WINSPERT

RED SET: CLUSTER 1
(CLINICAL INFORMATION AND GATHERING)
APHTHOUS ULCER IN A PATIENT

Ready to understand? Follow the steps!

1

Asking patient how the painful ulcer is affecting her day-to day life? Has she done anything to help with the pain?
Exploring HOPC: Is it first time? How long does it take to heal? Ulcer anywhere else? Any blister prior to ulcer? What symptoms (bleeding/ discharge/ numbness are present?
Fever or swelling? Sharp areas or trauma with food? Any other triggers?

2 **RELEVANT HISTORY**

F & M/H → **Siblings with similar experience? Coeliac disease/ tummy issues/ food intolerance? Any irregular monthly cycles?**

D/H → **Changes to toothbrush or toothpaste?**

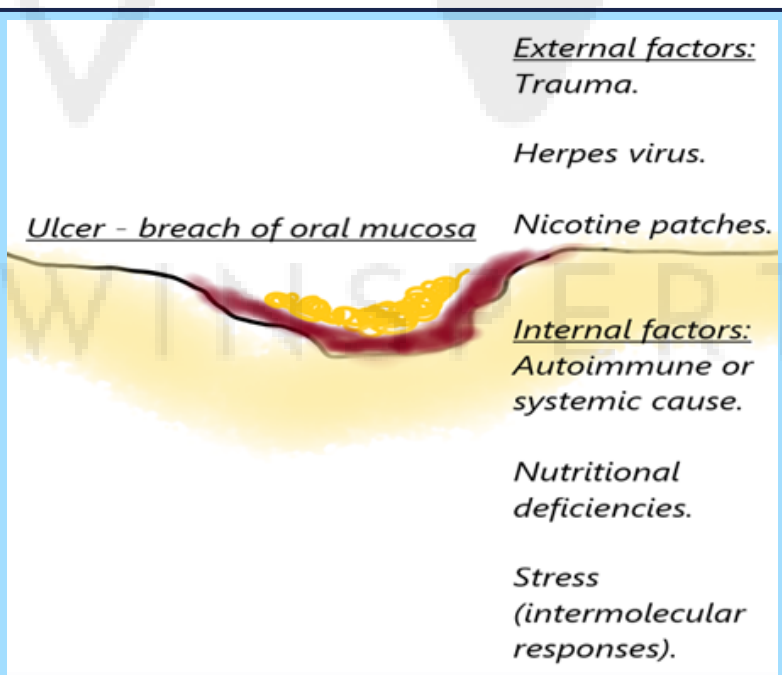
S/H → **Stress? Changes to lifestyle? Smoking/ alcohol?**

3 **DIFFERENTIAL DIAGNOSIS**
(Depending on what you get as positive history for them. Mostly likely it's a recurrent aphthous ulcer).

- **Trauma.**
- **RAS: Autoimmune, lifestyle changes, nutritional deficiencies, or systemic causes.**
- **Viral cause: Herpes oral ulcers, mention only if fever and lymph nodes affected.**

4 **INVESTIGATIONS**
Extraoral: Check for swellings of lymph nodes and fever.
Intraoral: Careful look at ulcer.

Special investigations: Refer to GP for complete blood count and for diagnosis of coeliac.
Review in 2 weeks.
Pain management if highlighted part asks for it: 1% Benzydamine gel, apply smear 2-3 hourly.
Avoid eating spicy/ hot/ fizzy/ sour food. Adequate oral hygiene.



WINSPERT

RED SET: CLUSTER 1
(CLINICAL INFORMATION AND GATHERING)
10 YEARS OLD MISSING CANINE IN A PATIENT

Ready to understand? Follow the steps!

1 Understanding exact concerns is important from parent. (big teeth, gap between the centrals, no space for canines, or missing teeth)

RELEVANT HISTORY

- **M/H** → Overall development?
- **D/H** → Dental visit and previous dental x-rays? Fall of her baby teeth?
- **S/H** → Any family member with same experience?

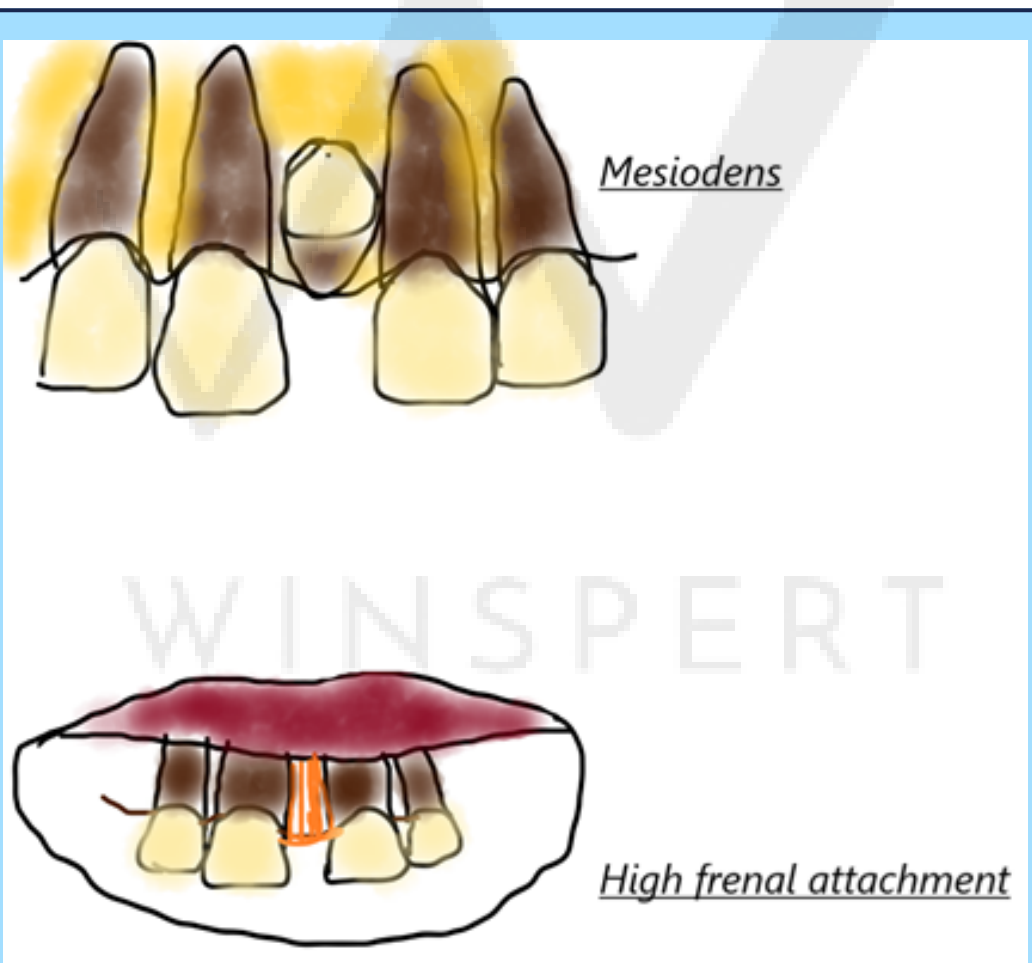
2 Explanation about the concerns:

- Space between the teeth: Mesiodens, parafunctional habits, deep frenum attachment, abnormalities like cyst.
- Missing canines: Rare as missing, possible impaction
- Big appearance of teeth: Growing jaw, family inheritance.

3 **INVESTIGATIONS:**
(Take consent from parent to perform investigations).

Extraoral – Facial profile, lip compatibility.
Intraoral – Thorough look at all teeth. Blanch test. Panoramic x-ray.

4 **Referral to an orthodontist**



WINSPERT

RED SET: CLUSTER 2
(DIAGNOSIS AND MANAGEMENT)
PATIENT WITH CHRONIC GENERALISED PERIODONTITIS

Ready to understand? Follow the steps!

1 Understanding the patient's reason to visit us.
Appreciating her regularity to dentist.
Asking few perio-related symptoms: any bleeding gums? Or wobbly teeth?

2 Explanation of findings given and correlation with the diagnosis: Chronic generalised moderate to severe periodontitis (along with areas of localised severe periodontitis)
Explaining this in a patient friendly language.

3 RELEVANT HISTORY

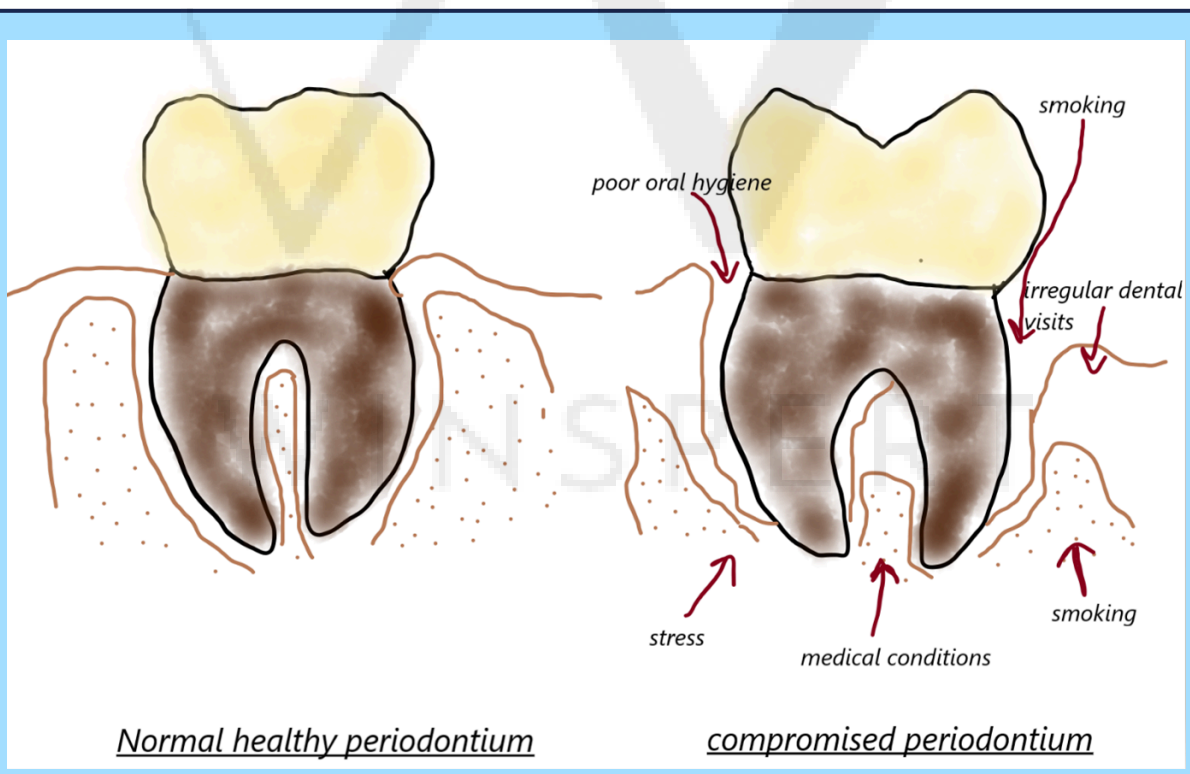
- **M/H** → Medical condition or medications? Last blood test?
- **D/H** → Oral hygiene routine.
- **S/H** → How long has she been smoking for?

4 Pathophysiology and correlation with the risk factors:
Explaining the gum condition with positive risk factors of periodontitis.

5 MANAGEMENT:

- No treatment.
- Refer to periodontist.
- Superficial regular clean by you followed by a periodontist.
- Referral to GP, if patient has not had their blood test done recently.
- Smoking cessation.
- Advise on oral hygiene routine.

(Advantages and disadvantages of each option).
(Patient can also hint you towards complaint against previous dentist).



WINSPERT

RED SET: CLUSTER 2
(DIAGNOSIS AND MANAGEMENT)
PATIENT WITH CHRONIC GENERALISED PERIODONTITIS

Ready to understand? Follow the steps!

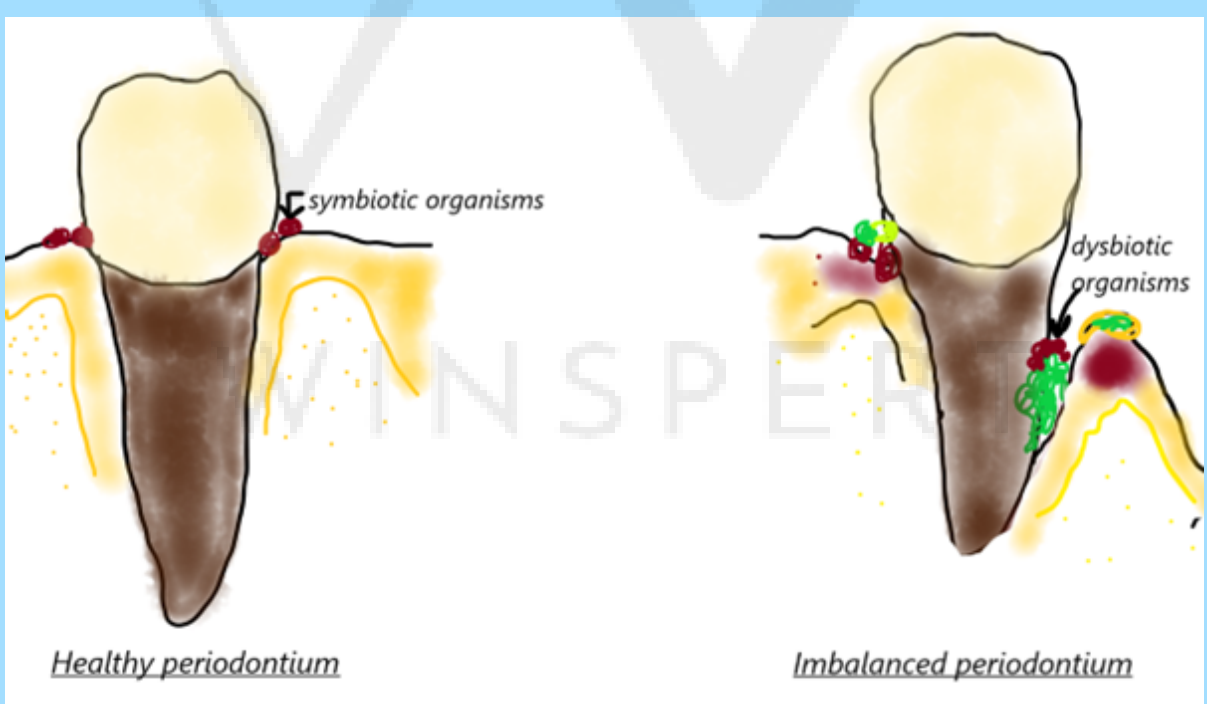
1 Empathise patient with respect to pain and asking if he/ she was able to eat and get sleep. Is it the first experience? Any medications to relieve the pain?

2 RELEVANT HISTORY

- **M/H** → Medical conditions? Last blood test? Any allergies?
- **S/H** → How long is the patient smoking for? Alcohol?
- **D/H** → How often does the patient visit dentist? Oral hygiene routine?

3 Correlation of risk factors and explanation of diagnosis:
Explaining about necrotising gingivitis in a patient friendly word.

4 MANAGEMENT:
Thorough debridement of this debris is necessary for successful management of necrotising gingivitis.
Phase 1: Gentle debridement. Local irrigation with chlorhexidine 0.2%, Prescribing Metronidazole 400mg 12 hourly for 3-5 days (No alcohol with this). Quitting smoking, mouthwash chlorhexidine if patient is unable to perform a thorough oral hygiene. Pain medication (prescribe according to allergies and medical history).
Phase 2:
Review you in 48 hours; to do a thorough debridement, I will perform a thorough gum examination. Effective oral hygiene measures. Referral to GP for blood test and stress management. (Modifying risk factors to prevent further progression and recurrence, significance on quitting smoking). Referral to periodontist if no improvement in 2 weeks.



WINSPERT

RED SET: CLUSTER 3
(CLINICAL TREATMENT AND EVALUATION)
INFORMED CONSENT FOR ENDODONTIC TREATMENT

Ready to understand? Follow the steps!

1

Appreciating how he/she has made the decision of saving the tooth. Explaining the advantages: Save the tooth, chewing efficiency, no pain or further infection.
disadvantages: 2-3 visits to complete, flare ups with pain in between appointments, followed by crown, expensive along with crown procedure.

Option of a specialist (endodontist) – explain advantages and disadvantages.

2

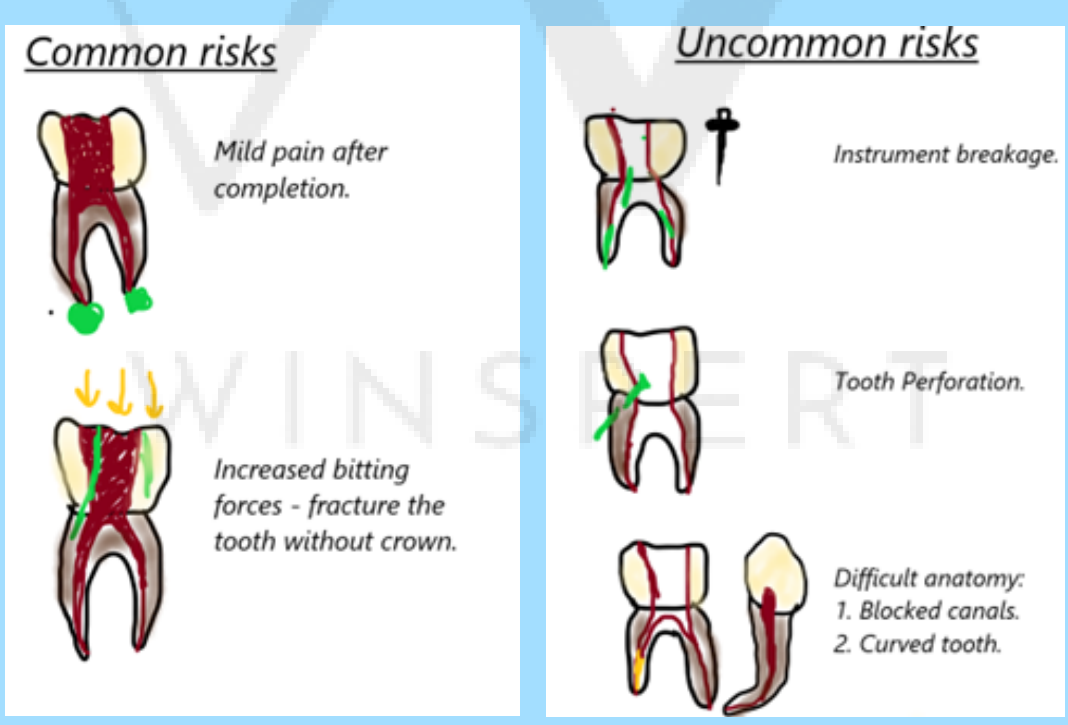
Procedure overview: Patient's response to treatment and pain levels decides the appointments. Using rubber dam is vital at each stage, ask for allergies with latex?
First appointment: Focus on relieving the pain and initial infection removal.
2nd appointment: Detailed infection removal with the shaping of canals.
3rd appointment: Filling the canals and the tooth.

Prescription of pain medication by asking about medical history)

3

RISK OF COMPLICATIONS
most common risks: Mild pain and tooth fracture.

Uncommon risks and complications:
Instrument breakage, perforation, severe pain, treatment failure – extra canals, blocked canals, curved canals.
(provide with written brochure about the details of RCT).



WINSPERT

RED SET: CLUSTER 3
(CLINICAL TREATMENT AND EVALUATION)
APICAL 3RD OF THE ROOT BROKE IN THE MIDDLE OF EXTRACTION

Ready to understand? Follow the steps!

1. Explain him what happened by sitting him upright and asking to bite down on gauze. Explaining him how our plan was to get him out of the infected state and pain, with such broken-down tooth, you can expect more breaking down of teeth.
Assure him, it is still manageable.

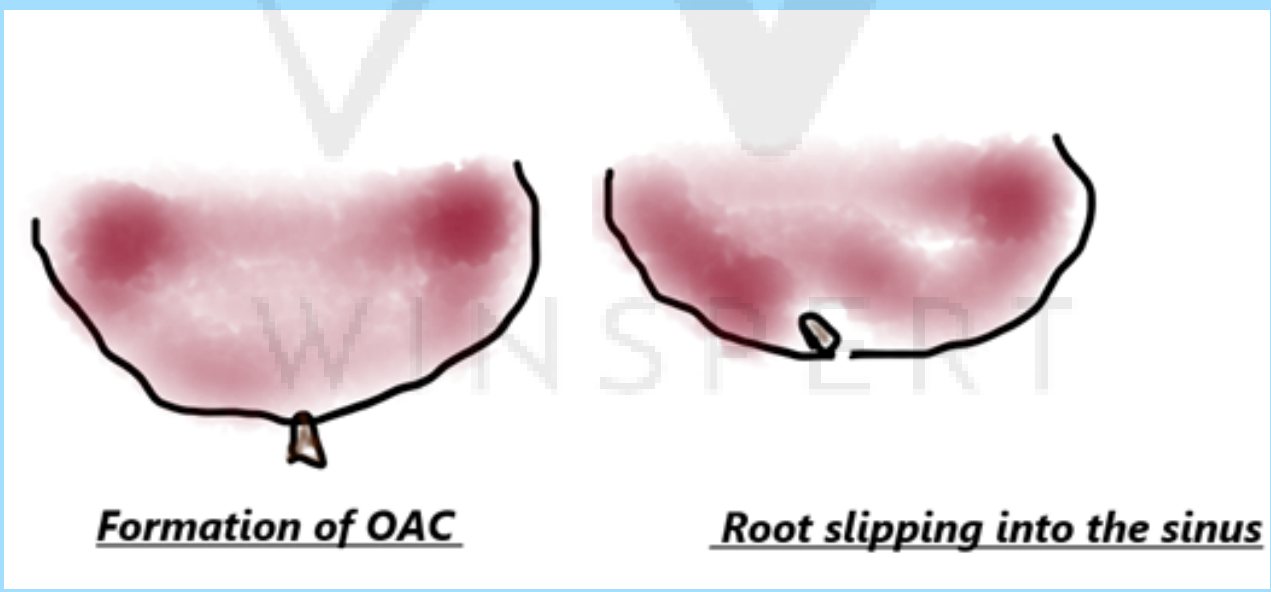
2. Immediate Management: Taking a PA x-ray to assess the root portion and more proximity of the sinus.
Explaining the complications that can arise now with the broken portion:
OAC or root slipping into sinus.
Treatment Options:
   - No treatment.
   - Managing by you.
   - Referral to an oral surgeon.

(Advantages and disadvantages of each option).

3. Discussion with the patient what they want to decide on? Understanding the patient has travelled on a Friday afternoon from a remote area. Check if he is accompanied by an adult.

4. Continued management: (Check with the medical history before prescribing) (If patient is not doing any treatment today).
Prescribe antibiotics to prevent further infection. And painkillers too.
Mention about severe spreading odontogenic infection features.
Explain about post operative instructions after tooth removal as you have removed a portion of tooth.

5. Long-Term Care: Review appointment to discuss replacement option and significance of regular dental visits.



Formation of OAC

Root slipping into the sinus