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Journal #4

1. Demographics

Patient is J.S. age 29, Heavy/II

2. Assessment

Patient had no significant findings in medical history. Her vital signs were 130/99, pulse 93.

Patient does not use tobacco

No premedications required

No systemic conditions

Patient is not taking any medication

3. Oral Pathology

Patient presents with a 5mm round, raised periodontal abscess near tooth #19 with exudate. A 2mm round, red fistula is present on the facial aspect of the gingiva near tooth #11. Patient is aware of abscess on tooth #19 and states it has been there for about a year.

4. Dentition

Patient is missing tooth #16. Clinical crown of tooth #11 is missing and has a retained root that is visible, when using mouth mirror. Patient has occlusal composite restorations on teeth # 2, 3, 4, 18, 19, 20, 29, 30, and 31. Patient has buccal composite restorations on teeth # 19 and 30. Patient

has active carious lesions on the occlusal surfaces of teeth # 1, 2, 14, 15, 29, 30, and 32. Patient has cervical carious lesions on the buccal surfaces of teeth # 3, 15, 18, 19, 20, and 21.

Patient is a class III type of occlusion with 5mm overjet and 40% overbite

Patient has abrasion on tooth # 30.

5. Periodontal

Patient had generalized gingival inflammation with red rolled margins and spongy texture.

Patient is a heavy type II, with 4-5 mm probing depths on the posterior aspects of both arches and 2-3 mm probing depths on the anterior aspects of both arches. Patient experienced moderate bleeding upon probing.

6. Oral Hygiene

Patients initial plaque score was 1.2 Patient presented with generalized subgingival calculus.

Patient upon disclosing had more biofilm accumulation on the buccal aspects of her posterior teeth. Teeth # 15, 3, 18, 19, 20, 21 all had cervical buccal caries. She was not properly adapting her toothbrush and missing those areas. She has been using a mechanical toothbrush, I showed her the correct placement of the brush head on her teeth. I stressed the position of the mechanical toothbrush and to make sure to reach every tooth.

Patients second plaque score was .6. She had been adapting the toothbrush head correctly and had less biofilm accumulation. In this appointment I introduced the correct way to floss.

Patients third plaque score was .3. She had been brushing correctly, but admitted that she found flossing hard and did not like that it caused her gums to bleed. I let her know that bleeding is the first sign of disease and with the proper home care technique for flossing, brushing, and rinsing

that bleeding will decrease over time. I introduced a floss handle, to make flossing more comfortable and easier.

Patients fourth plaque score was .3. Her plaque score did not change from last visit because she was experiencing pain from tooth #19. She did not want to cause more pain to that area, so she brushed lightly on that side and did not floss.

7. Radiographs

The patient had radiographs taken in April, 2015 at NYU as a requirement for a dental student that needed his license.

8. Treatment

Initial visit all assessments were completed. In this appointment I taught proper tooth brushing for a manual toothbrush and proper angulation for a mechanical toothbrush. Teeth # 32-30 were scaled using the Cavitron and hand scalers. The patient does not have dental insurance, and sought out my help.

Second visit I reevaluated areas previously scaled. Teeth #32-30 exhibited less inflammation around the margins and tissue was responding to treatment. Residual deposits were found on the distal of #31 and the medial of # 30. I revisited tooth brushing techniques and introduced the proper way to floss. In this appointment I completed scaling the lower right quadrant and the upper right quadrant.

Third visit I reevaluated areas previously scaled. The lower right quadrant and upper right

quadrant exhibited less inflammation around the gingival margins and the tissue was responding to treatment. Residual deposits were found on the mesial of tooth #7 and #3. In this appointment I revisited the flossing technique and introduced a floss handle. Patient liked the floss handle more than the traditional flossing technique. In this visit I also scaled the lower left quadrant and the buccal aspects of teeth #14 and #13 with the Cavitron and hand scalers.

Fourth visit I reevaluated areas previously scaled. The lower left quadrant exhibited less inflammation around the gingival margins and the tissue was responding to treatment. Residual deposits were found on the mesial of tooth #19. I revisited the proper way to floss. I scaled the upper left quadrant with the ultrasonic and hand scalers, polished with a soft rubber cup and fine paste, and administered a fluoride varnish treatment.

A clinic strength that occurred in this session was my ability to explain the importance of home care. My patient was not aware of the caries that were located on numerous teeth. I stressed the rationale and importance of flossing, brushing, and rinsing each day to stop the formation and further breakdown of her teeth.

A clinic weakness that occurred in this session was my inability to remove calculus that I had left behind. I had burnished the calculus and found it very hard to remove. I felt it with my explorer, but could not get it. My professor had to aid in removing it.

Patient was referred for elevated blood pressure, caries evaluation, and a periodontal evaluation for tooth #19 and 11.

9.Evaluation

The patient was compliant with treatment. She seemed more interested with her oral hygiene after treatment. She preferred the floss handle and was using it at least once a day, incorporating it

into her everyday routine. The patient's gingiva showed less signs of inflammation and was responding to treatment. Her gingival margins were no longer red and inflamed.

10.Reflection

In hindsight, I would not have changed any part of my treatment or education plan. I accomplished everything I planned and it was well suited for my patients needs. I felt that I was able to convey the importance of keeping her teeth healthy. I was able to give her tools, like the floss handle, to make home care easier for her. I stressed the importance of a periodontal evaluation, and was able to convince her to check out Columbia's Emergency Dental Clinic. She went to the clinic Thursday, May 12th, after I completed her. I am curious to see how her appointment went, and will be contacting her in the future.