|  |
| --- |
| **Student Name:** |
| Nathan Tran |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| A 58 y.o. African American pt presents with significant gross decay and caries. With a contributory health history of asthma, COPD, emphysema, and diabetes, many different factors in addition to home care play a role in the state of her oral health. The one we will be examining is the potential for daily inhaled steroid medication use to have a significant impact on oral health if proper use ir not practiced or precautions are not taken. |
| **axiUm Chart:** |
| 682384 |
| **Date of Rounds presentation:** |
| 10/21/2020 |
| **D3 Student:** |
| Lane Steinhaus |
| **D2 Student:** |
| Jacob Zabrowski |
| **D1 Student:** |
| Max Behrend |
| **Medical History:** |
| Asthna, COPD, emphysema, type I diabetes |
| **Dental History:** |
| Irregular care, emergency-only |
| **Radiographic Findings:** |
| Radiographically evident caries and decay present on teeth in all sextants, PARLs noted near #20 and #30 |
| **Clinical Findings:** |
| Primary and recurrent caries, gross decay, significant soft tissue irritation adjacent to gross decay |
| **Periodontal Findings:** |
| CAL within normal limits with limited, localized areas of deeper pocketing – namely in areas of more significant gross decay |
| **Periodontal Diagnosis:** |
| Biofilm-induced periodontal disease |
| **Problem List:** |
| Primary caries: 5MB, 7D, 7F, 8F, 9F, 10D, 10F, 11FRecurrent caries: 18DBL, 19MOD, 20DO, 30MOCervical caries: 22F, 28BGross decay: 13B, 31MORetained roots: 6, 27Furcation class II: 19 |
| **Other:** |
| Click here to enter text. |