

GREEN SET: CLUSTER 1 (CLINICAL INFORMATION AND GATHERING) ULCER PRESENT IN A DENTURE PATIENT

Ready to understand? Follow the steps!

1

Understanding patient concerns here is important. As there are a lot of risk factors and discussions like - unhealed ulcer, denture concerns, angular cheilitis, or sometimes denture stomatitis. Depending on the primary concern - we will explore the chief complaint. Denture details - since how long? Any difficulties experienced? How does the patient maintain? Regular dental visits? Explain this if patient wants only upper denture: If there are dentures on both the jaws, only then the functional needs will be met. Repercussions on no replacement in lower jaw. Ulcer - explanation on how it's a red flag - because of 2 months, smoking, any other positive symptoms from the history you ask.

S/H

→ Smoking - how long? And how many? Understand if it's associated with some underlying cause. Stress?

M/H

→ Medical condition? Medications? Blood test?

2

Angular cheilitis: How ill-fitting denture is associated with its cause. Explain other causes too - Iron, folate, vitamin B12 deficiency, chronic granulomatous diseases, seborrheic dermatitis.

3

INVESTIGATION

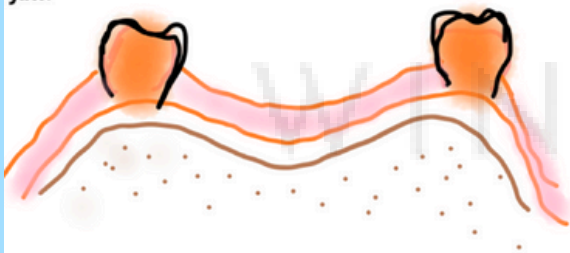
Extraoral: Angles of mouth and facial profile. Intraoral: OPG, careful look at all oral lining, ulcer region.

Referral: to GP for blood test and biopsy - to oral medicine specialist.

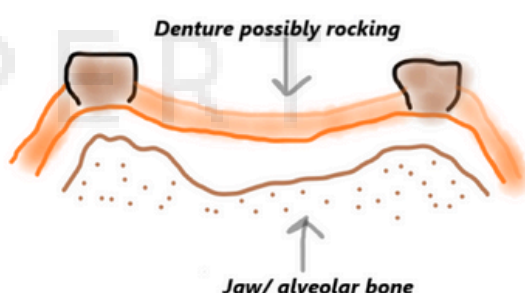
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Health promotion: Denture hygiene, Support in quitting support and if stressful life.

A newly made denture resting on the healthy alveolar bone/jaw.



A wornout old denture resting on the resorbed jaw/alveolar bone.





GREEN SET: CLUSTER 1 (CLINICAL INFORMATION AND GATHERING) NON-HEALING EXTRACTION SOCKET

Ready to understand? Follow the steps!

1

In this case, extraction is done by another dentist at a different clinic. So, it could also be a complaint case. Start by empathetic statement to understand the pain. Explore pain by asking SOCRATES questions.

Dry socket - relevant history (how was the extraction procedure, any experience like this in the past?)

Instructions that could be followed by patient after extraction.

S/H

→ Questions on smoking and alcohol.

M/H

→ Medical conditions/ medications/ blood test? Any allergies?

2

Explain possible causes depending on history: (Depending on history given by patient explain the cause).

Dry socket, post-operative infection or Pain coming from another tooth.

3

INVESTIGATION

Extraoral - Any tender/ swollen lymph nodes. Any swelling on face.

Intra-oral - Careful look at the socket, flush the debris accumulated, check adjacent teeth too, PA x-ray if uncomfortable then opt for OPG.

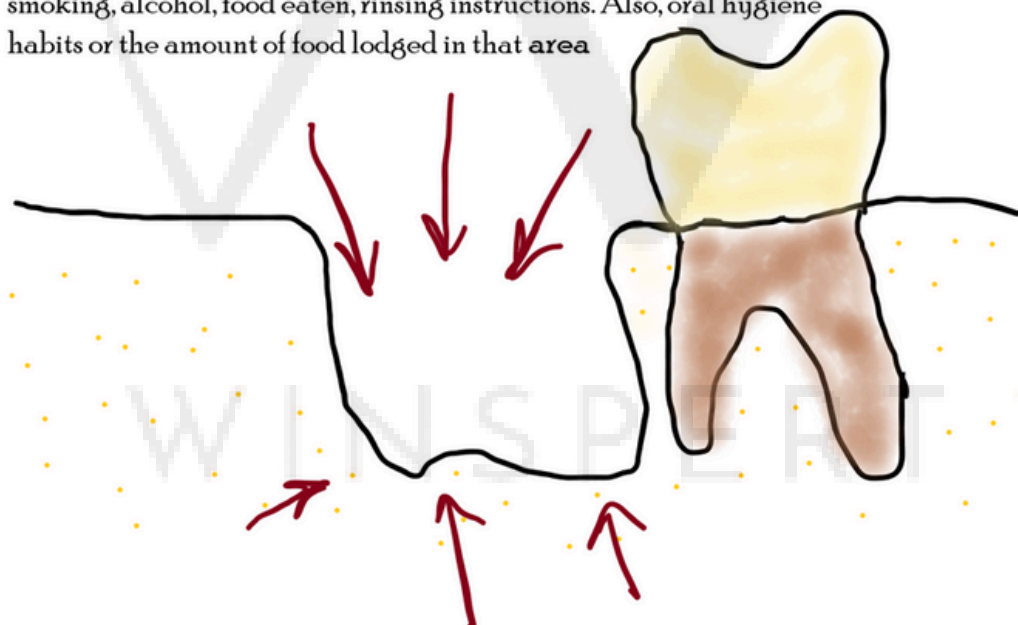
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Managing pain: (If bold part says so).

Placing alveologyl - after asking allergies.

Prescribe analgesics - after understanding medical history.

smoking, alcohol, food eaten, rinsing instructions. Also, oral hygiene habits or the amount of food lodged in that area



body's low immunity or healing potential is affected by underlying medical conditions



GREEN SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) PATIENT REQUESTING REPLACEMENT OF AMALGAM FILLINGS

Ready to understand? Follow the steps!

1

Ask details regarding the main motive for her decision to replace silver fillings.
Any issues experienced with silver fillings?

2

Criteria for changing silver fillings is when we notice secondary decay, cracks of concern, not in perfect condition, changes on mouth lining. Lot of tooth structure is removed in-itself to fit silver filling within the tooth, sometimes making the tooth with a bigger filling weak. And if we must remove that filling - weakening more of the tooth.
May result in nerve exposure of the tooth.

3




MANAGEMENT:

If aesthetic concerns - smile line fillings - can be replaced. Or after taking a PA xray - issues arise - replace filling. Using SMART protocols. Direct filling option is Composite. For a tooth which has less of its structure. A stronger option like: Indirect onlay restoration, indirect onlay.

4

Health promotion: Smoking/ vaping quitline details. Stress - support. Grinding - mouth guard after changing fillings.



-  - Secondary caries.
-  - Amalgam filling.
-  - Cracks

Amalgam filling associated issues that can arise in future.



GREEN SET: CLUSTER 3 (DIAGNOSIS AND MANAGEMENT) DISCOLOURED TRAUMATIC TOOTH IN A 3-YEAR-OLD

Ready to understand? Follow the steps!

1

Empathetic statement to parent about the trauma situation. Understanding the details of trauma. Ask about the concussion symptoms experienced at the time of trauma. Patient's parent has concerns mainly about discoloration/ adult tooth bud/ infection.

HOPC → Pain? Mobile tooth? Pimple on gums?

M/H → Medical conditions/ medications/ allergies?

2

Explain diagnosis: Trauma you diagnose based on symptoms. (mostly it is dental concussion)

3

MANAGEMENT:
Assure discoloration in primary tooth most likely resolves on its own. No active intervention needed. Option of composite filling. Assure, adult tooth bud won't be affected as concussion defect is unlikely to cause impact to a tooth bud that has 3 years to come closer to the tooth.

Recalls: At 1 week, 6-8 weeks.
Monitor – parent as well as dentist for signs of increased mobility, discoloration becoming darker, pimple on gums.

Dental concussion
no mobility of tooth, no displacement, slight tenderness on percussion, no bleeding within gingival crevice.



Dental Concussion

GREEN SET: CLUSTER 3

(CLINICAL TREATMENT AND EVALUATION)

CLINICAL TREATMENT AND EVALUATION

Ready to understand? Follow the steps!

HOPC



Bleeding gums since when, understand if its spontaneous or when triggered?

**Any other symptoms of wobbly teeth/
implant? Pus/ bad taste? Swelling?**

Explaining why this could be happening by exploring risk factors.

RISK FACTORS:

M/H



Dental visits, oral hygiene, how did the patient loose teeth? Previous use of RPD?

D/H



Medical condition, medications, blood test?

S/H

Smoking?

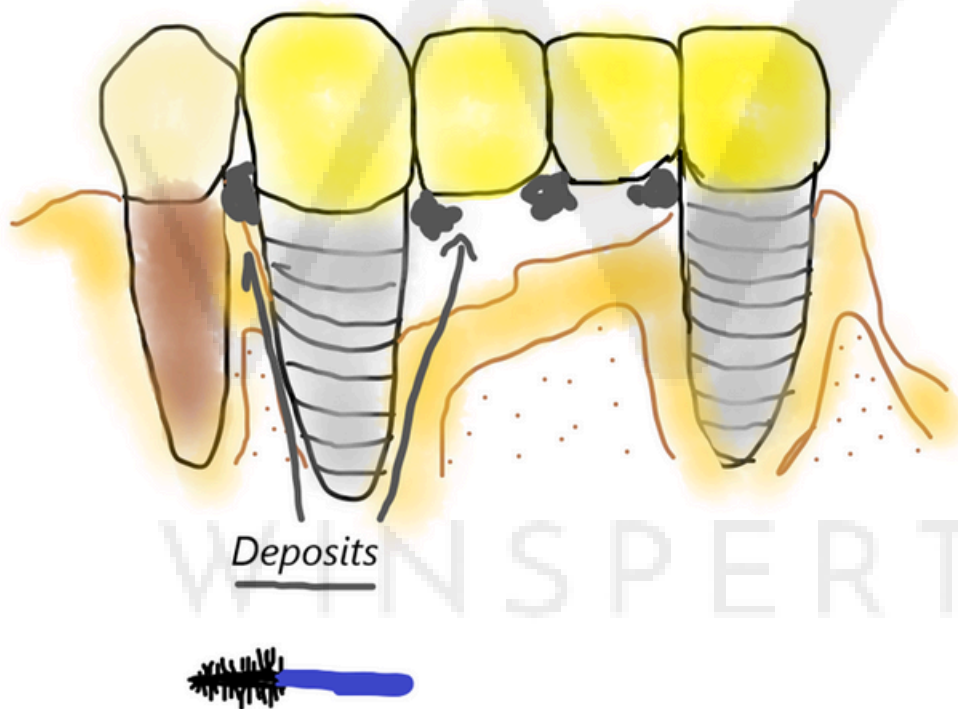
Treatment/ Management:

Correlation of risk factors and modifying them.

Referral to periodontist (Finances are involved, wait times). Prognosis of implant and rest of the teeth as well.

Option of superficial clean – however that is not going to resolve bleeding issue.

Health promotion – Quitting smoking, regular dental visits, maintaining oral hygiene.



Interdental brushes to clean in between teeth and implant bridge and also in between the implant bridge units.



GREEN SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) PATIENT REQUESTING ANTIBIOTIC PROPHYLAXIS

Ready to understand? Follow the steps!

1

HOPC



Explore chief complaint (patient mainly complains of very wobbly tooth), pain? Swelling on gums/ fever? Bad breath/ pus?

Ask if patient is carrying inhaler for his asthma?

M/H



Medical condition? GP follow ups for his asthma and hypertension. Any issues in the past with his joint replacement? Allergy with penicillin since how long?

D/H



Smoking and alcohol?

2

Discussion on findings: Explaining with the help of X-ray, the prognosis of the tooth. The option for that tooth is extraction.

Understanding why patient requests antibiotics. Explain on how guidelines have changed, and we prevent unnecessary exposure to antibiotics.

3

Clinical treatment and evaluation:

Referral to GP to understand the need for antibiotics.

Records from previous dentist to understand the need for antibiotics.

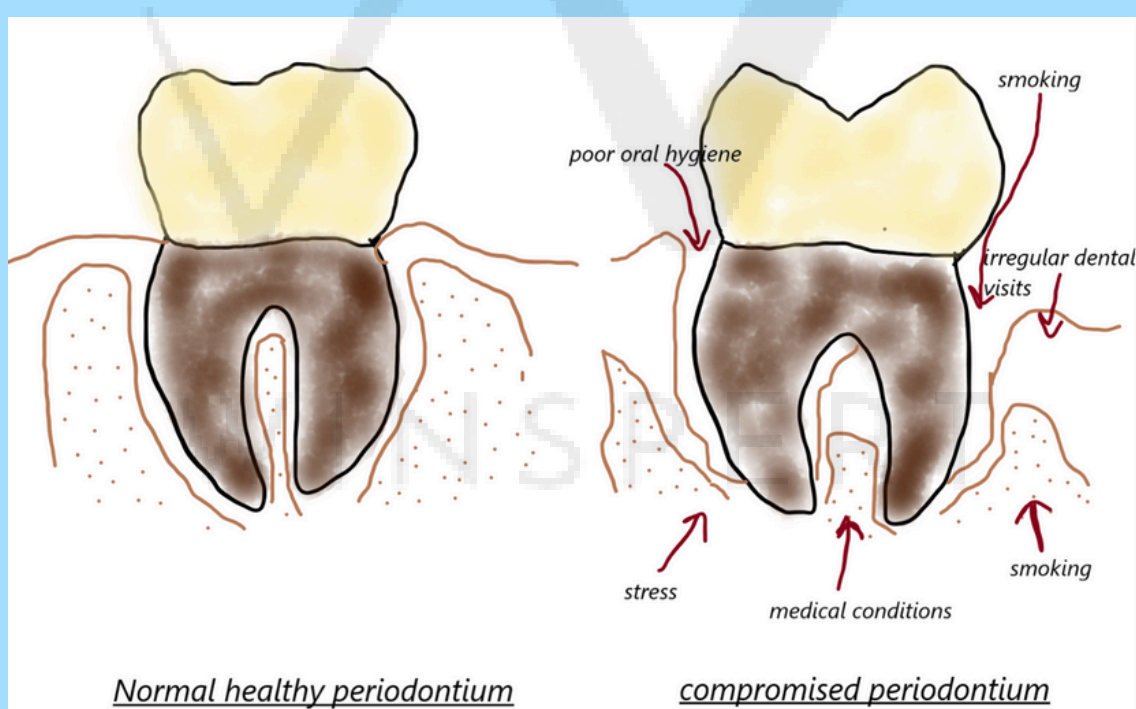
In the meantime,

Splint the tooth, to prevent from falling.

If patient has systemic signs - then prescribe antibiotics if no active treatment within 24 hours. (Clindamycin 300mg 8 hourly for 5 days).

Consent for extraction: How does the procedure go about, risks and complications involved.

Review after 3 days - to check healing and discussion on replacement options.



Normal healthy periodontium

compromised periodontium