

Demographics

45 y.o white male present for a dental cleaning and prophylaxis

Med. Hx:

Patient has Crohn's disease. Last physical exam was in January 2021. Had a colectomy done in May 2019. Currently takes multivitamins and Vitamin D daily. Patient has hay fever/seasonal allergies.

Vitals: B/P: 115/76; pulse: 85. Covid screening performed, temperature: 97.6 **ASA:** II

Crohn's disease and Oral Conditions

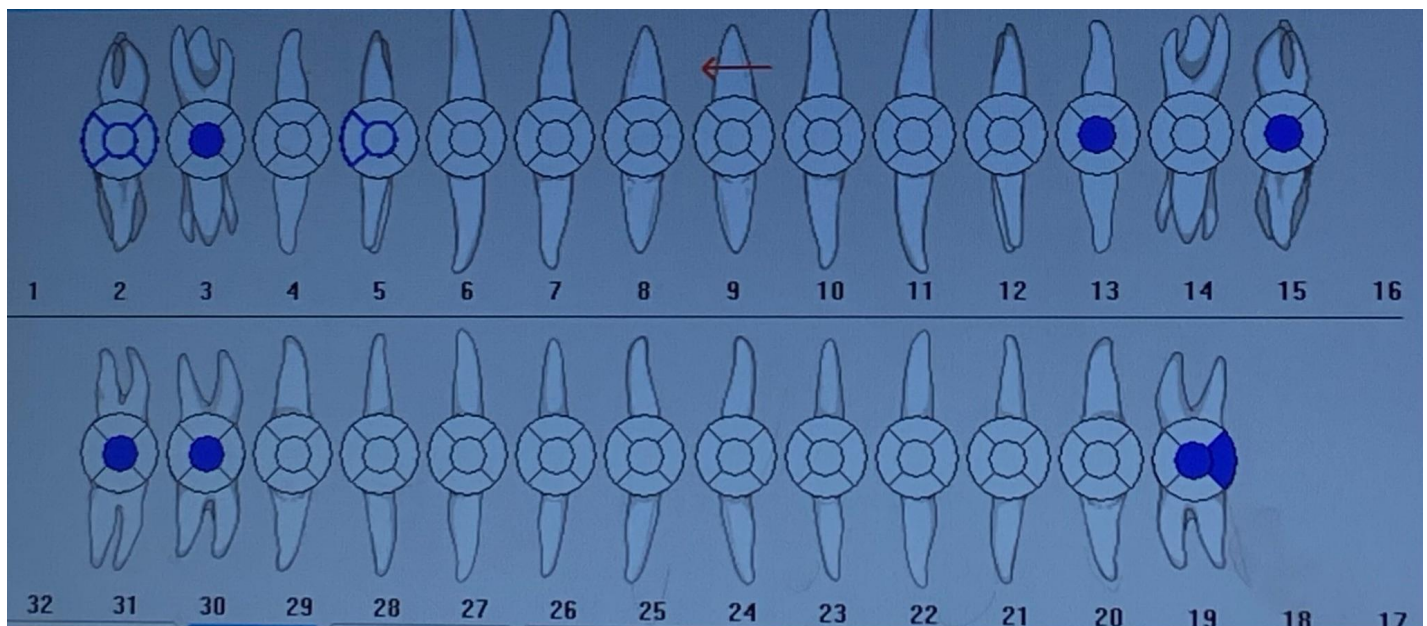
Patients previous medical history reveals that he has been infected with sexually transmitted disease human papillomavirus. Patients with Crohn's disease who take biologics are at greater risk for infections such as tuberculosis and hepatitis including influenza, pneumococcal, HPV and diphtheria. In this case this patient has been infected with HPV, taking Humira (adalimumab) immunosuppressive drug which made him at high risk of getting infected. In addition to that, the patient had sores/ulcers in the mouth as a side effect of Crohn's disease. Patient also mentioned the history of asthma which is common in people with Crohn's disease and medication to treat asthma usually have oral side effects such as xerostomia and increased caries risk. Patient was informed/educated in his previous visits that it may lead to dry mouth and that drinking water after using an inhaler prevents caries.

Dental Hx:

Patient visits the dentist regularly.

Uses Manual medium bristled toothbrush with up&down and circular motions x1-2 a day.

Uses Oral-B/pro-expert toothpaste, flosses whenever needed, uses tongue cleaner 1 to 2 times a day and doesn't use oral rinses at all.



Tooth #2 has MOD composite filling, #5 has OD composite filling, #3, #13, #15, #30, #31 have O amalgam filling and #19 has OD amalgam filling. Tooth #18 was extracted due to failed root canal treatment. Patient has 2mm diastema btw 8 & 9.

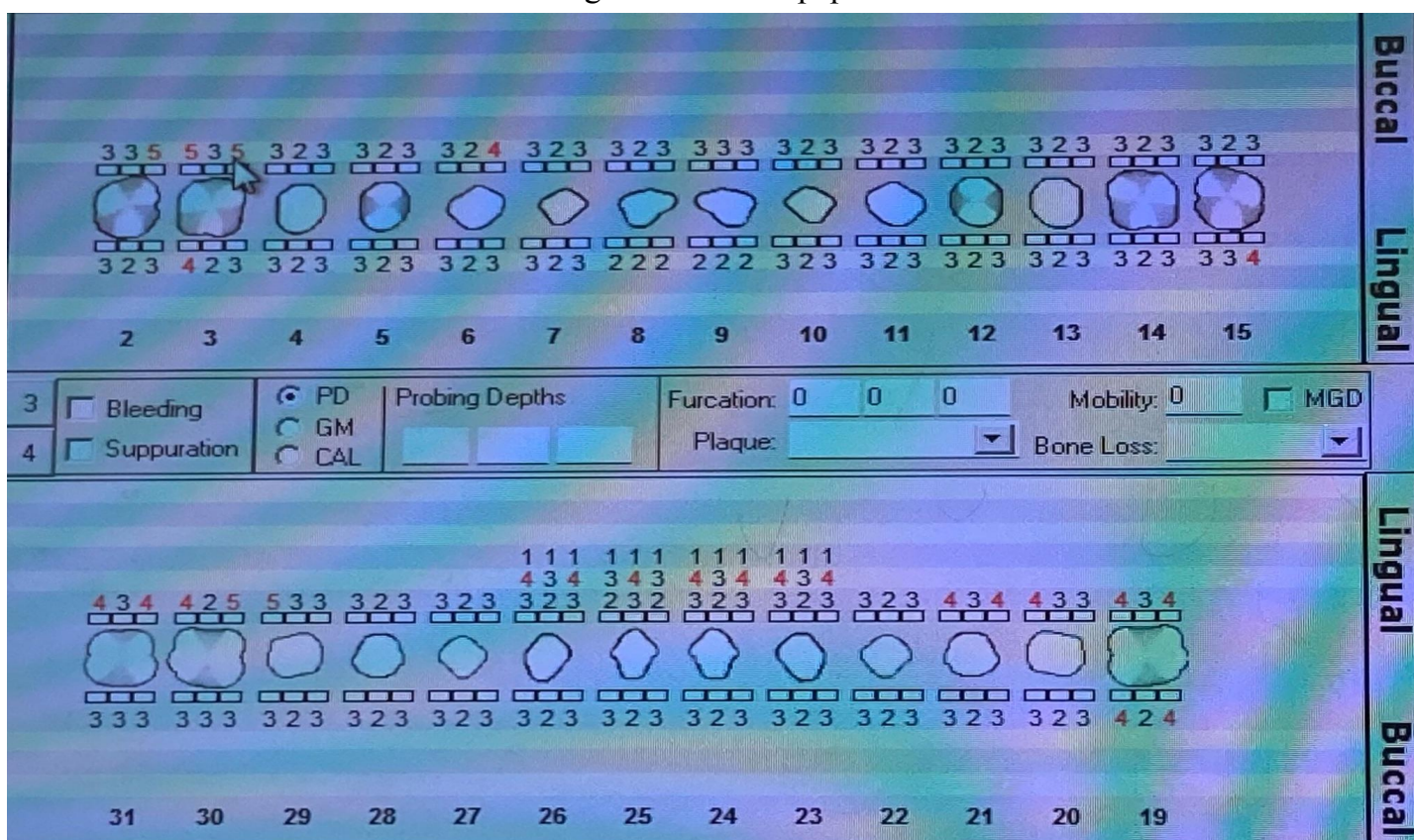
Assessments:

EO: WNL; IO: coated tongue, bilateral linea alba.

Class of Occlusion: I bilaterally; Overjet: 4 mm.

Overbite: 60%

Gingival statement: Generalized pink gingiva with red rolled marginal gingiva and enlarged interdental papilla.



Diagnosis:

Patient present with 2-3mm pockets on anteriors and localized 3-5mm pockets on posterior teeth. Patient also present with recession on the linguals of lower anteriors.

Perio status: Gingivitis

Case Value: Medium

Carious Risk: Moderate due to the existing previous restorations.

Treatment Plan:

Visit 1: Assessments, PI/OHI: Introduce modified bass technique, start scaling quadrants 1&4, use topical/oraqix as needed

Visit 2: PI/OHI: Review toothbrushing technique and introduce flossing. Scale quadrants 2&3, use topical/oraqix as needed, engine polish, apply 5%NaF varnish.

Implementation:

Visit 1: Completed all the assessments, PI score: 1.0=Fair. Pink staining was mostly on cervical thirds of teeth. OHI: taught and demonstrated modified bass toothbrushing technique. Scaled quadrant 1 and 4 using hand instruments only.

Visit 2: PI score: 0.8=Good. The patient's OHI got better and we could see the improvement in plaque score, pink staining is visible on cervical thirds of molars from lingual aspect and interproximal areas. Went over toothbrushing technique once again and demonstrated flossing technique to the patient. Scaled quadrant 2 and 3 using hand instruments only, engine polished, applied 5%NaF varnish. It was recommended to return for cleaning after 6 months recall.

Evaluation

Working with this patient was an interesting case for me. Treating a patient with Crohn's disease made me learn a lot about the disease and its possible oral manifestations. This wasn't the first time of patients being in our clinic, looking back to his previous visits and by having a conversation with the patient I see that patient had sores and ulcers in the mouth as a side effect of Crohn's disease. Patient had Human Papilloma Virus because of increased risk for infections as a side effect of previously taken immunosuppressants. A careful review of patients' medical histories, medication regimens, and dietary habits is necessary to create personalized and safe oral treatment plans with the patients with Crohn's disease.