

Nastassia Liaushun  
DEN 1200  
Spring 2018  
Journal 3

### **1. Demographics**

The patient is R.K. Female. Age 26. Light/type I.

### **2. Assessment**

- a) Patient's vital signs were within normal limit: BP was 108/64, pulse was 57. Patient is ASA 2 (gluten allergy).
  - b) Patient does not smoke.  
Patient is a social drinker. She reported to have 2 glasses of wine once a week.
  - c) No premedication required.
  - d) Patient has gluten allergy.
  - e) Patient reported to take birth control pills "Mononessa" once a day.
- When interviewed, patient reported to use soft bristles tooth brush and a combination of horizontal/circular brushing strokes. Moreover, patient reported to use floss couple times a week.

### **3. Oral pathologies (Extra oral and Intraoral Findings)**

EO: small "birth mark" around 5 mm on the left side of occipital neck region.

IO: chapped dry lips, bilateral linea alba, bilateral mandibular tori, three small cheek bites near # 17- #18.

### **4. Dentition:**

- a) Patient has bilateral Class I occlusion. Overbite is 15% and Overjet is 2 mm.
- b) Patient has two occlusal composite on # 2 and # 30, three OB composites on # 19, # 20 and # 29, two ceramic crowns on # 13 and # 15 and a gold foil on # 14. # 1, # 17 and # 32 are missing (patient reported to have them extracted). There is some attrition on #8, #9, #23-26. Patient has an abrasion on facial surface #2, #3 and #14. No erosion or abfraction are presented.
- c) Suspicious caries lesions were found during an examination on the buccal of # 2 and on the occlusal surface of # 16.

### **5. Periodontal**

- a) Light Perio Type 1, generalized 2-3 mm probing depths, 4 mm pockets were found on the distal of # 14, # 19 and on the mesial of # 21. Generalized light BUP, localized moderate BUP on the posterior area of ULQ (# 12 - # 16).
- b) Patient has generalized healthy gingiva, pink, stippled, firm, fits snugly around the teeth, slightly bulbous on posterior areas of UR, UL and LR quadrants. There is 1 mm localized recession on the direct facial and lingual surfaces of # 22 and # 27.

### **6. Oral Hygiene**

- a) The plaque score for the initial visit was 1 (fair). The biofilm was predominantly located interproximally. Revisit plaque score was 1.3 (still fair). Most of the plaque was seen around the cervical areas.

- b) Light sub-gingival and supra-gingival calculus was found on all anterior teeth inter-proximal surfaces. In addition, light stains were noticed on the lingual side of mandibular and maxillary anteriors.
- c) Based on disclosing solution results, floss was taught first. Then, on the next visit, I reviewed previously taught flossing technique and I introduced modified Bass method.

## **7. Radiographs**

- a) Patient stated to have her last dental visit, dental cleaning and x-rays performed in June 2016. Four horizontal bitewings were recommended to the patient in order to evaluate and to confirm suspicious caries lesions found during clinical examination on # 2 and # 16. In addition to that, patient was recommended for PAN to confirm future oral surgery (extraction of # 16).
- b) I performed four digital horizontal bitewings during my second clinic session. Unfortunately, because of the computer system glitch, radiographs have been saved by the systems in an unknown folder and I was unable to find them since that time.

## **8. Treatment management**

- a) *Visit 1:* On the initial visit, I completed patient assessment up to home care and OHI instructions. I reviewed my patient's medical and dental history, I took the vital signs. Then, the extra and intraoral exams were performed. Patient was interviewed about her oral self-care. After that, dental and perio charting were completed. The calculus detection was performed. Patient was evaluated and confirmed to be Light case value type I. PI was performed and it was 1 (fair). Most of biofilm was found inter proximally, that is why patient was taught flossing technique.  
*Visit 2:* Patient medical and dental history were reviewed, no changes were stated or found. IO showed no significant findings. PI OHI, reviewed previously taught flossing technique, modified Bass was introduced. Four quadrants were hand scaled, four digital horizontal bitewings were taken. Engine polishing was performed with fine polishing paste. 5% neutral sodium varnish fluoride treatment was applied for 4 minutes. Patient was completed and she was recommended to come back for recare visit every 6 months.
- b) There were no medical, social or psychological factors that impacted on the treatment.
- c) For home care, patient was recommended to use floss in order to disturb and to effectively remove biofilm from the inter proximal areas. Then, patient was introduced to the modified Bass tooth brushing technique in order to reach the plaque and to remove bacteria underneath the sulcus and to clean teeth cervical areas. It is hard to say if the patient was very compliant or not, because I just saw her twice. However, patient reported to keep following all my instructions and recommendations and to incorporate all learned techniques into her oral self-care plan.
- d) Patient was referred to a dentist for further evaluation of suspicious caries lesions found on the buccal of # 2 and on the occlusal surface of # 16, as well as for the detailed examination of her third molar # 16.
- e) I think my treatment plan worked well enough and it was efficient, so I would not change any part of it.

## **9. Evaluation**

- a) Patient was interested in improvements of her oral health. She asked me a lot of questions, she listened to my advices and suggestions. She was pleasantly surprised to get complete extra and intra oral exams for the oral cancer screening. Patient said her dentist has never done or even he has never offered it to her. She said it was great that we were performing an oral cancer screening

test in school and she was happy to be checked for any possible abnormalities. As I have already mentioned before, my patient was introduced to floss on her first visit, and to modified Bass method on the second. According to the patient's report, she liked them both and she actively incorporated them in her oral self-care routine.

b) The patient has shown interest in her oral care from the beginning till the end. She asked me a lot of questions about biofilm, gingival bleeding, calculus and caries. I explained her how bacteria can influence the overall oral health and why it is so important to get the biofilm under the control and to remove it in a timely manner.

c) Unfortunately, I noticed some negative changes in a patient's gingival tissue from initial visit to completion. On the first visit, patient's gingival tissue was pink, stippled, firm and it fitted firmly around teeth. However, on the second visit patient presented with a marginal gingivitis, a slight inflammation and a red band on the lingual of LL (# 18 - # 20) and LR (# 28 - # 30) quadrants. I asked my patient if she made some changes in her oral hygiene habits recently that could potentially lead to inflammation. My patient answered that the night before she went to party and she was not feeling well after that. As the result, she did not brush her teeth before the bed and the next morning. She admitted to feel guilty for that and she said she will try to never do it again.

d) No additional interventions were performed.

## **10. Reflection**

a) I think I accomplished everything I planned for my patient. The patient was light, her teeth were in pretty good conditions, she did not have a lot of calculus and plaque to deal with, that is why I completed her very fast. It was my first light patient and after all heavies I have already scaled, light case seemed really easy to me. My patient had some small abrasions on # 2, # 3 and # 14 that she was not aware of. I explained to my patient that abrasions were caused by an improper scrub brushing strokes that she was using during a long time. I educated my patient about importance of proper tooth brushing technique that is able to reduce the incidence of mechanical abrasions or to prevent them from getting worse. That is why, I recommended my patient to avoid horizontal scrub brushing technique and to use modified Bass instead.

b) A positive feedback that I have received from my clinic instructors was a good time management and a nice overall work.

c) I did not have any problems or a negative experience with that patient. The only thing that my instructor wanted me to improve on and to be more responsible with was my SOAP notes. I was told and advised to write my notes as I go and to never leave them incomplete till the end. I found all feedbacks and recommendations given to me to be fair and very useful, and I agreed with all comments made. I know, all instructors want us to improve and to succeed in our future career, so it's important to follow their guidance and to listen to their suggestions.