

Restoration of the Dentition in a Patient with a History of Non-Hodgkin Lymphoma and Gastroesophageal Reflux Disease



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KEYWORDS

• GERD • Ceramic restoration • Laser crown lengthening • Undergraduate training

KEY POINTS

- Today's dental patients are concerned about dental disease and their appearance.
- Clinicians often must decide not only the type of restoration, but also the material used for restoration to provide aesthetics and longevity.
- A modern practitioner should know the pros and cons of different types of crowns and veneers with regard to survival, success rate, and aesthetic result.
- Clinicians also provide treatment for patients with complicated medical histories; risk assessments include current conditions, risks of recurrence, and suggestions for future maintenance of restorations.

PATIENT BACKGROUND

A 42-year-old Hispanic man presented to the New York University (NYU) College of Dentistry for the first time in April of 2009. The patient's chief concern was the appearance of his anterior teeth. He presents with spacing between maxillary anterior teeth, which were small and worn down. He is a married man with 2 children and happy with his personal life. He works as an accountant.

SOCIAL HISTORY

- History of use of alcohol (≤ 2 drinks each day but stopped 13 years ago).
- History of tobacco use (one-half a pack of cigarettes a day but stopped 4 years ago).

Disclosures: None.

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MEDICAL HISTORY

- Review showed that he had a history of non-hodgkin lymphoma diagnosed in 2007, which was a diffused B-cell-type lymphoma, present around kidney, ureter, and in the bone marrow. He underwent intravenous chemotherapy from April to September 2007.

He went for follow-up every 3 months after the chemotherapy through January 2009 and had a good recovery with no relapse. After January 2009, he has been going for 6-month follow-up visits, and is considered to be in remission. He no longer takes any medication for the disease.

- The patient also has a history of gastroesophageal reflux disease (GERD), for which he has been prescribed esomeprazole (Nexium) by his physician. Currently, he is not taking any other medications.
- His vital signs are within normal limits with blood pressure of 115/80, pulse of 68, and respiratory rate of 16.
- Family history is remarkable for hypertension (HTN) and diabetes, but no history of any kind of cancer.

DENTAL HISTORY

- He used to go to a private dentist but found it too expensive and came to NYU in 2009 as the result of a referral from one of his friends.
- Most of his private care was minor restorations (fillings) and adult prophylaxis.
- He was a compliant regular patient and has continued to be compliant at NYU.
- He states he brushes once a day but never flosses.
- He also volunteered that he grinds his teeth at night.

He did show concern about his teeth color. His extraoral soft tissue examination was within normal limits with no enlargement of lymph nodes.

His chief complaint (CC) is: "I am not very happy with my front teeth, which have wide spaces, they are chipped and I want to do something about it." He did receive consults for orthodontics and prosthodontics, but could not afford the postgraduate fees. In September of 2011, the patient was referred to the undergraduate Honors Aesthetics Clinic for an aesthetics consult and workup.

INITIAL ORTHODONTIC VISIT

The patient's orthodontic template from when he presented initially is provided in [Fig. 1](#).

RADIOGRAPHIC EXAMINATION

Intraoral soft tissue examination was within normal limits ([Fig. 2](#)). Intraoral hard tissue examination showed generalized moderate periodontitis with significant bone loss. Probing depths ranged from 3 to 4 mm on anterior and posterior teeth. All third molars had been extracted. Generalized spacing around teeth 4, 5, 6, 7, 8, 9, 10, 11, and 12 was noted.

Existing Restorations Included

- #3- Occlusal amalgam restoration
- #18- Occlusal amalgam restoration
- #19- Occlusal buccal amalgam restoration
- #30- Occlusal buccal amalgam

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