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| **Student Name:** |
| Jack Orzepowski |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Patient is a 74 year old Caucasian male who “wants his teeth fixed”. He is not particularly interested in esthetics. Patient suffers from a laundry list of medical conditions, most notably Parkinson’s. The patient is missing many teeth and has rampant decay due to a combination of motor deficiencies, dry mouth, and GERD that create an environment conducive to high decay rates. Our job will be to treat his decay aggressively while stressing preventative measures such as oral hygiene/brushing technique (especially with his wife present), and keeping the patient on a strickt 4 month prophy recall with regular fluoride treatments. Patient will have to prove that his new restorations outlast any new recurrent decay before reassessing tooth replacement options. Definitive therapy will also be dictated by the severity and degeneration of his disease. |
| **axiUm Chart:** |
| 776726 |
| **Date of Rounds presentation:** |
| 10/14/2020 |
| **D3 Student:** |
| Tyler Huhn |
| **D2 Student:** |
| Hector Alvarez |
| **D1 Student:** |
| Christine McMahon |
| **Medical History:** |
| Parkinson’s Disease – Carbidopa-levodopa-entacapone, RopiniroleBi-Polar Depression – Bupropion Hcl, Mirtazapine, LamotrigineHx or Strokes – Clopidogrel Hx of Seizures – Clonazepam, Lamotrigine High Blood Pressure – Lisinopril, Amlodipine, DoxazosinHigh Cholesterol – Pravastatin GERD – Pantoprazole, Sucralfate, MetoclopramideAnemia – Ferrous SulfateRheumatoid Arthritis - AcetaminophenAllergy to HaldolPrescribed PreviDent 5000 Dry Mouth and Biotene Oral Rinse |
| **Dental History:** |
| History of extractions, endo, and extensive restorative workCurrently in no pain, sensitive to sweetsNo TMJ disordersRarely brushes, never flossesBruxer |
| **Radiographic Findings:** |
| #’s 1, 2, 7, 8, 10, 16, 19, 30, 32 missing#4 D primary caries#9 D primary caries#20 M primary caries#24 coronal fracture – non-restorable#28 endo treated#29 gross caries – non-restorable |
| **Clinical Findings:** |
| #3 OL recurrent caries#5 DO recurrent caries#6 MOD recurrent caries#15 B recurrent caries#17 DL incipient caries#18 B recurrent caries#21 B recurrent caries#25 B recurrent caries#27 ML recurrent caries#28 B recurrent caries#31 B recurrent caries |
| **Periodontal Findings:** |
| Good bone level and CAL – a few 4mm probing depths. Plaque charted on every surface. |
| **Periodontal Diagnosis:** |
| Stage I Grade B Periodontitis (Gingivitis) |
| **Problem List:** |
| CariesGross CariesMissing TeethFractured TeethHome CareDefective RestorationsEsthetics? – patient is uninterested but should still consider given missing #’s 7, 8, and 10 |
| **Other:** |
| Patient seemed confused/disoriented when I first introduced myself, however, tolerated exam/prophy well and became more talkative towards the end of the appointment – important to document these types of interactions with these patientsTrouble getting numb and OS EXT appointmentsIf patient ends up getting something removable, using the Zest Dental Chairside Denture Removal Aid will be helpful given his condition |