

## Impacted lower wisdom tooth in a patient on warfarin



Assume that today's date is 22 October 2026. You examined Mrs Wisniewski and took a panoramic radiograph today. You are Dr Hui Xie, a general dental practitioner in private practice. Using the information in the case notes, write a letter to Dr Prakash Kamath, an oral and maxillofacial surgeon, referring Mrs Wisniewski for assessment and surgical removal of her impacted lower left third molar. Address the letter to Dr Prakash Kamath, Oral and Maxillofacial Surgeon, Oral and Maxillofacial Surgery Clinic, 45 Park Road. 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).

### Patient details

1. Name: Mrs Njeri Wisniewski
2. DOB: 14/03/1962 (64 yrs)
3. Address: 12 Elm Avenue
4. Pt of practice since 2011; 6/12 recall

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### Social background

5. Lives with husband (retired), who can drive her to and from appts
6. Retired librarian; grows orchids
7. Non-smoker; alcohol 1–2 glasses wine/wk
8. Daughter's wedding in Dec; worried about 'looking swollen in the photos'
9. Husband told staff she 'makes a fuss about everything'
10. Complained receptionist was rude when appt rescheduled last month

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### Medical history

11. Atrial fibrillation (dx 2019) on warfarin, managed by GP; target INR 2.0–3.0
12. Current warfarin dose 5 mg daily (adjusted by GP 25/09/26)
13. Hypertension: perindopril 5 mg daily
14. Hypothyroidism: levothyroxine 100 mcg daily
15. Allergy: penicillin (urticarial rash 1998)
16. Hysterectomy 2009

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### Dental history

17. Extraction 46 in 2015 (before warfarin), uneventful healing
18. Pericoronitis around 38 x3 episodes in last 8/12 (Feb, Jun, Sep 26)
19. Sep episode (19/09): pain, swelling, trismus → irrigation + metronidazole 5/7 (penicillin allergy)
20. INR ↑ to 3.6 following metronidazole course (interaction) → GP adjusted warfarin dose

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### Dental history

21. Recent INRs (GP): 2.4 (11/08/26), 3.6 (24/09/26), 2.6 (08/10/26), 2.5 (20/10/26)
22. Dental anxiety; requests IV sedation if possible
23. Oral hygiene good; brushes BD, flosses daily

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### Examination 22/10/26

24. 38 partially erupted, mesioangular; operculum mildly inflamed, no pus; no trismus; no lymphadenopathy
25. Lower lip and chin sensation normal bilaterally
26. 48 fully erupted, functional, asymptomatic
27. Pt asked for 'a clean' at same visit → scale and polish done

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### Radiograph

28. OPG 22/10/26: 38 mesioangular impaction; roots overlap inferior alveolar canal, with darkening of roots and interruption of canal white line
29. Suggests close relationship to IAN; CBCT may be required (specialist to decide)
30. OPG image to be sent electronically with referral

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### Plan

31. Risks discussed incl. bleeding and altered sensation lip/chin; pt wishes to proceed
32. Advised not to stop or change warfarin unless instructed by surgeon/GP
33. Refer OMFS: assessment and surgical removal 38 ± CBCT; periop anticoagulation management to be planned with GP
34. Interim: chlorhexidine 0.2% mouthwash, warm saline rinses; urgent dental review if spreading swelling or fever; attend ED immediately if difficulty swallowing; call ambulance if difficulty breathing
35. Routine recall 6/12

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