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| **Student Name:** |
| Shannon Burns |
| **Case abstract** (Provide a brief synopsis of this patient)**:** |
| Patient presented to me for a transfer exam with numerous recurrent lesions that were either new or significantly worsening over the approximately seven month time-span from her last dental visit at Marquette. In order to best treat this patient, it became apparent that we would need to investigate the patient’s caries risk and determine a treatment plan that combines both preventative and restorative dentistry. Moreover, we will explore the effects of increased fluoride for this patient in order to reduce the caries experience of the patient and prevent new lesions from occurring after the necessary restorations have been completed. By increasing the patient’s fluoride via increased topical applications at 4 month recall appointments, the recommendation of Prevident toothpaste, and Xylitol chewing gum. It is also important to note that we will be investigating any other dietary or lifestyle changes that may have prompted the increase in caries that the patient is experiencing; though, at the initial visit she did not report any of significance. Through this increase in fluoride and all-around improvement in home-care, we hope to reduce the caries experience of the patient as well as discover the important role that fluoride exposure can have in the oral health of not only our young patients, but high caries risk adult patients as well. |
| **axiUm Chart:** |
| 763775 |
| **Date of Rounds presentation:** |
| 11/18/20 |
| **D3 Student:** |
| Lauren Eskoz |
| **D2 Student:** |
| Hannah Punnoose |
| **D1 Student:** |
| Kelsey Cho |
| **Medical History:** |
| High Blood Pressure, shortness of breath, asthma, history of skin cancer (nose), history of sepsis, history of bronchitis, migraines, cataract surgery. |
| **Dental History:** |
| * Presents to Marquette: October 2018 : numerous crowns, fillings and a history of endo therapy on # 18 * Comprehensive Exam/Prophy- 10/2018 * 10/18: #14 MODL * 11/18: #3 MODL * 12/18: #30 Re-cement crown * 1/19: #2 Core Build-up * 3/19- 5/19: #2 PFM Crown * 7/19: Prophy/POE * 2/20: Prophy/ POE/ Exit Exam * Pt presents to me 9/25/20 : Transfer Exam, POE, Bitewings |
| **Radiographic Findings:** |
| Recurrent Decay: D of #3, M of #12, and M /D of #14 |
| **Clinical Findings:** |
| #2 PFM crown, #3 MODL resin, #4 PFM crown, #5 PFM crown, #6 MLF Resin, #7DFL resin, #9 DFL resin, #10 MDFL resin, #11 MDFL resin, #12 MODL resin, #13 PFM crown, #14 MOD amalgam, #14 MODL resin, #15 MODB amalgam and O watch, #18 PFM crown, #19 PFM crown, #20 PFM crown, #21 DO amalgam & B resin, #27 F resin, #28 DO amalgam, #29 DO resin, #29 MOD resin, #30 MODBL provisional crown, #31 resin  Recurrent Decay: #7, 9, 11, mandibular crowding of the anterior teeth, generalized plaque deposits, diastema between 8 &9 |
| **Periodontal Findings:** |
| Increased pocket depths noted interproximally between the facial and lingual of teeth #2/3 as well as between the linguals of teeth #30/31. This is likely due to food impaction occurring between these molars as a result of the distal drift of #2 due to possible occlusal interference between the second molars. Need to investigate further. |
| **Periodontal Diagnosis:** |
| * + Stage 1 Initial Periodontitis (1-2mm)   + Grade A- slow rate of progression   + Stable   + Early Chronic Periodontitis |
| **Problem List:** |
| Caries, home care, diet , sensitivity |
| **Other:** |
| NA |