**Demographics:**

L. K, 52 year old male, African American, Moderate/Stage 11/Grade A.

**Assessment:**

1. He reports a history of hypertension, vital signs: BP 143/90, Pulse 88, ASA 11.
2. He does not smoke.
3. Patient does not have diabetes.
4. No premedication needed.
5. Medical condition: Hypertension (high blood pressure) is a common disorder in which the blood’s long-term force against the artery walls is high. 1 of 3 adults or around 75 million people in the United States is affected by hypertension (high blood pressure). This disorder is linked to the increased risk of heart disease and stroke. In people diagnosed with hypertension, poor oral health can interfere with the control of blood pressure. Periodontal disease tends to increase blood pressure and interfere with hypertension treatment — a disorder characterized by gum infection, gum inflammation, and tooth harm. Dental hygiene treatment modifications: obtain blood pressure, provide a stress free environment, if patient is overly stressed, terminate appointment. Avoid orthostatic hypotension by raising chair slowly; recognize signs and symptoms of high blood pressure- dizziness, occipital headache, ringing in the ears, failing vision, tingling in the hands and feet. Provide oral hygiene instructions and stress the importance of nutrition.

The medication he’s taking **Linsinopril** is a generic name, the brand names is: Zestril, Prinivil and Qbrelis is used for the treatment of hypertension (high blood pressure). Lowering high blood pressure helps to avoid strokes, kidney complications, and heart attacks. Lisinopril is in a class of medicines known as **Angiotensin-converting enzyme (ACE) inhibitors** help relax your veins and arteries to lower your blood pressure**.** Effect on dental treatment: Patients may experience orthostatic hypotension as they stand up after treatment. Adverse reactions include headache, dizziness and cough.

1. His daily medication is Isinopril 20mg one times per day.

**Oral Pathology Examination:**

Extra oral: lateral right eye 3mm round brown papule with firm texture and 1mm Fordyce granules on upper lip.

Intra oral findings: Linea Alba left side cheek and papilla on tongue slightly keratinizes.

**Dentition:**

1. Angle’s classification: right/left class 1, cross bite on #4 and 13, overbite 10%, overjet 4mm.
2. No tooth anomalies.
3. Possible Incipient caries on interproximal of teeth #12&13, moderate caries risk/activity.

**Periodontal Status:**

1. Probing depth ranges 2- 5mm, recession 2mm slight bleeding upon probing, no furcation involvement.
2. Gingival description statement: Generalized pigmented gingiva. Localized red marginal gingival with rolled margin on upper right posterior between teeth # 4&%. Localized bulbous papilla with inflammation on lower anterior teeth #23,24 and 25.
3. Periodontal classification: Periodontitis- Stage 11 Grade B.

**Oral Hygiene:**

1. His Initial plaque score was 1.3=fair. Plaque mostly located along the gingival margin due to not using correct tooth brushing method and interproximal area due to not using any interdental aids.
2. Recommendations based on findings is brushing methods for plaque removal along the gingival margin and flossing to eliminate interproximal accumulations of biofilm.

**Radiographs:**

1. Patient was recommended for four bitewings radiographs due to possible incipient interproximal caries.
2. The radiographs revealed that patient has interproximal caries on teeth #12 &13

**DENTAL HYGIENE CARE PLAN**

 a) Initial visit: all assessments were completed and a referral for suspected caries activity was given to the patient. A treatment plan was designed, and consent was given. The patient will come in 2 visits. First visit, introduced tooth brushing and demonstrated the modified Bass method. Scale quadrants I and IV, use anesthetics if needed for pain management. For the next visit: reviewed tooth brushing with the patient and introduced flossing. Continue scaling quadrants II and III, use anesthetics if needed. Engine polish and 5% fluoride varnish.

1. There were no medical issues, dental fear or any other psychological factors that impacted the treatment.

**REFLECTION**

I believe I accomplished everything I planned and the patient left our clinic satisfied. Introducing the Bass toothbrush technique and flossing method ( C shape) were important in the patient’s education. By doing this case study I got additional information on the medication and it’s side effects and how a condition such as high blood pressure affects a patient. I better understand the questions to ask the patient and implications I may see based on their medical history.