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| **Student Name:** |
| Magdelyn Mueller |
| **Case abstract** (Provide a brief synopsis of this patient)**:**  |
| Patient is a 57 year old man of middle eastern decent. When I first became this patient’s provider, his stage I treatment plan included DO restoration on #28 and periodontal consultation. Perio consult resulted in a treatment plan of connective tissue graft for #3 with a coronally positioned flap at #4 and #5, a connective tissue graft for #14, 21, 22, 24, and a free gingival graft for #29. This surgical plan was created to address the mucogingival insufficiencies in these areas. The patient was scheduled for a prophy on 3/30/2020 but this appointment was cancelled due to the COVID closure of MUSoD. The patient resumed care on 9/21/2020 where we completed a prophy and a periodic oral evaluation. At this appointment, primary decay was present on the mesial of #29 and recurrent decay was found on the DO restoration on #28. #29 serves the patient as an abutment tooth for his existing removable partial denture. When determining treatment options for the patient, one major concern was the long-term prognosis of #29 and #28 as abutment teeth. #29 is in need of a full coverage restoration at this point, but would need crown lengthening due to the proximity of the restorative material to the bone. With that modifying factor, the crown to root ratio of the potential abutment teeth is brought into question. |
| **axiUm Chart:** |
| 663791 |
| **Date of Rounds presentation:** |
| 11/18/2020 |
| **D3 Student:** |
| Jessica Wertz |
| **D2 Student:** |
| Kelsi Salzwedel |
| **D1 Student:** |
| Elbethel Defare |
| **Medical History:** |
| Type II Diabetes that is well managed. Patient takes his blood glucose daily, and at his last appointment he reported that his most recent HbA1c was 6.8. He takes metformin and glipizide to manage his diabetes.  |
| **Dental History:** |
| Patient has been seen at Marquette for dental care since at least 2004. He has a history of dental caries leading to tooth loss and periodontal disease with clinical attachment loss. Patient has a class III mod 1 mandibular partial denture. * Partial maxillary dentition (#12 missing)
* Partial mandibular dentition (#’s 19, 30, 31 missing)
* Previous History of Tx:
	+ Restorative
	+ Endo (#12, #20, #18 done before patient came to Marquette)
	+ Fixed Pros –
		- Bridge #11-13
		- Crowns (#18, #20)
	+ Extractions (#1, 12, 16, 17, 19, 30, 31)
* Removable Partial Denture
	+ Class III Mod 1
 |
| **Radiographic Findings:** |
| Primary caries M #29 with distal restoration encroaching biological width; Recurrent decay on D #28 with restoration encroaching biological width. Margin overhang on distal of #15. Partially obturated #18. Moderate generalized bone loss.  |
| **Clinical Findings:** |
| Mesial primary caries and large buccal non-carious cervical lesion on #29; Recurrent decay on the DO resin on #28; Non-carious cervical lesions on #3, 4, 8, 21, 22.  |
| **Periodontal Findings:** |
| Mucogingival insufficiencies on #3, 14, 20, and 29. Clinical attachment loss via generalized recession but particularly on #3, 4, 5, 13, and 14.  |
| **Periodontal Diagnosis:** |
| Stage III, Grade B localized periodontitis – unstable due to patient’s health history of type II diabetes.  |
| **Problem List:** |
| Caries, defective restoration, missing teeth, perio disease, home care |
| **Other:** |
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