

Caries

CASE CHALLENGE - CONTINUOUS CARIES RISK

Revised Management Plan

As a result of the reassessment of the caries risk, fluoride exposures and dietary factors the new management plan was prepared:

- Patient was urged to start using toothpaste with fluoride and to 'brush and spit' (without rinsing).
- Advice given on urgent need to control soft drink consumption. The patient has tried several times to cut down on soft drinks, but found it difficult. The suggested approach was to change the soft drinks to diet drinks as a first step followed by gradual substitution of diet drinks with water. Advice was also given to substitute sugar in coffee.
- Patient was placed on 12,300ppm NaF gel nightly for 2 months (gel to be applied by brushing teeth just before retiring).
- Some of the cavitated lesions (not deep and not aesthetically important) were left uncovered for the caries monitoring purpose. Other (deeper) lesions were covered with GIC's.
- Patient reappointed in four weeks to check progress.

The four weeks review:

- Use of sugar substitute in coffee had become habitual.

- Dentine at base of cavitated lesions was found to be firm – highly remineralised.
- Patient said that switching to diet soft drinks was not difficult and she also reported substituting a third of soft drinks a day with tap water.
- As patient's exposure to fluoride increased substantially (use of toothpaste with fluoride and increased use of tap water) and remineralisation was achieved, it was decided that additional fluoride exposure could be reduced. Therefore, the patient was advised to use 200ppm NaF mouthwash, instead of the gel, until the next visit. Continuation of use of additional fluoride was considered important until all dietary factors were well controlled.
- Remaining cavitated lesions were restored.

The two months follow-up:

- Previously achieved dietary changes well maintained.
- Further substitution of diet soft drinks with tap water achieved.
- No sign of further demineralisation.
- It became possible to successfully (long term success) complete all restorative treatment.
- Next check-up in 12 months.

Further information

can be obtained from the
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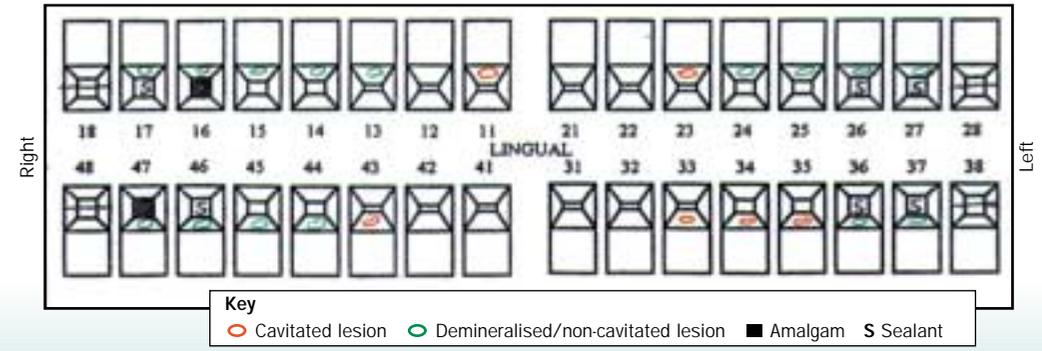
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PATIENT'S DETAILS:
22 year old female, hasn't been to the dentist for last 4 years.

Main complaints

Patient came as an emergency patient complaining of pain on contact with sweet and cold foods and drinks. She pointed to buccal areas of some teeth that, she thought, required restorations (multiple cervical lesions – both incipient and cavitated). Patient was also unhappy about the "too yellow" colour of her teeth.

Figure 1
 Patient's charting at initial examination



Examination

Diet

Patient drank a few small bottles of soft drink a week and ate at least two chocolate bars a day.

Oral hygiene behaviour

No obvious signs of gingivitis, therefore, without further investigation, brushing was assumed to be adequate.

Salivary factors

Adequate flow. Resting phase pH:6.5; stimulated pH:7.8.

Motivation

Patient appeared concerned and was keen to follow all the necessary steps.

Oral examination

Cavitated and non-cavitated lesions present (see Figure 1 charting); during the examination with only a blunt probe some of the non-cavitated lesions become cavitated and were charted as cavitated.

