

Case Presentations

DMD3 - 2026

Case Presentations

AIM OF THE ASSESSMENT

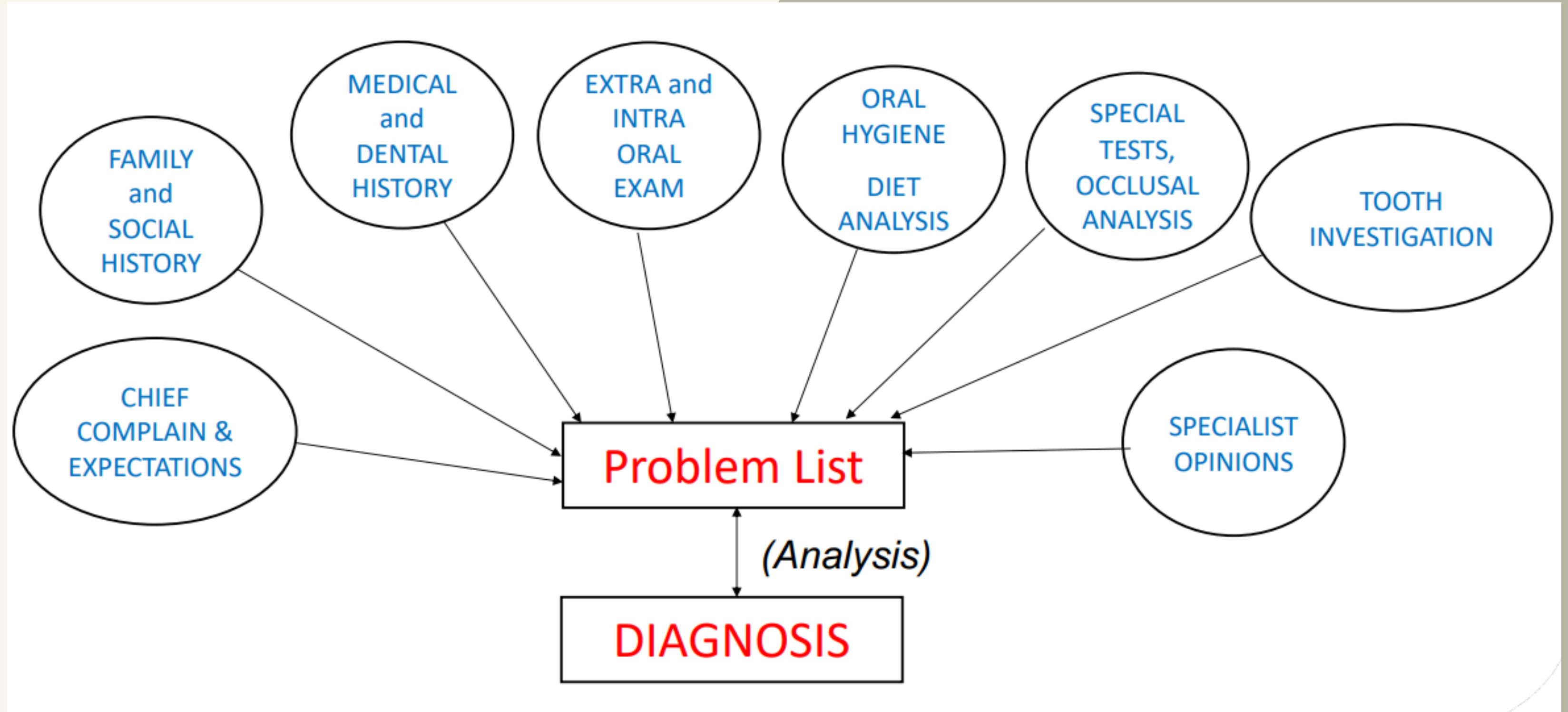
The Case Presentation is designed to assess a dental student's integrated knowledge from a combination of didactic and pre-clinical teaching, as well as patient treatment, clinical experiences, and activities throughout their time at the Dental School.

Case Presentations

AIM OF THE STUDENT

Students need to show examiners that they are maintaining their duty of care to patients by offering an appropriate and justified treatment plan, which has resulted in effective management and an improvement to the patients' dental status.

Case Presentations



Case Presentations

GENERIC APPROACH

1. Chief complaint - History
2. Medical history
3. Dental History
4. Social History
5. Family History
6. Oral Hygiene
7. Diet
8. Investigation / Special tests
9. Problem list
10. Diagnosis
11. Treatment (options, complications, pros and cons)
12. Referral/s (if needed)
13. Short term and long term treatment/goals etc
14. Review appointments

Case Presentations

Chief / Presenting Complaint

Examples:

"I'm in so much pain with swelling and bleeding and is causing bad breath. It also hurts to eat on the back LHS and so I eat with my anterior teeth"

"I would like my chipped front tooth fixed"

"My upper and lower dentures are uncomfortable and I can't eat"

"I went to a government dental clinic in Morley and told they couldn't replace my crown, so I came here to get it replaced."

Straight
from
NOTES

Case Presentations

Chief / Presenting Complaint – PAIN ASSESSMENT

- **Site** – Point where you feel the pain
- **Onset** – when did you first notice the pain?
- **Character** – Describe the type of pain: sharp, dull, constant, off and on, throbbing, etc.
- **Radiation** – Does the pain spread out from the original source?
- **Associations** – What other symptoms accompany the pain? Bad breath? Looseness of the tooth? Jaw clicking or popping?
- **Time course** – What did the pain start? Does it occur at specific times of day?
- **Exacerbating or relieving factors** – What makes the pain worse or better? What medications or remedies have you already tried?
- **Severity** – How would you rate the pain on a scale of 1 to 10, where 1 is barely noticing some discomfort and 10 is an emergency room visit?

Case Presentations

Chief / Presenting Complaint – History

“My upper and lower dentures are uncomfortable, and I can’t eat”

- Patient presented to OHCWA for the first time in 2022
- All teeth were periodontally compromised with hopeless prognosis
- Immediate complete dentures were made in January last year after all teeth were extracted in the DMD exo clinic using a staged approach.

Case Presentations

Medical History * know MOA'S
Example:

Medical Condition	Medication	Dental Implications
Hypertension	Twynsta: Telmisartan with amlodipine, 50mg, oral, once daily Dithiazide: hydrochlorothiazide, 12.5mg, oral, once daily	<ul style="list-style-type: none"> ARBs: - Dry mouth Calcium channel blockers: <ul style="list-style-type: none"> - Gingival hyperplasia - Dry mouth Diuretics: <ul style="list-style-type: none"> - Dry mouth - Lichenoid reactions (Southerland, 2016)
Chronic Obstructive Pulmonary Disorder (COPD)	Trelegy: Fluticasone with umeclidinium and vilanterol, one puff/day	<ul style="list-style-type: none"> - Breathing difficulties in supine position may require patient to be positioned more upright in the dental chair (Devlin, 2014) - Increased risk of oral thrush (TRELEGY, 2023)
Gastro-Oesophageal Reflux Disease (GORD)	Nexium: Esomeprazole, 20mg, oral, once daily	Erosion of enamel (Wilder-Smith, 2004)

• You'll get grilled

ex. I / pit has hypertension
↳ what drugs?
↳ how effects dental?

Case Presentations

Dental History

- Previous dental treatment - not associated with presenting complaint

Social History

- Patient's occupation and family members: how this may influence stress levels, motivation and attendance.
- Current smoker (smoke or chew tobacco), former smoker.
 - Note the number of cigarettes smoked/day, years of smoking
- Recreational drugs
- Alcohol intake (units per week)

Case Presentations

Family History

- Medical conditions affecting other family members (e.g. diabetes or heart disease).
- History of periodontal disease in the family (tooth loss at a young age)

Oral hygiene

- Frequency
- Method

Diet

- High and extreme caries risk: full diet analysis

Case Presentations

Modifying/Risk factors

Example:

Social History

- Patient Smokes 10-15 cigarettes/day since she was 35 years old

Family history

- Mother lost all her teeth in her 30s

Oral hygiene

- Brush 1x day with manual toothbrush, no flossing

Case Presentations

Social History, Family History, Dental History, Diet, Oral Hygiene

Example

Patient Background

Social History

- Migrated to Australia from South Africa to care for elderly mother
- Currently lives alone, but has brother and son also living close by in WA
- Runs a jewelry making class

Dental History

- 22 implant was placed in the 1980s, but “fell out” in 2021.
- Multiple posterior PFM crowns made in the 1990s.
- Direct and indirect restorations and endodontic treatment done at OHCWA over the last 3 years.

Oral Hygiene:

- Brushes twice a day (Morning and night)
- Electric toothbrush
- Fluoridated toothpaste
- Uses Pixters daily for interdental cleaning
- Rinses with salt water in the mornings and Colgate Neutrafluor mouthwash at night

Diet:

- Generally avoids soft drinks but will occasionally have diet Pepsi
- 3 cups of black coffee every morning, no sugar
- Does not usually eat fruits, other than tomato and avocado

Case Presentations

Social History, Family History, Dental History, Diet, Oral Hygiene

Smokes 10-15 cigarettes/day Poor oral hygiene Family history of periodontitis

Modifying/Risk factors

Periodontitis

Pathophysiology of disease

Case Presentations

Extra-Oral Exam

Profile photos: frontal, lateral, high smile, rest position
(De-identify patient)

↳ Black Bars over eyes

- Facial symmetry
- TMJ
- MoM
- Lymph nodes
- Smile aesthetics
- etc

NAD: State even if there are no abnormalities detected

Case Presentations

Intra-Oral Exam

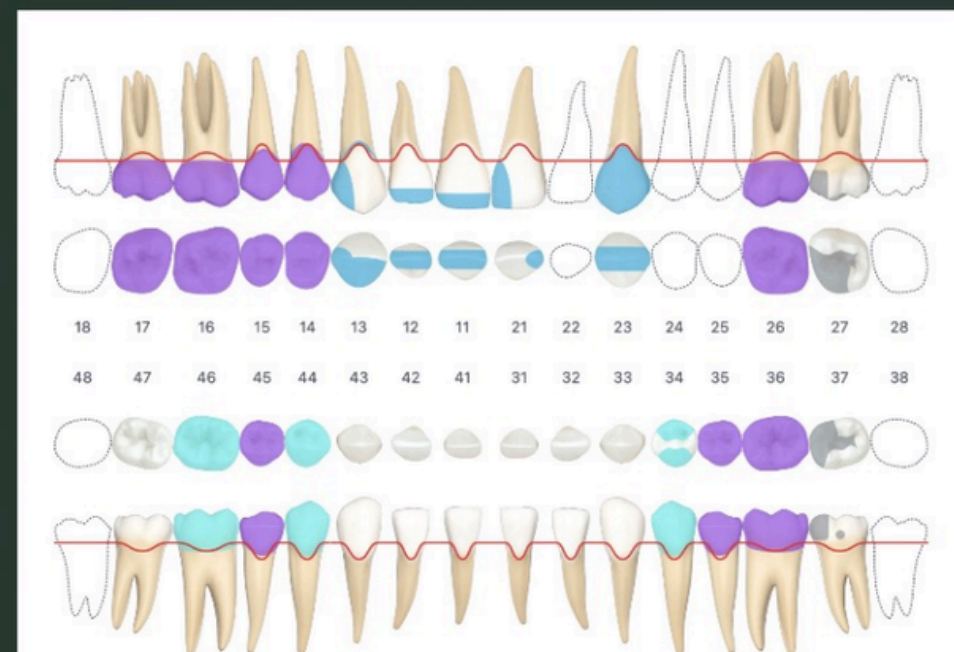
Soft & hard tissues: Labial mucosa, Frenal attachments, Gingiva, Palate, FoM, Tongue, etc

- Tooth charting
- CPITN,
- Plaque Score,
- Perio Chart



11: Abutment - sat	21: Pontic
12: Crown prep but no temporary or crown	22: Abutment - sat
13: Absent	23: FCC - sat
14: Palatal caries	24: Bu GIC catch on margin; heavy O wear
15: Absent	25: Absent
16: Absent	26: Absent
17: Heavy O wear	27: Absent
18: Absent	28: Absent
41: Absent	31: Gingival recession, composite buildup
42: Gingival recession; D surface brown stain; comp build up, 42L caries	32: Absent
43: Rotated distally, translated anteriorly; Bu, M recession; heavy O wear; exposed dentine; 43M cavitation and 43L caries	33: O wear; Bu recession; Bu cavitation, arrested caries
44: FCC - sat	34: Ceramic onlay - sat; Bu recession, heavy O wear; class V Bu GIC, catch
45: Absent	35: Missing
46: Absent	36: FCC - sat
47: FCC - sat	37: Absent
48: Absent	38: Absent

- Missing: 18, 22, 24, 25, 28, 38, 48
- Non-carious tooth surface loss
 - 23B abrasion lesion
- Endodontically treated teeth
 - 44 and 46 – temporarily restored with Ketac silver and SS band



Case Presentations

Denture Examination

- Age
- Retention
- Stability
- Occlusion
- Aesthetics
- Overall patient satisfaction

Example

	Maxillary	Mandibular
Age	4.5 years	4.5 years
Appearance	Good	Fair (missing tooth)
Retention	Poor	Good
Stability	Poor	Good
Patient satisfaction	Poor	Good

Intraoral photos with dentures - RPD

Case Presentations

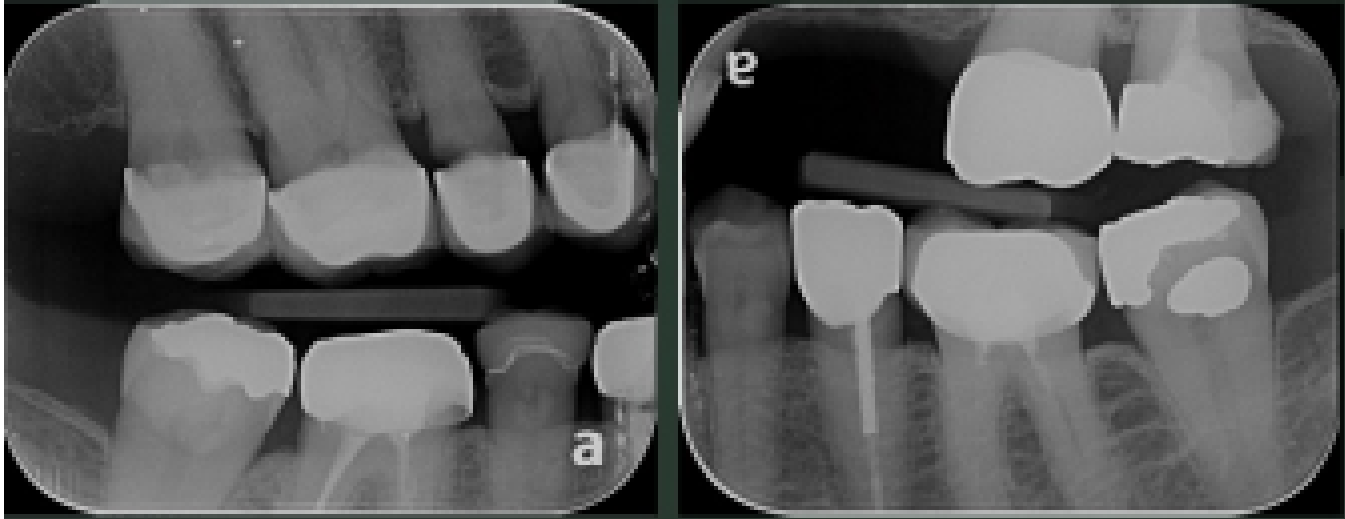
Investigation / Special tests

Radiographs

- Date and Xray interpretation

Example:

Bitewings (17/03/2023)



The image displays two bitewing radiographs. The left radiograph, labeled 'a', shows the right side of the patient's teeth. The right radiograph, labeled 'e', shows the left side. Both images show dental crowns and amalgam restorations. The right side shows radiolucencies under the crowns of teeth 15 and 14. The left side shows a radiolucency under the amalgam restoration of tooth 37B.

- RHS: Radiolucencies observed under 15 crown and 14 crown
- LHS: radiolucency under 37B amalgam

Results for Cold, EPT, Percussion, Palpation tests

Case Presentations

Caries Risk Assessment

CAMBRA

Protective factors

- Access to fluoride products, F water
- Saliva test:

Resting pH

Stimulated saliva volume

Stimulated saliva buffering capacity

Diet assessment:

- Exposure to sugars

Clinical/radiographic exam:

- Plaque score
- Caries
- White spot lesions
- Non-cavitated lesions (xray)
- Existing restorations

TABLE 3 (Part 1) | Updated CAMBRA caries risk assessment form^a for ages 6 year through adult (January 2021)^{b,c}.

Patient Name:	Reference Number:		
Provider Name:	Date:		
Caries risk assessment component ^d (Check yes only in the appropriate shaded column)	Column 1 Score: -1	Column 2 Score: +2	Column 3 Score: +3
Protective factors – Question items			
	Check if 'Yes'		
1. Fluoridated water	<input checked="" type="checkbox"/>		
2. F toothpaste at least once a day	<input checked="" type="checkbox"/>		
3. F toothpaste 2X daily or more	<input checked="" type="checkbox"/>		
4. 5,000 ppm F toothpaste	<input checked="" type="checkbox"/>		
5. F varnish last 6 months			
6. 0.05% sodium fluoride mouthrinse daily			
7. 0.12% chlorhexidine (glucosate) mouthrinse daily 7 days monthly			
8. Normal salivary function	<input checked="" type="checkbox"/>		
Biological or environmental risk factors			
Question items			
1. Frequent snacking (>3 times daily)		<input checked="" type="checkbox"/>	
2. Hyposalivatory medications		<input checked="" type="checkbox"/>	
3. Recreational drug use		<input checked="" type="checkbox"/>	
Biological risk factors – Clinical Exam			
1. Heavy plaque on the teeth		<input checked="" type="checkbox"/>	
2. Reduced salivary function (measured low flow rate) ^e		<input checked="" type="checkbox"/>	
3. Deep pits and fissures		<input checked="" type="checkbox"/>	
4. Exposed tooth roots		<input checked="" type="checkbox"/>	
5. Orthodontic appliances		<input checked="" type="checkbox"/>	
Disease Indicators – Clinical exam			
Check if 'Yes'			
1. New cavities or lesion(s) into dentin (radiographically)			<input checked="" type="checkbox"/>
2. New white spot lesions on smooth surfaces			<input checked="" type="checkbox"/>
3. New non-cavitated lesion(s) in enamel (radiographically)			<input checked="" type="checkbox"/>
4. Existing restorations in last 3 years (new patient) or the last year (patient of record)			<input checked="" type="checkbox"/>
Column total score (Columns 2 + 3 - 1):	Column 1 Total:	Column 2 Total:	Column 3 Total:
Yes in column 3 likely indicates high or extreme risk			
Yes's in columns 1 and 2: use the caries balance-below	-4	+6	+6
**Hyposalivation plus high risk factors = extreme risk			
Final Overall Caries Risk Assessment Category (check) determined as per guidelines below			
LOW	<input type="checkbox"/>	MODERATE	<input type="checkbox"/>
HIGH	<input checked="" type="checkbox"/>	EXTREME	<input type="checkbox"/>

^aCheck only the yes answers in the appropriate shaded column. Enter a score of -1, +2 or +3 for each yes checked. Unshaded columns are left blank. Assess the caries risk as per instructions in Table 3 (part 2) below.
^bAdapted from Featherstone et al. [11] with permission of California Dental Association Journal.
^cThis material may be used free of charge for the purposes of patient care, education, academic works, research, health promotion, health policy and related activities. However, permission must be obtained before this material is used for commercial purposes.
Refer to the second page (part 2) for instructions for use as guidelines for caries risk assessment.

Case Presentations

Periodontal Risk Assessment *DO THIS EVEN IF P/T DOESN'T ~~NAA~~ HAVE PERIO

Periodontal risk assessment (Lang & Tonetti, 2003)

BOP% = 80%

PD \geq 5mm

Tooth loss

BL/Age = 1.37254

Envir.

Syst./Gen.

Age: 51

Number of teeth and implants: 17 (1 - 32)

Number of sites per tooth / implant: 2 4 6

Number of BOP-pos. sites: 82 of 102

Number of sites with PPD \geq 5mm: 21

Number of missing teeth: 11

% Alveolar bone loss (estimated in % or 10% per 1mm): 70 %

Syst./Gen.: Yes No

Envir.: Non smoker (NS) Former smoker (FS) Occasional smoker (OS) Smoker (S) Heavy smoker (HS)

Polygon surface: 130.769

Periodontal Risk: **high**

Suggested Recall interval: **3** Months

HIGH RISK

Case Presentations

Prognosis

Add reference Periodontal, Restorative, Endodontic, Occlusion - Overall

Prognoses																
Perio		G	G	G	G	G	G	G	G		G			G	G	
Resto		F	F	Q	F	F	G	G	G		F			F	C	
Endo		G	G	Q	G	G	G	G	G		G			G	G	
Occ		G	G	G	G	G	G	G	G		G			G	G	
Overall		F	F	Q	F	F	G	G	G		F			F	C	
	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
Perio		G	G	G	G	G	G	G	G	G	G	G	G	G	G	
Resto		F	N	F	C	G	G	G	G	G	G	G	F	F	F	
Endo		G	C	G	G	G	G	G	G	G	G	G	G	G	G	
Occ		G	F	G	G	G	G	G	G	G	G	G	G	G	G	
Overall		F	N	F	C	G	G	G	G	G	G	G	F	F	F	

Prognoses		
G	Good	
F	Fair	
Q	Questionable	
C	Compromised	
N	Non-salvageable	

"Your own opinion"
↳ Just justify it

(Samet & Jotkowitz, 2009)

Case Presentations

Problem List

- Aesthetics: related to natural or artificial teeth
- Host-related: factors that affect oral and dental health (habits, medication, medical condition)
- Pathology: related to hard and soft tissues (include the complete perio and endo diagnosis)
- Morphology: occlusal problems, hypomineralisation, bony exostosis, hypocementosis

Example

1.17 Problem list

- Poor smile aesthetics and unsatisfactory CrCo P/- (presenting complaint)
 - Multiple root stumps, discolouration due to caries
 - Unsatisfactory CrCo P/- design and loss of retention due to fracture of abutment tooth 24
- Host-related
 - Bipolar disorder & hypothyroidism managed by medication
 - Dry mouth
 - Smoker
 - Frequent and high intake of sugary & acidic foods and drinks
 - Questionable OH compliance / dental attendance record
- Pathology
 - Carious root stumps 24, 33, 43
 - Frank cavitation due to caries 11, 13, 21, 22, 23, 31, 32, 34, 35, 41, 44, 45
 - Moderate to severe generalized chronic periodontitis modified by smoking (AAPD, 1999) / Periodontitis Stage 4 Grade C modified by smoking (Papapanou et al, 2017)
 - Pulpless and infected RCS and chronic apical periodontitis due to caries 24, 32, 33 (Abbott & Yu, 2004; Abbott, 2004)
 - Recurrent aphthous ulcerative disease
 - Denture stomatitis of the anterior hard palate
- Morphology
 - CI II tendency
 - Vertically impacted 38, 48
 - Hypercementosis 13, 23, 24, 34, 35, 44, 45
 - Missing teeth - Mx Kennedy CI I, Md Kennedy CI II Mod 1
 - Large, bulbous Mx anterior alveolar ridge
 - Loss of posterior support

Case Presentations

Diagnosis

- Summary of problem list

Treatment Options

- Options for control and reconstructive phase
- All options even if the patient cannot afford
- Pros and Cons
- No treatment is also an option

Case Presentations

Case Progress

- Photos of the Case

Last Slides

- Reflections
 - Limitations
 - What could be done better
- Reference list

Case Presentations

Prepare 2-3 cases

- Photos
- Study Models
- Radiographs

Why three cases?

- 1 for Case Pres in DMD3
- 2 for spare, resits or supplementary

Don't go for anything too complex - i.e. if you do you'll be absolutely grilled

Case Presentations

- Semester 1 (DENT5310)
 - CP slides/PDF (formative)
 - Submit for feedback
- Semester 2 (DENT5311)
 - Case presentation (summative) + Portfolio
 - 45 minutes: 15-20 mins presentation
20-25 mins questions

Two examiners – tutors, academic staff (examiners not disclosed).

In some sessions there will be an observer

Case Presentations

Case selection:

- Select your case presentation patient early.
- Enough time to formulate and develop a treatment plan that you can perhaps complete before the exam*
- Select reliable patients
- Give preference to Multi-disciplinary cases (endo, perio, pros) or Complex medical history (polypharmacy) with completed control phase
- Avoid very **Complex** cases in DMD3
- Ask help from Clinic coordinators or Module coordinator for case selection

*The selected case does not need to be finished in DMD3

Case Presentations

- Do not forget to obtain all the basic initial information and records (study models, photographs and radiographs) for all potential case presentation patient
- Maintain caseload
- Do not ignore your other patients

Case Presentations

Oral Presentation:

If you are not accustomed or do not feel comfortable speaking in public:

- Practice your presentation with a friend
- Timing

Case Portfolio

The case portfolio patient types:

- 1x periodontitis management case
- 1x restorative treatment case using removable dentures (complete or partial)
- 1x restorative treatment case using fixed restorations
- 1x treatment involving the management of dental aesthetics
- 1x multi-disciplinary case
 - *At least one case in your portfolio must include Endodontics for the management of pulp/root canal diseases, and Extractions for the management of teeth with overall hopeless prognosis (these procedures should not be limited to the multi-disciplinary case).*
 - *Paedodontics and Orthodontic cases can also be used in your case portfolio to illustrate the multi-disciplinary case and aesthetic case.*
 - *The dental aesthetics case can involve for example direct and indirect restorations, internal tooth bleaching, orthodontic procedures*

- Example Case Pres
- Rubric's
- Logbook