



## SILVER SET: CLUSTER 1 (CLINICAL INFORMATION AND GATHERING) PRESCHOOL KID WITH PAIN, PROBABILITY OF MIH

**Ready to understand? Follow the steps!**

**1**

Patient is a 5-year-old (most likely), and it's her first time at the clinic. So, we must go stepwise. Because it's a cluster 1 case, so while approaching examination, and investigations. Sleep is likely affected - so being extra empathetic towards patient and parent. HOPC: Pain history from parent, mainly about - site, character as known by parent, associations and relieving factors.

**M/H**



When was the antibiotics taken for ear infection? Any other medications in the first few years until 2 years of age? Any medications or allergies now?

**D/H**



Importance on regular dental visits. Ask about brushing, flossing, toothpaste and if supervision is present.

**S/H**



Food/ Diet and water intake?

**2**

**Explanation on MIH (Molar-incisal hypo mineralisation):** In the first year after birth, the teeth are still developing and their layers are very sensitive to our health, whether it's fever, infection or some antibiotics.

**Explain how the weakened tooth structure is more prone for decay and associate the risk factors through relevant history. (Promoting health wherever needed).**

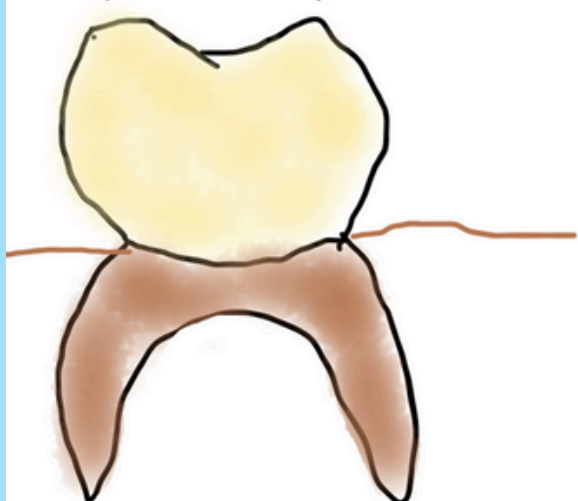
**3**

### INVESTIGATION

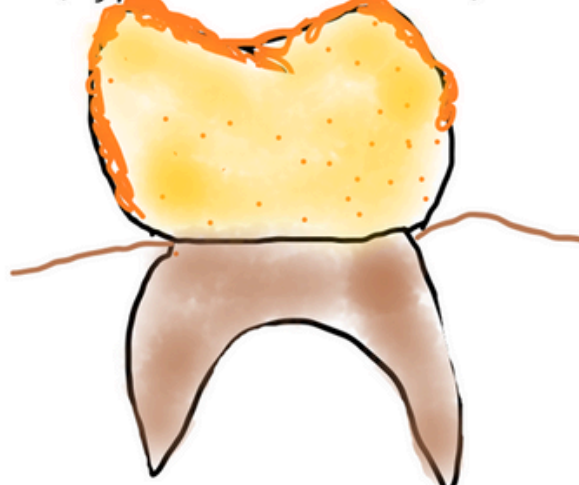
**E/O - swelling on face.**

**I/O - Thorough check up of teeth and gums in the area. Also, check rest of the teeth for similar appearance. Take PA x-ray. Diet chart.**

*Normal deciduous tooth  
(Intact tooth)*



*MIH affected deciduous tooth  
(Hypomineralised tooth)*







## SILVER SET: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) VERTICAL ROOT FRACTURE IN A PATIENT

**Ready to understand? Follow the steps!**

**1**

**HOPC** -No need for detailed SOCRATES as it's a cluster 2 case. Understand the intensity and how it's affecting patient's day-to-day life.

**Swelling and fever?**

**Empathy** and if M/H of asthma, ask patient if he is carrying asthma inhaler with him?

**Explanation of findings and the need for relevant history.**

**M/H**



Medical conditions and any more medications (other than mentioned asthma and prednisolone)

**D/H**



When was filling done on tooth? Any major procedure done on that?

**S/H**



Grinding/ clenching? Habit of biting on hard food/substance?

**2**

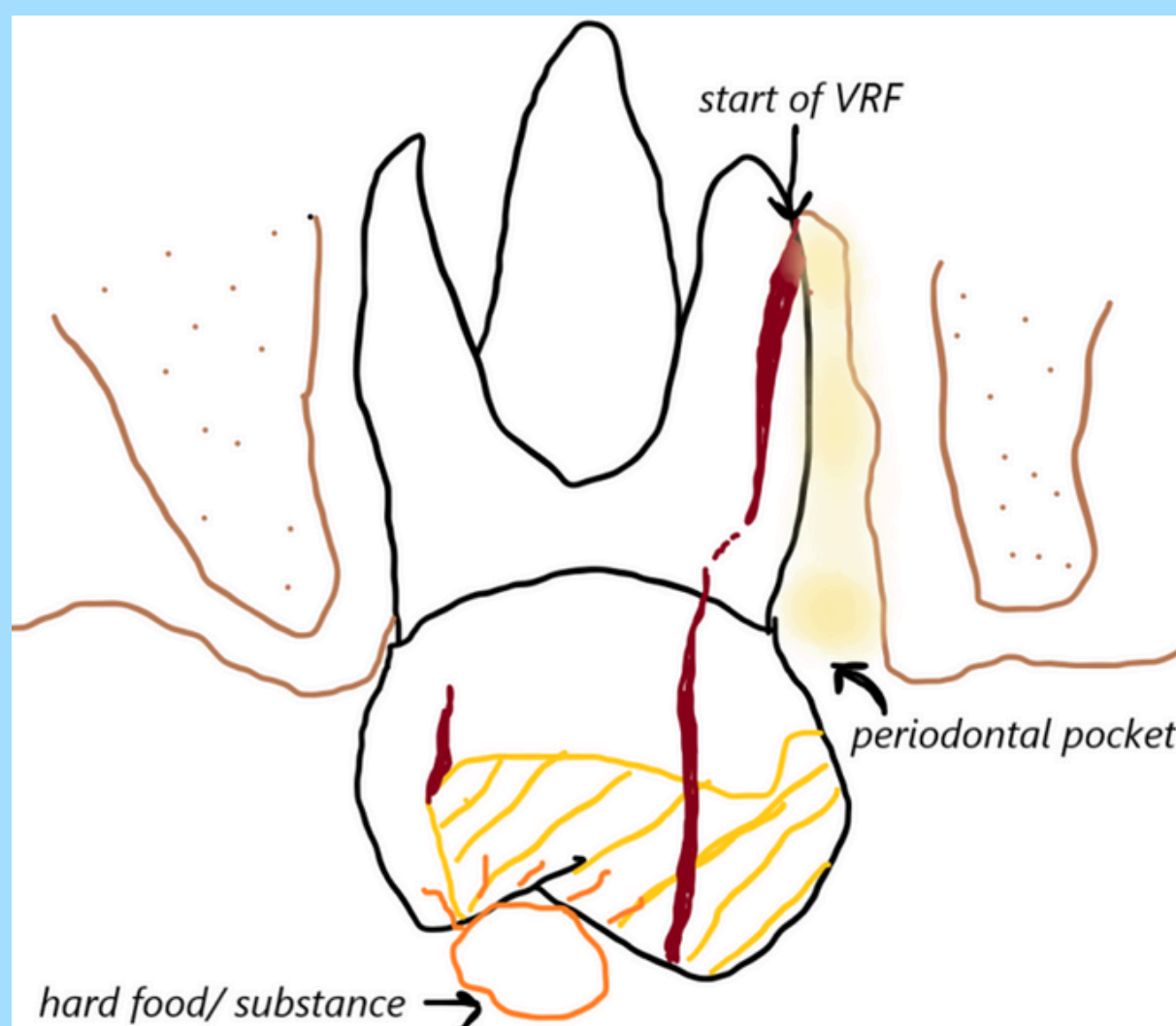
**Explanation of diagnosis: Vertical root fracture and explain why/ how did it happen in patient.**

**3**

**MANAGEMENT:**

Start with how medical history aspect is going to affect patient's management.

**Temporary measure: Adding a composite block to prevent biting on that tooth. Also prescribing pain relief medication. (Always check medical history before prescribing) (Avoid NSAIDs, if patient is on prednisolone).**



1

M/H

**D/H**

2

3

4

normal tooth (labial view)      Tooth with fluorosis

normal tooth      Tooth with fluorosis  
(crosssectional view)

hypomineralised/  
hypoplastic surface.



## SILVER SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) POST-OP INSTRUCTIONS TO A PATIENT ON ELIQUIS

**Ready to understand? Follow the steps!**

**1**

**Explain how successfully you removed the tooth and have placed sutures to hasten healing. Ask if patient is feeling alright?**

**Immediate management: Observe for 20 minutes to check if initial pressure is working.**

**2**

**Post-operative instructions: (Verbal as well as written).**

- The first 24 hours are most crucial.
- Effect of numbness
- Eat only room temperature and a soft diet
- Avoid rinsing or spitting out
- Prescribe analgesics.
- Quit smoking for 10 days minimum, are most crucial for healing.
- No alcohol.
- Review in 3 days.

**3**

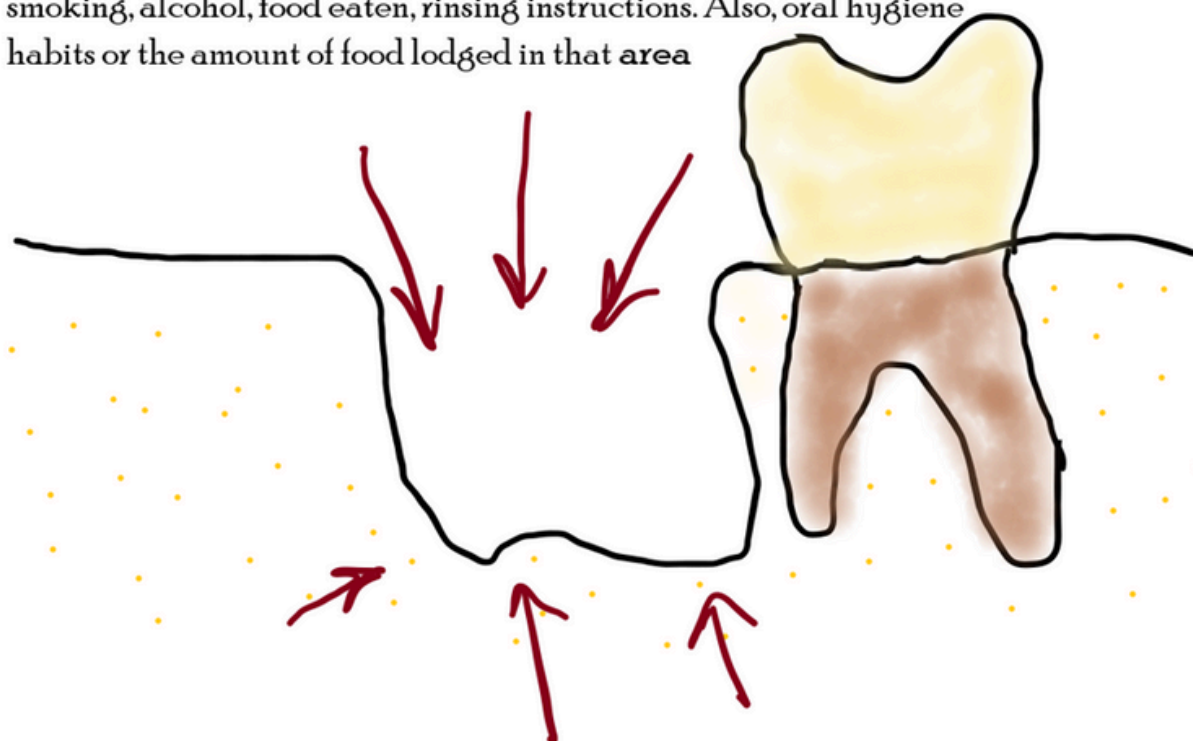
**Potential complications:**

- Excessive bleeding: And explain what actions to take. With a detailed brochure on them.
- Rare - post-operative infection or dry socket.

**4**

**Follow up appointment: Regular dental visits and discussion on replacement option.**

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

## SILVER SET: CLUSTER 3 (CLINICAL TREATMENT AND EVALUATION) PERIODONTITIS PATIENT HAVING DIABETES MELLITUS

**Ready to understand? Follow the steps!**

**1** Patient is a regular with his/her dental visits. Explore more on patient's concerns with sensitivity and bleeding gums.

**2** Explanation of findings and periodontal diagnosis.

**3** Understanding risk factors through relevant history:

**M/H** → Medical conditions/ medications/ last blood test?

**S/H** → Smoking/ Stress?

**D/H** → Oral hygiene routine?

**4** Clinical treatment and evaluation:  
**Bleeding gums:** Holistic approach by focusing on all risk factors of periodontitis and controlling them.

**Sensitivity:** Sensitivity toothpaste, alongside high strength fluoride at sensitive spots on regular dental visits.

**Importance on oral hygiene routine, looking after general health and quitting smoking.**

**5** Patient would want to go for complain against previous dentist. Approach for complain accordingly.

