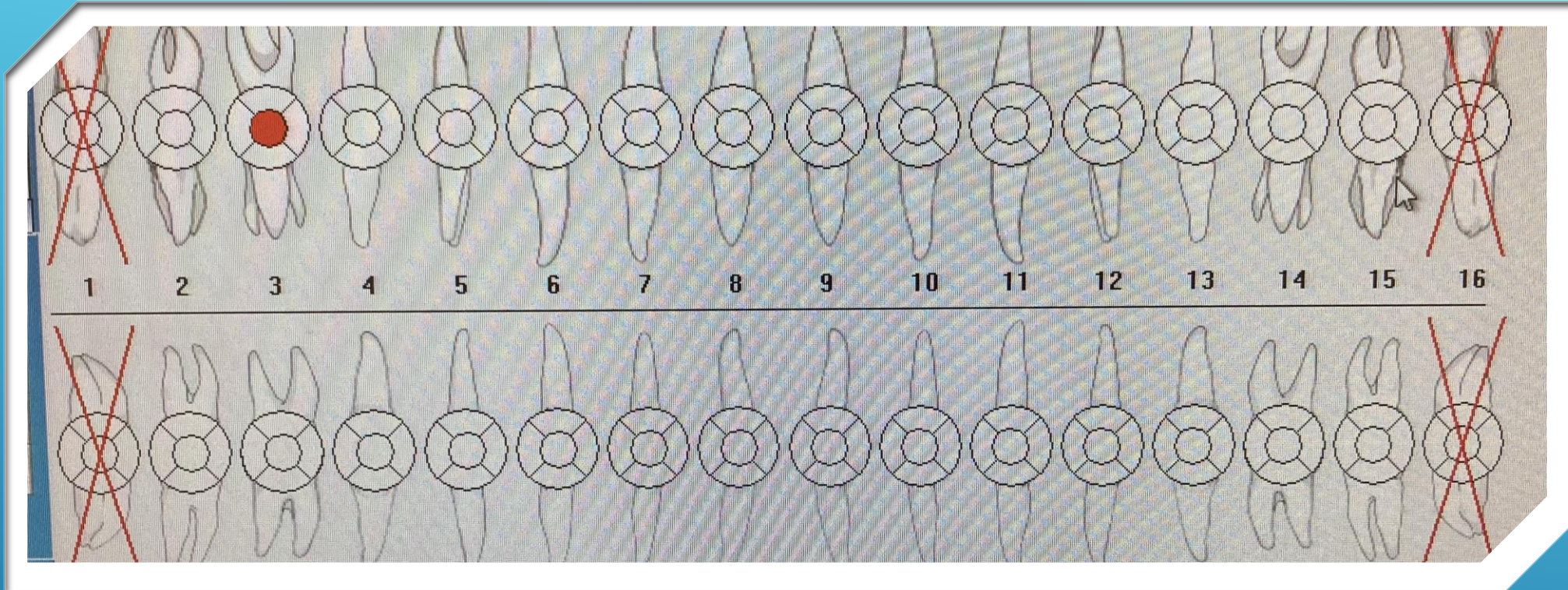


- ▶ **EO:** No significant findings
- ▶ **IO:** bilateral linea alba, mandibular exostosis, mandibular tori [one nodule each side], enlarged tonsils
- ▶ **OCCLUSION:** Bilateral class I, Overjet:3mm, Overbite:20%
- ▶ **DEPOSITS:** Generalized heavy deposits sub and supra

GINGIVAL DESCRIPTION AND PERIODONTAL STATUS

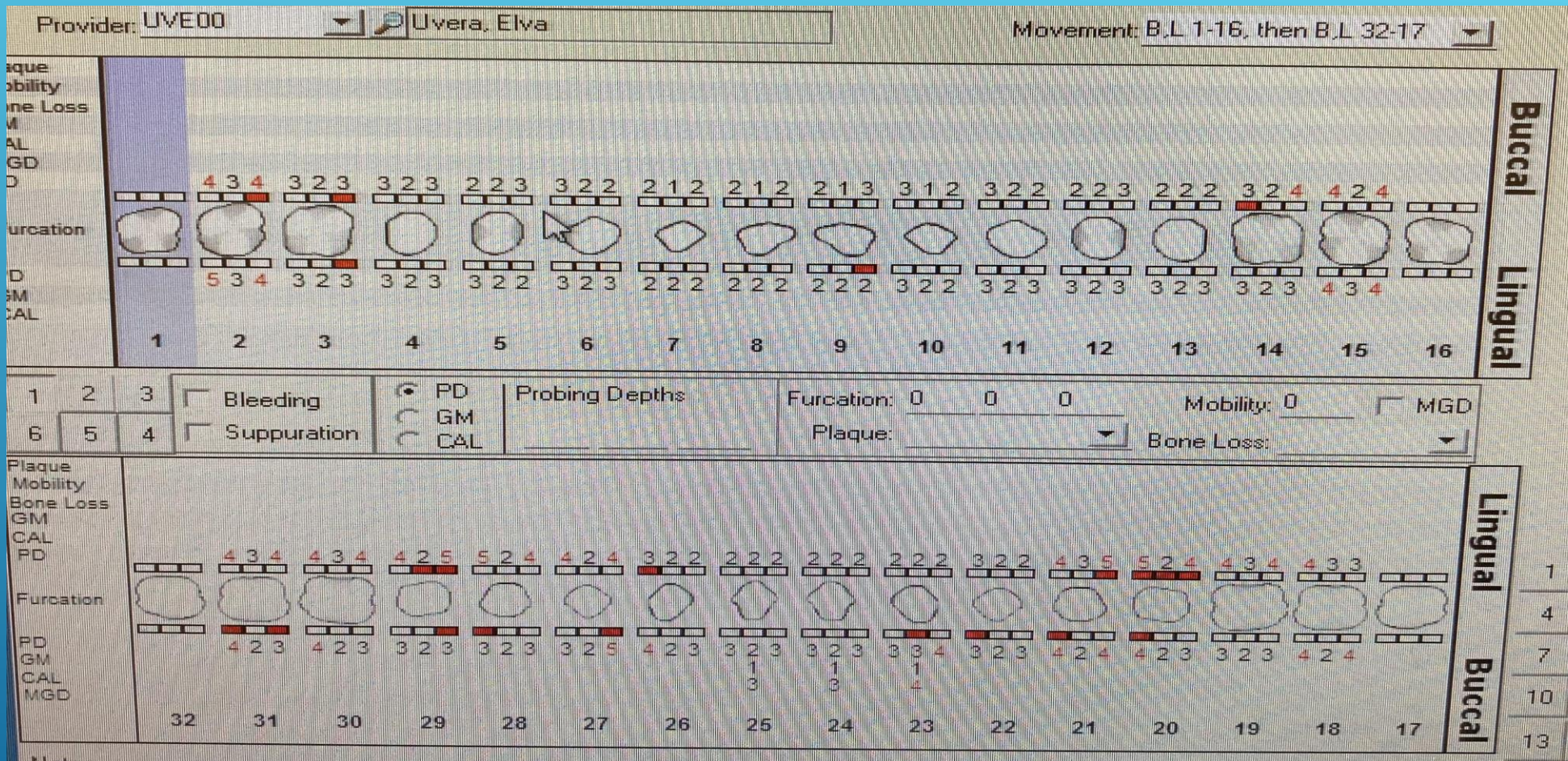
- ▶ Gingiva is inflamed with moderate redness on the gingival margin , with localized inflammation on the mandibular anteriors, bulbous, slightly cratered, with generalized moderate bleeding.
- ▶ Heavy; Perio: Stage II/Grade B localized anterior pattern; Caries activity: Low to incipient active caries lesion; Localized attrition on the anterior teeth #8-#9 and #23-#25.

DENTAL CHARTING



- Clinically #1, #16, #17, and #32 were not present yet when the PAN was exposed, 3rd molars were present and added to dental charting.
- Tooth # 3 had an occlusal suspicious lesion.

PERIO CHARTING



- Probing depths were 4mm and 5mm mostly posteriorly interproximal on the molars with moderate BOP.

DENTAL TREATMENT PLAN

Visit 1: 3/20/21 (Date)	Visit 2: TBA (Date)	Visit 3: TBA (Date)	Visit 4: _____ (Date)
Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input checked="" type="checkbox"/> Interdental Aid <u>Flossing</u> <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____	Patient Education: <input checked="" type="checkbox"/> TB manual <input type="checkbox"/> power assisted <u>Modified Bass method</u> <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____	Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____	Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____
Radiographs: Digital <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BWS (V/H) <input checked="" type="checkbox"/> Pan <input type="checkbox"/> PA	Radiographs: Digital <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	Radiographs: Digital <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan	Radiographs: Digital <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan
Debridement: <input type="checkbox"/> Quadrant(s) <u>LL</u> <input type="checkbox"/> Whole Mouth	Debridement: <input type="checkbox"/> Quadrant(s) <u>UR, LR</u> <input type="checkbox"/> Whole Mouth	Debridement: <input type="checkbox"/> Quadrant(s) <u>UL</u> <input type="checkbox"/> Whole Mouth	Debridement: <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth
Pain Management: <input type="checkbox"/> Topical <input type="checkbox"/> Oraquix <input type="checkbox"/> Local Anesthesia	Pain Management: <input type="checkbox"/> Topical <input type="checkbox"/> Oraquix <input type="checkbox"/> Local Anesthesia	Pain Management: <input type="checkbox"/> Topical <input type="checkbox"/> Oraquix <input type="checkbox"/> Local Anesthesia	Pain Management: <input type="checkbox"/> Topical <input type="checkbox"/> Oraquix <input type="checkbox"/> Local Anesthesia
Coronal Polish: <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____	Coronal Polish: <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____	Coronal Polish: <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____	Coronal Polish: <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____
Other: <input type="checkbox"/> Topical _____ <input type="checkbox"/> Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input type="checkbox"/> Impressions _____	Other: <input type="checkbox"/> Topical _____ <input type="checkbox"/> Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input type="checkbox"/> Impressions _____	Other: <input checked="" type="checkbox"/> Topical <u>5% NaF Varnish</u> <input type="checkbox"/> Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input checked="" type="checkbox"/> Impressions _____	Other: <input type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealants: _____ <input type="checkbox"/> Impressions _____

1st visit:

- ▶ Medical hx review
- ▶ Full dental assessment
- ▶ OHI: C-shaped flossing technique
- ▶ 1 Pan, 4 horizontal bitewings, 2- mandibular PA
- ▶ Hand scale LL quadrants

2nd visit

- OHI: modified Bass method
- Hand scale UR and LR quadrants

3rd visit

- OHI-Power assisted toothbrush
- Hand scale UL quadrant
- Apply sealant tooth #30
- Engine polish
- Apply 5% NaF varnish

IMPLEMENTATION

Visit 1:

- ▶ All assessments were completed. Radiographs were exposed. PI was 1.83 [Fair] and OHI: C-shaped flossing technique because disclosing solution was found interproximally. Teeth # 18-#20 were hand scaled with mild discomfort. Treatment plan was modified and local anesthesia was added. Referral was given for evaluation of impacted 3rd molars and suspicious lesion on tooth #3.

Visit 2:

- ▶ PI: 0.83 [Fair] ,OHI: Taught modified Bass method. Hand scaled LL quadrant with the administration of 1 carpule of Carbocaine via local infiltration [Mental & Buccal]. Negative aspiration at all sites. Teeth #22-#25 had to be rescaled along with the rest of the anterior teeth due to amount of heavy, tenacious, sub and supra calculus on anterior sextant.

IMPLEMENTATION CONT.

Visit 3:

- ▶ PI: 1 [Fair], OHI: Reviewed Modified Bass method. Hand scaled mandibular anterior teeth #22-27, UL quadrant with the administration of 1 carpule of Lidocaine with epi 1:100,00 via local infiltration [Mental, PSA and MSA]. Negative aspiration at all sites.

Visit 4:

- ▶ PI:1 [Fair], OHI: Power assisted toothbrush. Hand scaled UR and LR quadrants with the administration of 2 carpules of Lidocaine with epi 1:100,00 via local infiltration [Buccal, Mental, PSA and MSA]. Negative aspiration at all sites. Applied sealant on tooth #30. Engine polish with medium paste. Applied 5% NaF varnish.

REFERRAL

- ▶ Referral was given for evaluation of impacted 3rd molars and suspicious caries lesion on #3.
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- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

CONTINUED CARE RECOMMENDATION



- ▶ **Mr.C 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, especially on the mandibular anterior sextant.**

REFLECTION

- ▶ As clinicians, we have to be considerate of our patients and pay attention to verbal and non-verbal cues. My patient did not express in his first visit that he had anxiety when going to the dentist.
- ▶ On his second visit when we checked his BP again, he did mention this feeling and I was able to explain about local anesthetics as a source of pain management. I explained the benefits of local anesthesia and how he would feel less discomfort in this manner.
- ▶ Patient was very grateful for the progress visually seen on his teeth and for the suggestion of local anesthesia because it made him feel more comfortable and eager to return to finish his treatment.





BEFORE & AFTER