



# CASE STUDY PRESENTATION #2

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NYCCT DENTAL HYGIENE STUDENT

# PATIENT PROFILE

Name: E.A.

Age: 26 years old

Gender: Male

Race / Ethnicity: Hispanic / Latino

Vitals: 126/ 78. P: 75

- Middle Class, Single, Social Worker.
- He lives in Bushwick, Brooklyn.

# CHIEF COMPLAINT

Pressure pain on lower left area and sensitivity to sweets and cold on the lower right.

Last Dental Visit: October 2017

- Exposed 2 BW's X-rays
- Dental Prophylaxis

Patient reports brushing with a Colgate Medium toothbrush 1-2x daily, Colgate Whitening toothpaste and Listerine Antiseptic 1x a day, 3x weekly.



# HEALTH HISTORY OVERVIEW



COVID Screening Performed: 96.6

Vitals: 126/78 P: 75 ASA 1

**Current Weight:**

- 235Ibs

**Medical Condition:**

- *Obesity*

No current medication

Patient reports getting **Gastric Bypass** procedure in June 2020.

# OBESITY CONDITON

**Obesity** is a complex health issue resulting from a combination of causes and individual factors such as behavior and genetics.

## **Behaviors can include:**

- physical inactivity, dietary patterns, medication use, environment, education, food marketing

**Can lead to:** decrease in mental health, **diabetes, heart disease, stroke, and some types of cancers.**



# OBESITY MANAGEMENT

## **Community Efforts**

Will help reverse the obesity epidemic. Community efforts should focus on supporting healthy eating and active living in a variety of settings.

## **Healthy Living**

- Assessing Your Weight
- Healthy Weight
  - A high BMI can be an indicator of high body fatness.
- Healthy Eating Habits
- Physical Activity Basics

# OBESITY- DENTAL MANAGEMENT

Obesity can increase your risk for **gum disease**. If your diet is low in nutrients, your immune system might be compromised and thus have difficulty fighting off infection—and gum disease starts as an infection.

Beyond a **nutrient-rich diet, maintaining excellent oral health every day** plays a crucial role in preventing gum disease.

**Obesity and periodontal disease are both serious and preventable.** Luckily, you can address both with a nutrient-dense diet, plenty of exercise, and maintaining your oral health every day.

# COMPREHENSIVE ASSESSMENT

**EO:** WNL- Birthmark pigmentation on the right cheek.

**IO:** Fissured tongue, Skin tag in labial frenum.

**Class of Occlusion:** Cross-bite on the posterior right.

**PI Score: 1.2 Fair**

Gingiva appeared generalized inflamed with rolled margins on the posterior region and bulbous margins on the maxillary anteriors.

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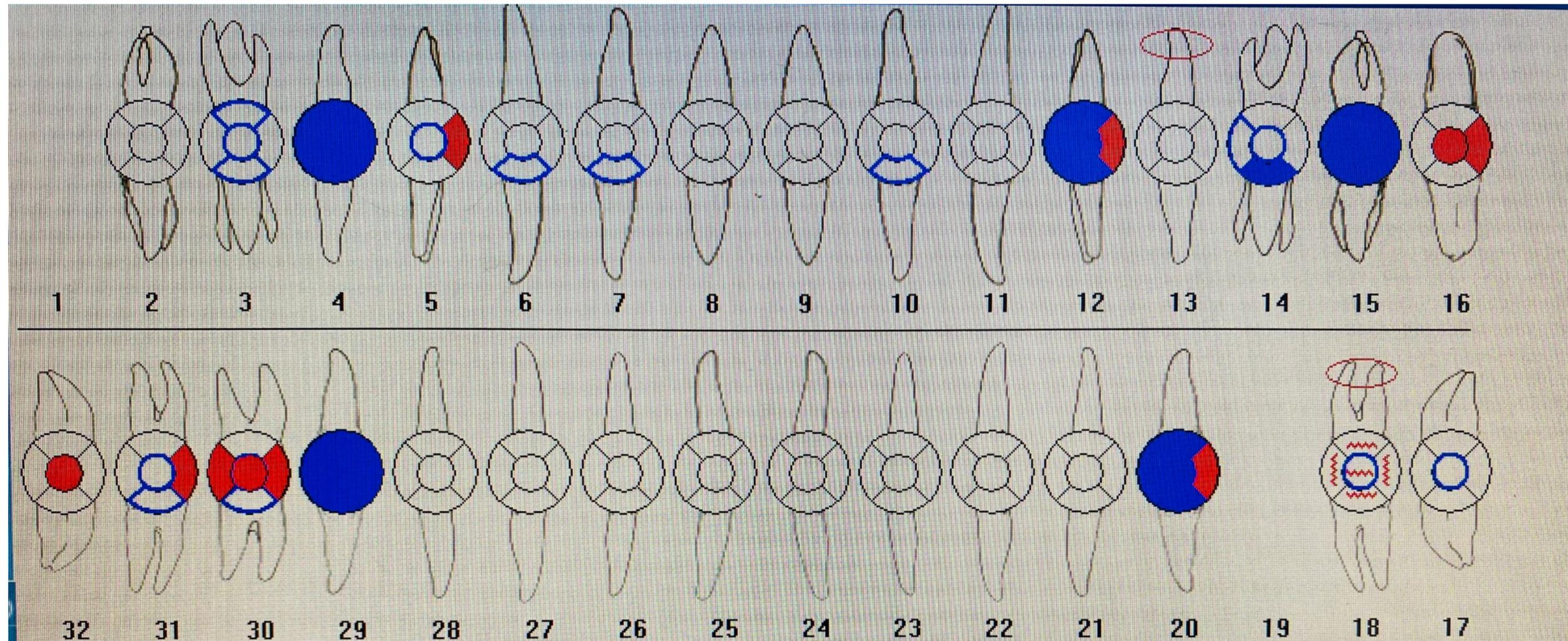


# RADIOGRAPHIC FINDINGS



Radiographic evidence indicates several surfaces of suspicious carious lesions on #5M, #12D, #20D, #30MOD, #31M; a periapical pathology on the apex of #14 and #18. There is no evidence of bone loss and no radiographic calculus.

# DENTAL CHARTING



Dental charting indicates 10 surfaces of suspicious caries confirmed clinically and radiographically. Several teeth with restorations, tooth #13 is a retained root tip and a failed RCT on #18.

# PERIODONTAL FINDINGS

Plaque Mobility Bone Loss GM CAL MGD PD	Buccal																
		1 3 5	4 1 3	3 2 3	3 2 3	3 1 2	3 2 2	2 1 3	3 3 3	3 2 2	3 2 3	3 2 4		2 2	5 4	3 2 4	4 3 3
Furcation																	
PD	2 2 5	5 1 5	4 1 4	3 2 4	2 1 4	2 2 3	3 1 3	3 1 3	2 2 3	2 1 3	4 2 4		3 2 4	4 2 3	3 2 3		
GM	1 1	1															
CAL	3 6	6		1													
	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		

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

Plaque Mobility Bone Loss GM CAL MGD PD	Lingual																
		3 3 4	4 2 3	3 1 3	1 4	3 1 3	2 1 3	3 1 2	3 1 2	2 1 2	2 2 3	2 1 2	3 2 3	3 2 1	2 2 2		3 2 3
Furcation																	
PD	3 3 5	5 2 3	4 2 3	4 2 3	4 2 3	3 2 3	4 2 3	3 2 3	3 2 3	3 2 2	2 2 2	3 2 3	2 2 2	3 2 2		2 2 3	3 2 3
GM																	
CAL			1	1									1	1			
MGD			3	3									3	3			
	32	31	30	29	28	27	26	25	24	23	22	21	20		18	17	

- Localized 1-3 mm on the anteriors.
- Localized 3-5 mm on the posterior teeth area.

# DENTAL HYGIENE DIAGNOSIS

## **Periodontal Status:**

- Gingivitis- Generalized / Moderate

**Case Value:** Medium

**Caries Risk / Activity:** High

Adult referral was given for evaluation of suspicious caries on #5M, #12D, #16OD, #20D, #30MOD, #31M, #32O; a periapical pathology on the apex of #14 and #18.



# TREATMENT & RECOMMENDED CARE

## Treatment Plan

- **OHI**
  - Modified Bass Toothbrushing Method
  - Recommended Product: Powered Toothbrush
- **Exposed- FMS**
- **Pain Management**
  - Topical Benzocaine- As needed.
- 1 Visits for deep cleaning.

Mr. E.A. was recommended to return in 3 months for recare due to moderate presence of plaque / biofilm and high caries risk.

Patient needs immediate dental care to avoid progression of dental caries, periapical abscesses and to minimize biofilm accumulation. Dental debridement needs to be implemented regularly to flush out bacteria.

Provided dietary counseling for prevention of future gum disease and dental caries.

# REFLECTION



Case and treatment for Mr. E.A. was unique because E. had a common complex disease of obesity. What I learned from this case is that this disease can lead to and generally impact the patient's oral health. This case led me to use motivational interviewing skills and counsel in positive healthy choices. I felt motivated and encouraged to help him understand the dental effects of obesity. Mr. A. understood a great deal after reviewing the FMS, and was willing to improve his daily oral health regimen.

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