Sumário

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$1(;2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1. INTRODUÇÃO

$ SHULRGRQWLWH DSLFDO LQIHFFLRVD p XPD LQIODPDWyULD TXH DIHWD RV WHFLGRV FLUFXQMDFHQ VH DSUHVHQWD FRPR UHVXOWDQWH GH XPD FDVFDWD XVXDOPHQWH VH LQLFLDP FRPR XPD OHVmR FDULRV LQIHFomR GRV VLVWHPDV GH FDQDLV FRP FRQVHTXHQW GRV WHFLGRV SHULDSLFDLV HVSHVVDPHQWR GR OLJD yVVHDV H UDGLFXODUHV H ILQDOPHQWH VH PDQLI SHULDSLFDO FRP RX VHP ItVWXODï

2 DEVFHVVR SHULDSLFDO VH DSUHVHQWD FOLQ ORFDOL]DGR VLQWRPDWRORJLD GRORURVD DVVRFLD FRP JUDQGH VHQVLELOLGDGH D SHUFXVVmR H HP DO ItVWXOD 1RV H[DPHV UDGLRJUiILFRV p REVHUYDGR LP SHULDSLFDO GHFRUUHQWH GD UHDEVRUomR yVVHD 2 SHULDSLFDO p IRUPDGR SRU EDFWpULDV JUDP QHJDWL

2 WUDWDPHQWR LQGLFDGR p D GHVFRQWDPLQDomR PHLR GR WUDWDPHQWR HQGRG{QWLFR LQFOXLQGR TXtPLFDV SUHSDUR H PRGHODJHP GR FDQDO UDGLFXO GH UHPRYHU R WHFLGR SXOSDU QHFUyWLFR H WDPEpP LQWUDFDQDOñ $SyV D UHGXomR GD LQIODPDomR UHJ GR FUHVFLPHQWR GD OHVmR HP VHJXLGD LQLFLD VH QRYD IRUPDomR yVVHD H GHVDSDUHFLPHQWR GRV V SHULDSLFDO p XP LPSRUWDQWH LQGLFDWLYR GH VXFH FXMR DFRPSDQKDPHQWR p UHDOL]DGR SRU PHLR GH H[

(VWH WUDEDOKR WHP FRPR REMHWLYR DSUHVHQV SDFLHQWH FRP GLDJQyVWLFR GH DEVFHVVR SHULDSLF SURSRVWR IRL R HQGRG{QWLFR FRQYHQFLRQDO FR LUULJDomR H LQVHUomR GD PHGLFDomR LQWUDFDQD SHULDSLFDO

2. RELATO DE CASO

3DFLHQWH GH DQRV VH[R IHPLQLQR FRPSDUHFH
GD)DFXOGDGH 6XO $PHULFDQD)$6$0 *RLkQLD *2 F
JHQJLYD SRUTXH LQFKRX´ H UHODWRX XVR GH DQWL L
$ SDFLHQWH QRWRX R DSDUHFLPHQWR GH ItVWXOD Ki X
D SUHVHQoD GH VHFUHomR SXUXOHQWD HUD UHFRUU
LQLFLDO D SDFLHQWH DSUHVHQWRX GRU H HGHPD QD
FRQVXOWD GXUDQWH R H[DPH ItVLFR H[WUDRUDO QmR
(QWUHWDQWR QR H[DPH ItVLFR LQWUDRUDO IRL REV
IXQGR GH YHVWtEXOR H RV HOHPHQWRV H HVWDY
FRPSRVWD QDV IDFHV PHVLDO GLVWDO SDODWLQD H
REVHUYDGDV DOWHUDo}HV VLVWrPLFDV

$ UDGLRJUDILD SHULDSLFDO UHYHORX XPD LPDJHP
OLPLWHV GHILQLGRV QD UHJLmR GR GHQWH)LJXUD

$R WHVWH GH VHQVLELOLGDGH SXOSDU D IULR (
0DULQJi 35 %UDVLO R GHQWH DSUHVHQWRX UHVX
GH SHUFXVVmR KRUL]RQWDO H YHUWLFDO SRVLWLYR
VHQVLELOLGDGH SXOSDU QRV GHQWHV DGMDFHQWHV
SRVLWLYR 2 GLDJQyVWLFR IRL DEVFHVVR SHULDSLFD
UHDOL]DGR SODQHMDPHQWR SDUD QHFURSXOSHFWRPL

),*85$)RWR UHDOL]DGD SHOD SDFLHQWH GLDV DQWH

),*85$ ±$,PDJHP FOtQLFD LQLFLDO % ,PDJHP UDGLR LQFLVLYRV VXSHULRUHV

),*85$ 5±HDOL]DomR GR WHVWH GH VHQVLELOLGDGH S

$ DERUGDJHP WHUDSrXWLFD GH HVFROKD SDUD R HQGRG{QWLFR FRQYHQFLRQDO GR GHQWH 6RE LVI

DEHUWXUD FRURQiULD SHQHWUDomR GHVLQIHWDQWH
SHTXHQR FDOLEUH . H VHJXLGR GR SUHSDUR FH
3UR'HVLŠQ 0 (DV\ (TXLSDPHQWRV 2GRQWROyJLFRV
0* %UDVLO $ RGRQWRPHWULD IRL UHDOL]DGD FRP O
5RPLDSH[Š 5RPLGDQ .LU\DW 2QR ,VUDHO 2 SUHSD
FRP H D OLPSH]D IRUDPLQDO H[HFXWDGD FRP OL
UHDOL]RX VH R SURWRFROR GH LUULJDomR FRP KLSRI
VRE DJLWDomR PHFkQLFD HP EDL[D URWDomR FRF
(TXLSDPHQWRV 2GRQWROyJLFRV %HOR +RUL]RQWH 0
GH VHJXQGRV FDGD QD VHJXLQWH RUGHP ž FLFOR
ž FLFOR FRP ('7$ H ž FLFOR FRP KLSRFORULV
QRYDPHQWH

'HSRLV IRL UHDOL]DGD D VHFDJHP GR FDQDO UDGL
DEVRUYHQWHV H DSOLFDomR GH PHGLFDomR LQWUDF
FiOFLR 8OWUD&DO ;6Š 8OWUDGHQW ,QGDLDWXED 63
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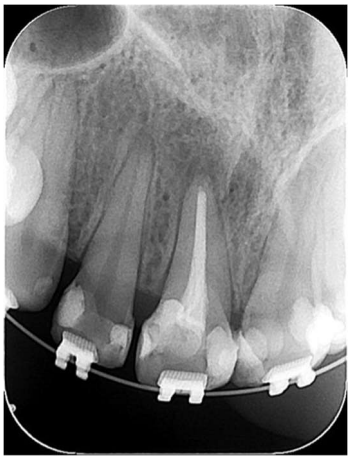
%UDVLO



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GHQWH

$SyV TXDWUR VHPDQDV IRL UHDOL]DGD D UHPRomR
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H[HFXWDGD D SURYD GR FRQH VHJXLGD GD REWXUDom
FRQGHQVDomR ODWHUDO FRP FRQHV GH JXWD SHUFKD

í ð

&KHRQJMX VL &KXQJFKHRQJEXN GR 5HS~EOLFD GD &F
07$ ±)LOODSH[Š $QJHOXV /RQGULQD 35 %UDVLO
DWHQGLPHQWR VHJXLQWH IRL IHLWD D UHVWDXUDomR
9LWWUDŠ)*0 -RLQYLOOH 6& %UDVLO

$ FRQVXOWD GH SURVHUYDomR IRL UHDOL]DGD DSy
FDQDO UDGLFXODU RQGH IRL SRVVtYHO REVHUYDU DX
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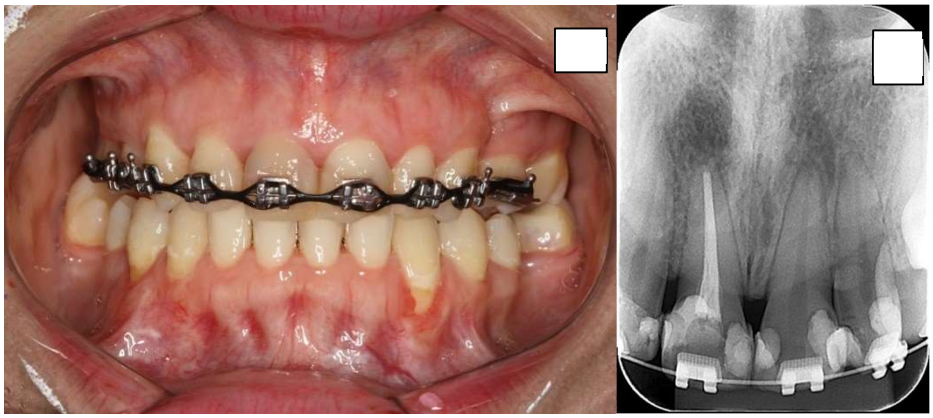
GD OHVmR H QHRIRUPDomR yVVHD)LJXUD



)LJXUD $± ,PDJHP FOtQLFD GR GHQWH DSyV WUrV P
UDGLFXODU % ,PDJHP UDGLRJUiILFD SHULDSLFDO GR
REWXUDomR GR FDQDO UDGLFXODU

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(VWH FDVR UHODWD R UHSDUR GH OHVmR SHU
HQGRG{QWLFR VHJXLQGR R SURWRFROR FOtQLFR GH
QHFURSXOSHFWRPLD GLDQWH GR GLDJQyVWLFR GH D
$ FDUJD PLFURELDQD SUHVHQWH QRV FDQDLV UDGLFX
SROSD SURPRYH Do}HV LQIODPDWyULDV OHYDQGR
FDXVDQGR QHFURVH GR WHFLGR SXOSDUñ

6DEH VH TXH R SULQFLSDO REMHWLYR GR WUDW
DQWLVVHSVLD H GHVEULGDPHQWR GRV FDQDLV UDGLF
DFHVVR D WRGDV DV VXSHUItFLHV GDV SDUHGHV GRV
UHDOL]DGR GH IRUPD FRQMXJDGD FRP DomR TXtPLFD
PHFkQLFD DWLYD p FOLQLFDPHQWH HILFLHQWH QD G
FRPSULPHQWR GH WUDEDOKR JDUDQWLQGR D OLPSH]D
XWLOL]DomR GH LUULJDQWHV FRPR KLSRFORULWR GH
SDUD D QHXWUDOL]DomR GR FRQWH~GR VpSWLFR DWU
GH LUULJDomR VRE DJLWDomR PHFkQLFD TXH SURP
HILFLHQWH GRV FDQDLV H QR IRUDPH DSLFDO

5DGLRJUDILFDPHQWH IRL SRVVtYHO REVHUYDU
UHDEVRUomR UDGLFXODU QR iSLFH GR GHQWH HV
GHWHUPLQDomR GR FRPSULPHQWR GH WUDEDOKR GH
UDGLRJUDILD SHULDSLFDO 6DEHQGR TXH D RGRQWRP
SDUD UHDOL]DomR GR WUDWDPHQWR HQGRG{QWLFR GH
UHDOL]DGD GH IRUPD UDGLRJUiILFD H RX FRP ORFDO
VHQGR HVWH ~OWLPR PDLV FRQILiYHO QD SUHVHQoD
FRP H[VXGDWRV UD]RDYHOPHQWH FRQWURODGRV H V
PHWiOLFDV 7HQGR HVVDV FRQGLo}HV IDYRUiYHLV
HOHWU{QLFR IRUDPLQDO SDUD GHWHUPLQDomR GR FRP

1HVWH HVWXGR IRL UHODWDGR R FDVR GH XPD S
DODUJDPHQWR GR HVSDoR GR OLJDPHQWR SHULRGRQV
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OHVmR VHPDQDV DSyV D UHDOL]DomR GR SURWRFROR
PHGLFDomR LQWUDFDQDO j EDVH GH KLGUy[LGR GH Fi

WUD]HP XP DOHUWD VREUH D LPSRUWkQFLD GD UHDO
FDQDLV H DSOLFDomR GH XPD PHGLFDomR HIHWLYD

2 SUHSDUR H PRGHODJHP GR FDQDO UDGLFXODU p
HQGRG{QWLFR 'HYLGR D DQDWRPLD H LUUHJXODULGD
LPSRUWDQWH HWDSD p UHFRQKHFLGD SHOR GHVDILR
UHPRomR SRU FRPSOHWR GR WHFLGR SXOSDU H GRV P
UDGLFXODU IHLWD GH IRUPD FRQWtQXD FRP IRUPDWR
GD DQDWRPLD RULJLQDO GR FDQDO UDGLFXODU EHP
IRUDPLQDO

$ PHGLFDomR LQWUDFDQDO D EDVH GH KLGUy[L
SURFHVVR GH UHSDUR WHFLGXDO LVVR VH GHYH j G
KLGUR[LOD OHYDQGR D XPD HOHYDomR GR S+ $
DQWLPLFURELDQD H D ELRFRPSDWLELOLGDGH GHVVD
SDUD R UHSDUR GD OHVmR 2 KLGUy[LGR GH FiOFLR
QHFHVVLWD GH WHPSR SDUD PDQLIHVWDU VHX SRW
PLFURUJDQLVPRV GHVVD IRUPD SURPRYH UHVXOWDGR
GH FLFDWUL]DomR SHULDSLFDO

(VWXGRV GHPRQVWUDP TXH R FLPHQWR REWXUD
TXDOLGDGH GR VHODPHQWR H QR UHSDUR GDV OHV}H
XWLOL]DGR FLPHQWR REWXUDGRU j EDVH GH 07$ TXH
H DXPHQWD DV WD[DV GH FXUD 2 07$ p XP PDWHULD
GHYLGR D VXDV SURSULHGDGHV TXtPLFDV FRPR EDL[D
D SHUPDQrQFLD QR ORFDO GH DSOLFDomR 7DPEpP
FRQYHUWHU y[LGR GH FiOFLR HP KLGUy[LGR GH FiOFL
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4XDQGR D LQIODPDomR SHULDSLFDO p UHGX]LGD W
PHGLDGRUHV LQIODPDWyULRV GDV FLWRFLQDV SUy L
FUHVFLPHQWR 7DPEpP Ki XPD UHGXomR GDV PHWDO
UHVSRQViYHLV SHOD GHJUDGDomR GH PDWUL] H[WUDF
GLPLQXLQGR D DWLYLGDGH RVWHRFOiVWLFD TXH S
UHDEVRUomR yVVHD R TXH OHYD D XPD SDUDOLVDom
SHULDSLFDO $ SDUWLU GD SDUDOLVDomR GR FUHVFL
UHSDUR FRP QRYD IRUPDomR yVVHD DWUDYpV GD Dom

$ UHVWDXUDomR GHILQLWLYD GHYH VHU UHDOL]DG GH HYLWDU LQILOWUDo}HV RX IUDWXUDV QD HVWUX DQWLVVHSVLD TXH IRL UHDOL]DGD

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2 FDVR FOtQLFR DSUHVHQWDGR UHVVDOWD D LPSR HIHWLYD GR FDQDO UDGLFXODU SRU PHLR GD DGRomR UDGLFXODU TXH LQFOXDP D DomR PHFkQLFD GH LQ SURWRFRORV GH LUULJDomR H LQVHUomR GD PHGLF GHWHUPLQDQWH SDUD R SURFHVVR GH UHJUHVVmR G QHFHVViULR PDLRU SHUtRGR GH DFRPSDQKDPHQWR FO SDUD FRQVWDWDomR GR FRPSOHWR UHSDUR GD UHJLm

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6LTXHLUD -) -U 5{oDV ,1 0LFURELRORJ\ DQG WUHDW
DEVFHVVHV &OLQ 0LFURELRO 5HY GF
&05
$UVODQ) .DUDJ|] ($UVODQ %< 0HUW $ $Q XQQRW
SHULDSLFDO WRRWK DEVFHVV 7KUHH FDVH UHSRUW
0HG
/RSHV +3 6LTXHLUD -U -) %LRORJLD H WpFQLFD H
*XDQDEDUD .RRJDQ
%DUEDNRZ)+ &OHDWRQ -RQHV 3( )ULHGPDQ ' (QGR
WHHWK ZLWK SHULDSLFDO UDGLROXFHQW DUHDV LQ
6XUJ 2UDO 0HG 2UDO 3DWKRO 0D\ GRL

6LTXHLUD -) -U 3pUH] $5 0DUFHOLDQR $OYHV 0) 3U
6* 3LUHV)5 9LHLUD *&6 5{oDV ,1 $OYHV)5) :KDW
XQSUHSDUHG URRW FDQDO ZDOOV D FRUUHODWLYH
WRPRJUDSK\ DQG KLVWRORJ\ VFDQQLQJ HOHFWURQ
GRL LHM
6XVLOD $ 0LQX - $FWLYDWHG ,UULJDWLRQ YV &RQ
,UULJDWLRQ LQ (QGRGRQWLFV ± $ 6\VWHPDWLF 5HYL

=HKQGHU 0 5RRW FDQDO LUULJDQWV - (QGRG
M MRHQ
0DUWLQV -1 0DUTXHV ' 0DWD $ &DUDPrV - &OLQLF
DSH[ORFDWRUV V\VWHPDWLF UHYLHZ - (QGRG
M MRHQ
:DSOLQJWRQ 0 0F5REHUW $6 6KDSLQJ WKH URRW F
GRL VM EGM
:DSOLQJWRQ 0 0F5REHUW $6 6KDSLQJ WKH URRW F
GRL VM EGM
(VWUHOD & +ROODQG 5 &DOFLXP K\GUR[LGH VWXG
HYLGHQFHV - $SSO 2UDO 6FL GRL

7DZLO 3= 'XJJDQ '- *DOLFLD -& $JUHJDGR GH WULy
VXD KLVWyULD FRPSRVLomR H DSOLFDo}HV FOtQLFD
'HQW
/LQ /0 5LFXFFL ' /LQ - 5RVHQEHUJ 3$ 1RQVXUJLFD
ODUJH F\VW OLNH LQIODPPDWRU\ SHULDSLFDO OHVL
F\VWV - (QGRG 0D\ GRL M MRH
.LP 6* 0DOHN 0 6LJXUGVVRQ $ /LQ /0 .DKOHU % 5
HQGRGRQWLFV D FRPSUHKHQVLYH UHYLHZ ,QW (QG
GRL LHM

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E yK t d ZDK KE^ Ed/D EdK >/sZ ^ > Z / K

FASAM FACULDADE SUL-AMERICANA Lugar para Crescer!

TERMO DE CONSENTIMENTO LIVRE E ESCLARECIDO - TCLE

PACIENTE: Tahuanny Maria Silva dos Santos

Por este instrumento de consentimento livre e esclarecido, autorizo a Equipe Clínica da Faculdade Sul-Americana – FASAM, Curso de Odontologia, composta por Professores, Servidores auxiliares e Estudantes de Cursos de Graduação e de Pós-Graduação a estabelecer diagnóstico, realizar e apresentar plano de tratamento de acordo com os conhecimentos atuais no campo das diferentes especialidades da Odontologia, estando eu ciente de que serei atendido(a) por quaisquer dos integrantes da Equipe, isolada ou conjuntamente (duplas). Estou ciente, também, que mediante a necessidade das disciplinas, poderei receber atendimento de outros membros da Equipe diferentes dos que me assistiram inicialmente. Comprometo-me a prestar informações verdadeiras para serem registradas em meu prontuário, estando ciente da relevância de tais dados para minha adequada assistência. Concordo, ainda, com o fato de que meu prontuário e exames complementares (radiografias, fotografias, modelos de gesso, resultados de exames laboratoriais, dentre outros) ficarão sob a guarda e sigilo dessa instituição de ensino.

Declaro, ainda, conhecer e entender a necessidade do uso ( ) de minha imagem e/ou ( ) da imagem do(a) incapaz (supracitado) por quem sou responsável legal e autorizo, por meio do presente documento, a Equipe Clínica da FASAM, a realizar as fotografias necessárias sem quaisquer ônus financeiros a nenhuma das partes. Ao mesmo tempo, permito a utilização destas fotografias para fins científicos e de estudos, nas seguintes situações: ( ) Estudo de caso dentro da FASAM; ( ) Apresentação do caso em congresso científico e/ou publicação científica. Estou ciente de que as fotografias não permitirão minha identificação ou identificação do(a) incapaz. Ainda, entendo que será obedecido o que está previsto nas Leis que resguardam os direitos das crianças e adolescentes (*Estatuto da Criança e do Adolescente – ECA, Lei N.º 8.069/1990*), dos idosos (*Estatuto do Idoso, Lei N.° 10.741/2003*) e das pessoas com deficiência (*Decreto Nº 3.298/1999, alterado pelo Decreto Nº 5.296/2004*).

Documento apresentado (RG/CPF ou Certidão Nascimento): CPF Nº: 002 008 421-88

Goiânia, 26 de abril de 2021

Tahuanny maria Silva dos Santos

Assinatura do paciente ou responsável legal

Nota: Para pacientes menores de idade, é exigida a assinatura de seu responsável legal.