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| **Student Name:** |
| Curtis Henderson |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Pt. presented as an emergency due to #18 ACC debonding. Pt. had been “inactivated” due to previous problems with students and faculty. Upon further analysis, pt.’s dental anxiety is severe due to past childhood trauma. We discussed strategies that might help her with future dental treatment and offered nitrous oxide. Pt.’s dental anxiety has progressively reduced throughout the treatment process.  |
| **axiUm Chart:** |
| 731248 |
| **Date of Rounds presentation:** |
| September 23rd, 2020 |
| **D3 Student:** |
| Chandler Brennan  |
| **D2 Student:** |
| Maggie Gentine |
| **D1 Student:** |
| Sheridan Michaud |
| **Medical History:** |
| Conditions: Thyroid surgically removed, chronic knee pain, hypertension, asthma, reflex syndrome disorder (right arm),Medications: Levothryoxin, Gabapentin, Albuterol prn, Vicodin prn, Percocet prn, Claritin D prn, Selenium, Vitmain E, D, multivitamin, and flax oil |
| **Dental History:** |
| Primary and secondary caries, chronic early periodontitis Treatment: Restorative, SRP |
| **Radiographic Findings:** |
| Recurrent caries |
| **Clinical Findings:** |
| Reduced VDO, #18 inadequate ferrule/ACC failure |
| **Periodontal Findings:** |
| Localized pocket depths >4mm |
| **Periodontal Diagnosis:** |
| Moderate Chronic Periodontitis |
| **Problem List:** |
| Caries, failed crown, clinical attachmen tloss |
| **Other:** |
| Severe dental anxiety**CORAH score: 18** |