



# **NYCCT DEPARTMENT OF DENTAL HYGIENE DEN 2300 CASE PRESENTATION**

VANESSA MARINO  
FALL 2019



# PATIENT PROFILE

- 46 YR OLD BLACK FEMALE
- HAS DENTAL INSURANCE FROM HER EMPLOYER
- MARITAL STATUS: SINGLE
- OCCUPATION: MTA EMPLOYEE
- LAST DENTAL VISIT - 10/2018 WITH DDS FOR A DENTAL HYGIENE VISIT
- LAST DENTAL RADIOGRAPHS: 10/2018 (FOUR HORIZONTAL BITEWINGS)
- PATIENT REPORTED HOMECARE - ORAL-B ELECTRIC TOOTHBRUSH USER 2X A DAY, BIOTIN RINSE FOR DRY MOUTH 1X DAY, NON FLOSSER, DOES NOT USE TONGUE CLEANER



## CHIEF COMPLAINTS:

- PATIENT STATES: “HERE FOR A DENTAL CLEANING”
- THERE IS VISIBLE BIOFILM AND YELLOW STAINING ON HER TEETH
- SHE COMPLAINS OF DRY MOUTH “DUE TO MOUTH BREATHING IN MY SLEEP”
- THE PATIENT HAS BEEN THROUGH ORTHODONTIC TREATMENT THREE TIMES IN THE LAST 10 YEARS AND STILL IS NOT HAPPY WITH THE ALIGNMENT OF HER LOWER ANTERIOR TEETH
- PATIENT ALSO COMPLAINS OF SENSITIVITY TO PRESSURE ON ANTERIOR TEETH DUE TO BRUXISM. PATIENT STATES SHE HAD A NIGHT GUARD MADE LAST YEAR BUT IS NOT COMPLIANT WEARING IT DUE TO NOT LIKING THE “DISCOLORATION”



## HEALTH HISTORY OVERVIEW:

- B/P: 133/94
- PULSE: 69
- ASA: II
- HEALTH CONDITIONS: SOCIAL DRINKER- ONCE A WEEK; NON SMOKER; HIGH BLOOD PRESSURE; ALLERGY TO SULFA - REACTION IS “STRAWBERRY TONGUE” AND DIFFICULTY BREATHING.
- CURRENT MEDICATIONS: VALSARTAN 160 MG ONCE DAILY FOR HIGH BLOOD PRESSURE - HAS BEEN ON THIS MEDICATION FOR A YEAR



# SULFA ALLERGY

- BECAUSE OF THE PATIENTS ALLERGY TO SULFA DRUGS, THIS CAN LIMIT HER USE OF CERTAIN ANTIBIOTICS, BURN CREAMS, VAGINAL SUPPOSITORIES OR EYE DROPS
- ALTHOUGH SHE HAS A SULFA ALLERGY THAT DOES NOT MEAN SHE HAS A SULFITE ALLERGY WHICH IS FOUND IN MANY FOOD AND DRINKS; SO NO RESTRICTIONS THERE ARE NEEDED
- MANAGEMENT: PATIENTS WITH THIS ALLERGY SHOULD AVOID THE LOCAL ANESTHETIC, ARTICAIN
- REFERENCES: <https://www.webmd.com/allergies/sulfa-allergies#2> ,  
<https://www.dentalcare.com/en-us/professional-education/ce-courses/ce391/allergic-reaction-to-local-anesthetics>



# HIGH BLOOD PRESSURE

- WHAT IS IT? ABNORMALLY HIGH ARTERIAL BLOOD PRESSURE
- ETIOLOGY: MANY THINGS CAN ONSET THIS CONDITION LIKE OBESITY, DIABETES, STRESS, CHRONIC ALCOHOL CONSUMPTION, OBSTRUCTIVE SLEEP APNEA, ECT
- SIGNS: BLOOD PRESSURE AT 140/90 OR ABOVE, ALTHOUGH THERE IS A GREY AREA OF PREHYPERTENSION OF 130/80
- SYMPTOMS: OFTEN HAS NO SYMPTOMS BUT OVER TIME IF LEFT UNTREATED CAN CAUSE HEART DISEASE AND STROKE
- REFERENCES:

<https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>,

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5733954/>

# MANAGEMENT OF HBP

- THE SUGGESTED TREATMENT FOR HIGH BLOOD PRESSURE IS DECIDED BY THE PATIENTS PRIMARY CARE PHYSICIAN WITH EITHER BETA BLOCKERS, CALCIUM CHANNEL BLOCKERS, DIURETICS, ACE INHIBITORS OR MANY OTHERS; THESE MEDICATIONS USUALLY SHOULD BE FOLLOWED UP WITH LIFESTYLE CHANGES LIKE DAILY EXERCISE AND DIETARY CHANGES.
- THIS PATIENT WAS PUT ON VALSARTAN; A CLASS OF HBP MEDICATION CALLED AN ANGIOTENSIN RECEPTOR BLOCKER WHICH CONSTRICTS THE BLOOD VESSELS AND ACTIVATES ALDOSTERONE TO HELP REDUCE BLOOD PRESSURE (THIS SHOULD NOT BE TAKEN IF PREGNANT)
- THE PATIENT STATES SHE IS COMPLIANT WITH TAKING THE MEDICATION ONCE DAILY FOR A YEAR NOW ALTHOUGH SHE STATES LIFESTYLE CHANGES OF ADDING EXERCISE WAS NOT IMPLEMENTED
- REFERENCES: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2006/021283s018lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2006/021283s018lbl.pdf), <https://www.heart.org/en/health-topics/high-blood-pressure/changes-you-can-make-to-manage-high-blood-pressure/types-of-blood-pressure-medications>

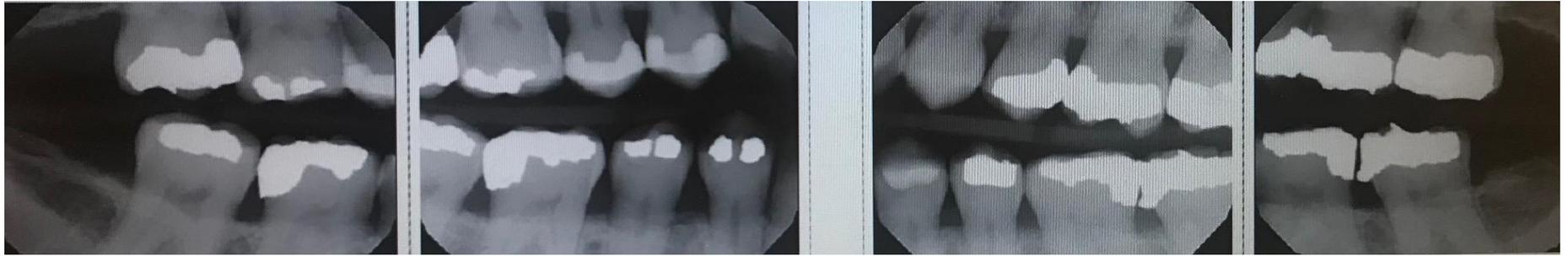


# DENTAL HYGIENE MANAGEMENT OF HBP

- VALSARTAN CONTRAINDICATIONS TO DENTAL HYGIENE CARE - ORTHOSTATIC HYPOTENSION, XEROSTOMIA, ABNORMAL TASTE, ANGIOEDEMA
- PATIENT MANAGEMENT STRATEGIES: KEEP THE PATIENT IN A MORE UPRIGHT POSITION RATHER THAN SEMI SUPINE. MAKE SURE TO GIVE TIME WHEN SWITCHING POSITIONS.
- GIVE INSTRUCTIONS ON XYLITOL PRODUCTS TO HELP WITH XEROSTOMIA AND FLUORIDE TREATMENTS FOR HEIGHTENED CARIES RISK ALSO DUE TO XEROSTOMIA
- REFERENCES: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2017/021283s50lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/021283s50lbl.pdf), [http://dental.washington.edu/wp-content/media/sp\\_need\\_pdfs/Cardiac-Adult.pdf](http://dental.washington.edu/wp-content/media/sp_need_pdfs/Cardiac-Adult.pdf)



## COMPREHENSIVE ASSESSMENTS - RADIOGRAPHS



CARIES: #3D, #5M BEYOND EXISTING RESTORATION

CALCULUS: #30D, 28M, 27D, 18D

CREST OF BONE: GENERALIZED HORIZONTAL MODERATE BONE LOSS

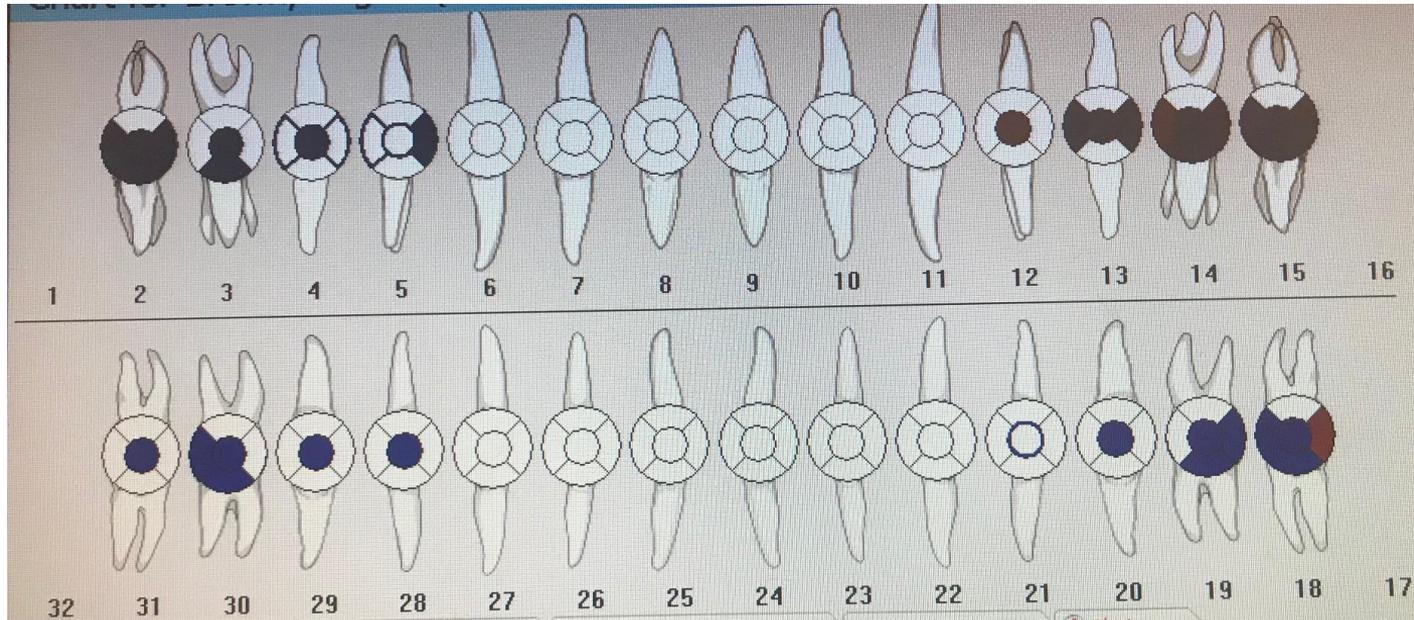
MULTIPLE OVERHANGS SEEN ON AMALGAM RESTORATIONS



# SUMMARY OF CLINICAL FINDINGS

- E/O: GENERALIZED MACULES ON FACE AND NECK - PATIENT STATES THEY HAVE BEEN THERE HER WHOLE LIFE.
- I/O: BILATERAL MANDIBULAR TORI, RAISED MAXILLARY PALATAL SUTURE, BILATERAL DESQUAMATIVE TISSUE FROM CHEEK BITING ON BUCCAL MUCOSA BY THE OCCLUSAL PLANE; TONGUE IS GROOVED AND POSTERIOR  $\frac{1}{3}$  IS COATED .
- CLASS OF OCCLUSION: RIGHT SIDE - CLASS I. LEFT SIDE - CROSSBITE
- OVERJET: 2MM. OVERBITE: 10%. ATTRITION: #24,25,8,9.
- MOBILITY: CLASS 1 - #26-23
- DEPOSIT: LOCALIZED MODERATE SUPRAGINGIVAL CALCULUS ON LOWER ANTERIOR TEETH WITH GENERALIZED MATERIAL ALBA PRESENT AND YELLOW STAINING

# DENTAL CHARTING



\*THERE IS PREVIOUS CHARTING PRESENT FROM 2013 THAT I DO NOT AGREE WITH AND DOES NOT MATCH RADIOGRAPHS FULLY



# DENTAL CHARTING

FINDINGS: MISSING TEETH - 1, 16, 17, 32

COMPOSITE: 4(MOD) 5(MOD) 21(O)

AMALGAM: 2(MOL) 3(OL), 13(DO), 14(MOL) 15(MODL), 18(MOB), 19(DOB), 20(O), 28(O), 29(O)  
30(DOB), 31 (O)

OVERHANGING RESTORATIONS: 30(D), 19(M)



# CARIES RISK ASSESSMENT

- CLINICAL EVIDENCE OF CARIES: #120
- RADIOGRAPHIC EVIDENCE OF CARIES: #3D, #5M BEYOND EXISTING RESTORATION

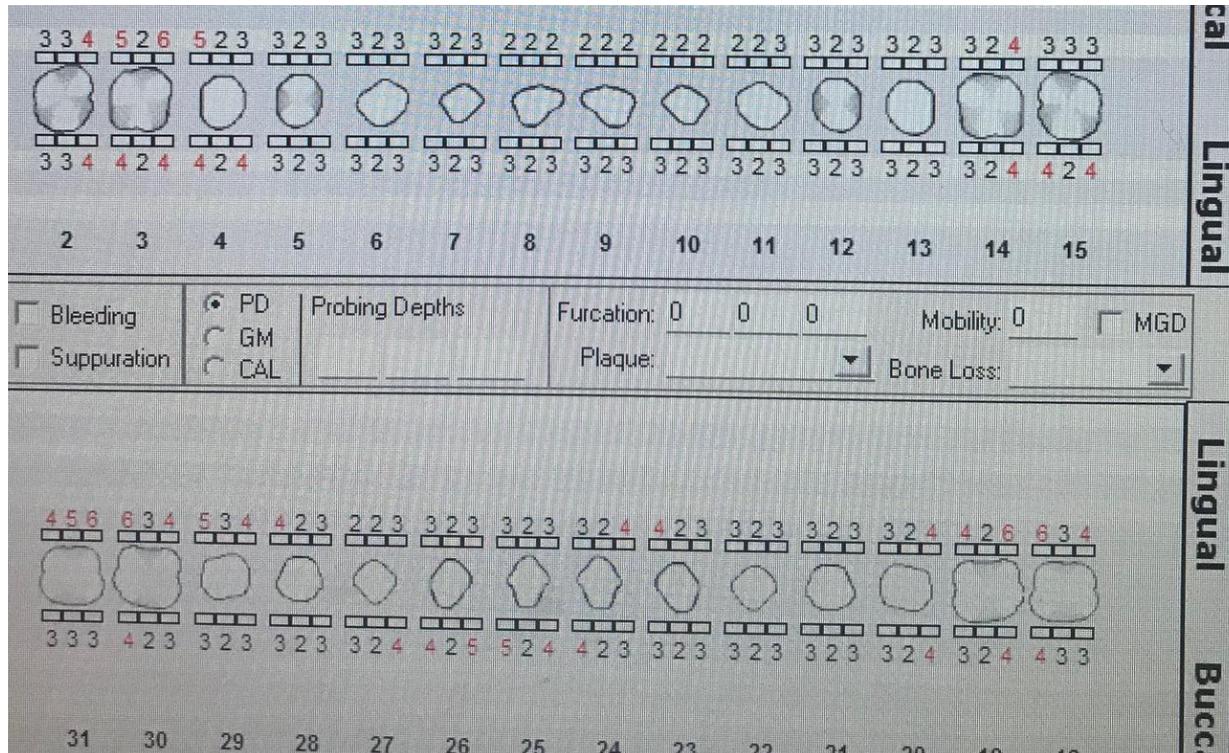
NO COPY OF CAMBRA AVAILABLE



## GINGIVAL DESCRIPTION

- GINGIVAL ASSESSMENT: TISSUE SHOWS GENERALIZED PINK, SLIGHTLY FIRM, WITH STIPPLING. LOCALIZED INFLAMMATION PRESENT IN POSTERIORES WITH MODERATE BLEEDING ON PROBING.

# PERIODONTAL CHARTING





# DENTAL HYGIENE DIAGNOSIS

CASE TYPE: MEDIUM

RISK FOR CARIES: PATIENT IS A HIGH RISK FOR CARIES DUE TO MULTIPLE RISK FACTORS:

- PATIENT REPORTED PROLONGED EXPOSURE TO ACIDIC DRINKS AND SUGARY FOODS
- OVERHANGS ON EXISTING RESTORATIONS WHERE FOOD IMPACTION OCCUR
- SUSPECTED CLINICAL CARIES AND ACTIVE CARIES NOTED ON RADIOGRAPHS
- XEROSTOMIA EXASPERATED BY HIGH BLOOD PRESSURE MEDICATION WHICH LEADS TO CARIES

-MINIMAL PROTECTIVE FACTORS: PATIENT INITIALLY WAS NOT FLOSSING AT ALL.

**PERIODONTAL DIAGNOSIS** - TYPE: I/II - DUE TO 4-6 MM POSTERIOR AND LOWER ANTERIOR PROBING DEPTHS, BOP, GRADE I MOBILITY ON ANTERIOR TEETH AND RADIOGRAPHIC EVIDENCE SHOWING <10% BONE LOSS





# DENTAL HYGIENE PLAN

- VISIT ONE: OBTAIN CONSENT, CAMBRA, EXPOSE 4 HBW, OHI OF FLOSSING, SCALE UR/LL QUADRANTS USING ULTRASONIC AND HAND INSTRUMENTS.
- VISIT TWO: EVALUATE UR/LR, OHI - ELECTRIC TOOTHBRUSHING, SCALE LL/UL QUADRANTS USING ULTRASONIC AND HAND INSTRUMENTS, AIRPOLISH USING GLYCINE POWDER, APPLY 5% FLUORIDE VARNISH
- ALL APPOINTMENTS ARE EVENING APPOINTMENTS TO COMPLY WITH PATIENT WORK SCHEDULE, PATIENT POSITIONING IN CHAIR IS SLIGHTLY UPRIGHT AND NOT ALL THE WAY BACK
- NO ANESTHETIC TO BE USED
- PATIENT HOME CARE KIT - NO ALCOHOL PRODUCTS, REPLACED WITH XYLITOL CONTAINING PRODUCTS FOR DRY MOUTH.

# CONSENT FOR TREATMENT PLAN

Form to be scanned in patient record only

| Visit 1: <u>10/31/19</u><br>(Date)  | Visit 2: <u>TBD</u><br>(Date)   | Visit 3: _____<br>(Date)   | Visit 4: _____<br>(Date)   |
|---|---|--|--|
| <b>Patient Education:</b><br><input type="checkbox"/> TB manual <input type="checkbox"/> power assisted<br><input checked="" type="checkbox"/> Interdental Aid <u>Floss</u><br><input type="checkbox"/> Toothpaste _____<br><input type="checkbox"/> Rinse _____<br><b>Radiographs:</b> Digital<br><input type="checkbox"/> FMS <input checked="" type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan<br><b>Debridement:</b><br><input checked="" type="checkbox"/> Quadrant(s) <u>U/L</u><br><input type="checkbox"/> Whole Mouth _____<br><b>Pain Management:</b><br><input checked="" type="checkbox"/> Topical<br><input type="checkbox"/> Oraqix _____<br><input type="checkbox"/> Local Anesthesia _____<br><b>Coronal Polish:</b><br><input type="checkbox"/> Engine _____<br><input type="checkbox"/> Air Polisher: Agent _____<br><b>Other:</b><br><input type="checkbox"/> Topical Fluoride: _____<br><input type="checkbox"/> Arestin: _____<br><input type="checkbox"/> Sealant(s): _____<br><input type="checkbox"/> Impressions _____  | <b>Patient Education:</b><br><input type="checkbox"/> TB manual <input checked="" type="checkbox"/> power assisted<br><input type="checkbox"/> Interdental Aid _____<br><input type="checkbox"/> Toothpaste _____<br><input type="checkbox"/> Rinse _____<br><b>Radiographs:</b> Digital<br><input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan<br><b>Debridement:</b><br><input checked="" type="checkbox"/> Quadrant(s) <u>U/L</u><br><input type="checkbox"/> Whole Mouth _____<br><b>Pain Management:</b><br><input type="checkbox"/> Topical _____<br><input type="checkbox"/> Oraqix _____<br><input type="checkbox"/> Local Anesthesia _____<br><b>Coronal Polish:</b><br><input type="checkbox"/> Engine _____<br><input checked="" type="checkbox"/> Air Polisher: Agent <u>glycane</u><br><b>Other:</b><br><input checked="" type="checkbox"/> Topical Fluoride: <u>varnish</u><br><input type="checkbox"/> Arestin: _____<br><input type="checkbox"/> Sealant(s): _____<br><input type="checkbox"/> Impressions _____ | <b>Patient Education:</b><br><input type="checkbox"/> TB manual <input type="checkbox"/> power assisted<br><input type="checkbox"/> Interdental Aid _____<br><input type="checkbox"/> Toothpaste _____<br><input type="checkbox"/> Rinse _____<br><b>Radiographs:</b> Digital<br><input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan<br><b>Debridement:</b><br><input type="checkbox"/> Quadrant(s) _____<br><input type="checkbox"/> Whole Mouth _____<br><b>Pain Management:</b><br><input type="checkbox"/> Topical _____<br><input type="checkbox"/> Oraqix _____<br><input type="checkbox"/> Local Anesthesia _____<br><b>Coronal Polish:</b><br><input type="checkbox"/> Engine _____<br><input type="checkbox"/> Air Polisher: Agent _____<br><b>Other:</b><br><input type="checkbox"/> Topical Fluoride: _____<br><input type="checkbox"/> Arestin: _____<br><input type="checkbox"/> Sealant(s): _____<br><input type="checkbox"/> Impressions _____ | <b>Patient Education:</b><br><input type="checkbox"/> TB manual <input type="checkbox"/> power assisted<br><input type="checkbox"/> Interdental Aid _____<br><input type="checkbox"/> Toothpaste _____<br><input type="checkbox"/> Rinse _____<br><b>Radiographs:</b> Digital<br><input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan<br><b>Debridement:</b><br><input type="checkbox"/> Quadrant(s) _____<br><input type="checkbox"/> Whole Mouth _____<br><b>Pain Management:</b><br><input type="checkbox"/> Topical _____<br><input type="checkbox"/> Oraqix _____<br><input type="checkbox"/> Local Anesthesia _____<br><b>Coronal Polish:</b><br><input type="checkbox"/> Engine _____<br><input type="checkbox"/> Air Polisher: Agent _____<br><b>Other:</b><br><input type="checkbox"/> Topical Fluoride: _____<br><input type="checkbox"/> Arestin: _____<br><input type="checkbox"/> Sealant(s): _____<br><input type="checkbox"/> Impressions _____ |
| <p>The findings of my assessments were explained to me and I authorize my student dental hygienist to perform the procedures delineated in the treatment recommendations above and I understand that modifications to care and photographs may be required based on my individual needs. A thorough discussion with my student hygienist and/or clinical faculty supervisor, the nature, purpose, timing and cost of these procedures, available treatment alternatives, and the advantages and disadvantages of each, including no treatment was discussed. I understand that additional treatment and/or referrals may be deemed appropriate in order to treat my oral condition. I understand that the dental hygiene clinic has the right to discontinue treatment and deny appointment scheduling after (2) missed appointments within the academic semester. In this event, I will be provided with a list of regional hospitals/clinics for continuation of care. I have read and understand the above statement and all my questions concerning my treatment have been satisfactorily answered.</p> |   |  |  |
| <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> Patient/Guardian   | <u>Monica Martin</u><br>Student (PRINT NAME)  | <u>Leshi Allen</u><br>Attending Faculty  | <u>10/31/19</u><br>Date  |



# IMPLEMENTATION

## VISIT ONE:

- DIETARY GUIDANCE WAS GIVEN TO REDUCE ACIDIC AND SUGARY FOODS DUE TO HIGH CARIES RISK
- EXPOSED 4 HBW - RADIOGRAPHIC FINDINGS WERE SHARED AND DISCUSSED WITH THE PATIENT
- OHI OF FLOSSING DUE TO PATIENT SHARING SHE DOES NOT FLOSS- PATIENT RE-DEMONSTRATED AND WAS CORRECTED
- SCALED UR/LL QUADRANTS USING ULTRASONIC AND HAND INSTRUMENTS, NEEDED TO KEEP THE PATIENT IN AN UPRIGHT POSITION FOR HER COMFORT AS WELL AS THE FACT THE ELECTRICAL OF THE CHAIR WOULD GO OUT IF THE CHAIR WAS TOO RECLINED (CLT SAID MY CUBICLE HAD ELECTRICAL ISSUES SINCE THE BEGINNING)
- ADULT REFERRAL GIVEN TO THE PATIENT ALONG WITH A COPY OF HER RADIOGRAPHS

# IMPLEMENTATION

## VISIT TWO:

- EVALUATED UR/LR - PREVIOUSLY SCALED AREAS SHOWED REDUCED INFLAMMATION AND NO RESIDUAL CALCULUS WAS NOTED, HOWEVER THERE WAS STILL MATERIAL ALBA STUCK UNDER THE OVERHANGS.
- WENT OVER PREVIOUS OHI OF FLOSSING TO HIGHLIGHT ANY DIFFICULTIES THE PATIENT MAY HAVE. NEW OHI - POWER TOOTHBRUSHING FOCUSING ON VERTICAL ANGULATION DUE TO THE MODERATE SUPRAGINGIVAL LINGUAL LOWER ANTERIOR CALCULUS PRESENT.
- LEVAGED UR/LR QUADRANTS WITH ULTRASONIC, SCALED LL/UL QUADRANTS USING ULTRASONIC AND HAND INSTRUMENTS; SAME PATIENT POSITIONING USED AS VISIT ONE
- DISCLOSING SOLUTION APPLIED AND AIR POLISHED PATIENT USING GLYCINE POWDER FOR THE GENERALIZED YELLOW STAINING
- APPLIED 5% FLUORIDE VARNISH FOR PREVENTATIVE MEASURES OF SUSPECTED CARIES AND GENERAL DESENSITISATION
- 4 MONTH RECALL GIVEN TO ENSURE STABLE PERIODONTAL STATUS



# EVALUATION OF CARE

OUTCOME OF CARE: PATIENT KEPT THE ORAL CAVITY WELL MAINTAINED BETWEEN VISITS, BESIDES THE FOOD IMPACTION STILL PRESENT UNDER HER OVERHANGS. SHE SEEMED DRIVEN TO GET HER ISSUES TAKEN CARE OF BUT AS OF THE LAST VISIT SHE HAS NOT USED THE REFERRAL GIVEN DUE TO TIME CONSTRAINTS.

IF SHE CONTINUES TO IMPLEMENT THE OHI GIVEN AND SEE HER DDS FOR RESTORATIONS IM SURE I WOULD SEE A STABLE CONDITION IN HER 4 MONTH RE CARE APPOINTMENT. ALTHOUGH SHE IS TECHNICALLY CONSIDERED ACTIVE DUE TO THE INFLAMMATION AND BOP, IT WAS NOT SEVERE AND I THINK IT CAN STABILIZE QUICKLY AND STAY THAT WAY



# REFERRAL

THE PATIENT WAS GIVEN A REFERRAL FOR INTRAORAL CARIES SEEN CLINICALLY, CARIES SEEN RADIOGRAPHICALLY, AND OVERHANGING RESTORATIONS

THE PATIENT STATED SHE HAD HER OWN DDS AND WOULD BRING THE REFERRAL TO HER CURRENT DOCTOR.



# CONTINUED CARE RECOMMENDATIONS

THIS PATIENT WAS PUT ON A 4 MONTH RE CARE SCHEDULE DUE TO HER PERIODONTAL STATUS. THIS ALLOWS US TO MAKE SURE THAT SHE IS IN A STABLE CONDITION. IT TAKES AROUND 90 DAYS FOR BIOFILM TO FORM SUBGINGIVALLY SO IT IS BETTER TO ASSESS THE PATIENT AND MAKE THE CHANGES THAT NEED TO BE DONE SOONER THAN LATER TO ENSURE WE CAN STABILIZE ANY BONE LOSS OR INFLAMMATION.



# FINAL REFLECTION

THIS PATIENT WAS VERY TOLERANT AND UNDERSTANDING THROUGHOUT THE WHOLE TREATMENT. SHE WANTED TO BE THERE AND WANTED TO LEARN HOW TO DO A BETTER JOB AT HOME ON HER ORAL CARE. SURPRISINGLY, THE AIR POLISHING PRESENTED WITH NO PROBLEMS WITH THE EQUIPMENT AND WAS FAIRLY EASY TO USE. WE OBTAINED A MARKED DIFFERENCE ON POLISHING AND THE PATIENT WAS HAPPY WITH THE RESULTS. SHE INQUIRED MULTIPLE TIMES, “WHY DON'T YOU MAKE NIGHT GUARDS HERE”, WHICH SADLY I COULDN'T HELP HER WITH BUT AS HER PRESENT NIGHTGUARD FIT HER WELL, I TOLD HER IT WAS OKAY TO STILL USE IT EVEN THOUGH IT WAS DISCOLORED NOT TO HER LIKING. HAVING TO SOMETIMES RAISE THE PATIENT AND STAND TO DEBRIDE WAS ACTUALLY MORE COMFORTABLE THAN SITTING. ONE BIG DOWNSIDE WAS DEALING WITH THE ELECTRICAL ISSUES IN MY CHAIR THAT WOULD CUT OFF THE POWER TO THE SUCTION AND ULTRASONIC. I WAS TOLD TO PLUG THE SUCTION INTO THE OUTLET WITH THE COMPUTER BUT THAT SHUT DOWN MY COMPUTER TOO AT ONE POINT SO THESE WERE NOT FAVORABLE CONDITIONS, BUT, WE AND FINISHED AND IN A TIMELY MATTER.