



Perio: Stage III/Grade B

JAMILA KINSALE

Patient Profile

K.K. is a 27-year-old African American male.

ASA II

Pt smokes marijuana 1-2x weekly and drinks on occasion.

Med Hx: WNL. No meds.

Patient reports that he completed his 3-year orthodontic treatment with Invisalign in 2020. Patient says he had some trauma to his anterior teeth when he fell as a child.

Tooth #7 is congenitally missing.

Patient is under the care of a Periodontist and Orthodontist.

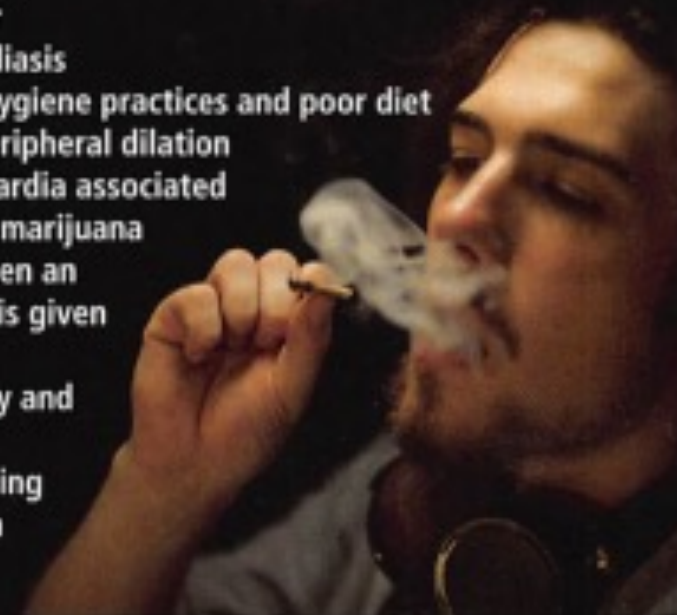
Class of occlusion: 1 bilaterally. Bite is edge to edge. When the patient bites he tries to avoid hitting #26 (mobile).

Reported self care: Powered Sonicare, Water pik flosser, tongue cleaner, Crest whitening toothpaste, and Listerine; 1x daily.

MARIJUANA'S IMPACT ON THE MOUTH

Marijuana use can cause or contribute to the following in the oral cavity:

- Alveolar bone loss
- Gingivitis and periodontal disease
- Gingival hyperplasia
- Gingival leukoplakia
- Increased appetite for cariogenic foods and drinks
- Leukoedema
- Oral cancer
- Oral candidiasis
- Poor oral hygiene practices and poor diet
- Possible peripheral dilation and tachycardia associated with acute marijuana toxicity when an anesthetic is given
- Uvulitis
- Tooth decay and tooth loss
- Tooth staining
- Xerostomia

A close-up photograph of a man with dark hair and a beard, wearing a dark jacket. He is holding a lit cigarette in his right hand and exhaling a plume of white smoke. The background is dark and out of focus.

Marijuana and Oral health

<https://www.stadiumdentalcenter.com/marijuana-use-dental-health/>

Clinical examination

Pt presented with generalized inflamed gingival margins on the lingual surfaces of maxillary and mandibular teeth.

Generalized puffy and rolled gingival margins on mandibular anterior #22-27 and posteriors on facial and lingual surfaces.

Localized areas of pigmented, resilient and stippled gingiva near tooth #5,6,8-13,21-25.

Interdental papilla generally fills interproximal space.

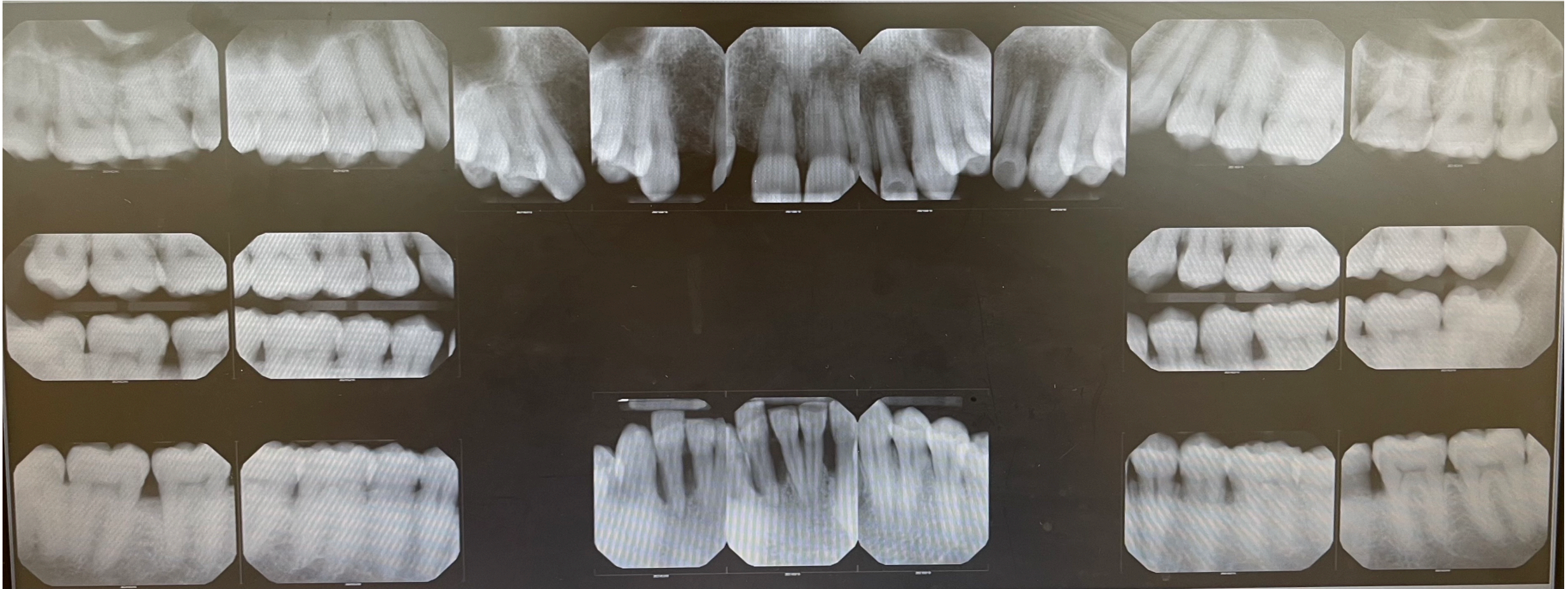
Composite buttons on the facial surfaces of #4-6,8-12,20,22, and 26-28.

Patient is high caries risk due to active caries with localized areas of erosion and demineralization.

The incisal edges of #23-26 adjusted by Endodontist to lessen contact and reduce occlusal stress on affected teeth. Splint present on the lingual surface of #22-27 to stabilize teeth.

FMS

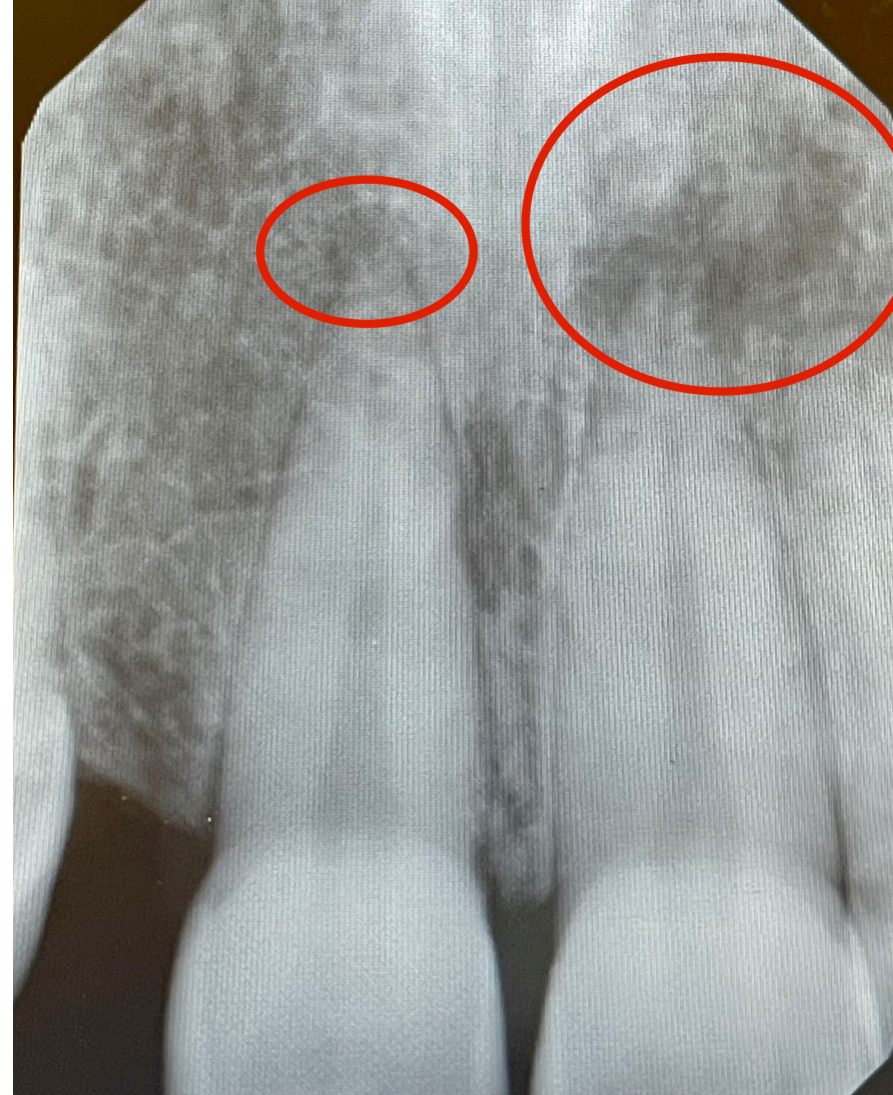
No caries lesions present radiographically.

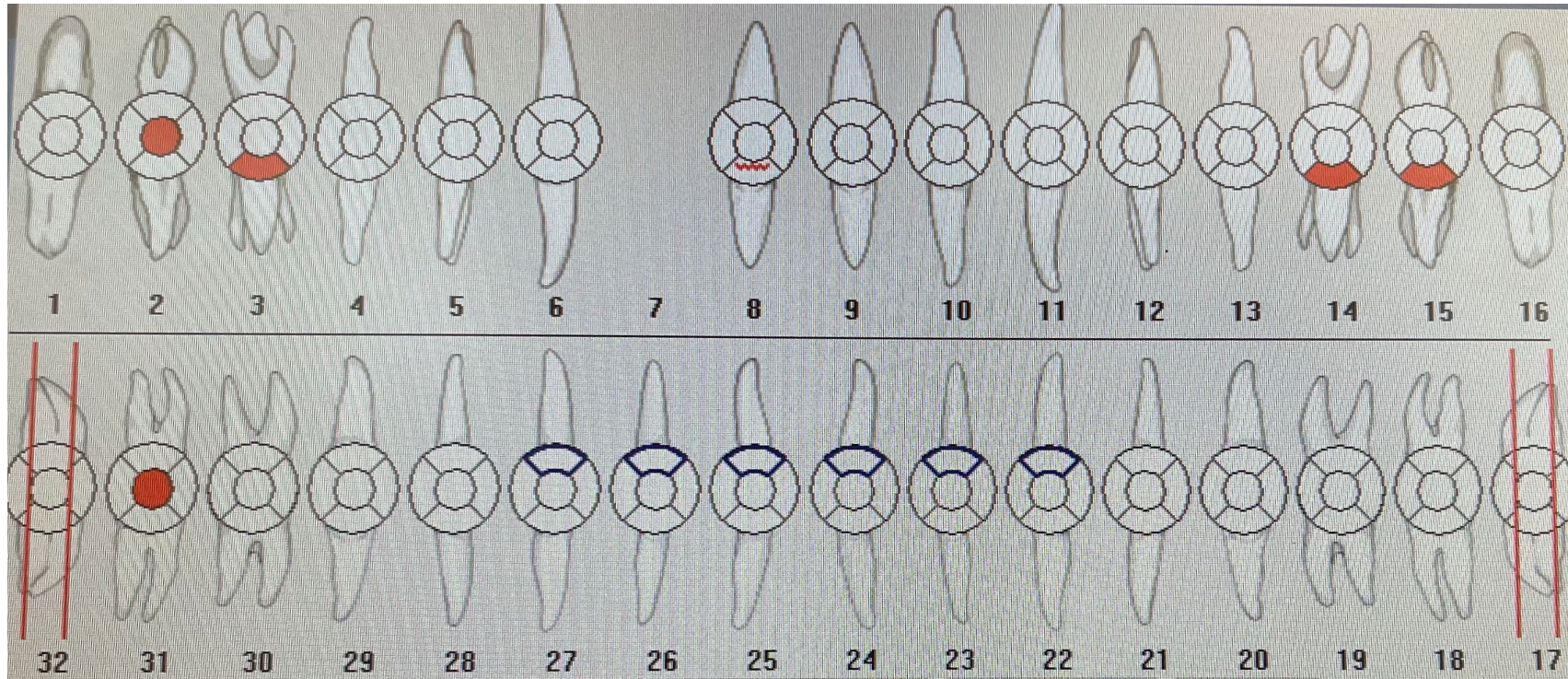


Taken: 3/10/2021

Radiographic findings

PAP on the apex of #8 and #9
with possible root resorption.





Caries/Decay

2-O
3-L
14-L
15-L
31-O

Missing

7

Fractured tooth

8- incisal edge

Resin -based composite

22,23,24,25,26,27-L

Partially erupted tooth

17,32

Dental Charting

Perio Charting

Pocketing up to 10mm on #30-DL.

Moderate bone loss on #19-M, 20-D, 23-M, 26-M/D, 27-D, 31-M.

Severe recession on the buccal surface of #26 (5mm) and 1-2mm of recession on mandibular posteriors.

Localized BOP on mandibular anteriors and posteriors/ maxillary molars.

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Mobility																																
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6	5	4	<input type="checkbox"/> Suppuration	<input type="radio"/> GM		Plaque: <input type="text"/>			Bone Loss: <input type="text"/>	
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Diagnosis

Stage III Grade B: Evidence of generalized horizontal bone loss seen on the mandibular posteriors.

Advanced bone loss on #23-M, #24-D, #26-M/D, #30-D.

More than 50% bone loss on #26, mobility present.

Case value: Medium.

Generalized medium sub and supra gingival calculus.

Moderate staining on the lingual surface of mandibular anteriors.



Treatment Plan

Proposed treatment plan in coordination with Orthodontist, Periodontist, and Endodontist.

Visit DDS for evaluation and treatment of caries.

The patient expressed that due to financial reasons, he couldn't get the implant to replace #7 and must undergo Orthodontic treatment again.

Orthodontist recommended: Removal of splint, SRP, and the application of Arestin on the DL of #30 before retreatment with Invisalign.

Next, visit with Endodontist to reduce the incisal edge of #26. Pulpotomy may be indicated if the pulp is exposed. #26 will be used as a place holder during Ortho treatment.

Return for re-evaluation of Arestin treated area in 6 weeks.

3-month recare recommended.

Patient will return to Periodontist after Orthodontic treatment to extract #26, bone graft and implant. Implant will replace #7 as well.

Implementation

OHI Product recommendations: Oral rinse: Colgate peroxy for gum inflammation

Discussed the importance of smoking cessation and how smoking affects oral health.

Hand scaled whole mouth in one visit.

Local infiltration of #23,24, and 26 with 2% lidocaine w/ epinephrine 1:100,000, used half a carpule: 18mg lido with .009 mg epinephrine. The patient tolerated well.

Arestin applied: #30-DL. Post op instructions given to patient.

Evaluation

Although this patient's case was a bit complex, it was such a great experience. I've learned how important it is to work/ communicate with other dental professionals when treating a patient with an array of dental needs. Also, educating the patient on ways to maximize oral health at home by making lifestyle changes such as smoking or with product recommendations. Although this patient was a smoker, according to his reported self care routine he was using some of the best dental products, but the smoking still had an affect on his gingival and bone health. As a dental hygienist, I realized educating this young man about smoking cessation not only will improve his oral health but his overall health.