

Student Name:

Alexa Zacharias

Case abstract (Provide a brief synopsis of this patient):

Pt presented to CDC-North after an abscess appeared above tooth #6. Pt was prescribed antibiotics from a doctor. At first comp exam pt had high blood glucose level and was explained this at the original appointment. Pt was very unclear on what medication he did take and what he should be taking. Pt had been told in the past he needed to take pre-medication before dental appointment but had not taken the medication. Everything that could be done without pre-medication was done except probing depths and medical consult was sent out to PCP who the pt was seeing the following month. Pt stated he had not been to his PCP in four years.

Due to CDC-North chair availability and COVID-19, the pt was not seen again until July when the pt came for the completion of the comp exam once his medical consult was sent to the school acknowledging that the pt did need to take pre-medication before dental appointments. Before the comp exam could be completed the pt's blood glucose was taken twice once with a reading of 307mg/dL and 302mg/dL. Again it was explained to the pt that this reading was too high for Marquette's standards and the pt would need to get his diabetes under control before being seen at Marquette for treatment. Pt was told he would need a note from his PCP stating he has his diabetes under control before being seen at the clinic.

The pt does not seem to understand the seriousness of his condition. The pt does not watch what he eats as a diabetic, he does not take his blood glucose ever at home, takes his insulin "when he remembers" and refuses to go back to the diabetic educator he did not get along with when he first went to see her.

The seriousness of this disease was explained to the pt. Pt was counseled on diet, that he should take his blood glucose every day to understand when it rises and it is consistent day to day when taken at the same time. Pt was told to keep a log of his blood glucose levels every day as well as what he eats.

Pt had a HbA1c reading in March of 11.3 and in August of 11.2. Pt was very happy this number went down, but it was explained to the pt that this number is WAY too high and the pt would need to get his HbA1c level down to 6.5-7 to be seen at the school.

Pt called a few weeks asking him to log his blood glucose and when pt was asked if he had been logging his glucose he came up with excuses that he was busy with work around the house etc and had not taken or been keeping track of his blood glucose. Pt is more concerned about getting his blood glucose number in the accepted range at the school to be seen for treatment than to educate and become a stable diabetic.

axiUm Chart:

776036

Date of Rounds presentation:

9/30/2020 at 3:50pm

D3 Student:

Emily Zall

D2 Student:

Sabrina Swartz

D1 Student:

Lluvia Cardenas

Medical History:

At first appt pt had not seen PCP in 4 years and states he is taking no medications except the amoxicillin for the dental infection he originally came in for.

Conditions pt stated having at comp exam:

Stroke 1991

L and R cataract surgery 2015

Heart attack 2015

C3-C6 surgery with titanium reinforcement 2016

CABG

Mitral valve prolapse

Type II diabetes

Allergies: bees

Medications at second appointment: Amoxicillin, Astro a statin, gabapentin, Lantau solostar, epipen

Medical consults sent out to PCP on 1/24/2020 and 08/12/2020

Blood glucose readings of 246 on 1/24/2020 and 307 and 302 on 08/10/2020

Dental History:

Broken bridge #6-8

Amalgam tattoo on alveolar ridge near #22 1x1mm

Right mandibular tori

History of RCT, serious injury to neck, neck pain, states he grinds and Bruce's at night

Sore on commissaries of lips

Radiographic Findings:

Generalized horizontal bone loss

Missing teeth #1, 16, 17, 18, 19, 31 and 32

#3 fractured buccal cusps

Fractured crown #6 and #8

Gross decay #20

Amalgam restorations

Generalized mandibular wear

RCT of #6 and #8

Retained root tips #6 and #8

Clinical Findings:

Missing #1, 7, 16, 17, 18, 19, 31 and 32

#2 O amalgam

#3 OB amalgam with fractured buccal cusp

#6 RCT retained root tip

#8 RCT retained root tip

#9 DL resin

#10 ML resin

#14 O amalgam

#15 O amalgam

#20 gross decay

MUSoD Rounds
D4 Case Information

#23 DL resin

Occlusal wear: #24, 25, 26, 27, 28 and 29

#28 DO amalgam

#30 O amalgam

Periodontal Findings:

No periodontal findings due to not being able to probe until medical consult came back if pt had to take pre-medication before appointments.

Periodontal Diagnosis:

>AAP class I

Problem List:

Caries

Esthetics

Fractured teeth

Gross caries

Home care

Missing teeth

Perio disease

Wear/bruxism

Sensitivity