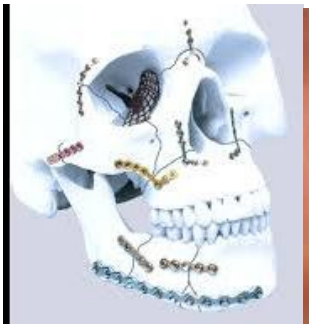
JAI SRI GURUDEV


# 32 pearls

**Official Newsletter from the Department of Dental.**

**Adichunchanagiri Institute of Medical Sciences**



## HOD DESK

With the blessings of Paramapoojya Jagadguru Sri Sri Sri Padmabhushan Dr.Balagangadharanatha Mahaswamiji and his holiness Jagadguru Sri Sri Sri Dr.Nirmalanandanatha Mahaswamiji.

We are coming out with our newsletter 32 **PEARLS** and are very happy to present it to you. I would like to express our gratitude to the Principal, Dr. M. G. Shivaramu for inspiring us with his encouragement.

Recently, there has been a growing interest in Dental research in this Issue we are focusing about trauma and RCT; we hope the article presented in this issue are informative and clinically useful.

Department of Dentistry.

Adichunchanagiri Institute of Medical Sciences

# SINGLE SITTING ROOT CANAL TREATMENT

Single sitting root canal treatment can be an answer in many endodontic cases provided the cases are properly selected and the technique is carried out with clear understanding of the basic concepts of different phases of endodontic treatment.

**INDICATIONS AND CONTRAINDICATIONS**

1. Patients coming from far off distances and when return trips are not possible.
2. All situations where vital pulpectomy has to be performed.
3. Where an anterior tooth fractures near the gingival line without exposing the pulp.
4. Case where a patient cannot wait for a jacket crown for aesthetic reasons.
5. Non-vital cases where no peri-apical radiolucency is seen and the tooth is not tender to percussion.
6. Anterior single rooted teeth are preferred to more complex posteriors with multiple canals.
7. Uninfected retreatment cases without rarifed apical area. Teeth which are symptomless but have apical rarified areas should not be treated.
8. Cases where due to over instrumentation periapical area has been inflamed should not be treated with this method.
9. Wet canals which are difficult to dry should be treated with multiple visit technique.

## A CASE REPORT

A male patient named Mr. Praveen aged 22 years reported to the department with the chief complaint of broken upper anterior teeth with pain due to fall of coconut on forehead.

On clinical examination there was Ellis Class III fracture of upper anterior teeth involving pulp in relation to 11 & 21.

Intra oral periapical radiograph was taken which revealed widening of PDL space, the features suggesting of Apical Periodontitis.

The treatment was planned for Root Canal Treatment under Local Anaesthesia.

Root canal treatment was completed in a single sitting followed by Post & Core and finally ceramic crown was placed.

## STEPS IN SINGLE SITTING ROOT CANAL TREATMENT

First pulpal vitality was checked and initial intra oral radiograph was taken. Pulp chamber was opened with sterilized bur under local anesthesia. Bur was placed along the long axis of the tooth into the pulp chamber. Dentin over hangings and roughness were removed and canal opening was enlarged using Gates Glidden drill. Pulpal tissue was extripated using barbed broach, Bio Mechanical Preparation had done and canal was obturated using Guttapercha points. Tooth was strengthened placing prefabricated stainless steel post and cemented using Glass Ionomer cement .Core build up was done using composite filling, finally Ceramic prosthesis was placed to give a natural appearance of tooth.

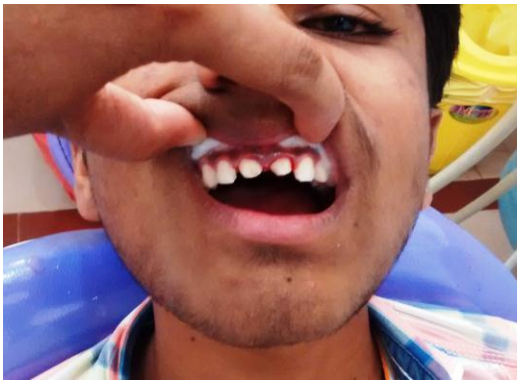
### POST AND CORE

**Anterior teeth** with extensive loss of coronal **tooth** structure usually need a **post** because the pulp chamber and single canal are generally not adequate to retain a **core**. In addition, **anterior teeth** are subject to lateral forces during function.

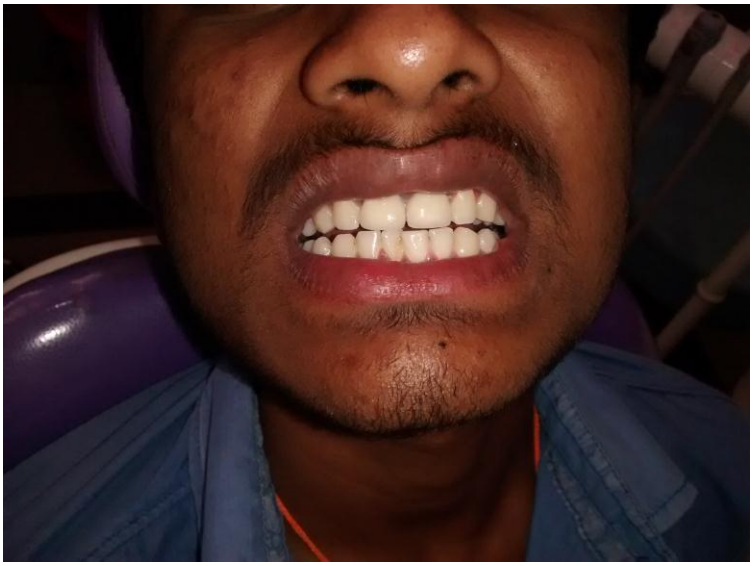
**Pre operative photograph**

**Access opening and BMP**

**Post obturation and post placement**



**Core build up and Crown preparation**



**Placement of Ceramic Prosthesis**

## ZYGOMATIC COMPLEX FRACTURES

The human skull is composed of an ovoid-shaped cranium, a pyramid-shaped mid-face consisting of the maxillae, and triangle-shaped zygomas. The zygomas act as stabilizing bridges between the maxillae and cranium.

# A CASE REPORT

A male patient named Mr. Sathish aged 32 years reported to the department with the chief complaint of pain on left side of the face due to road traffic accident.

On clinical examination ,

- Periorbital ecchymosis and edema.
- Flattening of malar prominences.
- Flattening of zygomatic arch.
- Echymosis of maxillary buccal sulcus.
- Deformity of zygomatic buttress and maxilla.
- Deformity of orbital margin.
- Trismus
- Subconjunctival echymosis.
- Crepitation from Air emphysema.

## RADIOLOGICAL EVALUATION

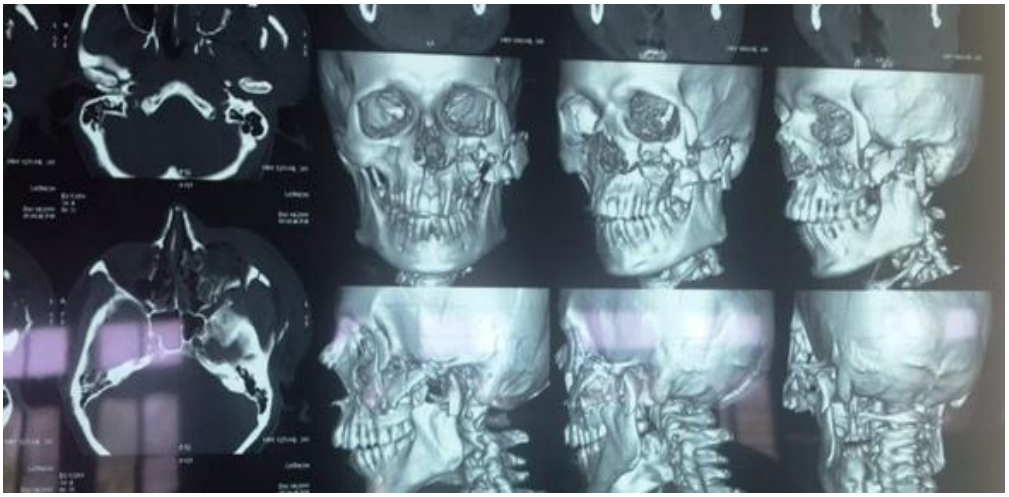
CT scans was taken suggestive of zygomatic complex fracture.

## INDIRECT METHOD OF REDUCTION

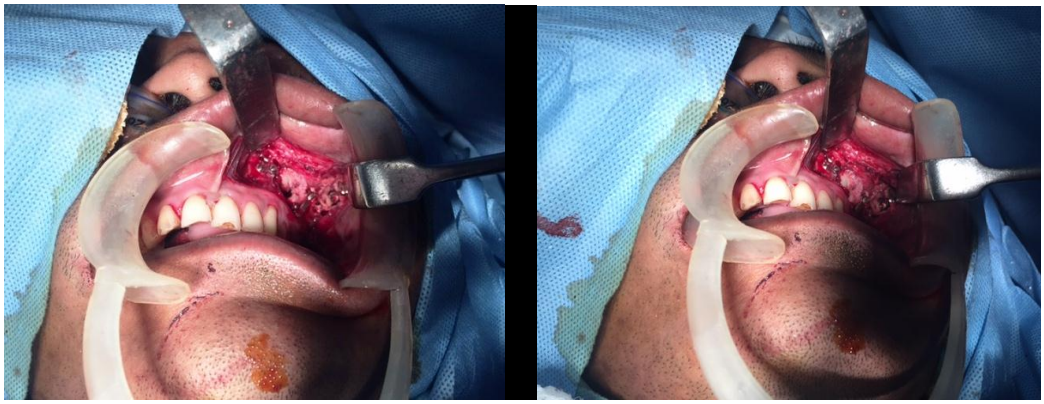
Intraoral approach was done.

Advantages

- Quick procedure.
- No major anatomical structures in the vicinity.
- Great amount of controlled force can be applied to disimpact the zygoma.
- Esthetically applicable.



**CT SCAN**



**INTRA OPERATIVE PHOTOGRAPH**

# DEPARTMENTAL ACTIVITY

**Health Camp at Chikaballapura, Basaralu, Turuvekere, Maddur, Dharwad, Kolala, Kowdale, Baburayanakoppalu attended by Dr Ranjit Singh, Dr Subramanya .G, Dr Kavitha.M.N.**


# INTERDEPARTMENT TEAM APPROACH IN MANAGEMENT OF AMELOBLASTOMA

| S.L.NO | CME/CDE/WORKSHOP/GUEST LECTURE | FACULTY MEMBER |
|---|---|---|
| 1 | Workshop on Safe Spine-Better Life | DR.PRASANNA |
| 2 | CDE in Hassan | DR.PRASANNA |
| 3 | 44th Karnataka state and interstate dental conference in Hubli. | DR.PRASANNA |
| 4 | Revised Basic Course in Medical Education Technologies at AIMS, B.G.NAGAR | DR.PRASANNA |
| 5 | Attended Fundamental In Oral Implantology In USA | DR. RANJIT SINGH |
| 6 | 41th Annual Conference Of Association Of Oral And Maxillofacial surgeon Of India , Ahmedabad | DR. RANJIT SINGH |
| 7 | MASTER CLASS IN OMFS In Coorg | DR SUBRAMANYA.G |
| 8 | CDE in Hassan | DR SUBRAMANYA.G |
| 9 | Workshop on Safe Spine-Better Life | DR KAVITHA |
| 10 | CDE in Hassan | DR KAVITHA |