

# EXAMPLE FD CASE PRESENTATION MILESTONE 3

## Patient X

Restorative  
Case example

## History

### **Reason for Attendance**

Miss RW was a new patient at this dental practice on the Dental Foundation patient list and had recently moved into the area and joined this dental practice, she was therefore seen by me for a new patient examination.

### **Presenting Complaint**

1. "I have an abscess on my top right tooth"
2. "I have a denture which I can't tolerate and doesn't fit right"

### **History of Presenting Complaint**

1. Miss RW was in a car accident when she was approximately 19 years old, she fractured this tooth at the time of the accident, and the tooth in question was the UR2. After it was fractured she had a large white filling placed, which has never been replaced and she is not happy with the appearance of it.

2. Miss RW also lost a tooth after the car accident, this was her UR1. When she lost this tooth she was provided with a partial acrylic denture to replace this tooth, the fit of the denture had become worse as time had passed and she wondered if something else could be provided instead of the denture.

# Medical History

The patient is fit and well, she is not suffering from any medical conditions.

- Cardiovascular: 0
  - Respiratory: 0
  - Gastrointestinal system: 0
  - Kidney: 0
  - Liver: 0
  - Endocrine: 0
  - Musculoskeletal: 0
  - Nervous system: 0
  - Blood: 0
  - Allergies: No known allergies
- Hospitalised: Miss RW has previously been hospitalised, this was at the time of her car accident when she was approximately 19 years old, she was found to only be suffering from dental trauma at the time.

# Dental History

- ▶ Miss RW last visited the dentist in November 2014, she was a regular attender and recently moved area
- ▶ Brushes teeth 2x daily – first thing in the morning and last thing at night using a manual brush using a Fluoride containing toothpaste.
- ▶ Mouthwash: Occasionally
- ▶ Interdental cleaning: Flosses daily
- ▶ Miss RW is not anxious regarding dental treatment

# Family History

- No known inheritable disorders

## Social History

- Alcohol: Does not drink Alcohol
- Smoke: Never smoked
- Currently employed as a school teacher
- Miss RW is fine to attend appointments

# Examination

## Extra-Oral

Lips and seal	Competent
Asymmetry	NAD
Skeletal classification	Mild Class II
Lymph Nodes	NAD
Muscles of Mastication	NAD
TMJ	NAD

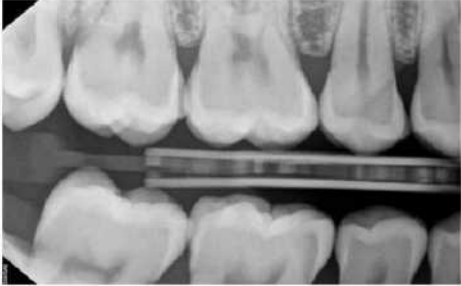
# Intra-Oral

Labial mucosa	NAD
Buccal Mucosa	NAD
Gingiva	Some areas of Gingival Inflammation
Tongue	NAD
Floor of Mouth	NAD
Palate	NAD
Throat	NAD
Incisor relationship	Class I
Molar relationship	RHS: Half unit Class II LHS: Class I
Excursive movements	RHS: Canine Guidance LHS: Canine Guidance Anterior Protrusion: Guides on UL1
Oral hygiene	Good
Other	UR2 – large failing composite present Upper acrylic partial denture present – Good stability, lacks retention, slightly ill fitting margins UL1 – Enamel Infractions


## Special Investigations

1. **Radiographs**
  - ▶ Right and Left bitewings
  - ▶ Periapical of UR2
2. **Pre-operative photographs**
3. **Percussion testing**
4. **Sensibility testing for any other non –vital teeth from car accident**
5. **Plaque & Bleeding scores**
6. **Study models**

# Radiographs

	
<p>Horizontal Bitewing RHS      QA      A</p>	<p>Horizontal Bitewing LHS      QA:      A</p>
<p><b>Bone Levels</b> Good</p> <p><b>Calculus</b> NAD</p> <p><b>Caries</b> -D1/D2/Enamel caries:</p> <ul style="list-style-type: none"> <li>• UR6/UR5</li> <li>• LR5/LR6</li> <li>• LL4/LL5/LL6/LL7</li> <li>• UL5/UL6</li> </ul>	<p><b>Pathology</b> NAD</p> <p><b>Other</b> UL8 P/E</p>

## Radiographs

	<p><b>Bone</b> Mild loss</p> <p><b>Calculus</b> NAD</p> <p><b>Caries</b> NAD</p> <p><b>Pathology</b> UR2 Rarefying Osteitis/Widened ligament space apically</p> <p><b>Other</b> UR2 restored with Composite – Appears deficient Mesially and Distally</p>
<p>Periapical UR2      QA:      A</p>	

## Pre-Operative Photographs

**3 images suggested 1 frontal view and 2 lateral views**

## Pre-Operative Photographs

**2 images suggested – intra-oral views. Upper and lower arch**

# Pre-Operative Photographs

**Pre-op extra-oral view and pre-op intra-oral view**

# Pre-Operative Study Models



# Definitive Diagnosis

- ▶ UR2 Chronic Apical Periodontitis
- ▶ UR2 Failed/Leaking Composite
- ▶ UR1 Edentulous Space
- ▶ Upper Acrylic Partial Denture lacking Retention replacing UR1 Edentulous space
  
- ▶ **D1 & D2** Enamel Caries:

6	5			5	6		
6	5			4	5	6	7

- UL1 Enamel Infractures
- Regions of Mild Gingivitis

# Treatment Options

- UR2 with Chronic Apical Periodontitis:
  - Leave
  - Root canal treatment
  - Extract:
    - Gap:
      - Leave, restore with Bridge, Partial Denture, or Implant (Private)
  
- UR2 Failed/Leaking Composite:
  - Leave and monitor
  - Replace with direct composite build up
  - Replace with Crown – Resin Bonded Crown or Metal Ceramic with possible post



# Treatment Options

- UR1 Edentulous Space/Upper Acrylic Partial Denture lacking Retention replacing UR1 Edentulous space:
  - ▶ Leave and monitor
  - ▶ Reline existing Upper Partial Denture and possible addition of stainless steel clasps
  - ▶ Restore UR1 space with:
    - New Denture (CoCr or Acrylic), Bridge (Resin Retained or Conventional), Implant (Private)
  
- UL1 Enamel Infractures:
  - ▶ Leave and monitor
  - ▶ Resin infiltrations

# Treatment Plan

## **Stabilisation phase**

- Oral hygiene instructions, toothbrushing instructions
- Scale and polish
- Application of Fluoride varnish to all teeth and D1 & D2 carious lesions
- Fluoride supplements – Fluoride mouthwash 0.05%
- Pulpal extirpation of UR2 to remove infection

## Restorative phase

### 1. Root Canal Treatment on:

2	

### 2. Direct core build up and indirect

2	

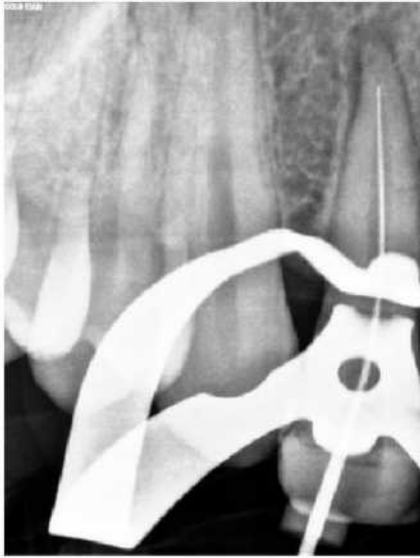
### 3. \_\_\_\_\_ 1: \_\_\_\_\_ 1:

	1

## Maintenance

- Monitor D1 & D2 carious lesions with follow-up radiographs
- Monitor UL1 Enamel Infractures by utilising clinical photographs
- Re-examine teeth and re-perform occlusal analysis
- Scale and polish
- Fluoride varnish
- Re-motivate patient
- Repeat radiographs:
  - Recall Bitewings – 12 months
  - Review Periapical of RCT – 12 months
- Post-op photos

## Treatment – UR2 RCT



Periapical UR2 – Working Length Radiograph  
QA A

### **Bone**

Good levels

### **Calculus**

NAD

### **Caries**

NAD

### **Pathology**

UR2 Rarefying osteitis apically

### **Other**

UR2 with file size 25 at 22mm – 2.5mm short of apex

UR2 composite crown

Rubber dam clamp present

## Treatment – UR2 RCT



Periapical UR2 – Master Cone Radiograph  
QA A

### **Bone**

Good levels

### **Calculus**

NAD

### **Caries**

NAD

### **Pathology**

UR2 Rarefying osteitis apically

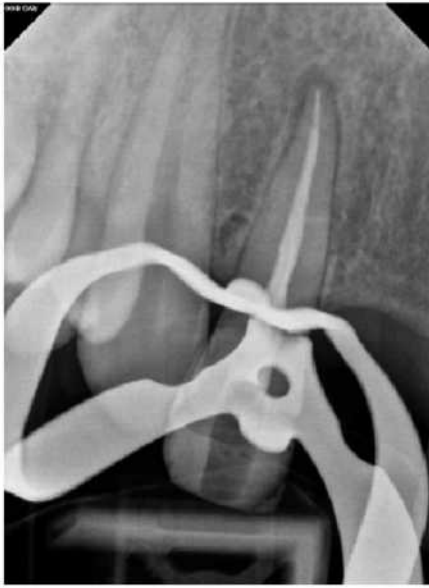
### **Other**

UR2 size 40 GP at apex

UR2 composite crown

Rubber dam clamp present

## Treatment – UR2 RCT



Periapical UR2 – Post Obturation Radiograph  
QA A

### **Bone**

Satisfactory levels

### **Calculus**

NAD

### **Caries**

NAD

### **Pathology**

UR2 Rarefying osteitis apically

### **Other**

UR2 RF with GP - satisfactory compaction of GP, lateral canal filled with sealant

UR2 composite crown

Rubber dam clamp present

## Prep Time...

The UR2 can be seen in the picture below after removal of the failed composite - there was enough sound tooth tissue present to negate the need for a post. The core size was slightly smaller than ideal; therefore its height was increased by the use of Composite.

**May provide a pre-op image**

## Prep Time...

The UR2 was then prepared for a Resin Bonded Crown.

Simultaneously the UL1 palatal surface was also prepared with a chamfer margin to allow location of the metal wing for the resin retained bridge replacing the UR1.

Shade A1 Vita was chosen.

A copy of this was sent to the lab to aid shade and mould matching.

**Image of shade guide tab against anterior teeth**

## Impressions

A light and heavy bodied silicone impression was taken of the upper arch



# Impressions

A lower arch impression was taken in Alginate



# Fit Stage

The picture below shows the delivery of the UR2 Resin Bonded Crown and the UR1 Resin Retained bridge.



After a good fit was confirmed and the patient was happy with the aesthetics, the Resin Bonded Crown was cemented with RelyX Veneer Resin Cement and the Resin Bonded Bridge was cemented with PanaviaF.

## Post-Operative Photographs

**3 images suggested frontal view and 2 lateral views**

## Post-Operative Photographs

**2 images suggested - Intra-oral views of upper arch and lower arch**

## Comparison

**Pre-op and post-op images suggested**

## Reflection

- Treatment
- Patient Management
- Team Working
- Future Practice



<p><b>Surname:</b> .....</p> <p><b>Forename(s):</b> .....</p> <p><b>Date of Birth:</b> _ _ - - - - -</p> <p><b>Patient ID Number</b> _ _ - - - - -</p>	<p><b>Practice Stamp</b></p>
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## PATIENT CONSENT TO PHOTOGRAPHY / VIDEO RECORDING

This form gives my consent to be photographed, filmed or recorded (the “material”) as indicated below. I understand if I do not wish to be photographed, filmed, or recorded, my decision will be respected. I am able to change my decision at any time and this decision will have no bearing on any treatment or care that I need.

I confirm it has been explained to me, in terms I have understood, how the material could be used.

I understand the material has educational value – if I consent to level 4, this means it could be used in training clinical staff for research or published in different media **anywhere in the world**. I understand that this means it may also be seen by the general public. Every effort will be made to conceal my identity but this cannot be completely guaranteed.)

I can see the material by arrangement with the clinician involved in my care.

I understand that no fee is payable to me by the above dental practice or any other person, in respect of the material either now or in the future.

<p><b>LEVEL</b></p> <p><b>4</b></p> <p><input type="checkbox"/></p>	<p><b>I CONSENT</b> to the material being part of my medical record <b>AND USED FOR TEACHING, PRESENTATION AT CONFERENCES, OR MADE AVAILABLE ON WEBSITES AND IN PUBLICATIONS.</b></p> <p>Signature: ..... (Patient / Guardian - <i>please circle</i>)</p> <p>Print Name: ..... Date: _ _ / _ _ / _ _</p> <p>—</p>
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