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| **Student Name:** |
| Emelia Karkazis |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| 72 year old Caucasian female presented to Marquette University School of Dentistry in Spring 2019 with the chief complaint, “I have a lot of dental work that needs to be done.” Patient has a history of Multiple sclerosis, leading to deteriorating oral hygiene and care. She has several missing teeth, teeth needing extractions, and generalized caries. Manual dexterity is limited, causing difficulty in maintaining the dentition she has left. This patient is in the process of receiving removable partial dentures for both the maxilla and mandible.  |
| **axiUm Chart:** |
| 775620 |
| **Date of Rounds presentation:** |
| 10/28/20 |
| **D3 Student:** |
| Bailey Wagner |
| **D2 Student:** |
| Andrew Sedra |
| **D1 Student:** |
| Jeffrey Uju |
| **Medical History:** |
| History of Multiple sclerosis (20+ years), past smoker, breast cancer (2010), hypertension, hypothyroidism, rheumatoid arthritis. Current medications: imipramine, methotrexate, levothyroxine, lisinopril, Adderall, amantadine, golimumab, clonazepam, diltiazem HCl, and Plegridy (but discontinued used after 24 years due to side effects).  |
| **Dental History:** |
| History of extractions, root canal treatment, crowns, generalized caries. Patient received maxillary and mandibular RPDs at previous dentist in 2017 but complained of fit. Patient did not wear these partials. Once she became a patient at the dental school, she had #4, 5, 17 extracted in August 2020, followed by the extraction of #7 in September 2020 with interim RPD delivery. During her healing time and adjustment to the interim RPD, Stage I treatment is being completed, with emphasis on caries control and at home adjuncts to improve oral hygiene. Stage II treatment will begin with fabrication of maxillary and mandibular RPDs, with survey crowns on #6 and #10. An existing crown is present on #30 and per Dr. Chien, a rest seat can be prepped into #30 to maintain the existing crown without need for replacement.  |
| **Radiographic Findings:** |
| Missing: #1, 2, 3, 11, 16, 18, 19, 20, 31, 32Gross Decay: #4, 5 (extractions)Root canal treatment: #6, 7Recurrent decay/PARL: #7 (extraction)PFM crown: #7, #30ACC crown: #10Post: #6, #30Resin restorations: #6 MIFL, #8 ML/DLF, #9 ML/DLAmalgam restorations: #12 DO, 13 MOD, 14 O, 15 O, B |
| **Clinical Findings:** |
| Class II mobility #17 (extraction)Attrition/parafunctional habits: mandibular/maxillary anterior incisal edgesDefective restoration: #8 ML, #9 DLGeneralized decay: #8 M/D, #9 M/D, #10 D recurrent, #12 M, #27 F, #28 B, #29 B |
| **Periodontal Findings:** |
| Class I furcation and Class II mobility #17Class I mobility #105-6 mm CAL #5, 6, 7, 10, 14, 15, 174 mm PD #5, 6, 13, 14, 15 |
| **Periodontal Diagnosis:** |
| ADA IV: Advanced Chronic Periodontitis |
| **Problem List:** |
| CariesCrowdingDefective restorationsExisting dentures are defectiveFractured toothHome CareMissing teethMobilityPainPerio Disease |
| **Other:** |
| This patient has had MS for over 20 years and has experienced significant decline in manual dexterity. Her oral hygiene is deteriorating due to this illness and she is extremely motivated to maintain the dentition she has. She does not want to lose any more teeth and is dedicated to coming to her appointments and improving her hygiene at home. |