

NEW YORK CITY COLLEGE OF TECHNOLOGY  
DEPARTMENT OF DENTAL HYGIENE  
CASE PRESENTATION 1

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# Patient Profile

Mr. J is a 23-year-old Asian male. He is single and works at a research lab.

His last dental exam and cleaning was in September 2012, with 4 bitewings taken. He has stopped going to the dentist ever since he began attending high school.

The patient states that he uses the Philip Sonicare electric toothbrush two times a day with Sensodyne toothpaste, and he flosses once a week.

He drinks 1 glass of wine per week.

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## Medical History Overview

Blood pressure: 122/62, Pulse 72, ASA I

Covid Screening performed WNL. Temperature 97.1

No systemic conditions, no medications

# Chief Complaint

- Patient states “My lower front teeth bleed sometimes when I brush too hard.”
- Ever since Mr. J went to college, he has not made the time to get a regular dental exam. He wants to know why his teeth are bleeding and how to minimize the bleeding.
- He mentioned that he has not been too confident with the appearance of his teeth and wants to improve his oral hygiene.

# Comprehensive Assessments

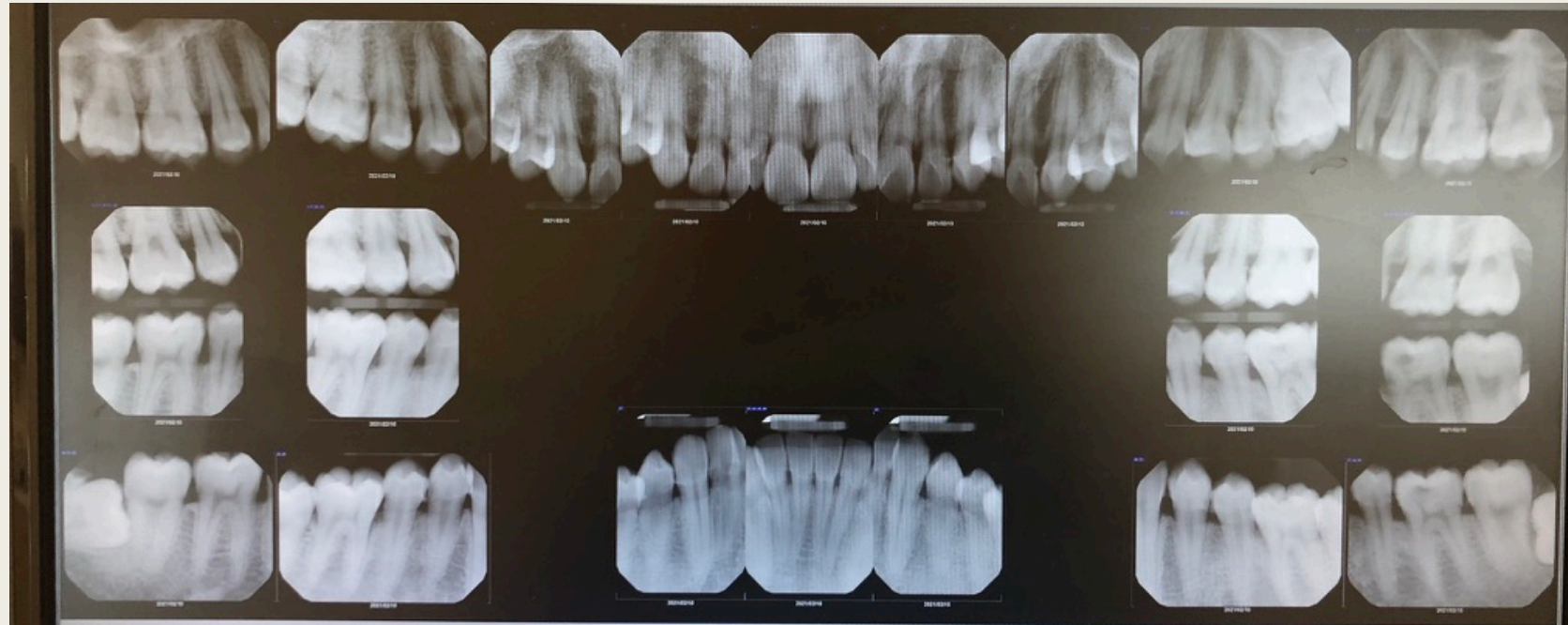
# Clinical Findings

- Extraoral Findings: Two red scabs on right side of nose from picking on acne. Dry lips.
- Intraoral Findings: Palatal torus with coated tongue and redness on soft palate and throat.
- Gingival Description: Generalized erythematous gingiva with festooned and bulbous interdental papilla. Localized missing interdental papilla between #24, 25. Severe generalized inflammation with bleeding and recession.
- Occlusion: Bilateral Class I with 3mm overjet and 30% overbite.
- Dental: Moderate crowding on mandibular anteriors
- Deposits: Generalized heavy supra and subgingival calculus with moderate staining.
- Periodontal Status: Periodontal Stage 2 Grade C

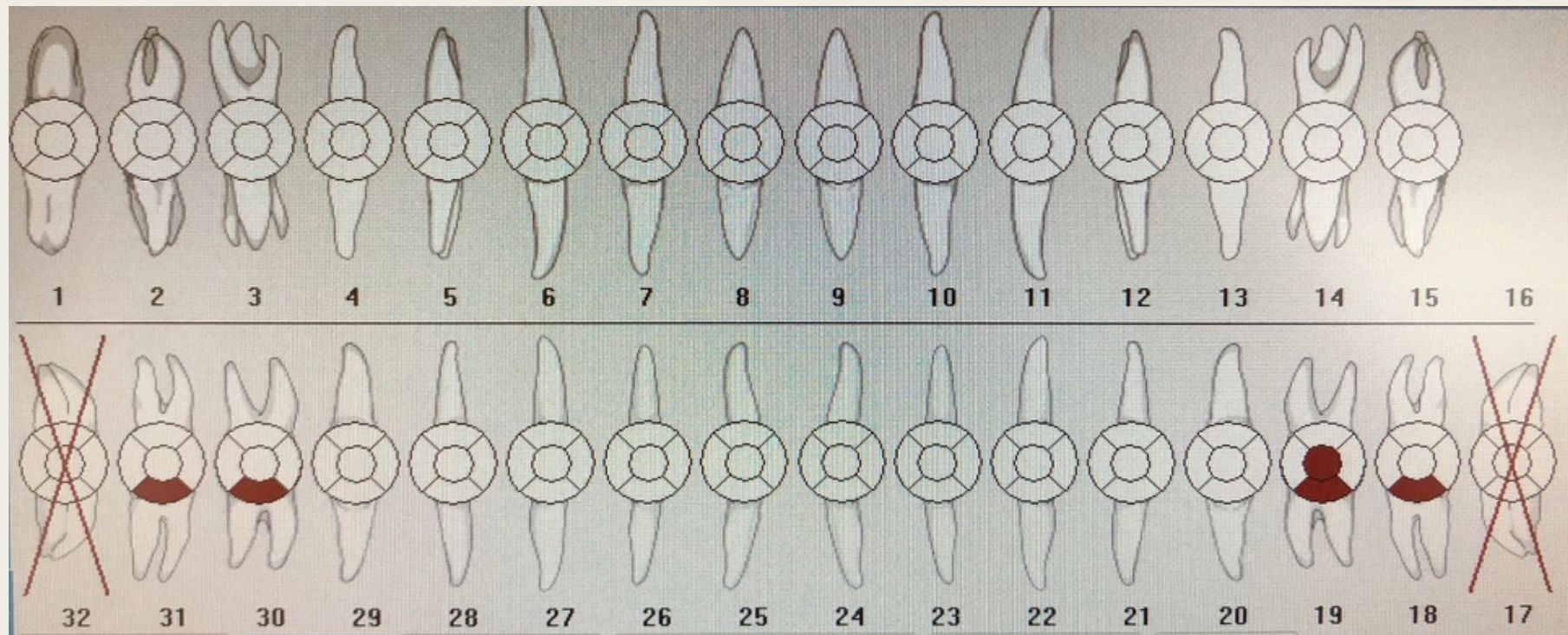


# Radiographs

- Generalized slight 15% horizontal bone loss with localized 30% horizontal bone loss on maxillary anteriors.
- Calculus tags present on radiographs.
- Suspicious carious lesions on #19 0
- #32 and 17 horizontal impaction

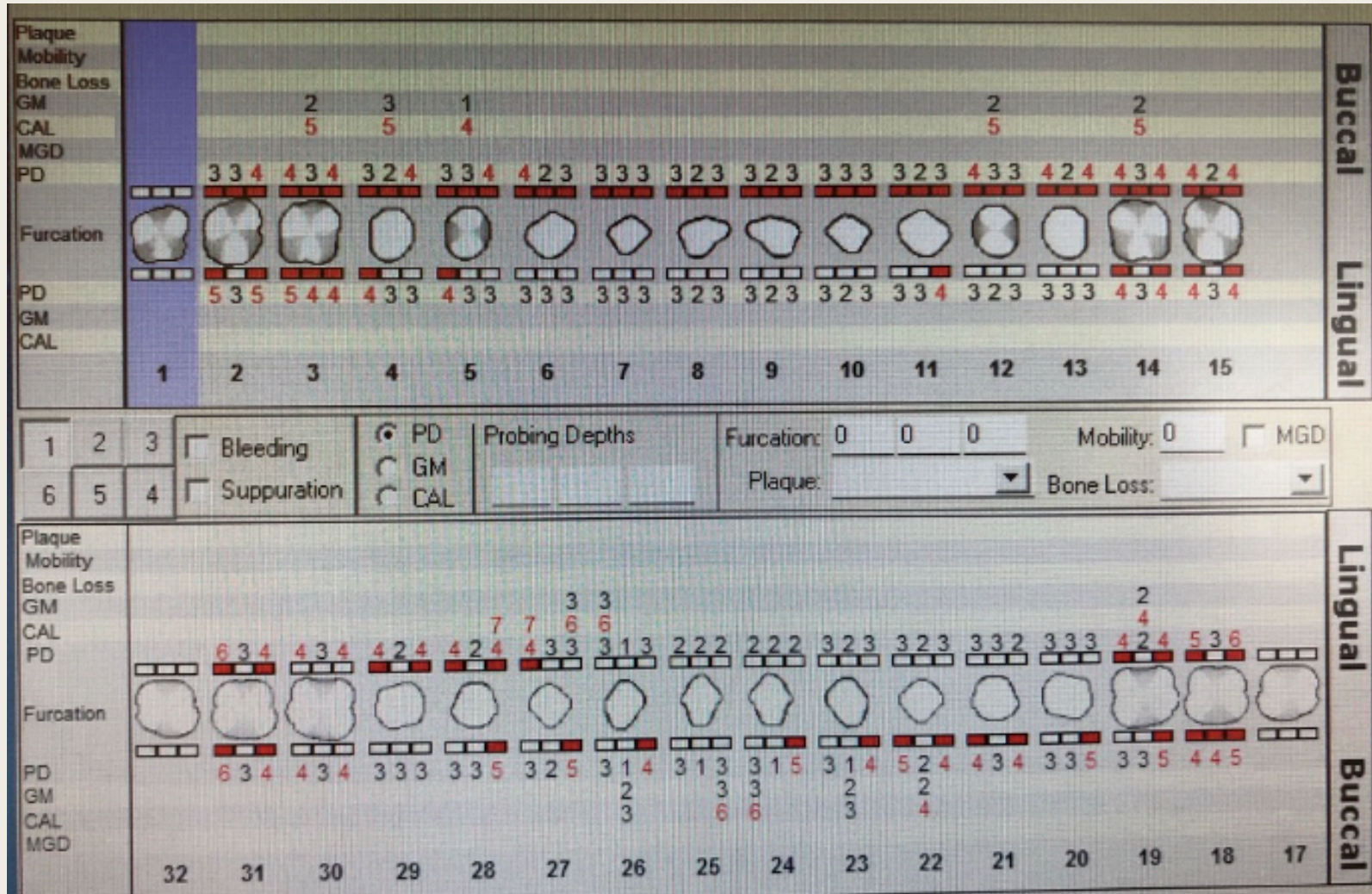


# Dental Charting



- No findings of restorations
- Suspicious carious lesions on #18-B, #19-OB, #30-B, #31-B
- #16 not present clinically nor in radiographs and was never extracted
- #17, #32 horizontal bony impaction

# Periodontal Charting



- Generalized heavy bleeding on all quadrants
- Generalized 4 – 6 mm probing depths on posteriors. Localized recession (2 – 3 mm) on maxillary premolars/ molars (buccal) and mandibular anteriors (buccal/lingual).
- CAL: 4 – 6 mm
- No furcations, nor mobility present.



# Dental Hygiene Diagnosis

## Periodontal Diagnosis

Periodontal Stage 2 Grade C based on

- Patient's chief complaint was based on concern of bleeding gums
- Generalized heavy bleeding on probing and exploring, with generalized severe inflammation.
- Radiographic evidence of generalized slight 15% horizontal bone loss with localized 30% horizontal bone loss on maxillary anteriors (Stage 2 RBL)
- AAP Classification: 30% bone loss/ 23 years old = rapid rate (Grade C)
- CAL: 4 – 6 mm
- Generalized heavy supra and subgingival calculus with moderate mandibular crowding, making it difficult to clean.

## Caries Risk

High due to clinical and radiographic evidence of suspicious carious lesions

# Dental Hygiene Care Plan (add in Xrays)

Visit 1: <u>2/3/2021</u> (Date)	Visit 2: _____ (Date)	Visit 3: _____ (Date)	Visit 4: _____ (Date)
Patient Education: D TB manual <input checked="" type="checkbox"/> power assisted	Patient Education: D TB manual D power assisted	Patient Education: D TB manual D power assisted	Patient Education: <input checked="" type="checkbox"/> Tongue cleaner D TB manual D power assisted
D Interdental Aid _____	<input checked="" type="checkbox"/> Interdental Aid _____	D Interdental Aid _____	D Interdental Aid _____
D Toothpaste _____ D	D Toothpaste _____	D Toothpaste _____	D Toothpaste _____
Rinse _____	D Rinse _____	<input checked="" type="checkbox"/> Rinse _____	D Rinse _____
Radiographs: Digital	Radiographs: Digital	Radiographs: Digital	Radiographs: Digital
D FMS D BWS (V/H) D Pan	<input checked="" type="checkbox"/> FMS D BWS (V/H) D Pan	D FMS D BWS (V/H) D Pan	D FMS D BWS (V/H) D Pan
Debridement: <input checked="" type="checkbox"/> Quadrant(s) <u>LR</u>	Debridement: D Quadrant(s) <u>UR</u>	Debridement: D Quadrant(s) <u>LL</u>	Debridement: D Quadrant(s) <u>UL</u>
D Whole Mouth	D Whole Mouth	D Whole Mouth	D Whole Mouth
Pain Management: D Topical _____	Pain Management: D Topical _____	Pain Management: D Topical _____	Pain Management: D Topical _____
<input checked="" type="checkbox"/> Oraqix <i>if needed</i>	<input checked="" type="checkbox"/> Oraqix <i>if needed</i>	<input checked="" type="checkbox"/> Oraqix <i>if needed</i>	<input checked="" type="checkbox"/> Oraqix <i>if needed</i>
<input checked="" type="checkbox"/> Local Anesthesia	<input checked="" type="checkbox"/> Local Anesthesia	<input checked="" type="checkbox"/> Local Anesthesia	<input checked="" type="checkbox"/> Local Anesthesia
Coronal Polish: D Engine	Coronal Polish: D Engine	Coronal Polish: D Engine	Coronal Polish: <input checked="" type="checkbox"/> Engine
D Air Polisher: Agent _____	D Air Polisher: Agent _____	D Air Polisher: Agent _____	D Air Polisher: Agent _____
Other: D Topical Fluoride: _____	Other: D Topical Fluoride: _____	Other: D Topical Fluoride: _____	Other: D Topical Fluoride: _____
D Arestin: _____	D Arestin: _____	D Arestin: _____	D Arestin: _____ D
D Sealant(s): _____	D Sealant(s): _____	D Sealant(s): _____	Sealants: _____ D
D Impressions _____	D Impressions _____	D Impressions _____	Impressions _____

# Implementation

<p>Visit One (Initial Visit)</p>	<p>Began debridement of LR with hand instruments but was not completed due to heavy bleeding and tenacious calculus. No pain management was necessary.</p> <p>OHI: Biofilm score: 1.83. Taught patient to direct the bristles of the electric toothbrush towards gingiva with Bass method due to heavy buildup along gingival margin and pockets. Explained to the patient that bacteria in the mouth is causing inflammation and bleeding.</p>
<p>Visit Two (Revisit)</p>	<p>No changes in medical history. Covid screening performed. Temperature 96.5. Patient reports minimal sensitivity the day after scaling. Recommended patient to rinse with warm salt water at night. Patient reports he has incorporated Bass method with electric toothbrush.</p> <p>IO: Lip trauma bite on lower right lips and dry lips. Tissue response: Less inflamed gingiva but bleeding still present, residual calculus on #31 DLM and #30 DL. Minimal improvement observed.</p> <p>Exposure of FMX digital radiographs completed. Patient was informed about findings on x-rays: bone loss, calculus tags, suspicious carious lesion #19-0 and #17, #32 horizontal impaction.</p> <p>Treatment plan had to be modified because debridement of LR was not completed in first visit. It was completed in this visit along with debridement of UR with hand instruments. No pain management was necessary.</p> <p>OHI: Biofilm score 1.83 (same as previous visit). Taught patient correct flossing method and practiced with patient until he was comfortable with it.</p>

# Implementation

<p>Visit Three (Revisit)</p>	<p>No changes in medical history. Covid screening performed. Temperature 94.2. Patient reports minimal sensitivity the day after scaling. Recommended patient to rinse with warm salt water at night. Patient reports he has been flossing every other day and rinsing with Listerine Total Care Zero Fluoride Mouthwash twice a day.</p> <p>IO: Lip trauma bite on lower right lips and dry lips from previous visit is no longer present Tissue response: Tissue is less inflamed and less rolled, but marginal redness is still present. Moderate inflammation present on the lingual. Moderate improvement observed.</p> <p>Treatment plan was modified because there was residual calculus on UR that required rescales and scaled UL with hand instruments. No pain management was necessary.</p> <p>OHI: Biofilm score 0.66 improvement from previous score: 1.83. Introduced patient to Listerine Antiseptic Mouthwash in addition to the Listerine Total Care Zero Fluoride Mouthwash because that one is not antiseptic.</p>
<p>Visit Four (Continuation of treatment from morning session)</p>	<p>No changes to EO/IO, gingival assessment nor biofilm score. Covid screening performed. Temperature 96.6</p> <p>Checked UL for rescales and scaled LL with hand instruments to completion. No pain management was necessary.</p> <p>OHI: Introduced patient to tongue cleaners. Taught patient that it is important to also clean the tongue, because bacteria can grow there too. Developed an oral hygiene routine for the patient at home: floss, brush, tongue cleaner and lastly use the Antiseptic mouthwash for the nighttime, and the Fluoride mouthwash for the morning.</p> <p>Engine polished with coarse grit prophylaxis paste and applied 5% Fluoride varnish. Post-op instructions were given to the patient to not have hot drinks or hard foods for the next 4-6 hours. After the 4-6 hours, brush and floss the remaining varnish off.</p> <p>Copy of Mr. J's radiographs were given to him along with referral for suspicious caries #18-B, #19-OB, #30-B, #31-B and impacted third molars #17, #32.</p>

# Evaluation of Care- Outcome of Care

Mr. J's chief complaint about his bleeding gums when brushing was addressed. He has noticed less bleeding when brushing, and there were changes in his gingiva as well. In the beginning it was generalized erythematous and bulbous and cratered, but after treatment, it was less bulbous and interdental papilla became pointed. I also noticed a change in the way he felt about his teeth. The confidence he has after the treatment with the appearance of his teeth has an improvement from the initial visit. Mr. J was a great patient that demonstrated his willingness to learn.

Mr. J was very intrigued and surprised by the calculus tags present on the radiographs and when I removed them from his mouth. The biofilm indicator was also a great educational tool for him to visualize the biofilm. He was very eager to learn about the importance of dental health and how to maintain a healthy oral cavity. Right after the clinic session ended, he bought the products I recommended. If he continues to implement the oral hygiene routine and use the referrals, he should accomplish having a stable oral cavity.

# Referral

The patient is being referred to you for consultation and treatment in the following areas:

- Caries: Please evaluate suspicious caries on #19 OB, 18B, 30 B, 31B
- Restorative Care: \_\_\_\_\_
- Oral Pathology: \_\_\_\_\_
- Oral Surgery: Please evaluate #17, 32 Impaction
- Periodontal Disease: \_\_\_\_\_
- Elevated Blood Pressure: 1<sup>st</sup> reading: \_\_\_\_\_ 2<sup>nd</sup> reading: \_\_\_\_\_
- Other: \_\_\_\_\_

- A referral was given to the patient for suspicious caries and for the impaction of mandibular third molars. A copy of the patient's digital radiographs and a list of dental offices were included with the referral.

# Continued Care Recommendations

The recare recommendation interval given to the patient is 3 months.

3 month recare was recommended because of the rapid rate of bone loss and the generalized heavy calculus. We would like to be updated about the patient's incorporation of the oral hygiene instructions in his daily routine because our goal is to help him achieve a stable oral health.

# Final Reflection

Reflecting on this case, I felt Mr. J's enthusiasm when he started to see and feel the differences. He took the initiative to buy recommended products and tried to incorporate them in his daily routine. It felt great to complete his case because he was educated about the importance of oral health, and he was feeling more confident from it too. I believe that through this dental hygiene visit, he was able to realize the importance of regular dental visits.

This case has helped me realize the significance of our jobs. We can educate and we can also help patients restore confidence. Building trust and confidence in the patient will make them more accepting to what you teach and recommend.

