

Patient Name: _____

Date: _____

**CLINICAL CASE ANALYSIS
PERIAPICAL/PERIRADICULAR DISEASE**

CLINICAL SIGNS - AFFECTED TOOTH/TEETH

- 1) Tooth fracture: _____ Yes _____ No
- 2) Caries: _____ Yes _____ No
- 3) Large restoration: _____ Yes _____ No
- 4) Lost/defective restoration: _____ Yes _____ No
- 5) Displacement/extrusion: _____ Yes _____ No
- 6) Increased mobility: _____ Yes _____ No
- 7) Percussion sensitivity: _____ Yes _____ No
- 8) Thermal sensitivity: _____ Heat _____ Cold _____ None
- 9) Electric pulp test: _____ Positive _____ Negative
- 10) Local purulent exudate: _____ Yes _____ No
- 11) Local spontaneous hemorrhage: _____ Yes _____ No
- 12) Draining sinus/fistula: _____ Yes _____ No
- 13) Local gingival/alveolar mucosal soft tissue proliferation: _____ Yes _____ No
- 14) Cortical expansion: _____ Yes _____ No

RADIOGRAPHIC FINDINGS

1) Current images analyzed: _____ PA _____ BW _____ FMS _____ Occlusal _____ Panoramic
_____ Other

2) Prior images compared: _____ PA _____ BW _____ FMS _____ Occlusal _____ Panoramic
_____ Other

3) Findings (current images):

- PA/PR lesion(s): _____ Solitary _____ Multiple
- Concurrent periodontal bone loss: _____ Yes _____ No
- Internal lesion character: _____ Radiolucent _____ Radiopaque _____ Mixed RL/RO
- Boundry definition: _____ Sharp _____ Smudged
- Boundry character: _____ Continuous curve _____ Crenated _____ Multilocular
- Cortical expansion: _____ Yes _____ No
- Soft tissue extension: _____ Yes _____ No
- Cortical destruction: _____ Yes _____ No
- Altered trabecular pattern: _____ Around lesion(s) _____ Generalized
- Loss of lamina dura: _____ Limited to affected tooth _____ Generalized
- Widened PDL Space: _____ Limited to PA/PR lesion _____ Extension beyond lesion
- External root resorption: _____ Affected tooth/teeth _____ Adjacent tooth/teeth
- Internal root resorption: _____ Affected tooth/teeth _____ Adjacent tooth/teeth
- Pulpal calcification: _____ Yes _____ No
- Tooth displacement: _____ Yes _____ No
- Associated unerupted tooth _____ Yes _____ No
- Anatomically unrelated radiographic alterations: _____ Yes _____ No

4) Related prior radiographic alterations: _____
