

1.

## Dental Record Review - 2

**Dental Record Review - 2**

Medicine III  
Tufts School of  
Dental Medicine

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2.

## Patient Information

**Patient Information**

- 52 yr old male
- 6' 195 lbs
- Ryan White Grant

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3.

### Chief Complaint

#### Chief Complaint

- "I want my teeth cleaned"

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4.

### Medical Hx

#### Medical Hx

- PCN allergy, had a severe reaction as a child
- Basal cell carcinoma removed in 2001
- HTN
- HIV
- Herpes
- Shingles
- Xerostomia
- Megaloblastic Macrocytic Anemia

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5.

## Social Hx

### Social Hx

- Quit smoking in 1998
- Consumes 1-2 alcoholic drinks per week
- Wears eye glasses
- Good nutritional intake

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6.

## Vital signs

### Vital signs

- BP: 134/76
- Pulse: 82
- Respiration: 16

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7.

## Medications

### Medications

- Acyclovir
- Enalapril
- Atorvastatin
- Ritonavir & Lopinavir
- Tenofovir & Emtricitabine
- 81 mg ASA
- Multivitamin

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8.

## Lab Results

### Lab Results

- WBC: 4700 (4,000-10,000/mm<sup>3</sup>)
- RBC: 4.39 ( 4.2-5.9 million/mm<sup>3</sup>)
- Hb: 14.9 (males 14-18 g/dL)
- HCT: 43.2% (males 40-54%)
- **MCV: 98.5 (86-98 um<sup>3</sup>/cell) \*\*\*\*H\*\*\*\***
- **MCH: 34 (27-32 uug/RBC) \*\*\*\*\*H\*\*\*\*\***
- Platelet Count: 236,000 (150,000-400,000)
- ANC: 2500 (1,500-7,200 cells/mm<sup>3</sup>)
- **CD4: 493 (500-1500 cells/cc) \*\*\*\*L\*\*\*\***
- Viral Load: not available, previously 75

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9.

## Medical Alerts

### Medical Alerts

- Allergy to PCN
- HTN
- HIV
- Megaloblastic Anemia
- Maintaining current lab values every 6 months
- Stop aspirin 7 days before any major surgeries per consult with PCP

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10.

## Drug-Drug Interactions

### Drug-Drug Interactions

- Long term NSAID use reduces efficacy of ACEi's such as Enalapril maleate
- ASA must be taken at least 2 h prior to NSAID's
- Lopinavir/ritonavir and long term use of azole antifungals
- Lopinavir/ritonavir can increase the effects of CYP3A4 substrates such as: Diazepam, Triazolam, Lovastatin, Simvastatin
- Lopinavir/ritonavir can cause a disulfiram effect, Metronidazole must be avoided
- Atorvastatin can increase effects of CYP3A4 substrates such as: Ketoconazole, Clarithromycin, Erythromycin, Doxycycline and Propofol
- Grapefruit juice may inhibit metabolism of Atorvastatin and Benzodiazepines and cause toxicity

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11. Dental Local Anesthetics to Use

## Dental Local Anesthetics to Use

- 2% Lidocaine w/ 1:100,000 Epi (limit 2 carpules)
- 3% plain Mepivacaine
- 2 % Mepivacaine w/ 1:20,000 Levonordefrin
- 4% plain Prilocaine
- 4% Prilocaine HCL w/epinephrine w/ 1:200,000 epi
- 4% Articaine w/ 1:100,000 epi
- 0.5% Bupivacaine w/ 1:200,000 epi
- 1% Etidocaine

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12. Dental Local Anesthetics to LIMIT

## Dental Local Anesthetics to LIMIT

- 2% Lidocaine w/ 1:100,000 epi
- LIMIT TO TWO CARPULES**

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## Antibiotics to Use

### Antibiotics to Use

- Clindamycin
- Azithromycin

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## Antibiotics to AVOID

### Antibiotics to AVOID

- Penicillin
- Cephalosporins: Cephalexin, Cefadroxil, Cefazolin sodium
- Erythromycin
- Clarithromycin
- Tetracycline
- Doxycycline
- Ciprofloxacin
- Metronidazole

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## Analgesics to Use

### Analgesics to Use

- 325 mg or 500 mg acetaminophen
- Acetaminophen #1-4
- Hydrocodone/acetaminophen

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## Analgesics to AVOID

### Analgesics to AVOID

- NSAIDS

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## Antifungal to Use

### Antifungal to Use

- Mycostatin

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## Antifungals to AVOID

### Antifungals to AVOID

- Fluconazole
- Clotrimazole

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19.

## Dental Tx Plan

### Dental Tx Plan

- Initial exam revealed no carious lesions or defective restorations
- Prophy
- Perio maintenance and exams Q 3 months
- Manage xerostomia with:  
nonalcoholic mouth rinse BID, Biotene,  
fluoridated toothpaste, saliva substimulants
  - As last option, Pilocarpine

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20.

## Last thoughts

### Last thoughts

- For conscious oral sedation only, use Alprazolam, Clonazepam or Lorazepam with caution due to Lopinavir/ritonavir and Tenofovir disoproxil/emtricitabine CYP3A4 inhibition and keep Flumazenil in office.
- N<sub>2</sub>O or Sevoflurane could also be used for anxiety control
- Always use a nonalcoholic mouthwash before every procedure
- Monitor patient labs every 6 months for any changes that could alter how the patient is medicated by both the dentist and PCP

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