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| **Student Name:** |
| Emily Schuler |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Pt presented to MUSoD’s Advanced Care Clinic in October 2019. Had previously seen DDS in Racine near home, last visit in 2017. Pt presented to MUSoD with his caretaker and sister. While pt provides his own consent for treatment, his sister does the majority of relaying medical and dental information at time of appointment. Pt has history of traumatic brain injury (TBI) around 20 years ago. According to pt’s sister, pt was beaten and suffered serious head injuries. Since the TBI, pt has also experienced seizures, which have contributed to his difficulty in maintaining his oral hygiene. The most notable dental finding is fractured #7-9, but pt is asymptomatic. Heavy supra and subgingival calculus was noted at his initial exam, but very little caries found. As we begin treatment on the patient, the biggest contributions to his care include his TBI and seizure history, which have contributed to cognitive disabilities and difficulty in maintaining proper oral hygiene. As we move forward with care, much attention has been given to TBI and its impact on his treatment and oral wellbeing.  |
| **axiUm Chart:** |
| 774126 |
| **Date of Rounds presentation:** |
| October 7th, 2020 |
| **D3 Student:** |
| Anthony Garcia |
| **D2 Student:** |
| Jacob Dibbet |
| **D1 Student:** |
| Mariama Price |
| **Medical History:** |
| Hypertension, seizures- last seizure was Petit Mal in 2016, Grand Mal seizure in 2010, Traumatic Brain Injury in 2000 (abuse), vision problems (pt wears glasses infrequently), past tobacco smoker, mild depression. Pt is currently taking Fluoxetine for depression, Lamotrigine as an anticonvulsant, Levetiracem for seizures, Amlodipine for HTN. Pt has no knows drug allergies.  |
| **Dental History:** |
| Pt was seeing a DDS in Racine, only treatment performed was amalgam restorations. No history of extractions and no concerns with past dental appointments. Pt’s Caries Risk Assessment was medium and his Oral Cancer Risk assessment was high, mostly because of his history of tobacco smoking. As for pt’s home care, his caretaker and sister assists with oral hygiene, pt reports brushing but visible calculus illustrates the difficulty in technique for the patient. When asked about the anterior fractured teeth, both the patient and caretaker seemed indifferent as to restoring the fractured anterior teeth. The patient didn’t express an interest in restoring those teeth and neither did his sister.  |
| **Radiographic Findings:** |
| No missing teeth, third molars are all present. Patient has 1-2mm of bone loss but for the most part, his bone loss is not excessive. Pt has radiographic calculus evident, #7-9 are fractured (evident clinically and radiographically), pt has lower anterior crowding, and a sort of radiolucency associated with #8 (although clinical evidence may refut this).  |
| **Clinical Findings:** |
| Pt’s extra-oral exam noted a nontender submucosal swelling in the left sternocleidomastoid muscle, soft tissue findings included bilateral linea alba and bilateral mandibular tori. Minimal caries were found on pt’s clinical examination, only recurrent decay at sites #14, #30. The probing at sites #7-9 were all <3mm.  |
| **Periodontal Findings:** |
| Pocket depths of 4-5 mm at 17 total teeth: #1, 2, 3, 4, 5, 13, 14, 15, 16, 17, 18, 19, 27, 29, 30, 31, 32.  |
| **Periodontal Diagnosis:** |
| Periodontal diagnosis is Stage II, Grade B.  |
| **Problem List:** |
| Caries, crowding, defective restoration, fractured teeth, home care |
| **Other:** |
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