

Update to the regular dentist: periodontal abscess drained in a patient with poorly controlled type 2 diabetes



Assume that today's date is 12 November 2026. Mr Celik was seen as an emergency at your clinic this morning. You are a dentist at a public emergency dental clinic. Mr Celik is temporarily working in your area. Using the information in the case notes, write a letter to his regular dentist, Dr Lindiwe Khoury, updating her on today's emergency treatment and requesting a full periodontal assessment and ongoing management. Address the letter to Dr Lindiwe Khoury, General Dental Practitioner, Family Dental Practice, 22 Market Street. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O		I	C	O
Patient details				Examination			
1. Name: Mr Emre Celik	☐	☐	☐	19. No trismus; swallowing & breathing normal; no spreading facial swelling	☐	☐	☐
2. DOB: 03/05/1979 (47 yrs)	☐	☐	☐	20. Localised fluctuant swelling buccal gingiva 46; pus on probing	☐	☐	☐
3. Home address: 8 Elm Grove	☐	☐	☐	21. 46: PD 8 mm distobuccal; mobility grade I; normal response to cold (vital); no caries	☐	☐	☐
4. Seen: 12/11/26, walk-in emergency appt	☐	☐	☐	22. Generalised plaque & subgingival calculus; widespread BOP; PD 5–7 mm at several posterior sites	☐	☐	☐
Social background				23. PA radiograph 46: vertical bone loss distal root (approx. ½ root length); no periapical radiolucency	☐	☐	☐
5. Electrician; working away from home on 6/52 contract → returns home 20/11/26	☐	☐	☐	24. Random BGL 13.8 mmol/L (own meter)	☐	☐	☐
6. Smoker 15/day × 25 yrs	☐	☐	☐	25. Crown 36 (placed by regular dentist 2023) intact	☐	☐	☐
7. Enjoys fishing at weekends	☐	☐	☐	Treatment			
8. States regular dentist 'charges too much' — reason for missing recalls	☐	☐	☐	26. Dx: periodontal abscess 46 with systemic signs	☐	☐	☐
9. Last dental visit approx. 2 yrs ago	☐	☐	☐	27. LA; drained via pocket; gentle debridement & irrigation of 46 pocket	☐	☐	☐
Medical history				28. Amoxicillin 500 mg TDS 5/7 (systemic involvement)	☐	☐	☐
10. Type 2 diabetes dx 2019; poorly controlled — HbA1c 9.6% (GP, 08/26)	☐	☐	☐	29. Chlorhexidine 0.2% mouthrinse BD 1/52; paracetamol PRN; warm salt-water rinses	☐	☐	☐
11. Meds: metformin 1 g BD, gliclazide MR mane	☐	☐	☐	30. OHI given; smoking cessation advised — Quitline info provided	☐	☐	☐
12. Hypertension — ramipril daily	☐	☐	☐	Plan			
13. Appendicectomy 2004	☐	☐	☐	31. Advised: seek urgent medical care if swelling spreads, difficulty swallowing/breathing or ↑ fever	☐	☐	☐
14. Allergies: NKDA	☐	☐	☐	32. Review here 15/11 (before return home)	☐	☐	☐
Presenting complaint				33. Advised to see GP re diabetes control	☐	☐	☐
15. 3/7 ↑ pain & swelling lower R posterior; bad taste	☐	☐	☐	34. Letter to regular dentist: full periodontal assessment, non-surgical periodontal therapy, assess prognosis 46, regular recalls	☐	☐	☐
16. Feverish, unwell since yesterday; eating ↓	☐	☐	☐				
17. Complained to reception about 2 hr wait	☐	☐	☐				
Examination							
18. T 38.1°C; R submandibular lymph nodes enlarged, tender	☐	☐	☐				