

Student Name:

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Case abstract (Provide a brief synopsis of this patient):

The patient is a 66 year old Caucasian female. She presents with extensive dental restorations and history of extractions. Patient also has significant decay on many of her existing teeth. Prior to COVID-19, we believed we had adjusted the diet to prevent further decay and began excavating the decay systematically. After coming back from COVID-19 break, the patient had nine new areas of decay. Two medical consultations were sent out to see if her medications could be adjusted to help relieve some of the xerostomia she is experiencing. Due to the extent and rapidly spreading decay, this patient was transferred to faculty practice to treat her in a more timely fashion.

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743303

Date of Rounds presentation:

21 October 2020

D3 Student:

Joe Maciejewski

D2 Student:

Lauren Hogan

D1 Student:

Jack Birch

Medical History:

The patient has a history of a double hip replacement, hypertension, and depression. She is taking cephalexin for premedication, carvedilol for hypertension, and Lexapro and Clonazepam for depression. The patient is also taking a multivitamin, Vitamin B12, Vitamin D, and Zyrtec. Both Carvedilol and Lexapro are known to have xerostomia as a side effect and the patient is xerostomic.

Dental History:

The patient is missing teeth #1, 2, 3, 4, 13, 14, 16, 17, 31, and 32. She has large composite restorations on #5, 6, 7, 8, 9, 10, 11, 12, 20, 22, 23, 25, 26, and 27. She has PFM full coverage restorations on #15, 19, 21, 28, 29, and 30. She has a ceramic full coverage restoration on #18. She has RCT on #18, 21, 28, and 30. The patient has a history of attending appointments irregularly.

Radiographic Findings:

Recurrent decay noted on #8, 10, 11, 12, 14, 20, 22, 23, 28, 29, and 30. Gross decay noted on #7, 18, 19, 25, and 26. In addition to the extensive restorations noted in the dental history, the patient has large areas of decay that can be seen on the radiographs.

Clinical Findings:

Patient has decreased VDO and a history of extractions. Many of the caries are visible clinically. The patient also has xerostomia which can be noted by the lack of saliva extruded from the parotid gland when stimulated. The patient also has heavily restored dentition.

Periodontal Findings:

The patient has isolated 4 mm pockets. However, overall, the patient has healthy gingiva with no bleeding on probing. She also has good attachment levels on the remaining dentition.

Periodontal Diagnosis:
Plaque-induced gingivitis.
Problem List:
Generalized rampant caries.
Xerostomia.
Other:
Due to the extent and rapid spreading of the caries over the COVID-19 break, the patient was ultimately referred to faculty practice. At the prosthodontic consultation it was noted that due to her decreased VDO and good bone levels, it would be better to attempt to save the existing dentition rather than transition the patient into removeable appliances. Because of the restrictions to scheduling in the predoctoral clinics, the patient would be better treated by transferring her to a provider that can eliminate disease quicker than a predoctoral student would be able to.