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Clinic III

10/16/23

The name of the patient I have chosen for the periodontal maintenance case study is TB. TB is a white female and she is 41 years old. TB is currently unemployed and her education level is unknown but she is currently taking classes towards a higher education.

During treatment, it is important to consider that this patient has depression and anxiety and also has chronic back pain. It is also critical to keep in mind and alert that this patient has a penicillin allergy. TB has also stated that for the past twenty years she has been smoking about a half a pack of cigarettes a day. A referral to a physician is unnecessary because TB has a primary care physician she sees regularly. At the first appointment, the patient complained of experiencing sensitivity and pain along her gums when she brushes her teeth. This patient does complete their dental cleanings whenever they are scheduled but has not been coming in on their maintenance interval. Since the patient is going longer than advised between appointments this is allowing for more plaque and calculus to build up which then results in more inflammation. TB completed full mouth scaling and root planing this month and also seven months ago. In the past, the patient received local anesthesia and ultrasonic treatment but overall was sensitive to the treatment so supplemental hand scaling was performed where needed. A three-month periodontal maintenance interval was set at her last appointment. It had been five months since their last visit. This has impacted their oral health because moderate levels of calculus have formed since then and this patient had to receive scaling and root planing treatment again. On the extra-oral examination, we found TB had an enlarged masseter muscle. Significant findings during the intra-oral examination include generalized fibrotic tissue, coated

and hairy tongue, and inadequate salivary flow. TB also stated that she drinks about ten cups of coffee throughout the day, sometimes has a couple of sodas, and chews gum. This patient has localized areas of level two inflammation where there was bleeding on probing. At her last appointment, TB was placed at a generalized level one inflammation. TB was a contracted moderate for subgingival calculus and had moderate supragingival calculus. Looking at her previous visit she was considered a moderate for subgingival calculus and only a light for supragingival calculus. This patient was a localized stage two grade C with a GBI of 11% and documented MPI was 27%. Compared to her last appointment TB's GBI and MPI have increased. This patient being a heavy smoker for many years is a contributing factor to the low number of bleeding points and also why we see a reduction in the inflammation response in the tissues since you would expect to see more bleeding and inflammation in the areas of clinical attachment loss. The medications this patient is taking affect her salivary flow but this does not seem to have an effect on her oral health. There have been no restorative changes. No intra-oral pictures were taken at this appointment. No radiographs were indicated at this time because TB had updated bitewings taken six months ago and a pano from 2020. There were also no clinical signs that would suggest us to take radiographs at this appointment. There are no caries seen radiographically the only significant finding is generalized slight horizontal bone loss which also correlates with her last visit.

TB had a human need deficit in a wholesome facial image because she stated she was somewhat unsatisfied with her smile. A second deficit of skin and mucous membrane integrity of the head and neck because of the bleeding points. Another deficit of biologically sound and functional dentition is due to plaque and calculus. Also had a deficit of conceptualization and problem-solving because she had a lot of questions about the dental treatment and her home

care. Lastly, she had a human need deficit of freedom from head and neck pain because she would need local anesthesia during the treatment. There are no caries being treated but since this patient has pathologically deepened sulci scaling and root planing will be necessary to treat those areas. Looking at the probing depths her periodontal disease is at a stage two and grade C because of the heavy smoking. The disease is localized mostly to the posterior teeth so it is important to treat all areas so they do not progress and also so we can keep the rest of the areas in health.

During this appointment, we planned to do scaling and root planing in three quadrants in addition to scaling and root planing three teeth in a quadrant. We chose this because the patient has clinical attachment loss and needed the root surfaces cleaned as well as removing the calculus. We also included local anesthesia because this patient has stated she was sensitive to the treatment before, adding this in allows the patient to be more comfortable and the clinician to be more effective. Fluoride varnish was also planned at multiple appointments to help address her chief complaint and in case she experiences any sensitivity after the cleaning. Since this patient needed multiple quadrants of scaling and root planing with local anesthesia the treatment plan included three separate visits to complete this sequence. The patient was accepting of this treatment because she is sensitive to scaling and has anxiety the appointments took a little longer due to accommodations and frequent breaks. There were no changes since we were able to finish treatment in the planned number of visits. The only change was adding in fluoride varnish on the first appointment because tooth #3 seemed to be bothering her.

At the last appointment, TB was instructed on more frequent dental visits, smoking cessation, and maintaining her home care with her electric toothbrush. TB seemed receptive and interested in trying to make these health changes and even saw her MPI score decrease from the

first visit. At this appointment, it was documented that there had been no changes in the amount of cigarettes she had been smoking each day along with multiple coffee and soda drinks a day resulting in stain that needs to be removed. Looking at the areas of plaque and inflammation it would be beneficial to provide this patient with ultrasonic treatment. During treatment, I expect to remove the subgingival and supragingival calculus so the tissue has a better healing environment. Once treatment has been finished I expect to see healthy tissue with the pockets possibly gaining 1mm in health since the bacteria has been removed. Due to tobacco use, the gingival tissues are already lacking blood supply so therefore it should not appear red or traumatized after treatment. While educating TB on her home care I discussed ways to aid her in smoking cessation or even just cutting the number of cigarettes in half would improve her oral health and help decrease the chances of her periodontitis progressing. I also demonstrated the modified bass technique since she does use an electric toothbrush already. I want to make sure she is getting the full benefits from it by removing more plaque and getting under the gums. TB also informed me that she was conscious of the staining of her teeth so I educated her on trying not to sip coffee all day and drinking it fast is better for her teeth if she does not have access to brush her teeth throughout the day.

Once this treatment was completed TB was placed on a three-month care interval because the 4-5mm pockets cannot be maintained well at home so it is necessary to have professional cleanings so the disease does not progress. At this time there is no need for a referral only to re-examine tooth #18 at future appointments.

I think TB is interested in improving her brushing technique and trying to eliminate stain after showing her the MPI score and using the patient mirror. She did not seem interested in decreasing the number of coffees she drinks. She also stated that it is a stressful time in her life

so it is hard for her to quit smoking. Since TB did not stick to her last interval of three months I do not think that she will stick to it this time. I think it is very attainable for this patient to have better oral health. At each appointment she seems to be improving a little bit more and hopefully this continues. With more frequent care and keeping up with her intervals, she can get back to health and maybe the intervals can be less often. The biggest factor in her oral health will be smoking cessation. One thing I would do differently during this treatment is perform more hand scaling because this patient was still sensitive even after the local anesthesia. I tried to use the ultrasonic in most areas but I could tell the patient was uncomfortable so I was taking more breaks. Yes, I feel like my documentation was accurate and thorough.