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| **Student Name:** |
| Zachery Finnegan |
| **Case abstract** (Provide a brief synopsis of this patient)**:** |
| Patient is a 41 yr old female looking “to get [her] crowns”. Pt refuses removable options and strictly wants fixed prostheses ASAP. She stated that she “cannot work without her teeth”, including going without two posteriors for a few weeks. The pt has a history of and presents with recurrent and primary caries and also presents with a fractured abutment tooth and a few defective restorations. Both bridges on the UR and UL must be sectioned to determine restorability of the possible abutment teeth. Patient stated she wants a new bridge to replace the old ones. |
| **axiUm Chart:** |
| 687793 |
| **Date of Rounds presentation:** |
| 10/28/2020 |
| **D3 Student:** |
| Amanda Waddle |
| **D2 Student:** |
| Rachel Ehlers |
| **D1 Student:** |
| Alexis Schroeder |
| **Medical History:** |
| Renal failure is only medical complication noted by patient |
| **Dental History:** |
| History of of past perio treatments (“Deep Cleanings”), bridges, root canals. Pt stated she had not received extractions, but she presented with multiple missing teeth |
| **Radiographic Findings:** |
| Bone loss  RCT (#2,3- with tapered, active/threaded post,13)  Recurrent decay D#3,29,30 and M#31  Fractured root/tooth #13 |
| **Clinical Findings:** |
| Extraoral: non-significant  Soft Tissue: generalized BOP  Hard Tissue:   * Visible fracture #13 * Primary Caries O#18 * Recurrent decay D#3, O#12, D#30, MO#31 * Defective restorations #3,15,31 * Temporary Restorations MO #2 & 31 |
| **Periodontal Findings:** |
| Generalized BOP  Significant PD: 4-5mm (#2,3,6,23,24,30); +5mm (#7,13,25,26  CAL (generalized): 5-6mm (#3,7,13,18,25,26,30) |
| **Periodontal Diagnosis:** |
| ADA Class III- Moderate Chronic Periodontitis (generalized) |
| **Problem List:** |
| Missing teeth, defective and temporary restorations, caries (primary and current), fractured tooth, periodontitis and gingival inflammation |
| **Other:** |
| Pt is currently not responding to calls or texts. After consulting with the prosthodontist (Dr. Keesler) this case is likely too complicated for a predoc case with the patient’s wants/needs exceeding the program here. Pt was recommended to seek private practice, prosth department, or faculty practice if she would like to receive more efficient/rapid care. |