

**SEMMELWEIS UNIVERSITY**

**DEPARTMENT OF CONSERVATIVE DENTISTRY**

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# PATIENT ASSESSMENT AND TREATMENT PLAN



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# NEXT SEMESTER

## CLINICAL PRACTICE

- First encounter with the patient
- Preparation



## CASE REPORT

- 1 documented case/semester
- 3 cases for final exam
- Case report protocoll

<http://semmelweis-egyetem.hu/konzervalo-fogaszat/konzervalo-fogaszat/>



## DENTAL TREATMENT

- Examination and possible treatment of all teeth
- General medical condition may affect treatment plan



# MAIN PURPOSE OF DENTAL VISIT

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# REGISTERING ANAMNESIS

## REGISTERING ANAMNESIS



MEDICAL  
HISTORY

DENTAL  
HISTORY



General  
Medical  
condition



Patients  
with high  
level risk

# RELEVANT ANAMNESTIC DETAILS FROM DENTAL ASPECT I.

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## Allergy

- Metal allergy (nickel)
- Acrylate allergy
- Anaesthesia (Lidocaine → amide-bond)
- Latex
- Allergy for medicines (penicillin, iodine)



## Contagious diseases

- Hepatitis (A,B,C!)
- HIV
- Infection control
- **Every patient is taken to be potentially contagious**



## Blood-forming malfunctions, coagulant therapy

- Hemophilia, Thrombophilia
- Coagulant medicines (Vit.-K. antag., anticoagulant pills, Aspirin Protect)
- Anemia

# RELEVANT ANAMNESTIC DETAILS FROM DENTAL ASPECT II.



Cardiovascular diseases

- Infective endocarditis, prosthetic valve/stent, bypass (vascular prosthetic graft), cardiac malformations (with regurgitation), in case of prosthesis implantation within 6 month

**AB prophylaxis**

- Recommended to avoid in case of patients with pacemaker:
  - ultrasonic scaling
  - electrosurgery
  - apex locator
  - electric sensitivity test
- Myocardial infarction in 6 month: only emergency treatment if possible
- Hypertension



transplanted, prosthetic valve/stent / joint replacement

# RELEVANT ANAMNESTIC DETAILS FROM DENTAL ASPECT III.

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Patients under  
drug therapy



Patients  
undergone  
radiotherapy

- Bisphosphonate (tumor therapy - anti-osteoporosis)  
AB prophylaxis over 2 weeks (started 4-5 days before treatment)
- Antidepressant, antihypertensive drugs (decrease in saliva production)
- Ca-channel blocker, immunosuppressant (gingiv. hyperplasia)
- Radiotherapy (within 1 year AB prophylaxis) if it fails → osteoradionecrosis, nodule release before treatment
- Tetracycline (teeth discoloration)

# RELEVANT ANAMNESTIC DETAILS FROM DENTAL ASPECT IV.

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Metabolic disorders

- Diabetes mellitus
- Epilepsy
- Intellectual disabilities
- Hyperthyreosis (max 6ml anaesth.)



Neurological problems



Pregnancy

- X-ray should be avoided in first 2 trimesters
- Gingivitis– hormonal effects
- Motivation for better oral hygiene



# FURTHER OBJECTIVES OF ANAMNESIS

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EXPLORING SYSTEMIC DISEASES



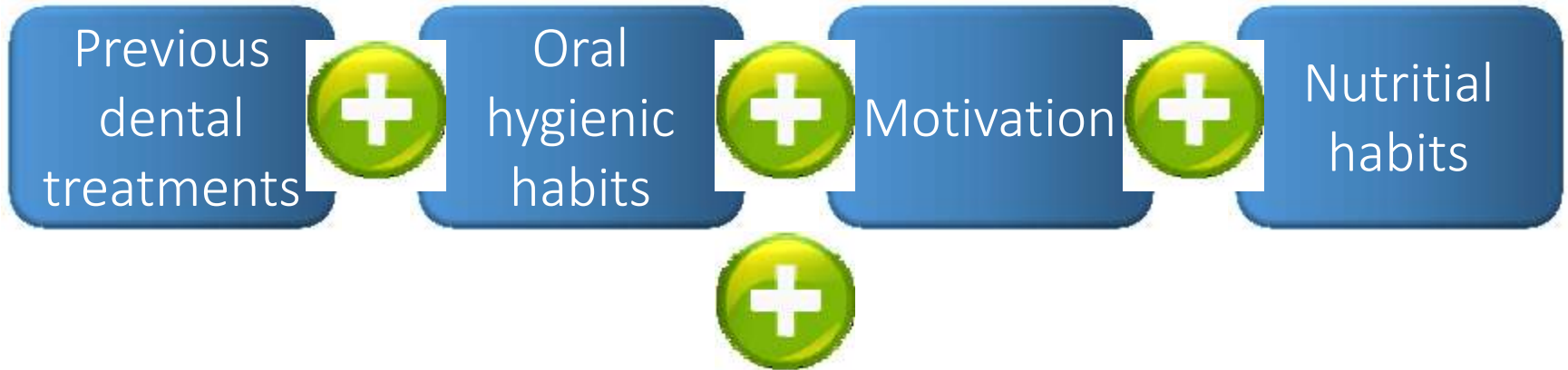
FAMILY HISTORY  
(genetic diseases)



SOCIAL HISTORY  
(smoking, drinking)

# DENTAL HISTORY

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## SUBJECTIVE COMPLAINTS OF PATIENT

Thermal stimulus

Osmotic stimulus

Sensitivity on biting

Spontaneous pain

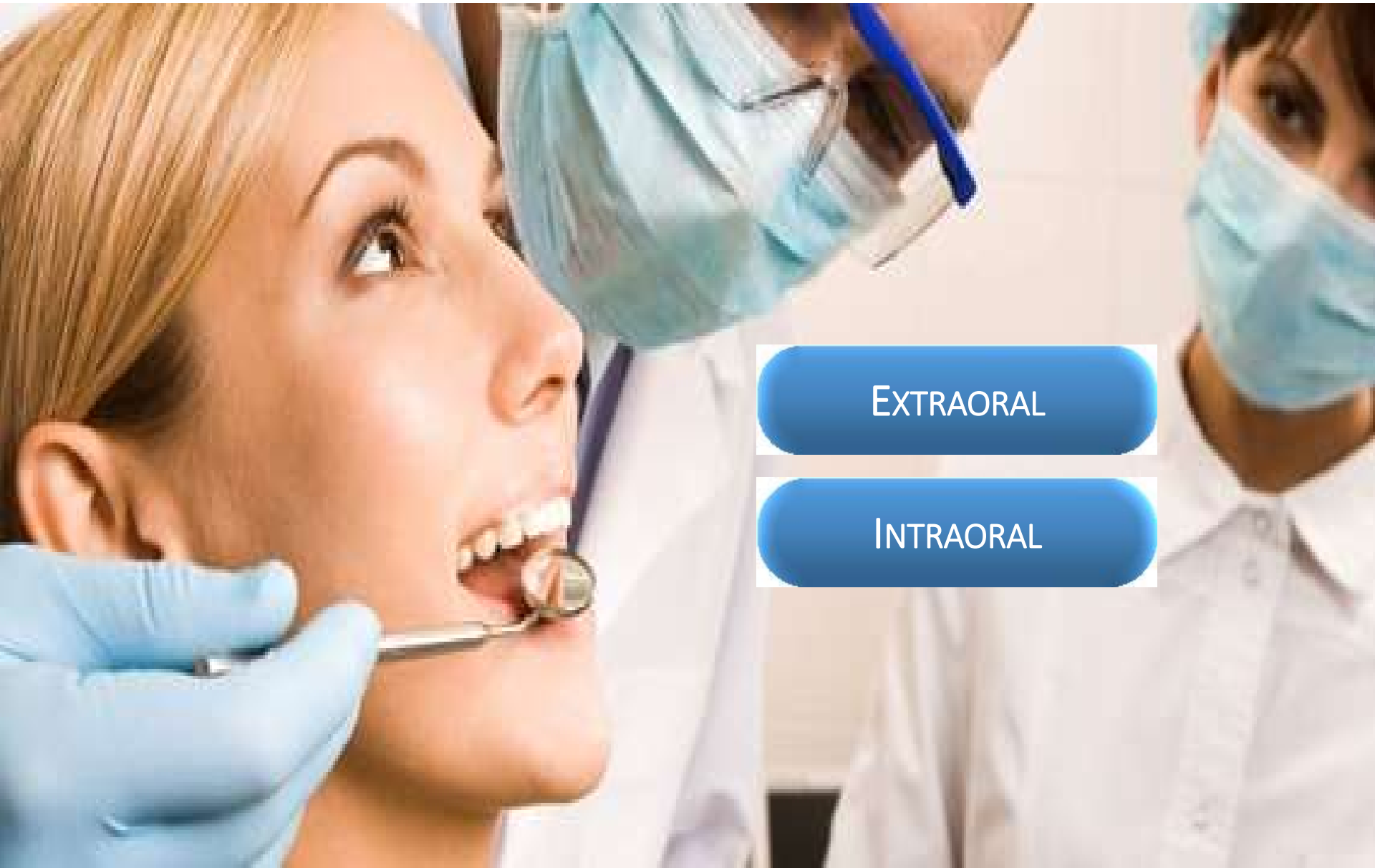
Food impaction

Esthetic problems



# STOMATO-ONCOLOGICAL SCREENING

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EXTRAORAL

INTRAORAL

# DENTAL EXAMINATION

## EXTRAORAL

- Facial muscles, symmetry
- Lymph nodes
- Color of skin and sclera
- TMJ

## INTRAORAL

- Inspection
- Palpation
- Percussion
- Sensitivity test
- Probe on biting

- Dental- and periodontal probe
- Dental mirror
- Dental forceps
- Syringe

- Appropriate illumination
- Dried surface of teeth

DENTAL  
EXAMINATION

INSTRUMENTS

CONDITIONS

# DENTAL EXAMINATION

## EXTRAORAL

## INTRAORAL

### ADDITIONAL DIAGNOSTIC TOOLS

### RADIOLOGICAL EXAMINATION

- Periapical
- Coronal (bite-wing)
- Occlusal

- OP (orthopantomogram)
- Cephalometric
- CBCT (3D!)

### ADDITIONAL INSTRUMENTATION

- Dental lupe / operating microscope
- Electrical pulp tester
- Fiber optics (FOTI/DIFOTI – DIAGNOcam)
- Oralcamera
- Laserfluorescent tools (DIAGNOdent)
- Histological examination (mainly oral surgery)
- Microbiological examination
- Laboratory

# SETTING UP DIAGNOSIS

WE NEED TO FIND ALL DENTAL  
AND MEDICAL ISSUES OF OUR  
PATIENT!



# SETTING UP TREATMENT PLAN



'Full mouth' treatment plan

Informing patient  
(consent needed - consent form)

Prognosis

Involving patient in case of various therapial alternatives

Price

Treatment plan may change during procedures

# FACTORS AFFECTING TREATMENT PLAN

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General medical condition  
(medical history)

Motivation

Financial status

Experience of dentist

Instrumental conditions  
(instruments, equipments, etc.)



# SEQUENCE OF DENTAL TREATMENTS

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## REORGANISATION AND RECLAMATION



Emergency treatments

Periodontal treatments

Oral surgeric treatments

Conservative treatmantants

Prosthetic/orthodontic

Control and care

# PHASES OF DENTAL TREATMENTS

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**Acut phase** – elimination of pain and acut inflammation



**Causal phase** – elimination of etiological factors



**Restoring phase** – restoring physiological like state (chewing function, esthetics, fonation, etc.)



**Care** – regular checkup, professional oral care

# SEQUENCE OF CONSERVATIVE DENTAL TREATMENTS

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First Aid (Acute pain)



Treating lesions dangerous for pulp (without symptoms)



RCT



(Whitening/Bleaching)



Filling



Inlays, other esthetic procedures

# CASE REPORT

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57 YEAR OLD MALE PATIENT

LOST HIS UPPER RIGHT LATERAL BRIDGE 'SEARCHING FOR SOLUTION'

**MEDICAL HISTORY:**

SMOKING, HYPERTENSION (VALSARTAN), PHOBIA (XANAX)

**DENTAL HISTORY:**

HASN'T BEEN TO DENTIST'S FOR YEARS, UPPER RIGHT LATERAL BRIDGE LOST

# BEFORE TREATMENT

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# BEFORE TREATMENT

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# DENTAL EXAMINATION

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Sztomato-onkológiai szűrés: NEGATÍV

TMI vizsgálat: NEGATÍV

## PARODONTOLÓGIAI STÁTUSZ

### Parodontológiai státusz:

- elégtelen szájhigiéne, fogkő, fogmozgathatóság, 18,16,12,27,31,38,47,48 reménytelen prognózisú

## KARIOLÓGIAI STÁTUSZ

- 13, 23 caries és negatív válasz szenzitivitás-tesztre

### Foghiány, pótlás:

- 7 tagú K+B leplezésű híd, pillérfogak: 21,22,23,24,25,27, hézagfog: 26
- Jobb felső lateral híd már nem volt szájbán első vizit alkalmával

# RADIOLOGICAL EXAMINATION

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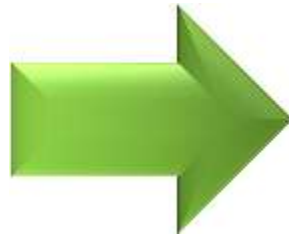




# DIAGNOSIS AND TREATMENT PLAN

## DIAGNOSIS

- Chr. periorodontitis, reménytelen prognózisú fogak (caries, period. apic. chr.)
- Felső állcsont: Fábrián és-Fejérdy féle 2B típusú foghiány
- Alsó állcsont: Fábrián és-Fejérdy féle 1B típusú foghiány (ellátás miatt)



## TREATMENT PLAN

- Scaling, subging. scaling, motivation
- Extractions: 17,12,27,37,47
- 31 extraction and splinting with composite (43-33-ig)
- Removal of the upper left bridge and preparing a temporary
- 13, 23 RCT, 23 dowel core
- New RPD



# COMBINED PROSTHESIS FOR UPPER JAW

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## FIX RÉSZ

- Egybeöntött technológiával készült 8 tagú fémkerámia híd.
- Pillérfogak: 13,21,22,23,24,25. Pótfogak:12,11
- Elhorgonyzás eszközei: 13 és 25 fogakra Preci Vertex, orálisan frézelt váll és interlock

## KIVEHETŐ RÉSZ

- Dentomucosalis megtámasztású, merev elhorgonyzású, 6 fogat pótló részleges fémlemez fogpótlás készítése.  
(Pillangó alakban redukált összekötő rész)

# UPPER EXTRACTIONS

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# 31 EXTRACTION AND SPLINTING BACK WITH COMPOSITE



# 13, 23 RCT, 23 DOWEL CORE



# FURTHER STEPS



# AFTER TREATMENT

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„NIL NOCERE”







THANK YOU FOR YOUR ATTENTION!

