**Journal #1**

**Patient:**  S.G. 29 years old, Heavy Type I

**Assessment**

**A.  Health History:** Patient is an Asian male with a history of heartburn. He is currently not taking any medications and watches his diet to control his heartburn. He currently has no health condition that would require premedication. He smokes cigarettes 3-4x/day for 7 years. BP= 148/101, P=82 @ 1:25pm, BP= 134/96 P=72 @ 1:50pm. Patient is aware of BP measurements and possibly has white coat syndrome. ASA II.

**B.  Oral Pathology:** No oral pathologies were noted. Unilateral slight crepitus was present.

**C.  Dentition:** #6 is missing and #17 is partially erupted. Patient has class II occlusion, 3mm overjet and 15% overbite. Possible decay on #12M (Class II), #17O and #32O (Class I). A referral was given for further evaluation. Patient has a moderate risk level for caries. Decay is found on 3rd molars possibly because it is hard for the patient to access while brushing. Small radiolucency present on #12M, but no signs clinically of decay. Patient has poor home care; however, no restorations are present. Attrition found on #24-27 and #7.

**D.  Periodontal:**  Gingiva presented minimal generalized marginal inflammation, was pointed, pigmented and keratinized. Probing depths of 1-6mm were detected with higher depths predominantly in the posterior. Periodontal classification is Type I. Arestin is not indicated for this patient because although he has 4 sites of 6mm pockets, he has no signs of bone loss on radiograph. It is recommended to first see how his tissue responds to scaling since he has never had a professional dental cleaning before. No recession noted.

**E.  Oral Hygiene:**  Patient was classified as a heavy. He had generalized heavy subgingival calculus and localized supragingival calculus on mandibular anteriors. Upon calculus detection, heavy deposits were present on every surface which was also supported by the radiographs. The plaque score for this patient was 1.8 at his initial visit.  This patient never had a professional cleaning before. He reported brushing 1x/day with a manual brush and did not floss or use an oral rinse.

**F.  Radiographs:** This patient definitely required radiographs since he never had them before. Exposed an FMS; 20 films at F speed during the second visit. The radiographs supported the clinical findings. Calculus was present on every surface and decay was found on #17O which is partially erupted and #32O. #12M has possible decay which was not evident clinically.

**G.  Other Findings:** This patient has been a smoker for 7 years and smokes about 3-4x/day. He is very interested in quitting and I provided him with a smoking cessation card. He does not consume alcohol regularly. His last physical examination was in 2008. The lengthy time since his last physical exam concerns me since he reports having heartburn and diagnosing himself with GERD. When I asked him about his symptoms, he mentioned an increase in urination. For this reason, I gave him a referral to be evaluated by a MD.

**TIME:** This patient never had a professional dental cleaning before. Clearly, it is not an appropriate amount of time and he should have been going for 6 month recalls throughout his life. I placed him on a 3 month recall.

**Treatment Management**

**Visit 1:** I completed all assessments, recorded plaque score of 1.8, and introduced brushing using the Modified Bass Method.  I recommended using a soft toothbrush with Crest Pro-health, flossing, and using Listerine twice a day to control the pH and the amount of plaque in his mouth.  I used the ultrasonic and hand scaled the lower right anteriors. Moderate bleeding was present upon scaling.

**Visit 2:**  At his second visit, the tissue around the anteriors of the LR became firmer. Bleeding was still present but no residual calculus was found. His plaque score remained the same. We reviewed brushing and I introduced flossing. Patient was exposed 20 films at F speed during this visit. I reviewed his x-rays with him and gave him a copy. I also gave him a referral during this visit for an evaluation of his 3rd molars and possible decay on #12M. I completed the LR quadrant and scaled the LL with the ultrasonic and hand instruments. Moderate bleeding was present.

**Visit 3:** During the last visit, the tissue in the posterior of the LR and the LL quadrant appeared pigmented, flaccid, with bleeding still present. Residual calculus was found on the LL anteriors. Diagnostic impressions were taken. His plaque score increased to 2.0 and he admitted not being compliant with home care. He mentioned not having the time and I did my best to motivate him and educate him of the consequences that would result if he were to continue to neglect his oral health. There was generalized heavy visible plaque present upon exploring. I scaled all 4 quadrants using the ultrasonic and hand instruments. His calculus was very tenacious and moderate bleeding occurred during scaling. I polished using the rubber cup and fine paste. I applied 2% neutral sodium fluoride in trays.

**Evaluation:**
**A.**  The patient was not compliant at all with home care. His plaque score remained the same and then increased which shows that he was not making any effort.

**B.**  The patient came to his initial visit interested in learning about the status of his oral health. When I noticed that he had generalized heavy deposits, I spoke about plaque and tartar and its relationship to periodontal disease. He asked many questions and seemed to be concerned. However, he was not compliant with homecare and admitted he only brushed once a day. I motivated him to brush twice a day but it was very hard to change his attitude. For this reason, I mentioned that if he were to only bush once daily it should be at night time.

**C.** After his first visit his tissue responded well and became much firmer. Bleeding was always present but it decreased after scaling. Since he had such heavy calculus and poor home care he was placed on a 3month recall. I am interested to see if there are any pocket reductions after treatment.

**D.**  No additional interventions were introduced.

**Student Reflection:**
1.  After treatment, I found my clinical strength to be removing this patient’s calculus. Although there were some areas with residual calculus, he had radiographic calculus present on every tooth surface. It was very tenacious calculus which required a lot of lateral pressure and specific angulation.

2.  I am disappointed that even though my patient seemed to understand oral hygiene instructions, his plaque score went up. I feel like since periodontal disease is a slow silent disease, patients will ignore it until it is too late. My goal is to improve on sending the message across so that my patients aren’t regretful but instead more aware of what is going on in their oral cavity.