

PATIENT PROFILE

Mr. Wilton is a 52-year-old manager of a local gardening store who has come to your dental office for an initial visit. During his patient interview, Mr. Wilton informs you that he made this appointment at his wife's insistence. He states that his wife wants to know if there is anything that can be done about his bad breath. Mr. Wilton informs you that he cannot seem to get his bad breath under control using mouth rinses. He does not floss and the last dental visit was over 8 years ago. He only brushes at night and rinses a few times a day.

PATIENT HEALTH HISTORY

- At the time of his initial visit, Mr. Wilton's blood pressure is 164/100 mm Hg and his pulse rate is 74 per minute.
- Mr. Wilton states that his weight is 275 and height is 5'8
- Mr. Wilton informs you that he is taking Amoxicillin prescribed by his physician for an ear infection.
- Mr. Wilton tells you that he had high blood pressure once and that he did take a prescribed medication a few years ago for that condition. He tells you that he was feeling just fine so he stopped taking the prescribed blood pressure medication.
- Mr. Wilton states that at times he occasionally gets small lesions inside his mouth that disappear after 1-2 weeks. They initially hurt a lot and burn when he eats acidic/spicy foods they hurt more.
- Mr. Wilton also states that he has a "bump" on the inside of his right buccal mucosa that has been there for 3-4 years. Does not hurt him and he is used to it.

DECISION-MAKING QUESTIONS FOR CASE: MR. WILTON

1. What information should your team give Mr. Wilton regarding his wife's concern about his bad breath? Note that this was the complaint that prompted Mr. Wilton to make an appointment in your office.
2. What stage of hypertension is Mr. Wilton?
3. What is Mr. Wilton's BMI? Is it within normal limits?
4. Describe the intraoral lesion on the buccal mucosa that Mr. Wilton states has been there for years. What could be a possible reason for that lesion? How would you document it?
5. What factors in Mr. Wilton's profile indicate that achieving an acceptable level of patient self-care may be a problem for the dental team?
6. What factors revealed in Mr. Wilton's health history will be critical for the dental team to consider during the visit?
7. What signs of gingival inflammation are evident in Mr. Wilton's clinical photographs? What is the gingival description? Generalized/localized?
8. What is the occlusion for Mr. Wilton? Did you use molar or canine relationship?
9. What do you think is the lesion that Mr. Wilton states he occasionally gets? What could be a possible reason for getting that lesion? Could you proceed with treatment if that lesion was present?

10. What etiologic risk factors for gingival and periodontal diseases are evident in Mr. Wilton's clinical photographs?
11. Does Mr. Wilton's evaluation indicate that he has attachment loss present on some teeth?
12. In response to your questions, Mr. Wilton informs you that the spaces between his front teeth were not there a few years ago. What do you think may be causing these spaces between his teeth to appear? What is that space called and how would you chart it?
13. What etiologic factors for gingival and periodontal diseases are evident in Mr. Wilton's dental radiographs?
14. On Mr. Wilton's radiographs, what specific findings indicate that he has alveolar bone loss present?
15. Based on the radiographs, if you had to determine the calculus detection how would you classify him? Why?
16. What homecare instructions would you give Mr. Wilton and why? Write at least 4 statements with problem/intervention/outcome.
17. Write a suggested step-by-step plan for nonsurgical periodontal therapy for Mr. Wilton. What instruments would you use and why? Would you polish after treatment? Why?
18. What information should your team give Mr. Wilton about his dental condition?
19. What should Mr. Wilton be told about the possible need for further treatment later?
20. What should Mr. Wilton be told about the need for continuing treatment such as periodontal maintenance?
21. What should your team tell Mr. Wilton if he refuses your team's recommendations for periodontal therapy? How would you document this? What would you write?



Right side



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Maxilla
			I			I	I	II	I		I					Mobility (I, II, III)
+	+			+		+	+	+		+	+	+		+	+	Bleeding/Purulence (+)
635	634		338	535	537	626	736	537	625	536	725	524		435	535	Attachment Level (CEJ to BP)
635	634		338	535	537	626	625	537	625	536	725	524		435	535	Probing Depth (FGM to BP)
																Facial
																Palatal
+	+		+	+	+		+	+		+	+	+		+		Bleeding/Purulence (+)
535	634		438	534	636	536	646	746	535	536	726	423		426	535	Attachment Level (CEJ to BP)
535	634		438	534	636	536	535	635	535	536	726	534		426	535	Probing Depth (FGM to BP)
																Plaque
	✓				✓	✓	✓	✓	✓	✓		✓		✓	✓	Supragingival Calculus
✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	Subgingival Calculus
			4			4			4						PSR Code	
<i>Right</i>								<i>Left</i>								

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Mandible
			I			II	II	II	II							Mobility (I, II, III)
	+	+	+		+	+	+	+	+	+	+	+	+	+	+	Bleeding/Purulence (+)
	435	536	545	524	535	746	656	647	748	635	524	535	535	636	645	Attachment Level (CEJ to BP)
	535	536	545	524	535	635	545	536	637	635	524	535	635	636	635	Probing Depth (FGM to BP)
																Lingual
																Facial
	+	+		+	+	+	+	+	+	+	+		+	+	+	Bleeding/Purulence (+)
	435	526	535	424	535	735	646	636	536	524	525	425	525	526	625	Attachment Level (CEJ to BP)
	535	526	535	424	535	624	535	525	536	524	525	425	525	526	625	Probing Depth (FGM to BP)
																Plaque
					✓	✓	✓	✓	✓	✓					✓	Supragingival Calculus
	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Subgingival Calculus
			4			4			4						PSR Code	

