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DEN 2300

Section A Cubicle 18

Journal #1

1. **DEMOGRAPHICS**

R.R., Heavy/Stage 1/ Grade A

1. **ASSESTMENT**

Patient is 27 years old Hispanic male. Initial BP 132/84, P 69. Second BP121/85 and P 67. Based on the Blood Pressure Guidelines by American Heart Association, the patient is Hypertension Stage 1. Due to high blood pressure, patient would be considered ASA II. Patient is a nonsmoker and social drinker-a glass of wine biweekly. Patient does not have any systemic conditions like diabetes or cardiovascular disease, therefore does not require any premedication. Patient does not have any allergic reaction, recent hospitalizations or operations. Patient does not take any prescription medication, OTC medication, or vitamin/herbal supplements. Patient was given a hypertension facts sheet and a referral to his physician.

1. **ORAL** **PATHOLOGY**

There were no significant extra oral findings. Intra oral findings consisted of bi-lateral mandibular tori, maxillary and mandibular exostosis, coated tongue, flat 1x1 red well-demarcated asymptomatic macule on the lateral border of the tongue adjacent to tooth #30. Pt was aware of this lesion.

1. **DENTITION**

Class I Overjet 2 mm and overbite 20%. Caries risk activity is moderate due to #2OL and #14O and #14OL amalgam fillings, but no active caries lesions are present. Attrition is present on teeth #’s 5, 6, 9, 10, 11, 20, 21, 22, 27, 28.

1. **PERIODANTAL**

Based on the periodontal assessment, localized 4-5mm pocketing on the buccal and lingual of right mandibular molars and 4mm readings on maxillary and mandibular molarsand generalized moderate bleeding on probing.There is no furcation or mobility involvement. Gingiva is bright red with marginal gingiva being round, soft, and spongy with and shiny surface. Interdental papillae are bulbous, limited to the buccal surfaces of teeth #’s 4, 5, 12, 13. Generalized, moderate, marginal gingival inflammation. Periodontal classification according to AAP-2018 is Stage 1 Grade A.

1. **ORAL HYGIENE**

Initial PI 1.2 fair. Plaque is mostly located interproximal of the posterior teeth. There is localized moderate staining on the lingual aspect of maxillary anterior teeth. Based on the assessment oral hygiene interventions recommended: use of soft bristled brush or powered toothbrush to prevent further destruction of the hard tissue.

Next visit patient was observed using toothbrush and it was determined to introduce a new interdental aid-floss. Flossing technique was demonstrated, and patient was observed flossing. Second PI 1 Fair. Instructed patient to floss twice a day to remove interproximal plaque. Listerine Total Care mouth wash was introduced to control biofilm formation on the tongue, hard tissue and oral cavity. Recommended patient change diet such as a decreased consumption of carbonated drinks and decrease the frequency of sugar/refined food consumption.

1. **RADIOGRAPHS**

HBWs and Pan radiographs were recommended to assess caries risk level and to assess bone level. Last dental radiographs were taken on July 2015. HBW radiograph was exposed In September 2019 and radiographs revealed generalized moderate horizontal alveolar bone resorption on the mandible and generalized moderate vertical bone resorption on the maxilla. The radiographs revealed bone resorption that is not clinically evident.

1. **Proposed treatment plan:**

Treatment plan was formulated, proposed, and signed by the patient.

Visit 1 PI: 1.2 Fair (post-assessment) powered assisted toothbrush, interdental brush, UR quadrant debridement, application of topical benzocaine 20%.

Visit 2 PI: 1 Fair introduce flossing technique, UL and LL quadrant debridement, topical benzocaine 20%.

Visit 3: PI 1 introduce mouth rinse, digital BWS radiographs, LR quadrant debridement, engine polishing, topical fluoride application.

During the initial visit patient felt discomfort during probing and topical benzocaine 20% was applied to manage the discomfort. Interdental brush samples given so the patient can try it before purchasing. Powered assisted toothbrush recommended to control pressure.

During the initial visit patient was educated about risk factors related to periodontitis such as irreversible bone loss and deep pockets. Hands on demonstration of Bass method was provided to assist in accessing biofilm. Educated the patient about the etiology of calculus formation. 4 BWS radiographs recommended to assess bone loss. Risks of high blood pressure was explained and patient was suggested to exercise and modify his diet. During the follow up visits it was noted that patient was interested in the interventions that was introduced to him. Samples of interdental care products were given to try and on the follow up visit, the patient said he really enjoyed trying different products and finding the one that suited him the best. The patient seemed more interested in his oral health as treatment progressed. He started flossing/brushing twice a day as recommended with the interdental brush that was suggested.

**b. Any medical, social or psychological factors which impacted OR could impact on the treatment?**

According to American Dental Association, hypertension is a common cardiovascular condition and it is vital to measure blood pressure during dental appointments. Medication that is taken to manage hypertension may have adverse effects on the oral tissue such as xerostomia, gingival hyperplasia. A dental hygienist who is knowledgeable about adverse effects of antihypertensive medication can suggest drinking of more water to manage xerostomia and suggest surgical removal of gingival overgrowth to temporarily relieve the symptoms. Some medication such as local anesthesia that is utilized during dental visits may be contraindicated to for patients who have hypertension due to possible increase in heart rate and blood pressure. Therefore, it is vital to have a thorough review of medical history and avoid vasoconstrictor containing medication during the visit. Because patient may have been anxious or due to “white coat” hypertension effect, patient’s blood pressure was measured twice, and each time in the follow up visits. After physician’s evaluation, it was determined that the patient has high blood pressure but the physician suggested non-medicated treatment first due to young age. Patient stated that he started eating healthier food and running in the morning and in the consequent visits his blood pressure measurement readings improved (Department of Scientific Information, 2020).

1. **REFLECTION**

If I had a chance, I would make slight changes to the treatment plan because now I am more knowledgeable about different types of toothpaste, mouth rinses, and floss. Having knowledge about active ingredients of different products, I would make individualized suggestions about products.

Unfortunately, I was not able to accomplish everything that I had planned due to schools closing. I really enjoyed scaling and when I was able to scale off some piece of calculus I demonstrated it to my patient so he can visualize what I was explaining to him. He was both surprised and happy to get those pieces of calculus removed.Reflecting on my clinical treatment and faculty feedback, I was lost during classification of periodontal disease. Since it was recently introduced and changing of staging during different visits by the faculty, I was confused how to classify periodontal disease. I did not know how to record gingival margin and bleeding on probing on the computer which could have helped me to calculate CAL and classify the periodontal disease. I reviewed the classification at a glance and steps to classify periodontal disease and I think I understand it now. I feel like the more patients and experience we have, the easier it will be to classify the disease.He was my first patient and I was both excited and scared. I learned a lot from this experience. I was confident to give him advices on interdental care and brushing techniques. I also informed him about effects of high blood pressure and importance of monitoring and staying on top of it. The most important learning experience was motivating my patient to maintain good oral health and to monitor general health.

# Bibliography

Department of Scientific Information, E. S. (2020, July 29). *ADA American Dental Association*. Retrieved from ADA Web site: https://www.ada.org/en/member-center/oral-health-topics/hypertension