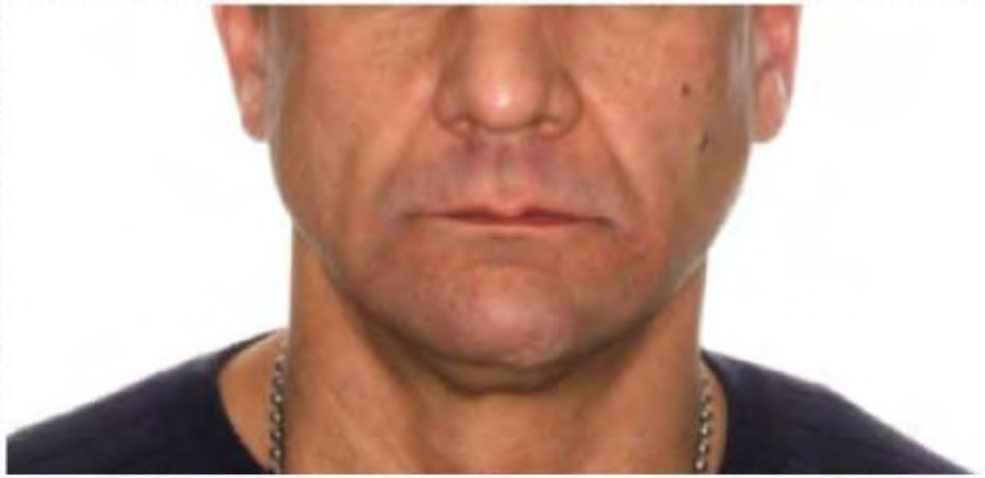
EXCELLENCE DAY: SIMULATED COMPLEX PATIENT CASE

Harrison Truman

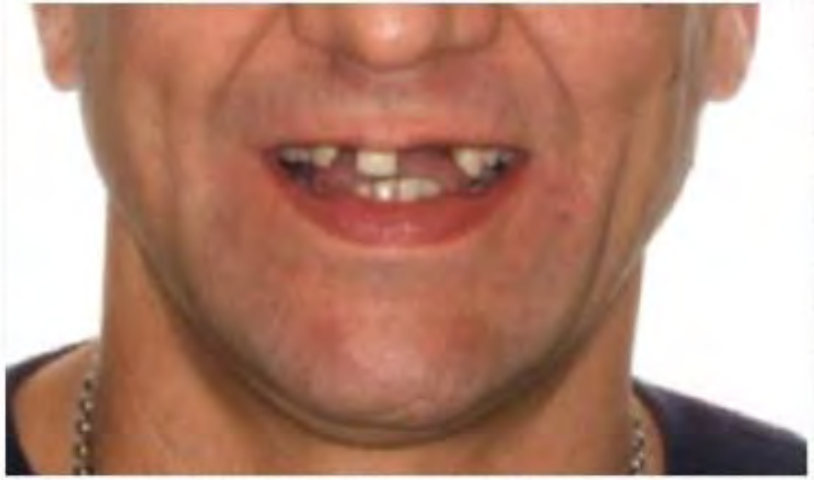
INTRODUCTION TO PATIENT AND PRE-TREATMENT CONDITION

General: 41-year-old, Caucasian Male

Chief Concern of patient: Replace missing teeth and improve long-term oral health. He has stated that he wants high quality and long-lasting dental treatment with high esthetics, and he wants to save all his remaining teeth.



Clinical Sciences Student Case presentations



Clinical Sciences Student Case presentations

PATIENT INFORMATION

MEDICAL HISTORY

Patient was hospitalized for 3 weeks in 2007 due to head trauma that left him in a coma

Has a history of epinephrine causing heart palpitation.

High cholesterol that is controlled.

High blood pressure that is also controlled.

Received knee replacement 10 years ago also due to trauma but does not require medications for treatment and has no history of complications with his joint.

MEDICATIONS

Lipitor: to control his cholesterol

Lisinopril: to control his blood pressure

ALLERGIES

Patient has allergy to sulfa drugs and latex.

SOCIAL HISTORY

Recently married, drinks occasionally, reports that his social life is greatly impacted by not having his front teeth, and that his chewing is not effective.

DENTAL HISTORY

At age 21 lost #9 and #10 due to trauma

Recently had #7 extracted due to vertical root fracture

Has not been to the dentist in over 2 years.

INITIAL EXAM FINDINGS

VITALS

BP: 126/85

Pulse: 78

EOE: WNL

TMJ: asymptomatic

H&N: WNL

CRA

ATP: 430

Saliva pH: 6.5

Saliva flow: normal

Moderate Caries risk

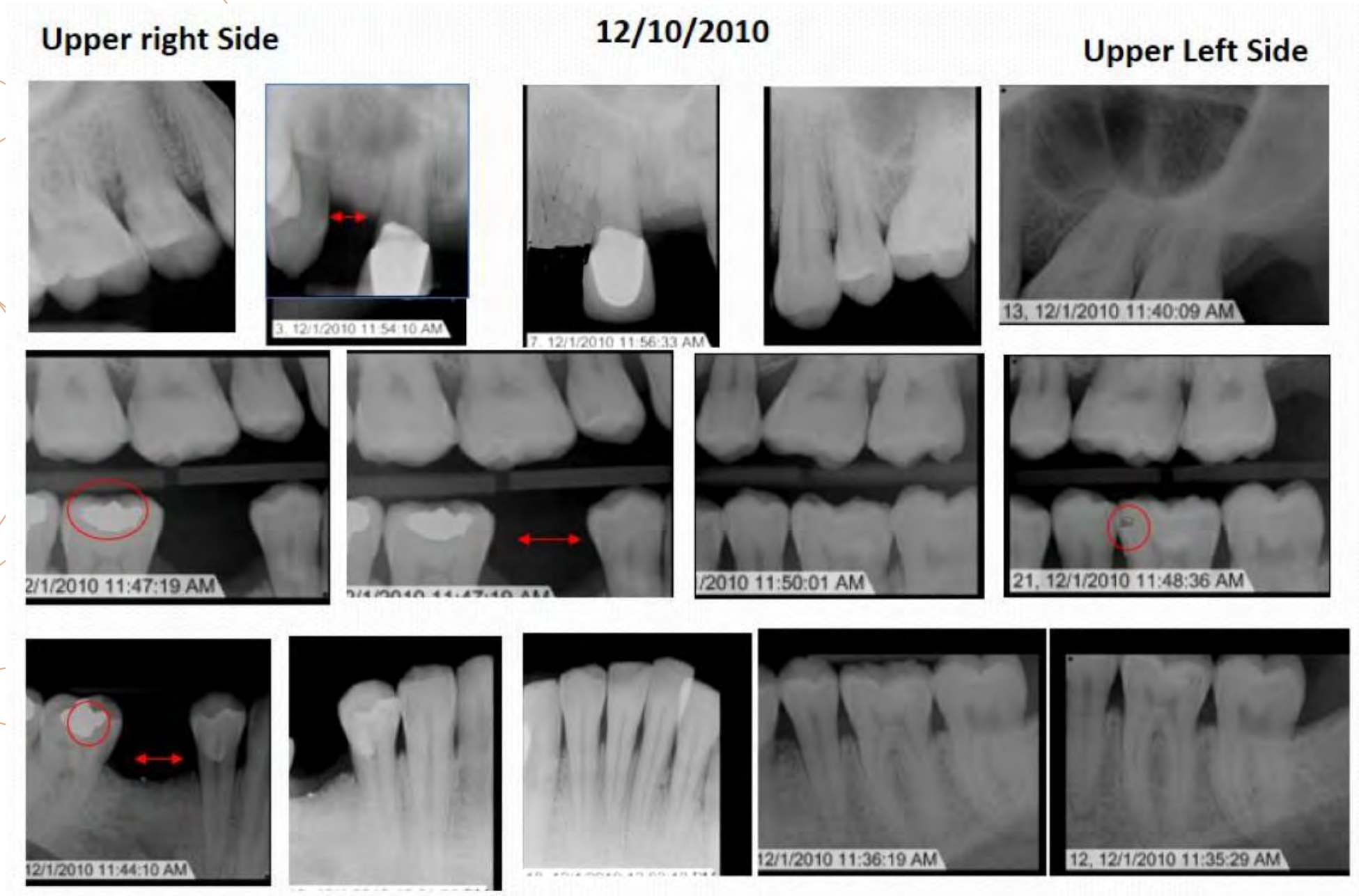
PERIO

Gingiva: generalized mild inflammation

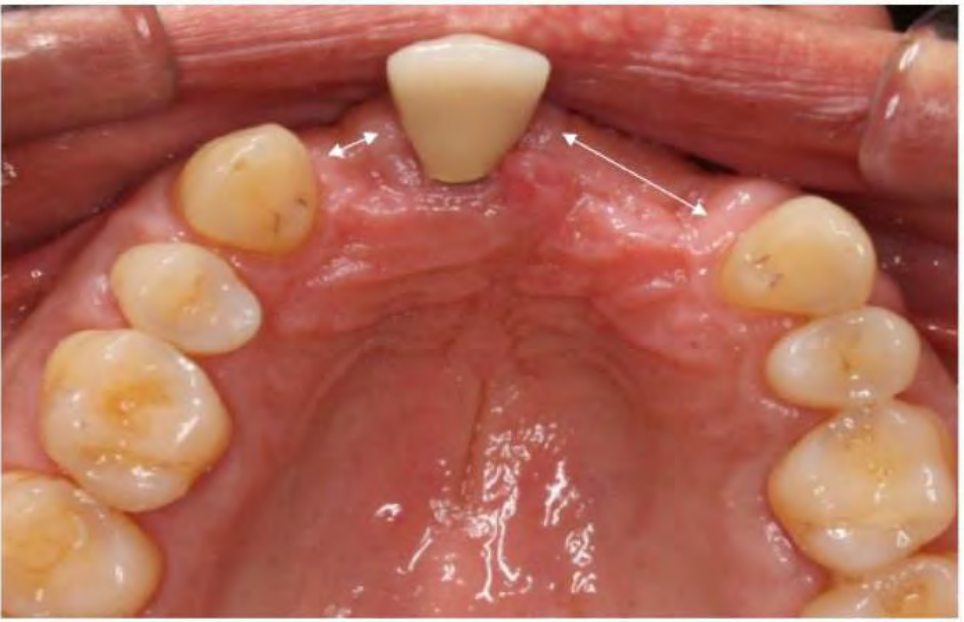
Overall: plaque induced generalized mild chronic periodontitis stable

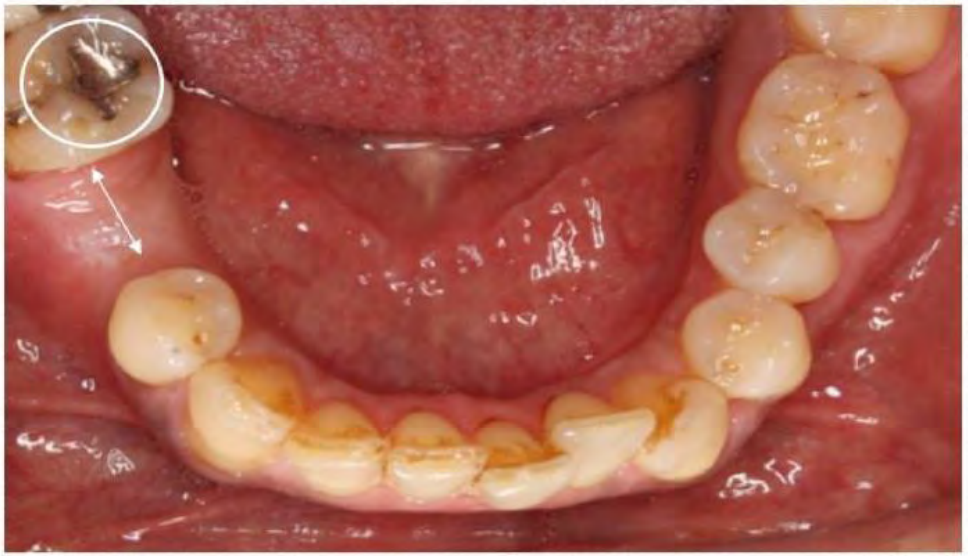
Plaque index: fair

RADIOGRAPHS



INTRAORAL PHOTOS





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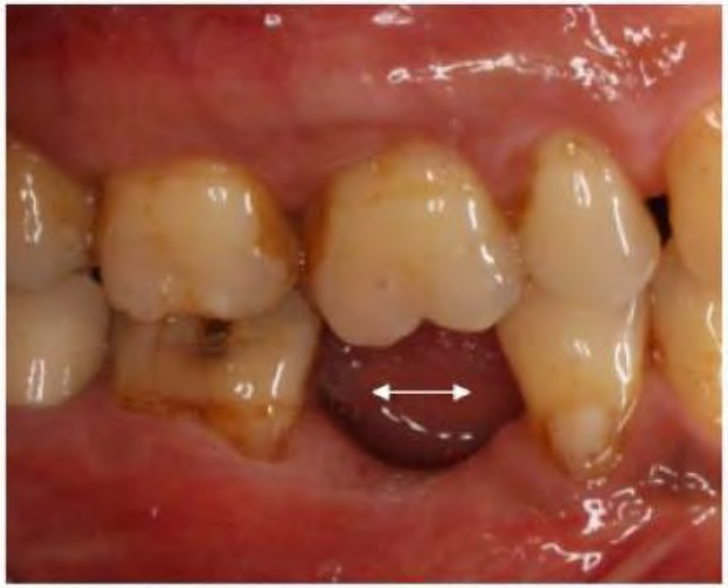

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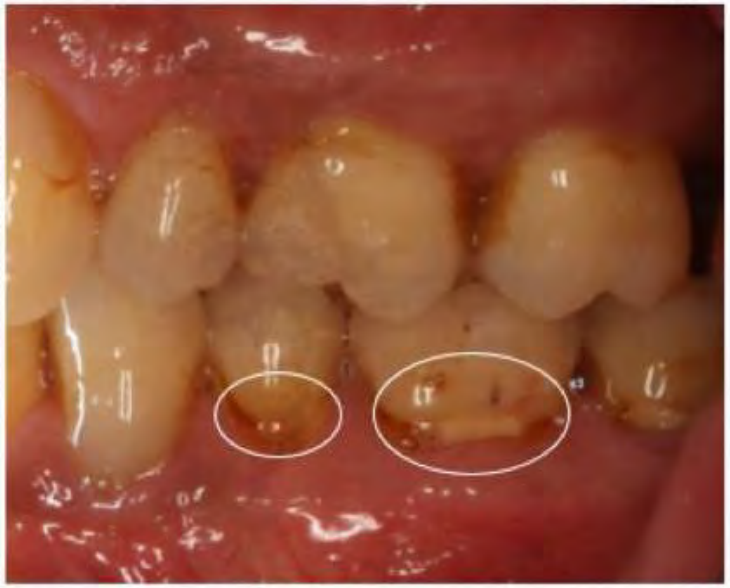


Hard Tissue Charting

#3 – ICDAS 2

#7 – Missing

#8 – 10-year-old PFM with recurrent caries on mesial, improper contours

#9 – Missing

#10 – Missing

#15 – ICDAS 2

#19 – Buccal Composite on cervical line with staining, D1 mesial caries with visible distal decay

#20 – NCCL with buccal staining

#28 – Leaky buccal composite

#29 – Missing

#30 – existing occlusal amalgam that is leaky, worn down buccal composite, and undermined lingual cusp with craze lines

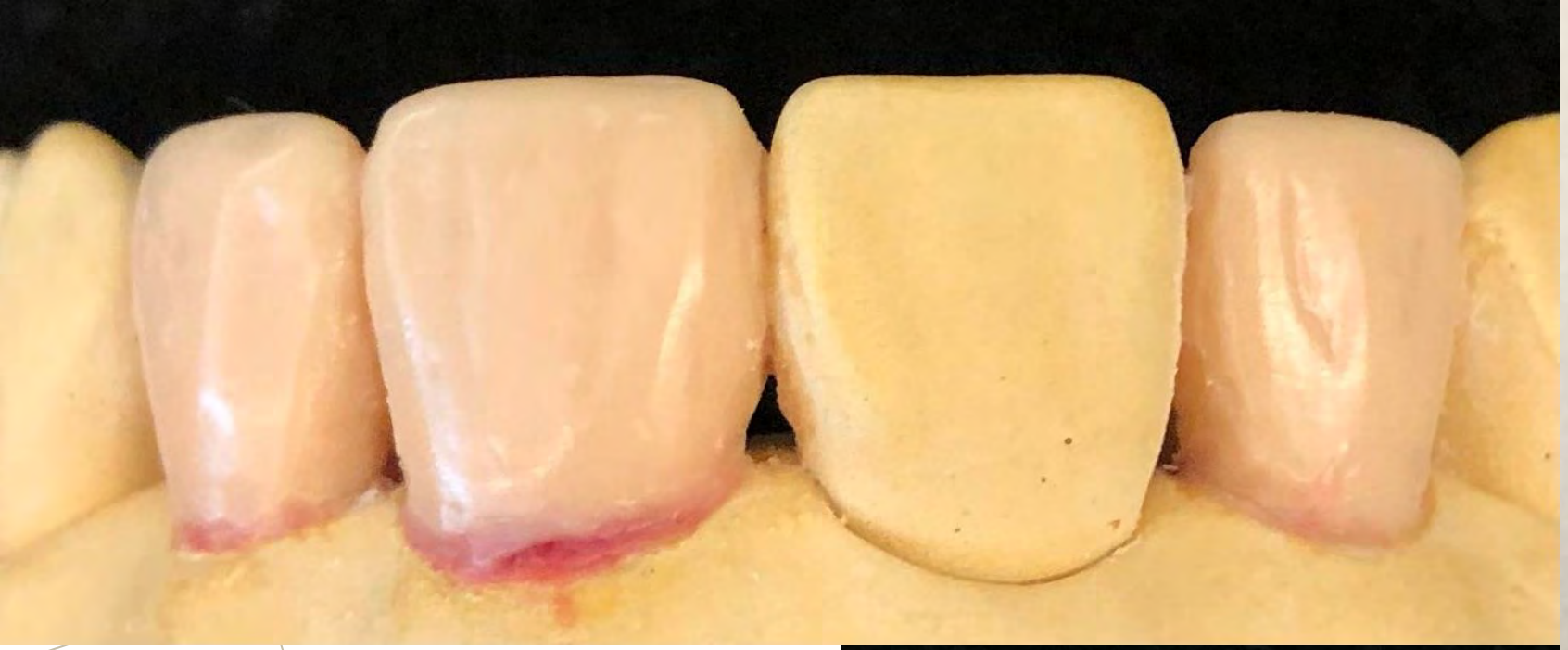
Overall – canine guidance, mild occlusal wear

PROPOSED TREATMENT PLAN

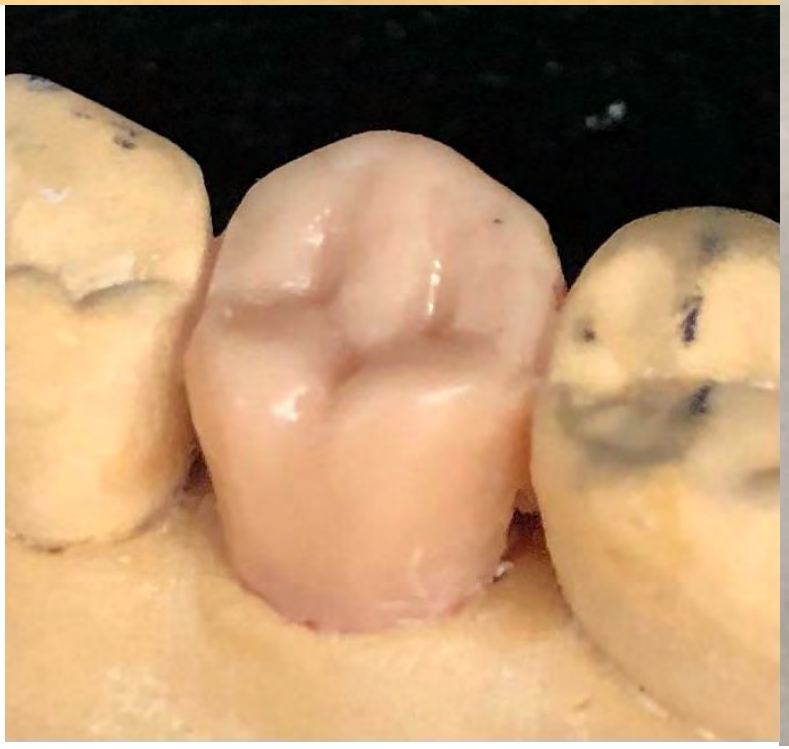
	Diagnosis	Procedure
Perio/Preventive	Generalized mild gingivitis	OHI / High F-toothpaste/ CTx4 Rinse Prophy/ gingival debridement
Direct Restorative	Carries	#19 MOD composite
	Old composite/chipped	#19 Class V/ B composite
	Abfraction/NCCL	#20 Class V/ B composite
Direct Restorative	Recurrent carries Fractured tooth	#30 MODBL Build up
Indirect Restorative	Recurrent carries/ Missing tooth	#28-30 Three unit bridge
	Recurrent carries/Missing tooth	#8-11 Four unit bridge
	Carries/Missing tooth	#6-7 Cantilever bridge
	Preventive & supportive	Night Guard / Occlusal Splint

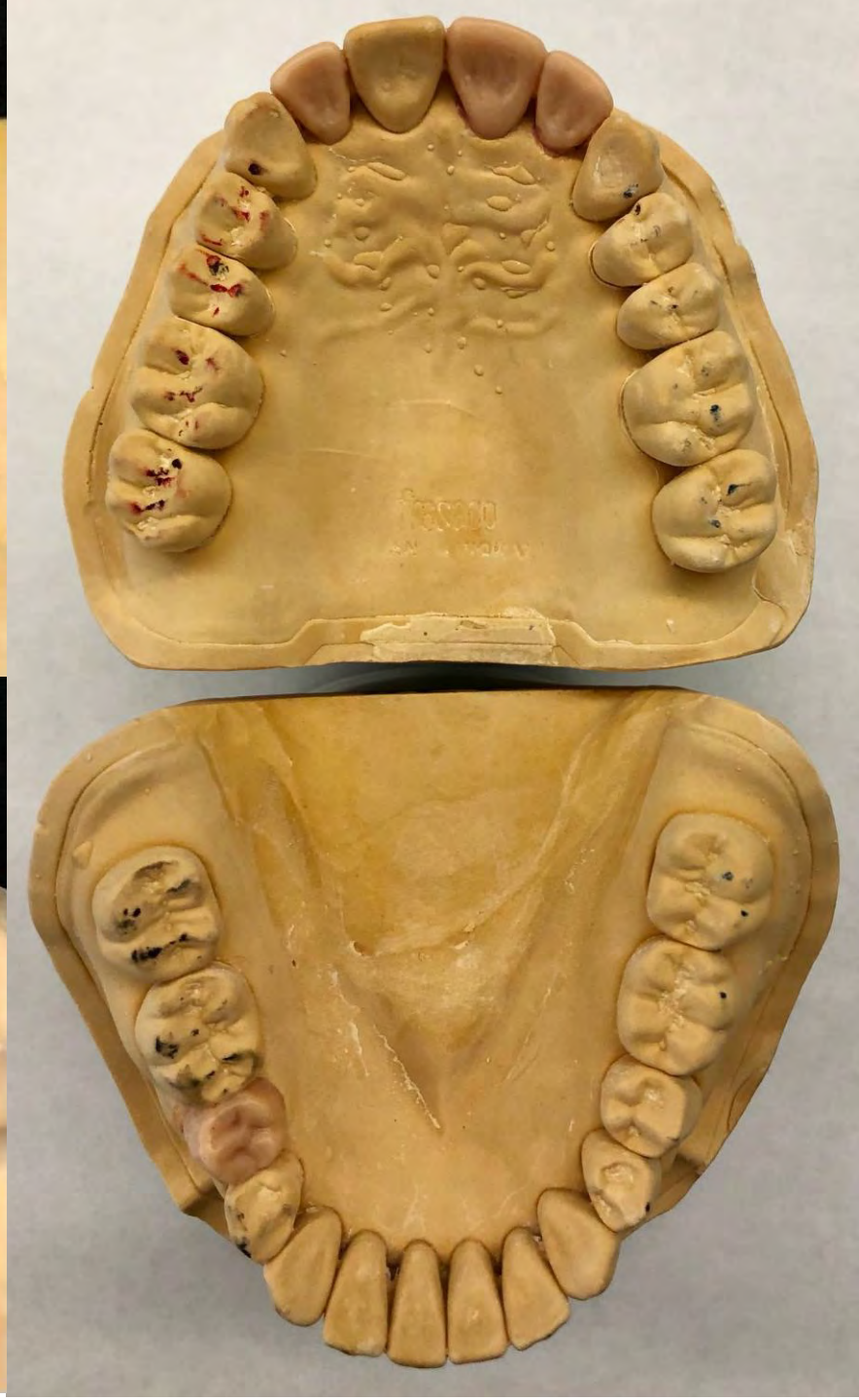
ALTERNATIVE TREATMENT PLAN

Diagnosis	Procedure Description	Tooth	Surface	Sequence
Urgent phase				
Disease phase				
Generalized mild gingivitis	OHI/5000 ppm Fluoride Toothpaste/CTx4 Rinse	N/A	N/A	1
Generalized mild gingivitis	Prophy/Gingival debridement	UR/UL/LR/LL	N/A	2
Interproximal caries into dentin (D1)	Composite Filling	19	MOD	3
Recurrent caries/Fractured tooth	Buildup (Photo-core)	30	MODBL	4
Recurrent caries	Temporary filling (GI)	8	M	5
Recurrent caries	Temporary crown	8	N/A	6
Restorative phase				
Old composite with stain	Composite Filling	19	B	7
Non-carious cervical lesion	Composite Filling	20	B	8
Buccal Composite leaky/Missing tooth	Three unit bridge (PFZ)	28-30	N/A	9
Missing teeth	Four unit bridge (LD)	8-11	N/A	10
Missing tooth	Cantilever bridge (LD)	6-7	N/A	11
Maintenance phase				
Preventive and supportive	Night Guard/Occlusal Splint	N/A	N/A	12
6 Month Recall				

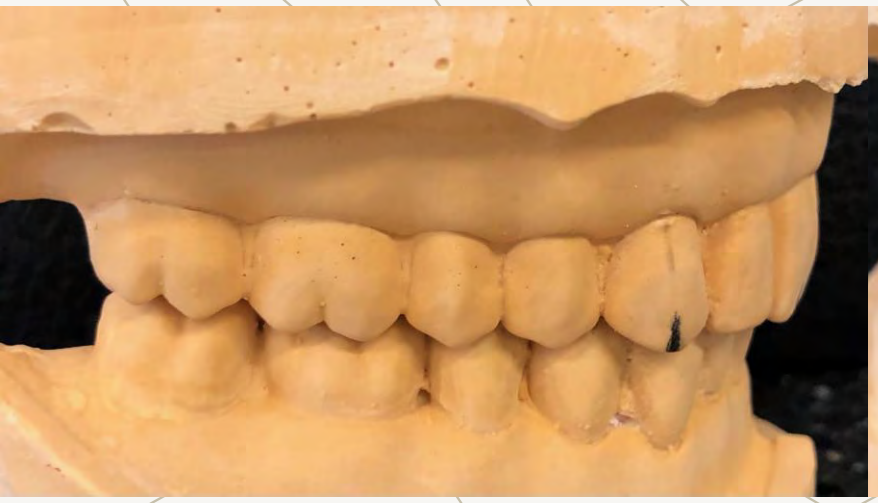


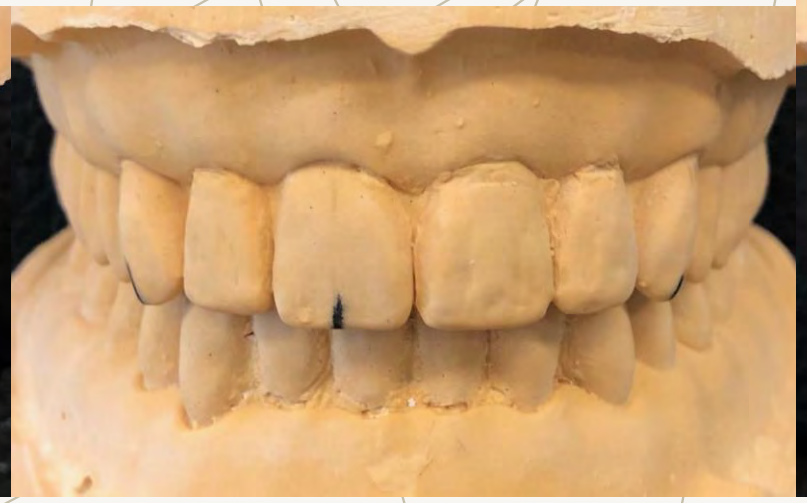
ORIGINAL MODEL AND WAXUP

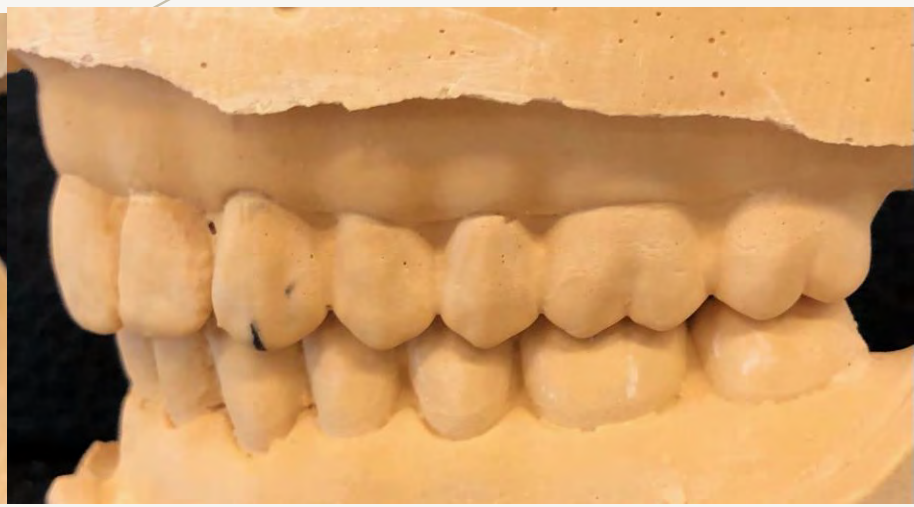


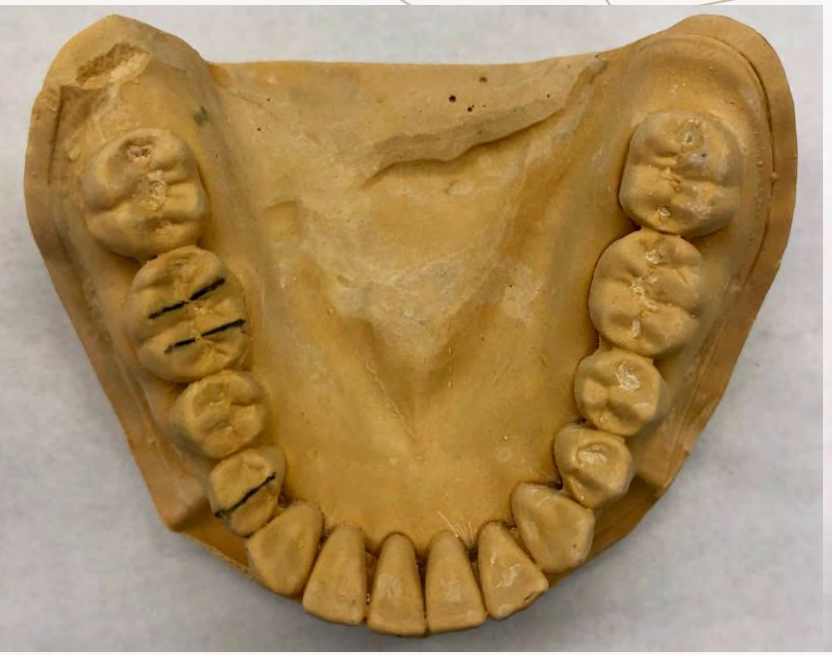


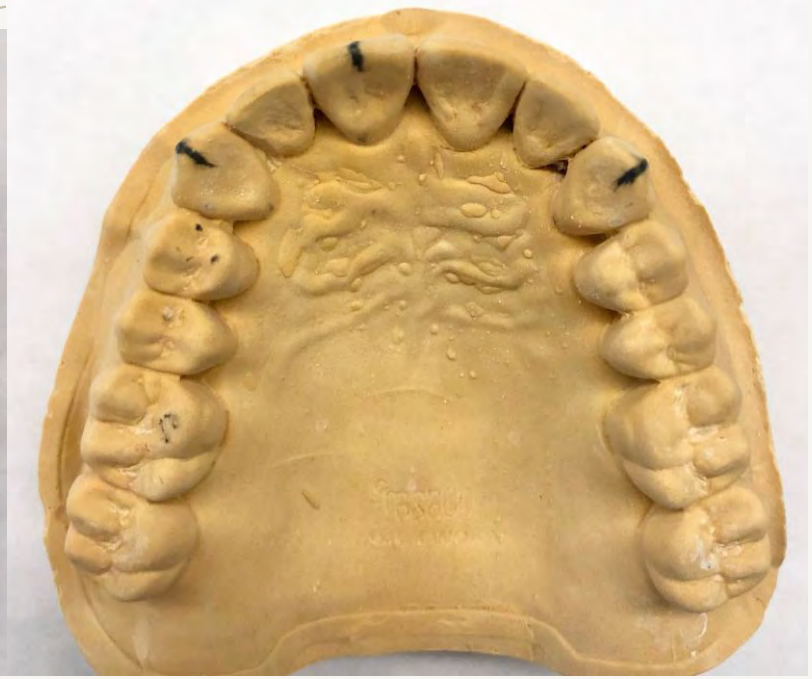
MODELS MOUNTED





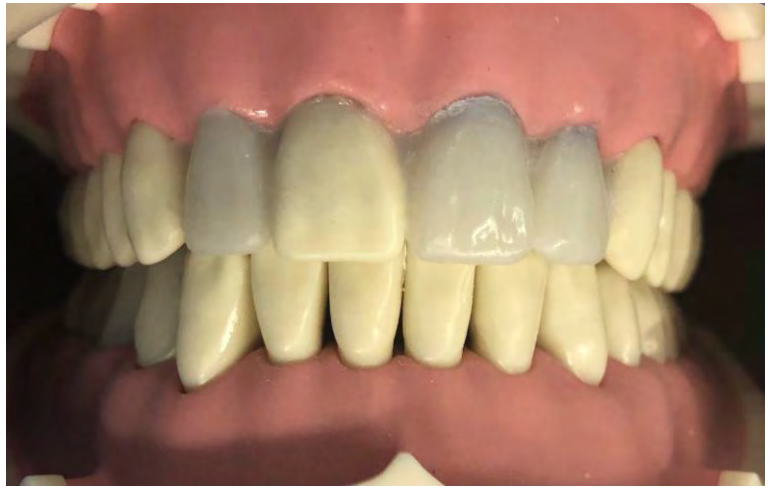


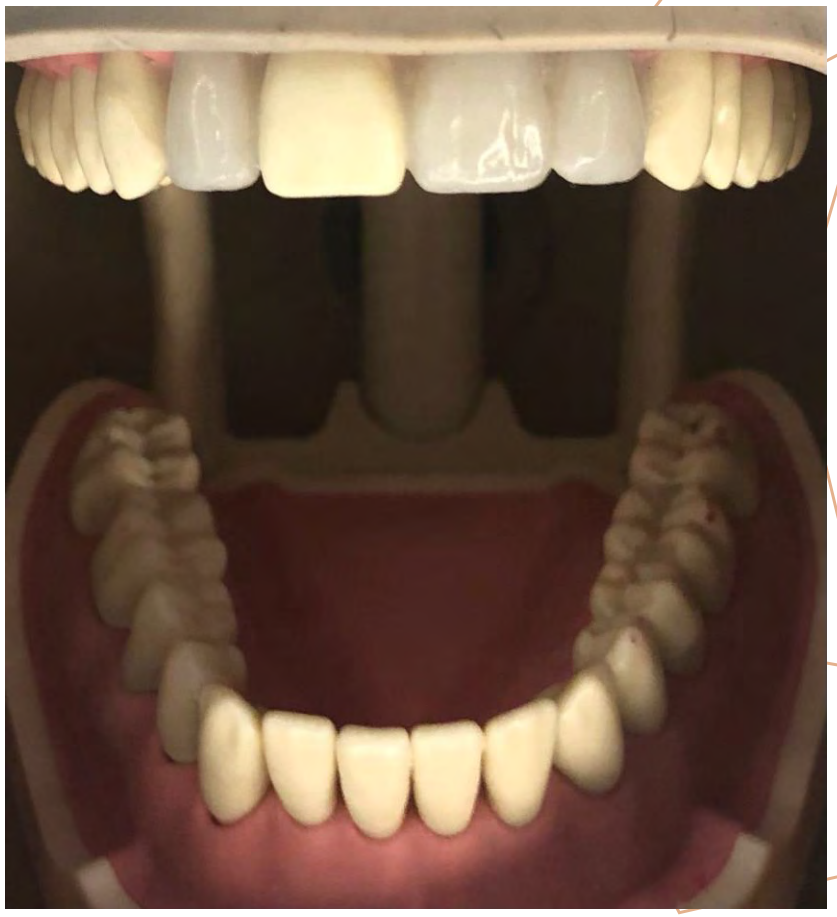


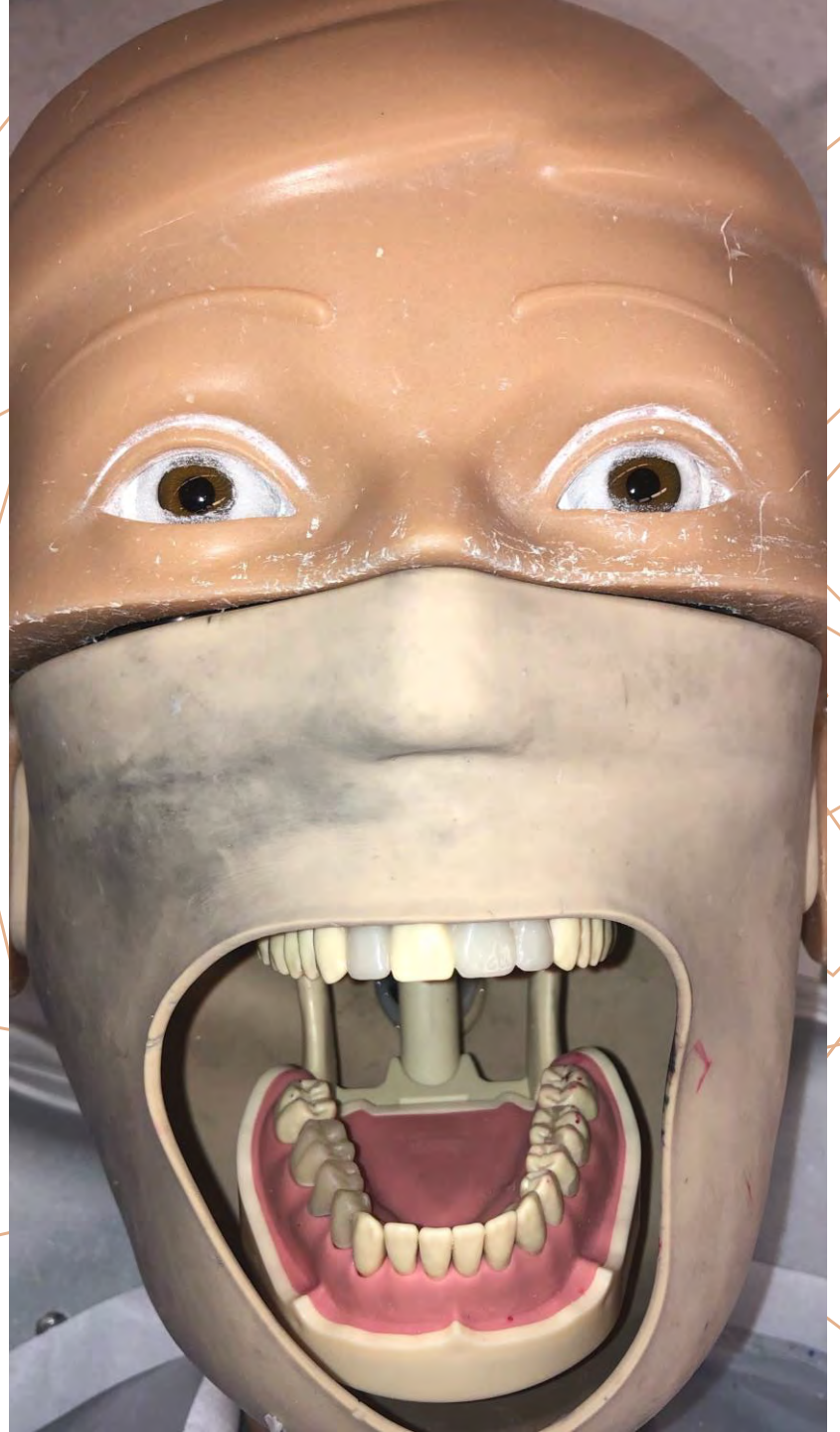


DUPLICATE CASTS

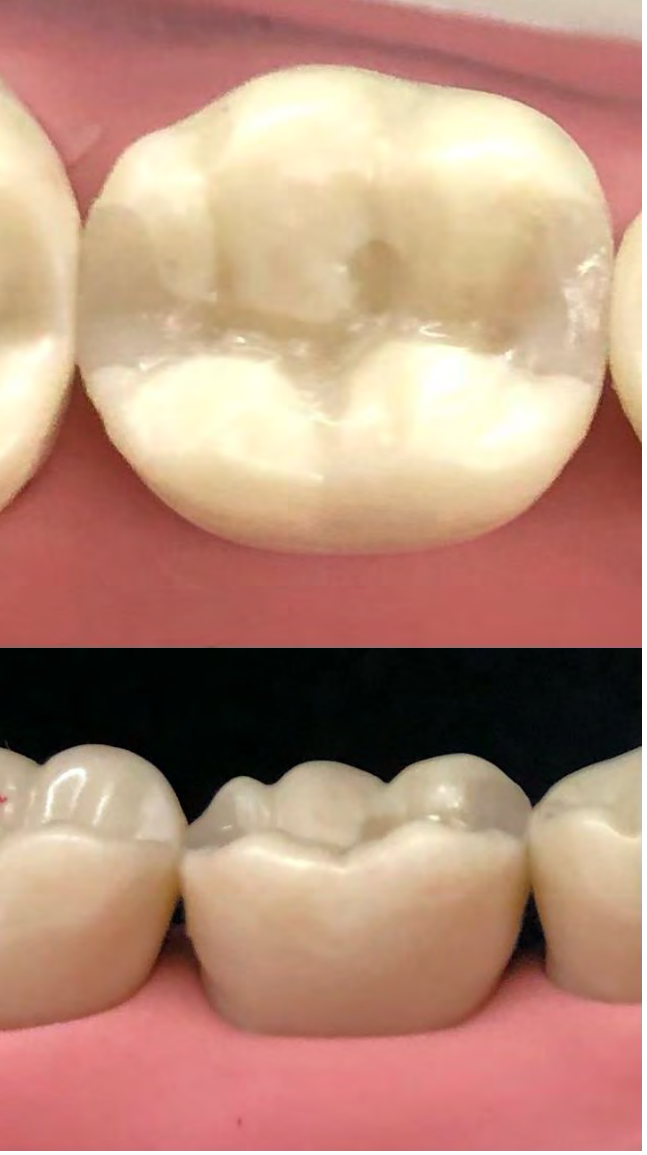
SMILE SIMULATION



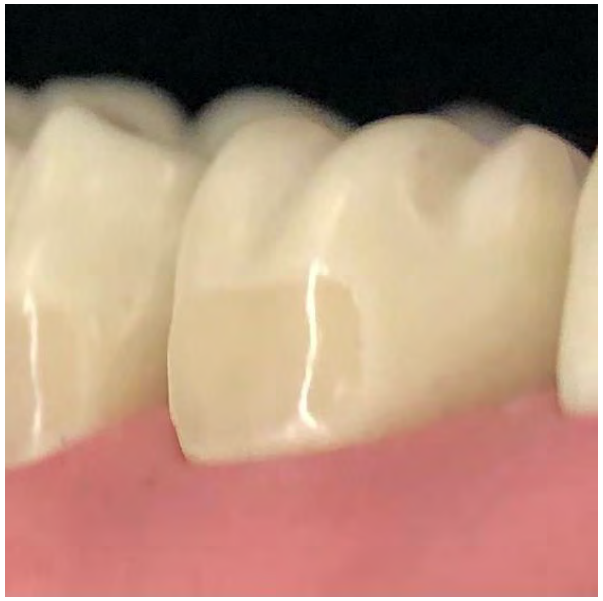




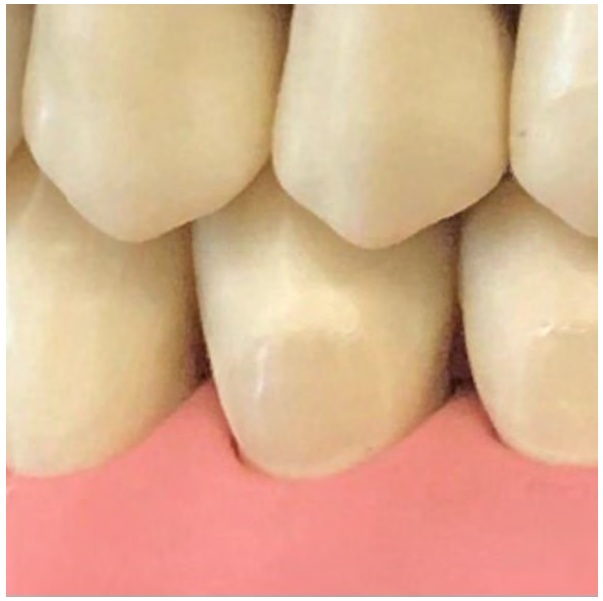
DIRECT RESTORATIONS



#19 MOD



#19 B



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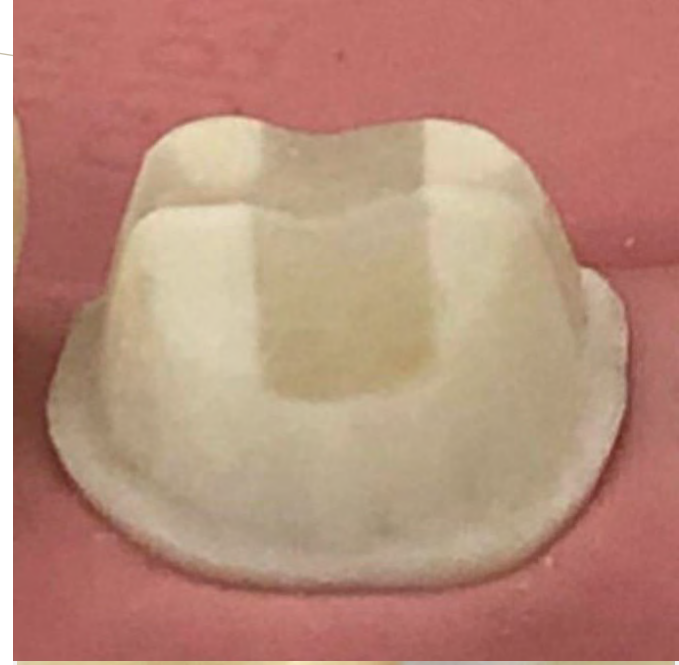
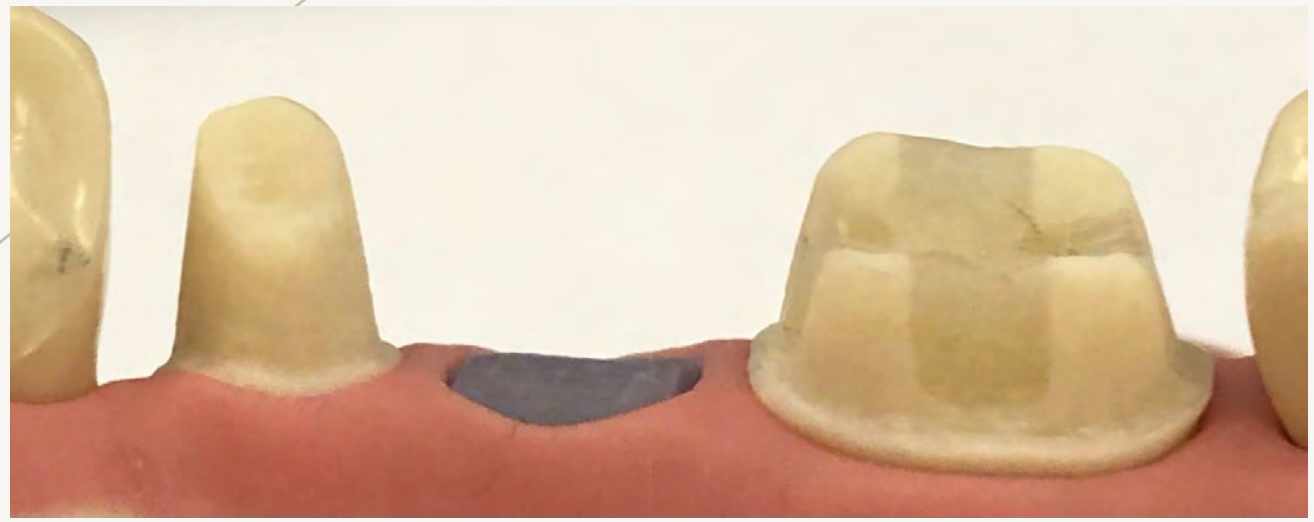
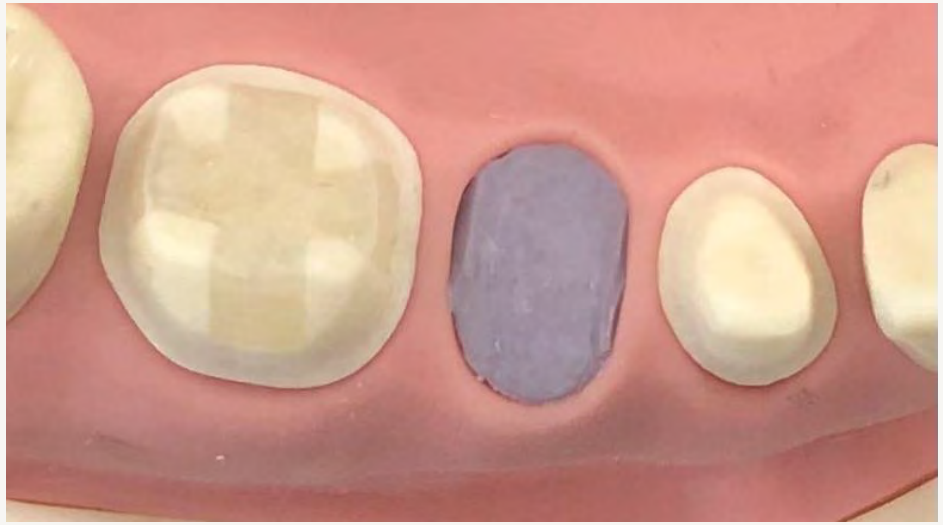
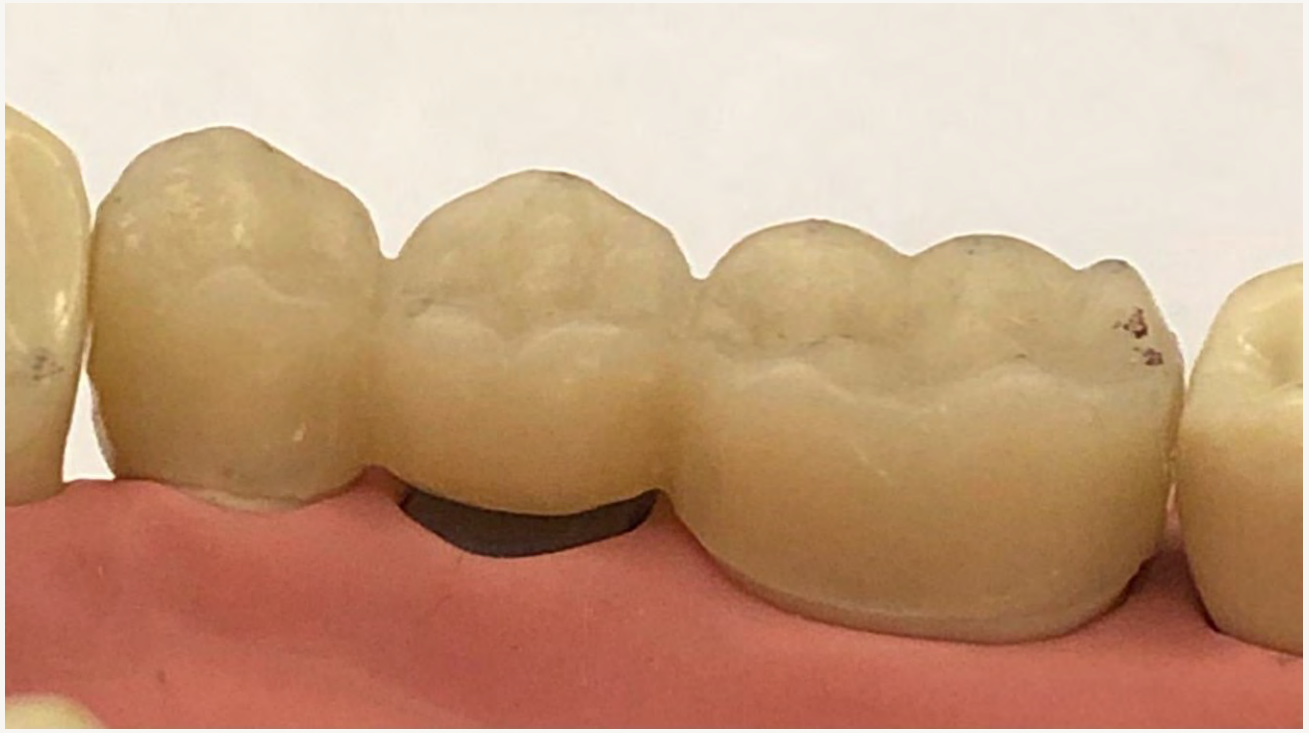


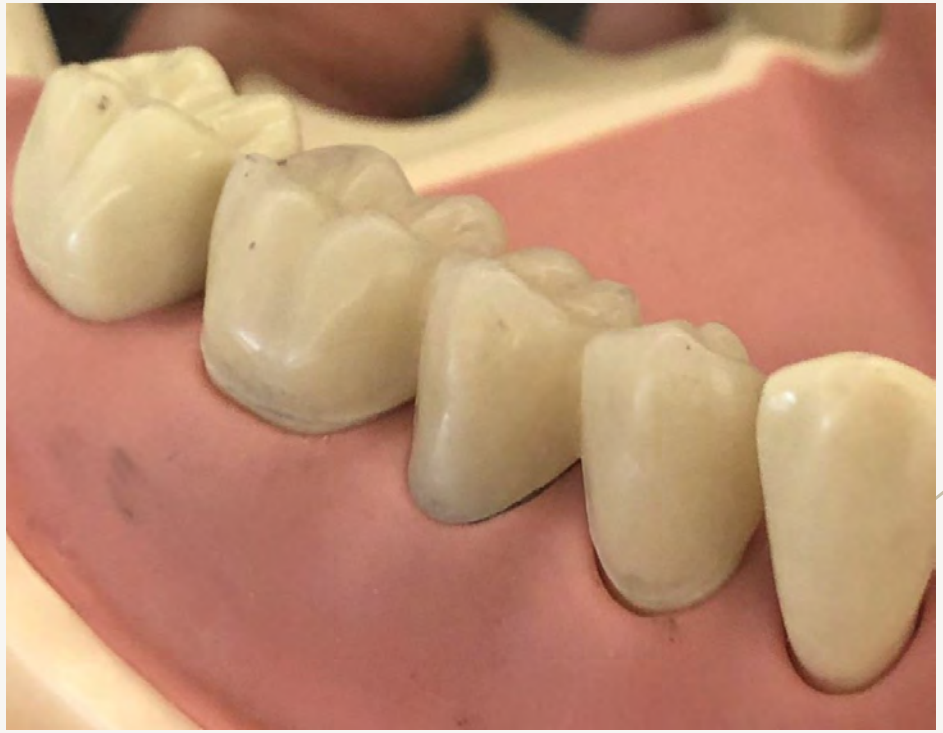
#30 MODBL

INDIRECT RESTORATIONS: #28-30

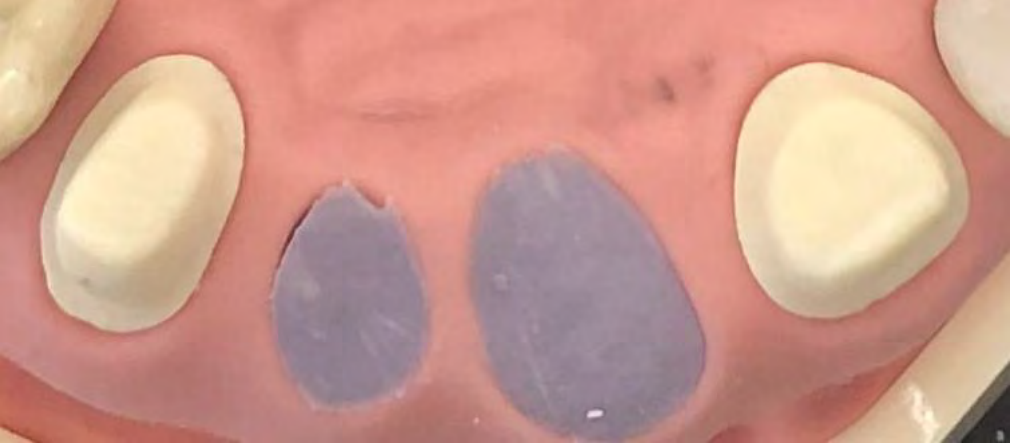


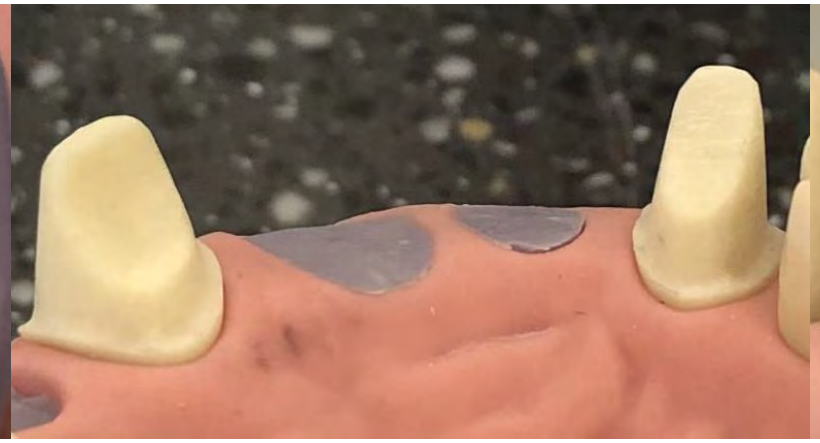


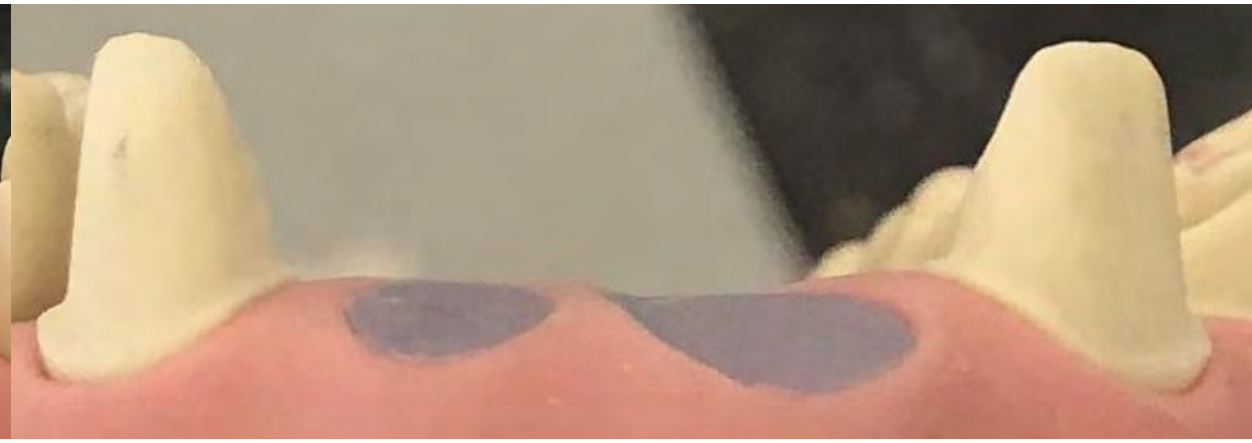


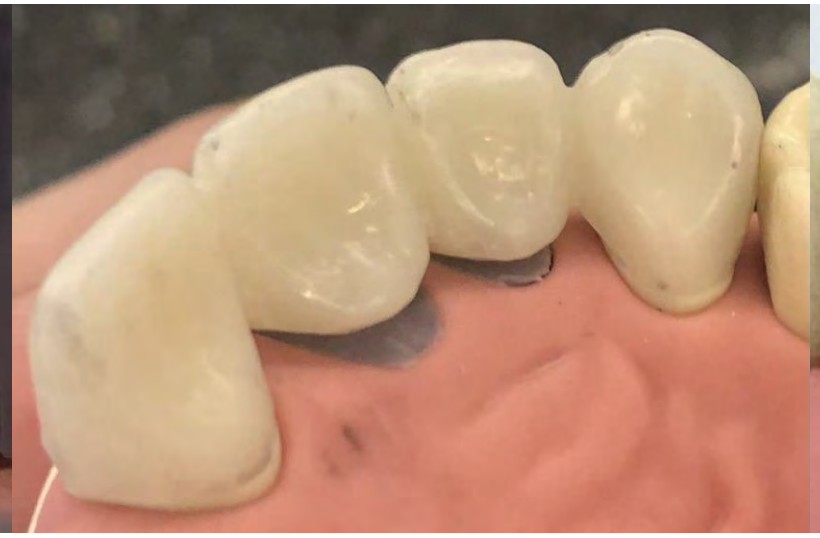


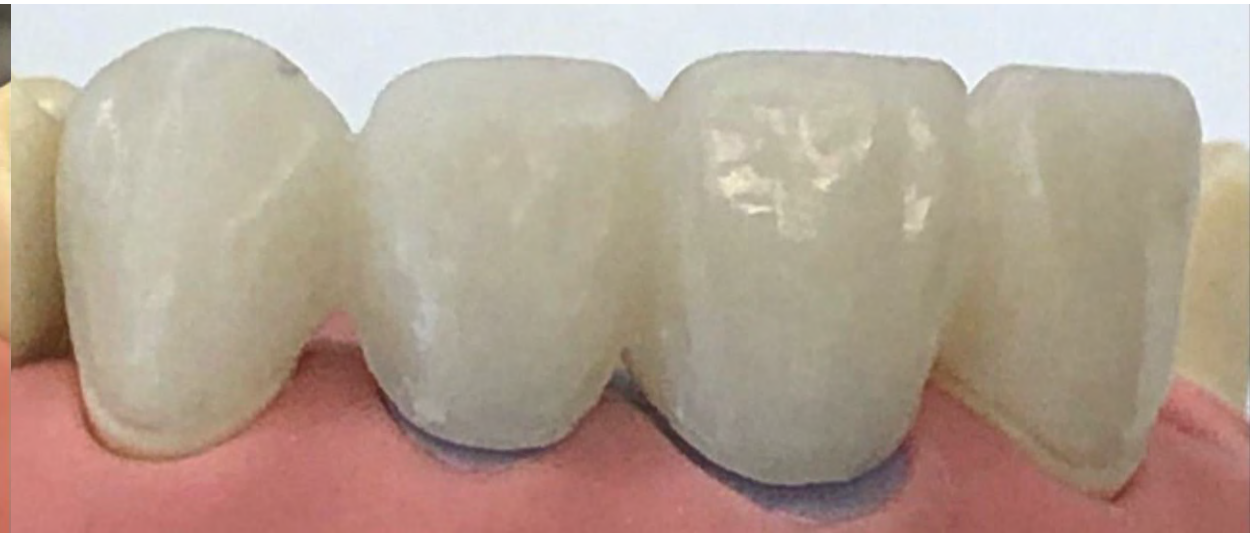
INDIRECT RESTORATIONS: #8-11











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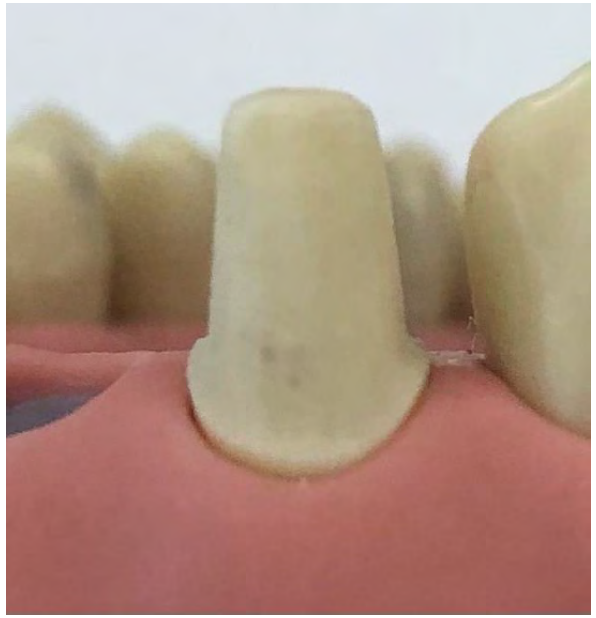
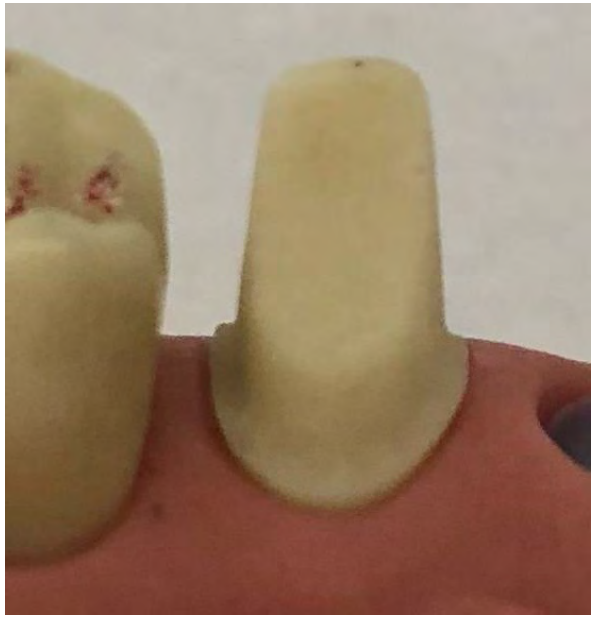
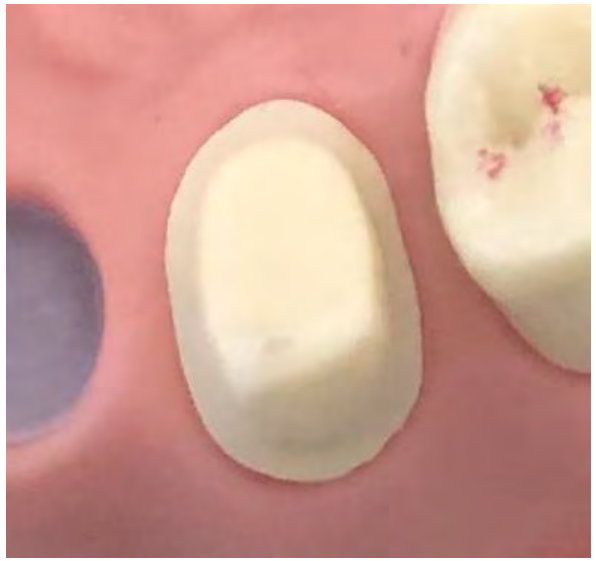
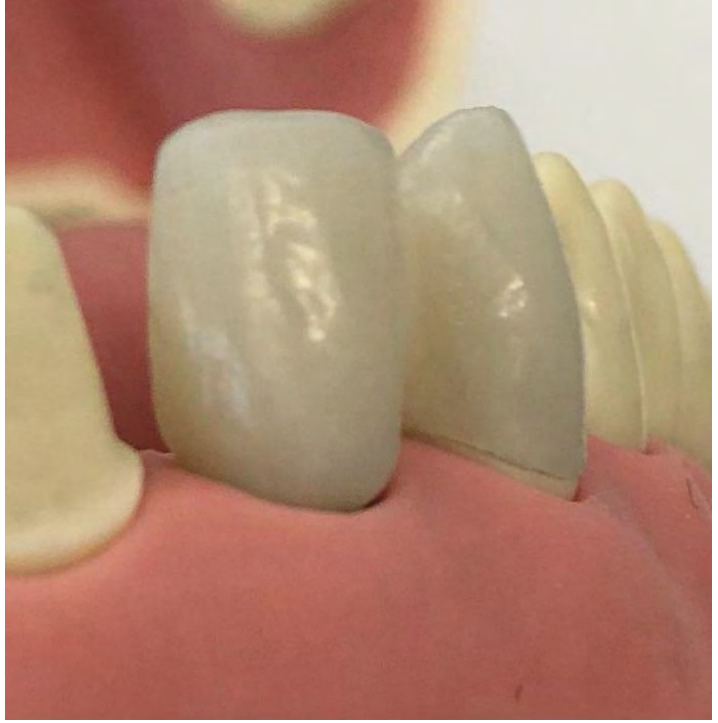
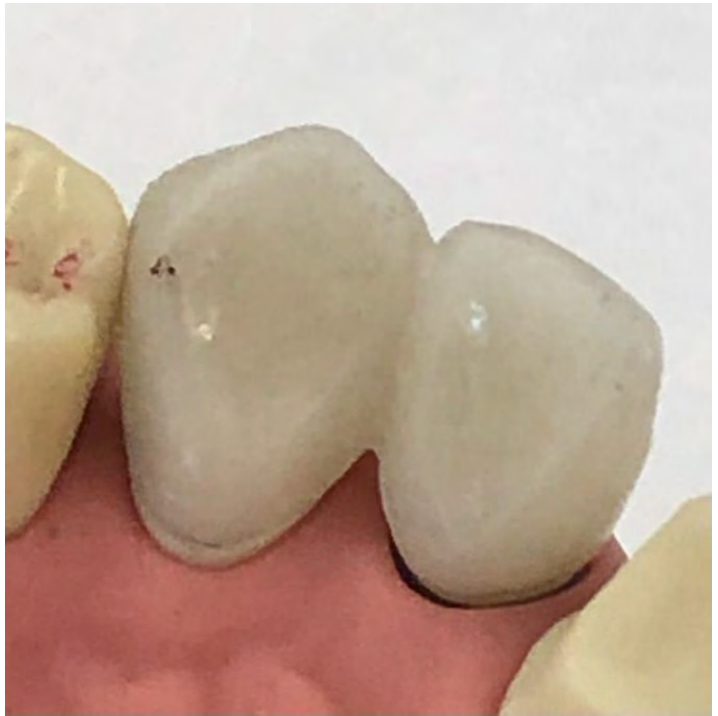


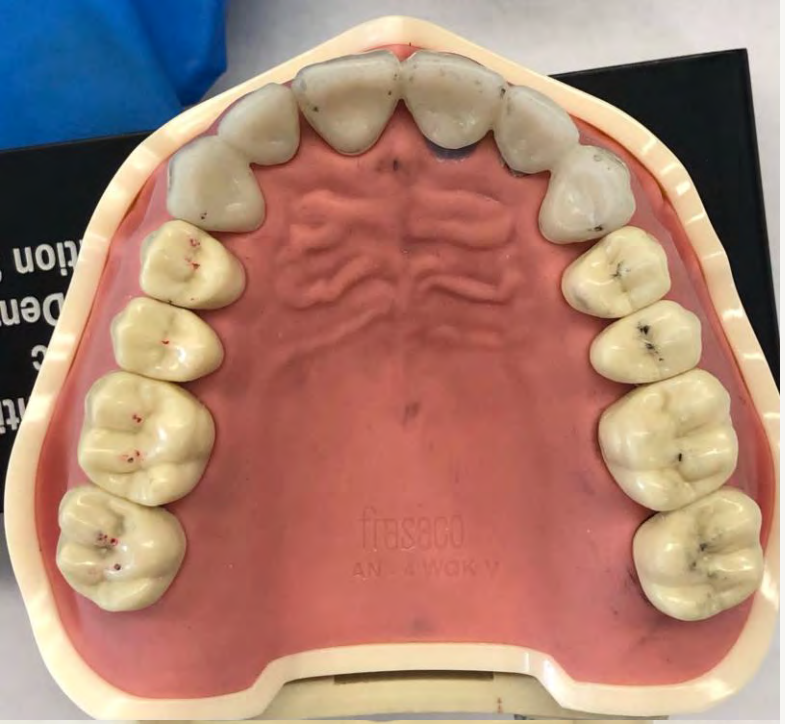


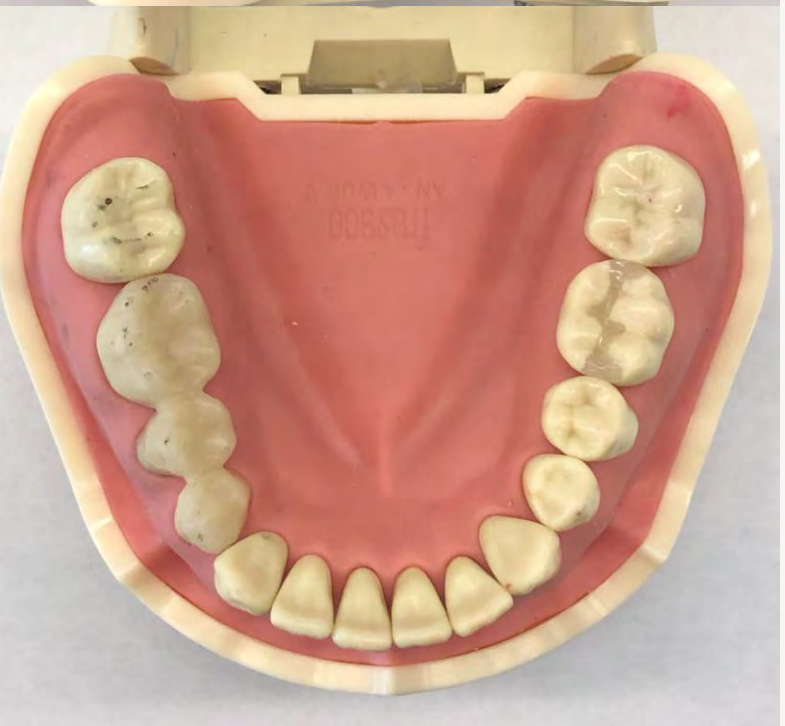


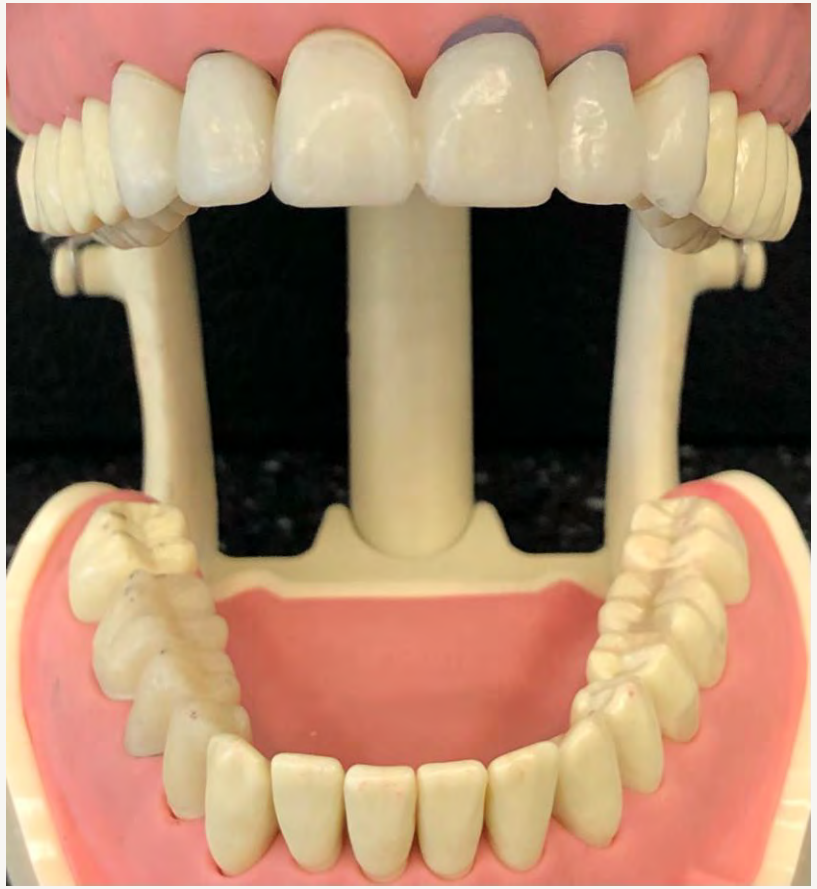


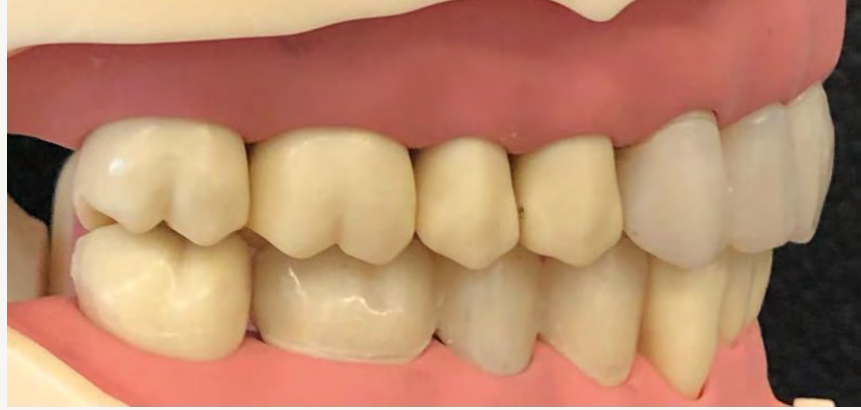


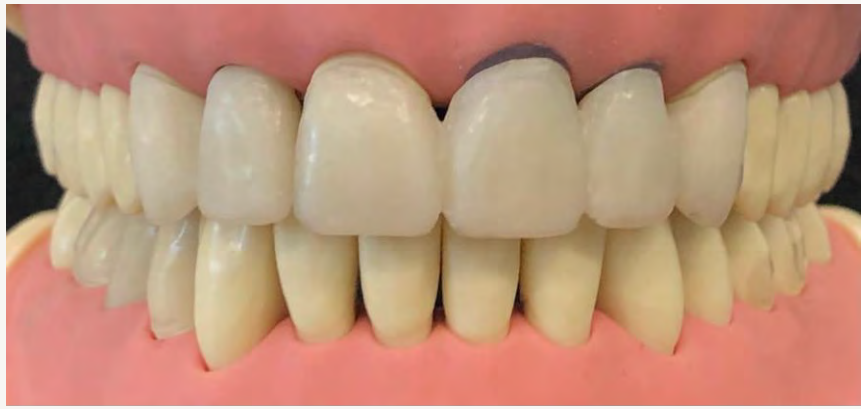
OUTCOMES

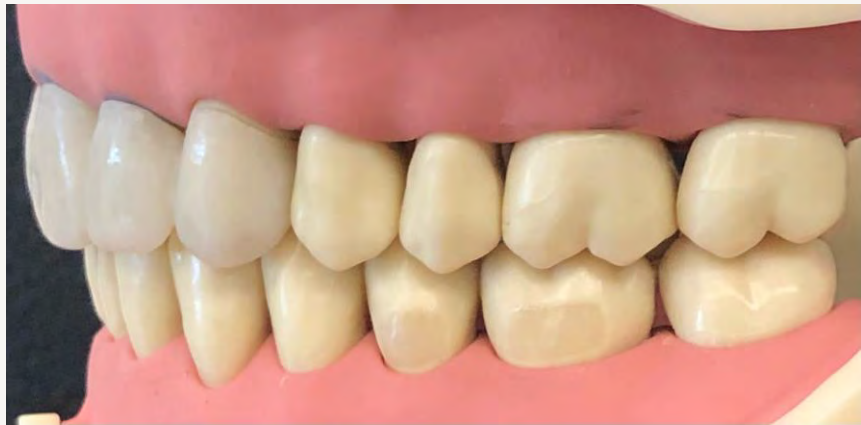




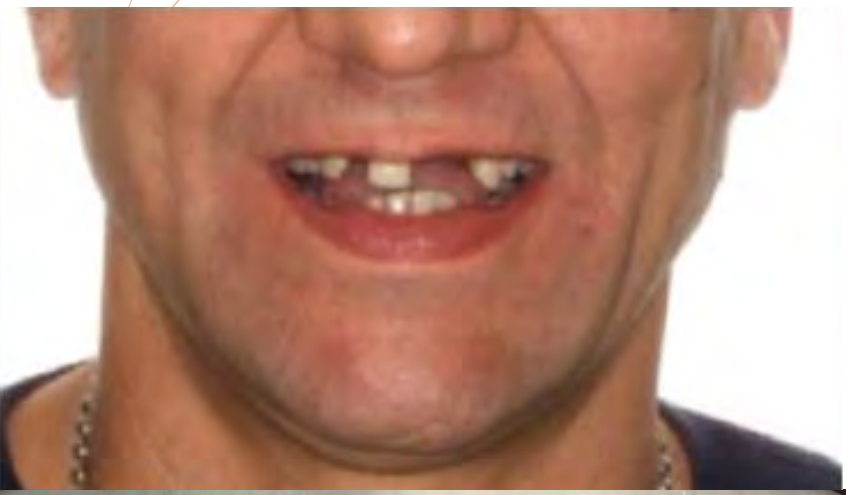


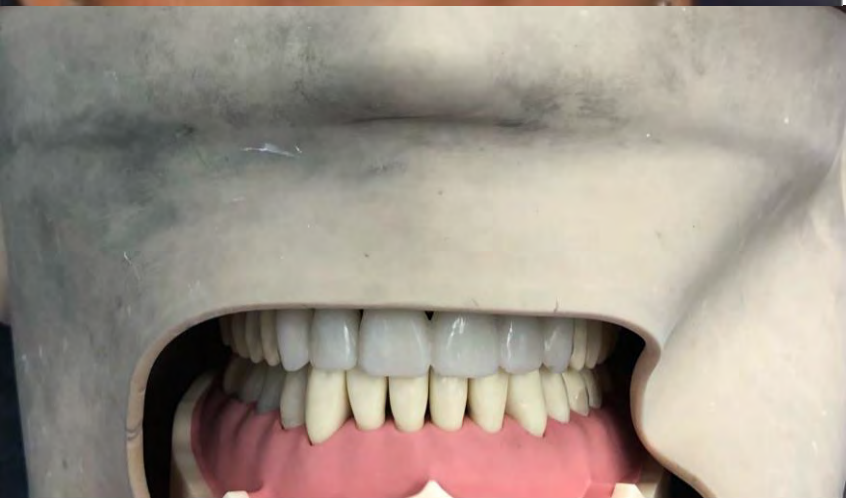


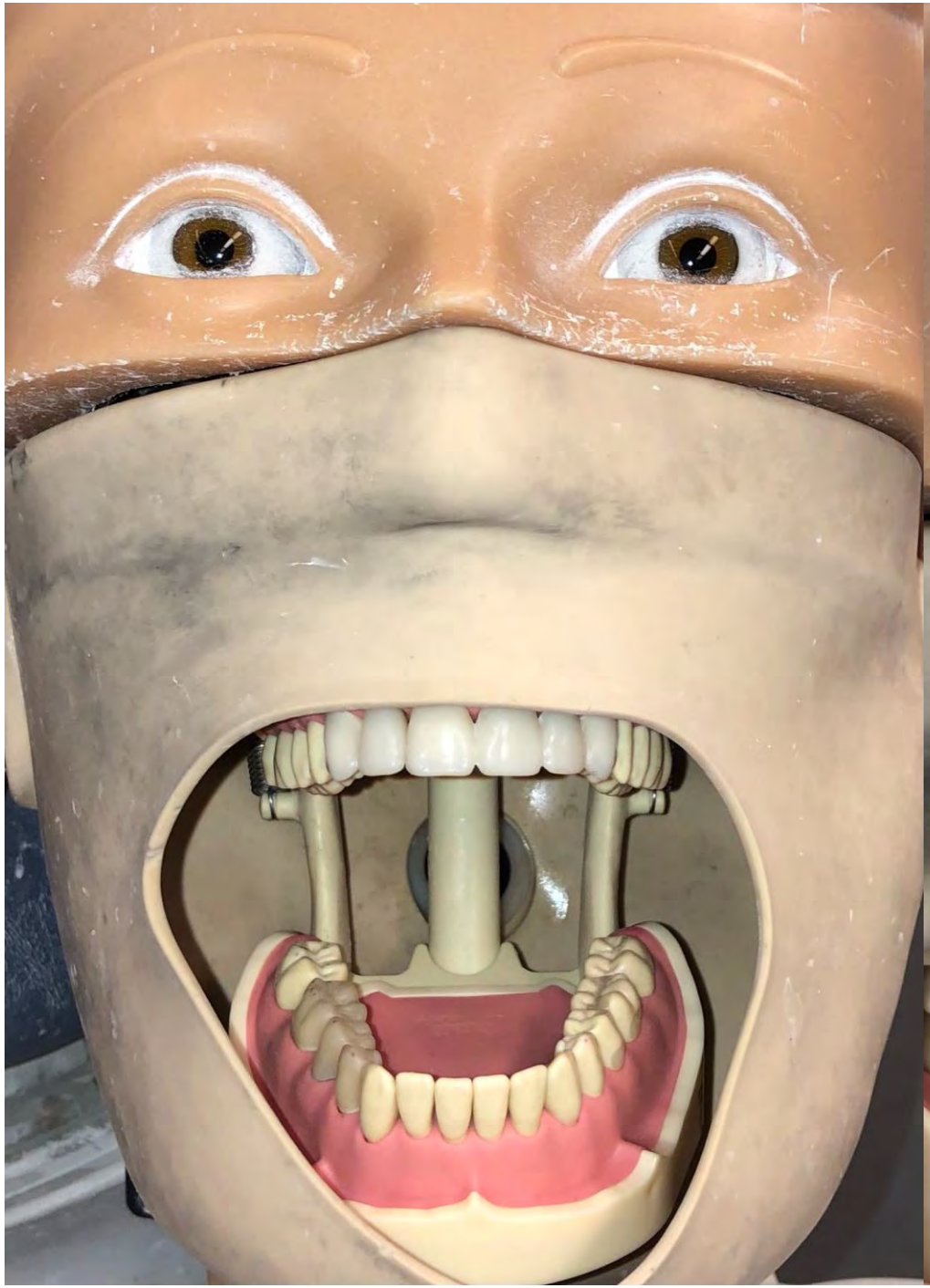


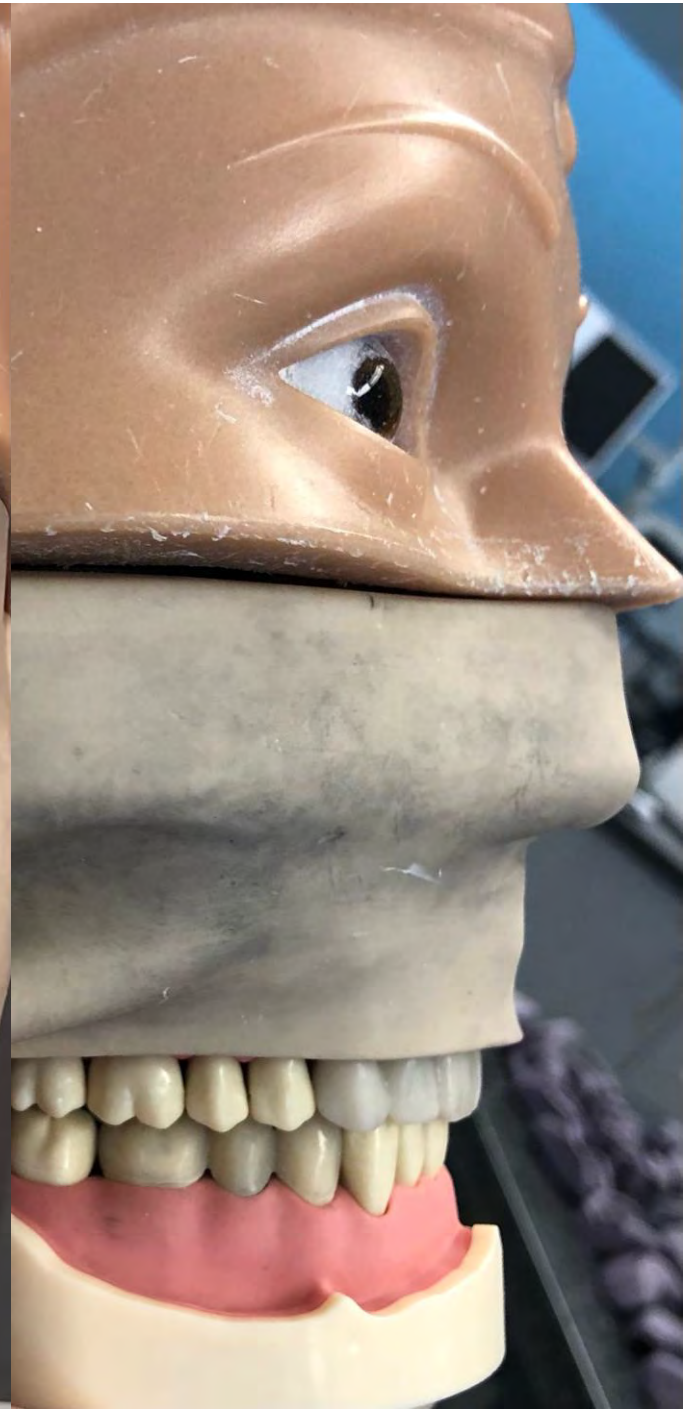


FINAL PICTURES









SELF-REFLECTION

STRENGTHS

I think the strengths in my case presentation are that I have fairly good functionality of the restorations (interproximal contacts, occlusion, etc.) and both the restorations and the temporaries that I have are polished fairly well also.

SHORTCOMINGS

I think the main shortcomings of my case presentation are the margins of my temporary bridges. They are fairly good but there are places where they are not completely flush with the tooth. They also are not polished as much as the rest of the temporary bridges because I didn't want to take off more material in the polishing process.

CHANGES

I think if I had a chance to redo this exercise, I would have saved more time for checking the patient's occlusion at the end of their appointments. Additionally I would have spent more time trimming my temporaries before trying to seat them.

ACKNOWLEDGEMENTS

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