

CASE STUDY #1

Patient with controlled hypertension and periodontal disease.

Demographic: S. K 58-year-old African American male.

Assessments:

Patient presented with controlled hypertension. Patient was on a medication regimen of Amlodipine (10mg) and Enalapril (10mg)- each taken 1x a day. Important to know is that oral side effects of Amlodipine might include bleeding gingiva upon toothbrushing, change of taste and xerostomia (patient reported not experiencing those symptoms).

Patient also had a history of prostate cancer diagnosis followed by radiation therapy, as well as subsequent bladder surgery – all in the last 3 years. Patient was on a 3-month revisit schedule with his primary physician.

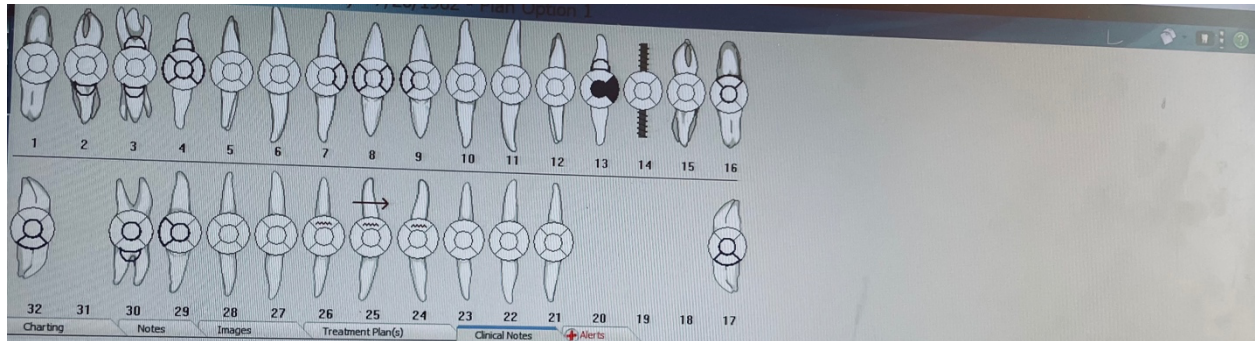
First reading of vital signs during initial visit were: 144/100 pulse 90. Second reading taken 20 min. later was 135/ 93 pulse 87. Despite HBP readings patient was cleared for treatment and advised to see his primary physician at the first opportunity. ASA II. Patient reported no alcohol or tobacco use. Last dental prophylaxis was done in December 2019. Last dental radiographs taken in February 2018.

Patient's oral homecare consisted of toothbrushing twice daily with soft, manual toothbrush using Sensodyne toothpaste. Patient also used wax floss 3 x a day for interdental care. Oral rinse of choice was Listerine Ultraclean used on intermittent basis (not every day).

Extraoral examination was WNL. Intraoral examination findings included pronounced and erythematous caruncle, as well as, short lingual frenum.

Dental assessment: missing teeth #18,19,20,31(lost due to cavities). Dental implant #14 and diastema #25. Composites on roots of # 12, 3, 4, 5 were noted. Fracture of teeth #26, 25, 24 also present.

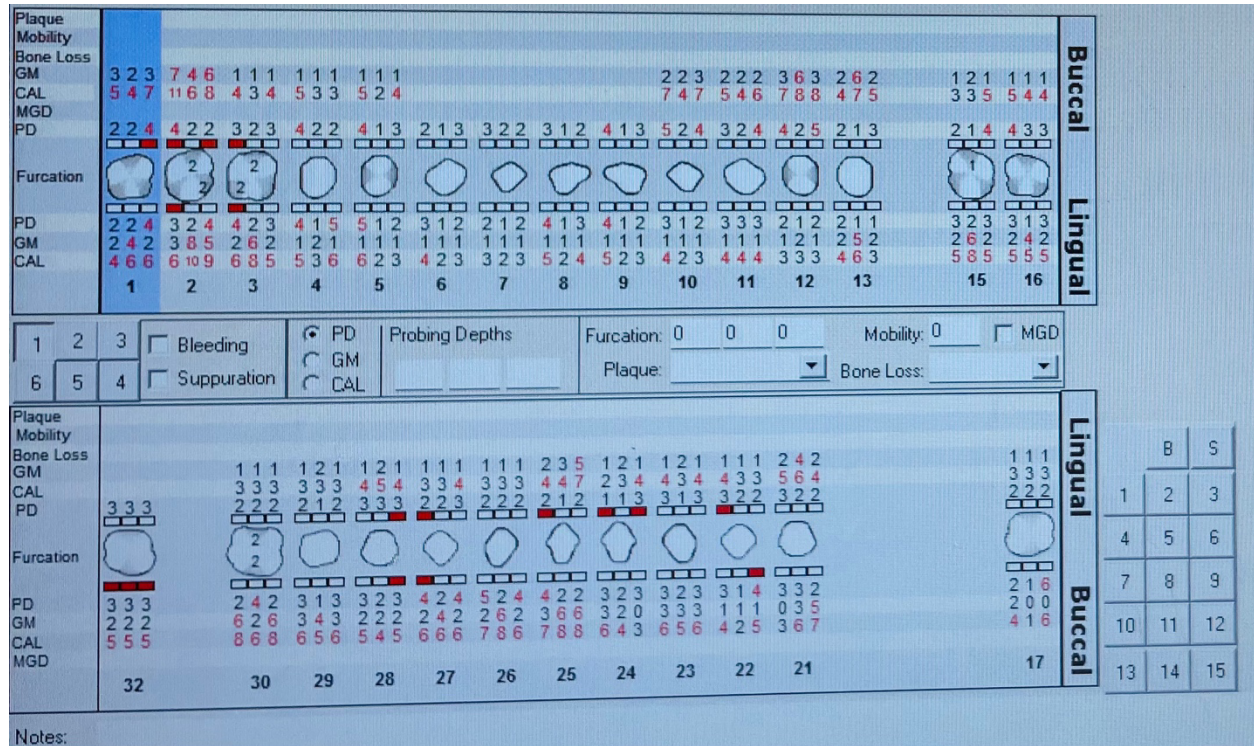
Class of occlusion: bilateral I; Overjet: 1 mm; Overbite: 30%.



Gingival tissue was generalized pink, pigmented with blunted papilla, soft, not stippled with localized rolled gingival margin of mandibular anterior teeth- lingual aspect. Moderate BOP was present. Generalized moderate recession and abrasion was also noted. Localized stage I mobility detected on #24, 25, 26. Furcation involvement type II on # 2BL, 3B-DL, 30DL and furcation type I on #15F.

Moderate calculus deposits (sub and supra) were located on mandibular anterior teeth- lingual aspect and interproximally in posteriors of both arches. PI score recorded: 0.6- good (deposits located interproximally mostly).

Diagnosis of Periodontitis Stage III Grade B (confirmed with subsequent radiographs).



Patient also presented with generalized dentinal hypersensitivity- especially to cold.

Planning and Implementation:

Oral Hygiene Instructions given were focused on demonstration and practice of wax floss use and introduction of Listerine Ultraclean access flosser. Patient responded very positively to the product and incorporated it into his daily routine, as I came to find out during subsequent visits.

Exposure of VBW radiographs was very important for this patient (needed to confirm periodontal diagnosis, assess bone loss level and check for carious lesions). Radiographic findings included significant, generalized horizontal bone loss and localized vertical bone loss of 3mm and more.



An important consideration in treatment of this patient was a possibility of orthostatic hypotension occurrence (a sudden drop in blood pressure when one stands after being seated in a supine position causing dizziness). It was important to slowly seat the patient upright during treatment and allow patient to stay seated for few minutes before getting up from dental chair.

Full mouth scaling and root planing with hand instruments was performed. Local anesthetic 20% Benzocaine was used to manage patient's pain. Engine polish with medium prophylactic paste was used also. Fluoride varnish (5%) was applied at the end of the treatment.

Re-care of 3-months was recommended to the patient.

My reflection:

This patient experience was an incredibly valuable and wonderful learning experience. I was very proud of my abilities and skills to take care of this complex patient in the best manner possible.

Positive feedback from the patient was also one of the most memorable moments in my academic career. This experience gave me encouragement to continue learning and improving my clinical proficiency and expertise.

