



NEW CASE: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) COMBINATION SYNDROME

Ready to understand? Follow the steps!

1

HOPC

Understanding patient expectations, hopes and concerns. Understanding patient's current denture age, hygiene and follow up records.

2

Diagnosis:

Combination syndrome to be explained with x-ray and photo given with noticeable features.

3

RELEVANT HISTORY:

M/H



Follow ups with GP? Dental clearance for osteoporosis.

D/H



Denture hygiene and regular dental visits.

4

MANAGEMENT:

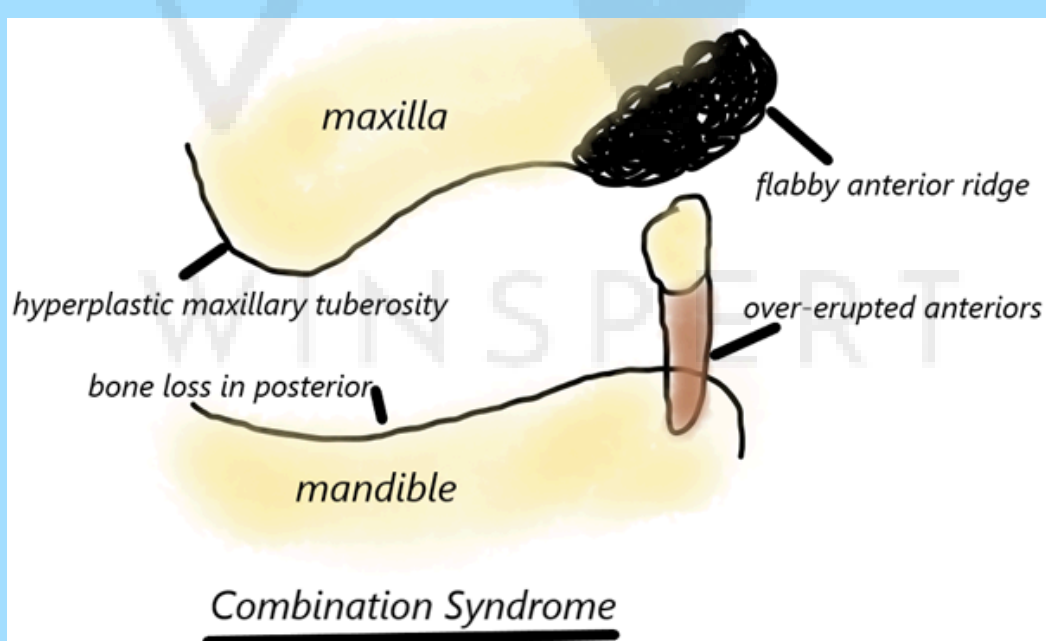
Explain overseas dental treatment drawbacks - failure of recall visits, failure to obtain dental clearance, gaps in records transfer and differences in dental practice giving rise to challenges during urgent situations.

Ideally managed by a prosthodontist in conjunction with an oral surgeon and you (extraction of teeth).

Also, with reduced finances but with longer appointment intervals can be done in hospital.

Or referral to an experienced colleague based on their advice.

Management for MRONJ: Importance of its impact on oral health, care in future appointments and brochures on prevention.





NEW CASE: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) A BROKEN DENTURE CASE

Ready to understand? Follow the steps!

1

HOPC

Understanding the reason for a broken denture?
Symptoms since denture delivery? Bruxism
features and if the patient is aware?

2

Explanation of findings:

Broken denture associated cause. Explain the
chrome cobalt denture and its components.

3

RELEVANT HISTORY:

M/H

→ Follow ups with GP? Dental clearance
for osteoporosis.

D/H

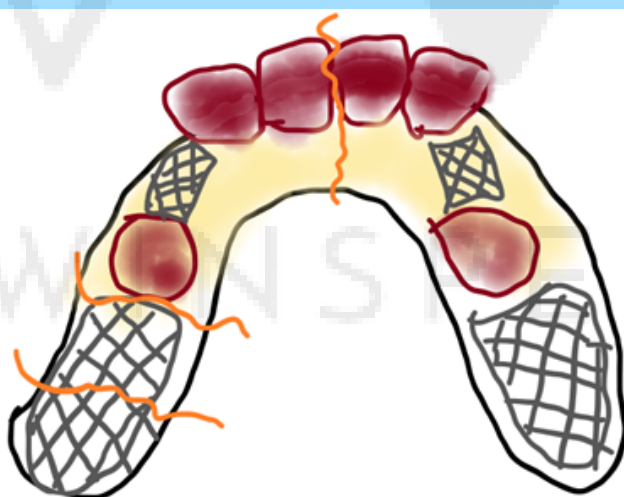
→ Denture hygiene and regular dental
visits.

4

MANAGEMENT: 1.

(By you, colleague or specialist).

- Temporary management - Repair of the denture by reimpression and sending it to the lab with additional instructions (high strength acrylic, use of porcelain teeth, using bruxism resistant features within denture). Clotrimazole 1% cream topically to the angles of the mouth, twice daily for at least 14 days; continue treatment for 14 days after symptoms resolve.
- Long term management - If this is not resolving the issue, a comprehensive management with prosthodontist or an experienced colleague for the construction of denture by assessing facial height and other bruxism features.
- Refer to the GP for a blood test. Support for stress management and bruxism effects on teeth (Mouthguard fabrication).



Understanding the level of broken denture and it's involvement



NEW CASE: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) MOLAR INCISOR HYPOMINERALISATION

Ready to understand? Follow the steps!

1

HOPC

Understanding patient's pain intensity, presence of swelling or fever.

2

Diagnosis

Molar-incisor hypomineralisation (along with the caries diagnosis - irreversible/ reversible pulpitis) to be explained with a photo given.

3

RELEVANT HISTORY:

M/H

→

Any major illnesses in the first 2 years of life and when Kane's mother was pregnant with Kane?

O/H

→

Toothbrushing? Flossing? Supervision? Fluoridated toothpaste?

S/H

→

Diet and water intake?

4

MANAGEMENT:

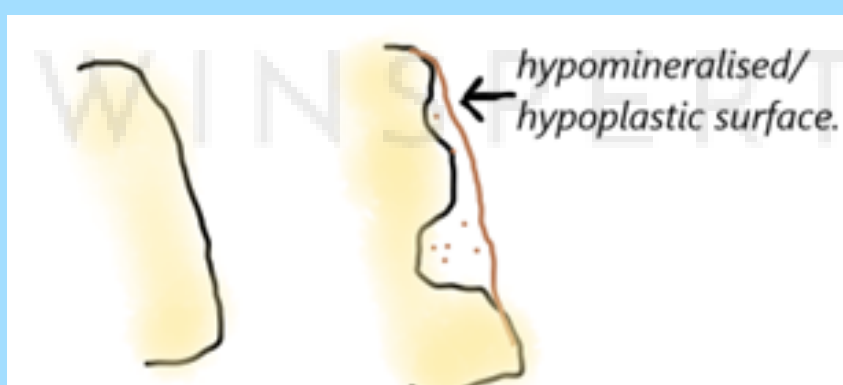
Begin with PA x-ray.

For molars: Either it will be a filling, RCT (or rarely an extraction). Followed by a stainless steel crown.

Depending on the patient's cooperation, either you or the pedodontist can perform the treatment.

For incisors: Ask for allergies before suggesting CPP-ACP paste.

Preventive advice and importance of follow ups.





NEW CASE: CLUSTER 2 (DIAGNOSIS AND MANAGEMENT) IMPORTANCE OF SECOND OPINIONS

Ready to understand? Follow the steps!

1

HOPC

Pain or symptom details? Swelling on gums or face? Fever? Eating and sleeping patterns being affected? Understanding the patient's expectations with this tooth.

2

Diagnosis

Secondary periapical infection/ external cervical resorption based on patient's explanation over symptoms, scenario and also x-ray or photo given.

3

RELEVANT HISTORY:

D/H

When was the RCT done? Regular dental visits?

M/H

Details about bisphosphonates and diabetes mellitus. Any other medical conditions or medications?

S/H

Stress, smoking or alcohol? Grinding?

4

MANAGEMENT:

(Discuss finances for both options)

Extraction option: Impact of M/H - both bisphosphonate use and diabetes status on healing process. Explain MRONJ risk. Oral surgeon referral is best. Replacement option required after extraction.

Re-RCT (and crown lengthening): Understanding prognosis with an endodontist. If peri-radicular surgery - this increases the risk of MRONJ as well. Written brochures of all treatment options for better understanding.

Preventive advice:

Regular dental visits, Oral Hygiene and Stress management along with fabrication of mouthguard (maybe).

