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| **Student Name:** |
| Scott Sutton |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Patient presented for new patient comprehensive exam at school. Pt is edentulous on LL distal to #22 and has bridge lower right. Anterior abutment of bridge is fractured wit recurrent decay. Past dentist had patched fracture with amalgam. Patients main concern was restoring his ability to chew, especially after indicated LR bridge for extraction. Pt has maxillary RPD, but stated he did not want a traditional removeable prosthesis for the mandible. Discussed with pt the possibility of doing implant-supported RPD, however patient was firm on wanting nothing removeable for lower arch. Presented the treatment option of bilateral implant-supported bridges and pt was interested in this option. I have been unable to follow up with patient since pandemic/cancelled appts and after talking to Dr. Ahmed about case, he said a referral to Grad Prosth was indicated. |
| **axiUm Chart:** |
| 773955 |
| **Date of Rounds presentation:** |
| October 21, 2020 |
| **D3 Student:** |
| Lato Nguyen |
| **D2 Student:** |
| Hanfrey Deng |
| **D1 Student:** |
| Abigail Yurs |
| **Medical History:** |
| Hypertension, asthma |
| **Dental History:** |
| Caries, trauma, periodontal disease, missing teeth |
| **Radiographic Findings:** |
| Recurrent decay on #2 M, #29 OB |
| **Clinical Findings:** |
| Signs of bruxism, loss of VDO and abnormal Curve of Spee |
| **Periodontal Findings:** |
| Slight pocketing around failing anterior abutment of LR bridge, otherwise WNL |
| **Periodontal Diagnosis:** |
| Localized mild chronic periodontitis |
| **Problem List:** |
| Caries, perio, missing teeth, loss of VDO |
| **Other:** |
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