SPECIAL CASES OF MONTH OCTOBER

ORAL AND MAXILLOFACIAL SURGERY

EXODONTIA- 265

MINOR SURGERIES -228

MAJOR SURGERIES-02

CASE-1

OPD NO.-2O26-28785

Patient reported to department of oral and maxillofacial surgery with chief complaint of fibrous growth in the right upper anterior region

HISTORY OF PRESENT ILLNESS-

Lesion was present since 3-4 months. Patient was wearing illfitting RPD in anterior region .

CLINICAL EXAMINATION-

The growth was soft , lobulated, fibrous and pedunculated and the colour of the surface of lesion was near normal

RADIOGRAPHIC EXAMINATION-

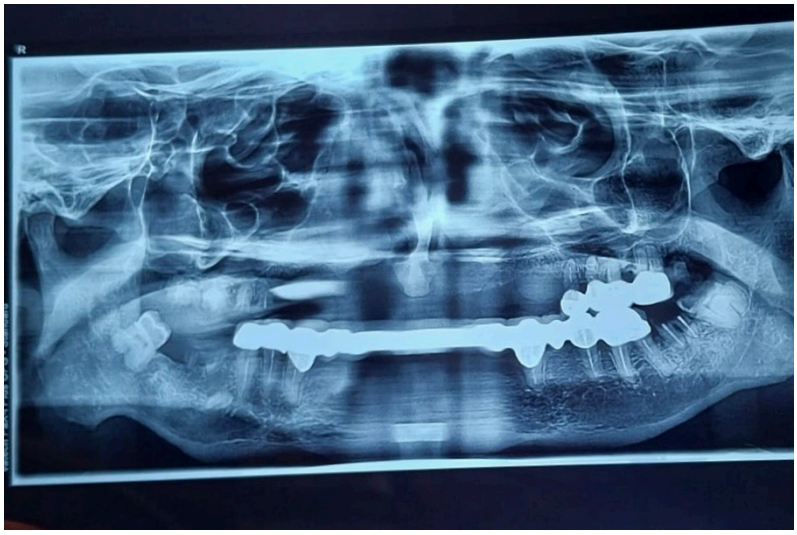
There is no relevant findings in the X-ray.

TREATMENT-

The lesion was surgically excised and sent for h/p examination.

DIAGNOSIS-

Diagnosis came out to be irritational fibroma.









Case-2
OPD- 2S26-28048

Patient reported to the department of oral and maxillofacial surgery in Luxmi bai institute of dental sciences and hospital with pain in the right lower back tooth region since 10 days.

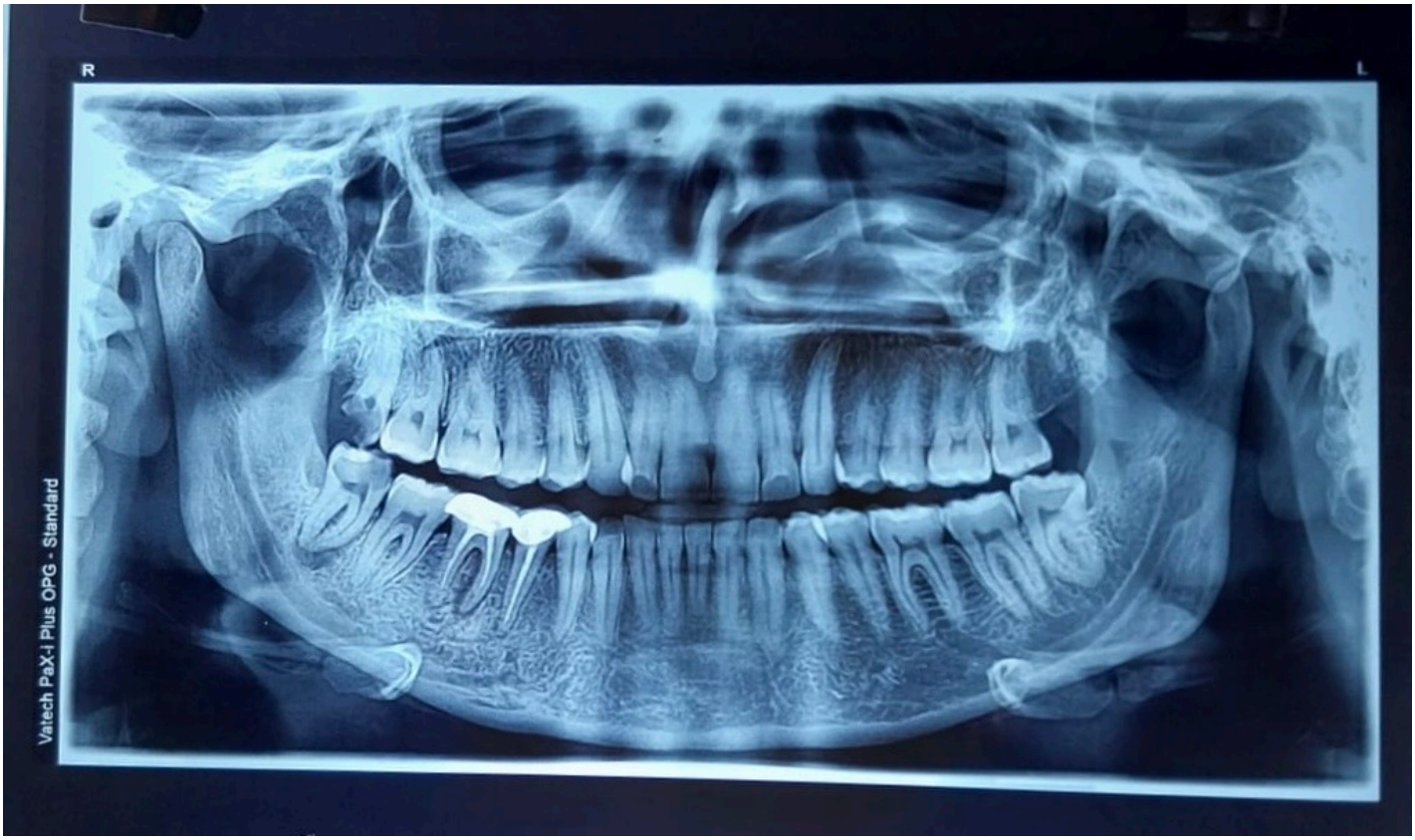
ON CLINICAL EXAMINATION-

On clinical examination right lower 3rd molar was found to be carious and periapical lesion was seen which was then planned for surgical extraction.

INTRAOPERATIVE FINDINGS -

Flap was raised , bone cutting was done and tooth

was luxated and removed.
Suturing was done.













Case-3

OPD NO.-2O26-30551

Patient reported to the department of oral and maxillofacial surgery in Luxmi bai institute of dental sciences and hospital with pain in the left lower back tooth region since 15 days.

RADIOGRAPHIC EXAMINATION-

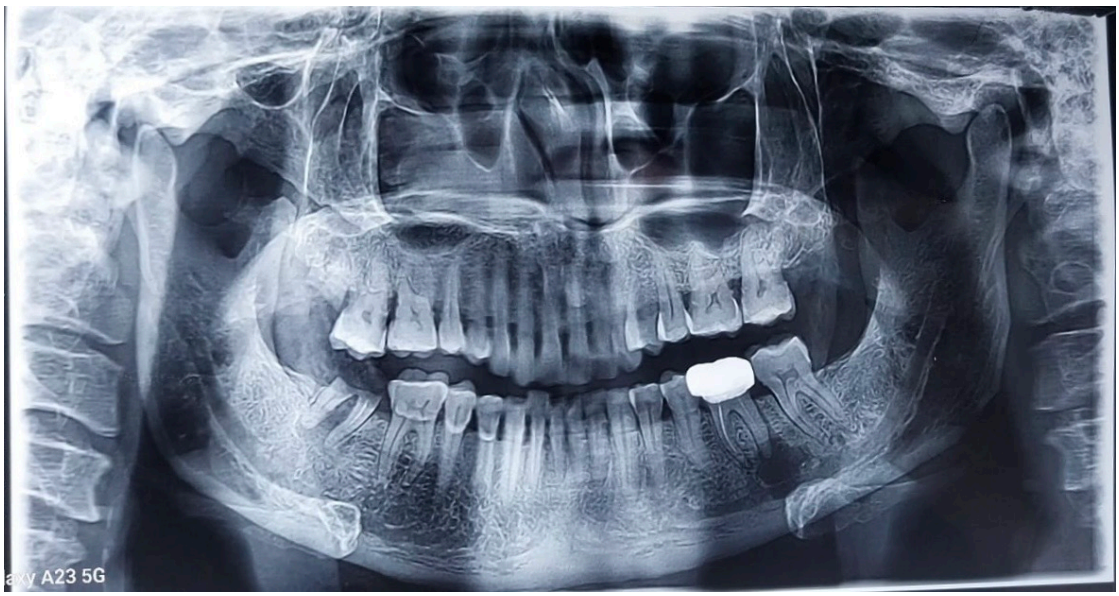
Radiographically, periapical lesion was seen in left lower molar. Periapical lesion was seen extending to the inferior alveolar canal.

INTRAOPERATIVE FINDINGS-

Flap was raised. Enucleation was done and then sutures were placed.






A23 5G



CASE-4
OPD NO. -2O26-32322

Patient reported to department of oral and maxillofacial surgery with pain and swelling on right side of face with laceration under chin .

ON CLINICAL EXAMINATION-

Patient have limited mouth opening and extra oral swelling ict temporal region, occlusion is normal.

HISTORY OF PRESENT ILLNESS-

Patient met with road traffic accident last night and was rushed to government hospital where the laceration was sutured.

RADIOGRAPHIC EXAMINATION-

On Radiographic examination, two fracture lines can be seen in the parasymphysis and body region.

TREATMENT PLAN-

As occlusion is normal and no vestibular laceration is present. Intermaxillary fixation is done with ivy eyelet wiring and recalled after 3 weeks.





