# Table of Contents

**Introduction**  
Page 2

**Case Preparation Guidelines**  
Page 3 – 4
* Patient Criteria
* Previous Case Presentation Topics
* Clinical Information for Case Presentation

**Clinical Photography**  
Page 5
* Digital Camera Operations  
Page 5
* Photographic Series  
Page 6 - 8
  * Front view
  * Right and Left lateral view
  * Case Specific views
  * Maxillary view
  * Mandibular view

**Case Presentation**  
Page 9 - 11
* Materials Needed
* Organizing the Case
* Utilizing Power Point
* Presentation Style
* Day of Presentation

**Required Patient Case Presentation Abstract**  
Page 12
* Writing an Abstract  
Page 12
* Sample Abstracts  
Page 13

**Protocol for Presenting a Patient Case**  
Page 14

* Sample Presentations:  See Richard Ruth in the 8th floor Dental Learning Resource Center
Introduction

As your professional development grows, you will regularly have to access new information in order to offer your patients the best dental care. In order to do so you will need to evaluate, assimilate, and customize new information to your patient’s specific needs. You will come across numerous cases that will challenge and confound you. As a new dentist, one way to research information will be through study clubs, professional meetings, social gatherings, and discussions with other health professionals. Over time, you will develop professional relationships that will improve your patient care. Your senior case presentation is an opportunity to enhance your ability to accurately acquire and convey information about a patient case to other professionals.

Case presentations for D6051 and D6052 should be well-organized and comprehensive using the latest in multi-media technology. If you plan, research, and organize well, this will be a tremendous opportunity to enhance your communication skills and expand your clinical dental knowledge. Case presentations in a group setting allow the possibility to examine unique clinical issues that you may not personally see in dental school but are likely to encounter in private practice. The following manual will assist you in developing your senior Comprehensive Care Clinic (CCC) case presentation.

Your final grade will be based on how you develop your case using casts photographs, radiographs, and patient clinical data. We will evaluate how you developed and presented the diagnoses and the ideal and alternate treatment plans. The evaluation will also include your response to questions asked during the discussion of your presentation. Finally, you will be evaluated on thoroughness, organization, your depth of understanding of the topic(s), and the use of prescribed presentation format.
Case Preparation Guidelines

Your senior case presentation should be developed from one of your patients. You should try to select a patient with interesting clinical issues during your junior year if possible. It would be ideal if a patient could be followed clinically from your initial examination through completion of your treatment plan.

When you have identified a good patient candidate for your case presentation, please discuss the appropriateness of the patient with your CCC group leader as soon as possible. If you wait, it may be difficult to identify another patient or adequately document the case. It should be recognized that cases may be selected based on interesting or complex dental, behavioral, or medical issues. The case presentations should be consistent with the guidelines for patient management and treatment planning developed in the course DENT 6445.

Patient Criteria

- Identify one of your patients as soon as possible, preferably in your junior year
- Use one of your patients that you diagnose and treatment plan with an interesting, unique, or difficult component to their care or clinical management
- Obtain approval from your senior CCC group leader (your group assignment has been forwarded to you by e-mail):
  - White Group Dr. Quick
  - Red Group Dr. Palik
  - Purple Group Dr. Mills
  - Green Group Dr. Nadeau
  - Maroon Group Dr. Gambucci
  - Yellow Group Dr. Larson
  - Orange Group Dr. Self
  - Blue Group Dr. Meyer
- The willingness of the patient to be photographed and used for a case presentation

Previous Case Presentation Topics

Listed below are the topics of previous presentations.

- Crown Lengthening: A Case Review
- Methamphetamine: Oral Complications
- Disease Control, Diagnosing & Treatment planning
- How to Managing a Patient with Various Medical Conditions
  - Diabetes
  - Hypertension
  - Chemotherapy
  - Dialysis
  - Etc…
- Tissue Damage From a Tongue Bar-Bell
- Various Cosmetic Cases
- Leveling the Curve of Spee with Fixed Prosthesis
- Precision attachments for fixed or removable prosthodontics
- Implant cases
• Ergonomic considerations for a Patient with Emphysema
• Treatment for Bulimia Nervosa
• Occlusal Splint Therapy
• Fiber Reinforced Composite Restorations
• Extraction of one root on a multi-abutted fixed restoration while maintaining structural integrity of the original bridge
• Treatment of Post Operative Sensitivity with Composites
• Ridge Augmentation Prior to Fabrication of an Anterior Bridge

Clinical Information for Case Presentation
• Complete, accurate, and legibly written records
  o Dated progress notes, signed by faculty and student
  o Dated radiographic interpretation of your patient's current and diagnostic radiographs
  o Documented and dated signed consults
  o Document current data base
• Referrals followed and outcomes listed
• Medical issues followed and appropriate referrals listed
• Medications listed with their oral implications
• Ideal and alternative treatment plans
• Initial photographs and diagnostic casts
• Photographs and diagnostic casts documenting the progression of your case
• Supporting dental literature articles, texts and references as indicated
Clinical Photography

Digital Camera Operation

Good clinical photographs will significantly enhance your case presentation. The Dental School has designated digital camera for clinical photographs to document your cases. The cameras can be checked out through Richard Ruth (5-1477) in the Dental Learning Resource Center Computer Laboratory (8-425A). Richard can answer questions concerning operation of the camera.

Please use the following operating procedures:

- Turn the Camera on and set it on either C1 or C2 (See Below)
- From dispensing obtain cheek retractors and mirrors designed for intra-oral photography
- Utilize the patients overhead light and adjust as necessary for your photographs to be suitable for your presentation
- Use the flash shield to minimize glare
- Focus camera by moving camera in or out as it is set on C1 or C2
- Start taking pictures to satisfy the requirement of a photo series (page 6)
- Return camera to Richard Ruth and have photos burned onto a CD.

Flash Shield - Minimizes Glare

C-1 or C-2 Setting for Pictures

On Off Switch
Photographic Series
You should have someone help with the cheek retractors and hold the large mouth mirror.

Front Intra-Oral View
• Have the patient sitting upright
• Retract the lips using lip retractors
• Have the teeth in light occlusion
• Avoid having the lips, cheeks, chin, or nose in the picture

Frontal intra-oral view

Right and Left Intra-Oral View
• Have the patient sitting upright
• Retract the lips on the side to be photographed using the lip retractors
• Have the teeth in light occlusion
• Must be able to see last molar to opposite central incisor
• Avoid having the lips, cheeks, chin, or nose in the picture

Right view              Left view
Case Specific Views

- Retract the lips in the area of your procedure
- Capture clearly the specific area being photographed
- Avoid having the lips, cheeks, chin, or nose in the picture
- With before and after pictures keep the object in the photo the same size from picture to picture (use the C1 or C2 setting and focus by moving the camera in or out). The reason for only two settings is to standardize the size of the tooth or arch size from slide to slide. This will give you a more professional look to your case presentation. (See Before and After Photo)
- Use close up’s to emphasize points of interest (See Below)

Maxillary View

- Will need to use the larger mouth mirror
- Retract the lips
- Place the mirror in the patients mouth
- Take picture of the reflected image
- Avoid having the lips, cheeks, chin, or nose in the picture
- Must contain all of the maxillary dentition
Mandibular View

- Retract the lips
- If you are unable to see all of the dentition use the large mouth mirror
- Avoid having the lips, cheeks, chin, or nose in the picture
- Must contain all of the dentition

Mandibular view

Remember to invert the pictures where you used a mirror, before incorporating them in your presentation. This will ensure that the dentition is in the correct position in the arch so that teeth appear as if we are looking directly at them.
Case Presentation

The case presentation should be 20–30 minutes in length and will be followed by a discussion of the case. The Group Leaders will prepare a sign up sheet in the summer session of your senior year. After a brief sign up period for volunteers, the Group Leaders will assign presentation dates for all students. The presentations typically will begin the second week of the Fall semester.

Power Point Presentation

Develop your presentation utilizing Power Point and follow the sequence in the grading form titled “The Protocol for Presenting a Case” page 13.

For an effective Power Point Presentation remember: (See Page 9 & 10 for all referenced slides)

- Use appropriate font size no less than 28 (slide 5)
- Use a dark background with a light colored font.
- Scan only the significant portions of the patient chart forms and incorporate them into the presentation. Do not scan the entire form, it is unreadable to the audience when projected on the screen (slide 1 & 2)
- Close up of single radiographs are very effective (slide 3)
- Take advantage of the patient’s full mouth series. This is an effective overview of the case (slide 4)
- Do not over load a slide with too much information (slide 5)
- If relevant, take photographs of casts and incorporate them into the presentation.
- Use appropriate grammar and no misspellings
- Block out the patient’s name (HIPAA)

Slide # 1 Unreadable Slide

Slide # 2 Intelligible slide
Rheumatoid arthritis:

- RA is an autoimmune disease of unknown etiology, but it may be linked to infectious agents in people who have a genetic predisposition.
- It is characterized by symmetrical inflammation of the joints, particularly of the hands, feet and knees. The severity is variable and it occurs three times more often in women than men.
- Age of onset is typically in the mid-thirties to fifties. The disease is marked by a series of changes that occur in the inner lining of the joints and may begin with endothelial cell activation and injury.
- The synovium first becomes edematous and then thickens and folds. The tissue proliferates and granulation tissue invades the area, lymphocytes and plasma cells infiltrate and eventually the joint surfaces are covered by granulation tissue. Enzymes destroy the cartilage and subchondral bone, over time new bone and fibrous tissues are deposited and mobility of the joints is compromised.
- Inflammation may stimulate IgG and IgM antibody formation that accumulates in the joint space and lead to the formation of rheumatoid factor (autoantibodies).
- 20 percent of patients will develop nodules, common in the finger and elbow joints. Vasculitis of small and medium sized vessels may also occur.
- Remissions and exacerbations mark the course of the disease. Some patients (10%) will go into permanent remission in the first two years. Life expectancy is often shortened by 10-15 years. Many complications of the disease may occur and can lead to digital gangrene, Sjogren’s syndrome, skin ulcers, interstitial lung disease, TMD, etc.
Presentation Style

You know more about the subject than your audience, so speak confidently. Remember that “I do not know” is an acceptable answer to a question along with “I will find out and let you know”. Then follow through with the answer at the next meeting. Follow these appropriate communications techniques when presenting:

- Speak clearly
- Maintain good eye contact
- Listening attentively to questions
- Use appropriate terminology in presenting the case and in answering questions

Remember to practice your presentation and keep to the allotted time 20 – 30 minutes.

Day of Presentation

Arrive early (7:30 a.m.) to complete the set-up for your presentation, which will start promptly at 7:45 a.m. You are required to make arrangements to pick up the projector and laptop from Richard Ruth in the 8th floor Dental Learning Resource Center the night before or the morning of the presentation. Present your case and allow 10 minutes for follow up discussion. The sequence and format to be used for the Power Point presentation should follow the “Protocol for Presenting a Patient Case,” on page 13.

Please have a copy of your case presentation for your group leader. Then return the projector and laptop back to Richard Ruth.
Required Case Presentation Abstract
An abstract of your case presentation must be provided to your group leader at least two weeks in advance of your case presentation.

Writing the Abstract

Descriptive abstracts tell readers what information the presentation contains and:

- An abstract highlights the major topic to be reviewed during your case presentation.
- The primary purpose of an abstract is to guide and inform readers of the case’s unique topic.
- The abstract needs to be written in the 3rd person.
- With little revision, an abstract can often make a good first introduction paragraph.
- The abstract does not provide results, conclusions, or recommendations in the abstract.
- Abstracts are always very short, usually under 100 words.

Sample Abstracts:

Periodontal and Restorative Considerations in Clinical Crown Lengthening Procedures

Abstract:
In many situations, it is not possible to place a restoration margin without intruding on the periodontal attachment tissues. Restorations placed sub-gingivally have the potential to cause irreversible adverse effects such as loss of supporting bone and gingival recession. Surgically lengthening the clinical crown can minimize the occurrence of such problems. Crown lengthening can create sufficient tooth structure that will allow for a restoration with improved hygiene access and crown retention. This presentation discusses indications and contraindications for clinical crown lengthening, alternative treatment options to crown lengthening, and the surgical technique for clinical crown lengthening. Clinical documentation of several patients with various clinical situations necessitating crown lengthening.

Development of an Allergic Reaction to Local-Anesthetic Preservative in a 75-Year-Old Female

Abstract:
Allergic reactions to local anesthetics are exceedingly rare. Patients are most likely allergic to the preservatives or anti-oxidants included in local-anesthetic preparations to preserve and protect the epinephrine used as a vasoconstrictor. Another rare complication associated with local-anesthetic use is development of an adverse reaction following a lifetime of dental treatment using local anesthetics. Septocaine, an extremely long-acting and potent local anesthetic, has become popular within the dental
community to achieve profound anesthesia, especially during endodontic treatment. However, Septocaine is not without its drawbacks such as paresthesia and ability to cause hypersensitivity reactions. This presentation will examine a case in which a 75-year-old Caucasian female developed an allergic reaction to Sodium Metabisulfite preservative following Septocaine use during non-surgical-root-canal treatment. The patient had received countless doses of local anesthetic containing epinephrine during her many years of dental treatment without any adverse effect. The case presentation will outline the steps taken to first determine the patient’s hypersensitivity to Sodium Metabisulfite and the necessary modifications required during future dental visits.

Maxillary Sinus Lift Procedure

Abstract:
In today’s age where dental implants are becoming ever increasingly common, patients are demanding this state-of-the-art restoration versus compromising perfectly healthy teeth for a fixed bridge. However, every patient may not have an adequate amount of quality bone and therefore may be limited in options for restoring the dentition back to health. The maxillary sinus lift is a viable option for many candidates. A sinus lift, also known as a sinus augmentation, is a procedure employed by both periodontists and oral surgeons to increase the amount of bone for dental implants in the upper molar areas. The surgery is now recognized as a predictable procedure for placement of dental implants in the severely atrophic posterior maxilla. This review will present two different types of sinus lift procedures—the more common lateral window technique and the alveolar approach. Moreover, the presentation will review why the lateral window surgery approach failed and why the alveolar approach was deemed a success.

Tooth Erosion: Etiology, Concerns, and Treatment Options

Abstract:
The goal of this presentation is to discuss the clinical findings associated with tooth erosion, the etiology of the condition, causes for concern, and the various treatment options available to resolve the condition. This particular case is that of a patient suspected to be suffering from bulimia nervosa. Patient concerns and clinical diagnoses will be describe, potential treatment plans offered to the patient discussed, and the accepted treatment sequenced explained. Clinical photos will be used to compare the pre-operative and post-operative results of the patient case.
# Protocol for Presenting a Patient Case

| Identify pt. and topic/issues to Group Leader | 5 | _____ |
| E-mail abstract/summary to Group Leader | 10 | _____ |

## A. Essential Presentation Items (1 point each)
- Power Point Presentation
- Chart
- Appropriate radiographs
- Study casts (if indicated)
- Photographs (if available)

## B. Background information (1 points each)
- Age, Sex
- Psycho social
- Financial
- Dental IQ
- Patient's "chief complaint"

## C. Problem Identification / Diagnosis (1 points each)
(Use problem list from patient record as a guide)
- Medical/systemic
- Personal consideration
- Emergency/pain
- Oral lesions
- Osseous pathology
- Periodontal pathology
- Pulpal pathology
- Temporomandibular ™ disorders
- Malocclusion
- Dental Caries
- Inadequate restorations
- Dental pathology
- Esthetics
- Missing teeth
- Economic factors

## D. Treatment Plan and Accepted Plan
- Ideal
- Alternate

## E. Organization of Presentation

## F. Presentation Style

## G. Completed Treatment Review, Group Discussion

## H. Bibliography

**Total Points**

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**TOTAL POINTS AVAILABLE**

**POINTS GIVEN**

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**Total Points**

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100