

Orthodontic Patient Management Tailor Made: A Case Report

Stefania Morittu*

Department of Dental Hygienist Perinatal and Pedodontic, Perinatal educator, Private practice in Sardinia, Italy

Abstract

The absence of oral care during orthodontic treatment is the main cause of most of the damage to the hard and soft tissues of the oral cavity. The incidence of enamel demineralization (orthodontic white spot lesions), caries and periodontal disease reduced due to a more frequent application of oral preventive-personalized paths. Professional oral hygiene, instructions for home-oral hygiene, fluoride and sealing. Many studies confirm that “the presence in the mouth of orthodontic fixed and/or mobile devices can compromise plaque control”. With this case report, I want to demonstrate how the intervention of the dental hygienist is necessary to preserve the state of oral health in the oral cavity during orthodontic treatment.

Keywords: Orthodontic; Patient; Oral Cavity; Oral health

Introduction

The clinical case Figure 1 concerns a patient of 40 who comes to years my attention in a very good state of general health but with a compromised oral health. The patient has been carrying fixed orthodontics for more than two years at another dental office, where, in addition to not being present the figure of the dental hygienist, She has never been given professional oral hygiene and has not been explained to her the operations of professional oral hygiene in the presence of orthodontic equipment. The clinical examination and the history have shown a lack of knowledge of the importance of oral hygiene in the presence of orthodontic equipment, no professional oral hygiene by the former operator, instruction in maneuvers and home hygiene.

As a professional in the health of oral hygiene I set myself the goal of transmitting this concept, to show the patient the critical issues in her oral cavity and motivate her to improve the situation and with it the health of both hard and soft tissues [1].

Case report

The patient is submitted to the documentation of the case through intra-oral photos, both without and with the use of the plaque-detector (useful to provide the patient with visual evidence of the presence of both plaque and tartar, which the naked eye could not identify). With the mirror and the picture of the teeth, brackets and bands with the plate detector I start my session of motivation and instruction (Figure 2-4).

The plaque-detector allows me to show the patient the areas where she cannot clean well, in pink is highlighted the plaque of “young age” (recent residues, less than 24h), in dark purple/ blue the old residues, and in “blue/ green”, plaque residues with acid genic activity, which will be responsible, if not removed, for the future “White Spot lesions” post orthodontics, placed around the brackets (the most difficult part to clean if the patient does not know the correct maneuvers [2].



Figure 1: Patient with a compromise oral health.

I proceed with the use of the electric toothbrush with orthodontic head, to show the patient that an “electric” device with the suitable head can facilitate the cleaning of both the teeth and the structures present in the teeth. The patient agrees to a personalized treatment plan at home where they were prescribed: brushes of various sizes that help the effectiveness of brushing performed with orthodontic brush head for electric brush, dental floss (to clean the hole of the orthodontic bands) [3].



Figure 2: Teeth with a plaque-detector (tri tone).

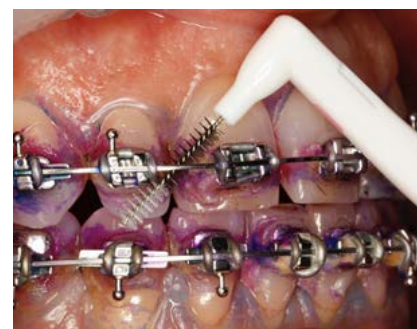


Figure 3: Teeth with a plaque-detector (tri tone).

*Corresponding author: Stefania Morittu, Department of Dental Hygienist Perinatal and Pedodontic, Perinatal educator, Private practice in Sardinia, Italy, E-mail: morittustefania3@gmail.com

Received: 28-Feb-2022, Manuscript No: johh-22-55701; Editor assigned: 03-Mar-2022, PreQC No. johh-22-55701 (PQ); Reviewed: 17-Mar-2022, QC No. johh-22-55701; Revised: 22-Mar-2022, Manuscript No. johh-22-55701 (R); Published: 29-Mar-2022, DOI: 10.4172/2332-0702.1000305

Citation: Morittu S (2022) Orthodontic Patient Management Tailor Made: A Case Report. J Oral Hyg Health 10: 305.

Copyright: © 2022 Morittu S. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Figure 4: Teeth with a plaque-detector (tri tone).



Figure 5: Follow up before 8 days.



Figure 6: Follow up before 8 days.



Figure 7: Follow up before 8 days.

Results

I see the patient after eight days from the first session of oral hygiene, document the progress achieved (Figures 5-7), reinforcing the motivation with photos that show the improvements obtained with greater care in home hygiene combined with professional treatments [4].

The patient showed that she was very careful to scrupulously perform the oral hygiene protocols at home customized for her.

The use of technologies such as photography and plaque detector, allowed me to motivate the patient and show the effects of plaque and tartar in hard and soft tissues;

- Airflow, ultrasound with modulating power allowed me to work on the patient without her experiencing pain;
- Professional products have allowed me to restore integrity to dental enamel and reduce post- hygiene bleeding;
- Home hygiene devices specially designed for patients with fixed orthodontics have facilitated cleaning at home.

Conclusion

The management of this case has supported the valuable help offered by the use of advanced technologies in the daily clinical.

Practice of the dental hygienist with patients in orthodontic therapy, in which they can occur, if not properly instructed severe impairment of gum health and hard tissues. With an adequate knowledge of both the instruments and the devices at home we are able to intercept and direct patients towards a better oral health path for them so that, once the orthodontic therapy is finished, gingival tissues, teeth and all the oral cavity returns to a state of optimal health. Every dental hygienist should be informed and trained so that the advanced technologies we have are the everyday in his working practice.

Conflict of Interest

Any conflict of interest exists.

References

1. Huang J, Yao Y, Jiang J, Li C (2018) Effects of motivational methods on oral hygiene of orthodontic patients: A systematic review and meta-analysis. *Med* 97(47): e13182.
2. Khoroushi M, Kachuie M (2017) Prevention and treatment of white spot lesions in orthodontic patients. *Contemp Clin Dent* 8(1): 11-19.
3. Zabokova-Bibilova E, Popovska L, Kapusevska B, Stefanovska E (2014) White spot lesions: prevention and management during the orthodontic treatment. *Pril* 35(2): 161-168.
4. Panagiotou A, Rossouw PE, Michelogiannakis D, Javed F (2021) Role of Essential Oil-Based Mouthwashes in Controlling Gingivitis in Patients Undergoing Fixed Orthodontic Treatment. A Review of Clinical Trials. *Int J Environ Res Public Health* 18(20): 10825.