JAI SRI GURUDEV

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Dr. T.M. Manohar

Medical Superintendent

Members

Dr. Prasanna H.R

Prof And HOD

Dr. B.Ranjit Singh

Assoc Prof

Dr. Subramanya.G

Asst Prof

Dr. Kavitha .M.N

Snr Resident

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 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 bone deformities, we hope the article presented in this issue are informative and clinically useful.

Department of Dentistry.

Adichunchanagiri Institute of Medical Sciences

MANDIBULAR FRACTURES CORRECTION BY CHAMPYS LINE OF OSTEOSYNTHESIS

Introduction

Fractures of the mandible are common in patients who sustain facial trauma.Study conducted by Hang et al, showed the ratio of 6:2:1 of mandibular, zygomatic, maxillary fractures incidence respectively. Approximately 2/3rds of all facial fractures are the mandibular fractures.

CLINICAL SIGNS AND SYMPTOMS

- Tenderness & pain present on left angle region was present.
- Malocclusion was present.
- Ecchymosis on floor of mouth.
- Step defects inferior border on left angle region.

DIAGNOSTIC IMAGING

OPG was taken, well defined radiolucent line was present on left angle region features suggestive on left angle fracture of mandible.

MANAGEMENT Open reduction and internal fixation was planned. Wards incision was placed on left third molar region, mucoperiosteal flap was reflected, fractured site was exposed followed by reduction and fixation with mini plates. Occlusion was satisfactory, recovery was uneventful.

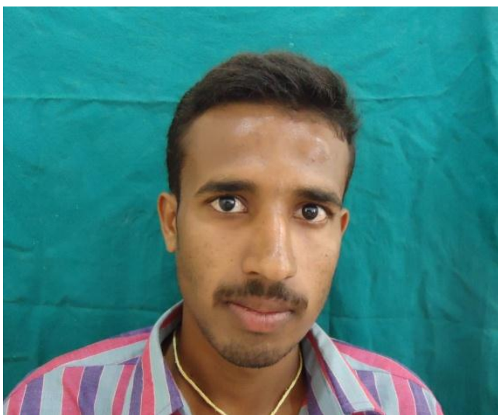
Advantages:

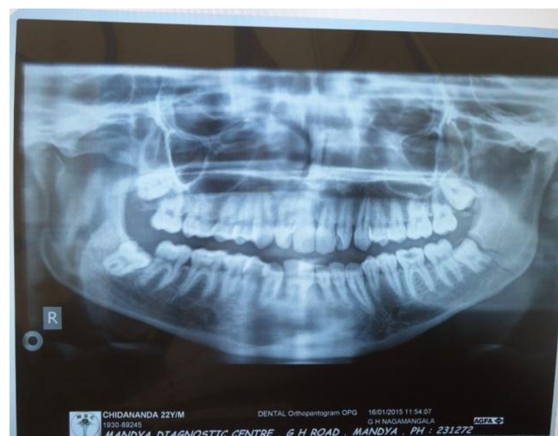
- Early return to normal jaw function, Normal nutrition, Normal oral hygiene after a few days.
- Avoidance of airway problem.
- Can get absolute stability, promotes primary bone healing.
- Bone fragments re-approximated exactly by visualization.
- Avoids IMF for patient with occupational benefits in avoiding mandible fixation e.g. Lawyers, teacher, sale people, seizure disorders.

Disadvantages:

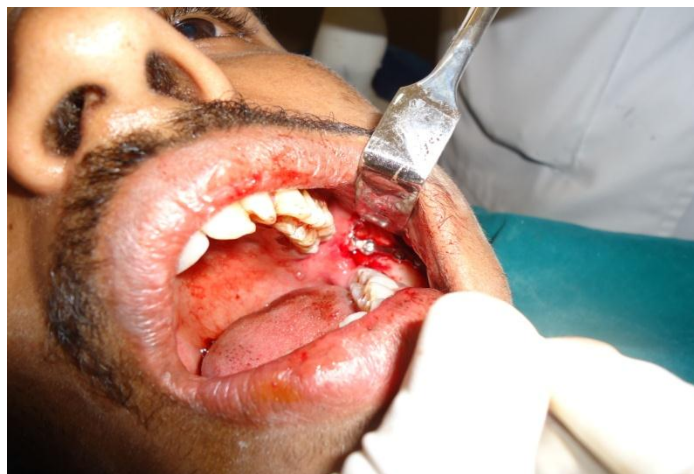
- Most obvious; need for an open procedure, Significant operating room time.
- Prolonged anaesthesia , Expensive hardware.
- Some risk to neuromuscular structure and teeth.
- Need for secondary procedure to remove hardware.
- Need much operator skill, meticulous technique needed.
- Higher frequency facial nerve palsy.

Pre op Images of Mal-alignment with Deranged Occlusion.

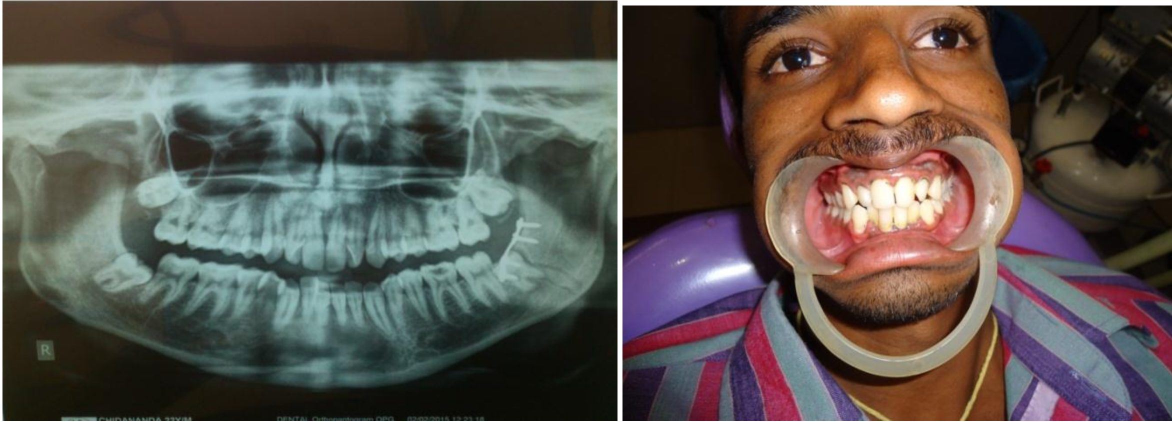




Surgical Correction



Post –op x ray and clinical picture.



Case 2:

A LARGE PERIAPICAL CYST IN MAXILLA - APICECTOMY

The root is amputed at appropriate level. The cut is at a 45 degree lingual & labial bevel facing the clinician with a fissured cylindrical bur. This provides good visualization of the apex uncovers second canal.

The apical foramen is sealed either by heat-sealing the gutta percha in the canal or by retrograde filling with zinc-free amalgam.

Indications

Periapical infection

- Periapical granuloma ,Periapical cyst, Periapical abscess

Iatrogenic causes

- Broken instrument, Under obturation , Over obturation

Anatomical causes

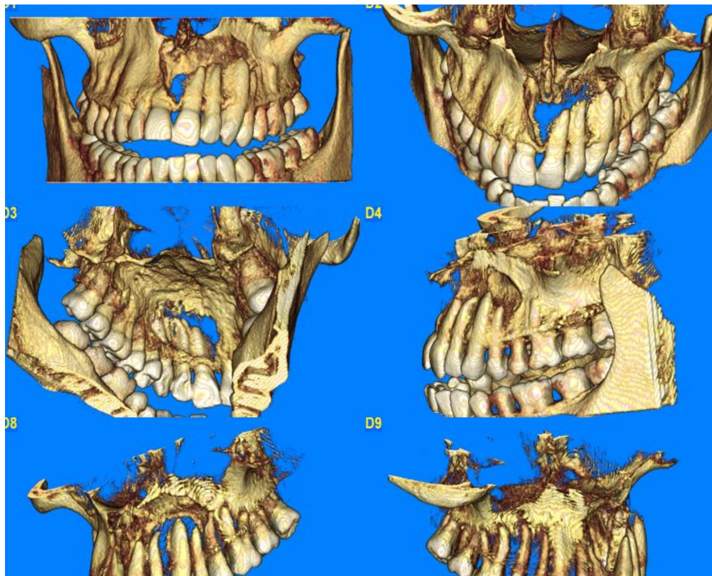
- Dilacerated root, Calcified canal, Accessory canal , Resorbed root, Pulp stone

PROCEDURE FOR APICECTOMY/PERIAPICAL CYST

Patient was seated in a semi supine position depending on the quadrant in which was performed. Once through examination was done, local anesthetic [2% adrenaline] solution was deposited. Once adequate anesthesia has been achieved, RCT is done previously, incision is placed, Mucoperiosteal flap is reflected, apical portion of the affected root is exposed. A resection of infected root was done, followed by removal of pathological of tissue and curette was done. Mucoperiosteal flap closure is done to get achieve primary closure. Post-operative guidelines was given to the patient. Appropriate antibiotics and analgesics was prescribed as needed. Patient is on regular follow up.

INTRA OP image

CBCT image



Departmental Activity

Health camp attended by Dr Prasanna H R are

Dudda on 1-02-17

Thannihulla 0n 16-03-17

Belur on 22-04-17

Dudda on 14-06-17

Health camp attended by Dr Ranjit Singh are

Belagavi on 01-01-17

Chickanayakanahalli on 16-02-17

Health camp attended by Dr Subramanya G are

Malavalli on 05-02-17

Cheenya on 13-02-17

Belavadi on 26-02-17

Rangenahalli on 19-03-17

Srirangapatna on 22-05-17

Health camp attended by Dr kavitha M N are

Madhugiri on 12-02-17

Naguvanahalli on 18-02-17

Holenarasipura on 19-05-17

Tiptur on 25-06-17

DEPARTMENT PARTICIPATING AT J V T MELA

Dr. Prasanna H R

25-02-17 attended CDE in IDA Hassan branch.

23-03-17 attended CDE in IDA Hassan branch.

10-04-17 attended CDE conducted by Hassanamba Dental College.

17 and 18- 05-17 attended workshop on implant dentistry at Mangalore.

24 -06-17 on attended CDE in IDA Hassan branch.

Dr. Prasanna . H.R , Dr. Ranjit Singh, Dr. Subramanya G and Dr. Kavitha.M.N Attended TRAUMA MANAGAEMENT IN AIMS .

Dr. Subramanya G attended CDE in Tumkur.