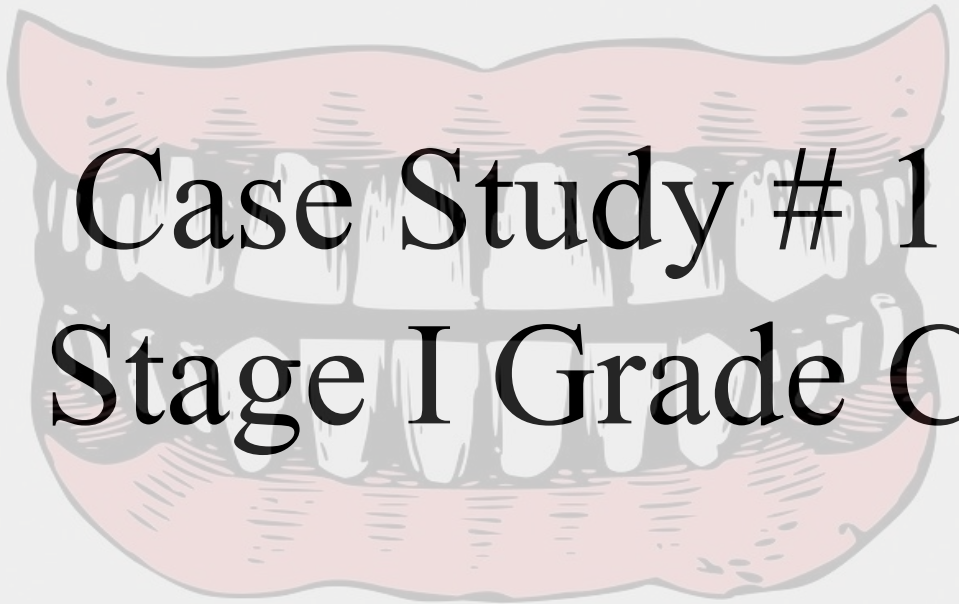
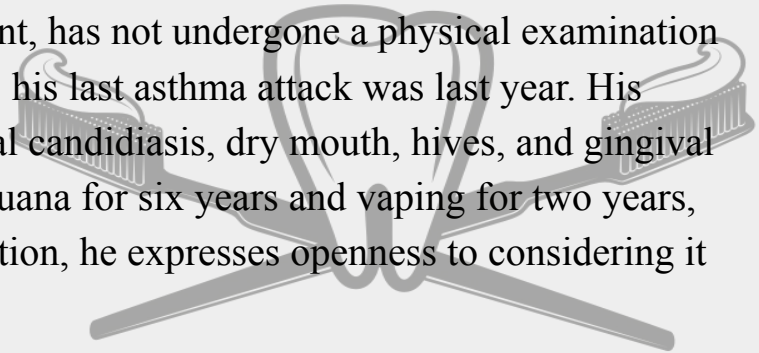


# Case Study # 1
# Stage I Grade C

# Patient Profile



This patient, a 23-year-old male of Hispanic Puerto Rican descent, has not undergone a physical examination in over six years. He suffers from seasonal allergies and asthma; his last asthma attack was last year. His inhaler, Albuterol, has expired. Albuterol usage could lead to oral candidiasis, dry mouth, hives, and gingival redness. Additionally, the patient is a heavy smoker, using marijuana for six years and vaping for two years, respectively. Although not currently interested in smoking cessation, he expresses openness to considering it in the future.

His last dental cleaning was in 2023. Patient reports using a manual toothbrush with medium bristles side to side motions once a day usually at night only. Uses Colgate Total Care toothpaste and rarely uses floss picks, floss, and oral rinses and forgets to brush his tongue.

Patient experiences sensitivity to hot and cold, bleeding gums when brushing due to “brushing too hard” and dry mouth throughout the day. He also never got his wisdom teeth extracted.

# Chief Complaint

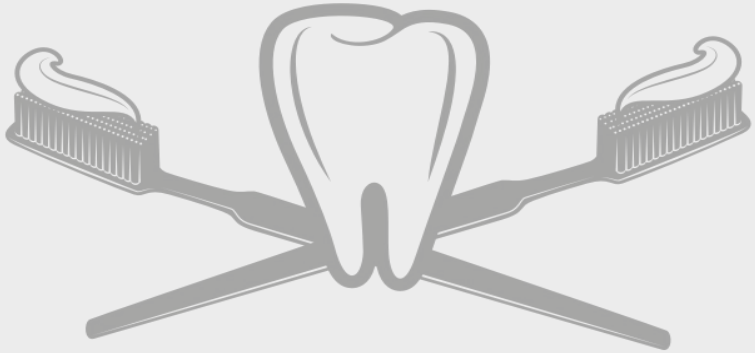
“ I am here for a cleaning and I have back teeth pain.”

Patient reports needing a cleaning and sometimes experiencing wisdom teeth pain.

# Health History Overview

<u>Medical conditions</u>

- Seasonal allergies
- Asthma - triggered by Pollen/Spring time



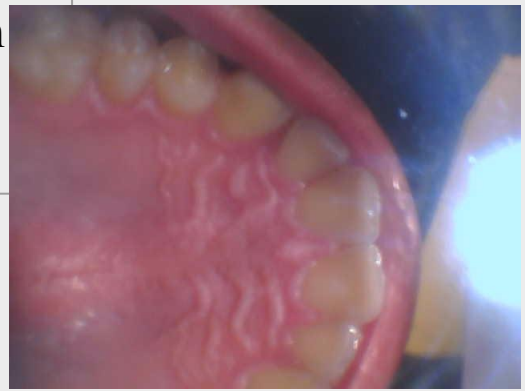
<u>Medications</u>

- Albuterol inhaler

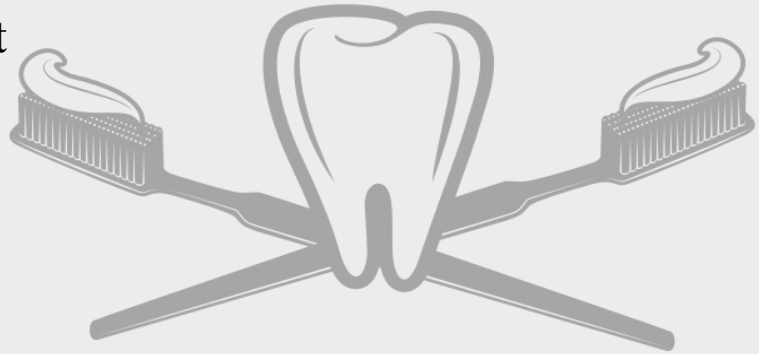
Making the patient **ASA 2**

# Comprehensive Assessments

| EXTRAORAL | INTRAORAL |
| --- | --- |
| TMJ deviation to the right with crepitus asymptomatic | Bilateral linea alba, bite marks near the commissure 1-2mm they are flat red with white keratinization.Maxillary and mandibular tori. White coated tongue.<br>Patient is starting to have nicotine stomatitis on the hard palate with the raphe |



# Dental Charting



Occlusion: Class II on the right and Class I on the left

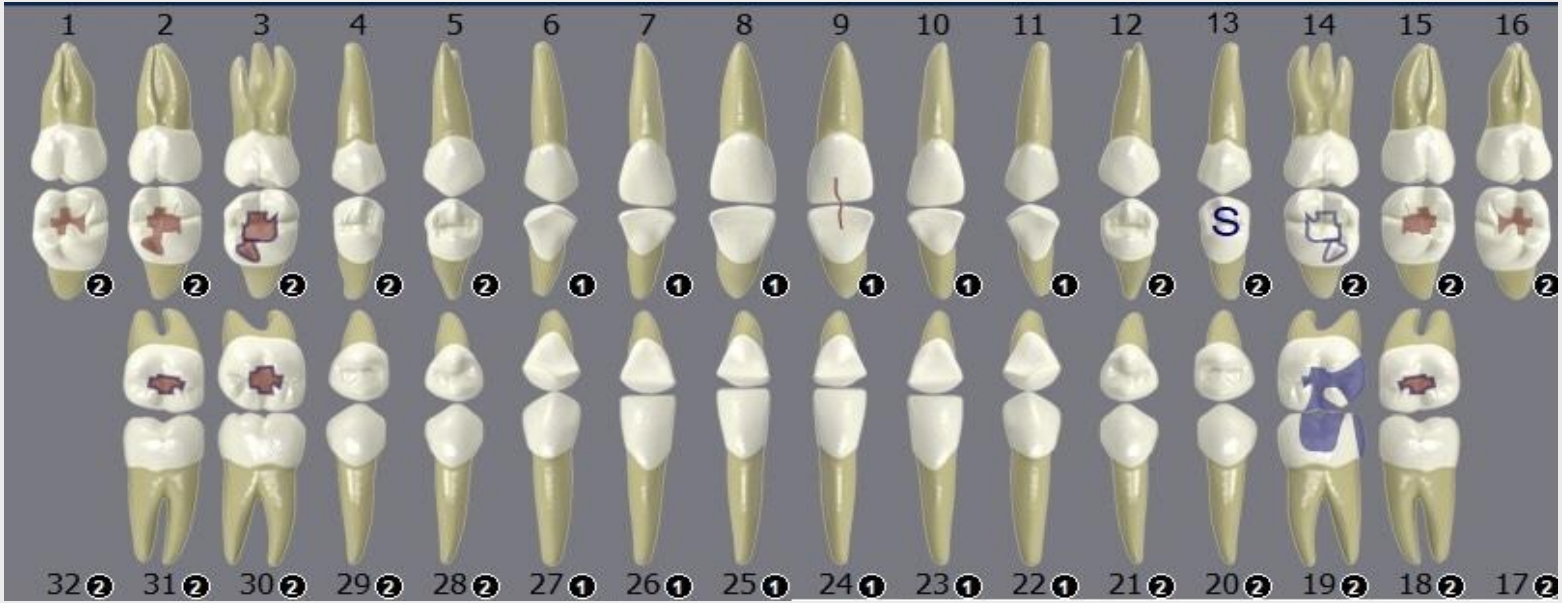
Overjet: 4mm

Overbite: 20%

Staining: Light-moderate yellow staining

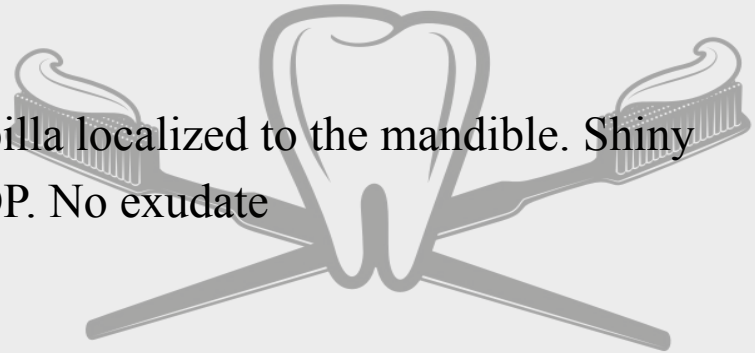
Calculus: Lower anteriors and all posterior molars subgingival and supragingival noted.
*Making his case value : Heavy*

# Dental Charting




- Missing #32 and #17
- Suspicious lesion: #1,#2,#3,#15,#16,#18,#30, and #31
- Resin composite: #14
- Sealant on tooth #13
- Fracture tooth #9
- Amalgam tooth #19

# Gingival and Periodontal Evaluation



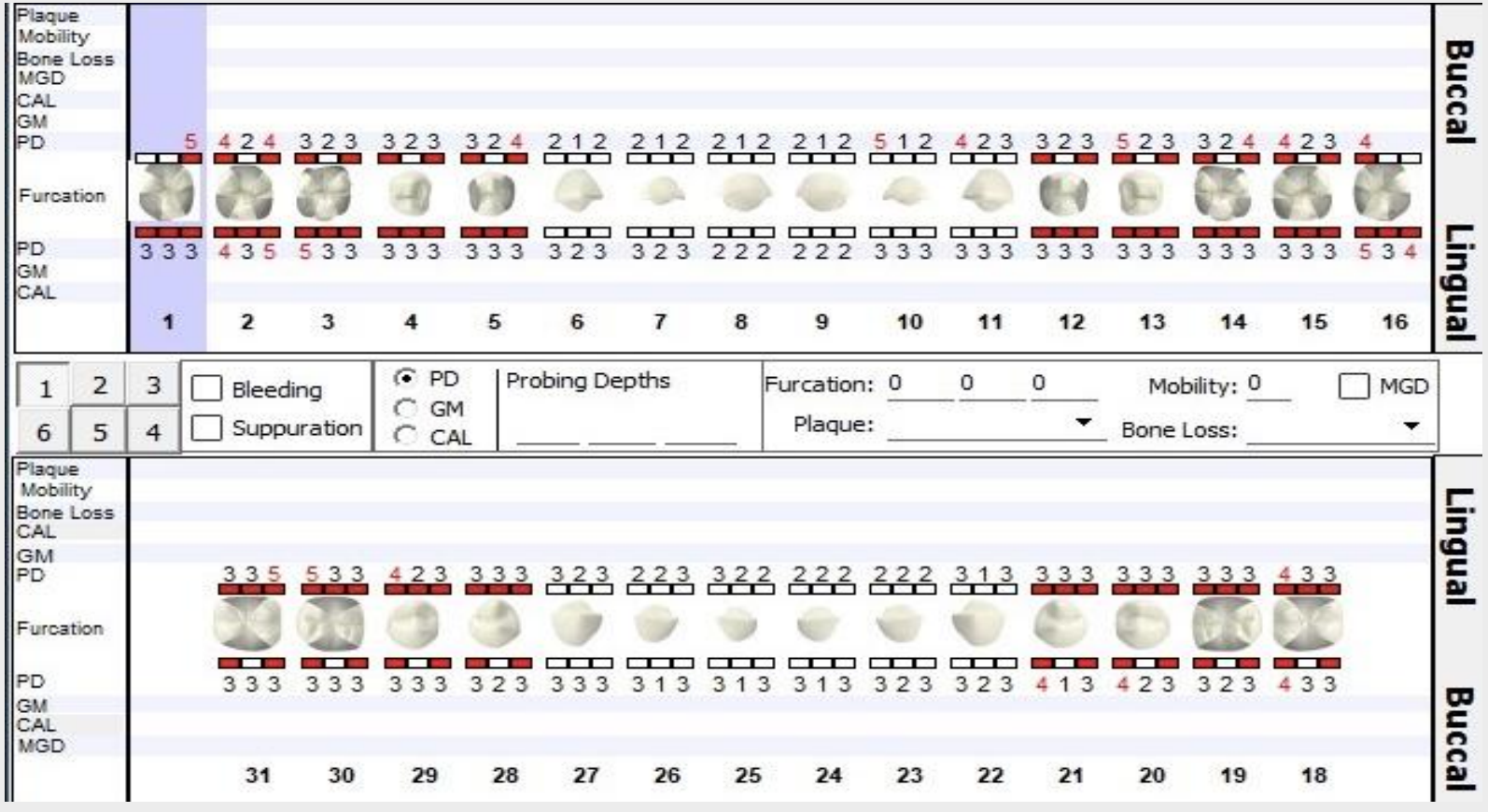
Gingival description:

Generalized bright red with inflammation. Rolled papilla localized to the mandible. Shiny and flaccid with areas of keratinization. Moderate BOP. No exudate

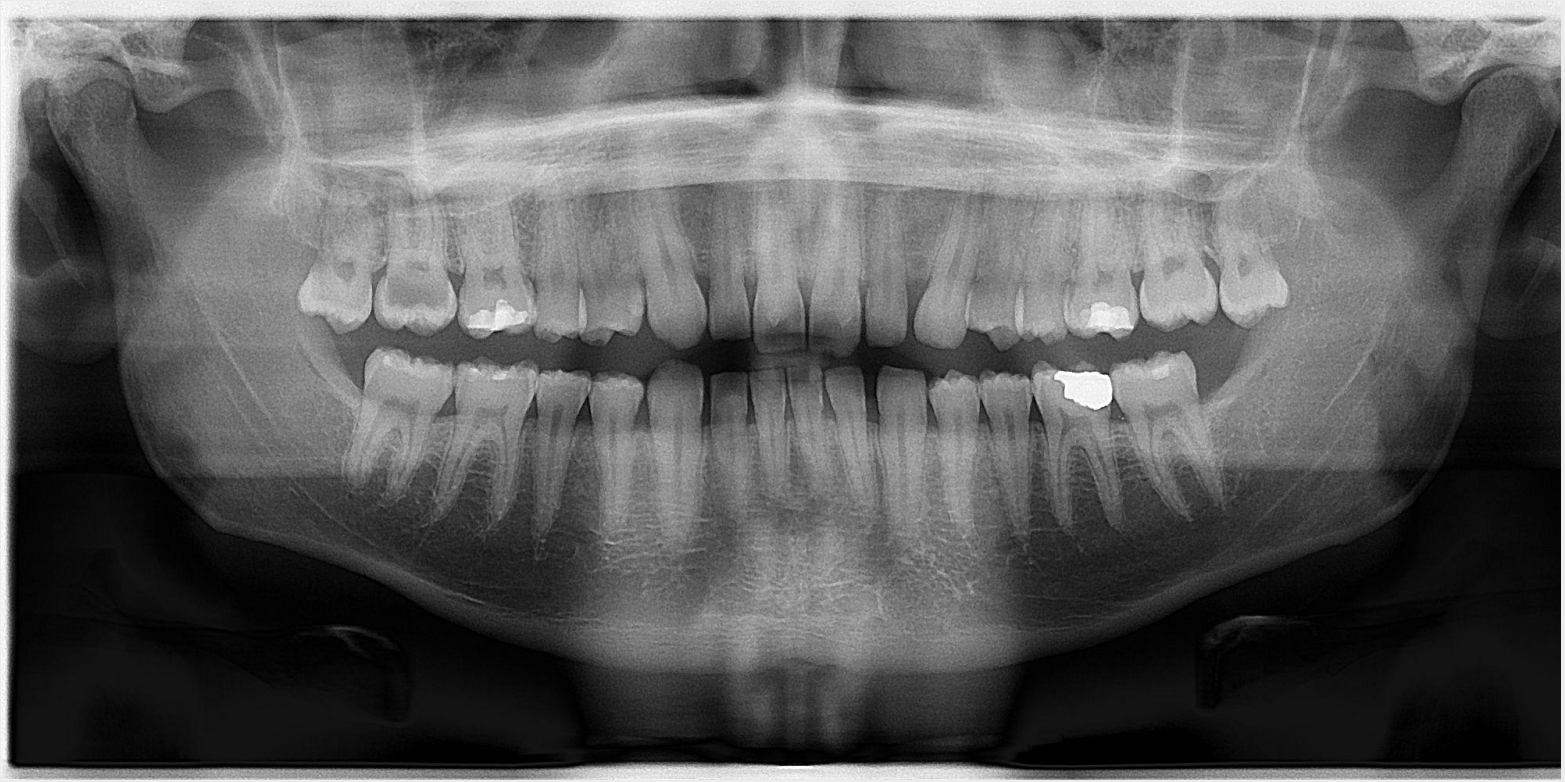
Periodontal Evaluation:

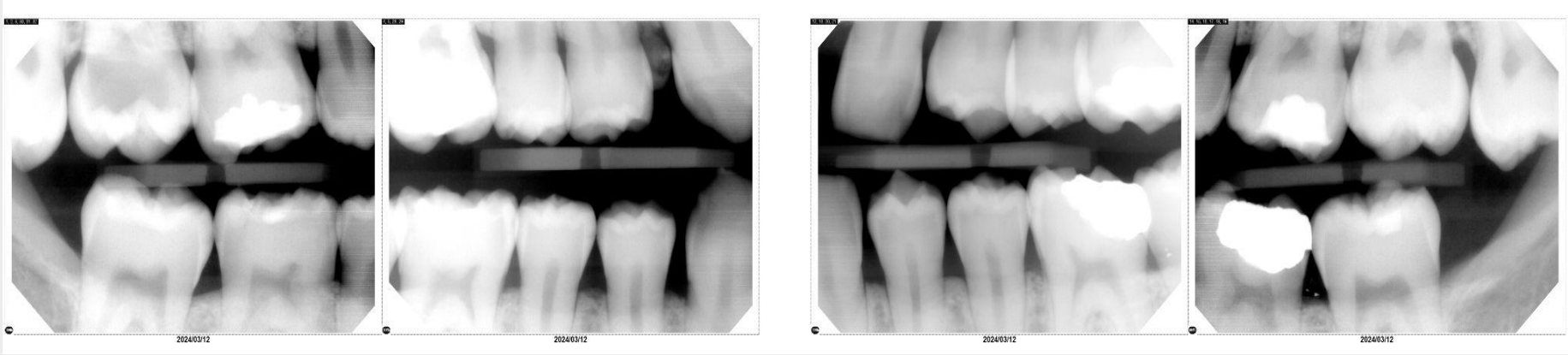
Generalized 2-3mm with localized 4-5mm in the posterior teeth

# Periodontal Charting



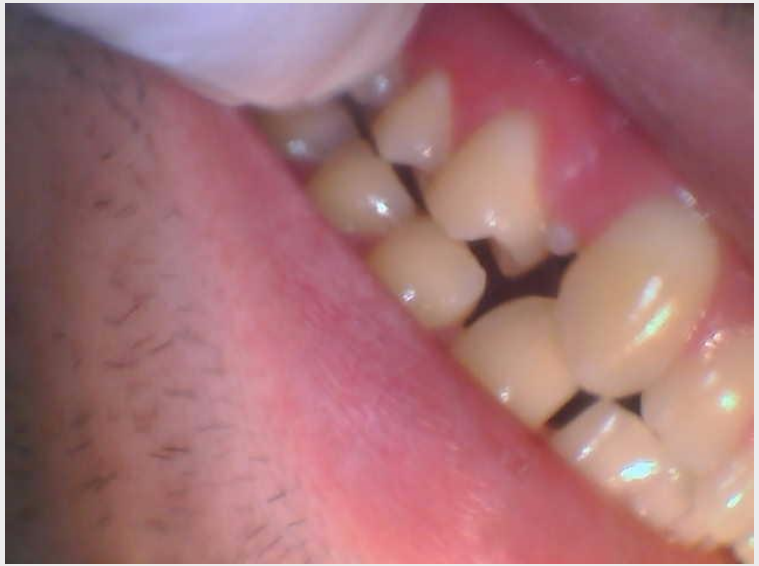
# Digital Radiographs

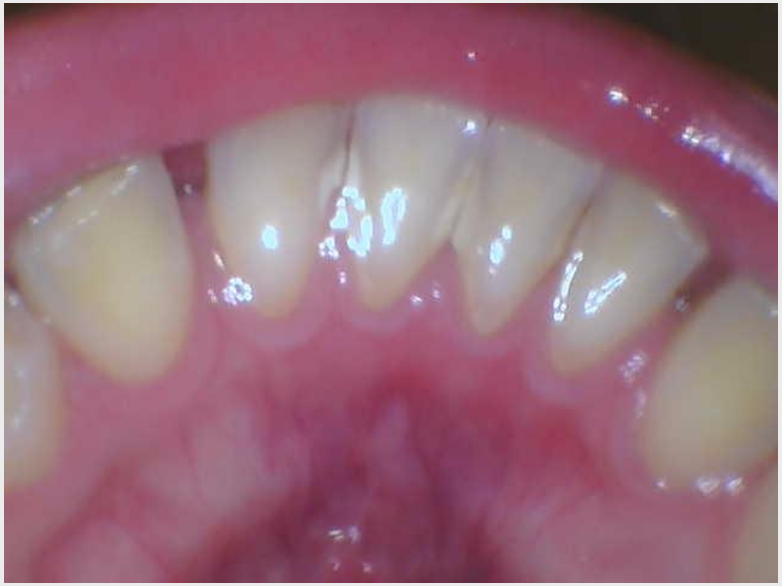





Primary tooth present mesial to tooth #5. Teeth #1 and #16 is present. Teeth #17 and #32 are congenitally missing. Radiolucency on #2 is noted.

# Intraoral pictures





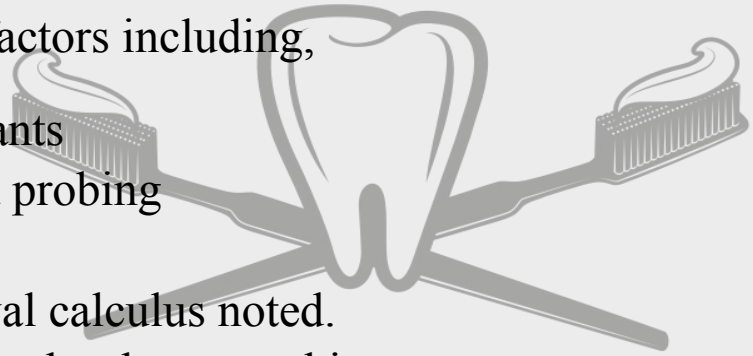
The image is captured with patients permission.

First image patient had no idea why he had that there and no idea what it was. It is a primary tooth which has no root and it wiggles when touched.

Second image is the buildup on the lower. Patient was shown what calculus is and why it forms.

# Dental Hygiene Diagnosis

A periodontal diagnosis was made, based on several factors including,

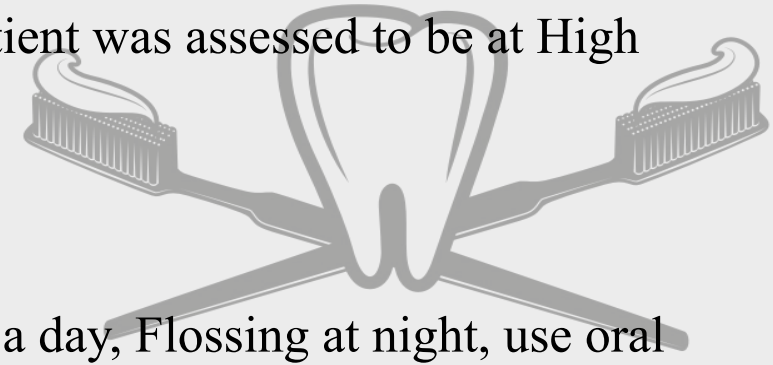


- Generalized moderate inflammation in all quadrants
- Generalized moderate bleeding on exploring and probing
- Probing depth ranging from 2 to 5 mm
- Generalized, heavy supragingival, and subgingival calculus noted.
- Patient being a frequent smoker and time frame he has been smoking
- Oral hygiene habits

Patient was diagnosed with **Generalized Stage I Grade C Periodontists.**

# Caries Risk Assessment - CAMBRA

CAMBRA Evaluation was completed and the patient was assessed to be at High risk.



Recommendations given

- Complete Oral prophy/SRP
- Improve oral self-care routine - Brush twice a day, Flossing at night, use oral rinses to seal his hygiene routine.
- Recommended use of Fluoride products due to high caries risk and if Doctor would like to recommend 5000 ppm toothpaste/Prevident
- Recommended use of Biotene or Xylitol gum to stimulate salivary flow when his mouth feels dry throughout the day

# Dental Hygiene Care Plan

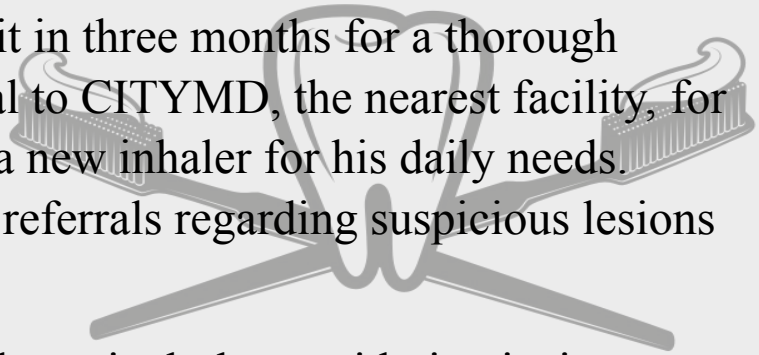
Visit # 1 :

- Take Vitals: 115/73 pulse:61 normal
- Complete all assessments required.
- Complete documentation/treatment plan and CAMBRA
- Expose Radiographs : provide a copy to patient and inform of all findings
- PI and patient education on toothbrushing
- Provide appropriate referrals
- Scale Q1 to completion

Visit #2

- Review medical/dental history
- EO/IO re-evaluation
- Intra-oral images
- PI and patient education on string floss and review toothbrushing
- Scale the whole mouth
- Polish
- Apply 5% sodium fluoride varnish with post-op instructions
- Discuss Recare intervals

# Continued Care Recommendations



The patient was kindly recommended for a recare visit in three months for a thorough cleaning. Additionally, he was provided with a referral to CITYMD, the nearest facility, for a comprehensive physical examination and to obtain a new inhaler for his daily needs. Furthermore, the patient was advised to follow up on referrals regarding suspicious lesions and the status of his wisdom teeth.

The significance of quitting smoking was emphasized, particularly considering its impact on oral health and the patient's asthma condition. Ensuring the patient is fully aware of all potential side effects, as well as the serious health risks associated with smoking.

Patient informed of all findings as well as he should always follow appropriate oral hygiene care.