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DEN1200 E601

Professor Kupsch

Journal 1

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Demographics

A.G., 24 years old, Light/Type I, ASA 1.

Assessment

Patient vitals were as follows: BP 126/98, P87. The patient is in good health. Her last medical exam was completed in January 2018, with no significant findings. Her last dental exam was in 2013 which was for a cleaning. Patient wore braces from 2007-2013. She brushes twice daily with a power toothbrush using Tom's toothpaste, rinses daily with Listerine, does not floss. Patient is a non-smoker and social drinker who has no systemic conditions present, requires no premedication, and is currently not taking any type of medication.

Oral Pathology

Extra oral findings were WNL. Intra-oral exam revealed linea alba was present on both the left and right buccal mucosa. There was also slight hyperkeratosis on the left lateral border of the tongue.

Dentition

The patient stated that numbers 1,16,17,32 had been extracted. Angles classification: 1. Overbite: 50%. Overjet: 3mm. There were no signs of attrition, abrasion, erosion or abfraction. A supernumerary premolar was found located posteriorly to numbers 20, 21. Caries were found on the distal occlusal surfaces of numbers 2, 15.

Periodontal

Periodontal case was determined as 1. Pocket depths ranged from 1-4mm, with the 4mm pockets being found on the posterior linguals of both arches. There was localized BOP on the anterior linguals of both arches. There was no recession present.

A gingival assessment of the mandible found it to be pale pink, and slightly rolled on the facial aspect of the anteriors. The maxilla was pale pink and slightly bulbous on the anterior linguals. Dr. Bowers stated this could possibly be more anatomical in nature.

Oral Hygiene

Plaque index was 1.

Light supragingival and subgingival calculus was found on number 26.

Based on the findings of the plaque index, the oral hygiene interventions planned were to teach the patient how to floss. Most biofilm was found on interproximal surfaces which was consistent with the patient stating she does not floss.

Radiographs

The patient was approved for a full-mouth series since the last known radiographs were taken in 2012.

Treatment Management

The treatment plan was devised to accomplish the following: patient education for homecare according to plaque index findings; therapeutic/clinical procedures as follows: supragingival and subgingival scaling of number 26, followed by engine polishing with a fine paste and finish with topical fluoride varnish, all of which was to be completed during that very same visit.

My home care goals for this patient was to teach her how to floss and understand its importance so she can start doing it regularly. I chose to teach her how to floss because the plaque index revealed generalized interproximal biofilm. The patient was quite surprised once she looked in the mirror and saw the biofilm. She now understood the importance of flossing, and seemed motivated to do it regularly.

Once treatment was completed, the patient was referred to DDS for a consultation to extract the supernumerary tooth.

In hindsight, I would not have changed any part of the treatment plan or patient education plan devised for this patient.

Reflection

I do feel that I was able to accomplish everything I planned; both educational and mechanical with this patient. Seeing that this patient did not have a cleaning since 2012, both Dr. Bowers and I were quite surprised that she was a light and type 1. Initially, I assumed she would be at least a medium.

Reflecting on my clinical treatment and faculty feedback, I feel my strength during the treatment of this patient was probing. During my patient assessment last semester in DEN1100, I struggled to get accurate readings. However, when my readings were being

verified with this patient, I was only off by 1mm on 3 readings for the entire dentition.

That made me feel so good. I even had a reading of 1mm which Dr. Bowers was sceptical about. However, once he checked it himself, he said "Yes, you are right, it's a 1." At that moment, I felt that I have come a long way since DEN1100.

I feel that my clinical weakness with this patient was the gingival assessment. As mentioned in my gingival assessment, upon inspecting the lingual aspect of the maxilla, the papilla appeared bulbous next to number 7 and 8. Once I reviewed my findings with Dr. Bowers, he mentioned that this was probably an anatomical feature. I felt disappointed that I could not distinguish the difference. I have now resolved to do better with gingival assessment.