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Demographics
J.B. 24 years old, Heavy/Type 2, ASA 1.

Assessment
The patient's vitals were: BP 103/81, P 83. Last medical exam was 12/2018 with no significant findings. Last dental exam was 3/2017 for a cleaning. The patient stated he remembered that radiographs were taken but could not remember how many or what type. When interviewed about his home care regimen, patient stated he uses a powered Oral B toothbrush with Colgate once daily, flosses occasionally, does not use a tongue cleaner, and uses Listerine rinse twice daily. The patient is a non smoker, non drinker with no oral piercings, no allergies and no systemic conditions present, no premedication needed, and he is not currently taking any medication.

Oral Pathology
During the extra-oral exam a palpable asymptomatic mobile node of less than 1cm in size was discovered on the anterior side of the left cervical chain. The intra-oral exam revealed linea alba on the left and right buccal mucosa, and bilateral mandibular tori in the canine region.

Dentition
Upon dental charting, it was noted that #1 is impacted, #17,32 are missing, #3 is fractured with an exposed root canal.
Class 1 occlusion, overjet 4mm, overbite 90%. Attrition was noted on #7-11, 22-27. Active caries were found on the occlusal surface of #14-16, 30,31.

Periodontal
The patient was determined to be a generalized perio type 2 and localized perio type 3. Probing depths ranged from 2-6mm, with the 6mm pockets being found on the buccal and lingual aspects of #30,31. There was moderate bleeding and severe inflammation. No recession was present.
The gingiva appeared to be severely inflamed. It was whitish in color and rolled on the facial aspect of the anteriors, blunted on the posteriors and had a very spongy texture.

Oral Hygiene

The initial plaque score was 1.7 Revisit plaque scores were: 1.2, 1.3, 2.1.
Generalized supra and subgingival calculus was found throughout the entire dentition.
Based on the findings, the interventions planned were to educate the patient about the importance of regular home care, and a complete scaling and debridement.

Radiographs

The patient was approved for bite-wings and PAN.
Bite-wings were taken during treatment and it was noted that the patient has generalized bone loss. This was to be expected because of what was found clinically.

Treatment Management

The treatment plan devised was to first teach the patient how to properly use floss, scale quadrants 2,3, then teach the patient how to properly use a toothbrush and scale quadrants 1,4, engine polish and fluoride varnish. Hand scaling took quite some time. I used one entire visit for scaling just one quadrant. Once we were introduced to ultrasonics I was able to complete the 3 remaining quadrants in one visit with no issues. The patient needed to be treated with topical during probing and exploring, and Oraqix during scaling.
When I first started patient education, the patient seemed very interested and motivated. I first taught him how to floss because most biofilm was found on the interproximals. He seemed to have a hard time with regular floss so I introduced him to the floss reacher. He seemed to like it. I also showed him the soft pick and proxabrush since he had spaces in the posterior region. He liked the fact that the proxabrush was portable and had a cover. I felt confident that he would start to implement what he was learning. However, his next visit was more than a month later, and his plaque score was 2.1. I asked him if he had tried to implement what he had previously learned and he said “not really.” He told me he started a job that has overnight hours and his whole routine is up in the air and he brushes when he has time, and when he comes home from work sometimes he goes straight to sleep because he is tired. I suggested that once he wakes up maybe he can try to set aside 2 minutes for some more oral hygiene. He said he would try to do better.
I reminded him that he had liked the fact that the proxabrush was portable so he can keep it in his pocket at work.
The appearance of the patient’s gingival tissue did not change from his initial visit to completion. I think this is due to the fact that there was more than month in between his treatment and he was not regular with his oral hygiene.
The patient was given a referral to DDS for his 5 active caries, and to an oral surgeon for the fracture of #3 since the root canal is exposed.

In hindsight, I think I should have introduced the patient to a more advanced electric toothbrush. I think he would benefit from it because it is more powerful than what he uses and it would remove more biofilm.

Reflection

I feel that I did accomplish everything I planned for this patient. I was originally planning to share him with a classmate, however I was not sure he would come back for one more visit so I decided to complete him myself. I am however disappointed that he has not been keeping up with his home care. I even emphasized to him that home care is very important to help neutralize the bone loss.

I feel that I had a very positive experience using the ultrasonic to complete 3 quadrants in one visit. As I mentioned earlier, I was not confident that the patient would come back for one more visit, so I was really pressed to complete him. Professor Chitlall also gave me positive feedback about using my time effectively to complete him.

I feel my clinical weakness with this patient came during the extra-oral exam. I did not detect anything when I conducted that exam. When Professor V. checked she found the nodule previously mentioned on the anterior cervical chain. Even when she tried to get me to feel it, I honestly did not. She herself said it was a little difficult to detect.