# Pediatric Case Presentation

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## Chief Complaint

* 7 yo 70 lbs female patient presents w/ lesion on #L-MO (first molar)
* Asymptomatic
* No chief complaint
* Radiographs exhibit large lesion close to pulp

Histories

Medical

No drug allergies.

Patient otherwise healthy

and did not have/need any other interventions.

Dental

POE on May 2016

New bitewings taken

Multiple caries found

Behavior

Patient was well-behaved and did not require nitrous.

Caries Risk Assessment/Clinical Exam

### Caries Incidence

Patient had numerous caries evidenced in radiographs.

Patient also demonstrated several white spot lesions.

### OHI and diet

Generalized heavy plaque and slight calculus.

Consistently snacked.

### Caries Risk

**High.**

Patient had existing caries

## Main Issues

Patient has poor OHI evidenced by heavy plaque and slight calculus.

Patient has poor diet (patient is 20lb heavier than average for 7 yo females) and also reports frequent consumption of snacks.

Interdisciplinary

### Patient would be good candidate for interdisciplinary work: patient is in need of dietary support and home care regimen.

Physicians/Nurses could encourage better lifestyle habits and educate both patient and parents on diet implications. This would also promote better oral health habits

-> reducing frequency of snacks, types of foods, drink more water, etc.

Treatment Plan

Excavate caries MO of #L. Administer OHI.

Advise parents on better home care regimen guidelines.

Tx Steps

1. Applied 20% topical benzocaine prior to delivering IA block w/ lidocaine.
   1. Calculations for 2% lidocaine -> 70lb \* (1kg/2.2lbs) \* (4.4mg/1kg) \* (1 carp/34mg) = 4.12 vials of anesthesia allowed max
2. Administed 1 capsule to left IA, lingual, and long buccal nerves.
3. Rubber dam clamp on #K extending to #M.
4. Box form prepped for visible access followed by slow speed to clean caries.
5. Due to caries’ proximity to pulp, treatment was stopped when pulp shadow was visible.
   1. Patient experienced sensitivity to air blowing.
6. Advised to stop treatment. Sedative fill w/ GI was placed.
   1. Evaluate symptomatic/asymptomatic results for further tx.

Question: was indirect pulp capping the right course of action? Or should provider have opted straight to pulpotomy and SCC?

# Anticipatory Guidance

POE w/ radiographs taken

Tx planned. Prophy

Potentially do pulpectomy and SCC.

Conversation about permanent teeth.

Patient recall w/ reinforced oral health habits.

Initial Visit

Visit 1

Visit 2

Age 8

Visit 3

Further visits

Sedative fill on #L. Monitoring symptoms.

Advised parents on home care, diet.

Continue treatments

Monitor changes in OHI and diet.

## Parental Advice

Parents informed about current status of oral health and causalities leading to condition.

Parents educated on proper oral hygiene instructions and how to apply the home care regimen.

Parents also taught proper dietary guidelines for better oral hygiene outcomes.

Potential Barriers

Patient parents have limited English proficiency so application of oral hygiene knowledge may be partially lost in communication.

Patient must also be willing to accept recommended changes to diet from providers which is often difficult due to factors such as cultural disparities.

Fluoride Prescription

### Advise patient to come in for routine fluoride varnish applications (high risk is every 3 months)

* Prescribe high fluoride toothpaste and advise
* Recommend chewable tablets (chew and spit for topical use)
* Recommend mouthwash and xylitols.