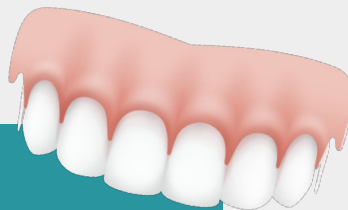




# **CLINICAL CASE # 2**

## **STAGE II, GRADE C PERIODONTITIS**

### **and ARESTIN PLACEMENT**



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# PATIENT PROFILE



Mr. R is a 40-year-old Caucasian male.

He presented to the clinic “to take care of his mouth after his 3-year-old daughter said his mouth stinks”. The patient is highly motivated to follow through with a comprehensive dental treatment plan

He reports to have seen his dentist approximately 2-3 years ago. At that time, he was informed of multiple teeth requiring restorations and a tooth requiring extraction and future replacement. The patient did not follow through, citing finances.

The patient is a chronic smoker ( 20 years ) but is interested in quitting. He also smokes marijuana regularly.

Mr. R states that he brushes his teeth once a day using a medium-bristle toothbrush with Colgate Plaque control toothpaste in a " back-and-forth" motion. He flosses regularly to remove food stuck in his upper right back tooth. He uses Colgate Peroxyl rinse twice a day.



# CHIEF COMPLAINT



The patient states he wants to “take care of his mouth”.

His last cleaning was approximately 2 to 3 years ago.

The patient states he gets food stuck in his upper right back tooth and wants to take care of it



# HEALTH HISTORY OVERVIEW



The patient presented today with a blood pressure of 97/73 and a pulse of 67. He is assigned ASA 2 based on his chronic ( 20 years ) smoking habits.



# COMPREHENSIVE ASSESSMENTS



## Extraoral Findings

Left submandibular glands are slightly palpable but asymptomatic. Slight clicking was noted in the left temporomandibular joint upon closing and opening.



## Intraoral Findings

A fever blister is present in the Upper lip towards the patient's left. A slight whitish coating of the tongue and bilateral mandibular tori was noted. The oropharyngeal opening appears slightly red in color - the patient states he is recovering from a 2-week-old cough/cold.



### **Occlusion**

Bilateral Class I occlusion with 10% overbite and 1 mm overjet. Moderate maxillary and mandibular anterior crowding was noted.



### **Attrition**

Maxillary and Mandibular anteriors

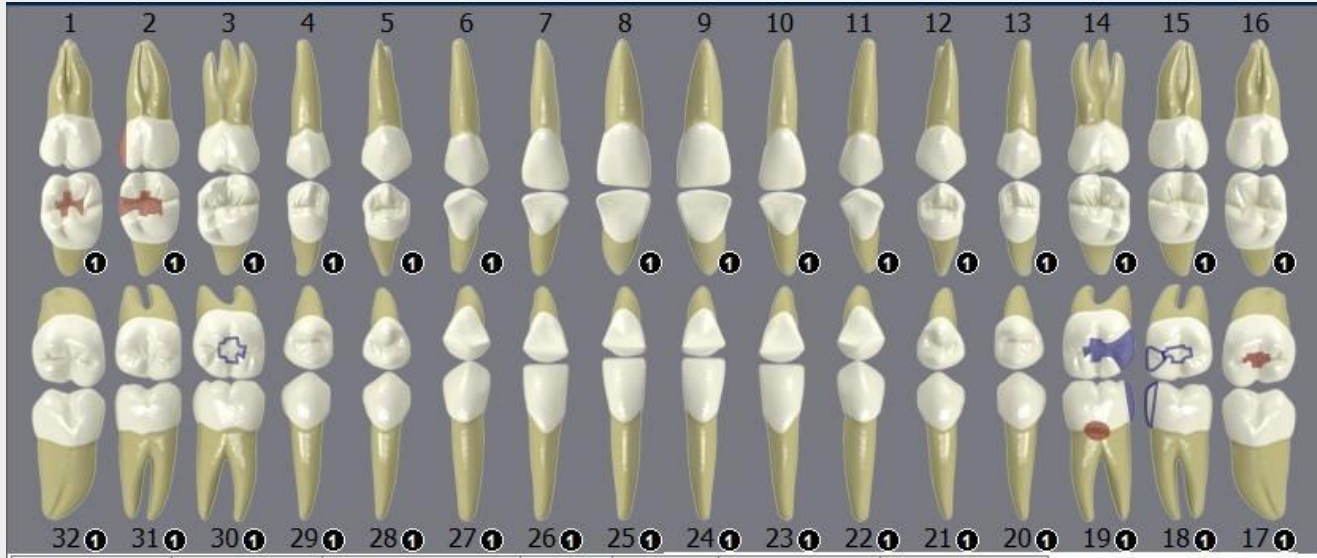
### **Calculus**

Generalized supragingival, and subgingival calculus were noted.

### **Stains**

Light staining on the lingual aspects of Maxillary and Mandibular anteriors.

# DENTAL CHARTING



- ❖ Amalgam Restorations: # 19 (DO)
- ❖ Composite Restorations: # 18 (MO) and 30 (O)
- ❖ Suspicious Lesion: # 1 (O), 2 (DO), 17 (O), 19 (Cervical)



# GINGIVAL AND PERIODONTAL EVALUATION

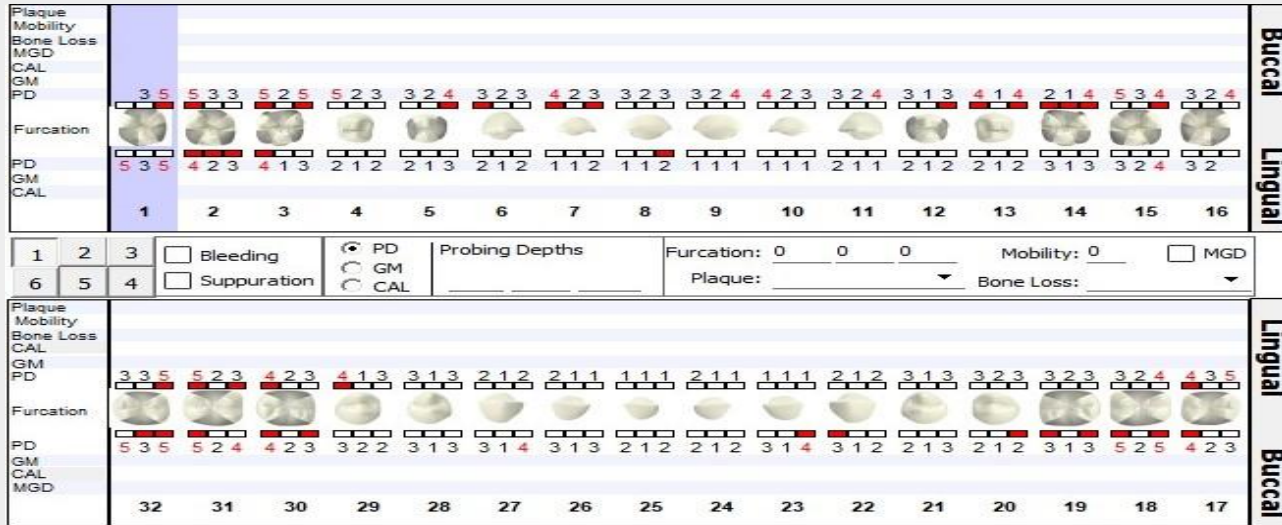


## Gingival Description

Gingiva is generally pigmented with a reddish-blue hue with generalized moderate inflammation. Generalized inflamed and bulbous gingival margins were noted. The gingival margin appears rolled in the lingual aspect of the mandibular anterior sextant. The interdental papilla is blunt and soft in consistency. Moderate bleeding on probing.

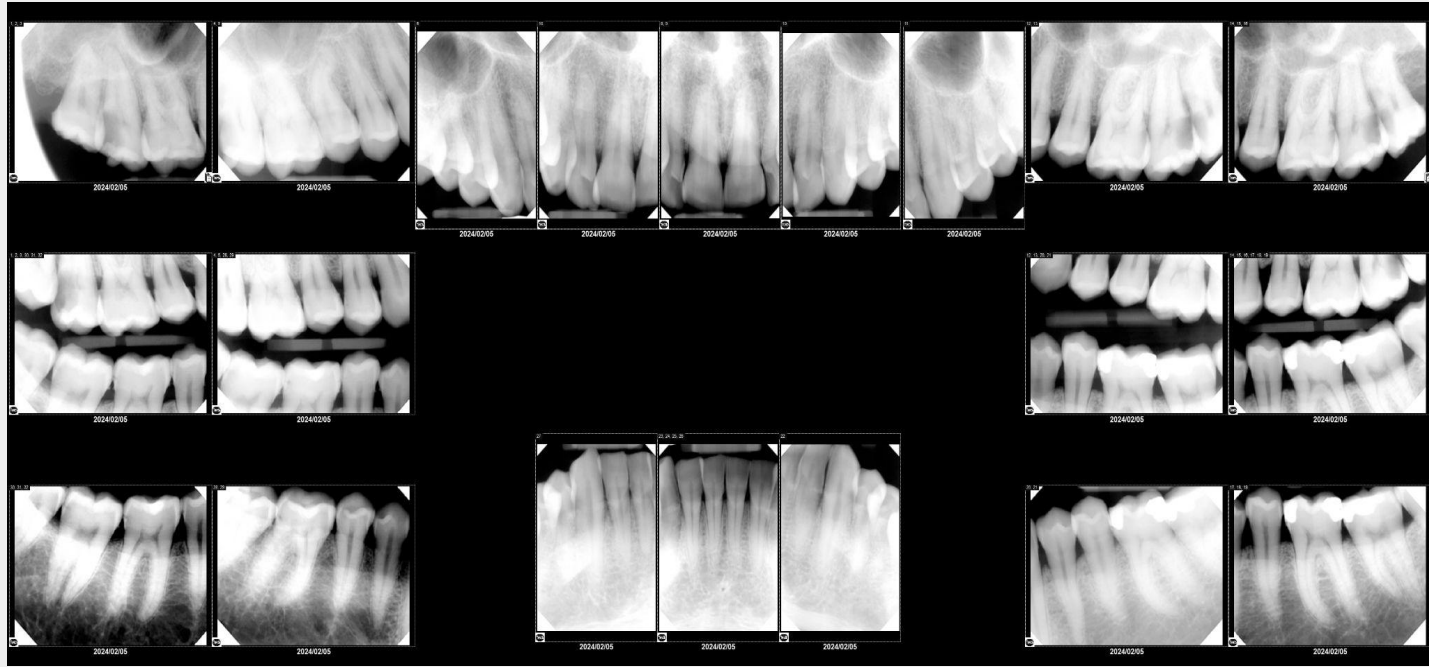


# PERIODONTAL CHARTING



- ❖ Probing depths range from 3 to 5 mm
- ❖ Moderate bleeding on probing

# DIGITAL RADIOGRAPHS





Digital FMS (20 images) were exposed

- ❖ Radiographic evidence of calculus was noted
- ❖ Radiographic evidence of Caries noted, updated dental charting and referrals as needed
- ❖ Greater than 15% radiographic bone loss was noted in posterior sextants
- ❖ Evidence of past restorations is seen.

All findings were discussed with Mr. R.



# DENTAL HYGIENE DIAGNOSIS



A periodontal diagnosis was made based on multiple factors including

- ❖ Generalized moderate inflammation in all quadrants
- ❖ Generalized moderate bleeding on exploring and probing
- ❖ Probing depth ranging from 3 to 5 mm
- ❖ Greater than 15% RBL in the posterior sextants
- ❖ Generalized, moderate supragingival, and subgingival calculus were noted.
- ❖ Chronic smoking habit of 20 years.

The patient was diagnosed with Generalized Stage II Grade C Periodontitis.



# CARIES RISK ASSESSMENT - CAMBRA



CAMBRA Evaluation completed. The patient was assessed to be at High risk.

Recommendations given -

- ❖ Complete Oral Prophylaxis
- ❖ Establish a Dental Home
- ❖ Follow up on referrals given for comprehensive evaluation and care of caries
- ❖ Limit frequent consumption of sugary drinks
- ❖ Improve oral self-care routine to prevent/minimize further plaque/tartar buildup.



# DENTAL HYGIENE CARE PLAN



## VISIT ONE

- Complete all assessments.
- Complete Cambra evaluation and provide appropriate evidence-based recommendations.
- Expose digital FMS radiographs. Interpret and discuss findings with the patient. Provide a copy of the radiographs to the patient on a USB drive.
- Provide appropriate referrals to the dentist for comprehensive evaluation and care of caries.
- Scale Quadrant 1 with ultrasonics and hand instruments.
- Achieve pain management using Topical ( 20% Benzocaine gel) as needed.



# DENTAL HYGIENE CARE PLAN



## VISIT TWO

- Acquire PI
- Oral Hygiene Instructions - flossing technique.
- Scale Quadrants 2,3 and 4 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.





# IMPLEMENTATION

## VISIT ONE - INITIAL VISIT



- ❖ Vital signs were taken, and a BP of 97/73 and pulse of 67 recorded
- ❖ Medical and dental history taken and discussed
- ❖ ASA II was assigned based on the patient's chronic smoking habit of 20 years.
- ❖ All assessments completed
- ❖ Completed CAMBRA assessment to obtain caries risk and provided appropriate recommendations
- ❖ The Bass method of brushing was taught to the patient, and the patient demonstrated it successfully.



## VISIT TWO - REVISIT # 1



- ❖ The patient reports no change in medical history and no recent hospitalizations or surgeries.
- ❖ Reevaluation of patient completed.
- ❖ The patient states that he is trying to adopt Bass method of brushing, taught at the previous visit.
- ❖ The patient reports he was not able to follow up on the referral given. He wishes to finish his oral prophylaxis first before going to the dentist.
- ❖ PI acquired - 1.8 ( Fair )
- ❖ 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.
- ❖ Scaled Quadrant 1 with hand and ultrasonic instrumentation. Topical gel was applied as necessary. Warm salt water rinses were recommended for soreness post-visit.
- ❖ Appropriate referral to dentist given for comprehensive evaluation and care of caries.



## VISIT THREE - REVISIT # 2



- ❖ Treatment modification was needed due to the patient's need for Arestin.
- ❖ Re-evaluation completed
- ❖ Previously treated areas show decreased inflammation and bleeding on probing.
- ❖ A new PI score was acquired - 1.8 - no change since the last visit.
- ❖ Scaled Quadrants 2,3 and 4 and residual calculus (Q 1) with ultrasonics and hand instrumentation. Evaluation for residual calculus completed.
- ❖ Engine polishing completed with fine grit prophylaxis paste
- ❖ The patient refused the application of 5% Sodium fluoride varnish
- ❖ Arestin Consent was discussed and signed. Arestin was placed in 3 sites - # 3 MB - 5mm, # 3 DB - 5 mm, and # 4 DB - 5 mm. The patient did not report any discomfort.
- ❖ Treatment completed
- ❖ Recare recommendations given
- ❖ Arestin reevaluation was discussed, and appropriate appointments were set
- ❖ Recare reappointment/interval set at three months



# ARESTIN RE-EVALUATION



The patient was seen for evaluation of sites 8 weeks after the placement of Arestin  
Vital signs taken - BP 107/71, Pulse of 67



New periodontal probing depths measured and recorded -

- ❖ # 3 MB = 3 mm
- ❖ # 3 DB = 3 mm
- ❖ # 4 DB = 3 mm

A general improvement of 2 mm was noted throughout the Arestin sites.  
The data has been meticulously recorded in the appropriate Arestin log, ensuring its accuracy and reliability.

# SMOKING CESSATION



The patient has a chronic smoking habit. He states that he has smoked 6-7 cigarettes/day for approximately the past 20 years. The patient is aware that it is an unhealthy habit and wants to quit.



The 5 A's Model was followed -

- Ask
- Advise
- Assess
- Assist
- Arrange

The patient was provided with appropriate reading material and directed to various websites that offered more information and samples of tobacco cessation products.

At his last visit, 8 weeks after completion of oral hygiene care, the patient stated that he is actively working on quitting. He is currently using a nicotine patch and has started to reduce the amount of cigarettes he smokes.

# INTRAORAL PHOTOS - POST



Photos taken 8 weeks later, during Limited Focus visit to re-evaluate Arestin sites

# CONTINUED CARE RECOMMENDATIONS



Recare appointment/interval set at three months due to generalized periodontitis diagnosis resulting from the inflammation, radiographic evidence of bone loss, presence of heavy supragingival and subgingival calculus, and chronic smoking habits.



Stressed the importance of following up on referrals given for comprehensive evaluation and care of caries by a dentist.

Discussed with the 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.

Lastly, the patient was provided with written literature and appropriate websites to discuss and reinforce the concept of tobacco cessation.