



New York City College of Technology  
Department of Dental Hygiene  
DEN 2300 Case Presentation

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12/12/19



Ms. M is a 85 year old white female.

Middle-class, lives in Brooklyn, NY with her daughter. She currently has no dental insurance and has to pay out of pocket for her care.

Her last dental exam was in September 2019 at NYCCT clinic. Full mouth X-rays were taken at that time.

Pt. states she brushes 1-2 times per day with electric toothbrush, use Crest desensitizing toothpaste, rinse with ACT twice a day, no interdental aids.



Patient chief complaint “ I need to clean my teeth “

Patient has light staining on lower anterior lingual side. Present supragingival calculus.



Blood Pressure: 146/86, Pulse 68, ASA II

Medical Condition:

Hypertension

Cardiac arrhythmia

Osteoarthritis for 25 years


Chemotherapy for left breast cancer 1998.

Current Medications :

Amlodipine 1 pill a day

Benazepril 1 pill a day

Xarelto 1 pill a day



Hypertension- is a common condition in which the long-term force of the blood against your artery walls is high enough that it may eventually cause health problems, such as heart disease. Over time, if untreated, it can cause health conditions, such as heart disease and stroke. If the BP is too high there may be certain symptoms to look out for: severe headache, fatigue or confusion, vision problems, chest pain, difficulty breathing, irregular heartbeat. These signs usually don't occur until HBP has reached severe or life-threatening stage.

References :

<https://www.webmd.com/hypertension-high-blood-pressure/guide/hypertension-symptoms-high-blood-pressure>

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

Suggested treatment for the management of hypertension is healthy lifestyle. Losing weight if you are overweight or obese, quitting smoking, eating healthy diet as more fruits, vegetables, low fat dairy products; reducing the amount of sodium in your diet to less than 1,500 milligrams a day if you have high blood pressure; getting regular aerobic exercise, limiting alcohol to two drinks a day for men and one drink for woman. Also, these measures enhance the effectiveness of high blood pressure drugs.

Currently patient manages her blood pressure with medications and healthy diet.

References:

<https://www.webmd.com/hypertension-high-blood-pressure/guide/hypertension-treatment-overview#1>

<https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/diagnosis-treatment/drc-20373417>

## Dental Hygiene Management

Contraindications to dental hygiene care: dry mouth which can lead to higher risk of tooth decay; patients affected by use of local anesthetics, which can constrict blood vessels temporarily, in some cases the use of these anesthetics will need to be limited to prevent health emergencies. It is generally recommended that emergency dental procedure be avoided in patients with a blood pressure of greater than 180/110 mm Hg.

There are no any other patient management strategies that need to be considered or included given the identified condition and medications.

### References:

<https://www.greatlakesdental.com/articles/checking-blood-pressure-before-dental-appointments>

<https://www.hindawi.com/journals/isrn/2013/410740/>



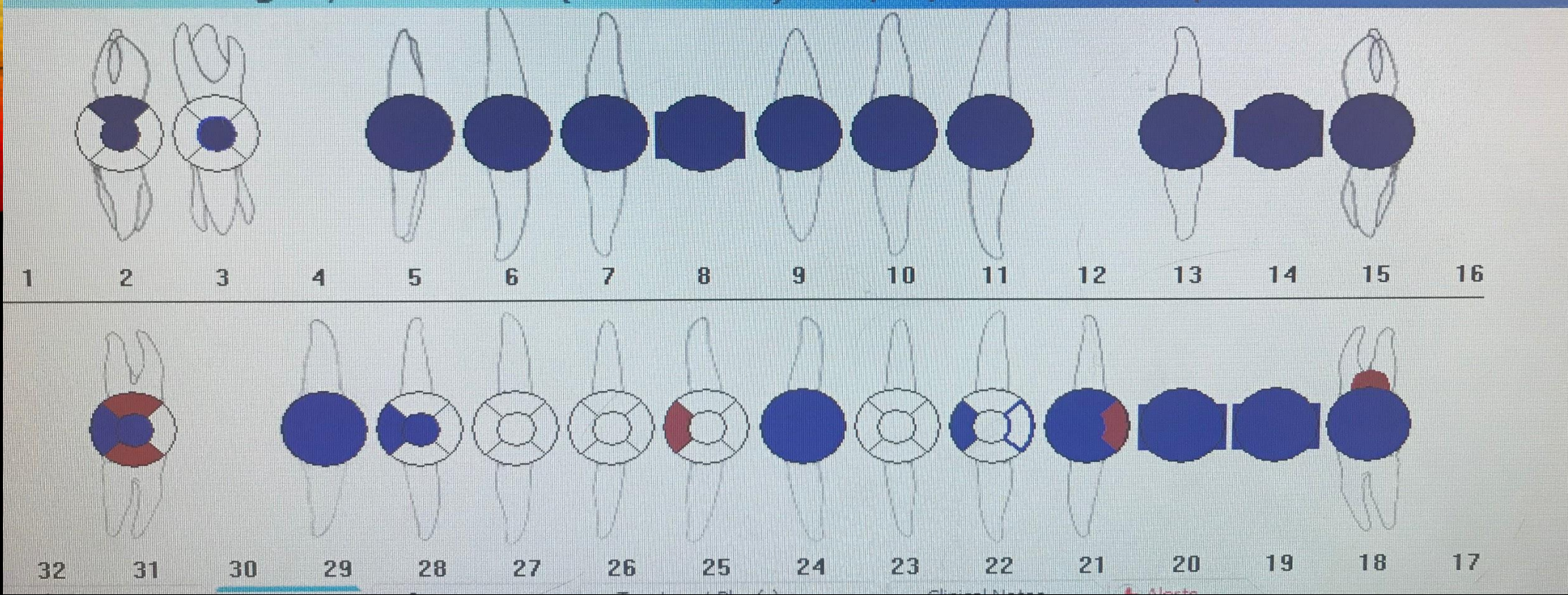
Comprehensive assessment





## Summary of Clinical Findings

1. Extraoral Examination: TMJ bilateral clicking. No pain per patient. Intraoral examination: mandibular, bilateral tori.
2. Occlusion : Class I, Overjet- 3 mm, Overbite- 50%.
3. Deposits: Generalized moderate supra and subgingival calculus. Slight staining on lower anterior lingual surface teeth.



Class I and II amalgam restoration on #2,3,28,31 and Class III amalgam and composite on #22

PFM on tooth #5,6,10,11,24,29

PFM Bridge #7-9,13-15,18-21. PFM Pontic #8,14,19,20.

Caries #18-L, #21-D, #25-D, 31-BL

		Low Risk	Moderate Risk	High Risk
<b>Contributing Conditions</b>		Check or Circle the conditions that apply		
I.	<b>Fluoride Exposure</b> (through drinking water, supplements, professional applications, toothpaste)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
II.	<b>Sugary Foods or Drinks</b> (including juice, carbonated or non-carbonated soft drinks, energy drinks, medicinal syrups)	Primarily at mealtimes <input checked="" type="checkbox"/>		Frequent or prolonged between meal exposures/day <input type="checkbox"/>
III.	<b>Caries Experience of Mother, Caregiver and/or other Siblings</b> (for patients ages 6-14)	No carious lesions in last 24 months <input type="checkbox"/>	Carious lesions in last 7-23 months <input type="checkbox"/>	Carious lesions in last 6 months <input type="checkbox"/>
IV.	<b>Dental Home:</b> established patient of record, receiving regular dental care in a dental office	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
<b>General Health Conditions</b>		Check or Circle the conditions that apply		
I.	<b>Special Health Care Needs</b> (developmental, physical, medical or mental disabilities that prevent or limit performance of adequate oral health care by themselves or caregivers)	<input checked="" type="checkbox"/> No	Yes (over age 14) <input type="checkbox"/>	Yes (ages 6-14) <input type="checkbox"/>
II.	<b>Chemo/Radiation Therapy</b>	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes
III.	<b>Eating Disorders</b>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
IV.	<b>Medications that Reduce Salivary Flow</b>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
V.	<b>Drug/Alcohol Abuse</b>	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
<b>Clinical Conditions</b>		Check or Circle the conditions that apply		
I.	<b>Cavitated or Non-Cavitated</b> (incipient) <b>Cariou Lesions or Restorations</b> (visually or radiographically evident)	No new carious lesions or restorations in last 36 months <input type="checkbox"/>	1 or 2 new carious lesions or restorations in last 36 months <input checked="" type="checkbox"/>	3 or more carious lesions or restorations in last 36 months <input checked="" type="checkbox"/>
II.	<b>Teeth Missing Due to Caries in past 36 months</b>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes
III.	<b>Visible Plaque</b>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
IV.	<b>Unusual Tooth Morphology</b> that compromises oral hygiene	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
V.	<b>Interproximal Restorations - 1 or more</b>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
VI.	<b>Exposed Root Surfaces Present</b>	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
VII.	<b>Restorations with Overhangs and/or Open Margins; Open Contacts</b> with Food Impaction	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
VIII.	<b>Dental/Orthodontic Appliances</b> (fixed or removable)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
IX.	<b>Severe Dry Mouth (Xerostomia)</b>	<input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes

Overall assessment of dental caries risk:  Low  Moderate  High

Patient Instructions: Pt. need to see Dr. for severe caries to be fixed. Pt needs to have water pick for easier interproximal cleaning. Pt needs to brush @ 45 degree angle

## Caries Risk Assessment

Decay noticed on root caries #18, distal surface #21,25 and #31 Buccal and lingual surfaces.

Radiographic evidence of decay noted interproximal of #15,18,31 extensive decay



## Gingival Description and Periodontal Status

Gingival Description: Gingiva generalized is red, bulbous, soft, shiny, slight bleeding upon explorer.

	1	2	3	<input type="checkbox"/> Bleeding <input type="checkbox"/> Suppuration			<input checked="" type="checkbox"/> PD <input type="checkbox"/> GM <input type="checkbox"/> CAL	Probing Depths	Furcation: 0 0 0	Mobility: 0	<input type="checkbox"/> MGD			
	6	5	4				Plaque: <input type="text"/>			Bone Loss: <input type="text"/>				
Plaque														
Mobility														
Bone Loss														
GM		3	2							2 3 4	2 3 3			
CAL		5	4							4 4 6	4 5 5			
MGD														
PD		3 2 3	2 2 2	3 2 4	3 1 2	3 1 3	2 2 3	4 1 3	4 1 3	2 1 2	2 2 2			
Furcation														
PD		2 3 3	3 2 3	1 1 4	3 2 2	2 1 2	2 1 3	2 1 3	3 2 2	3 2 2	2 2 2	2 2 2		
GM									1 1	1 1	2 3 3	2 2 2		
CAL									4 3	4 3	5 5 5	4 4 3		
		2	3	5	6	7	9	10	11	13	15			
Plaque														
Mobility														
Bone Loss														
GM				4 5 2	2 2 3	4 2 3	3 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2	8 4 5
CAL														
PD														
Furcation														
PD														
GM				5 3 2	2 3 3	3 2 3	3 1 2	3 1 2	2 1 2	2 1 2	3 1 2	2 2 3	2 1 3	5 3 5
CAL						1	1							3 2
MGD						3	2							8 5
		31	29	28	27	26	25	24	23	22	21	18		

Pt. has deep pockets on ML - 8mm pocket.

Pt. has recessions on teeth #2,3,13,15,18.



## Dental Hygiene Diagnosis

Patient chief complaint is “I need to clean my teeth”

Patient is at high risk of caries due to multiple risk factor such as xerostomia and lack of flossing. Also, supragingival calculus is present.

## Dental Hygiene Diagnosis

Periodontal Diagnosis: Type III active periodontitis due to generalized 3-4 mm probe depths, slight BOP, and radiographic evidence of severe bone loss extending to middle third of root and beyond as well as missing teeth due to periodontitis.

Type IV localized active periodontitis due to probing depth of 5-8 mm, moderate BOP, and radiographic evidence of severe bone loss.





# Dental Hygiene Care Plan

Visit 1: <u>9/19</u> (Date) Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input checked="" type="checkbox"/> Interdental Aid _____ <input checked="" type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____ Radiographs: Digital <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan Debridement: <input checked="" type="checkbox"/> Quadrant(s) <u>1</u> <input type="checkbox"/> Whole Mouth Pain Management: <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia Coronal Polish: <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____ Other: <input type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input type="checkbox"/> Impressions _____	Visit 2: <u>10/17</u> (Date) Patient Education: <input checked="" type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input checked="" type="checkbox"/> Interdental Aid _____ <input checked="" type="checkbox"/> Toothpaste _____ <input checked="" type="checkbox"/> Rinse _____ Radiographs: Digital <input checked="" type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan Debridement: <input type="checkbox"/> Quadrant(s) <u>2,3,4</u> <input type="checkbox"/> Whole Mouth Pain Management: <input checked="" type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia Coronal Polish: <input checked="" type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____ Other: <input checked="" type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input type="checkbox"/> Impressions _____	Visit 3: _____ (Date) Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____ Radiographs: Digital <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan Debridement: <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth Pain Management: <input type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia Coronal Polish: <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____ Other: <input type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealant(s): _____ <input type="checkbox"/> Impressions _____	Visit 4: _____ (Date) Patient Education: <input type="checkbox"/> TB manual <input type="checkbox"/> power assisted <input type="checkbox"/> Interdental Aid _____ <input type="checkbox"/> Toothpaste _____ <input type="checkbox"/> Rinse _____ Radiographs: Digital <input type="checkbox"/> FMS <input type="checkbox"/> BWS (V/H) <input type="checkbox"/> Pan Debridement: <input type="checkbox"/> Quadrant(s) _____ <input type="checkbox"/> Whole Mouth Pain Management: <input type="checkbox"/> Topical <input type="checkbox"/> Oraqix <input type="checkbox"/> Local Anesthesia Coronal Polish: <input type="checkbox"/> Engine <input type="checkbox"/> Air Polisher: Agent _____ Other: <input type="checkbox"/> Topical Fluoride: _____ <input type="checkbox"/> Arestin: _____ <input type="checkbox"/> Sealants: _____ <input type="checkbox"/> Impressions _____
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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.

## Implementation- Treatment- include all visits

1. Preventive Services.
  - Brush teeth 45 degree angle towards gum line using toothbrush with soft bristles. Use water pick as interdental aid.
  - Fluoride rinse at night before bedtime and Listerine Zero Alcohol rinse in the morning.
  - Keep up a good diet such as fruits, veggies, whole grain foods.

## Implementation - Treatment Continued.

### 2. Debridement performed.

- Hand derbide, ultrasonic
- I did not have challenges with the patient while I was doing debridement. Patient management challenge was geriatric patient. I had to make sure she was extra comfortable in the dental chair.

## Dental Hygiene Care Plan

Visit 1: Interdental aids (water pick) and toothbrush ( Modified Bass Technique) to teach. Scale quadrant 1. Use topical as pain management.

Visit 2: TB manual and rinse teach, review interdental aid and toothpaste. Take FMS X-rays. Scale quadrant 2,3,4. Use topical as pain management. Coronal engine polish. Topical fluoride, Varnish 5%.Sodium Fluoride.



# Referrals

The referral to DDS was giving to the patient for restoration of caries, as well as for periodontal disease due to moderate generalized and advanced localized perio.

## Continued Care Recommendations

The recare interval for this patient is to see dental hygienist every 3 months. Patient has periodontal disease with pocket depth above four millimeters. The reason for the patient to be seen every 3 months because bacterium that cause periodontal disease re-establishes within 3 months after treatment. A 3 months Periodontal Maintenance Appointment is critically timed to disable the destructive process at its critical stage.

## Final Reflection

The treatment went very well with the patient. The proper instruments were selected for the patient's type of calculus that was present on her teeth. The topical for pain management worked for the patient enough.

I wish I had more time to go over the suggested interdental aid which is waterpik. I would want to demonstrate on the model how combined water pressure and pulsation cleans away harmful bacteria. I only explained it verbally. Next time, I will make sure to spend more time if the patient ever needs either electric toothbrush or waterpik as it requires more time for demonstration and teaching on how to use it.