University of Idaho
School of Health and Medical Professions

Project ECHO

CASE RECOMMENDATION FORM

ECHO Session Date: 12/16/25
Presenter Credential: MD

Summary:
57-y/o male with h/o HTN (dx age 45), HLD, obesity, and poorly controlled NIDDM. BP was 135/82 on losartan 50 mg daily. Labs showed LDL 167, HDL 32, TG 376; pt previously on a statin but prescription lapsed. DM dx 5 yrs prior with worsening control (FBG 138, A1c 7.4). Additional labs notable for CRP 3.1, ALT 42, uric acid 7.8. BMI was 36.4. Current meds include losartan 50 mg daily and metformin 1 g BID. HEENT: significant for inflamed gingiva with purulent areas on the margin of the gums. Tenderness to palpation. No oral lesions were noted. Tongue was normal. There was moderate halitosis. Neck was supple with lymphadenopathy.

Central Questions:
As a primary care physician, how should I approach the oral issues going on with this pt? What additional things should I be looking for on his physical examination of his mouth, and any additional history I should be gathering?
Obviously, he needs a referral to a dentist, with his physical findings, should he go straight to a periodontist? What should I do medically to help him (i.e. are antibiotics indicated)? I know oral health impacts overall health. What improvement in his labs should I expect if he gets adequately treated for his periodontal disease?

After a review of the case presentation from the ECHO Idaho – Oral Health in Primary Care session, and discussion of this patient's case among the ECHO Community of Practice, the following suggestions have been made:

Recommendations:

- Pt likely meets criteria for metabolic syndrome, which is associated with a 2-3× increased risk of periodontal disease.
- Assess tooth mobility by gently wiggling teeth with a finger or tongue depressor to gauge disease severity.
- Provide pt education on what periodontitis is, its causes, and potential health links to help motivate follow-up with dental care, especially given common dental anxiety.
    - Refer initially to a general dentist for evaluation and triage, as access is broader and care may be more affordable. If they feel it's beyond the scope of their hygiene team, then they can refer out.
    - Consider referral directly to a periodontist if disease appears advanced or if the pt is interested in regenerative therapies.
    - After periodontal treatment, anticipate potential improvements in systemic markers such as HbA1c, CRP, and possibly blood pressure.
- Antibiotics are not routinely recommended for chronic periodontal disease, as definitive treatment requires mechanical root debridement.
    - Consider antibiotics only in the presence of a localized periodontal abscess (focal redness, swelling, pus), emphasizing that this provides temporary relief and does not replace definitive dental care.
- Review and reinforce basic oral hygiene behaviors, including brushing habits and duration, to empower patients with immediate, actionable steps to improve at-home care.
    - Mouthwash use may be discussed as optional; it may help with motivation and breath but is unlikely to significantly impact periodontal disease and is not essential to care.

Consider presenting a patient case at a future ECHO Idaho session.
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