

Shawn Yazdanmehr



Patient Background

- 54 year old male
- CC: "I want my teeth back. I do not want to be without teeth at any point during the process"
- DentiCal, limited funds for procedures not covered
- Loves cats and French culture



Medical History

- Schizophrenia Aripiprazole (antipsychotic), Sertraline (SSRI)
- Hypertension hydrochlorothiazide (diuretic)
- Asthma montelukast (anti-inflammatory), albuterol (bronchodilator)
- **GERD-** esomeprazole (proton-pump inhibitor)
- Chronic Pain Gabapentin (back pain)
- Seasonal Allergies Cetirizine (antihistamine)





Dental History

- Patient reports not having visited a dentist in 10 years
- "My teeth began to really deteriorate over the last 4-5 years"
- Presented to clinic with unrestorable decay, extensive caries, multiple root tips, chronic apical abscesses

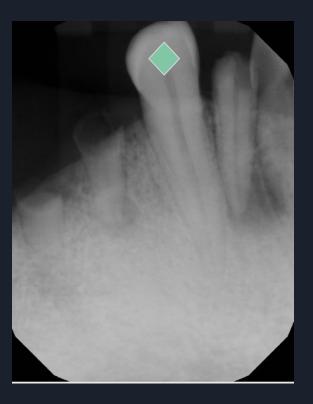


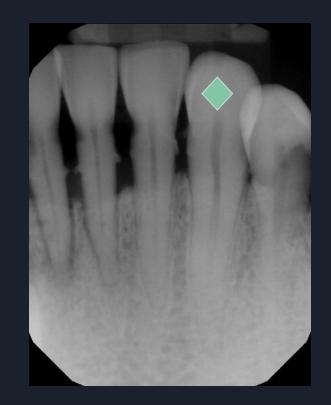
Intake Pano





Lower PA's

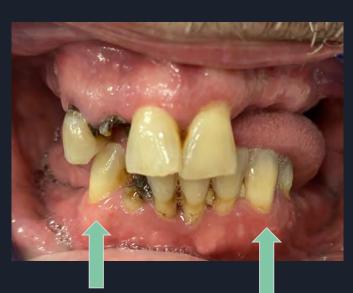






Intraoral photos (*taken after posterior EXTs)







Save canines



Mandibular Periodontal Charting

																Diag
																Calc
																MG Inv
																Furcation
					232		666	666	662	233	355					Attach
					101		-3-3-3	-3 -3 -3	-3-31	101	1 -2 -2					FreeGM
																Bleed
					333		333	333	333	334	4 3 3					PD
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
					1		3	2	2	1	1					Mobil
																Calc
																MG Inv
																Furcation
					222		566	655	542	222	245					Attach
					101		-2 -3 -3		-2 -2 1		1 -2 -2					FreeGM
								В	В							Bleed
					323		333	323	323	323	323					PD



Periodontal Findings

- Lower incisors hopeless extensive decay, high mobility, extensive CAL
- Pocket depths good around lower canines
- Plaque index = 3 (very poor)
- Generalized bleeding on probing
- Reduced salivary flow, ropy and poor consistency

Diagnosis: generalized severe chronic periodontitis



Ideal Treatment Plan

Urgent Care:

• Patient reported no significant pain despite testing endodontically involved teeth

Disease Control:

- EXT all upper teeth
- Ext lower teeth EXCEPT #'s 22 and 27
- OHI, limited SRP on #'s 22 and 27, ITE

Reconstructive Phase:

- Upper complete denture
- Lower RPD with metal framework

Maintenance Phase:

- 3 month recall
- CAMBRA products to keep #'s 22 and 27 healthy



Treatment Plan Rendered considering CC

Despite numerous consults and thorough review of informed consent and RBA's, patient ultimately refused to undergo ideal treatment plan and preferred immediate delivery despite risk of poor fit

- Limited SRP on 22 and 27
- EXT upper and lower posteriors
- Began process of fabricating upper immediate complete denture and lower immediate stayplate
- Extracted rest of upper and lower anteriors, EXCEPT #'s 22 and 27
- Delivered immediate prostheses
- Plan for hard reline on upper denture



Immediate Denture Delivery









Immediate Denture Delivery







Immediate Denture Delivery



Research

- Systematic review and meta-analysis from 2018 determined that patients with schizophrenia had worse oral health than the general population, but have received less dental care services
- Examined decayed, missing and filled teeth (DMFT) in studies from 1997 to 2017
- 8 studies, 2640 patients with schizophrenia and 19,698 healthy controls
- Schizophrenic patients had significantly higher scores of...
 - Dental caries mean difference (MD) of 7.77
 - Missing MD of 7.61
 - Decay MD of 3.44
- By contrast, schizophrenic patients had a lower score of filled teeth, MD= -3.06

Yang M, Chen P, He MX, et al. Poor oral health in patients with schizophrenia: A systematic review and meta-analysis. Schizophr Res. 2018;201:3–9. doi:10.1016/j.schres.2018.04.031