

CASE STUDY #1

Patient With a History of Breast Cancer

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Patient Profile

46 yr. old hispanic female

CC: “crooked teeth”

Med Hx: History of right breast cancer, 2013-2014, treated with chemotherapy. Allergic to Keflex antibiotic (rash and itchiness). Pt. had been taking Tamoxifen for 7 yrs after 2014 to prevent recurrence of breast cancer. Summer 2021 pt. was instructed by oncologist to stop medication. Medications pt. is currently taking are Venlafaxine 150 mg/tablet, 1x/day, at night, antidepressant, Vitamin D, 1.25 mg/tablet 1x/day. ASA 2.

Social Hx: Pt. does not consume alcohol, take recreational drugs, or smoke.

Dental Hx: Last dental exam and dental hygiene visit was 2021 with her primary dental office. She had 4 x-rays taken.

Oral homecare: Extra-soft bristle manual toothbrush once a day, at night, in a circular motion. Interdental aid is Reach floss, Act anticavity mouthrinse used 2x/wk.

Side Effects of Medications

Tamoxifen (antineoplastic)

- Hot flashes
- Nausea, vomiting
- Sore throat
- Fluid retention
- High blood pressure
- Depression
- Allergies or hypersensitivity reactions

Venlafaxine (antidepressant, SSNRIs)

- Xerostomia
- Nausea, vomiting

Clinical Assessments

EO: No significant findings

IO: Petechiae on the lower right labial mucosa, pt. mentioned she bit herself, bilaterally enlarged tonsils, xerostomia (possibly due to medication Venlafaxine)

Dental charting:

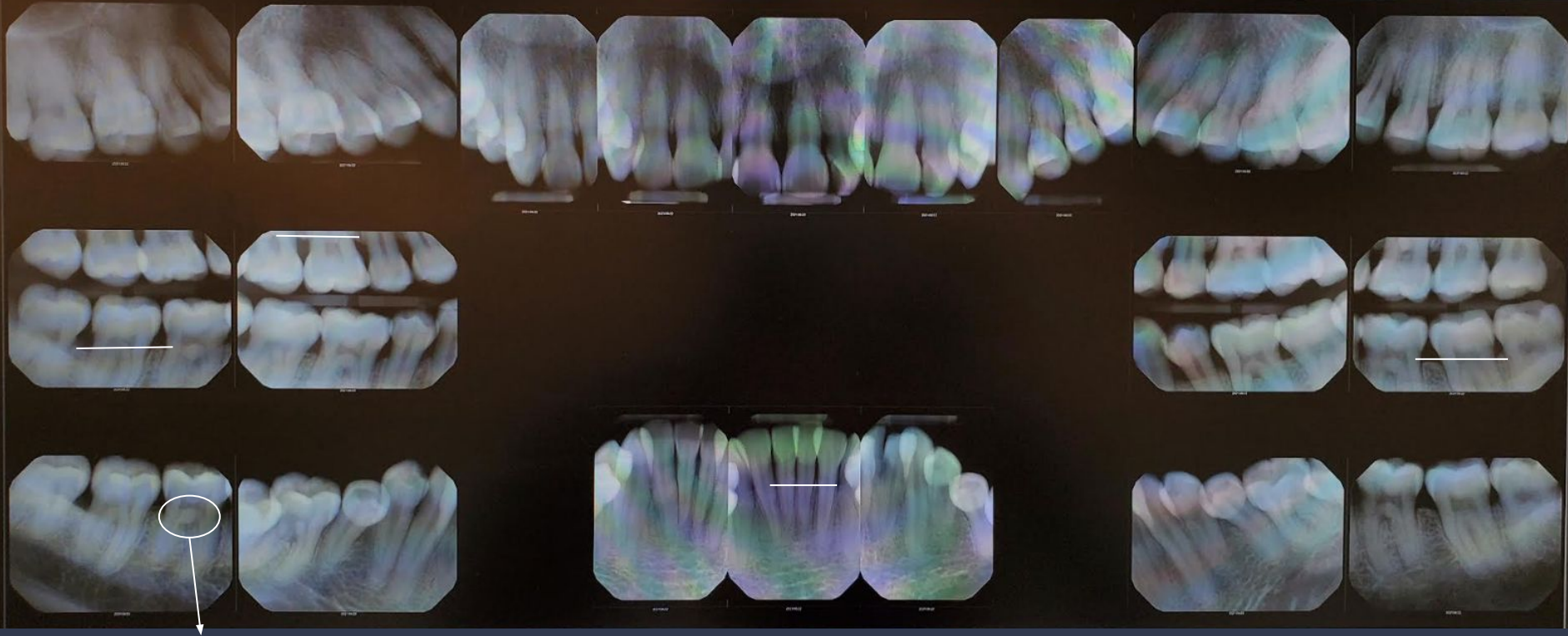
- Class of occlusion: Crossbite on the right, class 3 on the left,
- OB: 20%
- OJ: 6mm
- Crowding of mandibular anterior teeth, generalized attrition, caries on 8M, 9M, composite on 170L

Gingival assessment: Moderate inflammation, moderate redness near gingival margins of linguals, generalized moderate bulbous papilla especially noted on mandibular anteriors, rolled gingival margins. Papilla fit interproximal spaces, generalized recession on the buccal of posterior teeth, puffy, mild localized BOP on posterior teeth.

Periodontal charting: PD ranged 1mm- 5mm. (5 mm PD in the molars). Recession on the buccal of mandibular teeth. Furcation 15B, 19B, 31B.

Plaque score: 0.6- biofilm on the facial and lingual surfaces of mandibular and maxillary anterior teeth.

Full Mouth Series



Enamel Pearl

Generalized horizontal bone loss of 20-30%
Bone loss especially noted on mandibular teeth possible caused because of crowding making the area difficult to perform thorough oral hygiene care

Case value

Heavy case

Moderate caries risk

Stage 2/Grade B

Treatment Plan

First Visit

Modified bass brushing technique

Oraqix administered for pain management

Scale 2 quadrant in first visit (Q1 and Q4)

Next visit

Flossing

Local anesthesia administration due to pt. discomfort with Oraqix.

Scale 2 quadrants (Q2 and Q3)

Engine polish

NaF 5% fluoride varnish

Dental homecare recommendations

- Increase water consumption
- Xylitol & anticavity mouthrinse (ACT)
- Brushing 2x/day
- Continue flossing daily

Reflection

Medications

This patient was coming in for a recare visit. Her first visit at City Tech the pt. was taking Tamoxifen. While this patient had chemotherapy more than 5 years ago for breast cancer she was still be prescribed medications to prevent recurrence of breast cancer. Knowing the side effects of this antineoplastics was very important to keep in mind when looking at the oral cavity and listening to any patient concerns because long term use can cause many uncomfortable changes in the body, these side effects can still be seen after the medication is no longer being taken.

The patient was also taking Venlafaxine, an SSNRI, which had one very important side effect impacting the patient's oral cavity; xerostomia. Keeping this in mind the pt. was given multiple breaks to rinse her mouth during treatment. The pt. was also recommended to increase water intake and use an anticavity mouthrinse with xylitol. Xerostomia increases risk for caries so anticavity rinse can help prevent caries formation. Xylitol rinse is also important as it can help stimulate salivary flow.

Reflection

Homecare

Pt. mentioned that she brushed her teeth once a day and flossed daily. OHI showed that she had biofilm on many facial and lingual surfaces. It was recommended for her to brush at least 2x/day to reduce plaque accumulation. When disclosing there was no biofilm present interproximally which indicated that the pt. flossed thoroughly. Pt. was instructed to continue flossing as she has been doing so, especially focusing on her mandibular anterior teeth because crowding make these teeth more difficult to clean properly. The radiographs showed more horizontal bone loss in this area than posterior teeth. So with good oral hygiene we can prevent it from getting worse.