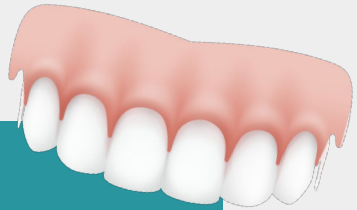
CLINICAL CASE # 1

STAGE II, GRADE B PERIODONTITIS



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PATIENT PROFILE

Mr. B is a 50-year-old Caucasian male. He reports to have seen his dentist recently, but his last oral prophylaxis was a few years ago. The patient is under the care of a physician and is taking medications to control hyperlipidemia/high cholesterol, anxiety, depression, and macular degeneration. These medications have oral side effects, including dry mouth and allergic reactions, which present as swelling of the lips and tongue.

The patient was sensitive to instrumentation and required topical anesthesia during assessments and local anesthesia during instrumentation.

The patient states that he brushes his teeth once a day, using a soft, bristle toothbrush with fluoridated toothpaste. He flosses occasionally and uses a CPC-based mouthwash.

CHIEF COMPLAINT

Patient states he wants to get his teeth checked and cleaned.
His last cleaning was approximately 2 to 3 years ago.
The patient states he has sensitivity due to his receding gums.

HEALTH HISTORY OVERVIEW

Medical Conditions

- Hyperlipidemia/high cholesterol
- Anxiety and depression.
- Macular degeneration.
- Allergies – sulfa drug and meloxicam.

Current Medications

- For hyperlipidemia – Atorvastatin/Lipitor, 80 mg and Aspirin, 81 mg.
- For anxiety and depression – Zoloft 325 mg, Wellbutrin XL 50 mg, Klonopin 0.25 mg, Cytomel 50 µg and Mirapex 0.125 mg
- For macular degeneration- PreserVISION AREDS 2 (multivitamin and mineral combination)

The patient is assigned ASA 2 based on current medical conditions and reported allergies.

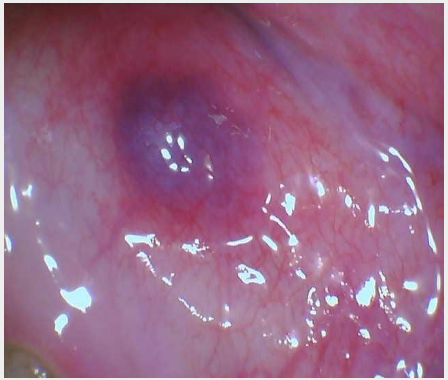
COMPREHENSIVE ASSESSMENTS

Extraoral Findings

A pilar cyst is noted under the hairline. It is asymptomatic, and the patient is aware of it. He states that he has had it for years and has not noted any changes to it. The right Anterior Cervical chain of lymph nodes is palpable but asymptomatic. The patient reports that he clenches his teeth when he is stressed.

Intraoral Findings

A small flat circular bluish lesion on the right vermilion border of the lip, measuring 1 × 2 mm. The patient is not aware of it.
A bluish, raised asymptomatic hematoma measuring 5 × 6 mm, adjacent to # 28 and 29 near the floor of the mouth was noted.
The patient reports that it has been present since 2014.
Bilateral linea alba and white coating of the tongue were noted.



Occlusion

Class I Molar (Right) and Class II Canine (Left) occlusion with 50% overbite and 5 mm overjet. Moderate maxillary anterior crowding was noted.

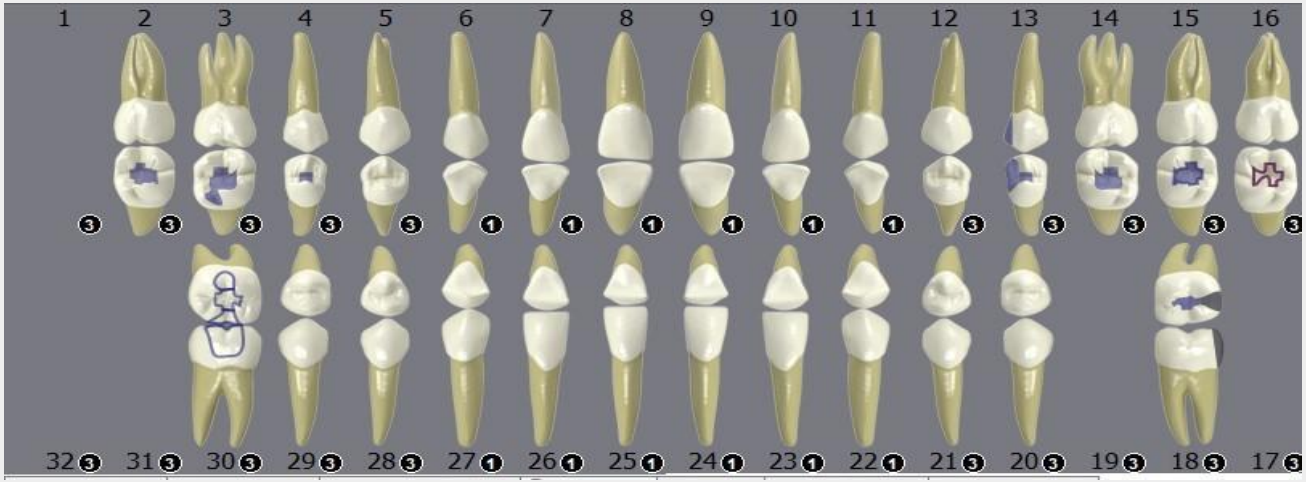
Attrition

7-12, 22-26

Calculus

Generalized, moderate supragingival, and subgingival calculus noted.

DENTAL CHARTING



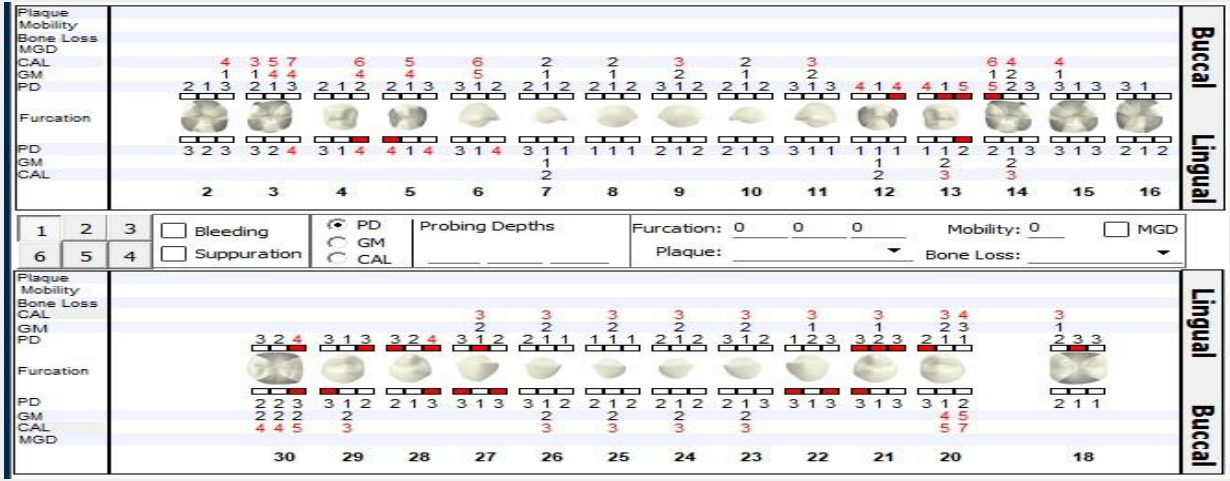
- Missing: # 1,17, 19, 31 and 32
- Amalgam Restorations: # 2 (O),3 (OL),13 (MO),14 (O),15 (O) and 18 (DO)
- Composite Restorations: # 16 (O) and 30 (OBL)
- Suspicious Lesion: # 16 (O)

GINGIVAL AND PERIODONTAL EVALUATION

Gingival Description

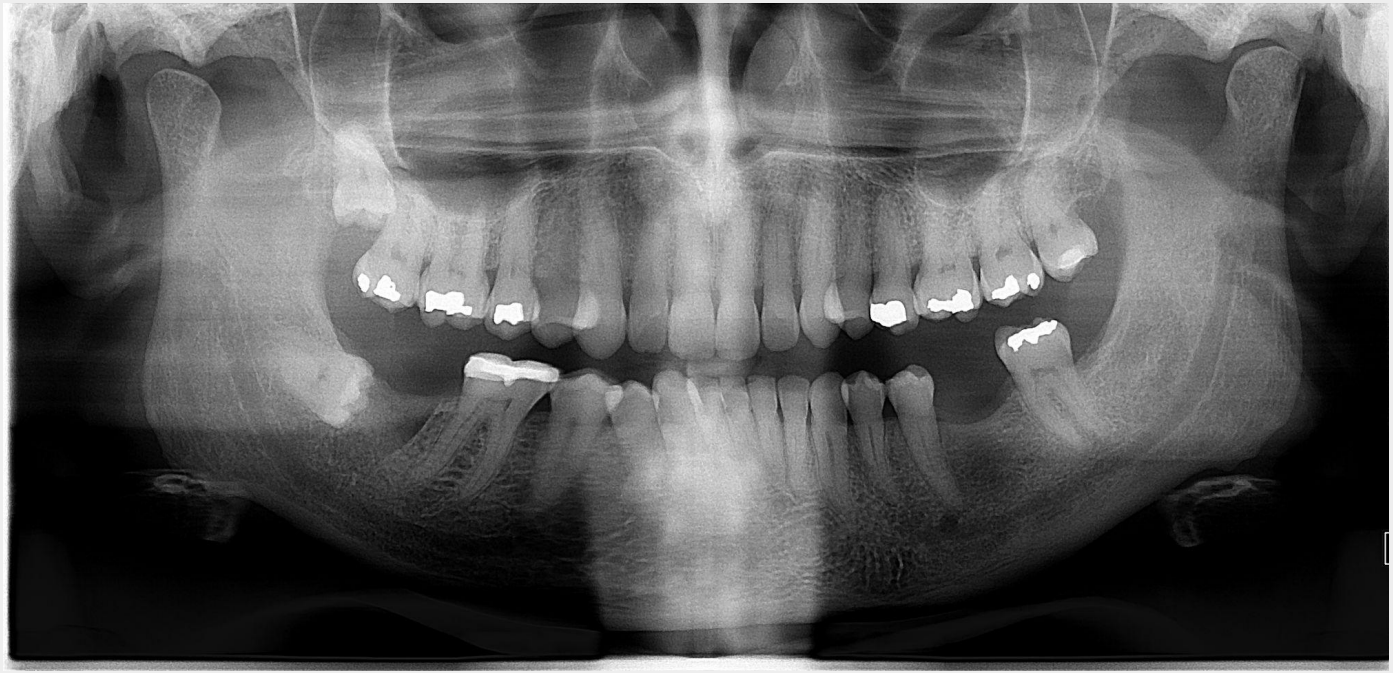
Gingiva appears pinkish in color, with generalized moderate inflammation. The gingival margin appears inflamed, bulbous and rolled in posterior sextants and in the mandibular anterior sextant. The interdental papilla is blunt and soft in consistency. Moderate bleeding on probing

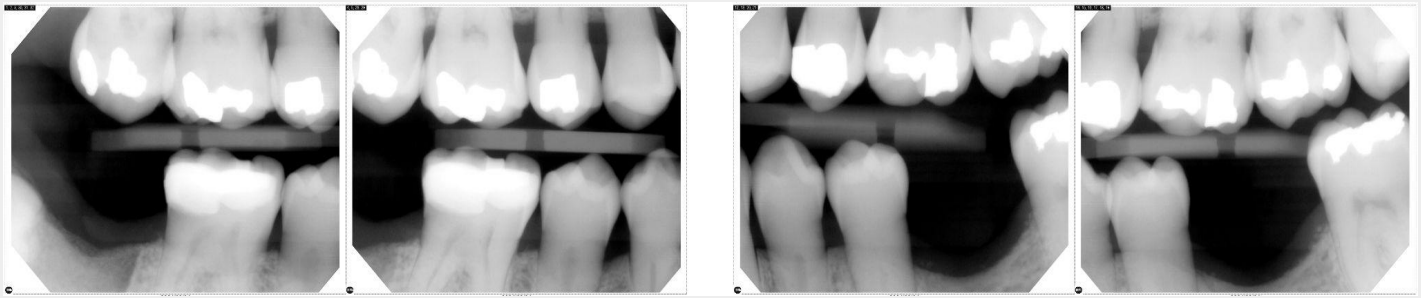
PERIODONTAL CHARTING



- Probing depths range from 3 to 5 mm in the posterior and 1 to 3 mm in the anterior sextants.
- Generalized recession was noted, ranging from 1 to 4 mm.
- The resulting total Clinical Attachment Loss (CAL) ranges from 3 to 7 mm.

DIGITAL RADIOGRAPHS





4 Horizontal Bitewing (HBW) and Panoramic Digital radiographs exposed

- Impacted # 1, 32 noted. No Periapical Pathology (PAP) noted.
- No radiographic evidence of calculus or caries was noted
- Greater than 15% radiographic bone loss noted in posterior sextants
- Evidence of past restorations seen.

All findings were discussed with Mr. B.

DENTAL HYGIENE DIAGNOSIS

A periodontal diagnosis was made, based on several factors including,

- Generalized moderate inflammation in all quadrants
- Generalized moderate bleeding on exploring and probing
- Probing depth ranging from 3 to 5 mm with generalized recession of 1 to 4 mm, leading to CAL of 3 to 7 mm
- Greater than 15% RBL in the post
- Generalized, moderate supragingival, and subgingival calculus noted.

Patient was diagnosed with Generalized Stage II Grade B Periodontists.

CARIES RISK ASSESSMENT - CAMBRA

CAMBRA Evaluation was completed and the patient was assessed to be at **Moderate** risk.

Recommendations given -

- Complete Oral Prophylaxis,
- Establish a Dental Home,
- Improve oral self-care routine - Flossing more consistently,
- Recommended use of Fluoride products due to exposed root surfaces/recession
- Recommended use of Biotene or Xylitol gum to stimulate salivary flow

DENTAL HYGIENE CARE PLAN

VISIT ONE

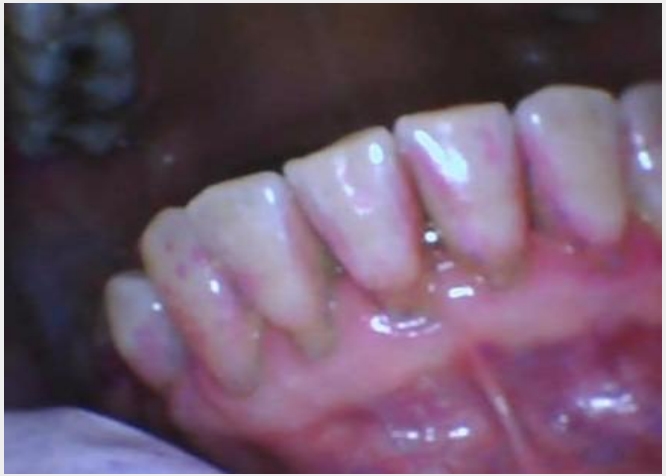
- ➔ Complete all assessments.
- ➔ Complete Cambra evaluation and provide appropriate evidence-based recommendations.
- ➔ Expose digital HBW and panoramic radiographs. Interpret and discuss findings with the patient. Provide a copy of the radiographs to the patient on a USB drive.
- ➔ Provide appropriate referrals: Periodontist for generalized recession and oral surgeon for evaluation of impacted # 1 and # 32

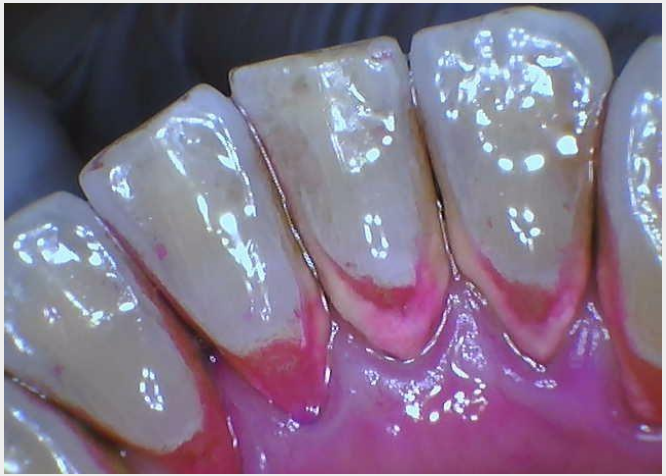
DENTAL HYGIENE CARE PLAN

VISIT TWO

- ➔ Acquire PI
- ➔ Oral Hygiene Instructions - flossing technique.
- ➔ Scale the whole mouth with ultrasonic and hand instruments.
- ➔ Achieve pain management using Topical (20% Benzocaine gel), Oraqix (2.5% Lidocaine and 2.5 % Prilocaine)
- ➔ Complete engine polishing.
- ➔ Apply 5% Sodium fluoride varnish and give post op instructions.
- ➔ Discuss and set Recare interval/appointment.

INTRAORAL DIAGNOSTIC PICTURES





IMPLEMENTATION

VISIT ONE - INITIAL VISIT

- Vital signs were taken, and a BP of 104/78 and pulse of 71 recorded
- Medical and dental history taken and discussed
- ASA II was assigned based on current medical conditions and reported allergies.
- All assessments completed
- Digital radiographs were exposed, and findings were reviewed with the assigned faculty. The findings were also discussed with the patient, and a copy of the X-rays was provided on a USB drive.
- Completed CAMBRA assessment to obtain caries risk and provided appropriate recommendations
- Appropriate referral to Periodontist and Oral surgeon given

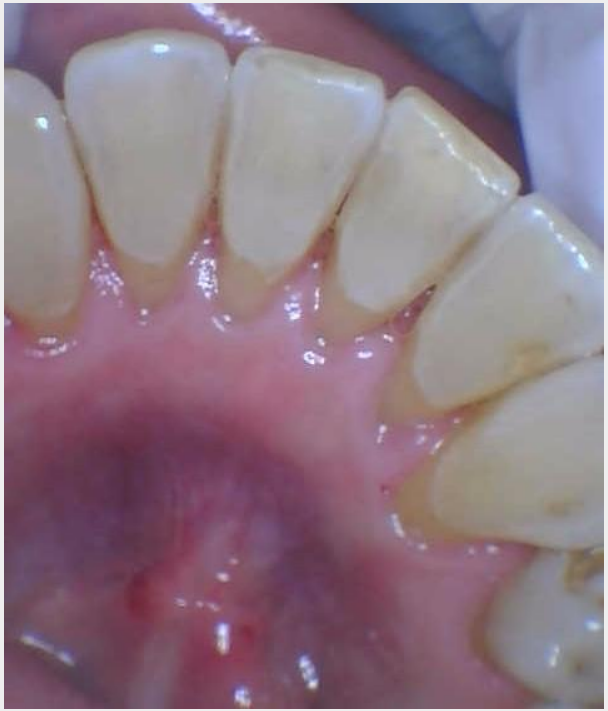
VISIT TWO - REVISIT

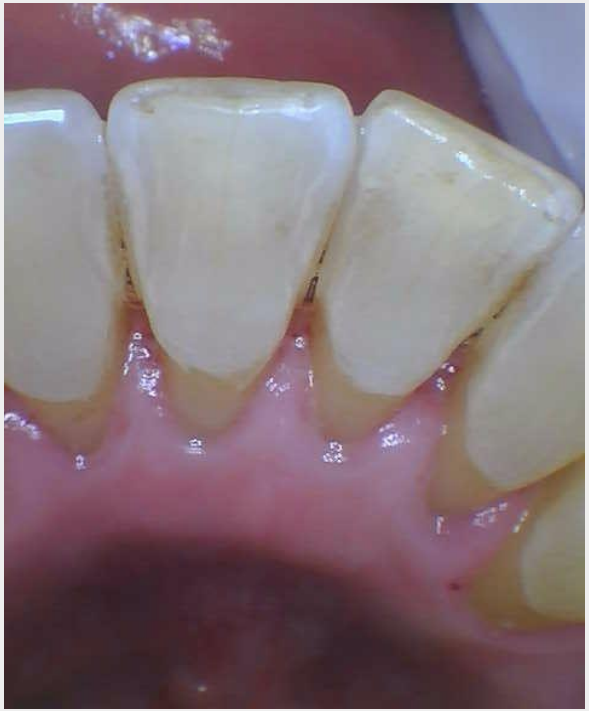
- No change in medical history, no recent hospitalizations or surgeries.
- Reevaluation of patient completed
- Intraoral diagnostic pictures of hematoma taken as baseline
- The patient reports he was not able to follow up on the referral given, citing lack of time
- PI acquired - 1.3 (Fair)
- Oral hygiene instructions were given - Flossing technique was demonstrated for the patient, and the patient was able to demonstrate back.
- Successful anesthesia was achieved via 2 carpules of Lidocaine 2% with 1: 100,000 epinephrine via PSA, MSA, ASA, Buccal, Mental, and Local infiltration. The patient tolerated it well. Quadrants 1 and 4 were scaled with hand and ultrasonic instrumentation. Warm salt water rinses were recommended for soreness post-visit.

VISIT THREE - REVISIT

- Treatment modification was needed due to patients' need for anesthesia.
- Re-evaluation completed
- Patient states he is trying to adopt flossing techniques taught at the previous visit.
- Previously treated areas show decreased inflammation and bleeding on probing.
- A new PI score acquired - 1.0 (Fair), indicating improvement since last visit
- The Bass method of brushing was taught to the patient, and the patient demonstrated it successfully.
- Successful anesthesia was achieved via 2 carpules of Lidocaine 2% with 1: 100,000 epinephrine via PSA, MSA, ASA, Buccal, Mental, and Local infiltration. The patient tolerated it well.
- Scaled Quadrants 2 and 3 and residual calculus (Q 1 and 4) with ultrasonics and hand instrumentation. Evaluation for residual calculus completed.
- Engine polishing completed with fine grit prophy paste
- 5% Sodium fluoride varnish was applied, and post op instructions were given
- Warm salt water rinses were recommended for soreness post-visit.
- Treatment completed
- Recare recommendations given and recare appointment/interval set at three months

INTRAORAL PHOTOS - POST





CONTINUED CARE RECOMMENDATIONS

Recare appointment/interval set at three months due to generalized periodontitis diagnosis resulting from the inflammation, generalized recession, and the resulting clinical attachment loss, radiographic evidence of bone loss, and the presence of moderate supragingival and subgingival calculus.

Stressed importance of following up on referrals given for periodontist to evaluate the generalized recession and oral surgeon for evaluation of impacted # 1 and # 32

Discussed with patient, the importance of regular dental cleanings along with good oral hygiene practices at home to maintain good oral health. This will ensure that the teeth and gums stay healthy, reducing the risk of tooth loss, gum disease, and other dental problems in the future.