

HASHIMOTO'S THYROIDITIS: HYPOTHYROIDISM

By: Pablo Alvarado

Patient Profile

- Patient's name: Ms. L.S.
- Age: 67 years old
- Gender: Female
- Ethnicity: Caucasian
- Last Medical Exam: March 2021
- Dental Hx: Last dental exam 10/15/2019. For a cleaning and 4 radiographs.
- Patient reports using a manual toothbrush with medium bristles. She also reports using wax floss 1x per day. Patient also uses a gum stimulator and Listerine 1x nightly.
- Ms. L.S. has been coming to this clinic for over 15 years.

Medical History Overview

- Vitals at last visit: BP: 126/84 (Stage 1 Hypertension). P:64. ASA II due to controlled hypothyroidism, age, and allergies to Codeine, Sulfa, and Wheat.
- Patient has an allergy to Codeine, Sulfa, and Wheat
- Medical Condition: Hypothyroidism (Hashimoto's Thyroiditis)
- Current Medication: NP Thyroid 120mg 1x per day on empty stomach for Hypothyroidism

What is Hashimoto's Thyroiditis?

- According to the American Thyroid Association, Hashimoto's Thyroiditis is the most common cause of hypothyroidism in the United States.
- It is an autoimmune disorder involving chronic inflammation of the thyroid.
- It has an older female predilection but can also occur in men and children.
- Common Symptoms include:
 - Fatigue, sudden weight gain, increased sensitivity to cold, **enlargement of tongue**, goiter, and joint pain.
- Common Medication Prescribed:
 - T4 medication: **Levothyroxine**
 - Levothroid, Levoxyl, Synthroid, and Unithroid

HASHIMOTO'S DISEASE

Hashimoto's is an autoimmune disease that is the most common cause of hypothyroidism. It effects women 10-15 times more than men.

Enlarged and Inflamed Underactive Thyroid (Goiter)
Hashimoto's Disease, is an Autoimmune Disease in Which the Thyroid Gland is Gradually Destroyed

NORMAL THYROID
--- Epiglottis
--- Thyroid Cartilage
--- Thyroid
--- Trachea

HASHIMOTO'S DISEASE

Constipation	Excessive or Prolonged Menstrual Bleeding
Pale, Dry Skin	Enlargement of the Tongue
Muscle Aches, Weakness, Tenderness and Stiffness	Memory Lapses Depression
Goiter A puffy Face Brittle Nails Hair Loss	Joint Pain and Stiffness

Fatigue and Sluggishness **Unexplained Weight Gain** **Increased Sensitivity to Cold**

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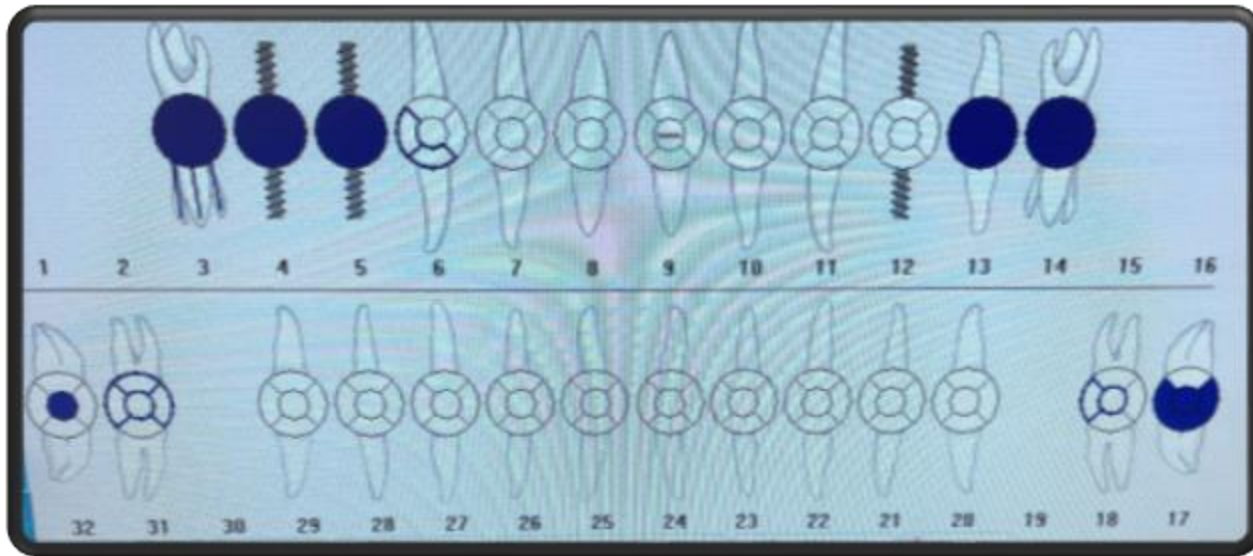
Dental Implications of Hashimoto's Thyroiditis

- When we treat a patient with hypothyroidism in a dental setting, it is important to keep in mind:
 - Most patients will have a decreased metabolic activity. Meaning their body has a delayed wound healing effect, thus leaving them more susceptible to infections.
 - Patients will have increased amount of subcutaneous mucopolysaccharides. This means that they're more prone to bleeding since these subcutaneous mucopolysaccharides aid the small blood vessels in constricting when there is a cut.
 - The thyroid gland of the patient must be fully protected with a lead collar when exposing radiographs
 - Patients are sensitive to CNS depressants and barbiturates so it must be avoided.
 - Due to the lack of T3 and T4 hormones, patients have an increased risk of cardiac problems such as irregular heartbeat, loss of elasticity of the blood vessels, and increased blood pressure.

Head and Neck Examination

- EO: WNL.
- IO: Palatine Torus, slightly coated tongue.
- Gingival statement: Moderate marginal gingival inflammation of the posterior teeth. Firm, pink gingiva.
- Occlusion: Class 1 in relation to the canines
- Overjet: 4mm
- Overbite: 30%
- Missing Teeth: # 2, 15, 19, 30
- Attrition: Moderate. Localized to #8, 9, 23-27. Slight wear facets noticeable on the posterior teeth

Dental Charting



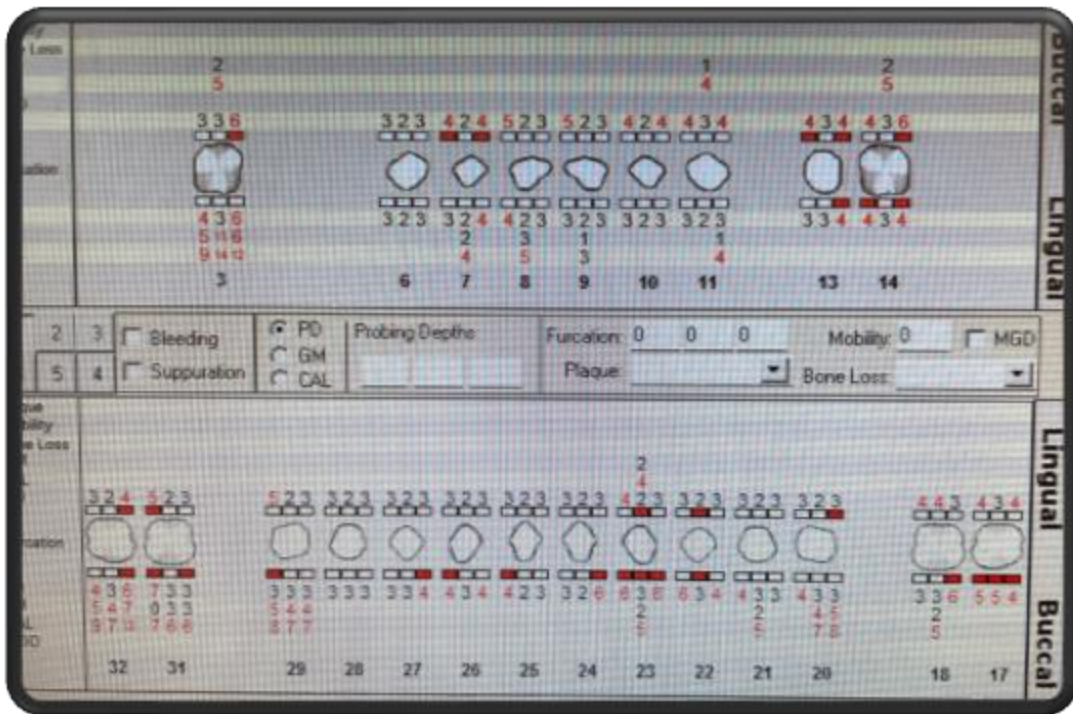
- Implant: #4, 5, & 12
- Crown: #3, 13, & 14
- Composite: 8 surfaces
- Amalgam: 5 surfaces
- RCT: #3
- Fracture: #9 on the incisal edge

Radiographs



- Implants confirmed via radiographs
- Radiographic generalized bone loss <15% with localized bone loss >50% present on #3
- No radiographic caries present

Periodontal Charting



- Generalized 2-3mm probing depth with localized area of 4-7mm
- #31D had the deepest probing depth-7mm
- Generalized moderate to severe CAL on #3, 7, 8, 9, 11, 14, 18, 20, 21, 23, 29, 31, 32
 - 11mm of recession on the direct lingual of #3
- Moderate to severe BUP

Dental Diagnosis

- Case Value: Medium
- Periodontal Status: Stage III, Grade B. Based on radiographic bone loss, missing teeth, severe CAL, and probing depths.
- Caries Risk: Moderate due to existing restorations and exposed root surfaces
- Staining: Light. Localized to lingual mandibular anteriors

Treatment Plan

- Deep Cleaning: Scaling and Root Planing
- 1st visit:
 - Complete dental assessments.
 - Teach patient about using a Waterpik to remove plaque accumulation in deep periodontal pocket depths and between interproximal contacts.
 - Hand scale quadrants 1 and 4.
- 2nd visit:
 - Hand scale quadrants 2 and 3.
 - Patient requested to coronal polishing be done at this visit
 - Application of 5% topical sodium fluoride varnish to areas where the root was exposed.
 - Advise patient to come back in 3 months for periodontal maintenance.

Reflection

- This was my first time treating a patient with hypothyroidism. At first it was a little intimidating because I was afraid of causing any areas of tissue trauma. It was also the first time I've seen a patient with 11mm of gingival recession. However, the treatment of Ms. L.S. went very smoothly. I was able to accomplish everything I wanted to in treating this patient and the patient was very receptive to the oral home care instructions I provided her about the waterpik. She was excited to get one of her own. I think this was a crucial learning experience for me because I anticipate I will be seeing many more patients with hypothyroidism in the real world.