

Clinical Case Study I

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Patient Information

54 year old African American Female. Patient does not smoke or drink. Patient did not have hygiene services for 7 years prior to our visit. Patient fell on the sidewalk 2 weeks prior to our visit and suffered trauma to tooth #9. Upon evaluation tooth #9 presented with +1 mobility. Therefore, it was not touched during our treatment. Patient is brushing with a medium manual TB using Sensodyne TP once daily. Patient was not flossing or using any oral rinses. Patient was not using a tongue scraper.

Chief complaint

Patient stated that she needs a cleaning.



Medical History

The Patient's last physical was a year prior to our visit.

Patient had a hysterectomy in 2020.

Patient had chemotherapy/radiation in 2014 for breast cancer.

Vital signs: BP: 130/81 Corresponding to hypertension Stage I. Pulse 81. Patient reports no history of hypertension.

Patient has an allergy to Shellfish which results in hives and swelling when exposed.

ASA 2. No medications. Patient is taking Women's One a day supplements.

Clinical Findings

EO: Sporadic macules on cheeks. Well demarcated papule on the right side of nose. Right submandibular lymph node-asymptomatic.

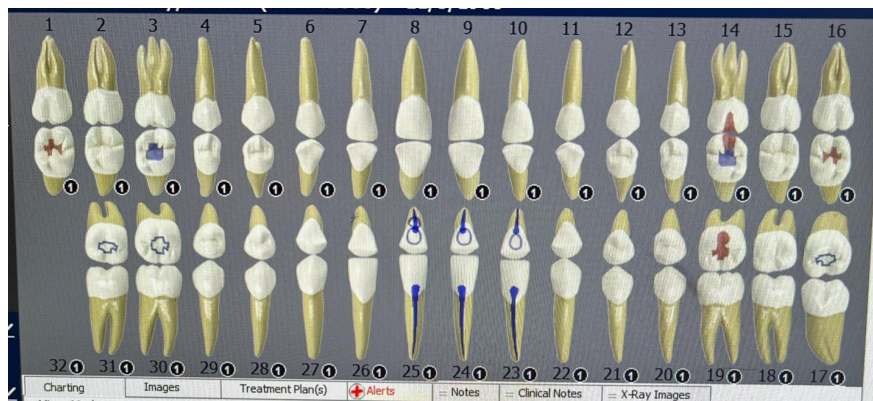
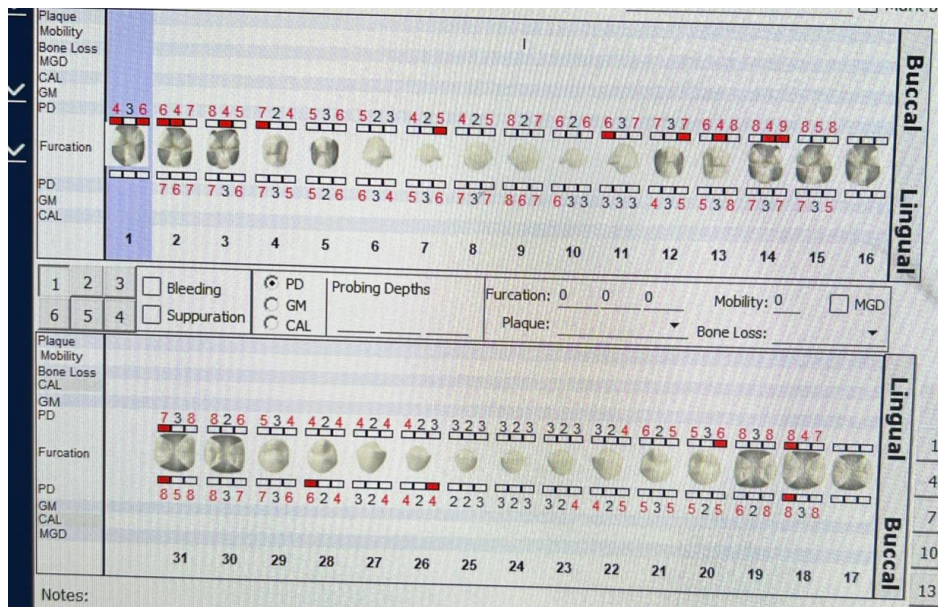
IO: Bilateral linea alba

Upon initial evaluation gingiva appeared red/pigmented, retractable, fibrotic GM, localized flattening of the interdental papillae in the anterior regions, type 2 embrasures, cyanotic tissue on the palate near teeth #8-10, soft, smooth, heavy BOP with no exudate.

Generalized 5-8mm probing depths. Mobility +1 on tooth #9. Severe inflammation of the GM.

Bilateral class I occlusion. Overjet: 4mm. Overbite: 75%.

Generalized heavy supra and subgingival calculus present.



Radiographic Findings



Patient provided x-rays on her phone but in addition to that a pan was taken to further evaluate the patient's case.

Generalized ~30% bone loss present. Radiolucency present on tooth #23. Teeth #23, 24, and 25 have RCT. Furcation RL present on tooth #30. Calculus present on all molars.

Periodontal staging and grading

After completing all assessments and obtaining radiographs, this patient was determined to be Periodontitis Stage III/ Grade C.

Treatment Plan

A total of 2 visits were needed to complete this patient.

On visit 1: We completed all assessments, exposed Pan, and demonstrated proper flossing methods to the patient. Complete debridement of Quadrants 1&4 was achieved using ultrasonics and hand-scaling with the exception of tooth #9. Patient was instructed to rinse with warm salt water and taken ibuprofen for pain as needed.

On visit 2: We reviewed med hx., any changes to patients health, and previously scaled gingiva.

Previously scaled gingiva appeared pigmented, less inflamed, BOP and swelling reduced, soft, and smooth.

OHI: TB (Modified bass technique) and Oral rinse: Listerine Total care.
Complete debridement of Quadrants 2&3 was achieved using ultrasonics and hand-scaling. Engine polished and administered sodium fluoride varnish 5%.

Referral and Recommendations

An adult referral was given for periodontal evaluation and evaluation of possible carious lesions.

Patient was recommended to brush twice daily, floss daily, and rinse with Listerine Total care twice daily.

Patient was advised of periodontal findings and advised to return in 3 months for recare.