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| **Student Name:** |
| Justyna Chojnowski |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Pt is a 74 y.o. female presenting to the school with the CC of “I want to get my teeth taken care of, because I can’t take it anymore.” Pt had a fall and had multiple consults about how to take care of her maxillary anterior teeth, which were damaged during the fall. She had #7-9 extracted and a treatment partial was fabricated. The pt only wore the treatment partial during the day to prevent shifting but would not eat with it, for it was uncomfortable. Pt has high blood pressure, hypothyroidism, stage III renal insufficiency, and has had her left hip replaced in 2015. Pt is prescribed amlodipine, a calcium channel blocker, to help treat her high blood pressure. This case will look at the the effects calcium channel blockers have on periodontal health, specifically regarding gingival hyperplasia, and how the outcome of prosthodontic work could be affected by the side effects that are present with calcium channel blockers.  |
| **axiUm Chart:** |
| 770398 |
| **Date of Rounds presentation:** |
| 9/30/2020 |
| **D3 Student:** |
| Christopher Coulter |
| **D2 Student:** |
| Devon Blob |
| **D1 Student:** |
| Grigory Tokarev  |
| **Medical History:** |
| Patient has high blood pressure, a cardiac arrhythmia, hypothyroidism, and Stage III renal insufficiency (needs to go to hospital monthly to check calcium levels and ensure kidneys are functioning). She also had a total hip replacement on her left side in 2015, but no premedication is needed, for it has been longer than 2 years post surgery. Patient’s medications include aspirin, lisinopril, cholecalciferol (vitamin D3), amiodarone, levothyroxine, amlodipine and she uses refresh ophthalmic solution.  |
| **Dental History:** |
| Patient has a history of extractions, root canal, and a crown. Anterior bridge spanning from #6-11 is currently being fabricated and a FCC crown is planned for #30 in the future. She brushes twice a day and flosses once a day. Pt uses an electric toothbrush and utilizes a water pick.  |
| **Radiographic Findings:** |
| Missing #1, #2, #7, #8, #9, #16, #17, #32#3 – occlusal amalgam#6 – PFM crown, abutment for anterior bridge#7 – PFM pontic#8 – PFM pontic#9 – PFM pontic#10 – PFM crown, abutment for anterior bridge#11 – PFM crown abutment for anterior bridge#14 – MO, DO amalgam#15 – occlusal amalgam#18 – occlusal amalgam#19 – PFM crown and RCT#30 – DO amalgam#31 – occlusal amalgam |
| **Clinical Findings:** |
| Extracted #7-9 in OS and treatment partial fabricated by previous student. Missing #1, #2, #7, #8, #9, #16, #17, #32#3 – occlusal amalgam#6 – PFM crown, retainer for anterior bridge#7 – PFM pontic#8 – PFM pontic#9 – PFM pontic#10 – PFM crown, retainer for anterior bridge#11 – PFM crown, retainer for anterior bridge#14 – MOD amalgam#15 – occlusal amalgam#18 – occlusal amalgam#19 – PFM crown and RCT#30 – DO amalgam; defective restoration - FCC crown planned #31 – occlusal amalgam  |
| **Periodontal Findings:** |
| Most pocket depths ranging from 1-4 mm, with a 6 mm pocket on the DB of #14, a 7 mm pocket on the DB of #15 and a 7 mm pocket on the DL of #15. There is some localized CAL on the lingual of #14 and #15.  |
| **Periodontal Diagnosis:** |
| Localized Stage III severe periodontitis (#14 and #15); Grade B (no modifiers of smoking or diabetes). Unstable ADA Designation: III – Moderate Chronic Periodontitis |
| **Problem List:** |
| Missing teeth, caries, defective restoration, fractured tooth. |
| **Other:** |
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