

Demographics & RFA

- 47-year-old female, works in a motorbike shop
- New patient exam: 'wants to finally fix teeth'

Complaints and History of complaints

Primary complaint: recurrent abscesses in last few years
Secondary complaint: 'teeth crumbling away'

Medical History

- COPD – salbutamol inhaler 2P QDS PRN. ASA II

Social History

- 3 cigarettes weekly, previously: 15 daily for 20 years – gradually reducing at her own pace without NRT.
- 2-4 units of alcohol monthly

Dental History

- Not been to dentist in 15 years due to anxiety and had falling out with previous dental surgery
- Anxiety caused from a needle snapping during an infiltration
- Brushes once daily, no interdental cleaning
- Diet – patient frequently having boiled sweets, fruit juice and manuka honey throughout day

Significant Examination Findings

- BPE: 2*22/222*
- RRs: 12, 15, 22, 24, 26, 27, 37, 45
- Severe bone loss in posterior sextants
- Mild to moderate bone loss in anterior sextants
- Plaque (85%) and bleeding scores (88%)
- High caries risk, medium periodontal risk

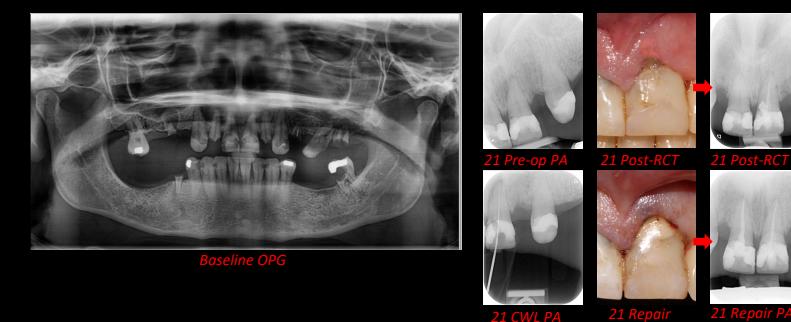
Diagnoses

- Generalised plaque induced gingivitis
 - Rampant Caries
- Primary caries: 13, 11, 21, 23, U L
Secondary caries: 37

Pre-treatment Photographs



Radiographs & Images



Post-treatment Photographs



Treatment options

- XLA or leave: 12, 15, 22, 24, 26, 27, 37, 45
- Provisional GI dressings: 11, 13, 21, 23, 32, 33, 34, 42, 43, 44. Replaced with definitive composite restorations
- Uppers: immediate complete or transitional denture
- Lowers: RPD or no denture

Treatment provided to stabilise oral health

- Prevention: OHI, dietary advice, fluoride toothpaste 1.1% and mouthwash 0.05% prescribed. Fluoride varnish 2.2% applied.
- XLA: 12, 15, 22, 24, 26, 27, 37, 45.
- Patient did not want immediate dentures.
- GI dressings: 32, 33, 34, 42, 43
- Composite restorations: 11, 13, 21, 23 (due to compromised coronal structure following caries removal)
- 44 carious pulpal exposure. Extirpated and offered patient RCT or XLA. Patient opted for XLA.

Post-stabilisation treatment

- Diet reassessed - patient reduced sugar frequency intake. Plaque (13%) and bleeding scores (13%).
- GI dressings replaced with definitive composite restorations.
- Upper acrylic RPD + lower Co-Cr RPD created after 7 months post XLAs.

Emergency treatment

- Patient had traumatic fall affecting 11 and 21 at end of treatment. Periapical radiolucencies, TTP + buccal swellings observed. 11 and 21 RCT completed.
- Supra-crestal perforation occurred on 21, treatment options: referral to an endodontist, restore perforation extra-coronally with GI, or XLA with denture addition. Patient opted for GI restoration.

Team working

- To complete the treatment plan, another dental student helped for 21 RCT.
- Discussed with an endodontist, how to approach treatment and long-term risks.
- Supervisor helped to restore perforation.

Reflection

- Reinforced importance of informed consent.
- Patient reported big boost socially, and being happier eating foods she could not manage to before.