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| **Student Name:** |
| Evan Kopecky |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Patient is a 27 y/o female who presented for a comp exam with no complaints at the time. She had received dental care from MUSoD in the past dating back to 2010 but had twice been dismissed. Once in 2011 after she received a bridge from 7-10, and once in 2017 for no apparent reason. She has no current medical conditions and is only taking contraceptive pills medication wise. She has a history of poor oral hygiene with missing teeth due to disease, plaque on almost every surface and restorations on a majority of the dentition. On the 2010 radiographs it was evident there were PARLs around the apex of 24 and 25 but had never been treated, along with a few other radiographic findings, but she was completely asymptomatic. Before treating the PARLs with RCT it needed to be made sure that the PARLs were due to bacterial infection and pulpal necrosis and not another pathology such as Central Giant Cell Granuloma or Periapical Cemento-osseous Dysplasia. It was eventually determined through endo testing that the lesions were infact due to Pulpal necrosis and were most likely Periaplical granulomas or cysts. They are currently planned for RCT this month.  |
| **axiUm Chart:** |
| J686500 |
| **Date of Rounds presentation:** |
| 9/30/2020 |
| **D3 Student:** |
| Gabriella Pung |
| **D2 Student:** |
| Joseph Lechelt |
| **D1 Student:** |
| Safia Vohra |
| **Medical History:** |
| No pathological conditions. Drinks Alcohol and is taking birth control pills |
| **Dental History:** |
| * Presenting for Dental Exam
* Had been more than 2 years since her last dental visit, dental exam, dental x-ray and cleaning
* Had a history of extractions: #8, 9 and 15
* Had RCT: #7, 8, and 9
* Currently experiencing discomfort: Sweets
* She was unhappy with her smile
* Oral Hygiene:
	+ Brush and Floss once/day
	+ Gums bleed when brushing/flossing
	+ Clenches
* Fractures: #2MO
* Primary Caries: #16O
* Restorations:
	+ Amalgams – #1O, 3MO, 4DO, 5O, 17O, 18MO, 21DO, 31B
	+ Composites – #6MLF, 10MLD, 13MO, 14MO, 20 (core build-up), 22MF, 23MLF & DL, 24MFDL, 25MFDL, 26MFL, 28O, 31O
* Defective Restoration: #2MO, 13DO
* Recurrent Carries: #13MO
* Endo: #2, 13 (More has been completed since)
* Fixed Prosth: Porclein/ceramic abutment’s on #7 & 10, pontics at 8 and 9
* Missing/Ext teeth: 15, 19, 29, 30
 |
| **Radiographic Findings:** |
| * Maxilla:
	+ Possibly over extended Endo tx on #2
	+ Widened PDL on #13
* Mand
	+ Condensing Osteitis on #20
		- Has been on radiographs dating back to 2010
	+ PARL on #24 and 25
		- Can be seen increasing in size from 2010-2019
 |
| **Clinical Findings:** |
| * Endo Testing on 13, 20, 24 and 25
	+ No response to cold or EPT
	+ No mobility
	+ No noticeable swellings or palpations
* Endo consult confirmed the need for RCT on all four
* #2 never had perm restoration placed 🡪 needs caries excavation to determine restorability
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| **Periodontal Findings:** |
|  Plaque:* Max Buccal/Facial and Lingual: all surfaces of remaining mand teeth
* Mand Buccal/Facial: all surfaces of 1-5, 13, 14, 16, 17
* Mand Lingual: all surfaces of 11-14 and 16

BOP* Max Buccal: entire sulcus of 3, 4, 6, 7, 10D and 11M
* Max Lingual: entire sulcus of 4-7, 11-14 and 16
* Mand Buccal/Facial: entire sulcus of 17, 18D, 24M &25M
* Mand Lingual: 31D & 32M

Pockets >3mm* #2M (5), #3MD (5,5), #4MD (4,5), #10D (4), #11M (4), #12D (4), #13M (4)

No furcation involvementNo mobility |
| **Periodontal Diagnosis:** |
| D1110 Prophy for UL, LL and LRSRP for UR quad with 4-6wk eval |
| **Problem List:** |
| * Determine if #2 has a long palatal root or if it is extending past the apex
	+ Also caries excavate and see if #2 is still restorable with a permanent restoration
* Widened PDLs at #13
* Radiopaque PDL at #20
* Chronic PARLs at #24 and 25
 |
| **Other:** |
| RCT has since been carried out on #13 and initiated, but not completed on #24 and 25 |