



# Polycystic Ovary Syndrome

JAMILA KINSALE

# Patient Profile

- S.B. is a 36-year-old African American female. ASA: II
- Nonsmoker/ Nondrinker.
- Pt was diagnosed with PCOS (Polycystic ovary syndrome) 6 years ago.
- Currently, the patient doesn't take any medications. She manages the condition with diet and exercise.
- Patient takes vitamin B12, vitamin C, and a multivitamin – daily.
- Covid status: Pt has completed Moderna vaccination series.
- Allergies: Fish.

# About Polycystic Ovary Syndrome

- Polycystic Ovary Syndrome is a condition that affects a women's hormone levels. Women with this condition produce high amounts of male hormones. This disorder causes the ovaries to enlarge with the production of cysts. Risk factors include irregular and missed menstrual periods, infertility, diabetes, obesity, and heart disease.
- Although, there are medications and surgeries that can help with restoring hormonal balance, regulating menstrual cycle and improve chances for fertility it can also be managed with lifestyle changes such as diet and exercise.



Complications of Polycystic Ovarian Syndrome	Risk Factors for Periodontal Disease
<ul style="list-style-type: none"> <li>• Menstrual irregularities</li> <li>• Infertility</li> <li>• High blood pressure</li> <li>• Metabolic disruption (hyperglycemia, hyperinsulinemia, insulin resistance)</li> <li>• Type II diabetes</li> <li>• Obesity</li> <li>• Endometrial cancer</li> <li>• Sleep apnea</li> <li>• Elevated C-reactive protein</li> <li>• Dyslipidemia</li> <li>• Cardiovascular disease?</li> <li>• Estrogen deficiency?</li> </ul>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Genetics</li> <li>• Smoking, tobacco use</li> <li>• Insulin resistance, Type II diabetes</li> <li>• Obesity</li> <li>• Medications</li> <li>• Stress</li> <li>• Calcium &amp; vitamin D deficiency</li> <li>• Cardiovascular disease</li> <li>• Estrogen deficiency?</li> </ul>

Women with Polycystic Ovarian Syndrome May Have Several Common Risk Factors for Periodontal Disease. (Young HE & Ward WE, 2020, unpublished).  
<https://www.oralhealthgroup.com/features/polycystic-ovarian-syndrome-and-periodontal-disease-is-there-a-link/>



# How does PCOS affect oral health?

Studies have shown evidence of an increased risk of periodontal disease in women with PCOS.

Patients with PCOS that present with Gingivitis are at greater risk for developing periodontitis.

Gingivitis is treatable and reversible but in patients with PCOS its challenging to manage due to the body's inflammatory response.

Chronic gum inflammation can lead to gum sensitivity, bleeding gums, halitosis (bad breath), gum recession, bone loss and later tooth loss.

# *Clinical manifestation of PCOS*

- Gingival inflammation
- Redness
- Bleeding
- Gingival sensitivity
- Difficulty chewing
- Recession
- Loose teeth

# Dental Management

- If you've been diagnosed with PCOS, it's imperative to maintain a healthy oral cavity by exercising good oral hygiene practices.
- Brush, floss, and use an antiseptic mouth rinse twice daily.
- Routine dental visits; every 3 or 6 months as recommended by your dentist/ or hygienist. This ensures that infections or signs of gum disease are treated before it advances to a severe state.

# Assessments

A decorative horizontal line composed of small, light-colored dots, spanning the width of the page below the title.

Generalized pink and pigmented gingiva. Interdental papilla generally fills interproximal space with localized area of blunted papilla between #25/26.

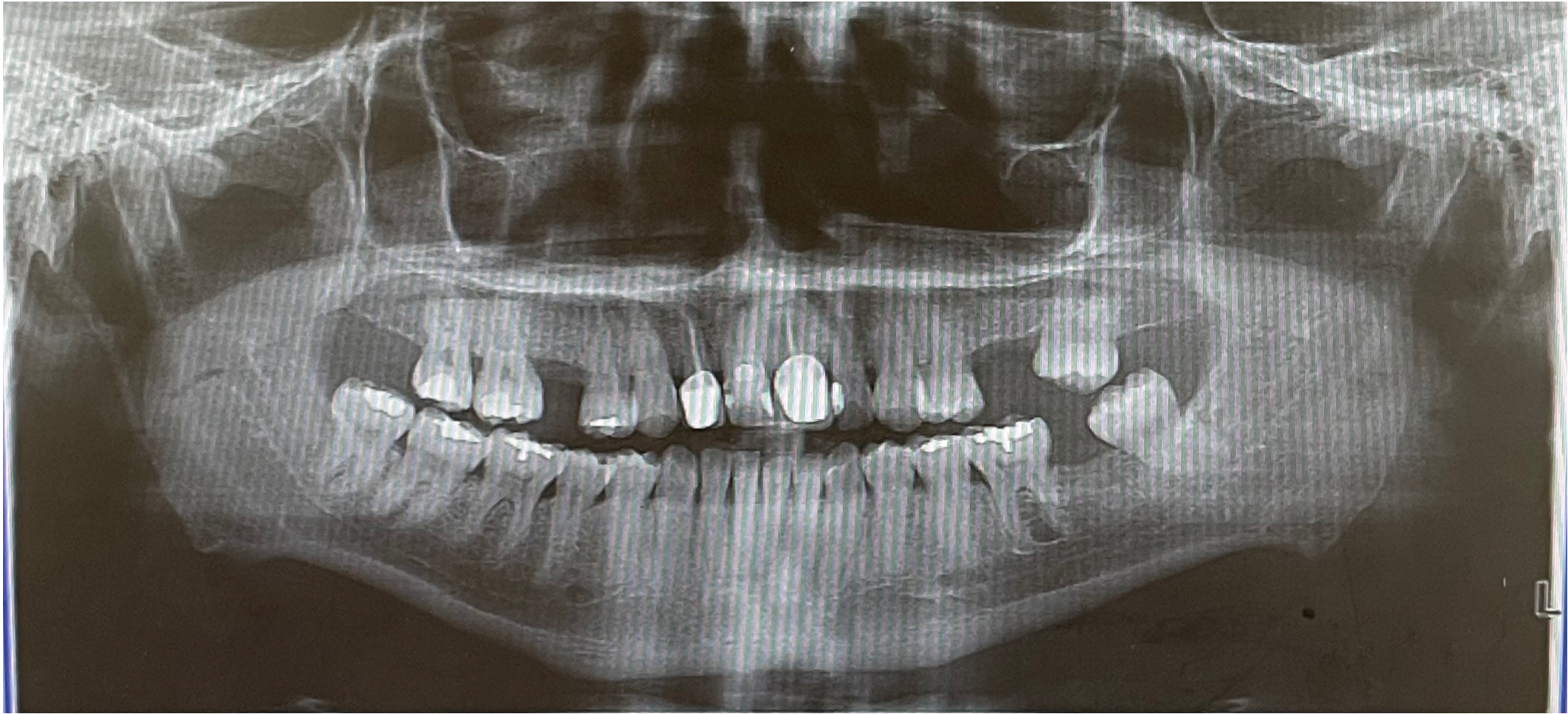
Generalized moderate plaque along the gingival margins and interproximally with moderate BOP.

Generalized medium subgingival calculus.

Patient reports that she uses a Medium manual toothbrush, scrubs in all directions - 2x daily. Uses Colgate toothpaste and Listerine or Colgate mouth rinse. Sometimes uses a tongue cleaner, and flosses with floss picks 3x daily usually after meals.

Class of occlusion: Class I molar relationship on the right and Class III molar relationship on the left with an underbite.

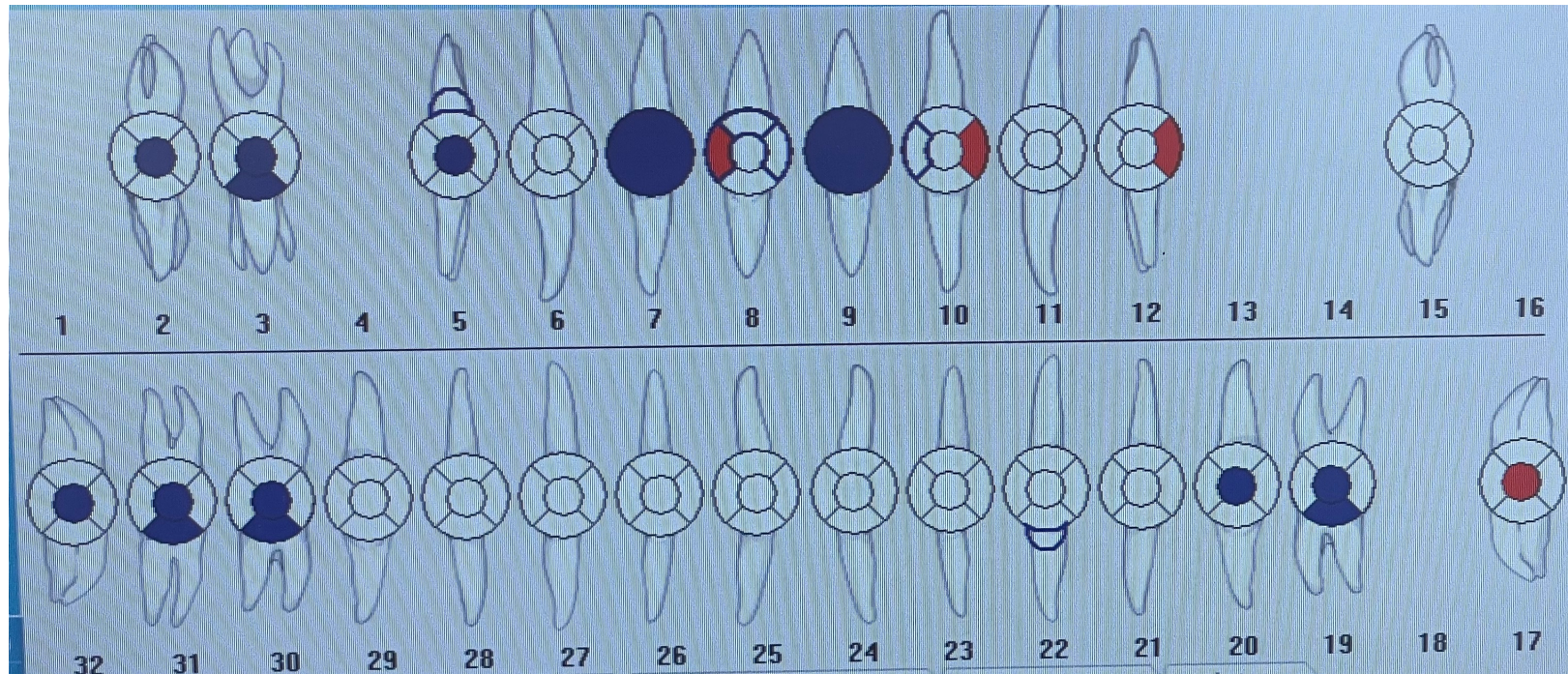
Residual root tip of #4 seen clinically - not detected on PAN.



**PAN**



# Dental charting



**Missing teeth:** 1,4,13,14,16,18; due to caries.

**Caries:** 8-D, 10-D, 12-D, 17-O

**Resin based composite:**

5 & 22- B5

8-MDF

10-M

**Amalgam:**

2-O, 3-OL, 19-OB, 20-O, 30-OB, 31-OB, 32-O

**Porcelain/ceramic crown:**

7, 9



# Perio charting

		Buccal														Lingual	
Plaque																	
Mobility																	
Bone Loss																	
GM																	
CAL																	
MGD																	
PD		0 2 3	3 3 3	2 3 4		2 1 2	2 1 3	2 1 2	2 0 2	3 2 3	3 2 3	4 3 2		3 2 2	0 2 2		
Furcation																	
PD		2 2 4	4 2 3	2 2 3		3 2 3	2 1 2	2 1 3	2 2 2	2 2 2	2 2 3	3 2 2		1 1 2	0 3 2		
GM																	
CAL																	
		2	3	4	5	6	7	8	9	10	11	12		14	15		

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

		Lingual														Buccal	
Plaque																	
Mobility																	
Bone Loss																	
GM																	
CAL																	
PD		5 3 4	4 3 4	4 2 4	3 2 3	4 2 3	3 1 3	3 1 3	2 1 2	3 1 2	2 1 2	3 1 2	2 1 2	3 2 3	3 2 2	2 3 4	
Furcation																	
PD		4 2 3	4 2 3	4 2 3	3 1 3	3 2 3	3 2 2	3 1 2	3 1 3	3 1 3	3 1 3	3 2 3	3 2 3	4 2 3	4 2 2	1 3 4	
GM																	
CAL																	
MGD																	
		32	31	30	29	28	27	26	25	24	23	22	21	20	19	17	

# Diagnosis

Perio Stage II Grade B. 20% interproximal bone loss.

Case Value: Medium

High caries risk; Existing restorations and active carious lesions.



# Treatment plan

## 1<sup>st</sup> visit:

- Assessments
- OHI: Interdental aid- Floss
- Hand scale: Q4

## 2<sup>nd</sup> visit:

- OHI: TB Manual- Modified Bass method
- Hand scale: Q1,2,3 using Oraqix
- Engine polish using medium prophylaxis paste
- Apply 5% fluoride varnish

**Product  
recommendations**

Electric toothbrush:  
Oral B or Sonicare

Interdental aids:  
Waterpik





# Implementation

- All assessments were completed in the first visit.
- Panoramic radiograph was taken, and the findings were discussed with patient.
- The patient was given a referral for evaluation and treatment of caries, orthodontic consultation for Class III underbite and evaluation with an oral surgeon for possible residual root tip of #4 seen clinically.
- Hand scaling completed using Oraquix during the last visit, the patient tolerated well.
- Engine polished using medium prophy paste and applied 5% fluoride varnish.
- 6-month recare recommended.