Julia Collins

Journal #1

Visit 1_ journal entry

Patient is C.S., 23 years old, M/I

Demographics: Patient does not take any medications and does not require pre-medications. Blood pressure 127/73, pulse 63. Patient does not have any systemic conditions. ASA 1.

Oral pathology: Upon intra oral examination, patient had a 5mm traumatic aphthous ulcer on the buccal mucosa near the left commissure of the lip, <2mm aphthous ulcer on the right side of the floor of the mouth, <2mm aphthous ulcer on the left faucial pillar, and a 3mm aphthous ulcer on the unattached mucosa near tooth #2. Patient stated a history of recurrent aphthous ulcers whenever he gets a cut in his mouth. I explained to my patient, that he should rinse with warm salt water for treatment, and I told him to be mindful not to aggravate these ulcers with the toothbrush and diet.

Dentition: Patient is missing teeth #1, 16, and 32. Tooth #17 is partially erupted. Patient has small occlusal composite restorations on teeth #14 and 19. A sealant was on tooth #30. No attrition, erosion, abfraction, or abrasion was present. No caries present. I would consider this patient low risk for caries.

Periodontal: The patient presented with generalized pink gingival tissue, with localized red rolled gingival margins on the facial aspects of anterior teeth in both arches. Gingivitis present in these sextants. This patient is a perio type 1 with generalized probing depths ranging from 3-4mm and localized 4-5mm probing depths on the teeth located in the mandibular posterior lingual regions. These probing depths were due to pseudo pocketing. Minimal bleeding upon probing and no recession present. Arestin is not appropriate for this patient.

Oral Hygiene: Patient was classified as a medium because he had generalized subgingival interproximal deposits and supragingival deposits prominent on the mandibular anterior regions along the gingival margins. Patient refused to be disclosed in the first visit because he had to go to work after our appointment and did not want his teeth to be pink.

Radiographs: Patient did not require radiographs at this time. Radiographic panorex was taken in 08/2015, and there was no cause for concern clinically to warrant radiographs.

Other Findings: Patient does not smoke. Patient states that he consumes alcohol regularly 2x/week.

Time: Last dental hygiene visit was in 08/2015. I believe that my patient at this time needed a thorough cleaning. Even though he had a cleaning 3 months prior to me treating him, there was subgingival calcareous deposits evident. Gingivitis was present on the mandibular and maxillary anterior teeth. Also, my patient needed to be aware of proper treatment and management of his aphthous ulcers.

Treatment management: Visit one- On the initial visit, the treatment included oral hygiene assessment and demonstration, ultrasonic and hand instrumentation of the UR and LR quadrants. Patient was asked to demonstrate tooth brushing technique. After inspection of technique, it was noted that the patient was focusing on the buccal aspects of posterior teeth. He was very quickly passing over the facial aspects of anterior teeth. I demonstrated the Modified Bass tooth brushing technique with a focus on the gingival margins for anterior teeth.

Visit 2- On the second visit, treatment included re-evaluated the state of his aphthous ulcers, re-evaluation of areas previously scaled, oral homecare review and demonstration, ultrasonic and hand instrumentation of UL and LL quadrants, and polished with soft rubber cup and fine paste. The traumatic aphthous ulcer on the buccal mucosa near the left commissure of the lip and the apthous ulcer on the left faucial pillar had resolved. The apthous ulcer on the right side of the floor of the mouth was now 4mm. The apthous ulcer on the unattached mucosa near tooth #2 was also 4mm. During re-evaluation of areas previously scaled no deposits were found and the tissue in these quadrants was less inflammed and the tissue was responding to treatment. However, minimal plaque was found with slight bleeding upon exploring. Plaque score in this appointment was 1.0. For homecare, I revisited tooth brushing from our prior appointment. The patient states that he is incorporating this technique into his daily routine. I also demonstrated the proper way to floss. Patient was able to grasp concept. I 2scaled the UL and LL quadrants with the cavitron and hand instruments. In this appointment two diagnostic sealants were placed on teeth #18 and 31. I polished with a soft rubber cup and fine paste. Patient was put on a 6 month recall.

Student Reflection: I believe that my clinic strength during treatment of this patient was my ability to place two diagnostic sealants. On the other hand, I believe that my clinic weakness during treatment of this patient was my inability to realize that multiple aphthous ulcers at one time is not a normal occurrence. After treatment, I researched the possible etiologies of these aphthous ulcers. I found out that these ulcers could be caused by a vitamin deficiency. I referral should have been given. I also found out that SLS containing toothpastes and rinses could exasperate the symptoms of these ulcers. I should have recommended SLS free products.