

## Case Study #3

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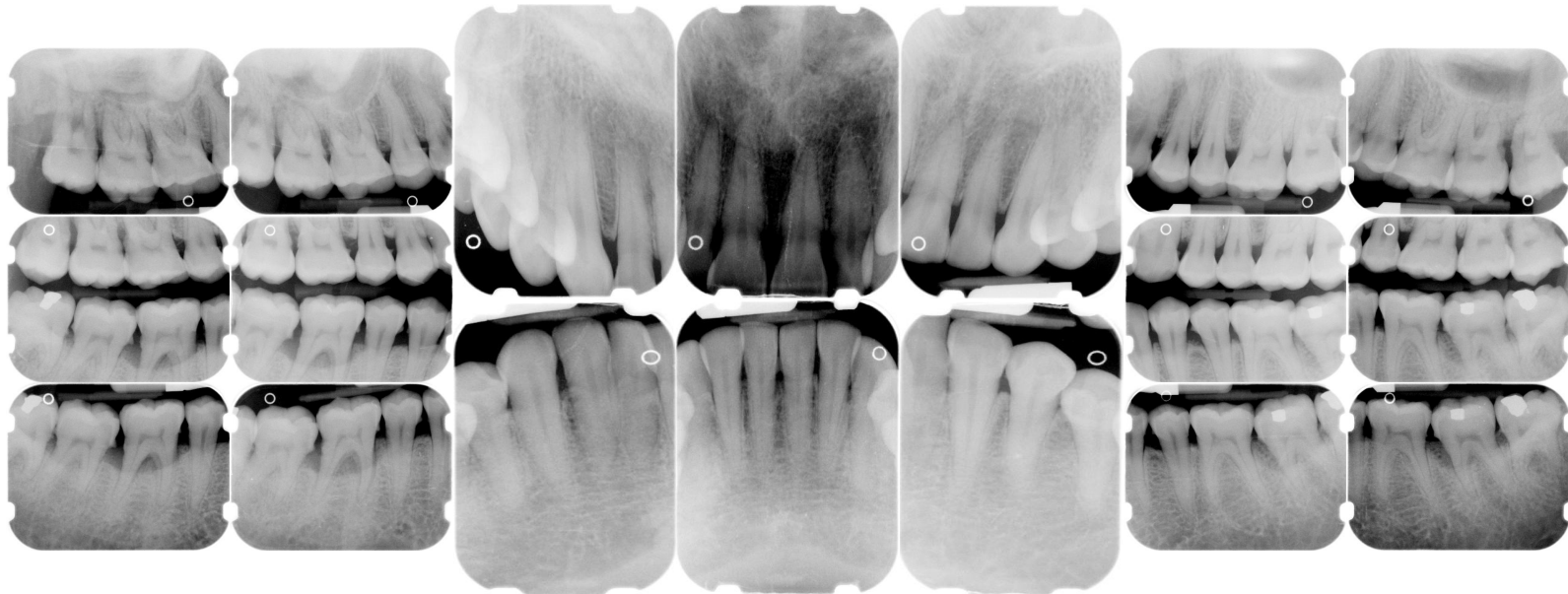
**Age:**  
54 F

**Medical History:**  
No meds, no problems

**Dental History:**  
Pt can't remember how long it has been since last dental visit.

### Xrays before treatment:

You can click on any pic to see a larger view



No Intraoral pics before tx. on this case, sorry :(

Perio Charting:

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	7 4 7	7 4 7	6 5 6	5 4 5	5 4 4	4 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 4	3 3 3	3 3 4	4 4 5	5 4 5	6 5 6
	5 5 5	5 4 5	5 4 5	5 4 5	5 4 4	4 3 4	4 3 4	4 3 4	4 3 4	4 3 4	4 3 4	4 4 4	4 4 5	5 4 5	5 4 5	5 4 5
	6 6 6	6 4 7	9 6 6	5 4 5	5 4 4	4 3 3	3 3 3	3 3 3	3 3 3	3 3 3	3 3 4	4 3 4	4 4 5	5 4 6	6 5 6	6 6 6
	5 4 5	7 4 7	9 4 4	4 4 4	4 4 4	4 4 5	5 4 5	5 4 4	4 4 4	4 4 4	4 4 4	4 4 4	4 4 5	5 4 5	5 4 6	6 4 6
	<u>32</u>	<u>31</u>	<u>30</u>	<u>29</u>	<u>28</u>	<u>27</u>	<u>26</u>	<u>25</u>	<u>24</u>	<u>23</u>	<u>22</u>	<u>21</u>	<u>20</u>	<u>19</u>	<u>18</u>	<u>17</u>

Summary Data Comparison

Date	Bleeding		Suppuration		Furcation		Mobility	PD > Alert		CAL < 0		CAL 1-3		CAL 4-5		CAL 6+	
	Teeth	Sites	Teeth	Sites	Teeth	Sites	Teeth	Teeth	Sites	Teeth	Sites	Teeth	Sites	Teeth	Sites	Teeth	Sites
	17	73	0	0	0	0	0	32	151	0	0	14	41	32	118	11	33

Xrays after tx:

will be put up soon

Treatment:

- Initial exam with dentist, FMX, referral to periodontist (pt refuses to see periodontist). From this point on, only discussing hygiene appts. and not dental. Perio charting, extensive patient education. Patient was given Peridex® to go home with to prepare for scaling and root planing procedures. Flossing instructions were given. I give all my periodontal patients a folder in which I have copied articles on periodontal disease, correlation to diabetes, heart problems, etc.
- 2nd visit -- SRP UR, LR 4341 (2 quads)  
Anesthesia was used -- it was very hard to numb pt up. Dentist came in and used ligojet. Arestin was placed (need to go back to notes and will update on Tuesday)  
Extremely heavy black ledges of supragingival and subgingival, very hard to remove  
3rd molars still present, made it hard to remove deposits on distal of 2nds.  
Extremely heavy hemo w/scaling  
Ultrasonic was predominately used, as well as handscaling  
Rx for periostat was given to pt.  
Gave pt glide floss picks to try since she does not like flossing  
Gave pt interdental brushes to use in areas that have furcations and spacing.  
Recommended water pik
- 3rd visit -- next day redid UR quad, was not happy with results from first visit.  
Did not charge pt, did it at 5:00  
Still very hard to remove deposits
- 4th visit -- SRP UL, LL 4341 (2 quads)  
Anesthesia was used -- hard to numb again, ligojet was used again

Arestin was placed (need to go back to notes and will update on Tuesday)

Extremely heavy black ledges of supragingival and subgingival, very hard to remove  
3rd molars at this point had been extracted.

Extremely heavy hemo w/scaling

Right side looks great! Very much improved. Still rough on UR between 2 and 3

Ultrasonic was predominately used, as well as handscaling

Pt stated that she felt dizzy with the periostat and she started having headaches and stopped taking it.

- 5th visit was a reevaluation appt. (1 hour)  
I was not happy with how the UR felt. Pt still refuses periodontist.  
Bleeding is moderate  
Placed patient on 3 month periodontal recall appt.
- 3 MRC periodontal maintenance 04910  
Pt has extreme inflammation between 24 and 25  
SRP 24 and 25  
still extremely heavy hemo w/scaling  
not happy with how UR still feels, had pt come back for another appt this next day to redo UR again.  
Had dentist check UR the next day, he felt like I did a great job and nothing was going to get that area smooth other than flap surgery. Prognosis for #2 and 3 not good. Class III mobility.
- Will keep case updated.

#### Instruments I use:

Hand instruments that I personally use: H 6/7, universal 5/6, Gracey 15/16, Gracey 17/18, 204SD, Gracey 1/2.

Ultrasonic tips that I have: right/left slimlines, dentsply slimlines, a beavertail (don't really use this often) and now the new Hu-Friedy swivel tip (black hub) that works awesome for me for removing heavy calculus. I didn't have this tip though for this case.

**What would you have done in this case?**

**Please leave let me know by emailing me to [amyrdh@aol.com](mailto:amyrdh@aol.com).**

