Student Name:

Brett Barton

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

The patient came to the school for a transfer exam and stated she wanted a partial denture. Throughout the appointment, the patient did not seem to be completely present or comprehending the conversation and made many comments unrelated to the discussion we were having. The patient stated that she is not brushing her teeth and there was heavy plaque present. Multiple recurrent carious lesions were found during the hard tissue exam. Previous notes in the patient's chart state there have been multiple discussions about improving oral hygiene in order to prevent caries. The patient stated she was not flossing or brushing much because she didn't see a need to due to having few teeth left. Based on previous completed treatments and notes in the patient's chart, there appears to be a cycle of not complying with OHI, carious lesions being discovered, restorations being placed, and then recurrent caries found at the next exam. After discussion with the group leader, it was determined that because of the patient's noncompliance to OHI, definitive treatment to address both the caries and edentulous areas would be affected and an RPD would not be indicated at this time. **axiUm Chart:**

606214

Date of Rounds presentation:

9/30/2020

D3 Student:

Brett Barton

D2 Student:

Kaory Gomez-Calzada D2 Alternate: Garrett Jones

D1 Student:

Benjamin Vilensky

Medical History:

- Medications: Trazadone (25 mg), Aspirin (81 mg), Atorvastatin (10 mg), Buspirone (5 mg), Famotidine (10 mg), Olanzapine (5 mg), Omeprazole (10 mg), Oxybutin, Topiramate (25 mg), Venlafaxine (25 mg), Vitamin D
- Allergic to amoxicillin
- Schizophrenia
- Anxiety/Depression
- Heartburn/Acid Reflux (GERD)
- Osteoarthritis
- Fibromyalgia
- Hip replacement (date unknown) (pt states no premedication required)
- Knee replacement in 2016 (pt states no premedication required)
- Sinusitis
- Bronchitis

Dental History:

Extensive history of restorations and extractions due to caries:

- #2 - ext 4/23/2019

-	#3 – ext	4/23/2019
-	#4-ext	4/23/2019
-	#5 – ext	4/23/2019
-	#6 ML – resin	3/7/2019
-	#7 MIL – resin	11/05/2019
-	#8 MIFL – resin	10/8/2019
-	#9 MIFL – resin	10/8/2019
-	#10 DFL – resin	8/27/2019
-	#11 – ext	1/3/2019
-	#12 - ext	5/6/2019
-	#14 B – amalgam	11/5/2019
-	#15 M – amalgam	11/5/2019
-	#18 – ext	5/6/2019
-	#20 – ext	5/6/2019
-	#21 – ext	5/6/2019
-	#22 MLD – resin	9/10/2019
-	#23 MLD – resin	9/10/2019
-	#24 MFDL – resin	9/17/2019
-	#25 MFDL – resin	9/17/2019
-	#26 MFDL – resin	10/16/2019
-	#27 MFDL – resin	10/16/2019
-	#28 – ext	6/3/2019
-	#30 – ext	6/3/2019
-	#31 – ext	6/3/2019

Radiographic Findings:

Last FMX taken 9/13/2018 Findings: #4 MODB – gross decay #6 M – primary caries #11 DI – gross decay #12 B – gross decay #18 B - recurrent caries #20 B – recurrent caries #21 B - recurrent caries #22 M - primary caries, D - recurrent caries #23 D – primary caries #24 M – primary caries #25 M – primary caries #26 M – primary caries #27 MD – primary caries #28 MODBL – gross decay

Clinical Findings:		
From Exam on 8/14/2020:		
#8 ML – recurrent caries		
#9 ML – recurrent caries		
#15 O – recurrent caries		
#22 ML – recurrent caries		
#23 DL – recurrent caries		
#24 F – recurrent caries		
#25 F – recurrent caries		
Periodontal Findings:		
Heavy plaque found on all interproximal surfaces		
No perio charting completed at 8/14/20 exam due to time restrictions at appointment and no		
hygiene/perio faculty available		
From last perio charting on 12/11/2019:		
Maxillary $CAL = 3-4$ mm anteriors, 6-7 mm posteriors		
Mandibular $CAL = 3-4$ mm anteriors		
Periodontal Diagnosis:		
Moderate Chronic Periodontitis		
Problem List:		
Caries		
Missing Teeth		
Other:		
All caries found on 8/14 exam were on teeth that had been previously restored within the past		
year. A pre-authorization was submitted to see if new restorations would be covered. The pre-		
authorization was denied as the patient's state insurance will not cover restorations on a		
previously restored tooth for at least 3 years. The patient expressed having financial		
difficulties in paying for restorations out-of-pocket. Alternative treatment of caries may be		
necessary, including placement of SDF until new restorations will be covered by state		
insurance.		