

# Clinical Case Study 2

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# Patient Information

Patient's name is N.T., a 71 years old Asian female.

Patient uses medium bristle manual toothbrush to brush twice a day, changes toothbrush every 3-4 months, Amway glister toothpaste, uses strip floss every day, does not uses tongue cleaner nor mouthwash.

Social history: no smoking, alcohol, nor drug used.

# Chief Complaint

“I haven’t clean my teeth for almost 2 years.”

Last dental cleaning and check up in 09/2019 with radiograph 4 bitewing and 6 PA.

# Medical history

Medical history: last physical exam was 3 month ago. Cataract surgery in 2018. Recently taking Metoprolol Succinate Er 25mg for HTN, Simvastatin 20mg for high cholesterol, Synthroid 0.025mg for hypothyroidism, Raloxifene 60mg for bone density.

Patient also taking non-prescribed supplement: calcium, vitamin B,C,E,D, and iron as her physician recommended; Glucosamine Chondroitin for joint health.

Vital signs: BP 172/98, pulse 61, corresponding to HTN stage II.

ASA 2.

# Clinical Findings

Extraoral exam: two black well-demarcated papule on left and right upper neck, bilateral TMJ crepitation and lack of flexibility when moving jaw left and right.

Intraoral exam: bilateral linear alba, palatal torus, one 3mm in diameter black well-demarcated macule distally to #18, reduced saliva flow.

Gingival statement: generalized pink, fits snugly around teeth, apical 2-3 mm to the CEJ, slightly enlarged papillae, embrasure space type II on maxilla, stippled texture, soft consistency.

Attrition noted on maxilla and mandible anterior teeth.

# Clinical Findings Continue

Teeth #2,19,24,25 missing due to bone loss.

Mobility I noted on #19 implant.

Generalized 2-3 mm pocket depth, slightly BOP.

Class of occlusion: right first molar class I, left first molar class II, maxilla and mandible anterior edge to edge.

Generalized subgingival calculus on maxilla posterior interproximal, supragingival calculus on mandible anterior lingual and facial.



Provider: L1003

Plaque														
Mobility														
Bone Loss														
MGD														
CAL	3 3 4	3 4 4	4		3 4		3	3				3		3 4
GM	1 1 1	1 2 2	1		2 2		1	1				1		1 1
PD	2 2 3	2 2 2	2 2 3	3 1 2	2 1 2	2 2 2	2 2 3	3 2 3	2 2 3	3 2 3	3 2 4	4 2 3	3 2 3	
PD	2 2 3	3 2 3	2 2 3	3 2 3	3 2 2	3 2 2	3 2 2	3 2 2	2 2 2	3 2 2	2 2 2	3 2 2	3 2 2	
GM	2 2									1		2 2		2
CAL	4 4									3		5 4		4 2
	3	4	5	6	7	8	9	10	11	12	13	14	15	

Buccal

Lingual

1	2	3	<input type="checkbox"/> Bleeding	<input checked="" type="radio"/> PD	Probing Depths	Furcation: 0	0	0	Mobility: 0	<input type="checkbox"/> MGD
6	5	4	<input type="checkbox"/> Suppuration	<input type="radio"/> GM		Plaque:			Bone Loss:	
				<input type="radio"/> CAL						

Plaque														
Mobility														
Bone Loss														
CAL			4	4						4				
GM			1	1						1				
PD	4 3 4	4 2 3	3 2 4	3 2 2	2 2 2	2 2 2				2 2 3	2 2 3	2 2 2	2 2 2	2 2 3
PD	2 2 3	2 2 2	3 2 3	3 1 3	3 2 3	3 1 3				2 1 2				
GM	1	3	2 3 2	3 3 2										
CAL	4	5	5 5 5	6 4 5										
MGD						2								
	31	30	29	28	27	26	25	23	22	21	20	19	18	

Lingual

Buccal

		B	S
1	2	3	
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Notes:



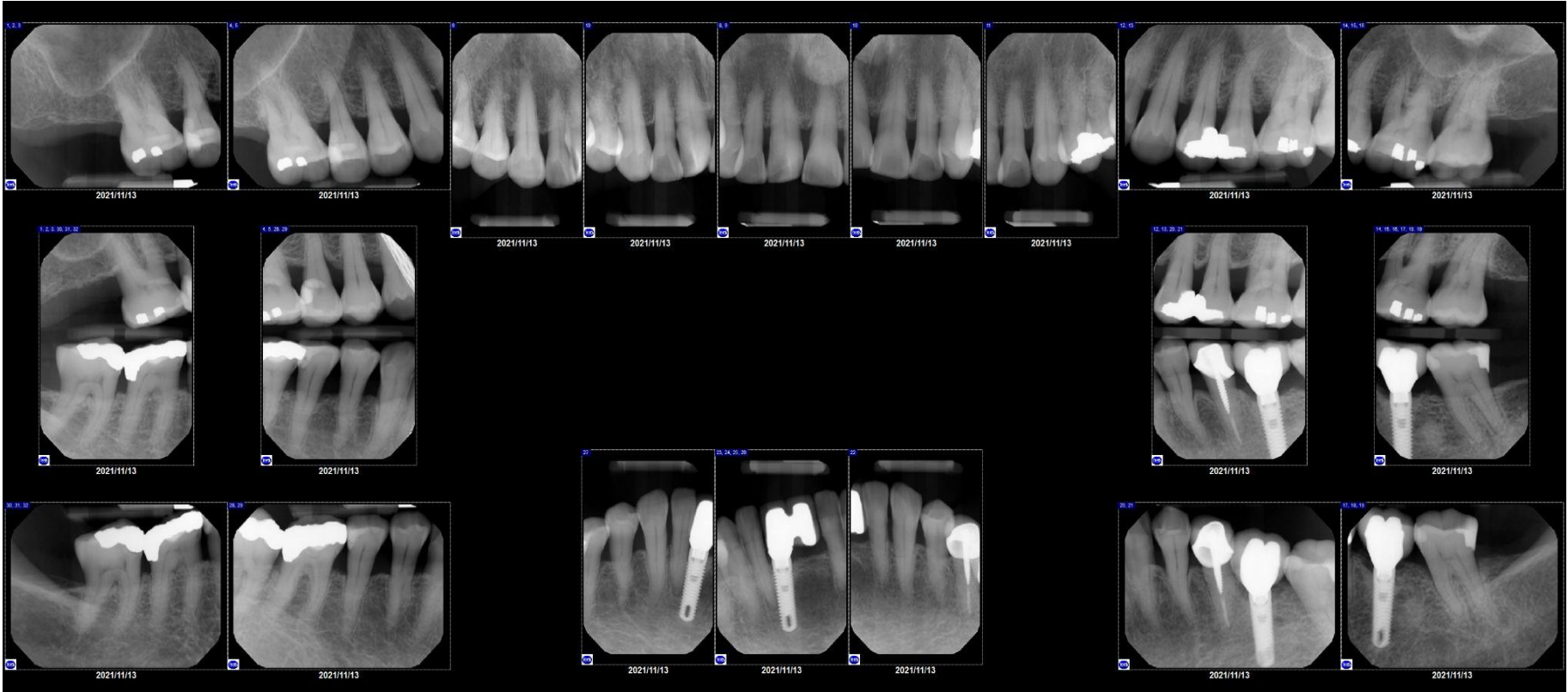
# Radiographic Findings

FMS with vertical BW was taken to further evaluate patient's oral condition.

Generalized 40-50% horizontal bone loss, localized vertical bone loss between #4-5, #12-14, #19-22. Furcation type II on #14.

Possible recurrent caries on #29D, and caries on #30M.

Surrounding bone on implant #19, 25 appears to be intact.



# Case Value

After completion of all assessments with radiograph, it is determined that the patient was medium calculus case, Periodontitis Stage III, grade B, due to bone loss and number of missing teeth.

Caries risk: moderate, due to suspicious caries on #29D and #30M.

# Referral

Referral was given to the patient for HTN, suspicious caries, mobility of #19 implant, Informed patient to follow up increased urination with her physician, due to one of the medication patient taking, Synthroid, has side effect of urination. Patient stated that she may be nervous for the dental visit at our clinic, but will follow the referral as recommended.

# Treatment Plan: total 2 visits needed

**Visit 1:** all assessments were completed, and FMS were exposed. Explained the purpose and the implication of the findings of each assessment to the patient while performing.

Introduced interproximal mini brush to patient due to embrasure type II papillae and dexterity while patient flossing.

Informed patient that her HTN medication has the side effect of xerostomia, recommended patient to drink more water.

## Visit 2

Patient followed up the subjects as we referred: mobility of #19 implant due to crown loosen, her dentist tighten the crown, and will monitor suspicious caries; physician prescribed additional medication for HTN: Losartan 25mg.

Vital signs: BP 149/89, pulse 61, still corresponding to HTN stage II. However, the reading was lower than the previous reading at the first visit was.

Ultrasonic and hand scaled completed full mouth with 20% benzocaine topical gel, patient tolerated procedure well.

Engine polishing and 5% varnish fluoride was applied. Post-op instruction given to the patient.

## **Recommendation**

Since patient's periodontal status and dexterity, recommended patient having dental cleaning every 4 month.