# Case Study #2

66 year old female patient with high BP, high cholesterol, and Crohn's disease

AAP: Stage 3, Grade B

# Patient Profile

CC: “I need a cleaning.”

The patient is a 66 year old east indian female who regularly visits NYCCT’s dental hygiene clinic for cleanings but not at recommended intervals. Her last physical examination was in February of 2023 and the doctor reports good health. Patient is being treated for Crohn’s disease, high blood pressure, and high cholesterol and is taking Amlodipine 10mg 1x/day, Atorvastatin 20mg 1x/day, and receives a Entyvio infusion every 8 weeks for her Crohn’s disease.

Her blood pressure was 135/88 P: 87 and 156/93 P: 90 at the revisit. Patient was told before appointments to take medication as prescribed before coming in and was given a referral for hypertension stage 2.

Patient is a non-smoker and drinks 1 beer/day.

Does not remember when last seen by dentist, >5 years ago.

# Patient Profile

The patient presented herself as friendly with signs of subtle anxiousness. She was compliant with the clinical procedures that the clinic takes and the school's policies. Stress reduction protocols were taken by calmly assuring the patient that her needs were to be met and that care was to be taken.

The patient explains her past struggles with Crohn's disease but has been okay as of recent. She did not express enthusiasm when speaking of her oral hygiene routines. She says she uses a manual toothbrush to brush her teeth once a day, sometimes two. She uses normal fluoridated toothpaste, and admits that she only flosses 2-3 times per week at most.

# EO/IO Examination

Extraorally this patient presented with dark diffuse macules of pigmentation in the vermillion zone of lips which she claims she started noticing only 2 months ago, skin tags around the neck, and 3x4mm fissure of the upper lip. All normal findings in patients with Crohn's disease.

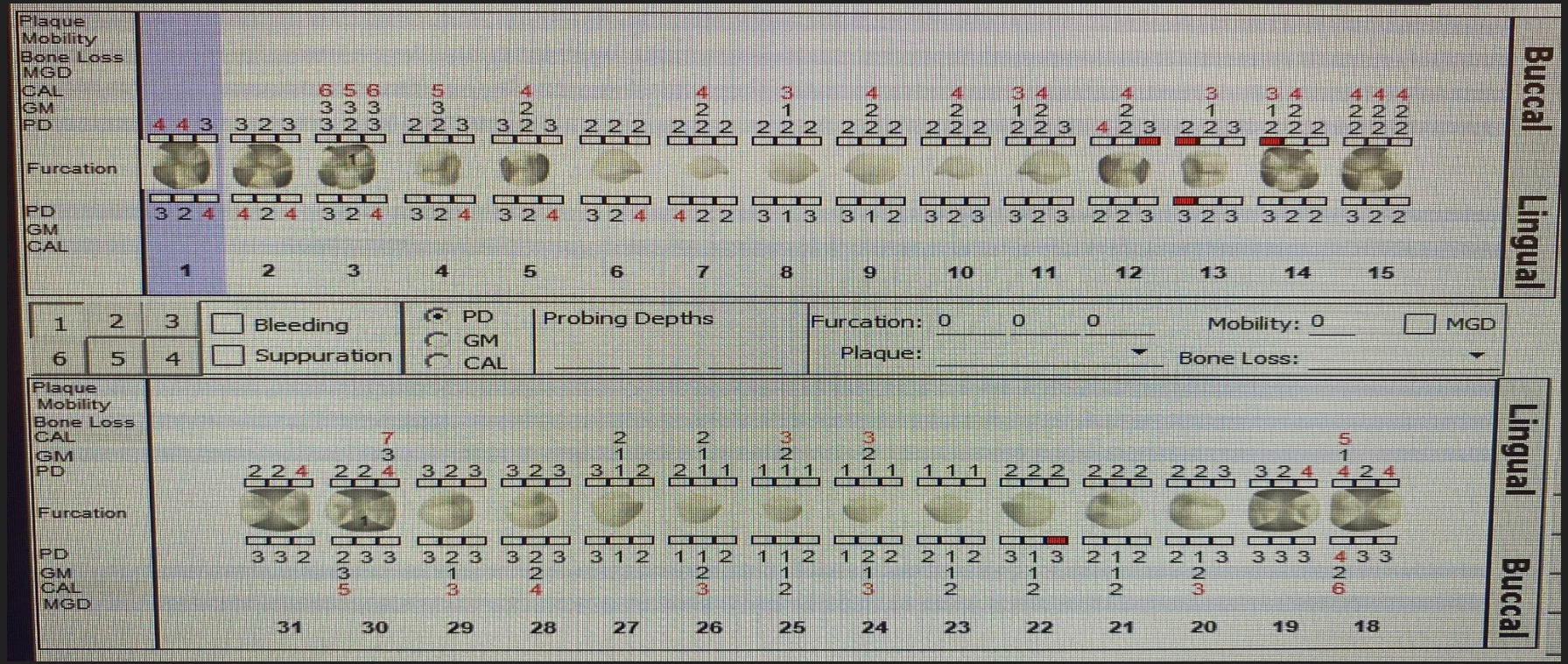
Intraorally this patient presented with a short lingual frenum, palatal torus, and atrophy of the filiform papillae in the anterior ⅓ of her tongue.

Moderate erosion noted on lingual surfaces of #23-26.

Moderate generalized yellow staining.

Patient has a class 2, division 1 occlusion with a 6mm overjet and 6mm/75% overbite.


- Patient has 5 PFM crowns all found in the posterior teeth.
- 5 Class 1 and 2 amalgam restorations all found in the posterior teeth.
- 2 sealants on #4 and 5.



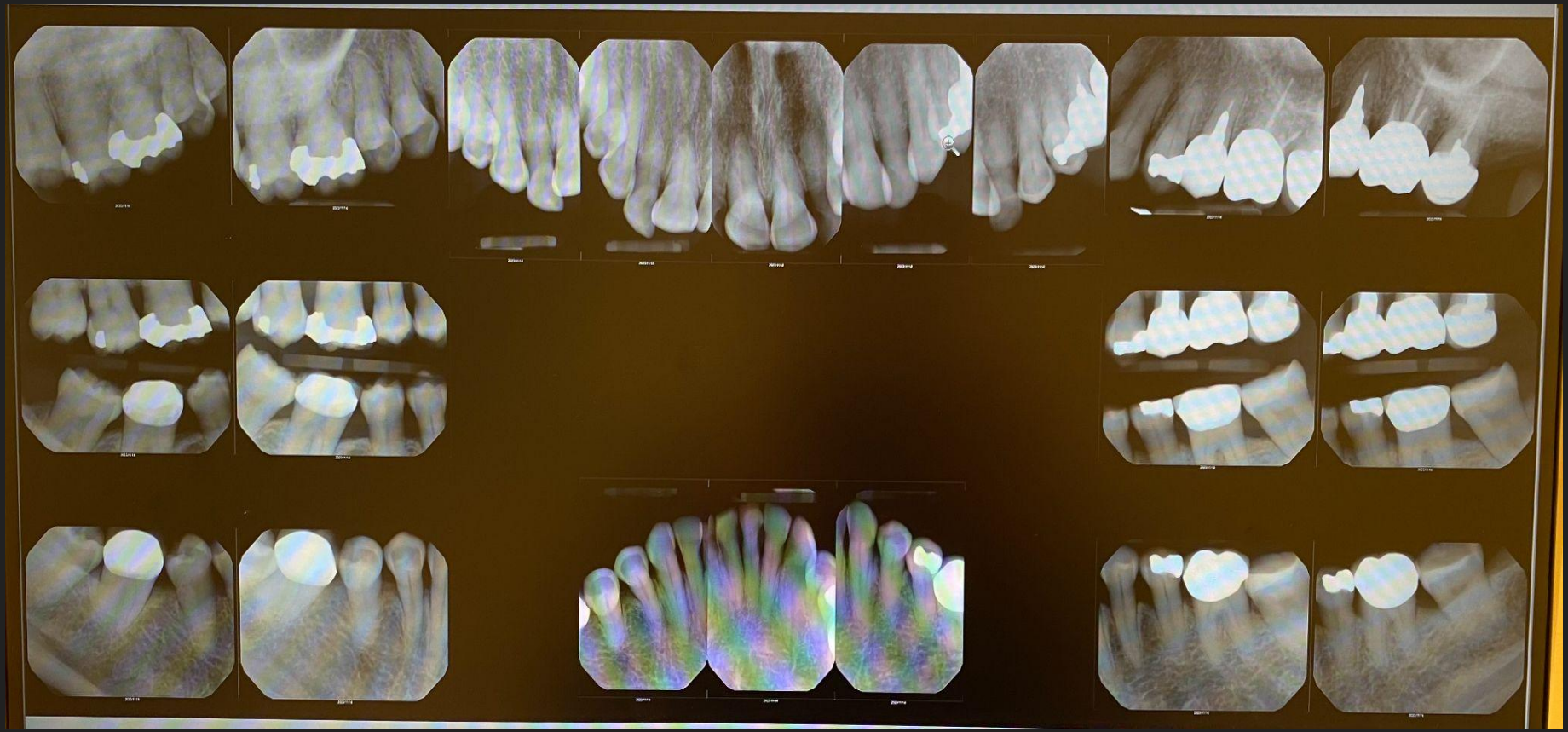

Generalized 2-3 mm pockets with local 4mm pockets in posterior teeth and central incisors. Generalized 1-3 mm recession found on >30% of teeth. Class 1 furcation involvement on #3-B and #30-B. Localized bleeding on probing #12, 13, and 14.

# Soft Tissue Evaluation

Gingival Assessment: Coral pink, thick flat gingival biotype that fits teeth firmly with signs of recession, papilla fills embrasures with local mild blunting in Q1, margins are flat on teeth, spongy consistency, and smooth shiny texture.

Patient is taking a calcium channel blocker which is to be taken into consideration on why the gingiva seems thick and spongy.

Important to note no ulcerations were found in the oral cavity which is known to occur in patients with Crohn's disease as an extra-intestinal manifestation.



FMS was exposed on initial visit at 7ma/70kv. Suspicious caries found #2-D, calculus on #24-M and 25-M, and generalized 33% horizontal bone loss.

# Dental Hygiene Diagnosis

Considerations:

- Patient has interproximal clinical attachment loss of >5mm
- Class 1 furcation involvement in multiple teeth
- 33% radiographic bone loss

The diagnosis for this patient's periodontal status according to AAP was Stage 3, Grade B. Though class 1 furcation involvement is not a severe sign of periodontitis it does indicate a long history of progressive chronic periodontitis with radiographic evidence backing these claims. What puts this patient at stage 3 is her clinical attachment levels interproximally. Her probing depths are within normal limits but the recession seen generally throughout the dentition tells us that this patient has seen numerous periods of active destruction in the periodontium and periods of remission to the point where she has not lost any teeth yet but is at high risk for it.

# Caries Management by Risk Assessment - CAMBRA

After reviewing risk factors the patient was classified as High Risk for Caries

Contributing factors:

- Severe dry mouth (Xerostomia)

Patient Instructions:

- Brush 2x/day using the Modified Bass method
- Incorporate floss handles for better ease of use.
- Rinse with non-alcoholic anti-septic mouth rinse such as Listerine or Crest at night before bed.
- Consider using Biotene or Salivea during the day after taking medication to maintain salivary flow

# Dental Hygiene Treatment Plan

Visit #1:

- Complete assessments
- Expose FMS
- Disclose PI and OHI on Modified Bass method of brushing with a soft toothbrush and if possible replacement with an electric toothbrush.
- Scale Q1/4

Visit #2:

- Disclose PI and OHI on CPC or anti-septic mouth rinse before bed.
- Scale Q2/3
- Engine polishing with medium grit prophy paste.
- Apply 5% NaFl varnish

# Recare

Since the patient is a Stage 3, Grade B periodontitis patient and at high risk for caries she was told it would be best to come in every 3-4 months for maintenance.

The patient was educated on periodontitis and how it has affected her dentition which she seemed aware of from previous visits. I recommended her to try her best to come back within the time frame for maintenance and she said she would try her best with her condition.

Crohn's disease is an auto-immune inflammatory bowel disease that has debilitating effects if not managed carefully. Some patients experience sudden blurriness of vision, arthritis, fatigue, mouth ulcers, abdominal pain, and much more. People with Crohn's need to be reminded of the oral symptoms it may cause and the importance of maintaining regular dental visits all the while keeping in mind the patient's well-being and capability of making appointments.