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| **Student Name:** |
| Maggie Schlindwein |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Patient is a 77 year old male. Patient takes aspirin due to TIA. Patient has maxillary partial and a mandibular implant overdenture. Patient’s chief complaint was that the mandibular denture was loose. He presented with a lesion on the lower left just distal to his implant at site 22. After monitoring and eventual biopsy, the lesion was diagnosed at a peripheral ossifying fibroma. At the 1 year follow up, patient had no complaints and was doing well. |
| **axiUm Chart:** |
| 758037 |
| **Date of Rounds presentation:** |
| October 7, 2020 |
| **D3 Student:** |
| Alexis Brady  |
| **D2 Student:** |
| Samantha Mandel |
| **D1 Student:** |
| Lester Chadwick |
| **Medical History:** |
| * Benign prostate tumor (2014), stroke (2013), osteoarthritis, vision & hearing problems
* 81 mg aspirin
* Past smoker
 |
| **Dental History:** |
| * MOD amalgam #4; MO amalgam #12
* PFM crown #5
* PFM bridge #6-11
* Implants at #22 & #27
* Missing #1- 3, 13-32
 |
| **Radiographic Findings:** |
| Bone loss around implants at site 22 & 27Incipient bone loss under bridge |
| **Clinical Findings:** |
| * Heavy supra and sub gingival calculus
* Occlusion on partial and CD appear normal
* No looseness or sensitivity of implants upon periodontal probing
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| **Periodontal Findings:** |
| Heavy plaque, BOP |
| **Periodontal Diagnosis:** |
| Chronic generalized periodontitis |
| **Problem List:** |
| * Heavy supra/sub gingival plaque
* Lesion in LL molar area
* Home care
 |
| **Other:** |
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