



CASE STUDY PRESENTATION #1

Karina Guzman

Name: A.H.

Age: 74

Gender: Female

Ethnicity: African-American

Lower class, retired, widower, that lives in
Rockaway Parkway, Brooklyn.



PATIENT PROFILE

CHIEF COMPLAINT

Patient is a regular clinic patient and is coming in for an overdue dental prophylaxis and check up.

Last Dental Visit: 8/2020

- FMS exposed
- No dental prophylaxis was completed

Patient reports brushing her teeth once a day with a powered toothbrush using Colgate / Tom's toothpaste and Hydrogen Peroxide mouth rinse 1x day .

HEALTH HISTORY OVERVIEW

COVID Screening Performed: 94.6

Vitals: 135/71 P: 62 ASA: II

Medical Condition:

- *High Blood Pressure*

Current Medications:

- *Olmесartan 40mg*
- *Amlodipine 5mg*
- *Aspirin 81mg*

Before proceeding with assessments, I confirmed with patient that she has taken all her medications as prescribed prior to her appointment.

HIGH BLOOD PRESSURE CONDITION

Hypertension is defined as abnormal high BP. It occurs when the force of your blood pushing against the walls of your blood vessels, is consistently too high. It is measured as systolic BP over 140mmHg and diastolic BP over 90mmHg.

Common Signs and symptoms:

- Age
- Physical inactivity
- Obesity
- Family history / Race
- Diabetes
- Dyslipidemia



In patients with hypertension lifestyle adjustments are the standard, first-line treatment.

- Regular physical exercise (Examples of suitable activities are walking, jogging)
- Stress reduction (avoiding/learning to manage stress can help control blood pressure)
- Diet (reducing salt intake, moderating alcohol consumption, consuming less fat and more fruits and vegetables)

Medications: The choice of medication depends on the individual and any underlying medical conditions they may experience.

While there is no demonstrated direct connection between dental treatment and complications of hypertension, it is important for oral health care providers to understand the potential risks and complications that may occur while these individuals are receiving treatment in the dental practice setting.

Orthostatic hypotension: A sudden drop in blood pressure when one stands after being seated or in a supine position. It can cause dizziness and one can even faint.

- During dental procedures it is important to slowly seat the patient upright and allow the patient to stay seated for a few moments before leaving the dental chair.

Hypertensive Crisis: A severe increase in blood pressure that can lead to a stroke and can damage blood vessels. The ADA classifies BP of 180/120 or higher as a hypertensive crisis.

- It is crucial to activate EMS immediately.
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Oral complications associated with taking antihypertensive medications:

- Dry mouth
- Alterations in taste
- **Gingival enlargement**
- Lichenoid reactions

When any of these signs or symptoms are observed, consultation with prescribing physician may be indicated if unable to be resolved using other methods. Evaluation of the medications list and potential side effects may be indicated.

EO: WNL- Bilateral symmetrical face. Multiple macule (birth marks) located on the face and neck. Scar tissue from keloid on the left anterior cervical chain.

IO: Bilateral linea alba. Prominent palatal torus.

Class of Occlusion: Bilateral Class I

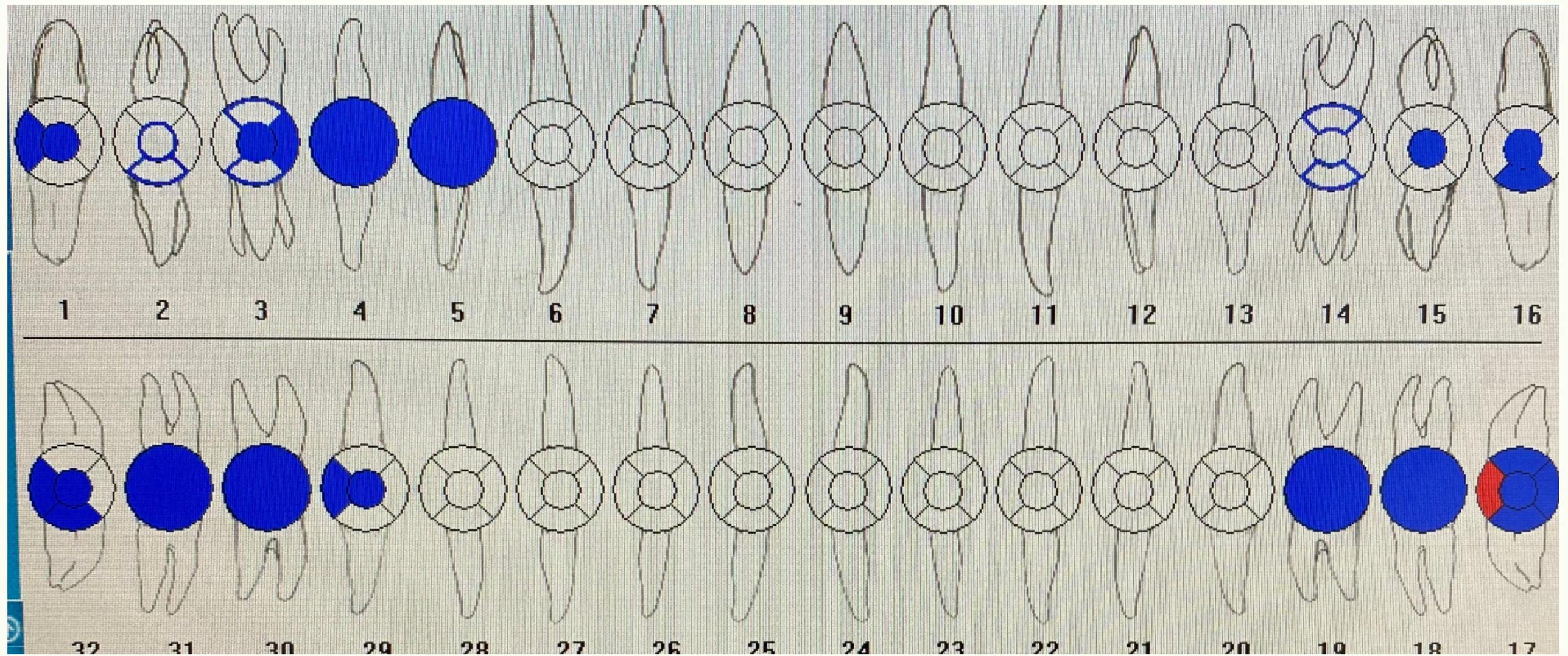
Overjet: 4mm **Overbite:** 25%

Generalized moderate inflammation of the gingival margins and localized bulbous interdental papilla on the mandibular anteriors.



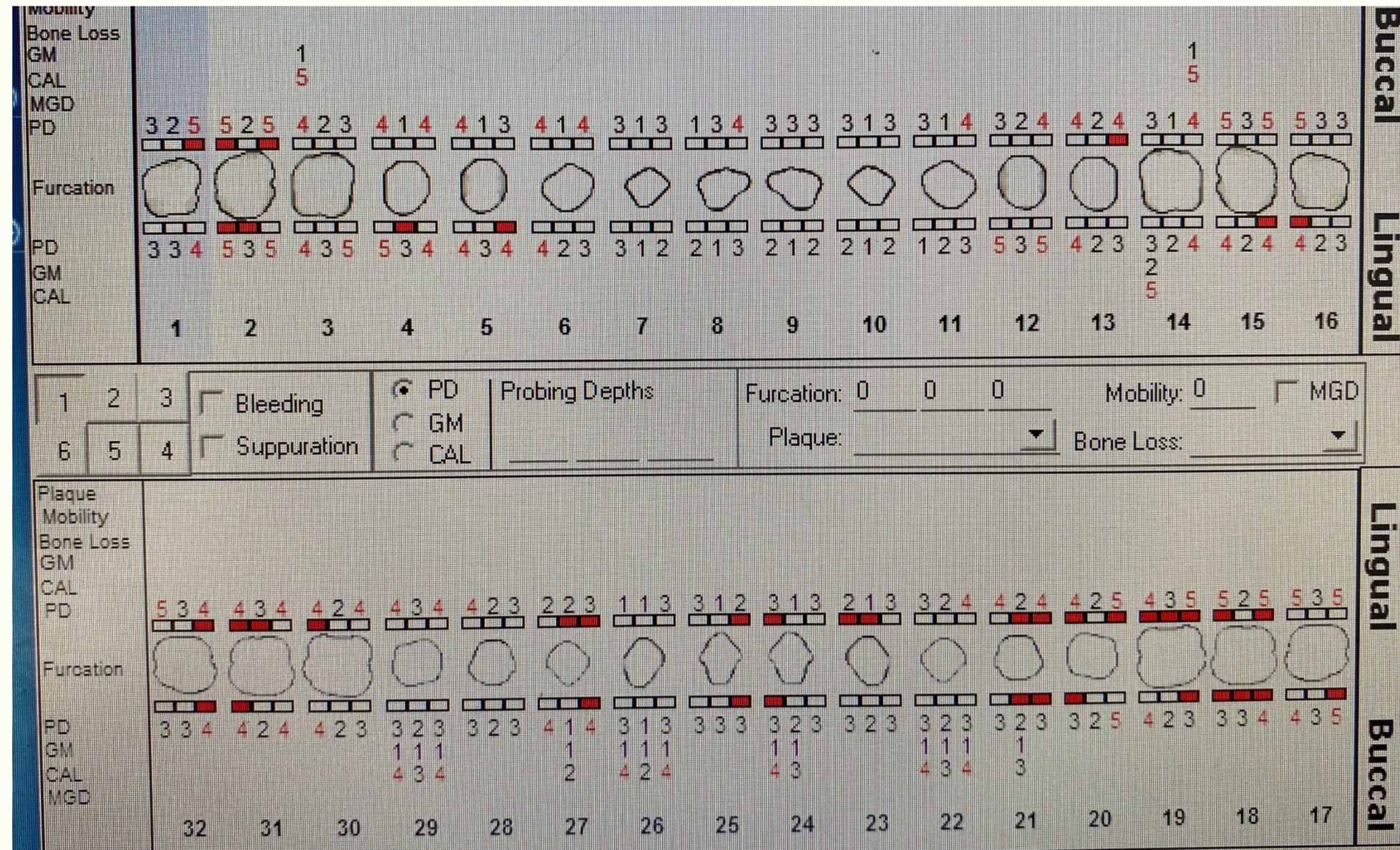
COMPREHENSIVE ASSESSEMENT

DENTAL CHARTING



- PFM Crown: #4, #5, #18, #19, #30, #31
 - Unconfirmed RCT: 0
 - Amalgam Restorations: 16 surfaces
 - Missing Teeth: None
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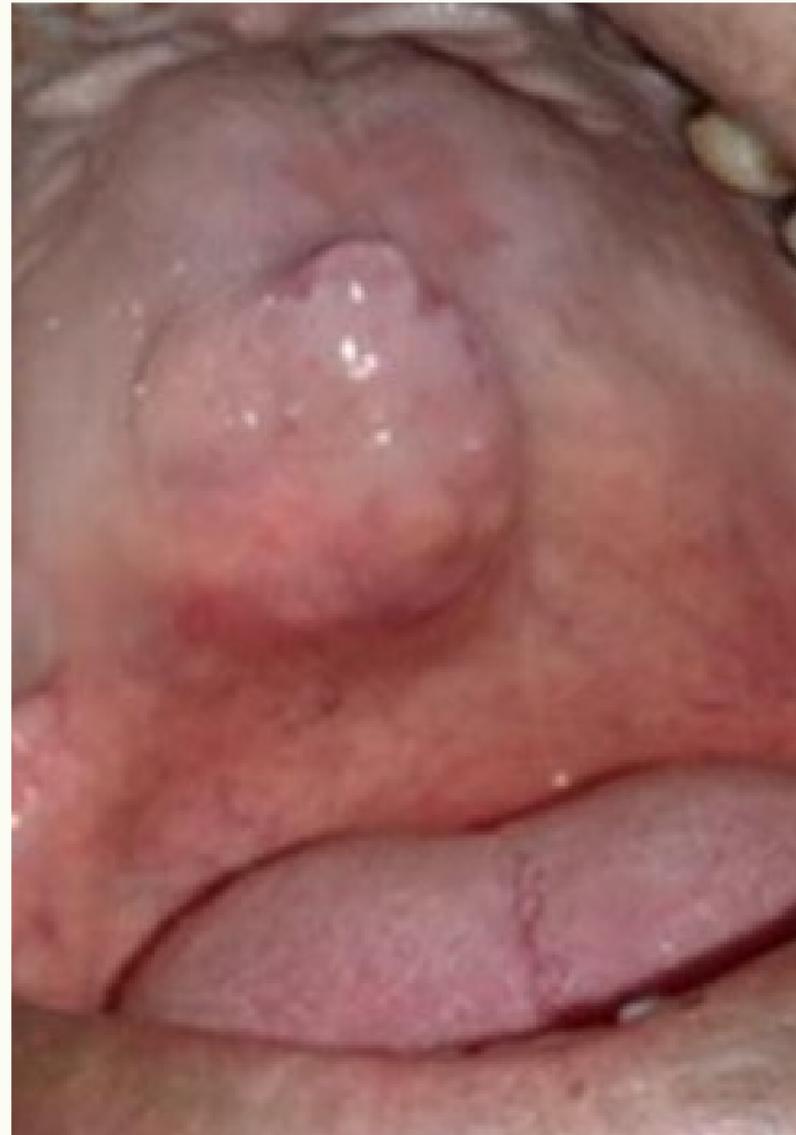
PERIODONTAL CHARTING



- Generalized- 4-5mm probing depths on posterior teeth.
- Localized- 1mm of recession localized to mandibular anteriors and tooth #3 & #14.
- Moderate Bleeding upon Probing

CLINICAL FINDINGS

- Patient A.H. presents with a prominent palatal torus.
- Gingival Enlargement due to Calcium Channel Blocker medication.



PALATAL TORUS

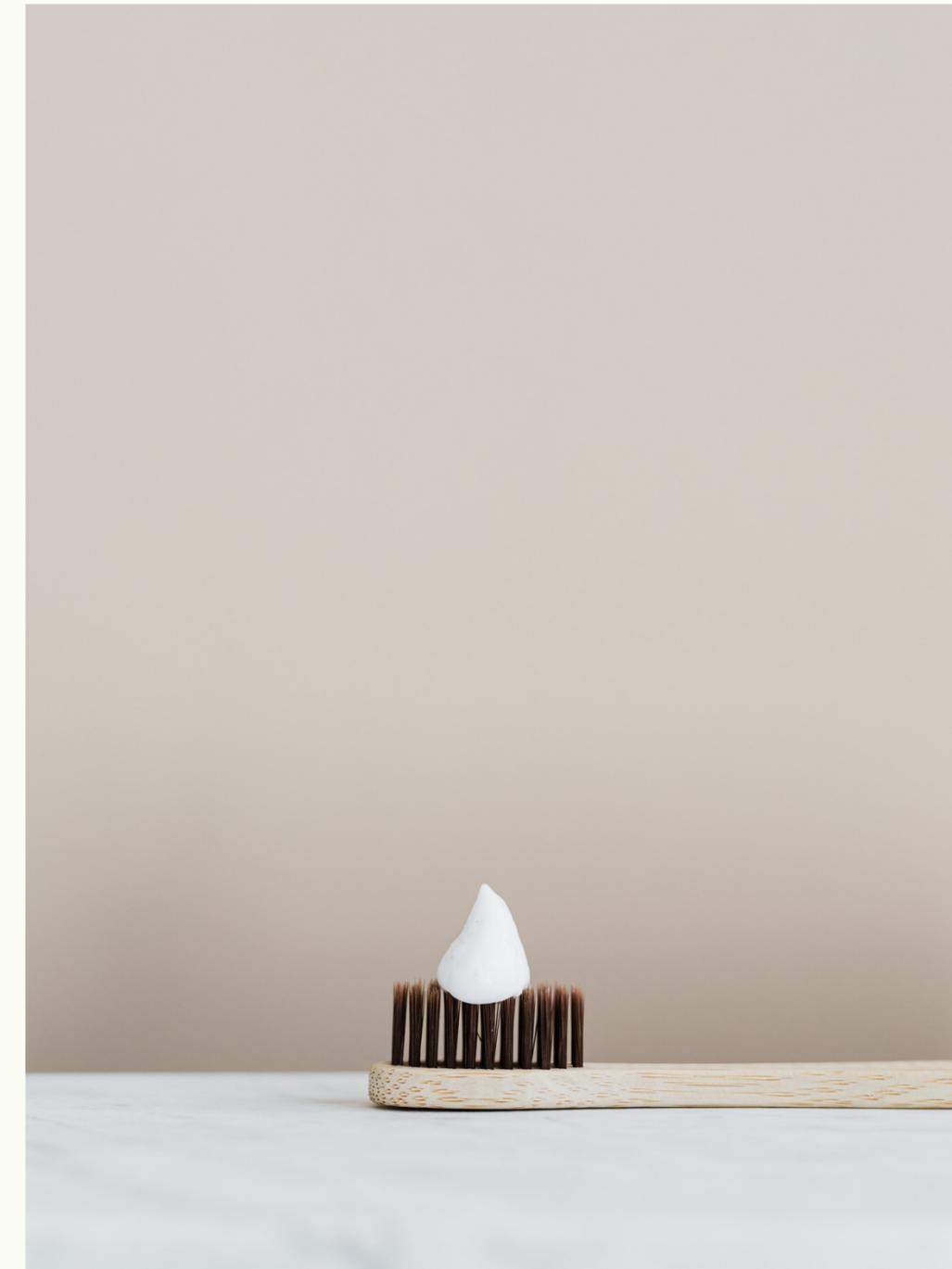
Periodontal Status: Stage I / Grade A

Case Value: Heavy

Caries Risk / Activity: Moderate

Adult referral was given for evaluation for suspicious caries on tooth #17M.

DENTAL HYGIENE DIAGNOSIS



Treatment Plan

- OHI- Modified Toothbrushing Method
 - Focusing on mandibular anteriors due to heavy supra- gingival calculus and gingival enlargement.
- Pain Management
 - Topical Benzocaine- Patient's pain tolerance was high.
- 2 Visits for deep cleaning.

Mrs. A.H. was recommended to return in 3 months for recare due to active periodontal disease, gingival enlargement and moderate caries risk.

Patient needs to be monitored for continued care to avoid further progression and to stabilize her periodontal status. Periodontal debridement needs to be implemented regularly to flush out bacteria from the periodontal socket.

REFLECTION

Treatment and planning for Mrs. A.H. was somewhat challenging. One big challenge was that she had moderate to severe bleeding upon scaling and gingiva was not firm; making it difficult to scale without proper suction. Although there were many obstacles, I felt motivated and encouraged to help her keep and maintain a healthy mouth. Mrs. A. had previous knowledge of the skills we teach in the clinic but was open to using the skills. Both Mrs. A and I were very happy with the treatment provided.