

Dysfunction Prompts Comprehensive Oral Health Assessment

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ABSTRACT

A patient presented to the clinician's office as a result of discomfort from a fractured root. A systematic risk assessment revealed a combined periodontal/endodontic lesion associated with tooth No. 2, as well as the patient's history of orthodontic treatment, periodontal disease, and extensive restorative dentistry. It was also established that the patient was dissatisfied with her smile, which affected her self-esteem. Using a 10-step management system, the clinician was able to not only address the presenting complaint but also discover and treat the patient's cosmetic concerns. This case illustrates that through proper, comprehensive assessment of oral dysfunction dentists can do more than correct biomechanical and functional problems—they can also improve a patient's quality of life.

Many patients are not aware of the extent of their dental disease until they have an opportunity to have a methodical and comprehensive analysis of their oral condition. They are usually only motivated to seek their clinician's advice after experiencing discomfort or when an issue arises that interferes with their quality of life. Given this opportunity, clinicians can utilize the Kois system of risk assessment and risk management to identify the factors contributing to disease and to assist in developing a treatment plan to address those factors. This comprehensive approach enables clinicians to find solutions to problems that influence how patients feel about their oral health, smile, and self-esteem.

CLINICAL CASE OVERVIEW

Patient History and Chief Complaint: A 53-year-old woman presented with a chief complaint of low-grade pain in the maxillary right quadrant for a 4-month duration. Radiographic and clinical analysis established a combined periodontal/endodontic lesion associated with tooth No. 2 as the pain source (Figure 1). The patient was previously diagnosed with periodontal disease and placed on a 4-month recare schedule, but her visits were intermittent.

After further discussion, she revealed that she had always been unhappy with the appearance of her smile and was very self-conscious about it (Figure 2 and Figure 3). She had undergone orthodontic treatment in her late 30s and was never satisfied with the esthetic outcome. She agreed to a comprehensive assessment to evaluate her condition and discuss her options.

The patient's dental history included many years of restorative work that was satisfactory to her from a comfort perspective. However, she was displeased with the appearance of some of the restorations. She reported a family history of periodontal disease and that she was of Hispanic descent. Bone loss, mainly in the maxillary posterior quadrants, was noted. She had active caries, a significant

