

MEGHNA INSTITUTE OF DENTAL SCIENCES (MIDS)
MALLARAM VILLAGE, NIZAMABAD DIST.
TELANGANA.



**DEPARTMENT OF
ORAL MEDICINE & RADIOLOGY
CLINICAL RECORD BOOK**

Student Name : M.G. Niharika
Reg. No. 16021070671
Name of the Examination oral medicine or Radiology Month October Year 2021

Principal
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

MEGHNA INSTITUTE OF DENTAL SCIENCES (MIDS)
MALLARAM VILLAGE, NIZAMABAD DIST.
TELANGANA.

Certificate



This is to certify that ~~Mr.~~ / Miss M.G. Niharika
of IV Final Year B.D.S. with Reg. Number... 1602107068 has
satisfactorily completed the course of Oral Medicine & Radiology according
to the regulations of N.T.R. University of Health Sciences for the B.D.S. Course
during the academic year 20... 20 ...20... 21

No. of Cases Presented 05

No. of Radiographs taken.....

Signature of the Staff Incharge

Date 12/10/21

Signature of the Examiners

1. Bhargava B.

2. W. S. R.

Bhargava B.
11/10/21
Professor &
Head of the Department

Principal
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

CASE HISTORY

Case No. 01.

O.P. / Reg. No. 16F21-15

Date: 16/2/21.

- I. Name : Shankar Age : 36 yrs Sex: Male
Occupation : Business Address : Varad
Phone :
- II. CHIEF COMPLAINT : patient complains of pain
in lower left back tooth region since 4
days.
- III. HISTORY OF PRESENT ILLNESS : Patient was apparently
asymptomatic 4 days back and gives history of
pain in lower left back tooth region which is
sudden, continuous, throbbing & radiating and patient
wants to get treated for it.
- IV. PAST MEDICAL HISTORY :
No relevant History
- V. PAST DENTAL HISTORY :
No relevant History

VI. ALLERGIC HISTORY :

No relevant history

VII. FAMILY HISTORY : NO relevant history

VIII. PERSONAL HISTORY :

- a. Marital Status : married
b. Diet : mixed
c. Habits / Addictions : NO habits
Duration : -
Frequency : -
Quantity : -

Oral Hygiene Methods : patient brushes twice a day using tooth brush and paste.

IX. 1. GENERAL EXAMINATION

Gait undeviated Ht
Built moderate Wt
Posture erect

a. VITAL DATA :

Pulse : 70 beats/min
Blood Pressure : Not recorded
Respiratory rate : 16 cycles/min
Body Temperature : Normal (Afebrile)

C. i) Skin & Hair
no abnormality detected

ii) Nails
no abnormality detected.

e) Edema
no edema

2. LOCAL EXAMINATION

A) EXTRA - ORAL EXAMINATION

Face : No asymmetry detected .
Eyes : No pallor .
TMJ : No abnormality detected .
Jaws : No abnormality detected .
Lymphnodes : No abnormality detected .
Salivary Glands : No abnormality detected .

B) INTRA - ORAL EXAMINATION

1) SOFT TISSUE EXAMINATION (Colour, Form, Surface Texture)

i) Lips : Competent .

ii) Labial Mucosa N

iii) Buccal Mucosa

iv) Palate $\left\{ \begin{array}{l} \text{Hard Palate} \\ \text{Soft Palate with Uvula} \end{array} \right\}$ No abnormality detected .

v) Oropharynx

vi) Floor of the Mouth NO abnormality detected .

viii) Tongue NO abnormality detected .

viii) Salivary Gland Orifices

ix) Vestibule tenderness at 36, 37

x) Gingiva :

Colour : coral pink

Consistency : firm & resilient .

Conture & Texture : recession at 31, 32, 41, 42

xi) Periodontal Status : pockets at 46, 16, 36

2. **HARD TISSUE EXAMINATION :**

Teeth Present (Write in FDI System Only)

55	54	53	52	51	61	62	63	64	65						
18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38
85	84	83	82	81	71	72	73	74	75						

C= Caries, C.P.=caries with pulp involvement, F=Filled, R=Root Stumps, M= Missing

D : *absent*

M : *absent*

F : *absent*

Attrition :

Abrasion :

Erosion :

Supernumary teeth :

Hypoplastic Teeth :

SUMMARY : A male patient named Shankar of 36 yrs old came to the department of oral medicine and radiology with the chief complaint of pain in lower left back tooth region since 4 days on examination patient is diagnosed with swelling involving marginal and attached gingiva at 36 which is approximately 2x2cm in size and 1 in number. Tenderness is seen on palpation along with pus discharge

XI. PROVISIONAL DIAGNOSIS : periodontal abscess at 36
Differential Diagnosis :

periapical abscess
gingival abscess.

EXAMINATION OF SPECIFIC LESION (Intral Oral / Extra Oral)

Inspection : sinus tract opening is seen.

site : swelling involving marginal 2, attached gingiva ist 36.

size : 2×2 cm.

Number : 1

Surface : smooth.

Temperature : Afebrile

Palpation : Tenderness on palpation along with pus discharge is seen

consistency : soft.

FINAL DIAGNOSIS: periodontal abscess vit 36.

TREATMENT PLAN: Antibiotics are prescribed.
scaling and Root planing
surgical therapy
drainage & irrigation should be done.

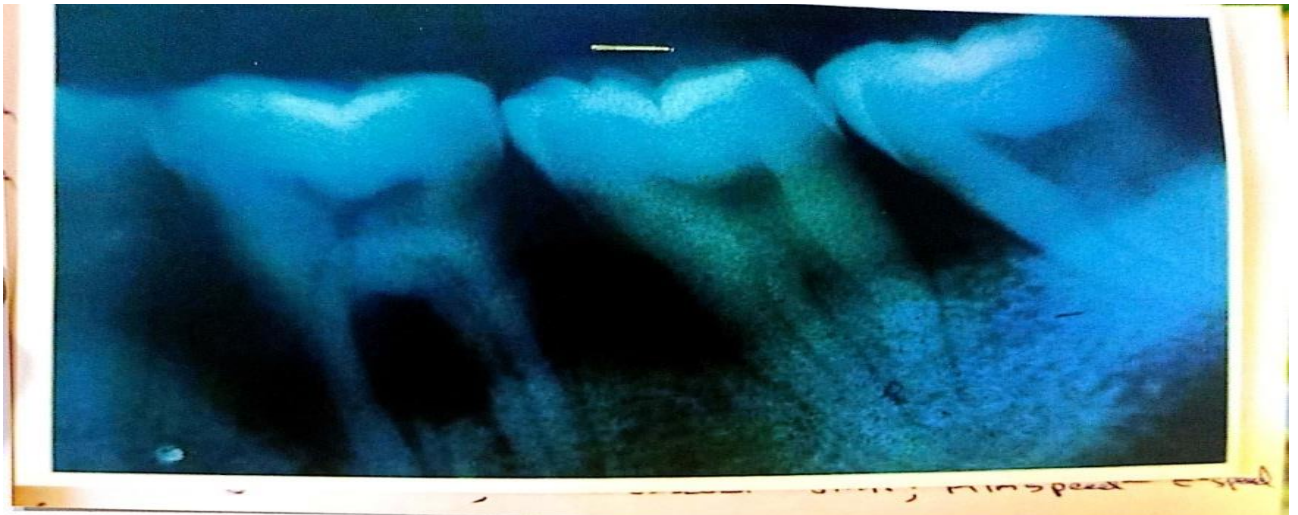
PROGNOSIS:

Date:

16/2/21

Signature of Staff

Prasad
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD



XIII. RADIOGRAPHIC INTERPRETATION

Parameters: Type of Radiograph - Intra oral periapical.
 Technique used - Bisecting angle technique
 Tube voltage - 70 kVp; Tube current - 8 mA; Film speed - 80
 exposure time - 0.8 sec; Film size - 31 x 41 mm.
 Angulation - Vertical = -5° ; Horizontal = 0° , No. of teeth -
 complete - 3, partial - 1, Tooth of interest - 36.
 crown - No abnormality detected; Root - No abnormality detected
 & roots with 2 canals
 PDL space - widening of PDL space; lamina dura - Break in
 continuity of lamina dura
 Bone - Interdental bone - Horizontal bone loss
 Intra radicular bone - Bone loss is seen

MEGHNA INSTITUTE OF DENTAL SCIENCES (MIDS)

MALLARAM VILLAGE, NIZAMABAD DIST.
TELANGANA.



**Department of Conservative
Dentistry & Endodontics**

CLINICAL RECORD BOOK

Student Name : GOLI. CHANDANA

Reg. No. 1702107035

Name of the Examination _____ Month _____ Year _____

Prasad
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

GLASS IONOMER RESTORATIONS

DATE: 28/11/21

OP. NO.: 2111/010 - 62

NAME OF THE PATIENT: Sowmya

AGE / SEX : 30 / Female

WORK DONE :

Class - I Cavity Preparation done 1st 7/
Isolation done with cotton roll 1st 7/
GIC restoration done 1st 7/
High-Point Correction done 1st 7/
Post-operative instructions given

ASSESSMENT

SIGN.OF STAFF



DATE :

OP. NO.:

NAME OF THE PATIENT :

AGE / SEX :

WORK DONE :

ASSESSMENT

SIGN.OF STAFF

Principal
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

COMPOSITE RESTORATIONS

O.P. No. 3521-101

Date: 12/11/21

Patient Name Bhumesh

Date / Time 12/11/21

Place Nizamabad

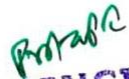
Age 43 years Sex male

Clinical Notes

- class-II cavity Preparation is done for 37
- Isolation of tooth is done
- Etching is done with 37% Phosphoric acid for 15sec
- Bonding agent is applied for 15sec
- curing is done for 15-20sec
- Composite Restoration is done in increments for 37
- Post operative instructions given

ASSESSMENT


SIGN. OF STAFF


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COMPOSITE RESTORATIONS

O.P. No. 24J421-151

Date: 25/11/21

Patient Name Rajini

Date / Time 25/11/21

Place Nizamabad

Age 26 yrs Sex Female

Clinical Notes

- Class II Cavity Preparation done for 36
- Isolation of tooth is done
- Etching is done with 37% phosphoric acid for 15 sec
- Bonding agent is applied for 15 sec
- Curing is done for (15-20) sec
- Composite Restoration is done in increments for 3
- Post operative instructions given

ASSESSMENT


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ENDODONTIC CASE SHEET

Name : Devi
Age / Sex : 19 / Female
Address : Nizamabad

Date : 10/12/21

Chief Complaint : Patient complains of Pain in the lower front tooth region since one month.

History of Present Illness : Patient complains Pain since one month which is of Piercing and lancinating type of Pain.

History of Past Illness :

Family History :

- (a) **Marital Status :** Unmarried
- (b) **Habits :** Absent
 - i. **Smoking :**
 - ii. **Pan / Pan Masala :**
 - iii. **Betel Nut :**
 - iv. **Alcohol :**
 - v. **Other Oral Habits :**

Examination :

1 **General :**

- a. **Skin :** No Abnormalities detected
- b. **Eyes :** No Abnormalities detected
- c. **Pedal Oedema :** No Abnormalities detected
- d. **Lymphadenopathy :** No Abnormalities detected

2. Extra Oral :

Visual

- a. Face : Grossly Symmetrical
- b. Bruises :
- c. Scars : } Not Detected
- d. Extra Oral Sinuses : } Not detected
- e. Swelling :

Palpation

- a. Tender Areas :
- b. Lymphadenopathy : } No Abnormalities detected

3. Intra Oral :

a. Soft Tissues :

- i. Labial & Buccal Mucosa : No abnormalities detected
- ii. Palate : No abnormalities detected
- iii. Floor of the Mouth : No abnormalities detected
- iv. Tongue : No abnormalities detected
- v. Frenal Attachment : No Abnormalities detected
- vi. Gingiva : Pale Pink.

b. Teeth :

i. Teeth Involved : 18 17 16 15 14 13 12 11 21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41 (31) 32 33 34 35 36 37 38

ii. Carious Destruction :

iii. Non - Carious Destruction :

a. Abrasion :

b. Attrition : Addition not 1 1 2 3

c. Erosion :

d. Fractured Tooth :

iv. Previous Restorations : Not detected

v. Discoloration : Not detected

Palpation :

Mobility :

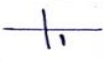
Test of # Teeth (Rubber Wheel Bite Test)

Percussion :

No Tender on Percussion

ENDODONTIC TREATMENT

ACCESS CAVITY PREPARATION :

Access cavity Preparation done ist 
with round bur no. 2

WORKING LENGTH DETERMINATION :

Determination of Working length by Ingle's method
- Working length is 15mm

BIO - CHEMICAL PREPARATION :

Initial file	15 K file
BMP Phase I	30 K file
BMP Phase II	40 K file
Master cone	30 G.P

Intra canal medicament is placed ist $\perp$.

Obturation:-

Obturation done with gutta Percha Using lateral condensation and ZNOE sealer



CERTIFICATE

This is to Certify that this is a bonafide clinical work done by in the Department of Periodontics by Mr./Miss...A. S. Lalitha..... Regd. No...1702107003...Student of...7.m.v.....Year BDS in the year....2021-22.....as prescribed by the Dr. NTR University of Health Sciences

Nizamabad :

Date :

Signature of the Examiners

1.....7/12/22.....

2.....

Cheng 6/1/22
PROFESSOR & HOD
DEPT. OF PERIODONTICS
Meghna Institute of Dental Sciences
Mallaram (V), Nizamabad (A.P.)

Professor & HOD
Dept. of Periodontics

pr
Staff In - charge

Prasad
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

Disclosing Solution Contains a dye (or) other colouring substance imparts its colour to calculus plaque and on surface of teeth, tongue & gingiva.

Oral Prophylaxis its removal of plaque, calculus and stains from the exposed & unexposed surface of teeth by scaling & polishing as a preventive measure for control of factors.

Scaling It is a process by which residual embedded calculus and portions are removed from supra gingival and subgingival tooth surface.

Root Planing It is a process by which residual embedded calculus and portions of cementum are removed from roots to produce a smooth, hard & clean surface.

Curettage It means scraping of gingival wall of periodontal pocket to remove diseased soft tissue.

Periodontal Flap It is the section of gingival mucosa gingivally. Surgically separated from underlying tissue to provide visibility of access to bone & root surface.

Gingivectomy the excision of a portion of gingiva, usually performed to reduce the soft tissue wall of a periodontal pocket.

Osseous Surgery It may be defined as procedure by which change in alveolar bone can be accomplished to rid of deformities induced by the periodontal pocket disease process or other residual factors such as occlusion.

Mucogingival Surgery Procedures designed to correct defects in morphology position, enhance the gingival functional defects in morphology of gingival & alveolar mucosa can avert the cause of periodontal disease.

INSTRUMENTATION

1. **The Periodontal Instrumentarium**
2. **Principles of Periodontal Instrumentation**
3. **Plaque Control**

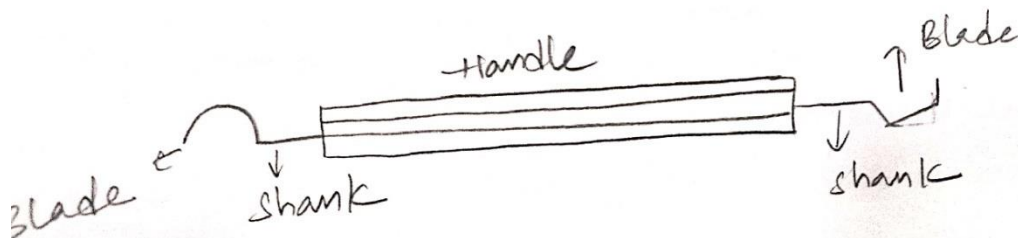
PERIODONTAL INSTRUMENTATION

- Periodontal instruments are designed for specific purposes such as removing calculus, planning root surface, correcting the gingiva and removing diseased tissue on first investigation.

Classification: Periodontal instruments are classified according to the purpose they serve as follows

- ① Periodontal probes
- ② Explorers
- ③ Scaling, root planning & curettage instruments
 - ① sickle scalars
 - ② Hoe, chisel file scalars
 - ③ Curettes
 - ④ ultrasonic & sonic instruments
- ④ Periodontal instruments (endoscopes)
- ⑤ cleaning & polishing instruments

Basic designs of instruments



Most of the high carbon steel are used for manufacturing.

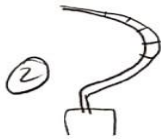
Periodontal Probes:



- It is used to locate, measure & mark pocket
- Tapered rod like instrument calibrated in mm, with a blunt rounded tip.
- used to measure
 - depth of pockets
 - To determine their configuration
 - on the detection of subgingival deposits

Types

- 1) The margins Colour Coded probe
- 2) The UNC-15 probe (5, 10, 15 mm)
- 3) The michigan '0' probe (1, 2, 3, 4, 5, 6, 7, 8, 9, 10 mm)
- 4) The michigan '0' probe with markings at 3, 6, 8 mm
- 5) The WHO probe markings at 3.5, 6.5 & 11.5 mm
- 6) Curved blunt radius probe is used for detection of furcation areas with colour coded markings at 3, 6, 9 & 12 mm



Explorers

- they are used to locate subgingival deposits and carious areas
- they are used to check the smoothness of root surface after root planning.
- to locate calculus deposits & caries.

Types :

- A) # 17 explorer
- B) # 23 explorer
- C) Exd 11-12 explorer
- D) # 3 explorers
- E) # 3CH pigtail explorer



Scaling & Curettage instruments

- A. Curette
- B. sickle
- C. file
- D. chisel
- E. Hoe

Sickle Scalars

- used to remove supragingival calculus
- Also called supragingival scalar
- used with a pull stroke
- sickles with straight shanks are designed for use on anterior teeth & premolars
- sickles with contra angled shanks are used for posterior teeth

Different types of scalars used:

- 204 & 0 - Small curved sickle scalar
- 015/30 - large scalar
- Tajiute Sickle II 1, 2, 3 - medium sized.
- curved 204 Sickle - large medium / small blade
- New 2 post sickles scalar

Curvette

- used for subgingival scaling, root planning & removal of soft tissue lining the pocket

types

1) Universal Curvettes

2) Area specific Curvette

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Curette

- used for subgingival scaling, root planning & removal of soft tissue lining the pocket

types

1) Universal Curettes

2) Area specific Curette

Comparison of Gracey & universal curettes

	Gracey	universal
Area of use	Set of many	1 Curvette
Cutting edge use	1 cutting edge used	both cutting edges used
Curvature	Curved in 2 planes	Curved in 1 plane
Blade angle	offset face of blade beveled at 60° to shank	Not offset face to blade beveled at 90° to shank

Extended Shank Curettes:

→ It is basically after few curettes are modifications of the standard gracey curette design

features are

- 3mm longer
- Allowing extension into deeper periodontal pocket of 5mm/more
- Thinned blade for smoother subgingival insertion
- larger diameter, tapered shank
- used for heavy calculus removal and for light scaling & deplaqueing in PDL patient

1. #5 - 6

2. #7 - 8

3. #11 - 12

4. #13 - 14



Mini-Bladed Curettes:

- this - friendly mini curettes are modification of their after curettes
- can be used with vertical strokes with reduced time and without time trauma
- Rigid mini files are used for calculus removal



Schwartz Periotriever:

- Have a set of two - double ended
- used for the retrieval of broken - instrument tips from Periodontal pocket
- In dispensable when clinician has a broken curette tip
- furcation / deep pocket



Plastic instruments for implants:

- Plastic rather than metal instrument be used to avoid scoring & permanent damage to implants

Hoe scalars:

- Are used for scaling of ledges at any of calculus
- Bent at 90° degree cutting edge bevelled at 45°



File scalars: Brambilla #5-6

NEB 128 13-15 mm

- Primary function is to fracture or catch to macrom' calculus
- Sometimes used for removing overhanging margins of the dental restorations



Chisel scalars:

- Used with pushmotor
- designed for the proximal surface of teeth

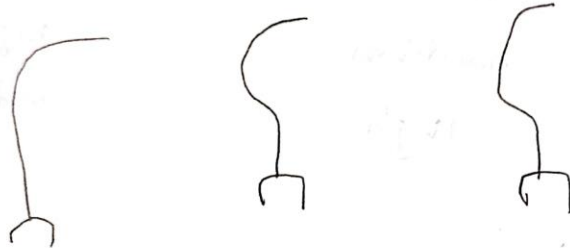
larger & mini larger currettes :

Set 1 3 currettes designed of the standard group
5-6 ; 11-12 & 13-14 currettes with a universal blade
bonded at 90°

5-6 mesial & distal of anterior teeth

1-2 mesial & distal of mandibular posterior teeth

3-4 mesial & distal of maxillary posterior teeth



ultrasonic and sonic instruments

ultrasonic instruments may be used for:

- removing plaque
- scaling
- removing stain

Ultrasonic units

Megahertz - 16,000 - 42,000 KHz

Resonance - 24,000 - 45,000 KHz

- In it alternate electric current generate oscillations in the materials in the hand piece that cause it to vibrate

Comparison of sonic ultrasonic

	Sonic	ultrasonic
Space requirement	low	high
Tip adaptability	fair	fair
Heat production	low	high
Cost	medium	high
maintenance	medium	high
noise level	high	medium

Periodontal endoscopes :

Use:

- Subgingivally in the diagnosis & treatment of Periodontal diseases
- Also used to evaluate Subgingivally for caries defective restorations, root fracture & resorption
- Also called perioscopy system

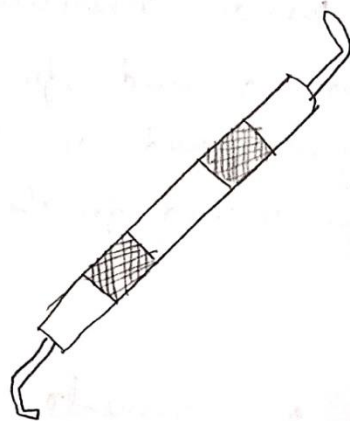
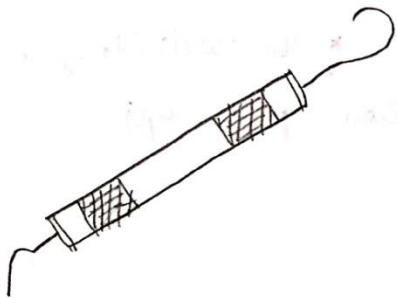
ErA System

Most effective and least traumatic instruments for correcting overhanging over contoured proximal alloy & resin restorations

Cleaning & polishing instruments

13

- Rubber cups
- Bottle brushes
- Dental tape with polishing part is used for polishing proximal surface
- Air powder polishing
 - Prophy - gel - an air powdered slurry of warm water & sodium bicarbonate
 - Effective for the removal of extrinsic stain & soft tissue



1. Accessibility
2. Visibility illumination & Retraction
3. Condition of instruments
4. maintaining a clean field
5. instrument stabilization

1. Accessibility (positioning of patient/operator)

Patient should be in a supine position & placed so that the mouth is close to the sitting elbow of clinician

2. Visibility illumination & Retraction

Retraction provides visibility, accessibility & illumination
fingers/ mirror are used for retraction
mirror may be used for retraction of the cheek/tongue
index finger is used for the retraction of the lips
& cheeks

3. Condition of instruments

- every instrument should be clean, sterile & in good condition
- working ends of pointed / bladed instruments must be sharp

Maintaining a cleanfield :

- stability & control are essential for O.P.T.

Major factors are:

1. instrument grasp

- most effective & stable grasp for all the periodontal instrumentation & avoidance of pen grasp
- It is essential for precise control movements in during periodontal instrumentation
- Standard open grasp ensures the greatest control in performing into a oral procedures

2. Finger rest :

- intraOral & extraOral fulcrum

Conventional : finger rest is established on tooth surface immediately adjacent to the working area

Gon Arch : finger rest is established on tooth surface immediately adjacent to the working area

Opposite arch : finger rest is established on tooth surface on opp arch

Finger on finger : The finger rest is established on the index finger / thumb of non-operating hand

Instrument activation

Adaptation :- refers to the manner in which working end of periodontal instrument is placed against the surface of tooth

objective : to make the working of tooth surface

Angulation : Refer to angle between the face of a bladed instrument and tooth surface may also be called 'tooth blade relationship'

Lateral pressure Refers to the pressure created when ¹⁰
force is applied against the surface of a tooth with the
cutting edge of a bladed instrument

Strokes

Exploratory stroke

Scaling stroke

Root planning stroke

Vertical oblique stroke are used most frequently

Exploratory stroke : light, feeling

To evaluate the dimensions, pocket and to detect
calculus and irregularities of tooth surface

Scaling stroke - short, powerful

used to removal of both subgingival & supragingival

Calculus

Root planning stroke : moderate to high pull stroke
and for final smoothing & planning of root
surfaces

- 1) Mechanical plaque control
- 2) chemical plaque control

1) Mechanical plaque control :-

1. Tooth brushes & dentifrices
2. Interdental cleaning aids

1) Interdental tooth brush

2) Dental floss

3) Wooden tips

3) Gingival massage

4. Tongue scrapers

Brushing techniques

1. Bass method
2. modified Bass method
3. Stillman's method
4. modified Stillman's technique
5. Charter method
6. Roll method / fones technique
7. scrub technique / horizontal

Bass method

- Place the head of soft brush parallel with the occlusal plane, with the brush head covering 4 teeth beginning at the most distal tooth to arch.
- Place the brushes at gingival margins positioning at 45° angle to long axis of teeth
- exert gentle vibratory pressure with short back & forth motions without dislodging at tips of brushes
- It is most commonly used method

Dentifrice

Adhesive / Abrasive agent : CaCO_3

Bonding agent - water soluble

cellulose

water insoluble

- Sodium magnesium aluminosilicate

- Colloidal silica

- magnesium Aluminum silicate

Detergent - Sodium lauryl sulfate

Humectant : Sorbitol, Glycerol, mannitol

Color & Sweetening agent : Saccharin

flavouring agent - Spearmint
Peppermint
winter green oil

Preservatives : Benzoic acids.

Antibacterial : Triclosan

Anticaries : Sodium fluoride
Sodium monofluoride
Stannous fluoride

Anticeluloses : Zinc chloride
Zinc stearate
Gambogic acid

Densitifying agents

Chemical plaque Control

- Plaque Control is the key to prevention of periodontal disease it can be achieved chemically
- chemical plaque control however should be regarded as an adjunct to substitute mechanical plaque control

Ideal properties

- a. Substantivity : ability of agent to bind to tissue surface and be released over time
- b. Penetrability : ability to penetrate deeply into biofilm
- c. Selectivity : ability to affect specific bacteria in mixed population
- d. Solubility :- It should be soluble in oral environment
- e. Biocompatibility
- f. Acceptability

- chemical plaque control agent may be grouped into first, second and third generation antimicrobial agents

1st Generation

Chemical plaque
control agents

- Phenolic Compounds
- Phenyl, Hexyl resorcinol

Thymol

Triclosan

Distam (eucalyptol)

Quaternary ammonium
Compounds

Benzyl pyridinium soluble

Antibiotics

Halogens - Iodine
fluorides

metallic ions - Zn, Hg

Herbal extracts : San
gwanan
extract

2nd Generation

Bisbiguanides

chlorhexidine

Bispyridines

3rd Generation

Delmopmol

MOA of chlorhexidine

- It has broad spectrum of antibacterial activity. In general gram positive bacteria are more susceptible than compared to gram negative bacteria.
- In relatively high concentrations, chlorhexidine is bactericidal but low concentration may be bacteriostatic to susceptible bacteria.
- Higher concentration chlorhexidine penetrates the cell and causes precipitation of cytoplasmic material explaining the bactericidal action of bisbiguanides.
- When 10ml of 0.2% chlorhexidine solution is used as mouth wash for a minute 30% of the drug is retained in the mouth due to property of substantivity.
- No ill effects have been reported following small quantities of chlorhexidine being swallowed since it is poorly absorbed from gastrointestinal tract and excreted in feces.

Periodontal Status

Migration																	
Furcation																	
Mobility																	
Pockets	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Teeth	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28	
Teeth	48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38	
Pockets	X	X	X	X	X	2	3	3	3	3	3	X	X	X	X	X	X
Mobility						3	4	3	3	3	3						
Furcation																	
Migration						2	3	3	3	3	3	2					

Mucogingival problems :

Vestibular depth : Adequate

Frenal attachment : Gingival Attachment type

Adequacy of attached gingiva : inadequate w/ 21/12

Tension Test : Negative

Dental Status

No. of teeth present : 32 teeth

Missing teeth : Absent

Carious teeth : Absent

Overhanging restoration Absent

Wasting diseases : Absent

Pulpo periodontal problems / Tender on Percussion: Absent

Proximal contact relationships: Absent

Plunger

Occlusion

Type of malocclusion : Angle Class I malocclusion

Alignment : Normal

Prematurities : Absent

Wear facets : Absent

Fremitus test : Negative

Provisional diagnosis : localized chronic periodontitis in

21/12
differential diagnosis : localized aggressive periodontitis

Investigations

✓
RADIOGRAPHS - OPG / IOPA :

Blood :

Urine :

Other :

Diagnosis : localized chronic periodontitis in 21/12

Prognosis :

Overall prognosis : Good

Individual teeth prognosis : fair in 21/12

Treatment Plan :

Preliminary Phase :

Etiotropic Phase :

Generalized Supragingival and Subgingival Scaling and root planing ref 2/12

Evaluation of response to etiotropic phase :

Evaluation of Oral hygiene status
Assessing of Gingival inflammation & pocket depth

Surgical phase :

Restorative phase :

Maintenance phase

Recall of patient for every 6 months

Meghna Institute of Dental Sciences



DEPARTMENT OF ORAL SURGERY CLINICAL RECORD BOOK

Student Name : K. Akshay Kumar

Reg. No. 1702107048

Name of the Examination Oral & Maxillofacial Surgery

Month September Year 2022

Principal
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

MEGHNA INSTITUTE OF DENTAL SCIENCE
MALLARAM VILLAGE, NIZAMABAD DIST.
TELANGANA.



CERTIFICATE

This is to certify that Mr. / Miss K. Akshay Kumar

with Reg. Number 1702107048 has satisfactorily

completed the clinical work in B.D.S. Oral Surgery according to regulations

of Dr. N.T.R. University of Health Sciences for the B.D.S. Course in the year

20 21 20 22.

PROFESSOR & HOD
DEPT. OF ORAL MAXILLOFACIAL SURGERY
Meghna Institute of Dental Sciences
Mallaram (V), Nizamabad, (A.P.)

Date : 29-09-2022.


Professor / HOD


PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

CASE - HISTORY 1

PERSONAL INFORMATION :

O.P. / I.P. No. 2 111 01-117

Date: 29/4/22

Name of the Patient : Mrs. Shahajadhi Begum Age: 50 Sex: Female.

Occupation : (-) Housewife.

Address : Nizamabad.

Phone No. : (O) 8093280941. (R)

1. **CHIEF COMPLAINT** : Patient complains of loosening of teeth in left lower back tooth region. Since one month.

2. **HISTORY OF PRESENT ILLNESS** : Patient gives history of loosening of teeth in mandibular left posterior tooth region since one month and wants to get removed & replaced.

3. **MEDICAL HISTORY** : No relevant history.

4. PAST DENTAL HISTORY :

1st visit

5. DRUG HISTORY :

No relevant history.

6. PERSONAL & FAMILY HISTORY :

No relevant history.

GENERAL EXAMINATION :

VITAL SIGNS :

Blood Pressure : 100/70 mm Hg.

Pulse : 68 beats/min.

Respiratory Rate : 14 cycles.

Temperature : Afebrile.

OTHER SIGNS :

Anaemia : No abnormality detected.

Cyanosis : No abnormality detected.

Clubbing : No abnormality detected.

Icterus : No abnormality detected.

Oedema : No abnormality detected.

LOCAL EXAMINATION :

Build - moderate.
Sart - undeviated.
Posture - Erect.

EXTRA ORAL :

- Inspection :
- Palpation : } no abnormality detected.
- Facial Symmetry : No gross facial asymmetry.
- Lymphnodes : No palpable lymph node.

- i) Submandibular not palpable.
- ii) Submental not palpable.
- iii) Sub lingual not palpable.
- iv) Deep cervical not palpable.

TMJ (Temporo Mandibular Joint) :

- i) Mouth Opening Adequate.
- ii) Deviation no deviation seen.
- iii) Clicking no clicking sound detected.
- iv) Tenderness Absent.

PARESTHESIA / ANAESTHESIA

- Lower lip - not found.
- Upper lip not found.
- Infraorbital area not found.
- Tongue not found.

INTRA ORAL

- Inspection no abnormality detected.
- Palpation no abnormality detected.

SOFT TISSUE

- i) Cheek - no abnormality detected.
- ii) Vestibule - no abnormality detected.
- iii) Gingiva - no abnormality detected.
- iv) Floor of Mouth - no abnormality detected.
- v) Retromolar region - no abnormality detected.
- vi) Hard palate - no abnormality detected.
- vii) Soft palate no abnormality detected.
- viii) Tongue - no abnormality detected.

HARD TISSUE

a) Status of Teeth

- i) Missing teeth *ist - $\frac{62111}{465211264}$*
- ii) Mobile teeth *Grade III ist $\frac{414}{15}$
Grade II ist $\frac{15}{6}$*
- iii) Caries teeth *root stumps ist $\frac{1}{6}$*
- iv) Non-vital teeth *absent*
- v) Filled teeth *absent*
- vi) Fractured teeth *-absent*

PROVISIONAL DIAGNOSIS :

Chronic generalized periodontitis.

INVESTIGATIONS:

1. Radiographic Investigation

- i) IOPA
- ii) OPG
- iii) Occlusal view
- iv) Others :

2. Blood Investigations:

3. Microbiological Investigation

i) Smear

ii) Cultures

4. Histopathological Investigation

Others

5. FINAL DIAGNOSIS :

Done.

TREATEMENT PLAN :

Extraction of  under local anesthesia.
Nerveblocks: Inferior alveolar nerve block.

plan

TREATMENT DONE :

Extraction of  ↓ L.A

POST OPERATIVE INSTRUCTIONS :

- * Patient is advised to remove pressure pack after 30 min.
- * Advised to take cold food & soft diet after 45 min.
- * Advised not to smoke and consume alcohol for 5 days.
- * No gagging or spitting for 24 hours.
- * Advised not to use straws.


Signature of Staff

3. **Microbiological Investigation**

- i) Smear
- ii) Cultures

4. **Histopathological Investigation**

Others

5. **FINAL DIAGNOSIS :**

^{Done.}
TRETEMENT PLAN :

Extraction of  under local anethon.
Nerveblock:- inferior alveolar nerve block.

^{plan}
TREATMENT DONE :

Extraction of  ↓ L.A

POST OPERATIVE INSTRUCTIONS :

- * Patient is advised to remove pressure pack after 30 min.
- * Advised to take cold food & soft diet after 45 min.
- * Advised not to smoke and consume alcohol for 5 days.
- * No gargling or spitting for 24 hours.
- * Advised not to use straw.


Signature of Staff

3. **Microbiological Investigation**

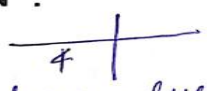
- i) Smear
- ii) Cultures

4. **Histopathological Investigation**

Others

5. **FINAL DIAGNOSIS :**

^{Done.}
TRETEMENT PLAN :

Extraction ist  under local anasthesis.
Nerveblock: inferior alveolar nerve block.

^{plan}
TREATMENT DONE :

Extraction ist  ↓ L.A

POST OPERATIVE INSTRUCTIONS :

- * Patient is advised to remove pressure pack after 30 min.
- * Advised to take cold food & soft diet after 45 min.
- * Advised not to smoke and consume alcohol for 5 days.
- * No gargling or spitting for 24 hours.
- * Advised not to use straws.


Signature of Staff

- Suppliers:-
1. Masticatory
 - a) Masseter
 - b) Temporalis
 - c) Pterygoid medialis
 - d) pterygoid lateralis.
 - 2) Mylohyoid
 - 3) Anterior belly of digastric
 - 4) Tensor tympani
 - 5) Tensor veli palatini

Sensory Root:- Sensory root fibers located in the trigeminal ganglion.

↓
Divided into 3 divisions

↓
The maxillary division travels anteriorly & downwards to exit the cranium through the foramen rotundum into the upper portion of the pterygopalatine fossa.

↓
The ophthalmic division travels anterior but on lateral wall cavernous sinus to the radial part of superior orbital fissure through which, it exits the skull in maxilla.

↓
The mandibular travels about directly downward to exit skull along with root through foramen ovale then 2 roots then intermingle forming one nerve trunk, & enter the inframaxillary fossa.

Optthalmic

Optthalmic division is the 1st branch of trigeminal nerve.

It is purely sensory & smallest of all division.

It leaves the cranium & enters the orbit through superior orbital foramen. It divides into 3 branches: apex & ala of nose

Naso

Frontal Nerve:

The

It is largest branch of optthalmic Division.

of

It divides into supra trochlear & supra orbital.

and

It

The supra trochlear nerve supplies the conjunctiva & skin the medial aspect of upper eyelid & skin over forehead.

It

ante

Lacrimal nerve:-

* The lacrimal nerve is smallest branch of optthalmic division.

The

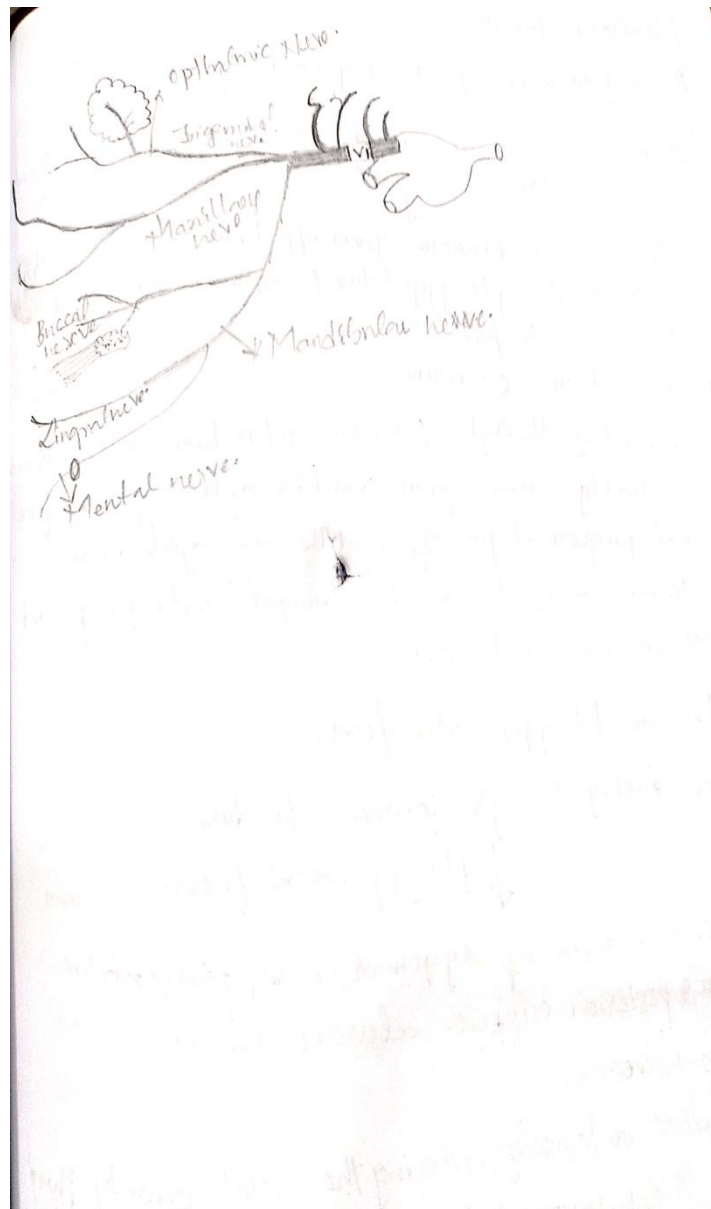
eye

* Supplies lateral part of upper eyelid & a small adjacent area of skin.

2/3

Infer trochlear nerve supplies lacrimal caruncle.

Posterior ethmoidal supplies ethmoidal & sphenoid sinuses.



Maxillary Division:

Arises from middle of the trigeminal ganglion.

↓
It passes horizontally forward having the cranium through foramen rotundum.

↓
The maxillary division gives off branches in within cranium in the pterygopalatine fossa in infraorbital canal & on the face.

Branches within cranium:

- * After existing through foramen rotundum its third.
- * It initially arises from middle after separating from trigeminal ganglion it gives off middle meningeal nerve.
- * It travels along the middle meningeal artery & provides sensory innervation to diameter.

Branches in pterygopalatine fossa:

- * After existing through foramen rotundum
↓
pterygopalatine fossa

It gives branches of zygomatic nerve, pterygopalatine nerve & posterior superior alveolar nerve.

Zygomatic nerve:-

It passes anteriorly entering the oral cavity through inferior orbital foramen.

zygomatic temporal nerve supplies sensory innervation to the skin on same side of the forehead. into 2 branches

↓
zygomatic facial supplies to the skin on the prominence of the neck.

maxillopalatine nerve.

a. The orbital branches supply the pericorneum of cheek
b. The nasal branches supply the mucous membrane of superior & middle conchae, the lining of postethmoidal sinuses & anterior portion of nasal septum.

c. Nasopalatine nerve gives branches to anterior part of nasal septum & floor of mouth.

d. Palatine branches includes greater palatine & lesser palatine.

e. Pharyngeal branch includes mucous membrane of nasal part of pharynx, posterior to eustachian tube.

Posterior Superior alveolar nerve:

a. Sensory innervation to buccal gingiva in the maximum molar region & adjacent facial mucosa/super

b. Sensory innervation to alveoli & PPI & pulpal tissue of maximum 1st & 2nd & 3rd molar

Branches of infraorbital Canal:- 1) Middle superior alveolar
2) Anterior superior alveolar
3) Infraorbital groove.

In ne

Branches on face:-

- The infraorbital nerve emerges through the infraorbital foramen on the face to divide into:
 - Inferior palpebral supplies skin of lower eyelid.
 - External nasal provides sensory innervation skin on lateral aspect of nose.
 - Superior labial branch provides sensory innervation to skin & mucous membrane of upper lip.



is the largest branch of trigeminal nerve. It is a mixed nerve with large sensory root & motor root. They emerge separately from foramen ovale, unite, just outside the skull & divides into small anterior & large posterior division. Branches from redivided nerve:

Nerve spinosum reenters the cranial cavity through foramen spinosum along with meningeal artery to supply dura mater & mastoid.

The medial pterygoid nerve is a motor nerve to medial pterygoid muscle, tensor tympani, tensor velipalatine.

Branches from anterior division:

1. Nerve to lateral pterygoid innervates lateral pterygoid muscle.
2. Nerve to masseter innervates masseter muscle.
3. Nerve to temporal innervates temporal muscle.
4. Buccal nerve gives off several branches.

Buccal nerve provides sensory fibres to skin of cheek.

from posterior division:-

1. Auriculotemporal nerve gives no. of branches all are of sensory - Articulae
 - facial
 - parotid.
 - meatus
 - skin & scalp.

* Anterior auricular branches to skin over helix & tragus of ear, branches of external auditory meatus innervating skin over meatus & tympanic membrane.

* Arterial branches of posterior portion of the TMJ & superficial portion of temporal branches & supplies skin over temporal region.

2. Lingual nerve is sensory root to anterior $\frac{2}{3}$ of the tongue provide both general sensation & gustation for this region.

3. Inferior alveolar nerve is largest branch of the mandibular division enters the mandibular canal & divides into incisive & mental branches.

* Provides sensory innervation to buccal periodontal tissue of mandibular posterior teeth.

* Incisive nerve innervation pulpal tissue of the mandibular periosteum.

* Incisive nerve innervates only 1st tissue of the
mandibular 1st premolar, canine & incisor.
* Mental nerve innervates skin of chin & mucous
membrane of lower lip.

write branches from divided nerve?

- Superior salivatory nuclei of parasympathetic.
- Lacrimal nucleus is also parasympathetic.
- Nucleus or tractus solitarius which is gustatory also receive afferent fibres from the gland.

Course & Relations:

- Facial nerve is attached to brainstem by motor & sensory root.
- Two roots run laterally & forwards with the 8th nerve to reach internal acoustic meatus.
- Inside the meatus, the motor root lies in a groove on 8th nerve, with sensory root intervening.
- At the bottom of meatus, the 2 roots fuse to form a single trunk which is in petrous part of temporal bone.
- Within the canal, the course of nerve can be divided into 3 parts by 2 bends.

First part is directed laterally above vestibular



2nd part runs backwards in relation to the medial wall of middle ear, above promontory



3rd part is directed vertically downward behind the promontory.

The 1st part of the trigeminal nerve lies over anterior, superior part of promontory and bend like bow promontory & audites to mastication.

The skull by passing through stylomastoid foramen.

External Carotid Nerve:-

It crosses the lateral side of base of styloid process.

It enters the medial surface of parotid gland.

Crossed retromandibular vein & external carotid artery.

Behind the neck of mandible, it divides into its terminal branches of parotid gland.

Branches & Distribution:-

1. Within the facial canal:

* Greater petrosal nerve innervates lacrimal gland.

* Nerves to the stapedius - supplies stapedius muscle.

* Chorda tympani - afferent special sensation from anterior 2/3 of tongue via.

2. Lingual nerve & afferent parasympathetic secretomotor innervation to submandibular & sublingual gland.

15. This is exits from the stylomastoid foramen.

- * Posterior auricular - supplies posterior auricular & occipital muscles

- * Nerve to styloid - supplies styloid muscle

- * Digastric supplies posterior belly digastric.

Terminal branches.

- * Temporal.

Anterior temporal supplies frontalis superior part of anterior ciliary, Corrugator supercilii process, post-temporal, anterior & superior auricular muscles.

- * Zygomatic - supplies inferior part of orbitotemporal canal.

- * Buccal - muscles of upper lip, nose, buccinator.

- * Marginal mandibular - supplies muscles of lower lip.

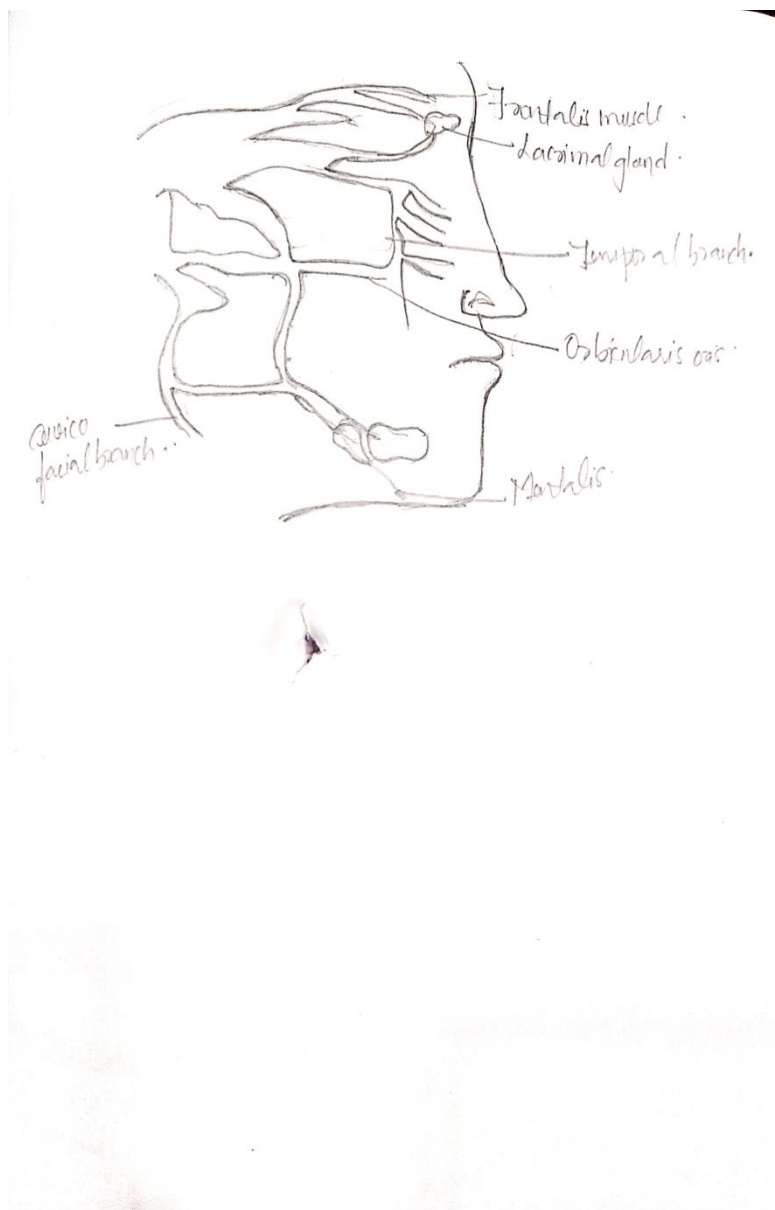
- * Cervical - supplies platysma.

Ganglia:

- * Geniculate Ganglion - Sensory ganglion.

- * Submandibular ganglion - Parasympathetic ganglion.

- * Pterygopalatine ganglion - Parasympathetic ganglion.



EXERCISE -3

TYPES OF NERVE BLOCKS

A. MAXILLARY NERVE BLOCKS

- i) Infraorbital Nerve block.
- ii) Posterior Superior alveolar nerve block.
- iii) Nasopalatine nerve block.
- iv) Anterior palatine nerve block.

B. MANDIBULAR NERVE BLOCKS

- i) Inferior alveolar Nerve block.
- ii) Lingual nerve block.
- iii) Buccinator (long buccal) nerve block.
- iv) Mental Nerve block.
- v) Intraosseous Nerve block.

EXERCISE -4

MAXILLARY NERVE BLOCKS

A. INFRA ORBITAL NERVE BLOCK

Nerves anesthetized:-

Infraorbital, Anterior and middle superior alveolar nerves,
inferior palpebral, lateral, nasal and superior labial nerve.

Areas anesthetized:-

Incisors, cuspids, bicusps and mesial roots of first molars
on same side infected, including bony portion and soft tissue
upper lip, lower eyelid and a portion of nose on same side.

Anatomical landmarks:-

Infraorbital ridge, infraorbital depression, supraorbital notch,
infraorbital notch, anterior teeth and pupils of eye.

Indications:-

When the anterior and middle superior may be performed.
Any procedures, surgical or operative may be performed
on five anterior maxillary teeth on same side of the median
line. Midline or overlapping innervation should consider.

Needle pathway during innervation

a) Bicuspid Approach:- The needle passes through mucosa
and alveolar tissue and during insertion should be
pass beneath and lateral to external maxillary

anterior facial vein.
b) Central Incisor approach.

The needle passes through mucosa and ascends and beneath angular head of quadratus labii superioris muscle. It proceeds anteriorly to origin of caninus muscle and beneath the external maxillary artery and anterior facial vein.

Technique:-

1. Patient is placed comfortably in chair and tilted so that maxillary occlusal plane is at 45° angle to floor.
2. An imaginary straight line drawn vertically through these landmarks will pass through pupils of eyes, infraorbital foramen, bicupid teeth & mental foramen. A 17/8 inch, 25 gauge needle is then inserted into mucobuccal fold from 2 directions.
 - i) The dentist inserts the needle in a line parallel with supraorbital notch, the pupil of eye, the infraorbital notch & second bicupid teeth.
 - ii) Maxillary angle to distolingual angle. The needle is again inserted about 5mm from mucobuccal fold.
 - iii) Approximately 2ml of solution is slowly deposited in this area.

EXERCISE -5

B. POSTERIOR SUPERIOR ALVEOLAR NERVE BLOCK

- Nerve anesthetized:- Posterior superior alveolar nerve.
- Area anesthetized:- The maxillary molar, except the mesiobuccal root of max. 1st molar, buccal alveolar process of maxillary molar. including the overlying structures, Periosteum, connective tissue & mucous membrane.
- Anatomical Landmarks:
 - a. Mucobuccal fold & its concavity
 - b. Zygomatic process of maxilla
 - c. Infratemporal surface of maxilla
 - d. Anterior border & coronoid process of ramus of mandible
 - e. Tuberosity of maxilla

Indications:- For operative procedure of molar teeth & supporting structures. This injection should be combined with palatal injection for extraction.

Technique:-

The operator, move the fore finger over the mucobuccal fold in a posterior region from the buccinal area until the zygomatic process of maxilla is reached.

EXERCISE -6

GREATER PALATINE NERVE BLOCK

- * Nerve anesthetized: Anterior palatine nerves as it pass the greater palatine foramen.
- * Areas anesthetized: Posterior portion of hard palate overlying structures upto 1st bicuspid areas.
- * Anatomical landmarks:
 - a. Second & 3rd maxillary molars.
 - b. Palatal gingival margin of 2nd & 3rd maxillary molars
 - c. Midline of the palate.
 - d. A line approximately 1cm from palatal gingival margin towards the midline of palate.

Indications:-

- * For palatal anesthesia that is used in conjunction with superior alveolar or middle superior alveolar nerve block.
- * For surgery of the posterior portion of hard palate.

Technique:-

- * The greater palatine foramen is located b/w the 2nd & 3rd maxillary molars about 1cm from the

* The greater palatine foramen is approximately from opposite side of the 1 inch, 25 gauge needle which is kept as near to right angle as possible with the. curvate of palatal bone.

* The needle should be inserted very slowly until the palatal bone is contacted.

* Anaesthetic solution, 0.25 to 0.5 ml, injected very slowly.

* Anaesthesia of mucoperiosteum of palate, will be obtained from area of injection.

Symptoms:-

Objective Symptoms:- Instrumentation necessary to demonstrate absence of pain sensation.

Subjective Symptoms:- Feeling of numbness in upper palate when contacted with tongue.

EXERCISE -7

D. NASOPALATINE NERVE BLOCK

- * Nerves anesthetized: Nasopalatine from anterior palatine foramen, here as it emerges
- * Areas anesthetized: Anterior portion of the hard palate & overlying stomatodae back to bicuspidaea where anterior branches of anterior palatine nerve covering forward, caudal innervation.

Anatomical Landmarks:

- a. Central incisor teeth.
- b. Incisive papilla in midline.

Indications: For palatal anesthesia.

- a. To supplement anterior & middle superior alveolar nerve.
- b. To augment analgesic of 6 maxillary teeth.
- c. To complete anesthesia of nasal septum.

Technique:

- * A preparatory injection is made by inserting 1 inch 25 gauge needle into labial interdental tissue b/w the maxillary central incisor.

- The needle is inserted at right angle to lateral palatal plexus until the resistance is met & then 0.25 ml of anaesthetic solⁿ is deposited.
- The needle is then withdrawn & is reinserted slowly into the coat of papillae making certain that it is not a line with labial alveolar plate.
- The needle is advanced slowly into the incisive foramen about 0.5 cm into canal.
- About 0.25 - 0.5 ml should be injected very slowly to prevent distortion of surrounding tissue.

Symptoms

- a) Objective Symptoms: Instrumentation necessary to demonstrate the absence of pain sensation.
- b) Subjective Symptoms:
Feeling of numbness in palate when contacted with tongue.

EXERCISE -8

MANDIBULAR NERVE BLOCKS

INFERIOR ALVEOLAR NERVE BLOCK

Nerves anesthetized: Inferior alveolar nerve & its sub divisions.

Areas anesthetized:-

- a. Body of mandible & infra portion of ramus of mandible.
- b. Mandibular teeth.
- c. Mucous membrane & underlying tissue anterior to first mandibular molar.

Anatomical Landmarks:- Mucobuccal fold, Anterior border of ramus of mandible, external oblique ridge, submental triangle, intraoral oblique ridge, pterygomandibular ligament, buccal sneaking pad, pterygomandibular raphe.

Indications:-

- a. Analgesia for operative dentistry on all the mandibular teeth.
- b. Surgical procedures on mandibular teeth supporting structures anterior to 1st molar when supplemented by anesthesia of lingual nerve.
- c. Surgical procedures on mandibular teeth supporting structures posterior to 2nd bicuspid when supplemented.

EXERCISE -8

MANDIBULAR NERVE BLOCKS

A. INFERIOR ALVEOLAR NERVE BLOCK

Nerves anesthetized: Inferior alveolar nerve & its sublingual.

Areas anesthetized:-

- a- Body of mandible & infra portion of ramus of mandible.
- b- Mandibular teeth.
- c- Mucous membrane & underlying tissue anterior to first mandibular molar.

Anatomical Landmarks:- Mucobuccal fold, Anterior border of ramus of mandible, external oblique ridge, submental triangle, intraoral oblique ridge, pterygomandibular ligament, buccal sucking pad, pterygomandibular raphe.

Indications:-

- a. Analgesia for operative dentistry on all the mandibular teeth.
- b. Surgical procedures on mandibular teeth supporting structures anterior to 1st molar when supplemented by anesthesia of lingual nerve.
- c. Surgical procedures on mandibular teeth supporting structures posterior to 2nd bicuspid when supplemented.

of the inferior alveolar nerve block.

- Diagnostic & therapeutic purpose.

Technique:

- The operator palpates the mucobuccal fold with index finger & thumb.
- The finger or thumb is then contacts the ramus of mandible.
- It moved up & down until coronoid notch is obtained.
- This places the height of mandibular sulcus.
- The palpating finger is moved lingually across the retromolar triangle & onto internal oblique ridge.
- The finger or thumb still in line on the coronoid notch & in contact with internal oblique ridge it is moved to buccal side, taking with buccal hooking pad.
- A syringe with 1/2 inch, 25 gauge needle is then in para to occlusal plane of mandibular teeth from contralateral side of mouth at level of buccal depression & pterygomandibular space.
- Once needle is withdrawn 1 mm, aspirate.
- If aspiration is negative then 1-1.5 ml sol is injected.

Symptoms:

- Subjective Symptoms: Tingling & numbness of lower lip, tip of the tongue when lingual nerve is affected.

Contraindications: 4. Inflammation is necessary

EXERCISE -9

B. LONG BUCCAL

Nerves anesthetized:- Buccal nerve a branch of the mandibular nerve.

Areas anesthetized:- Mandibular motor & mucopericardium.

Anatomical landmarks:- Estabond ridge
- Retromolar triangle

Indications:-

1. A 1 inch 25 gauge needle is inserted into buccal mucosa just distal to 3rd molar.

2. 0.25-0.5ml of solution is deposited into this area.

3. An alternate technique is to insert the needle & deposit solution directly into retromolar triangle.

EXERCISE -10

INCISIVE NERVE BLOCK

Nerve anesthetized :-

- a) Infraorbital nerve
- b) Mental nerve

Area anesthetized :-

- * Mandible & overlying structures anterior to the mental foramen.
- * Bicuspid, cuspids & incisors on affected side.
- * Lower lip on affected side.

Anatomical landmarks.

Mandibular bicuspid

Indications

For anesthesia of mandible & labial mandible
structures anterior to mental foramen & lower lip
when infected, inferior alveolar nerve is
contraindicated.

Technique

- The needle should penetrate into mental foramen to anaesthetise the incisive nerve adequately.
- The mental nerve will automatically anaesthetised at same time.
- Technique is similar to mental nerve block.
- 0.5 to 1 ml is deposited slowly into area.

Symptoms:-

Subjective Symptoms.

- Tingling & numbness of lower lip.

Objective Symptoms.

- Instrumentation will demonstrate the absence of pain sensation.

Techniques

- The needle should penetrate into mental foramen to anaesthetise the incisive nerve adequately.
- The mental nerve will automatically anaesthetised at same time.
- Technique is similar to mental nerve block.
- 0.5 to 1 ml is deposited slowly into area.

Symptoms

Subjective Symptoms.

- Tingling & numbness of lower lip.

Objective Symptoms.

- Instrumentation will demonstrate the absence of pain sensation.

EXERCISE -11

TYPE OF MANDIBULAR NERVE BLOCK

MENTAL NERVE BLOCK

Nerve anesthetized: Mental nerve is branch of inferior alveolar nerve.

Area anesthetized: Lower lip
- mucous membrane in mucobuccal fold anterior to the mental foramen.

Anatomical Landmarker: Mandibular bicuspid - The mental foramen usually lies at the apex just anterior to 2nd bicuspid root.

Indications: For the surgery of lower lip or mucous membrane in mucobuccal fold anterior to the mental foramen when inferior nerve block is contraindicated.

Technique: The apices of the bicuspid teeth should be estimated.

EXERCISE -12

1) Extractions

Howe had described on ideal extraction as painless removal of whole tooth/root within minimum trauma to supporting tissue, so that wound heals uneventually.

2) Indications of Extractions:-

- 1) Severe Caries.
- 2) Severe periodontal disease.
- 3) Acute/chronic pulpitis/pulpal necrosis due to trauma/infection.
- 4) Severe attrition/abrasion/erosion.
- 5) Supernumerary tooth.
- 6) Malposed tooth.
- 7) Tooth in fracture line.
- 8) Tooth directly involved in pathway.
- 9) Teeth with necrosed pulp & periapical lesion not treated by endodontic treatment.
- 10) Tooth directly involved in pathology.
- 11) Prophylactic extraction.
- 12) For orthodontic treatment.
- 13) For prosthodontic treatment.
- 14) For orthognathic surgical procedure.

B. Contra indications of extraction

- Local
- Systemic

Local Contra indications:

- 1) Relative
- ANLS
 - Acute pericoronitis
 - Acute dentoalveolar abscess
 - Acute cellulitis

- 2) Absolute :- Teeth in recent irradiated area:
- Site of malignant tumour
 - Teeth in area of central haemorrhage

Systemic Contra indications:-

- 1) Relative:
- Cardiac patient - Blood dyscrasia
 - Uncontrolled diabetes - Uncontrolled hypertension
 - Nephritis - Toxic genital
 - Jaundice, cirrhosis of liver - Bleeding disorder
 - Neurological disorder :- epilepsy - COPD, Asthma, TB
 - Adrenal insufficiency
 - Patient on long term Corticosteroids, immunosuppressant or chemotherapeutic medication
- 2) Physiologic :- Pregnancy - 1st & last trimester
- Extraction during menstrual period
 - Extreme old age

Meghna Institute of Dental Sciences



DEPARTMENT OF PUBLIC HEALTH DENTISTRY CLINICAL RECORD BOOK

Student Name : M. Niharika

Reg. No. 1702107064

Name of the Examination _____ Month _____ Year _____

MEGHNA INSTITUTE OF DENTAL SCIENCES (MIDS)

MALLARAM VILLAGE, VARNI ROAD, NIZAMABAD DIST.
TELANGANA STATE.

Prasad
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

CERTIFICATE

This is to Certify that Mr/Miss.....M. Niharika.....with
H.T. No.1702107064.....has satisfactorily completed
all the clinical, field and practical exercises conducted by the department of
Public Health Dentistry. During the academic year.....2021.....
to.....2022.....

Place :

Date :

Signature of the Internal Examiner

1.....

Signature of the External Examiner

.....

Staff in Charge

Head of the Department
Dept. of Public Health dentistry.

Principal
PRINCIPAL
Meghna Institute of Dental Sciences
MALLARAM (V), NIZAMABAD

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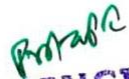
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8.	Internal exams (Theroy) a) 1st internal b) 2nd internal c) 3rd internal OE (Practical) a) b)	82 Absent	
9.	Weekly / Monthly Tests	No. of tests Conducted = No. of tests Attended =	
10.	Clinical Work Done	Attended demonstra- -tion by Dr. Vengal Rao Sir on ART, Pit and fissure Sealant and fluori- -de application	
11.	Field Programmes		
12.	Any other activity		


Signature of Staff


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HEALTH TALK

Topic : దుంఠం తోనేచి తల్పిత తీసుకోవాల్సిన జోరత్తల

Talk in regional language :

1. తతి జడి పవాల్లాల తీసుకోకూడదు.
2. చల్లట పవాల్లాల తీసుకోవాలి.
3. ప్రొగ త్రాగరాదు.
4. నోటి పరిశుభ్రత చేసే సమయంలో (టాటర్ మెంట్ అమిన చోట) చేయరాదు.
5. నోటి ప్రక్రియలను.

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SEMINAR

Topic :

Descriptive Epidemiology.

Contents :

1. Defining population to be studied
2. Defining the disease under study
3. Describing the disease in form of
 - a. Time
 - b. Place
 - c. person
4. Measurement of outcome
5. Comparing with known indices
6. Formulating the etiological hypothesis


Signature of Staff

Comprehensive Case History

Date: _____ O.P. No. _____
Patient's Name: Anthi Age: 14 years Sex: Male
Date and place of Birth: 23.06.2002
Education: Intermediate student Occupation: Student
Total Income of family per month: 40,000 per capital income 7500
Address: Nizamabad

Contact No. _____

I. CHIEF COMPLAINT: Patient complaints of pain in upper right back tooth region from 5 days.

II. HISTORY OF PRESENT ILLNESS: Patient gives history of pain since 5 days. Pain is sudden in onset, sharp type which increases on eating food but doesn't increase on consumption of hot and cold substances and the aggravating during night times and lying down. Pain is discontinuous and non-radiating type.

III. MEDICAL HISTORY:

No relevant medical history

IV. DENTAL HISTORY: Second Dental visit

1st visit: Restoration with GIC 1st lower left back & right back tooth region & no complaints and patient is satisfied.

V. FAMILY HISTORY:

a) Siblings: Number Age 12 years

● Has any family member suffered from a similar problem?

* Do you know of any illness that runs in your family ? ☐

b) Marital Status Married / Unmarried

c) Children (if any) Number Age:

VI. PERSONAL HISTORY :

a) Personal Habits : Number Frequency Duration

Smoking

Smokeless tobacco
(With / Without pan chewing)

Pan chewing

Alcoholism

b) Habits related to oral cavity :

Mouth Breathing	Thumb Sucking	Tongue Trusting	Bruxism	Lip / nail / pencil biting
☐	☐	☐	☐	☐
Duration				

c) Oral hygiene practices

1. Type of cleaning :
(Specify if any other) Tooth brush ☒ Finger ☐ Stick ☐
2. Method of cleaning : Vertical ☐ Horizontal ☒ Circular ☐
3. Materials used : Tooth Paste ☒ Tooth Powder ☐ Charcoal ☐
Sand ☐ Powder ☐ Any other ☐
4. Frequency of cleaning : Once ☒ Twice ☐ Thrice ☐

5. Time of brushing
 Before meals ☒
 After meals ☐
6. Frequency of changing the toothbrush : *Every 4 months*
7. Use of other hygiene aids Flossing ☐ Interdental aids ☐ Oral mouth rinse ☐

Summary of oral hygiene practices :

d) Dietary habits :

1. Vegetarian ☐ 2. Mixed ☒

2. Dietary chart :

Staple Diet :

Time	Item	Sugar exposure
8:00am	Breakfast	$1 \times 0 = 0$
12:30pm	Lunch (Rice)	$1 \times 0 = 0$
5:00pm	Snacks	$1 \times 0 = 0$
9:00pm	Dinner (Rice)	$1 \times 0 = 0$
	Total sugar score	= 0

3. Sugar consumption (per day)

- * Type : Fermentable ☐ Less fermentable ☐
 * Frequency : Once ☐ Twice ☐ Thrice ☐ Four times ☐

Please specify if more :

- * Time of intake : With meals ☐ In-between meals ☐
 * Form and consistency : Solid ☐ Liquid ☐

Sticky ☐

Non-Sticky ☐

Summary of sugar exposure :

VII. GENERAL EXAMINATION:

- a) Gait : Undeviated
b) Posture : Erect
c) Built : Moderate

VII. LOCAL EXAMINATION

1. Symmetry : appears to be bilaterally symmetrical
2. T.M.J. : No abnormality detected
3. Lymph nodes : No abnormality detected

b) Intra oral

1. Soft issues :

- * Tongue No abnormality detected
- * Buccal mucosa No abnormality detected
- * Labial Mucosa No abnormality detected
- * Gingiva color - Pale pink (generalised)
Contour - Scalloping is present
Size - Normal
texture - Stippling is seen, consistency : firm
- * Palate No abnormality detected
- * Floor of the mouth No abnormality detected
- * Alveolar mucosa No abnormality detected

2. Hard tissue

- * Type of dentition : Deciduous ☒ Mixed ☐ Permanent ☒
* Number of teeth present : 31
* Teeth absent and reason for loss :

Root stumps :

* Dental caries : *ist 16, 17, 45, 46, 47, 27, 36, 37.*

Non - Cavitated :

Cavitated :

Cavitated (with pulp exposure):

* Filled teeth : *36, 46 (dislodged restoration)*

* Any prosthesis : Crown (Mention teeth)

Bridge

RPD / Implant

* Washing disease : Generalized Localized (mention teeth)

Attrition

☐

Abrasion

☐

Erosion

☐

* Enamel hypoplasia : Generalized Localized (mention tooth)

☐

* Fluorosis : Generalized Localized (mention tooth)

☒

(moderate)

* Supernumerary teeth :

* Any other anomaly please specify :

* Malocclusion : *class - I*

* Trauma from occlusion : ☐

* Fractured / non - vital tooth :

* Stains : Extrinsic ☐

Intrinsic ☐

3. Periodontal status :

Generalized

Localized (mention tooth)

* Gingivitis

☐

* Periodontal pocket

☐

* Mobility of teeth

☐

4. Oral hygiene status :

Dental deposits

Plaque ☒

Stains ☒

Calculus ☒

IX. Provisional diagnosis : Chronic irreversible pulpitis ist 17

Dental caries ist 16, 27, 37, 45, 47

Dislodged restoration ist 36, 46

X. Investigations :

Advise intra oral periapical radiograph ist 17

XI. Final diagnosis :

Chronic irreversible pulpitis ist 17

Dental caries ist 16, 27, 45

Grossly decayed tooth ist 34, 47

Dislodged restorations ist 36, 46

Dental fluorosis

XII. Treatment Plan :

Emergency phase : Amoxycillin 500mg twice a day

Tab. Paracetamol 500mg thrice a day.

Promotive phase :

Health education and motivation. Patient is educated to clean his teeth twice daily in proper method and motivated to continue the same.

Curative phase : Patient is advised for root canal treatment ist 17

Permanent restoration ist 16, 27, 46, 45, 36

Extraction of 37, 47

Bleaching for moderate dental fluorosis

Advice oral prophylaxis

Maintenance phase : Periodic recall & check up

Treatment plan cont.....

Summary: Patient named Adhi of age 13 years resident of Nizamabad has reported to the department of public health & dentistry with the chief complaint of pain in upper right back tooth region since 5 days and on examination was diagnosed with chronic irreversible pulpitis Irt 17, & patient is advised to undergo root canal treatment procedure followed by placement of crown and dental caries Irt 26, 27, 45, Grossly decayed tooth Irt 37, 47 and dislodged restoration Irt 36, 46 are seen and these are treated accordingly and patient shows moderate dental fluorosis it is treated by advising oral prophylaxis initially and followed by bleaching process.

