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1. **DEMOGRAPHICS**

New patient: D. A., 20 years old, Medium/ Type I.

1. **ASSESSMENT**

 The patient is in a good health. She does not have any systemic conditions and allergies. The patient did not take neither prescribed medicine nor OTC medication. Her vitals were 88/60; pulse was 80. ASA classification is I. She is no alcohol and non-smoking use. This patient did not need any premedication. The patient currently is under orthodontics treatment. She reported about sensitivity in QUR posteriorly.

1. **ORAL PATHOLOGY** (Extra and intra oral findings)

After E/O and I/O inspection I found the right corner of the lips with nodule because of the habitual biting. Intraorally, I noticed bilateral linea alba, generalized gingival and tongue pigmentation; retro-molar areas are with the whitish color due to the partially erupted third molars, and tonsils slightly red bilaterally.

1. **DENTITION**

 In dental chart I noticed bilateral class I occlusion; overjet was 1mm; overbite was 10%. The partially erupted teeth # 17, 32; #1, 16 are missing; diastema between #5-6and 11-12 was present. Orthodontic treatment was present on teeth #2-15; 19-30. This patient did not have any restorations and other hard tissue findings. No areas of caries were found.

1. **PERIODONTAL**

 Periodontal examination showed that the patient is type I periodontal status with localized moderate BUP posteriorly and moderate inflammation. Localized recessions were presented teeth # 7, 22. Also, localized interproximal retractable papilla # 7-M and # 10-M were present. Periodontal examination showed the generalized probing depth 2-4 mm.

1. **ORAL HYGIENE**

 Her initial plaque score, after disclosing with disclosed solution, was 0.5 (good). During the revisit the second plaque score was the same 0.5 (good).

 The patient is medium case with light extrinsic stain. Calculus located mostly subgingival. More than 12 surfaces were found. Localized areas of supragingival calculus were found, especially lingual side of anterior teeth.

 According to all those findings, I decided to do as educational part interdental care techniques (flossing threaders, proxy-brush), Modified Stillman technique of TB, and mouth rinses. The patient said that she knows how to use threaders, consequently, I decided to introduce just benefits of proxy-brush usage. She paid attention and showed interest to it.

1. **RADIOGRAPHS**

 The patient did not require radiographs because she had Panorex on March 2018 during visit to the orthodontics office for check up. There were not any significant findings to require radiographs. Probing showed just the few periodontal pockets with maximum depth 4mm.

1. **TREATMENT MANAGEMENT**

 My treatment plan included patient’s education about oral health home care, scaling, supragingival air polishing, and application of the topical fluoride tray (regular).

 Visit I

 In first treatment visit treatment plan was written and discussed with the patient. She was disclosed and the plaque score was 0.5 (good). Proxy-brush technique was showed to the patient. Quadrants UR, LR scaling were completed.

 Visit II

 In the second visit two quadrants LL, UL were completed. As an education part I showed to the patient the modified Stillman method TB technique. The plaque score was the same 0.5 (good). Previous interdental care technique was checked, discussed, corrected. Also, I saw that I could finish scaling in this visit, we quickly discussed about why it is important to use mouth rinse and what kind of these products are good for her case. We changed the treatment plan because of the air polishing was not available. Instead of that, I did engine polishing. After all, fluoride tray was applied for four minutes. We chose regular fluoride (2% Sodium Fluoride) because the patient does not have any restorations. Post direction was given verbally.

 Most valuable impaction on the treatment was the current orthodontic treatment in the patient’s mouth. It created some difficulties to reach the areas for scaling. Also, time was a problem for me. My patient is a student and she supposed to leave like half hour earlier almost all visits.

 As I mentioned before for home care I had recommended interdental aid and TB technique because of the patient’s needs. Patients with orthodontics treatment most of time have the difficulties to do a proper care interdentally and cervical part of the teeth. The patient had a good response to the treatment and education parts. Each visit my patient did not have any concerns about treatment. She showed high interesting and motivation about home care products that she did not use before. Gingiva was changed since initial visit. It was less bleeding during scaling, however, some areas of inflammation still presented there. In my opinion, I would not to change my educational part. However, air polishing was definitely more helpful and important in her case than engine polishing.

1. **REFLECTION**

 I accomplished almost everything that I was planning. It was just one exception, that I did not have a chance to do was air polishing. It was my great and first experience with a patient that has orthodontic treatment. I was glad to accomplish scaling and some examinations, with no or minimal mistakes. I did engine polishing with a special brush for the patients that have orthodontic treatment. It was something new for me. I did not see this brush before.

 In my opinion, most complicated was to do all examinations and scaling in the areas with orthodontic treatment. I was scared to break any parts. It was hard to reach some areas with orthodontic treatment.

It took more time to complete the engine polishing due to the same feature.

 Despite on all these difficulties, my patient was appreciative for cleaning. Hopefully, I gave a good service for this patient.