Case study 1

Mr. J

The first case that I will explain is focused on a 32 year old Hispanic male. His CC was “ I need a dental check up”. I treated this patient during my second semester of dental hygiene school.

During the medical history review, Patient stated that he was healthy and that he was under the care of a physician. He has epilepsy. He was currently taking medication Oxcarbazepine 600mg 2 times a day, which is known for being a drug that causes gingival overgrowth. He takes one tablet in the morning and one at night. His last seizure was 6 years ago. He stated that his seizures were usually induced by stress.

During his Social history review : Patient stated that he does not drink or take any kind of drugs. does not smoke

In his Dental History: Patient states that he had a cleaning done 2 years ago. He mentioned that he had deep cleaning done once. Patient had orthodontic treatment done 3 years ago. he was currently using removable retainers every night. he mentioned that he uses manual toothbrush 3 times a day , string floss twice a day and mouth rinse 3 times a week.

Dental Charting: Patient presented two possible caries lesion on teeth #30 and 14 that were evaluated after FMS exposure by the dentist on the floor. Patient had sealants, composite fillings. extraction of 4 wisdom teeth. Bilateral occlusion class 1. Overbite 25%, Overjet 2mm. Patient had a broken lingual wire retainer between 8-9 and complete lingual wire retainer on the mandible.

Periodontal Assessment

Gingival Statement: Patient had generalized severe erythematous, inflamed, non resilient, non stippled gingiva, with heavy localized BOP on posterior teeth. According to my clinical judgment the inflammation was linked more to calculus and build up than the medication itself. My reasoning for this conclusion is that the patient stated that he has been taking this medication for many years and severe gingival growth which is a characteristic of patients taking medication for seizures has never been a problem for him . Also, he mentioned that he used to have dental cleanings at least twice a year when he was in his hometown 2 years ago.

At the end of the 4th appointment it was possible for me to observe improvement on the gingival tissue and decrease of the BOP once all the plaque and calculus was removed.

Perio Charting: Patient had generalized 4-7 mm pockets and CAL 3-4 mm.

His case value was heavy due to heavy sub-gingival calculus on all 4 quadrants and moderate supra-gingival calculus on the lower anterior surrounding the lingual wire retainer.

This patient's PI score in the first appointment was 1.5 which corresponds to Poor oral hygiene, but my recommendations and reinforcement of the importance of oral hygiene at the end of the 4th appointment his PI score improved to 0.83 that corresponds to Good.

During his appointments I made different adjustments to his oral home-care plans to make sure that he will be compliant. The final plan was for him to use sensodyne pronamel as he stated that he experiences sensitivity to cold drinks sometimes in the posterior and lower anterior teeth, a soft bristle manual toothbrush with Stillman modified toothbrushing technique 2 times a day , to use portable water flosser once during night time and to use a mouth rinse with fluoride as he had moderate caries risk.

In his first appointment patient was given a referral for a general dentist to evaluate and treat the possible caries lesions that we found during assessments.

To complete the diagnosis, I proposed to expose FMS in which I found the following : Generalized calculus seen radiographically. Generalized RBL of 10-20% horizontal on LA and vertical on posterior region. Possible caries lesion on #30 D and possibly on #14 D under restoration.

To conclude , After all the assessment my diagnosis was Generalized Periodontitis stage 2 Grade B. Patient was informed all of the findings and consented with my treatment plan which was to use hand scaling to remove Supra and sub-gingival calculus. I offered in every appointment topical anesthetic for pain management, but patient declined it and managed the procedure well. In the last appointment I recommended for him 3 months recare treatment.



