

MUSoD Rounds  
D4 Case Information

<b>Student Name:</b>
Scarlett Young
<b>Case abstract (Provide a brief synopsis of this patient):</b>
<p>Patient presents to ACC for emergency care on 6/24/20 for her tooth #13 lingual cusp fractured off. Her chief complaint was “My tooth broke without giving me any pain.” During that appointment, Dr. Tray did a PA, some endo testing, and with the findings he recommended having the patient become active again in the school, assigned to a student, and having a new restoration fabricated to fix her fractured tooth. After getting ahold of the patient, I was able to do a transfer exam, POE, and recall on 9/8/20. At that appointment we recorded on L of both #7 and #10, as well as a defective restoration and recurrent decay on the D of #14 PFM crown, as well as a fractured lingual cusp on #13. Our treatment plan was to continue for the patient to come in for her 6 month recalls, as well as caries excavate, do a core buildup, and fabricate PFM crowns for both her teeth #13 and #14. Discussed with patient other options, but she was adamant to try to get everything done so nothing would fail in the future, as these were the only two problem areas in her mouth. Patient is also immunocompromised and takes medication to help keep her Non-Hodgkin’s lymphoma in remission as well as protect her from other disease.</p>
<b>axiUm Chart:</b>
#690046
<b>Date of Rounds presentation:</b>
11/11/2020
<b>D3 Student:</b>
Oliva Nguyen
<b>D2 Student:</b>
Lucas Peppler
<b>D1 Student:</b>
Eddy Park
<b>Medical History:</b>
<p>Non-Hodgkin’s Lymphoma</p> <ul style="list-style-type: none"> <li>- Follicular lymphoma</li> <li>- Stopped chemotherapy in 2017</li> <li>- Check-up with her oncologist every 6 months (Next appointment is 12/2020)</li> </ul> <p>Osteoarthritis and GERD (after spicy meals)</p> <p>Allergies:</p> <ul style="list-style-type: none"> <li>- Seasonal allergies</li> <li>- Metal jewelry (nickel/chrome)</li> <li>- Shrimp (Reaction: itchy throat)</li> <li>- Arithromycin (Reaction: itching)</li> </ul> <p>Medications:</p> <ul style="list-style-type: none"> <li>- Sulfamethoxazole-trimethoprim (400-80 mg dose 1x daily)</li> </ul>
<b>Dental History:</b>
<ul style="list-style-type: none"> <li>- Caries excavation</li> <li>- Core build-ups</li> </ul>

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<ul style="list-style-type: none"><li>- Root canal treatment</li><li>- Crowns</li><li>- Restorations</li><li>- Crown lengthening</li><li>- Biopsy</li><li>- CBCT and x-rays</li></ul>
<b>Radiographic Findings:</b>
<ul style="list-style-type: none"><li>- PARLs #3, 4, 19</li><li>- Radiographic bone height &lt;2mm</li><li>- Recurrent decay/defective restoration on D of #14</li></ul>
<b>Clinical Findings:</b>
POE and recall with previous student 9/24/19 <ul style="list-style-type: none"><li>- PARL on #4, fordyce granules on buccal mucosa, 2x2mm aphthous ulcer on right side of maxillary posterior ridge, fracture lines on M of both #13 and #29</li></ul> ACC with Dr. Yray 6/24/20 <ul style="list-style-type: none"><li>- Fractured palatal cusp of #13, amalgam intact</li></ul> Transfer exam, POE and recall with me on 9/8/20 <ul style="list-style-type: none"><li>- Incipient caries L of #7 and #10</li><li>- Recurrent decay/defective restoration D of #14</li><li>- Abrasion on insial of #6, 7, 8, 9, 10, 11, 22, 23, 24, 25, 26 and 27</li><li>- Fractured lingual cusp on #13</li></ul>
<b>Periodontal Findings:</b>
All pocket depths at 9/8/20 recall were <3mm besides ML of #15 which was 4 mm.
<b>Periodontal Diagnosis:</b>
Stage I: Gingivitis
<b>Problem List:</b>
<ul style="list-style-type: none"><li>- Incipient caries/watches</li><li>- Abrasion</li><li>- Fractured tooth</li><li>- Defective restoration</li><li>- Recurrent decay</li><li>- PARLs</li></ul>
<b>Other:</b>
Patient has great oral hygiene and is very motivated to get and keep her mouth healthy. Positive motivator for her husband who is also a patient at this school.