

## Demographics

49 y.o. white male present for a dental cleaning.

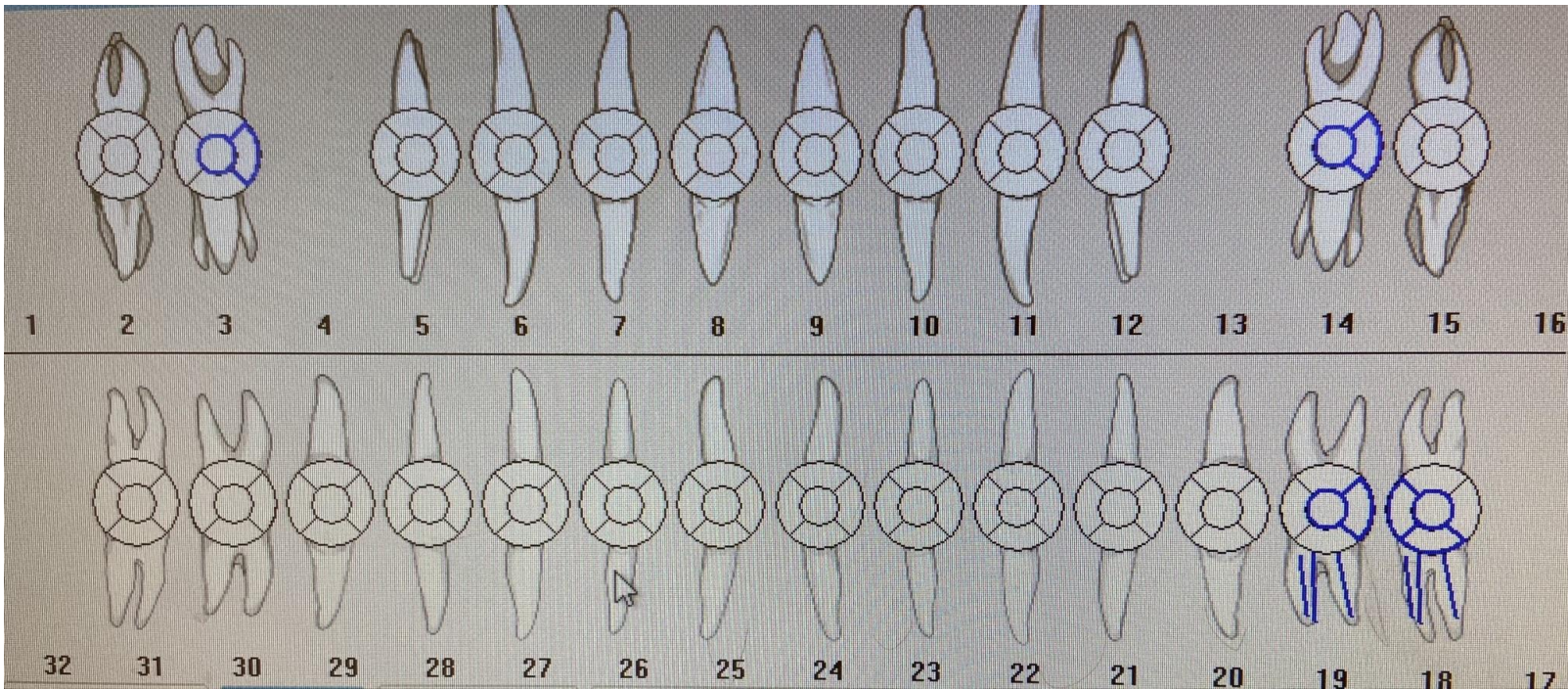
## Med. Hx:

Patient is ASA II due to seasonal allergies, doesn't take any medications for it. Patients B/P: 96/65; pulse 77. Patient states the blood pressure is usually obtained low.

## Dental Hx:

Last dental visit was 3- 4 years ago for cleaning and filling. Also had bws taken the same visit. Patient visits the dentist only if something bothers him.

Patient reports using a soft bristled manual toothbrush twice daily, uses Crest whitening toothpaste and flosses once a day, occasionally uses oral rinses and doesn't use tongue cleaners.



#3-OM, #13-OM, #18-OMB, #19-OD has composite filling, #18 and 19 have root canal.

## Assessments:

**EO:** Patient has bilateral crepitation of TMJ, protrusion of the mandible outward and shifting to the right was noted while opening.

**IO:** Patient also has Maxillary exostosis and clustered (grouped) yellow white fordyce granules bilaterally on the buccal mucosa, maxillary labial mucosa and the left retromolar pad.



Overjet: 4mm Overbite: 30% Class of occlusion: class I bilaterally.

Gingival description: generalized pink gingiva with red rolled marginal gingiva and inflamed blunted interdental papilla.

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

1	2	3	<input type="checkbox"/> Bleeding	<input checked="" type="checkbox"/> PD	Probing Depths	Furcation: 0 0 0	Mobility: 0	<input type="checkbox"/> MGD
6	5	4	<input type="checkbox"/> Suppuration	<input type="checkbox"/> GM		Plaque: [dropdown]	Bone Loss: [dropdown]	
<input type="checkbox"/> CAL								

		Lingual														Buccal		
Plaque																		
Mobility																		
Bone Loss																		
GM						1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1						
CAL						3 3 4	3 2 3	3 2 3	2 3 2	3 2 3	4 3 4							
PD		4 2 7	7 2 4	4 2 3	3 2 3	2 2 3	2 1 2	2 1 2	1 2 1	2 1 2	3 2 3	3 2 5	4 2 5	6 2 3	4 2 12			
Furcation																		
PD		2 2 3	5 2 3	3 2 3	3 2 3	2 1 2	2 1 2	2 1 2	2 1 2	2 1 2	2 1 3	3 2 5	5 3 4	5 3 5	5 3 12			
GM																		
CAL																		
MGD																		
		31	30	29	28	27	26	25	24	23	22	21	20	19	18			

### **Diagnosis:**

Patient present with 1-3mm pockets on anteriors and 3-12mm in range pockets on posterior teeth. Patient also has recession on the linguals of lower anteriors.

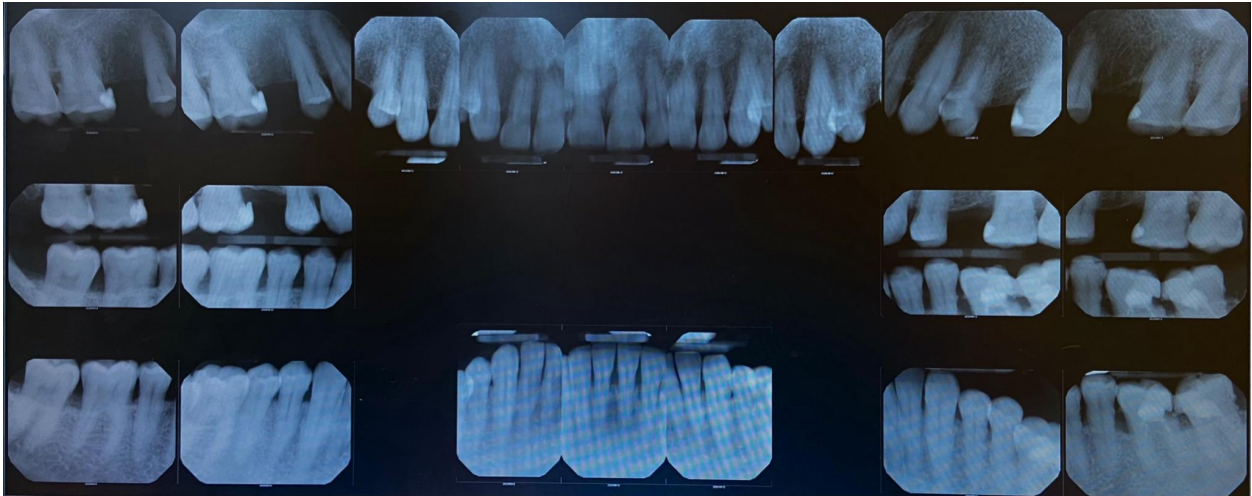
BOP: mild

**Perio status:** Stage III/Grade C

**Case Value:** Heavy

**Carious Risk:** Active Caries/High due to radiographically evident carious lesions

Full mouth series was exposed in the clinic on first visit due to deep up to 7mm pockets.



This x-ray shows that there is an open margin and possible caries on tooth #2M, definitely something going on between teeth #'s 18 and 19, also we can see periapical pathology on the roots of tooth #19 possibly on #18 as well. We can see radiographic calculus on interproximals of molars and premolars, localized 33-50% bone loss is also seen on radiographs. Findings were discussed with the pt and adult referral to the dentist for the evaluation was given.

### **Treatment Plan:**

Visit 1: expose FMS, PI/OHI: electric toothbrush, scale quadrants 1&4, oraqix/topical as needed.

Visit 2- PI/OHI: waterpik, Scale quadrants 2&3, oraqix/topical as needed, engine polish, apply 5%NaF varnish.

### **Implementation:**

**Visit 1:** Completed all the assessments, Exposed FMS, PI: 1.3=fair. Pink staining was mostly on cervical thirds of teeth and interproximal areas. Taught and demonstrated electric toothbrush using technique with the typodont.

Hand scaled quadrants 1 and 4, patient didn't need pain management.

**Visit 2:** PI: 0.6=good. The patient's OH improved since he got powered Oral-b toothbrush. Pink staining was mostly visible on interproximal areas of teeth.

Recommended waterpik due to deep pockets and active perio disease. Taught and demonstrated the proper usage of waterpik to the patient with the tyodont.

Hand scaled quadrants 2 and 3. Engine polished, applied 5%NaF varnish.

It was recommended to return for cleaning after 3 months due to periodontal disease and high caries risk.

### **Evaluation**

The challenge I faced working with this patient was that the calculus deposited were tenacious and located deep in the pockets. Reflecting on this patient, I can say that is willing to improve his oral health. I could tell how by the next visit his PI score decreased and he actually got a powered toothbrush. I understand how motivational interviewing is important with the patients who are seeking help from us.