



THE PERIO REPORT

A QUARTERLY NEWSLETTER FROM
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JUNE 2020

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INCIDENTAL CBCT FINDINGS

by Dr. Christopher Walker

CBCT technology gives us incredible diagnostic capabilities. When lesions are visible on periapical radiographs, a follow-up CBCT scan can more clearly illustrate the problem and provide valuable information to assist in making better treatment plans and reduce surprises at the time of surgeries.

Also, lesions that would be either difficult to detect or undetectable with periapical radiographs are more easily seen and diagnosed on a CBCT scan.

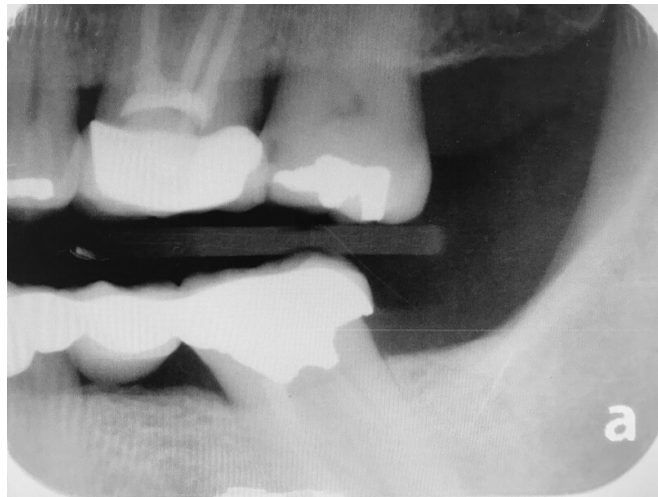
Even if the lesions are asymptomatic, this information is valuable for comprehensive treatment planning, and has altered the course of treatment in a number of treatment plans for my patients.

The lesions highlighted in the following cases were not the primary reason the scans were taken — these lesions were all incidental findings encountered during the treatment planning phase.

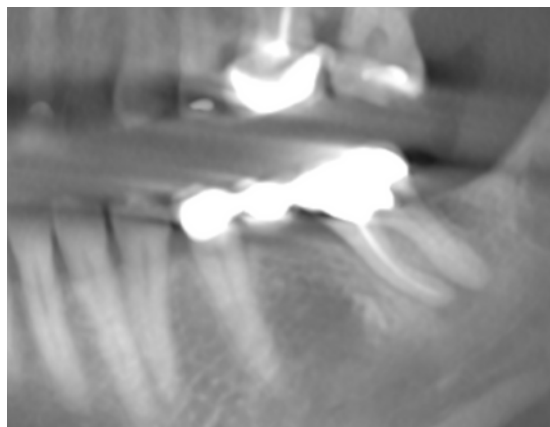
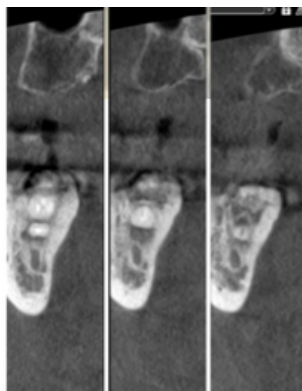
Explore
individual cases
on the following
pages →

CASE ONE

The CBCT was ordered in Case 1 to assess sinus proximity of #14 in treatment planning extraction and ridge preservation of #14. The patient was referred due to recurrent decay under the distal margin of #14 deeming it non-restorable. The CBCT in Case 1 revealed a periapical radiolucency around #18.



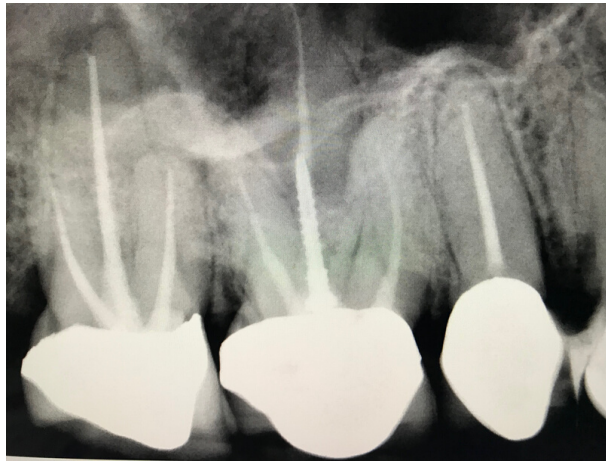
BWX received from referring office



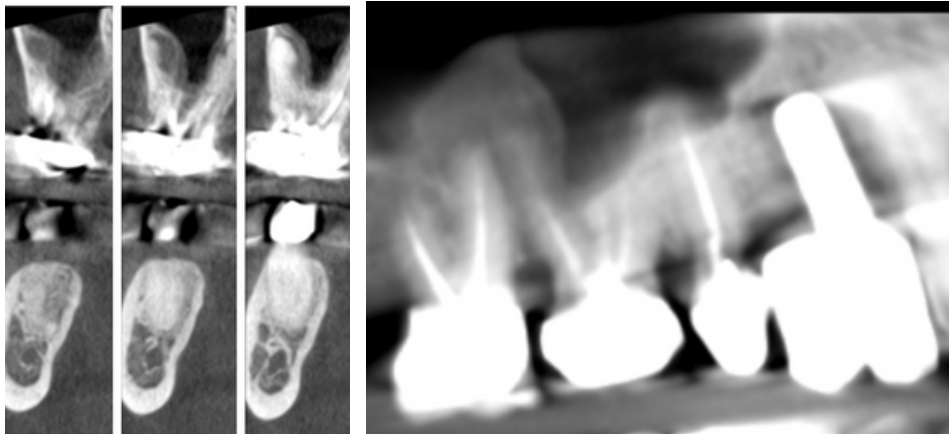
CBCT images

CASE TWO

The CBCT was ordered in Case 2 to plan an immediate implant at site #4. The patient was referred due to a buccal abscess and pain near #4. The CBCT revealed a periapical radiolucency associated with the MB root of #3.



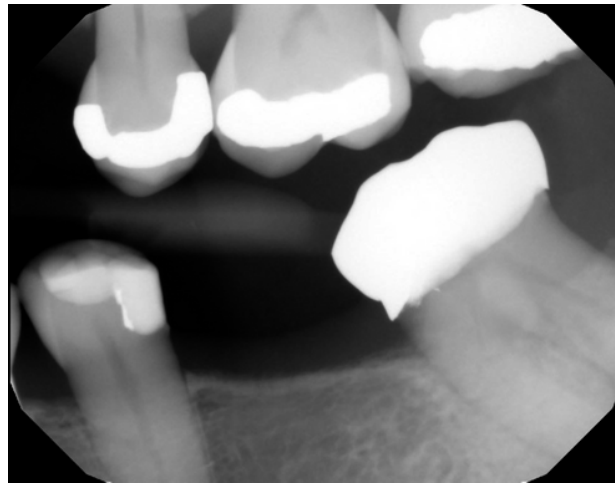
PA received from referring office



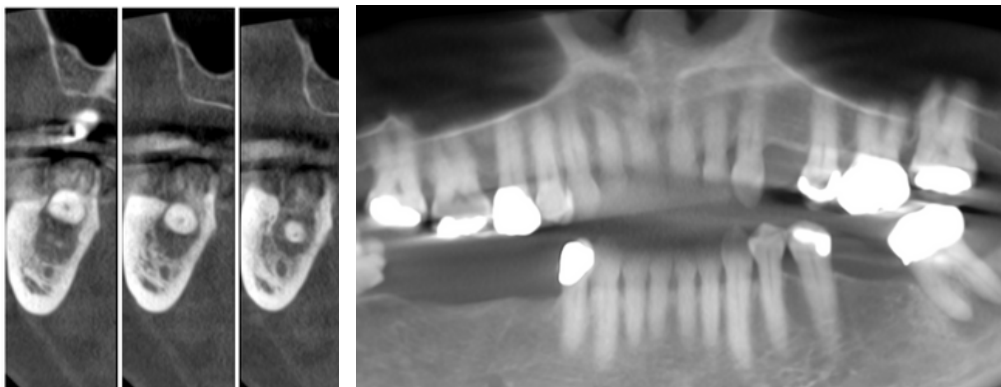
CBCT images

CASE THREE

The CBCT in Case 3 was ordered to assess implant placement in the UL, LL, and LR quadrants. The patient was not experiencing any pain, but a large periapical radiolucency was immediately detected near #18.



BWX received from referring office



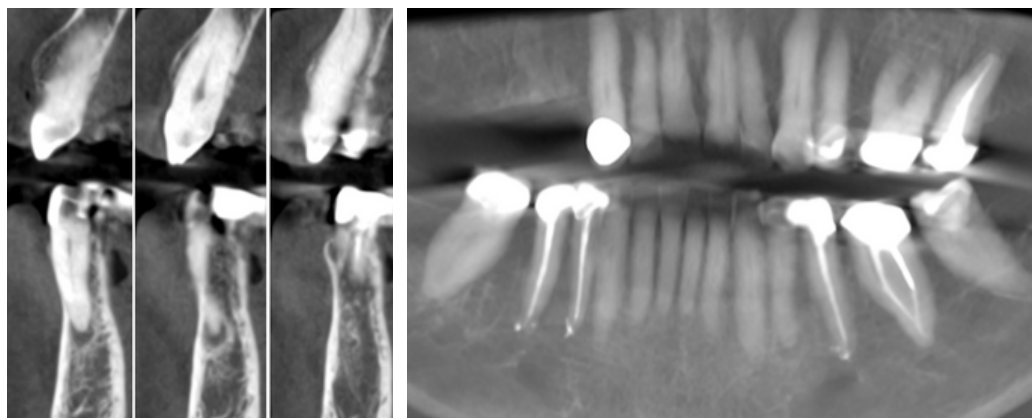
CBCT images

CASE FOUR

The CBCT in Case 4 was taken to evaluate the UR quadrant for implant placement. At the time of referral, the patient was asymptomatic. The CBCT revealed a periapical radiolucency associated with #21.



PA received from referring office



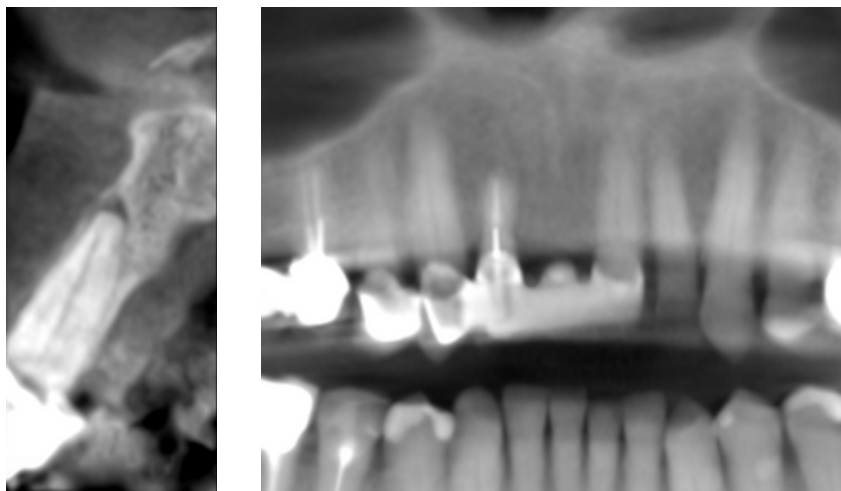
CBCT images

CASE FIVE

The CBCT was ordered in Case 5 to evaluate the MX anterior for implant placement. The patient was referred due to a failing bridge #7-9 and was asymptomatic. The CBCT revealed a periapical radiolucency associated with #9 not previously detected in prior radiographs.



PA received from referring office



CBCT images



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CBCT ALLOWS FOR COMPREHENSIVE PLANNING

by Dr. Christopher Walker

These are a few examples of how this technology can help to reveal asymptomatic lesions not previously detected. It is important to thoroughly review these scans to ensure proper detection and diagnosis of these lesions.

The detection of these lesions may lead to changes in treatment sequencing, as well as changes in the overall treatment plan.

This technology not only helps with ensuring comprehensive planning for each patient, but also may be used as a valuable educational tool to better communicate with colleagues and patients.

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