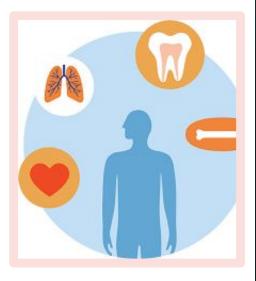
Case Study #1







Medical/Social History

- CC: "I am here for a cleaning"
- The patient is a 46 year old Indian female
- Patient is allergic to morphine, and has a hypersensitivity to latex
- Patient reports she has chronic body pains (consistent with Osteoporosis), but is not currently taking any prescribed medication for it.
- ❖ ASA II
- Patient reports she suffers from migraines and night sweats.
- Patient smokes marijuana daily, and vapes nicotine occasionally
- Patient reports she consumes 1-3 alcoholic beverages per month.





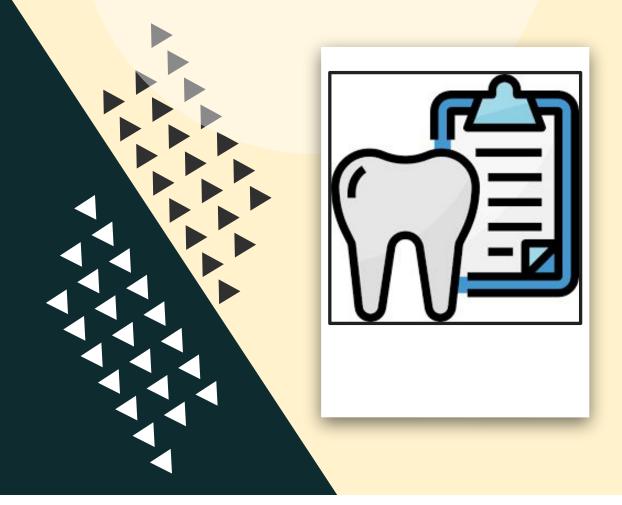


Smoking & Oral Health

- 1. Stained teeth: Nicotine and other chemicals in tobacco smoke can cause yellow or brown discoloration of the teeth. Over time, the stains can become more pronounced, leading to an unsightly appearance.
- 2. Halitosis: Smoking tobacco can result in persistent bad breath (halitosis) due to the presence of tobacco particles and chemicals in the mouth. The odor can be challenging to eliminate with regular oral hygiene practices alone.
- 3. Gum disease: Smoking is a significant risk factor for gum disease (periodontal disease). Tobacco smoke interferes with the normal functioning of gum tissue cells, impairs blood flow to the gums, and weakens the immune response. These factors contribute to an increased risk of gum inflammation, gum recession, tooth loss, and bone damage associated with gum disease.
- 4. Delayed wound healing: Nicotine smoking can impair the body's ability to heal wounds, including oral wounds such as extraction sites or mouth sores. Smokers may experience delayed healing, increased pain, and a higher risk of post-operative complications after dental procedures.
- 5. Oral cancer: Tobacco smoke contains numerous carcinogens, and smoking is a major risk factor for developing oral cancer. This includes cancers of the lips, tongue, cheeks, throat, and other areas of the oral cavity.
- 6. <u>Xerostomia:</u> Smoking can contribute to dry mouth (xerostomia), a condition characterized by reduced saliva production. Saliva helps cleanse the mouth, neutralize acids, and prevent tooth decay.
- 7. Reduced sense of taste and smell: Smoking can diminish the ability to taste and smell, affecting the overall enjoyment of food and beverages.

- Patient had orthodontic treatment 30 years ago
- Last dental cleaning was in 2019
- Last dental radiographs
 were exposed in 2019
 - > 4 HBW's
- Patient brushes with a Sonicare electric toothbrush, Crest dentifrice, Listerine mouth rinse, and uses a Waterpik occasionally.
- Pt reports dry mouth, tooth sensitivity (hot and cold), as well as occasional earaches.

Dental History



Extraoral/ Intraoral Findings

EO: Slight TMJ crepitus on right side IO: Bilateral linea alba.

Acid erosion evident.



Gingiva is dark pink, bulbous, with areas of pigmentation, flaccid in texture, along with generalized inflammation and redness.



Occlusion: Bilateral Class II

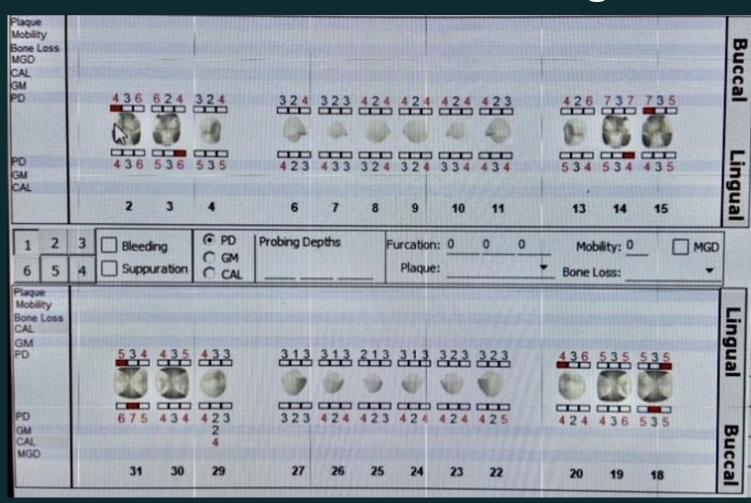
Overjet: 5mm

Overbite: 50%

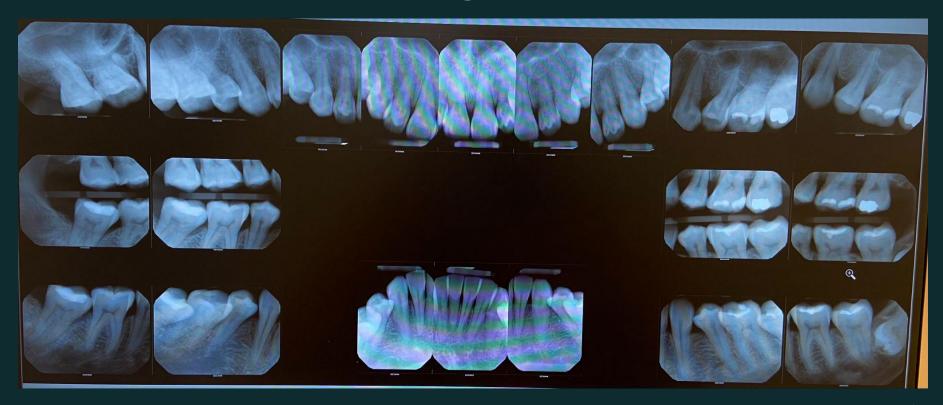
Periodontal Charting

Periodontal findings reflects generalized probing depths ranging from 2-6mm. Higher readings evident in the posterior regions. Localized 7mm depths on teeth #14DB-MB, #15MB, and #31B.

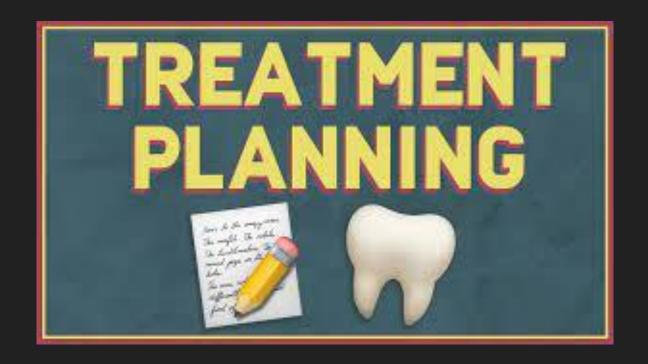
Moderate BOP noted.



Radiographs



Radiographic Statement: Exposed FMS at 7mA and 70kV, which shows 15-33% horizontal bone loss, generalized calculus deposits, suspicious caries on talon cusps of #7 and #10, and radiopaque PAP inferior to teeth #18-19.



Periodontitis Stage II Grade B

Case Value: Heavy

Caries Risk: Moderate

Visit 1

- Assessments
- FMS
- OHI- Tooth brushing
- Scale Q1 w/ Oraqix

Visit 2

- OHI- Flossing
- Re-eval Q1 & rescales
- Scale Q4 w/ Oraqix

Visit 3

- OHI- Proxy brushes
- Re-eval Q4 & rescales
- Scale Q2 & Q3 w/ Oraqix
- Apply 5% Sodium Fluoride varnish
- Establish 3 month recall

Patient Before Treatment





Patient Outcomes









Tissue presents with more firmness, and less inflammation.



All supragingival & subgingival calculus has been removed, and the gingiva is beginning to heal.