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Demographics

S.N.K., 64 years old, Light/Type 1, ASA 2.

Assessment

The patient's last medical exam was in June 2018 with no significant findings. The patient has an allergy to bees which causes hives and swelling. One surgery for a torn retina was noted. The patient's last dental visit was in 2018 for a crown, 4 HBWs taken. Last dental cleaning was 3 years ago. 1 periapical radiograph taken in April 2019. When interviewed on home care, the patient stated she uses a Sonicare power brush with Crest Gum Detoxify twice daily, uses ACT mouthrinse and flosses daily, and also uses a tongue cleaner.

The vitals were as follows: BP 125/102 P81. Patient is a non-smoker and non-drinker and does not require premedication. The patient suffers from arthritis and acid reflux. Medications currently being taken are Levothyroxine .88 mcg for hypothyroidism and Lipitor 40mg preventively for heart disease.

Oral Pathology

Extra oral exam was within normal limits. The intra oral exam revealed linea alba present on the right buccal mucosa. The patient stated she is a cheek biter. There was also varicosity on the ventral surface of the tongue.

Dentition

#1,16 were impacted. #5,17,18,32 were missing. An interesting side note is the patient stated #5 was congenitally missing. The patient also had various restorations such as crowns, composites and onlay.

Class of occlusion was 1, overjet 3mm, overbite 10%. Attrition was noted on #8,9,24-26. No active caries were present.

Periodontal

The patient had a PSR score of 1 with very minimal bleeding on probing. There was no recession present.

The gingiva was healthy in appearance, pale pink in color, firm, tight and completely filled all interdental areas.

Oral Hygiene

Light supragingival calculus was found on the facial aspect of #24-26.

Radiographs

The patient had a set of horizontal bite-wings on file and did not require additional radiographs. The radiographs helped to support the findings of the dental charting such as the teeth which were missing and some restorations that are present.

Treatment Management

The treatment plan composed for the patient was to remove the supragingival calculus found on #24-26, deplaquing of all teeth and engine polish with fine paste, and the patient was completed in the same visit. There were no issues or anything that impacted treatment for the patient. There was no reason for any referral to a DDS or MD. In hindsight, I would not have changed any part of the treatment plan for this patient.

Reflection

I do feel that I was able to accomplish everything that was planned for this patient.

I had a very positive experience conducting PSR. I was very nervous to do it because it was my first time using it. It turned out to be very simple and it saved time. I was also happy that the patient was not in any type of discomfort which is quite common during probing. I now feel so much better about PSR.

My weakness during treatment of this patient definitely had to be dental charting. I had a difficult time identifying a few crowns and onlay. I was disappointed in myself. I am hoping that the more I see things like these I will be able to easily recognize them. Luckily for me my patient was very understanding and kind.