

## A Brief and Informal Dental History for Joseph Edmund Riedel

Born 1955

1955-1979 – Nothing extraordinary: No braces, the usual share of fillings, wisdom teeth emerged, but with 32 angled, and potentially impacting 31.

1980 – Bicycle accident, broke 10 above gum-line, 9 and 8 below. 2 days after incident, Dentist “drove” 9 and 8 back into position, stabilized teeth with a composite mass covering 7 through 10.

1980-81 – Dentist abandoned practice, but office made 1 year worth of delayed appointments and excuses. Periodontal disease probably began at this time.

1981 - New dentist found. Composite mass removed, suggested a permanent prosthetic appliance to replace 8 through 10. I chose a live crown on 10 instead, and leaving 8 and 9 intact, as they had apparently “healed” and were stable.

1982 – New dentist sold practice (without informing patients). Search for new dentist began, periodontal disease progressed.

1983 – Another new dentist found, treated the periodontal disease by cleaning and suggesting I “brush better.”

1985 – Oral surgeon removed 1,16,32,17. 31 had developed root decay which was unsuccessfully filled with amalgam.

1986 – Started treatment with my Wife’s dentist, largely due to the failure of the 31 reconstruction. This dentist was concerned immediately with the gum recession and bone loss (but did not reveal to me the extent of the periodontal disease). Recommended consultation with a periodontist, who performed extensive cleaning, root planning and suggested gum grafting below 26-23. The dentist felt that the situation was stable, and that he could manage the disease, which in fact had probably been reduced to a low chronic level.

1987 – Amalgam filling in 31 failed for 3<sup>rd</sup> time, on advice of dentist, this tooth was root-canaled and crowned.

1987-98 – Perhaps 2-3 amalgam new fillings/replacements, several composite patches over exposed roots. I was informed that things were okay and stable. Dentist retired in '98.

1999 – New dentist (son of previous, but different practice) was very concerned of my periodontal health, and poor condition of a number of teeth. About 10 minor or moderate reconstructions were called for, and immediate periodontal consultation recommended. The periodontist considered bone are root recession “moderate”, and after initially

suggesting that “there was nothing I can do for you” suggested gum auto-grafting across 23 to 26 facially. The ambiguity of the diagnosis led me to postpone a decision.

1999-2000 - Reconstruction work continued, and with quarterly cleaning, and improved home dental-care, the chronic periodontal disease rapidly improved.

2000 - Another periodontal consultation was sought. This periodontist felt that my situation was critical and required immediate reconstruction of bone and gum using allografts of both for all teeth. This process would have been three stepped, involving bone grafting, followed by tissue grafting followed by gum resection. I took this under advisement, though the dentist urged me to follow through.

2000 - Reconstruction work on 19 caused tooth death, tooth was root canaled and crowned.

2001 - Periodontal consultation at UCLA with Dr. Klokkevold. He felt my periodontal situation was stable, and strongly suggested I seek no aggressive therapy. I am currently under his care.

2001 - 30 was found to be cracked, and an inlay crown was fixed to the live tooth.

2002 – Seeking a new dentist, largely, but not entirely, due to the distance to the present dentist’s office.

2003-2010, regular dental care with 4x year cleanings. But despite this, the periodontal disease progressed, and the gingival pockets deepened. In 2007 (ca.) a filling to 14 caused tooth death, necessitating a root-canal and crown.

2010 Began to use essential oils (mint, and citrus) in lieu of toothpaste, and the gingivitis rapidly went into remission, with the gingival pockets returning to normal depth within 2 years. However, the gingivitis had caused substantial bone loss over the years leaving roots exposed on all teeth, and substantial and increasing motility. Gum recession is up to 6-7 mm on the lower and 4-5mm on the upper, due largely to bone loss.

In 2011, 9 broke (it had apparently weakly healed). 10 (which was crowned in '83), 9, 8, and 7 were splinted with a thin metal brace glued to the back of the teeth, stabilizing them, and making them fully functional. But the 8-9 assembly is still somewhat motile, but quite strong. All teeth, 7-10 are still alive, 8 and 9 are alive despite breaks below the gumline.

In 2012, after several years without cavities, a couple were found (on roots) including 13, and after treatment, 13 was very loose and painful. It was splinted to 12, which ended the pain, but 13 remains in very bad shape re. decay on the roots, though it remains alive.

2014, radiographs revealed 5 cavities all on roots of various teeth, including 30, which was treated. Treatment to 30 caused tooth death, necessitating a root canal which was

completed in January of this year. Also in January, 19 suddenly broke off, necessitating an extraction. A single tooth implant was advised, but bone grafting (with granulated cadaver allo-graft material) which was done in early February. The installation of the post will be in 3 more months.

In mid February '15, 20 which was being bruised by the lack of protection from 19, became intolerably painful. It was quite loose. It was splinted to 20, which because it was also loose, was splinted to 21.

Summary:

- One missing tooth (19), with healing bone graft, anticipating implant.
- All teeth have moderate to severe mobility, those that are painfully so have been splinted (see below).
- 3 intact root canals, teeth, 31 (30 years old), 14 (15 years old), and 30 (new)
- Crowns on live teeth: 10, 31, 14, (probably one more, maybe 15).
- 2 broken teeth 8, 9, splinted all across 7-10 with metal and composite.
- Other splinted teeth, 13-12; 20-21-22.
- Tooth about to go: 13.
- Awaiting crown: 30.
- Severe gum recession, all around, all roots exposed.
- Up to 6-7mm gum and bone recession lower, 4-5mm upper.
- Gum health is good, never any bleeding during depth gauging, gingivitis seems to have been cured.