Case study # 2

Patient with controlled hypothyroidism and vertigo

Demographic: Ch.E. 76-year old African American female.

Assessments:

Patient presented with controlled hypothyroidism. Patient has been under the care of Endocrinologist for the past 24 years and at the time of the initial visit has been taking Levothyroxine (88mg) daily. In addition, she was taking Atorvastatin (51mg) every other day for high cholesterol. One of the oral side effects of Levothyroxine is xerostomia, which patient admitted to suffering from. Patient also reported to suffer from severe seasonal allergies. OTC supplements taken by the patient included vitamins A, C, D, E, B complex and Biotin- all 1x a day. Vitals were 123/79 pulse 76. ASA II. Patient reported no alcohol or tobacco use. Last dental treatment was done in July 2020- RTC crown placement. Patient underwent apicoectomy on tooth #14 in the summer of 2019. Last dental prophylaxis- SRP treatment was also done in the summer of 2019. Last dental radiographs were exposed in July 2020- BW and 4PA's.

Patients home care routine consisted of toothbrushing 2x a day with soft, manual toothbrush using Crest Whitening toothpaste. Patient reported flossing occasionally- once or twice a week. Patient oral rinse of choice was alcohol-free Listerine Cool Mint.

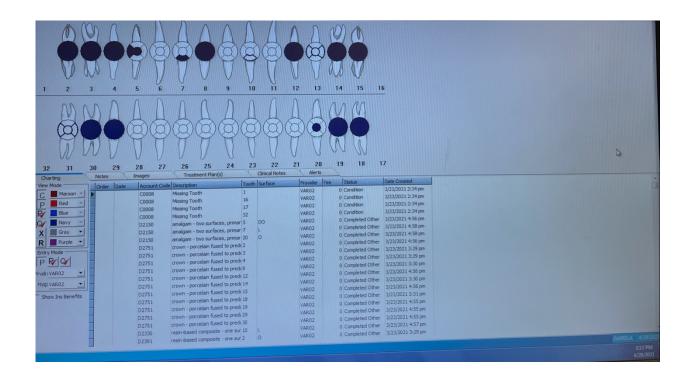
During extraoral examination congenital cyst (<1cm) was noted on patient's left cheek. Patient was aware of the lesion and the lesion itself was asymptomatic. Intraoral examination findings included exostosis on mandibular anterior teeth - facial aspect. Patient also presented with fissured tongue.



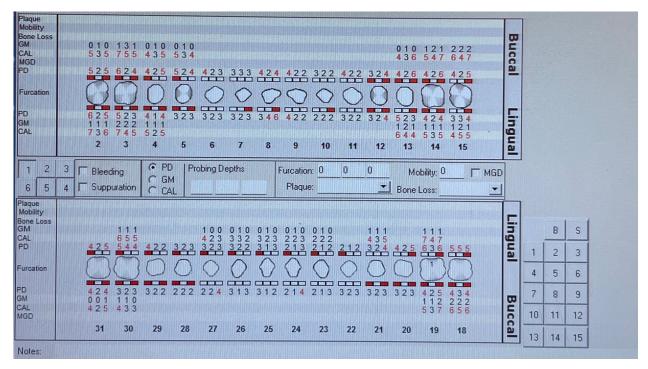
Not an actual picture of a patient- example of exostosis.

Dental assessments: missing teeth # 1, 16, 17 and 32- all extracted. Hairline fractures were present on teeth #5, 6,7, 9,10 and 11. Fracture on tooth #18D was noted and patient received referral for treatment.

Class of occlusion: bilateral I; Overjet: 1mm; Overbite- 90%.



Gingival tissue was generalized pale pink, pointed with localized soft, enlarged and flaccid gingiva on lingual aspects of both arches. Moderate BOP was present. Gingival overgrowth was noted between teeth # 6 and 7. Furcation type I was noted on #19- lingual aspect. Soft deposits were present on the lingual aspect of posterior teeth. Light supragingival calculus deposits were noted on posteriors of both arches- interproxymally. PI score recorded: 0.6- good (deposits located mostly interproxmally).



Diagnosis of periodontitis Stage II Grade B.

Planning and implementation:

Oral Hygiene Instructions given were demonstration of flossing technique. I also made sure to practice the skill with the patient, as she stated that she had trouble implementing it at home. I also suggested use of Waterpik water irrigator in addition to flossing.

An important addition to treatment plan was use of fluoride varnish 5% NaF at 3 months intervals, fluoridated oral rinse and possibly Rx toothpaste 1.1% since patient suffers from xerostomia. Furthermore, adjustment to the treatment was necessary, because patient experienced vertigo if positioned in supine position in the dental chair. Vertigo is defined as a sensation of feeling off balance, spinning and even dizziness. I treated this patient standing up and she was sitting in a upright position.

Full mouth scaling and root planing with hand instruments was done. Engine polish with fine prophy paste was used to complete treatment. Fluoride varnish (5%) was applied. Re-care of 3-months was recommended.

My reflections:

This case treatment was unique, as it required me to change the way I usually treat patients. I had to think outside of the box and adjust the way I performed treatment to benefit the patient. It was an excellent learning opportunity.