

Carries

CASE CHALLENGE

Comments on the examination and the proposed management plan

In the light of current knowledge on dental decay and conservative approach to dental management the prescribed management plan may be modified.

Examination and risk assessment:

The previous dental records show that only repair/replace restorations services were provided over the last 4 – 5 years. Bitewings when compared with the set taken during the previous examination showed no change in the dental condition since the last visit suggesting that patient is in the low caries risk category.

During the previous dental examination a couple of teeth with a colour change on the occlusal surface were marked as 'W' (watch) and no frank cavitation or changes on the x-rays of those teeth were found during the present examination therefore no restorative intervention was justified (see Practice Information No. 2).

Suspicious area or even decay detected but contained within the enamel does not usually justify a restorative management.

Caries risk assessment and information on fluoride use are vital elements of dental examination and they are critical in formulation of management plan.

Management plan:

Sound understanding of the nature of dental decay (see Practice Information No. 1), taking good dental, medical, fluoride and social histories, referring to the previous dental records (where

possible) and assessing the patients risk of dental diseases are important in the formulation of an appropriate preventive oriented management plan. Placing a dental restoration (with the exception of using fluoride releasing materials) is nothing more than filling a hole in the tooth that resulted from the advanced decay process.

The proposed restorative treatment was not supported by any clinical or radiographic evidence therefore no restorations were provided.

This particular practice did not offer dental hygienist's services, therefore the dentist felt that the patient would benefit from being referred to a periodontist. In practices that employ a dental hygienist, a continuous management for the patient would usually be provided by a dental hygienist.

Considering the past dental history, the low caries risk level and the periodontal condition being under control of a specialist suggests no need for a more frequent examinations than every two years.

Dental records are a management as well as legal document and care needs to be taken to keep them well organised and clear. Record keeping for this particular patient was ambiguous in several areas.

The following records of dental examination were taken directly from the clinical notes of the patient.

■ **PATIENT'S DETAILS:**
*Regular dental patient,
71 year old female*

■ **PRESENTING PROBLEM:**
Regular check-up

Past dental history:

Patient has been attending the same dental clinic for a number of years; on average had a check-up every two years; last dental examination including x-rays were taken two years ago; treatment provided in the past was of a maintenance nature where only repair of broken or lost restorations were performed; a couple of teeth were missing, some due to failed restorations or a combination of restorative and periodontal problems; all information on past dental treatment kept in the clinic and available to the clinician; the patient is aware of the periodontal condition of her teeth and occasionally suffers from bleeding gums.

This patient has been treated in a dental clinic that employs several dentists. Patients attending the clinic are often seen by different dentists unless they specifically request to see a particular dentist. Patients' dental records are kept all together in the administration area and they are accessible to all practitioners.

Medical history:

Fit and healthy; not taking any medications.

Further information

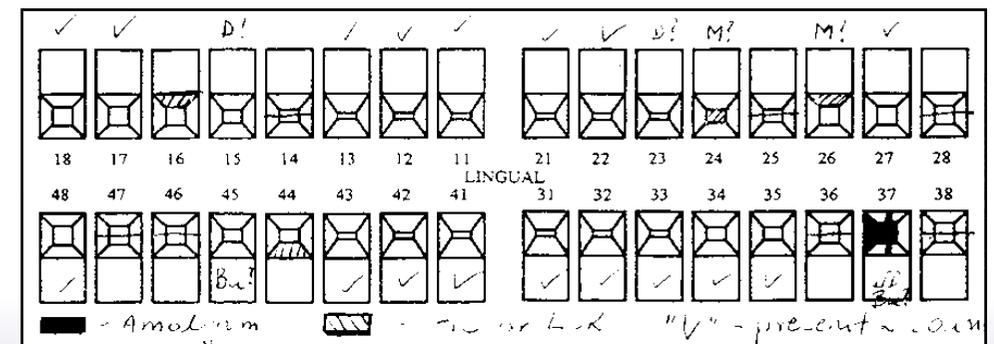
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Figure 1 Patient's caries chart



COLGATE CARIES CONTROL PROGRAM

A joint program by Colgate Oral Care and The University of Adelaide

