



SRI
RAJIV GANDHI
COLLEGE OF DENTAL SCIENCES & HOSPITAL

Department of Oral and Maxillofacial Surgery

PG ALBUM

DR NIDA AHMED

Academic Year 2015-2018



SRI
RAJIV GANDHI
COLLEGE OF DENTAL SCIENCES & HOSPITAL

CERTIFICATE

This is to certify that this **Post graduate Album** is a bonafide record of the work done by **Dr. Nida Ahmed** during her post graduation in the Department of Oral and Maxillofacial Surgery, Sri Rajiv Gandhi College of Dental Sciences and Hospital, Bangalore.

Date :

Dr. Akshay Shetty

Professor and Head of department

Department of Oral and Maxillofacial surgery

Sri Rajiv Gandhi College of Dental Sciences and Hospital, Bangalore.

Table of Contents

MAJOR CASES

1. Lefort I fracture.....	2
2. Pan Facial trauma.....	4
3. Retrogenia of mandible.....	7
4. Mandibular parasymphysis and left condylar fracture.....	9
5. Bilateral masseter hypertrophy.....	11
6. Bilateral fibrous TMJ ankylosis	13
7. Ossifying fibroma.....	15
8. Prognathic mandible and asymmetry of mandible.....	19
9. Keratocystic odontogenic tumour.....	26
10. Post traumatic deformity of right zygomatic arch.....	31
11. Keratocystic odontogenic tumour.....	34
12. Retrognathic mandible and short upper lip.....	38
13. Lefort I, right ZMC and right infraorbital fracture.....	41
14. Verrucous carcinoma of tongue.....	47
15. Carcinoma of maxillary alveolus.....	52

MINOR CASES

1. Bilateral maxillary impacted canine.....	56
2. Mucocele of lower lip.....	58
3. Submasseteric space infection.....	60
4. Dentigerous cyst.....	62
5. Edentulous space wrt 46.....	65
6. Oro antral communication wrt 26 region.....	67
7. Insufficient bone width for implant placement.....	69
8. Insufficient bone height for implant placement.....	73
9. Insufficient bone height for implant placement.....	76
10. Radicular cyst.....	80
11. Submandibular space infection.....	83

12. Impacted canine.....	85
13. Dentigerous cyst.....	87
14. Chin grafting.....	90
15. Autotransplantation.....	95

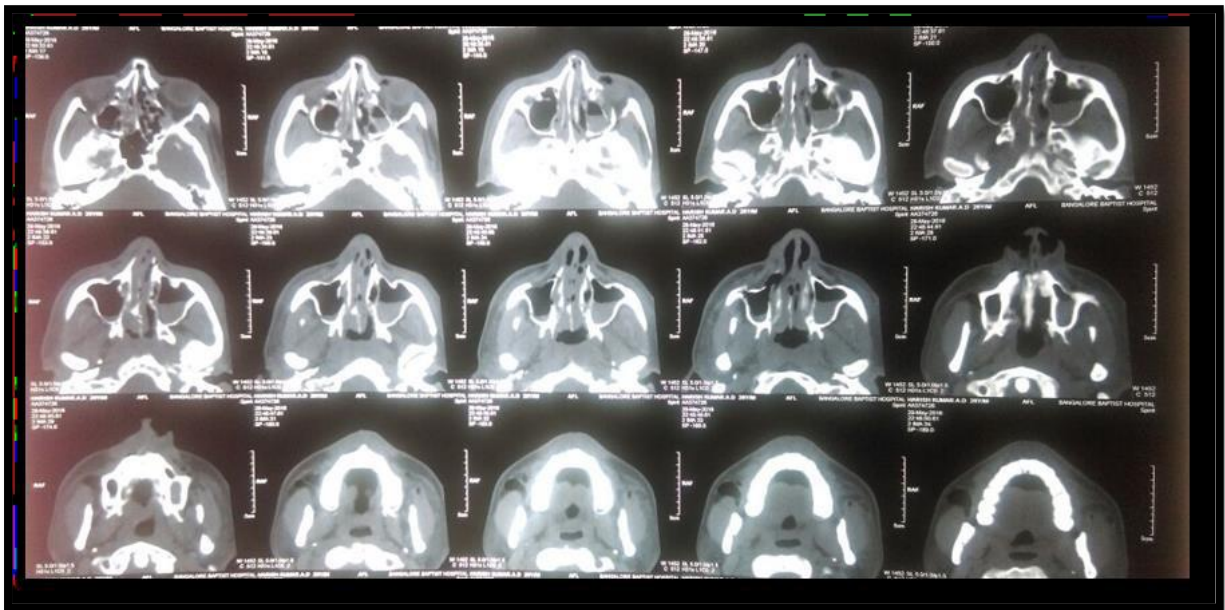
MAJOR CASES

Diagnosis

Lefort I fracture

Treatment done

ORIF under GA



CT Axial sections



Pre operative occlusion on right and left side



Vestibular incision given on right and left side



Exposure of the fracture sites and plating done on right and left side



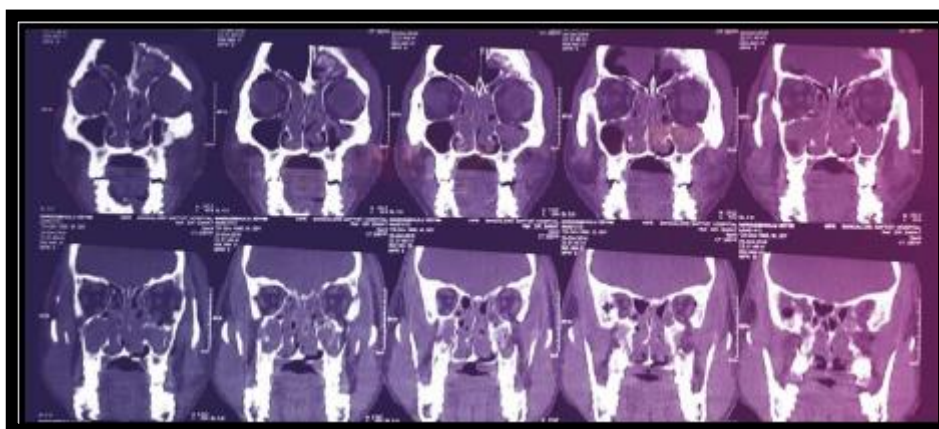
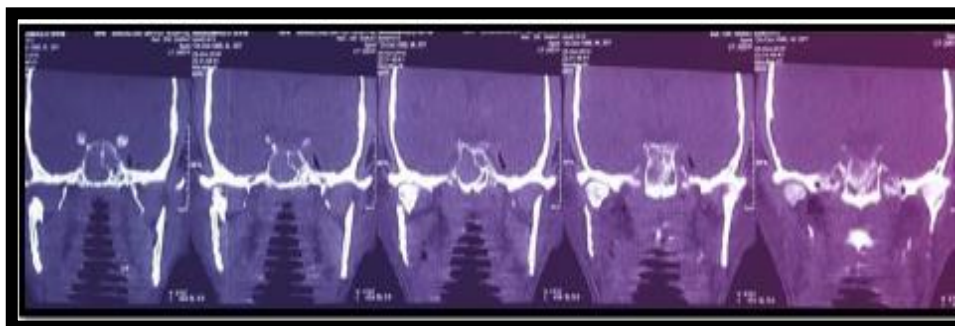
Post-operative waters view

Diagnosis – Pan facial trauma

Treatment done- Open reduction and fixation under GA



Pre-operative picture



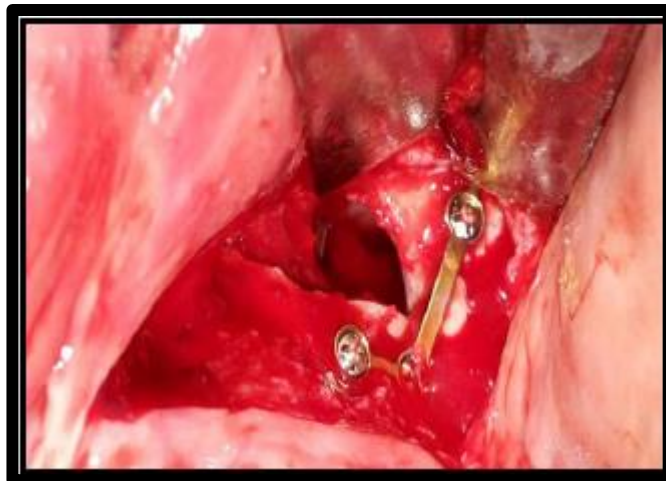
Coronal scans showing various fractures



Plating of right and left infraorbital rim



Plating of right and left lateral orbital rim



Plating of left zygomatic buttress



Mandibular symphysis plating



Post-operative waters view

Diagnosis- Retrogenia

Treatment done- Advancement genioplasty



Pre-operative images



Lateral cephalogram



Osteotomy marking



Osteotomy



Plating done using x shaped plates



Pre and post operative pictures

Diagnosis : Compound mandibular symphysis and left condylar fracture

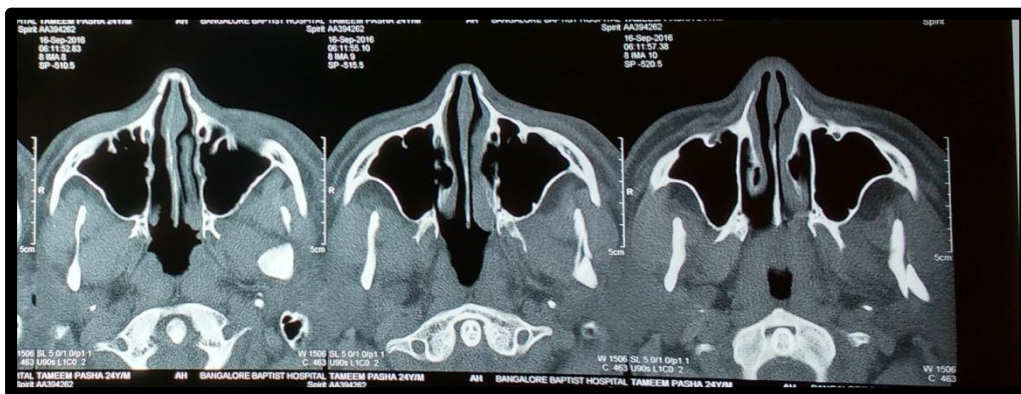
Treatment done : ORIF under GA



Pre operative picture



sublingual haematoma present



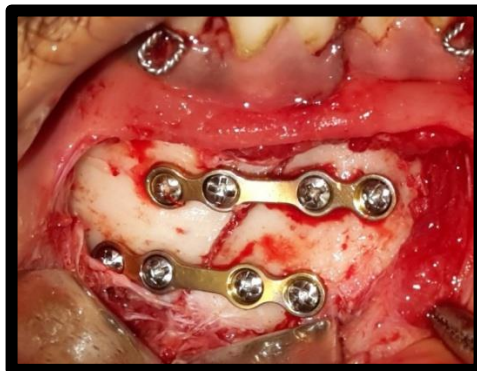
CT: (Axial view)



Fracture site exposed



Occlusion achieved on left and right side



Fractured segments reduced and plating done



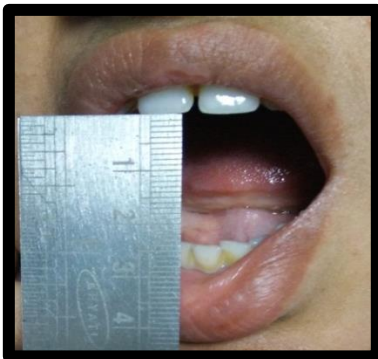
FOLLOW UP:(4th week)

Diagnosis : Bilateral masseter hypertrophy (R > L)

Treatment done : Bilateral surgical debulking of masseter muscle and surgical recontouring of right mandibular angle to achieve symmetrical appearance under GA.



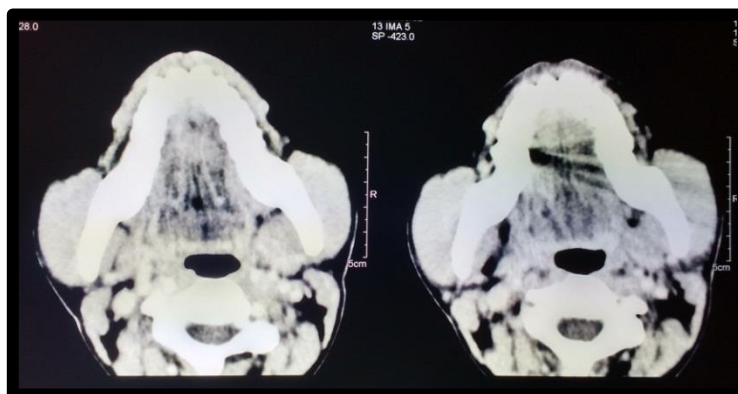
Pre operative pictures



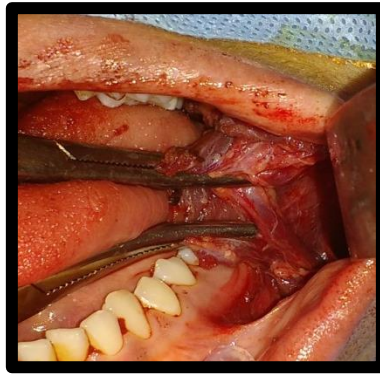
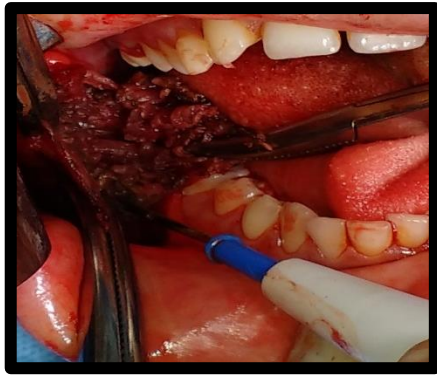
Reduced mouth opening



Presence of deep bite



CT Facial bones (axial view)



Debulking of right and left masseter muscle excess



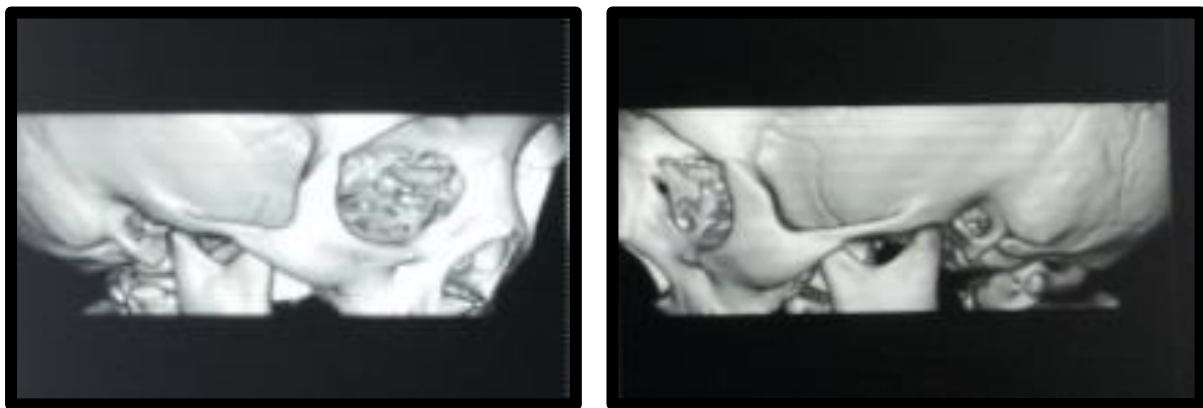
Post op OPG

Diagnosis :Bilateral fibrous temporomandibular joint ankylosis

**Treatment done : Left side condylectomy with B/L intraoral coronoidectomy
under GA followed by post surgical physiotherapy**



Pre operative pictures



Ct scan



Pre auricular incision given and Subcutaneous flap elevated



Post coronectomy active mouth opening of 40mm achieved



1 week post op

Diagnosis : Ossifying fibroma of left body of the mandible

Treatment done : Marginal mandibulectomy and chemical cauterization using carnoy's solution.



Pre operative picture



Pre operative intraoral picture



Pre operative OPG

CLINICAL DIAGNOSIS: Ossifying fibroma

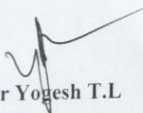
SITE AND SPECIMEN : irt 34,35,36,37,38


MACROSCOPY : multiple soft and hard tissue bits measuring around 8x6x5mm, 6x8x4mm, 8x7x6mm, 3x7x5mm, 2x10x3mm, 6x7x4mm, 11x10x8mm, 11x10x6mm, 3x13x4mm, 8x5x4mm and 6x3x2mm.

HISTOPATHOLOGIC FINDINGS: The H & E stained soft tissue sections shows connective tissue devoid of epithelium. The fibro cellular connective tissue is composed of numerous fibroblasts, collagen fibers and foci or spherules of cementum-like mineralised or calcified structures.

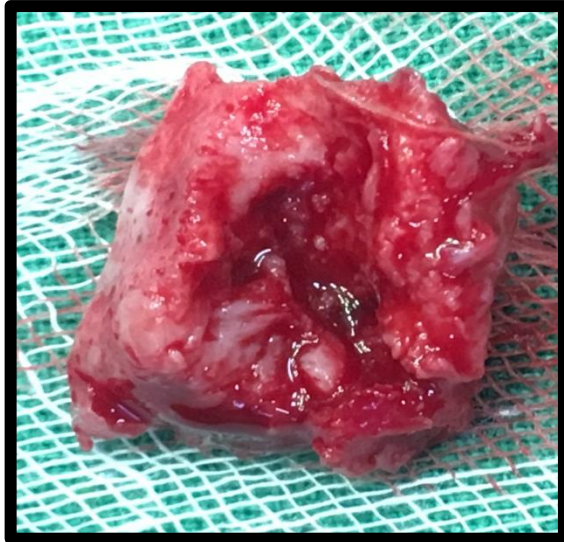
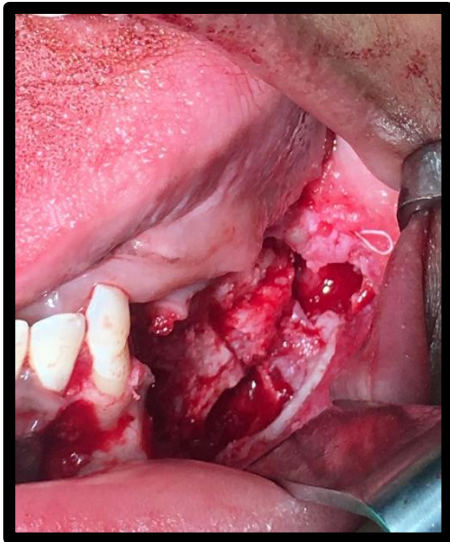
The H & E stained hard tissue sections shows irregular islands of bone consisting of osteocytes in lacunae and occasional osteoblastic rimming. The connective tissue shows irregular foci of cementum like tissue along with numerous proliferating fibroblasts and collagen fibers.

DIAGNOSIS: Ossifying Fibroma

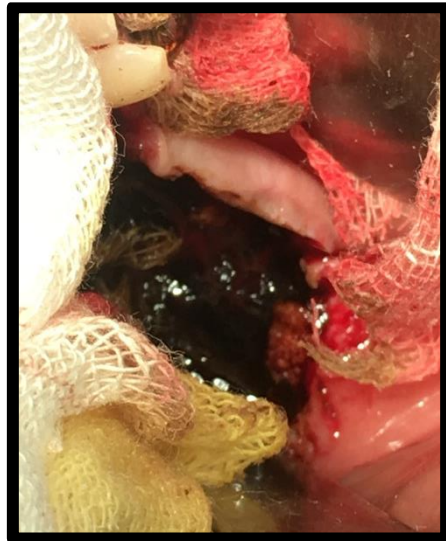

Dr Yogesh T.L
Professor
Dept Of Oral Pathology


Dr Hemavathy S
Prof & HOD
Dept Of Oral Pathology

Histopathological report



Enucleation of fibro osseous mass



chemical cauterization done using Carnoys solution



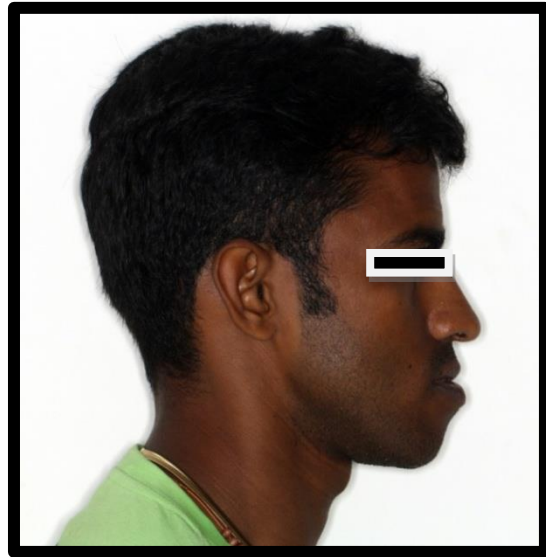
Post op day 6



Post op OPG

Diagnosis : Prognathic mandible and Asymmetry of mandible

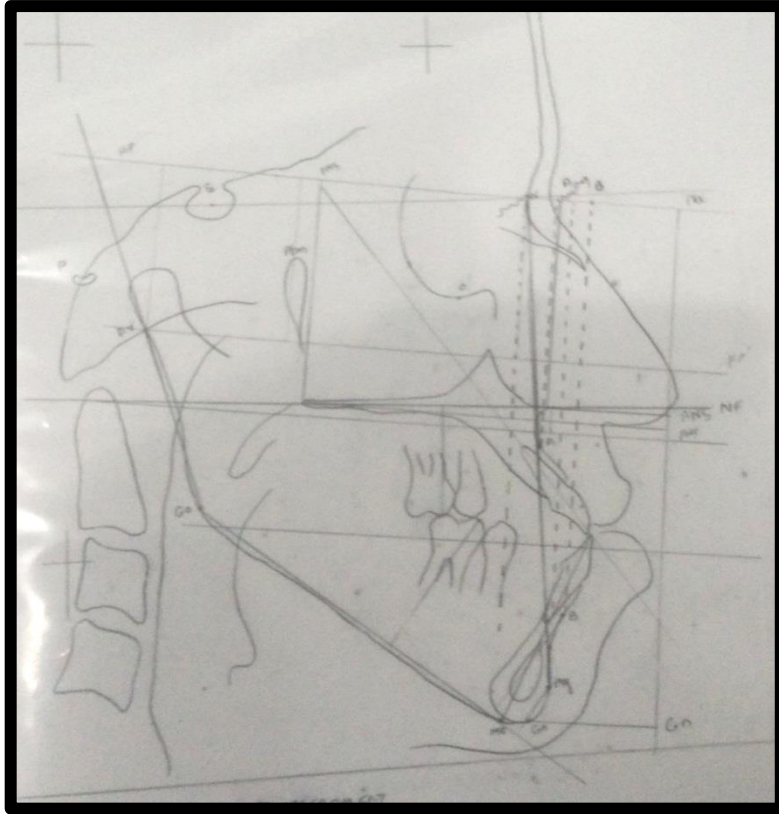
Treatment done : Lefort 1 maxillary impaction and mandibular setback by bilateral sagittal split osteotomy (Asymmetrical setback with more orientation to the left to correct the shift of the lower jaw & midline) and Advancement genioplasty.



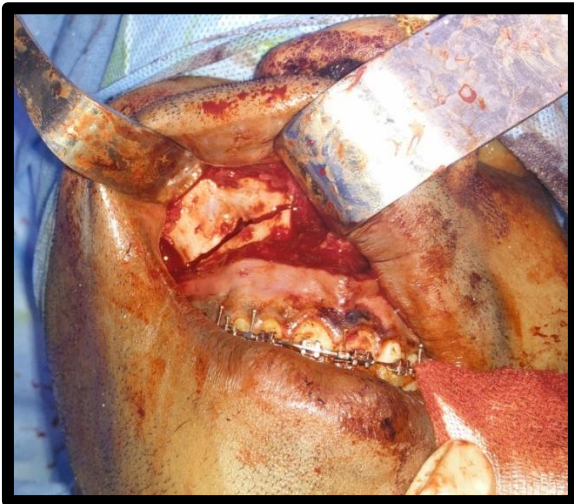
Pre operative extra oral pictures



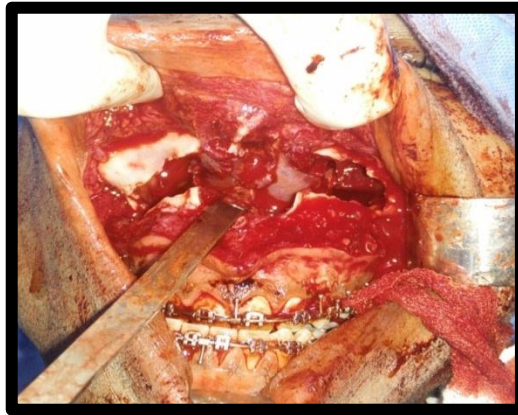
Pre operative intra oral pictures



COGS analysis



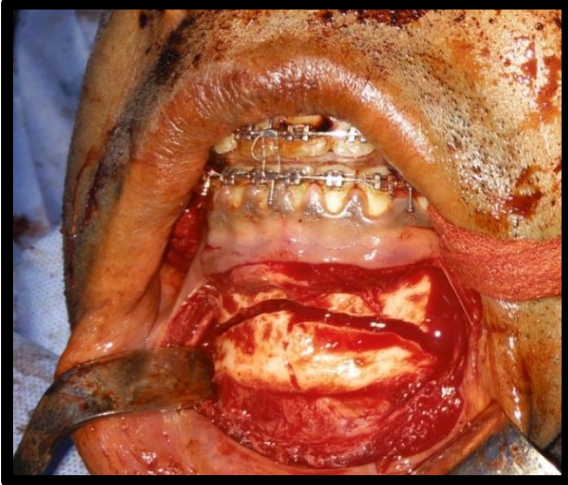
Lefort I osteotomy done



Maxillary superior impaction by 3mm advancement done by 5mm



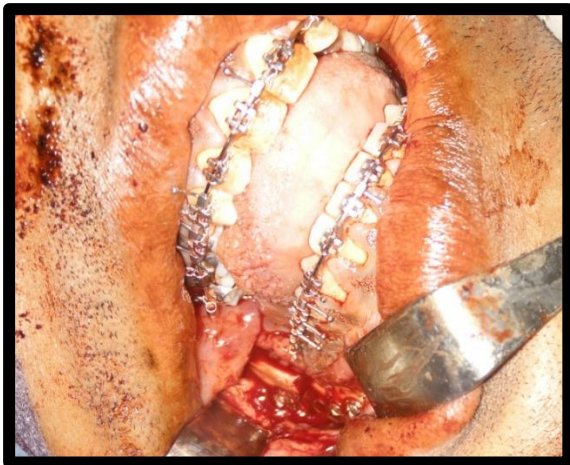
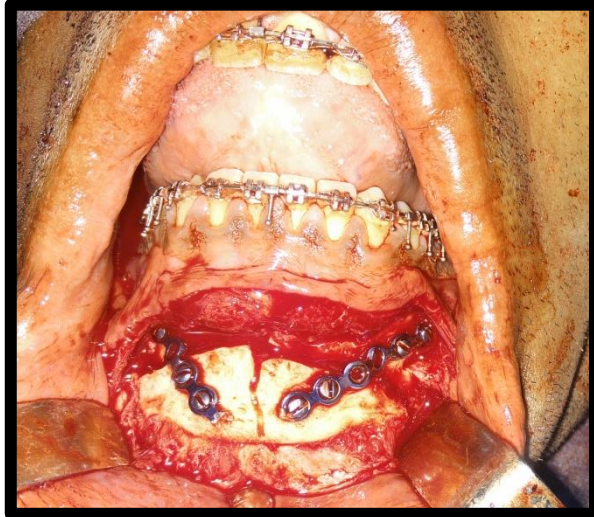
Bilateral saggital split osteotomy with 6mm setback on right side and 8mm setback on left side



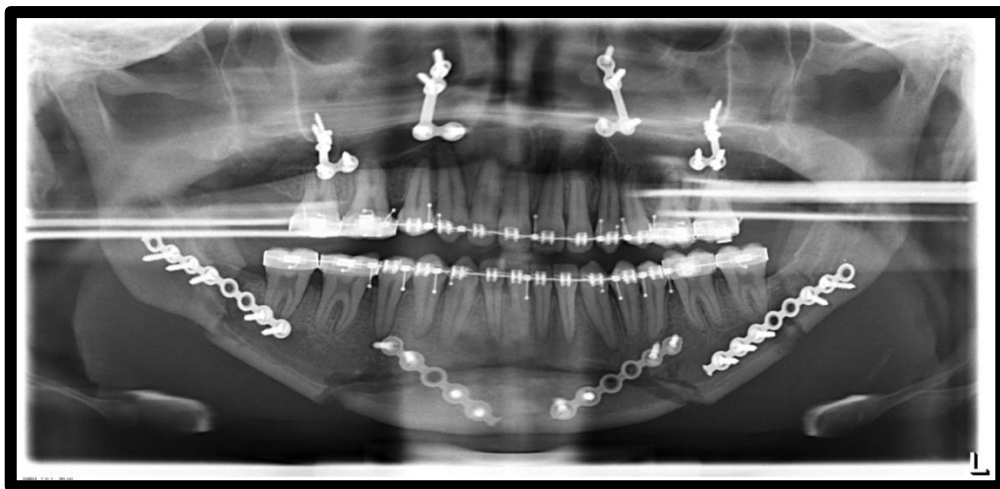
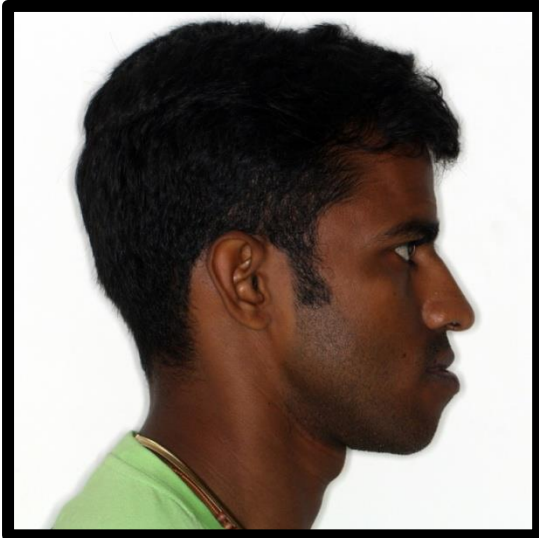
Advancement genioplasty of 5mm done



Plating done



Plating done



Post op OPG

Diagnosis : KCOT of the left mandible extending from 34 to the sigmoid notch.

Treatment : Surgical Excision of the lesion with a wide margin of around 1 cm Carnoys solution application post excision and reconstruction using Free Fibula osteocutaneous flap.





Pre operative extraoral pictures



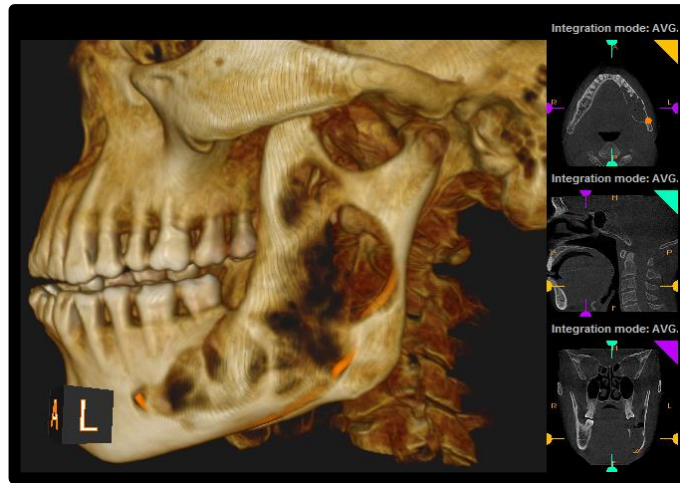
Intra oral picture



Pre operative OPG

HISTOPATHOLOGY REPORT	
Patient name :Gopal Reddy	Specimen received : 23-02-2016
Age/Sex : 62years/M	Report issued : 29-02-2016
Referred by : DR.AKSHAY	Biopsy No : HP-77/16
OP No : 145512	
CLINICAL DIAGNOSIS: KCOI	
SITE AND SPECIMEN -38	
MACROSCOPY - Three bits measuring 20x4mm, 12x3mm, 8x3mm.	
HISTOPATHOLOGIC FINDINGS - The H&E stained soft tissue section shows 6-8 layers of parakeratinized stratified squamous cystic lining with surface corrugation and flat interface of connective tissue wall with separation of the epithelium from the capsule and shows tombstone appearance. The basal cells are tall columnar with palisading arrangement of nuclei and reversal of nuclear polarity giving a picket fence appearance. The capsular wall shows moderately dense collagen fibers interspersed with few fibroblasts and chronic inflammatory cells infiltrate and endothelial cell proliferations.	
DIAGNOSIS - Keratocystic odontogenic tumor.	
 Dr. Yogesh T.L. Professor Dept Of Oral Pathology	 Dr. Hemavathy Prof & HOD Dept Of Oral Pathology

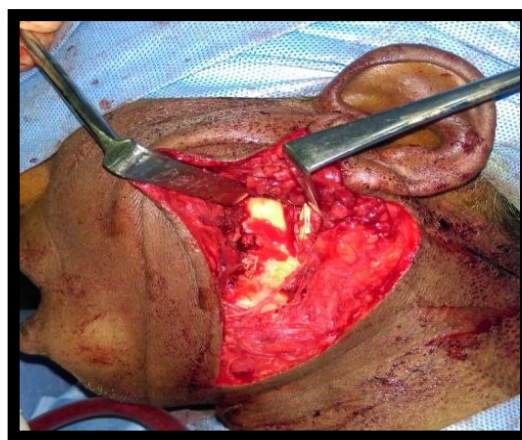
Histopathological report



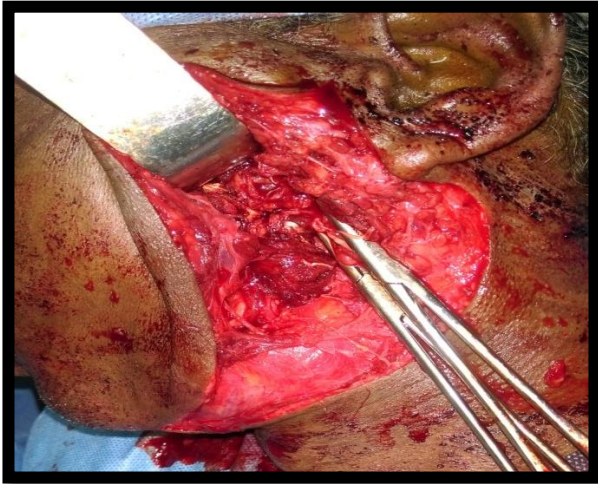
CT 3D reconstruction



Preauricular, Hinds and Risdon's Incision



Blunt dissection carried



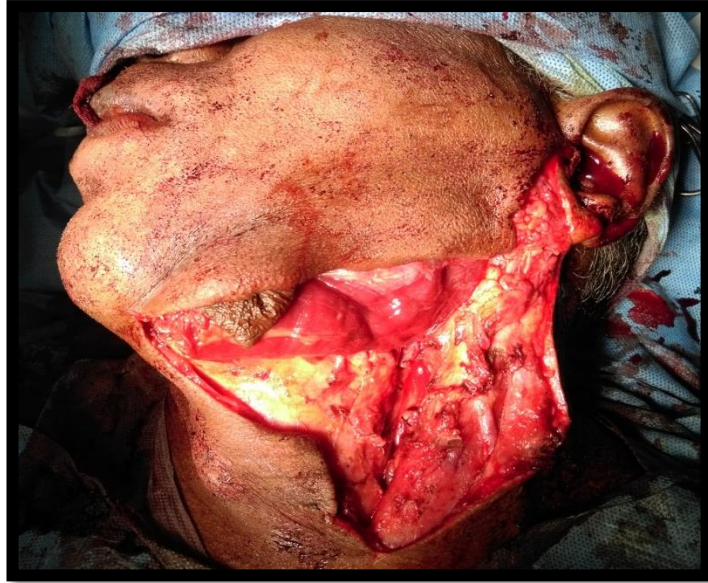
Resected Specimen



Donor site osteocutaneous graft harvesting



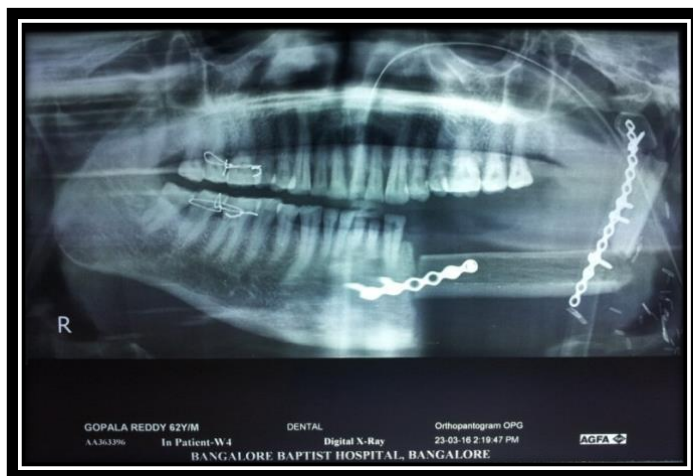
Contouring of the Fibula



Reconstruction of the defect



Post op follow up



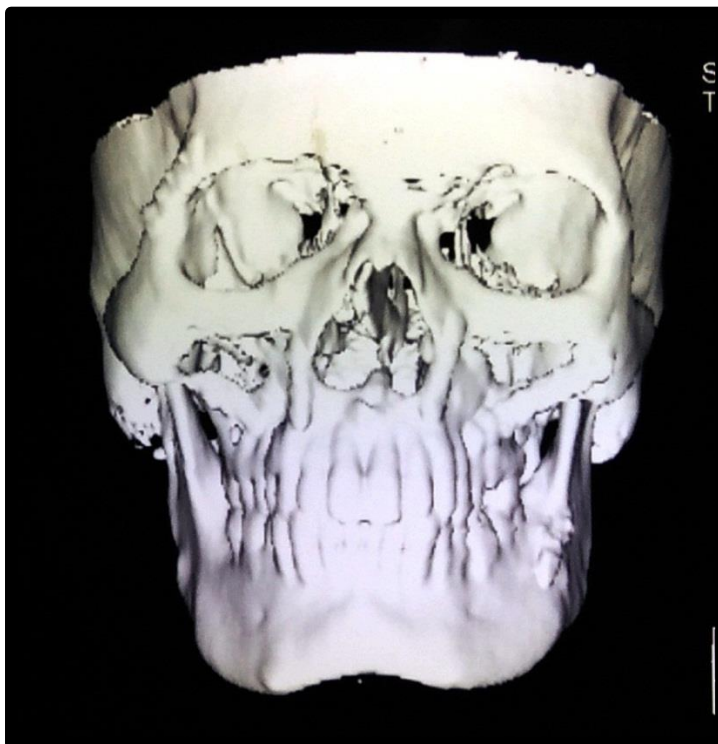
Post op OPG

Diagnosis : Post traumatic deformity of right zygomatic arch

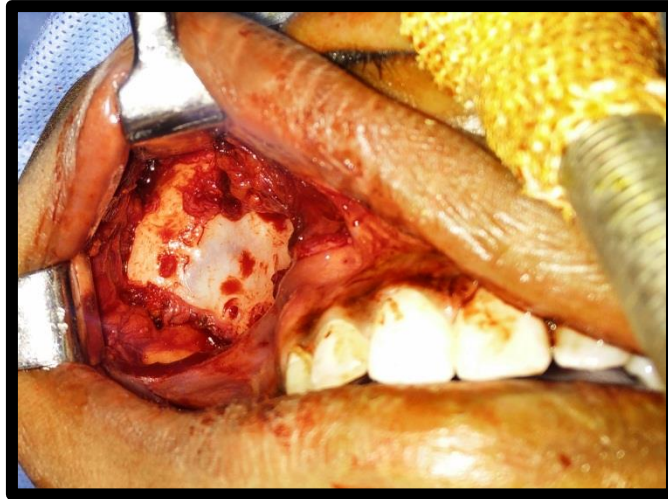
Treatment done : Reduction of right zygomatic arch projection



Pre operative pictures



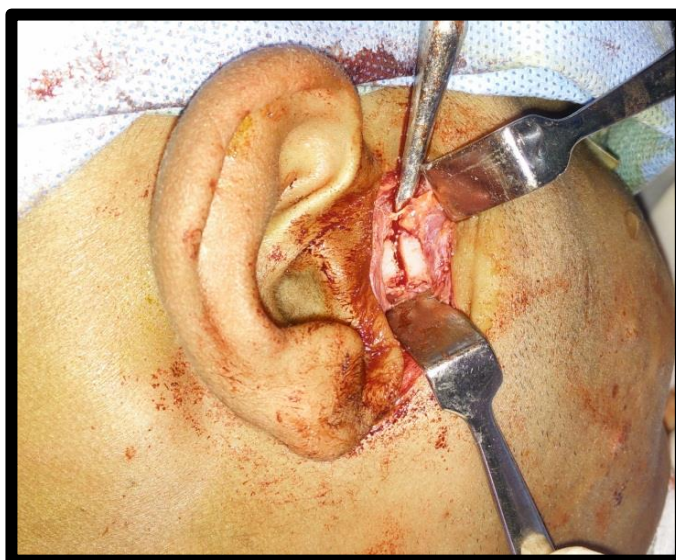
Pre operative CT 3D reconstruction



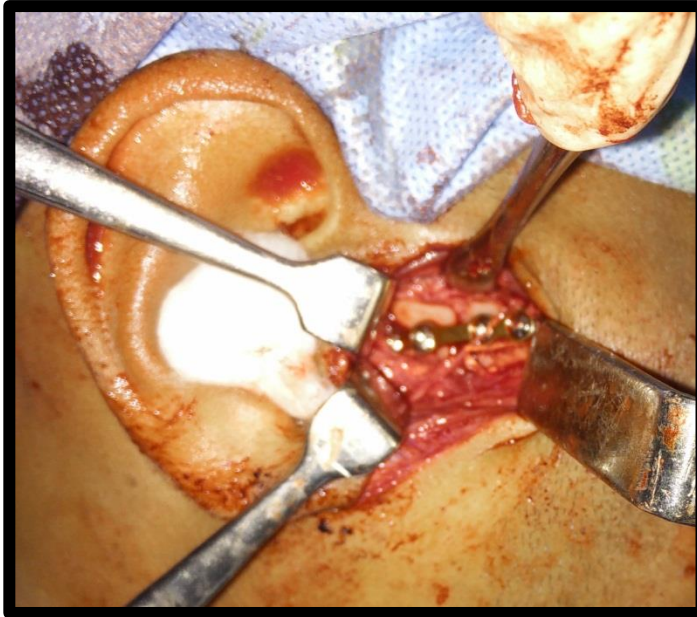
exposure of zygomatic buttress egion



Preauricular incision



Osteotomy done



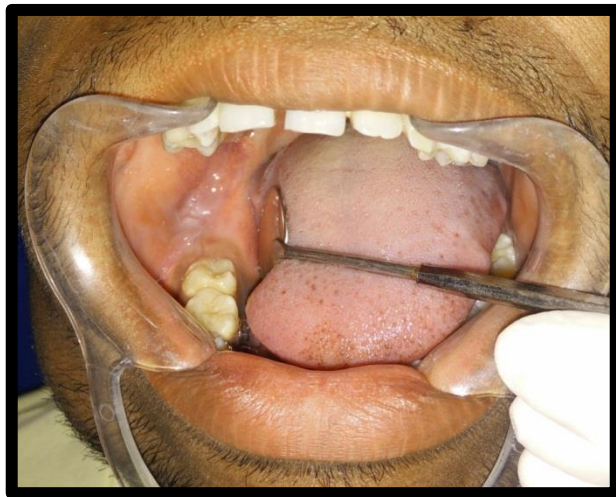
Reduction of right zygomatic arch followed by plating



Follow up

Diagnosis : Odontogenic keratocyst of right mandibular region

Treatment done : Hemimandibulectomy without disarticulation followed by reconstruction using reconstruction plate under GA



Pre operative extra oral and intraoral pictures



Pre operative OPG



Pre operative CT 3Dreconstruction

PATIENT'S NAME :	TAPAN ROY	AGE : 21 YRS	SEX :MALE
REFD. BY :	DR. A.HALDER		
DATE OF RECEIVED :	03/03/2017	DATE OF REPORT:	04/03/2017
SLIDE NO. :	C -37/17		

REPORT ON CYTOLOGY (FNAC)

SITE : Right mandibular swelling.

H/O : Swelling for 3 months.

O/E : Measuring 4.0 X 3.5 cm.

ASP : 5 ml yellowish fluid.

STAIN : MGG & PAP.

MICROSCOPY : Smears show scattered cyst macrophages, cholesterol crystals along with occasional inflammatory cells in a proteinaceous background.
No atypical/malignant cells found.

IMPRESSION : RIGHT MANDIBULAR SWELLING : CYTOLOGICAL FEATURES ARE OF BENIGN CYSTIC LESION.

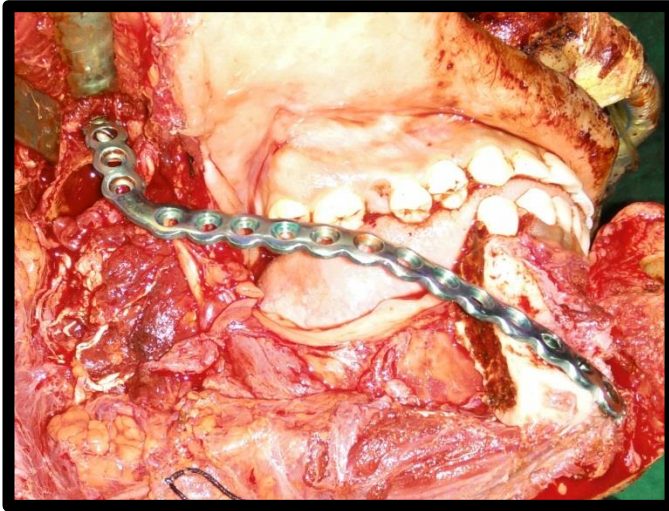
FNAC REPORT



**McGregor with submandibular
Hind's incision given**



**Mandibular angle and condylar head
region exposed**



Hemimandibulectomy done and reconstruction done using reconstruction plate



Post operative day 10



Post operative OPG

Diagnosis : Retrognathic mandible and Short upper lip

Treatment done : Advancement Genioplasty by 8mm under GA



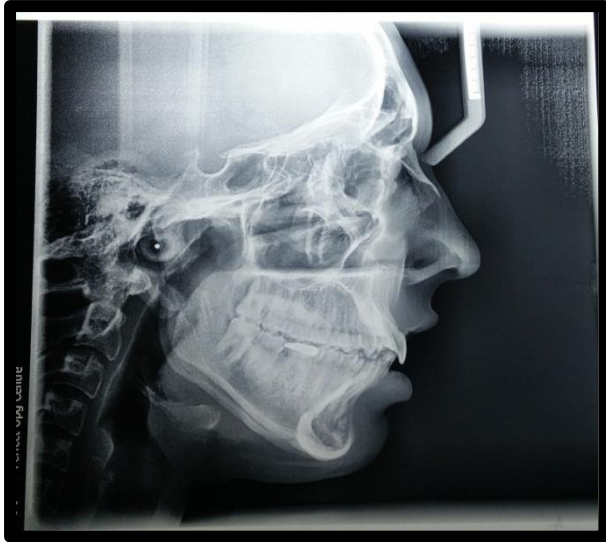
Pre operative extra oral pictures



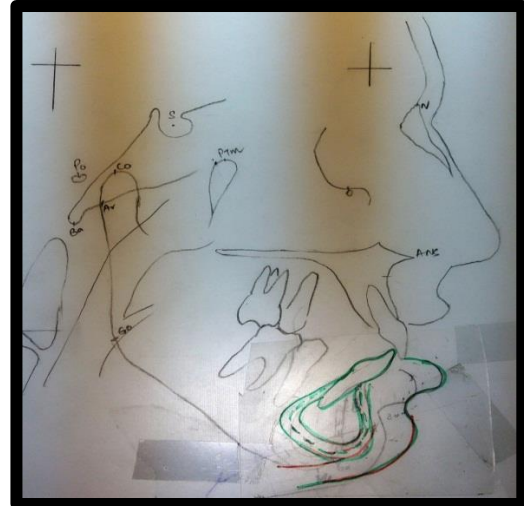
Presence of gummy smile



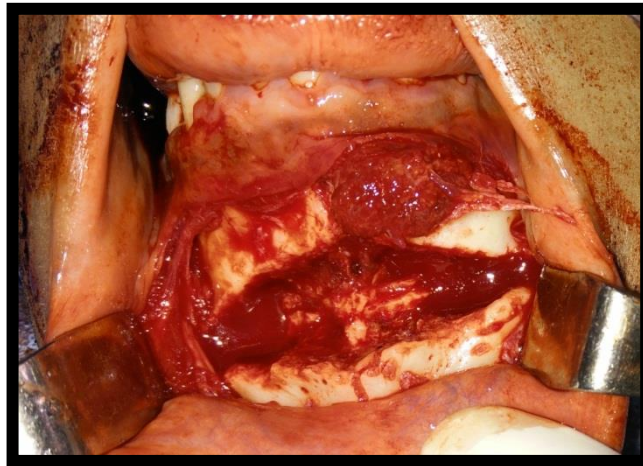
Occlusion



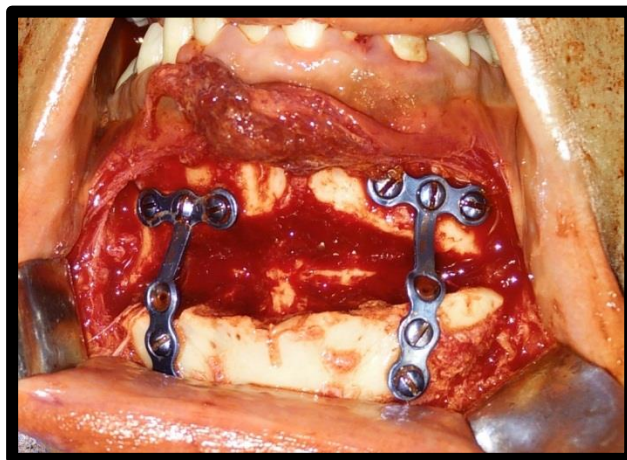
Lateral cephalogram



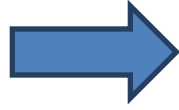
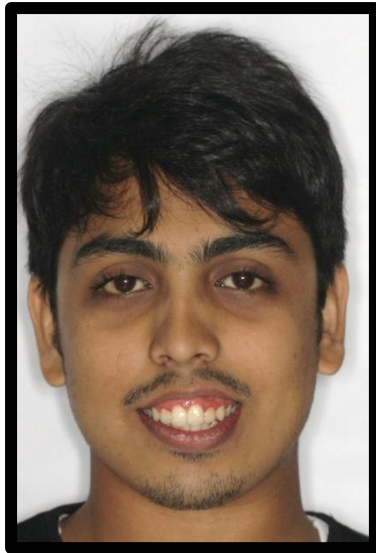
COGS analysis



Advancement done by 8mm



Plating don



Post op OPG

Diagnosis : Lefort I fracture, Right zygomatic complex fracture and Right orbital floor #

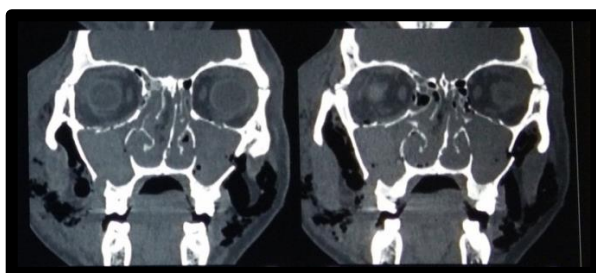
Treatment done : ORIF under GA



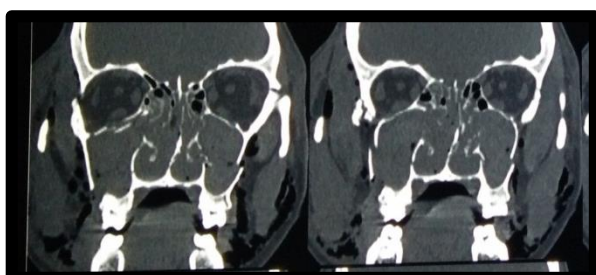
Pre operative picture

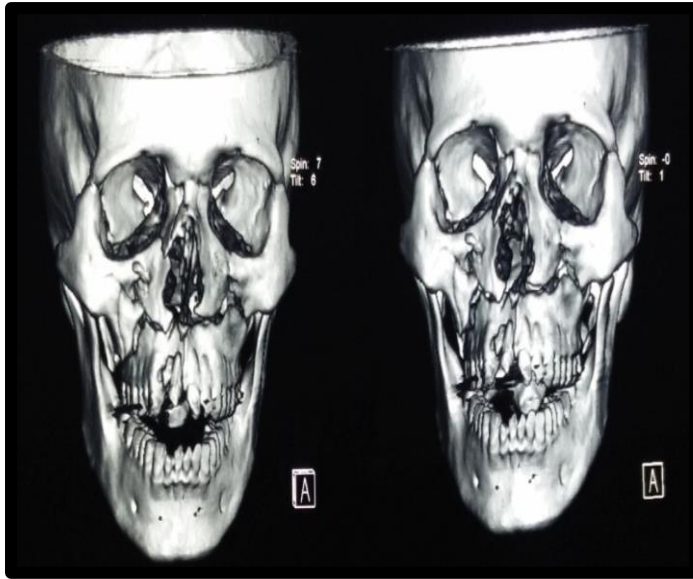


Presence of bilater open bite



CT SCAN





3D reconstruction



Right lateral eyebrow incision given and fracture site identified and reduced



Plating done

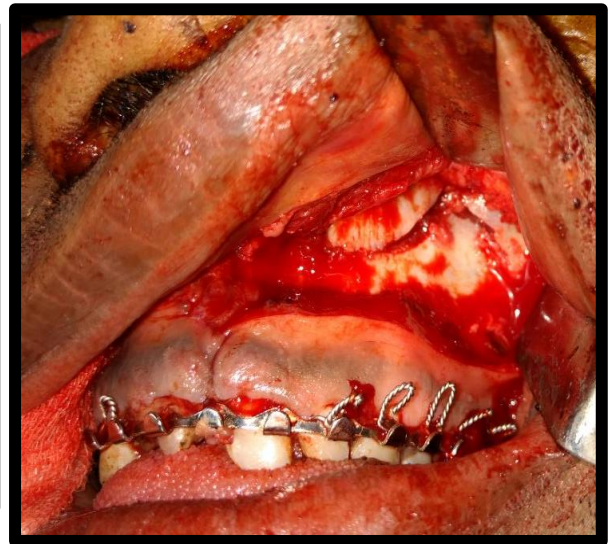
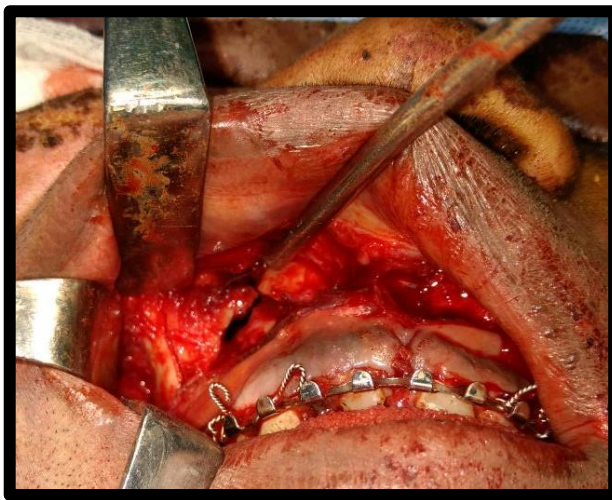


Right subciliary incision given and fracture site identified and reduced

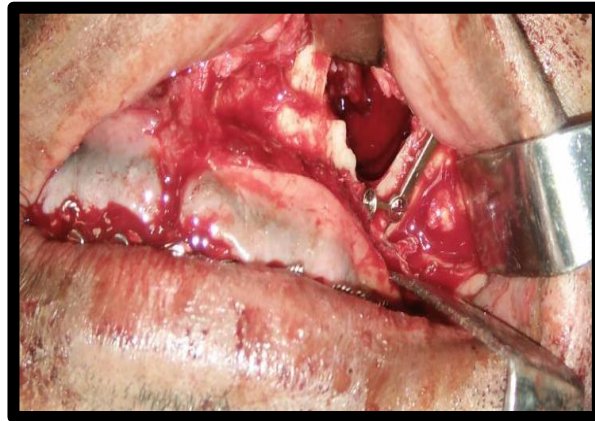
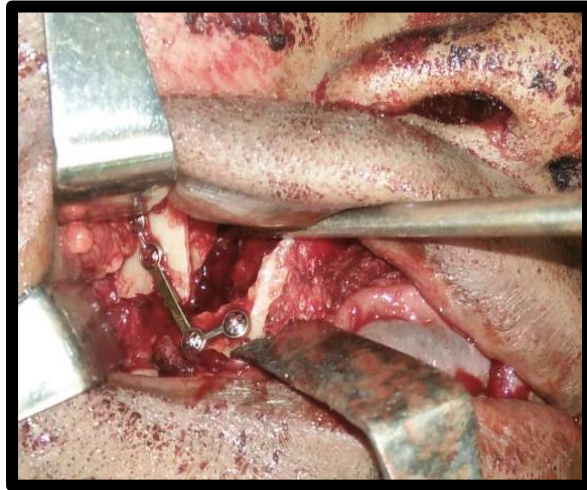




Plating done



Maxillary vestibular incision given extending from 16 to 26 and fracture site exposed



Plating done



Occlusion achieved bilaterally



Post operative picture



Post operative waters view

Diagnosis : Verrucous carcinoma of right lateral border of tongue(T2N0M0)

Treatment done : Wide local excision with SND



Pre operative extra oral pictures





Proliferative present growth on



right lateral tongue



Incisional biopsy done

 RAJIV GANDHI COLLEGE OF DENTAL SCIENCES & HOSPITAL	
 DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY HISTOPATHOLOGY REPORT	
Patient name : Gopal	Specimen received : 27-10-2016
Age/Sex : 49years/ male	Report issued : 8-11-2016
Referred by : Dr. Akshay (OMFs)	Biopsy No : HP-329/16
OP No : 181305	

CLINICAL DIAGNOSIS: Verrucous carcinoma

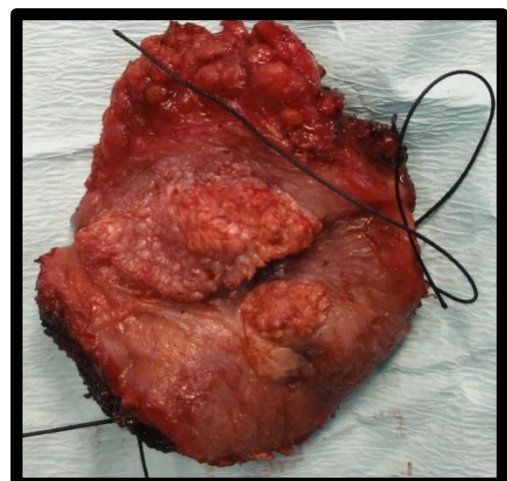
SITE AND SPECIMEN : int right lateral border of tongue and floor of mouth

MACROSCOPY : one soft tissue bit measuring around 27x16x15 mm

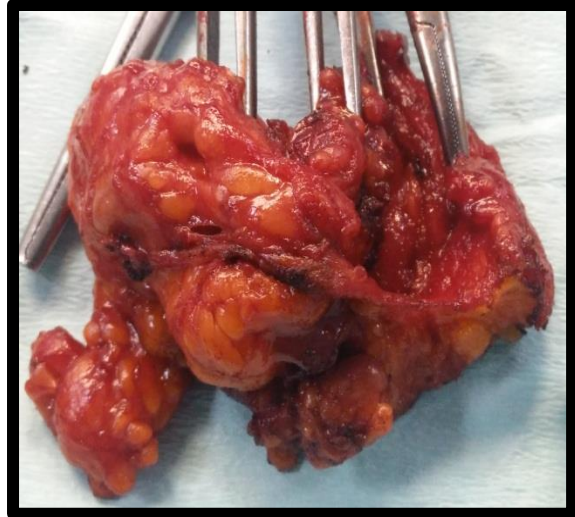
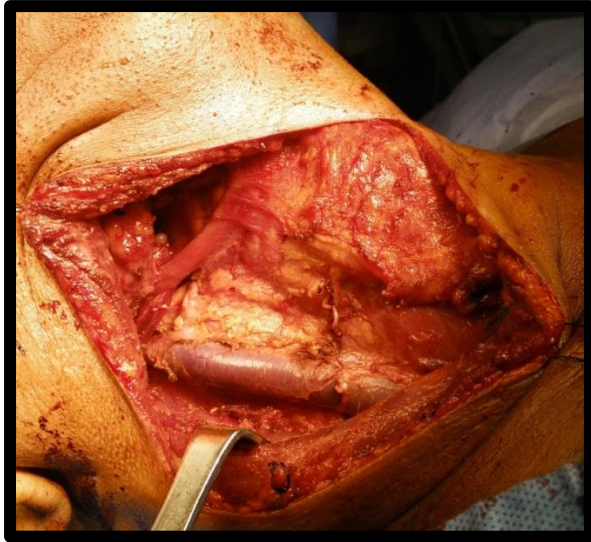
HISTOPATHOLOGIC FINDINGS: The H & E stained soft tissue section shows parakeratotic epithelium with thick papillary folds protruding into the underlying tissue forming keratin plugs. Epithelium has broad and pushing borders with acanthosis. Epithelium shows dysplastic features like cellular and nuclear pleomorphism, altered nucleo-cytoplasmic ratio, hyperchromatism, prominent nuclear membrane and nucleoli and mitotic figures. Underlying connective tissue shows mucular component in approximity. Focal areas of inflammatory cells. There is no evidence of invasion

DIAGNOSIS: Verrucous carcinoma

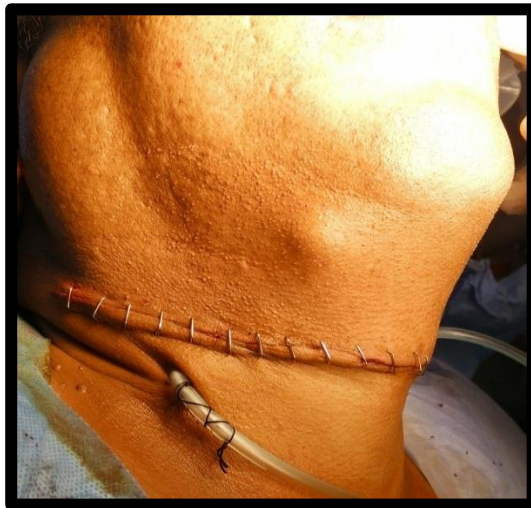
Histopathological report



Wide local excision done



Selective neck dissection done and level I,II,III and IV lymph nodes removed



Closure done and drain placed



Post operative day 10



Bangalore Baptist Hospital

Bellary Road, Hebbal, Bangalore - 560 024, India
Ph : 22024700 (15 Lines) Lab No. : 22024309 Fax : 080-23437970
E-mail : bbh@bbh.org.in Website : www.bbh.org.in

LABORATORY SERVICE

Name	GOPAL SINGH	MRD No.	AA403922
Referred By	MANJULA B V	Lab No.	IPORD0001640169
Age	49 Year(s) 0 Month(s) 28 Day(s)	Sex	Male
Ordered Date	07-Dec-2016 11:27:57AM	Reported on	13-Dec-2016 5:51:03PM
Collected Date	07-12-2016 1:45:12PM		

Test Result of Histopathology - Biopsy Oncology Specimen

Biopsy Oncology Specimen
Specimen Tissue in formalin
Analyte : Biopsy Oncology Specimen

Biopsy no. B-2726-16
Nature of Sample WLE right side tongue lesion.
Clinical information Carcinoma of tongue

GROSS :

- 1.) Wide local excision of right side tongue lesion, oriented by short anterior and long superior measures 5x4x2.5cm. Mucosa shows proliferative growth measuring 3x2.5x2cm. Closest skin cut margin is inferior margin, measures 0.5cm. Anterior mucosal cut margin is 1.5cm, Posterior mucosal cut margin is 0.5cm, Base is 1 cm away from growth.
 - 2.) Level I right neck nodes : Fatty tissue with submandibular gland measures 6x5x5cm. Three lymph nodes are seen. Largest measures 1cm. Gland measures 4x3x3cm. Cut section is unremarkable.
 - 3.) Level II, III, IV lymph nodes : Fatty tissue measures 8x6x3cm. Dissection shows 10 lymph nodes, largest is 2cm. Cut section is grey white.
- Sections :** Tumour with base in A, B, C, D. Posterior margin in E. Anterior margin in F. Superior margin G. Inferior margin in H. Level I nodes in J, K, L. Salivary gland in M. Level II, III, IV. Lymph node N, P, Q, R, S, T, U.
(Grossing is done by Dr. Balachandra)

MICROSCOPY :

Infiltrating squamous cell carcinoma of verrucous morphology.
Tumour infiltrates underlying stroma with chronic inflammatory infiltrate.
No perineural invasion. No lymphovascular emboli.
All mucosal margins and base are free of tumour.
Submandibular gland is unremarkable .
Level I nodes - four reactive nodes, free of tumor (0 / 4).
Level II, III, IV nodes - Ten reactive nodes, free of tumor (0 / 10).

IMPRESSION :

- Wide local excision of right side tongue lesion with selective neck dissection.
- **Verrucous carcinoma of tongue with reactive neck nodes.**
- Pathological stage : pT2 pN0.

Post operative histopathological report

Diagnosis : Carcinoma right maxillary gingivo buccal sulcus(T₂,N₁,M₀)

Treatment done : WLE +right selective neck dissection + radial forearm free flap / antero lateral thigh flap reconstruction under general anaesthesia.



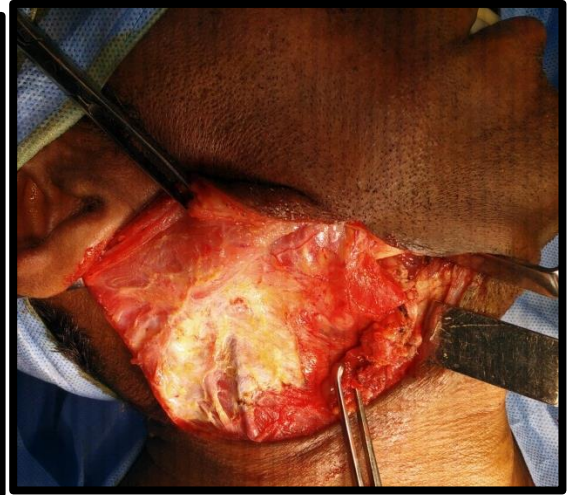
Pre operative extra oral pictures



Pre operative intra oral pictures



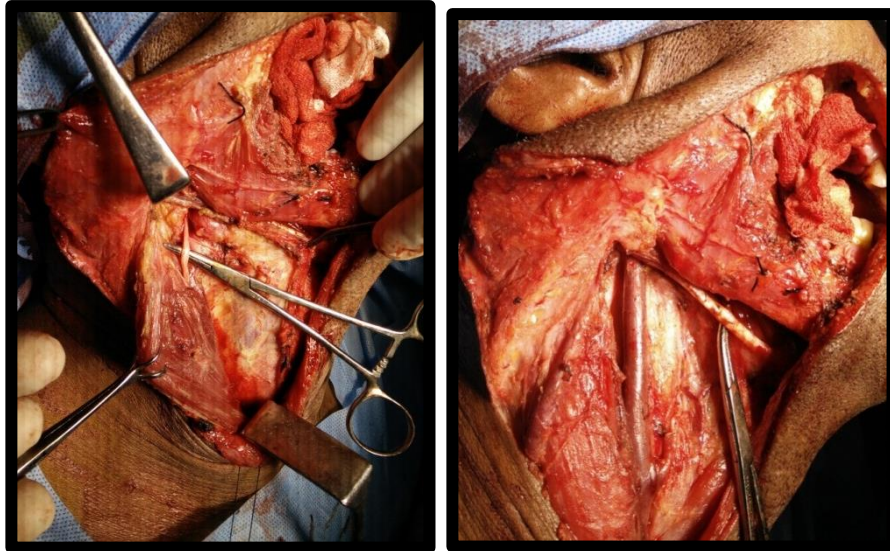
Pre operative OPG



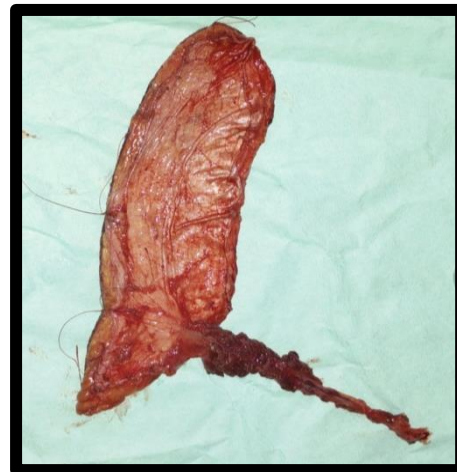
Incision given and subplatysmal flap reflected



Wide local excision done



Neck dissection (Level 1, 2, 3, 4) and Spinal Accessory Nerve Preservation



Anterolateral thigh flap harvest, transfer and closure

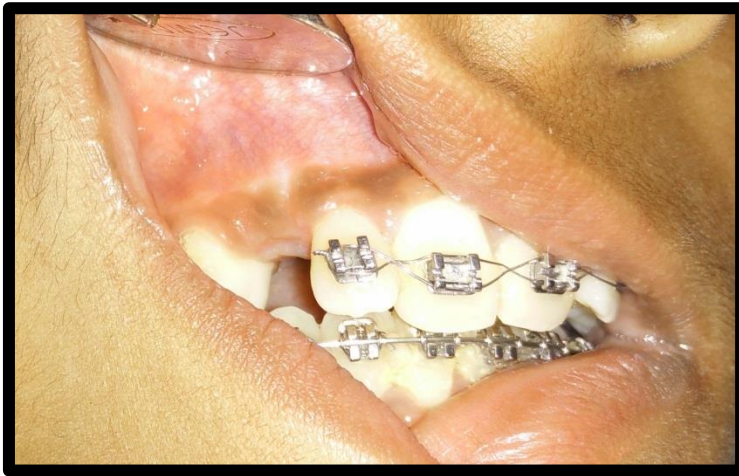


Closure with drain in place

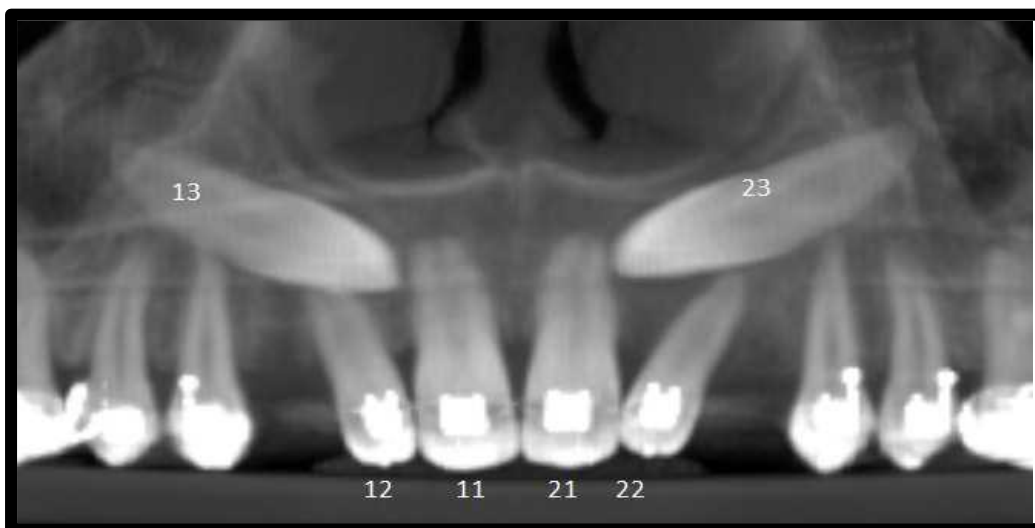
MINOR CASES

Diagnosis : Bilateral maxillary impacted canine

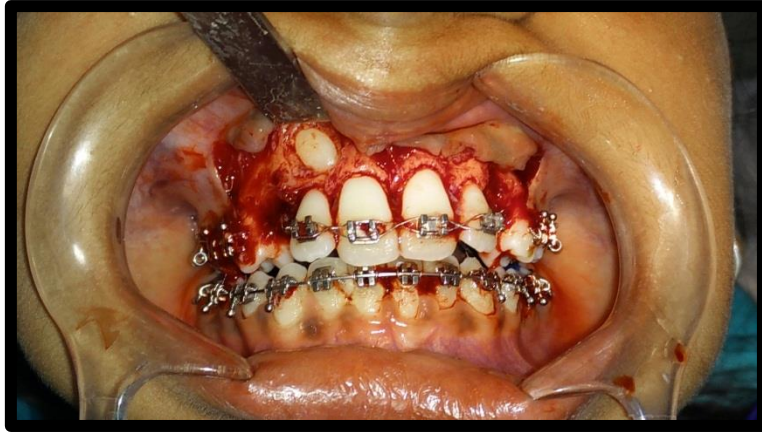
Treatment done : Canine exposure under LA



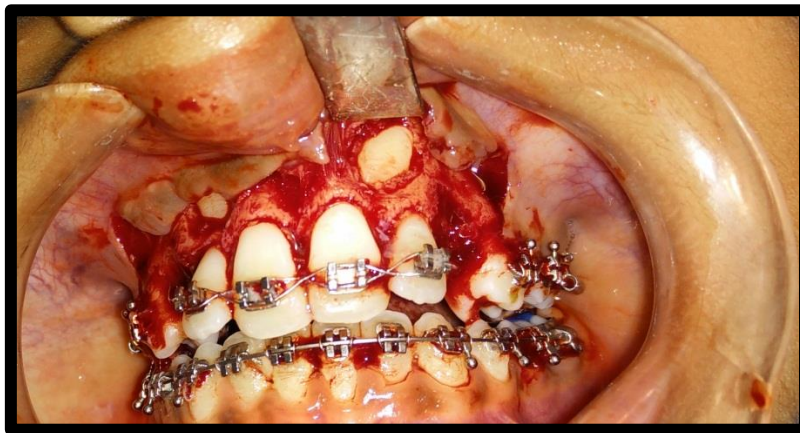
Pre operative picture



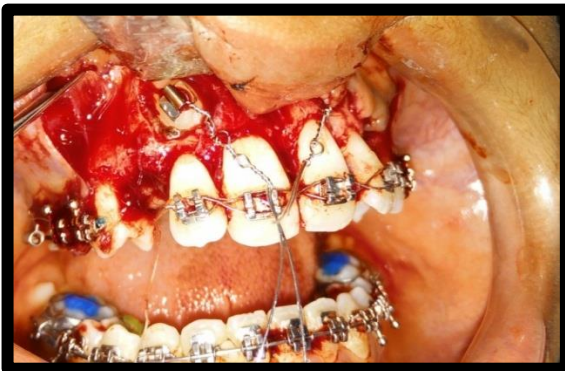
13 and 23 buccally impacted



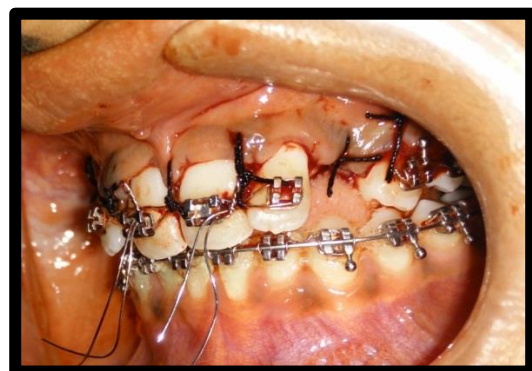
canine exposure on right side



Canine exposure on left side



Bonding done



Closure done

Diagnosis : Mucocele of lower labial mucosa

Treatment done : Excision of mucocele under LA



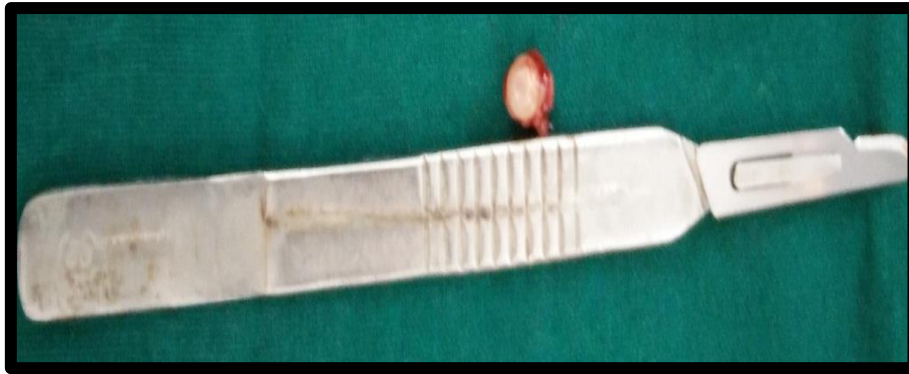
Pre operative picture



Mucocele of lower labial mucosa



Elliptical incision given



Mucocele was removed in toto



Closure done



Post operative 1

Diagnosis : Submasseteric space infection of right side

Treatment done : Hilton's Incision and drainage under LA



Pre operative picture



Pre operative OPG



Incision given on the most dependant part of the swelling and pus drained out



Follow up 1 week

Diagnosis :Dentigerous cyst irtunerupted 34 and 35

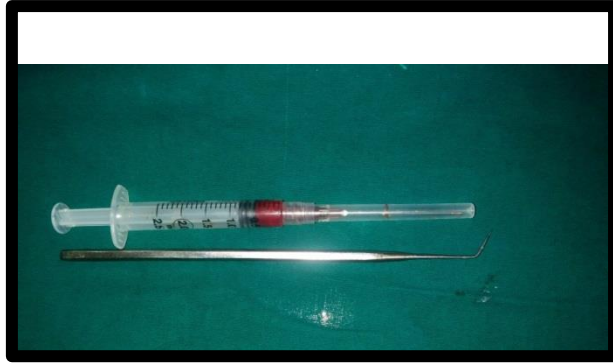
Treatment done : Marsupialization under local anesthesia



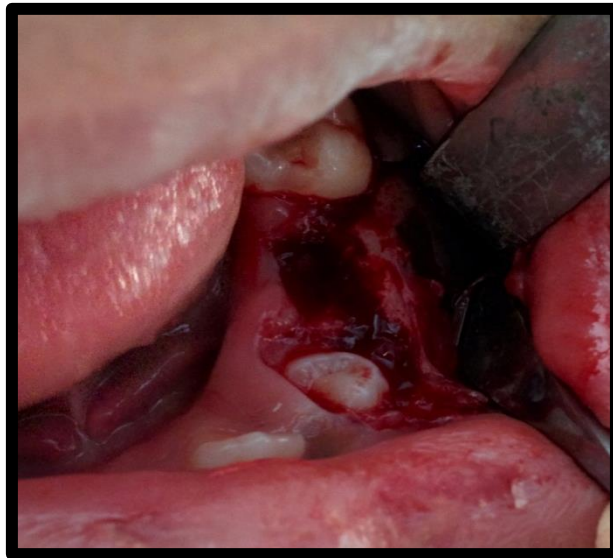
Pre operative extra oral picture and intra oral picture



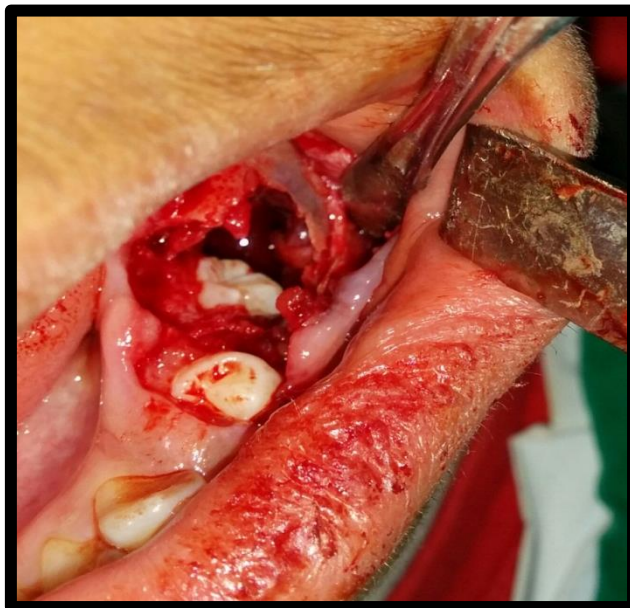
Pre operative OPG



FNAC reveals straw coloured fluid



Mucoperiosteal flap was elevated



Marsupialization don



Cotton gauze with betadine was placed into the socket and closure done



3 weeks post surgery



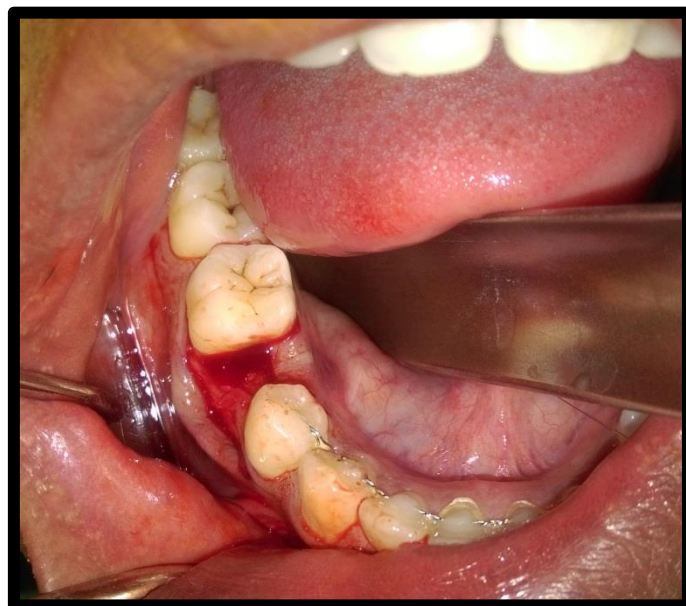
1 month post operative OPG

Diagnosis : Missing 46

Treatment done : Implant placement wrt 46



Pre operative extra oral and intra oral pictures



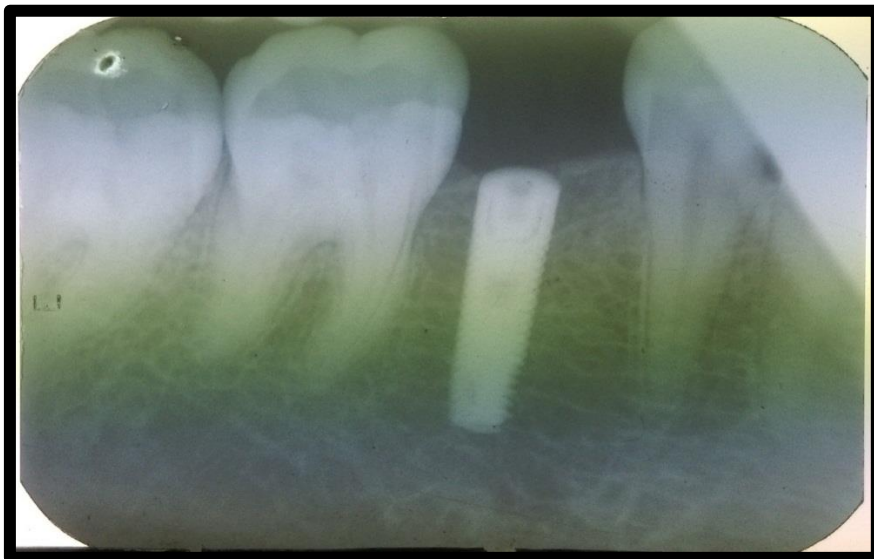
Incision given



osteotomy done



3.3X13mm implant placed



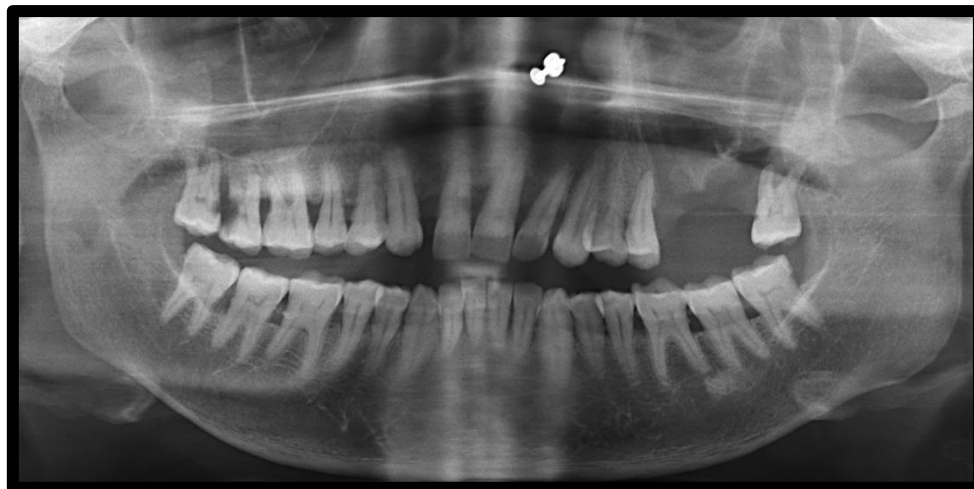
4 Months Post operative

Diagnosis : Oro antral communication wrt 26 region

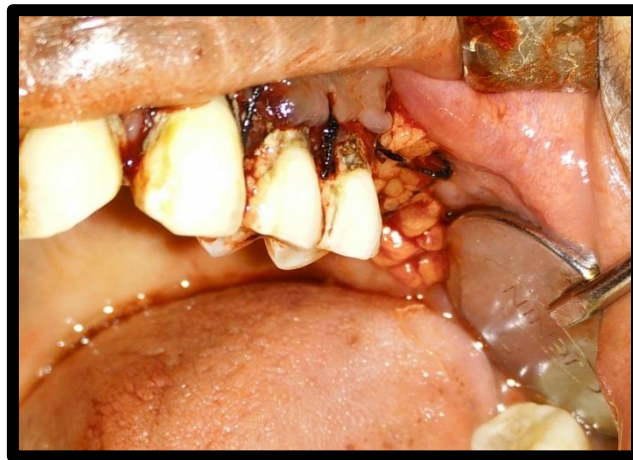
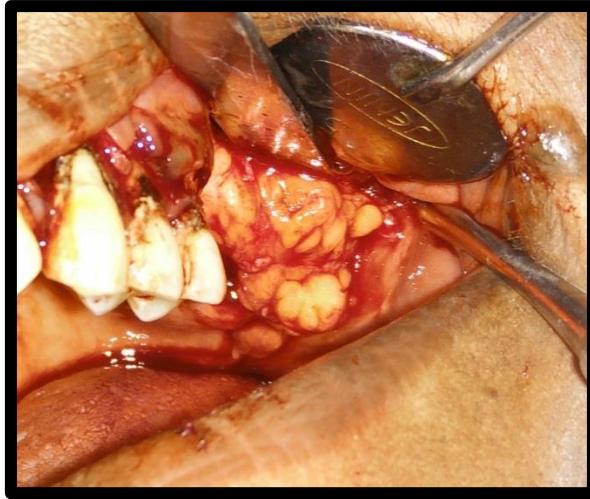
Treatment done : closure of ORAF using buccal pad fat under LA



Oro antral communication wrt 26 region



Pre operative OPG



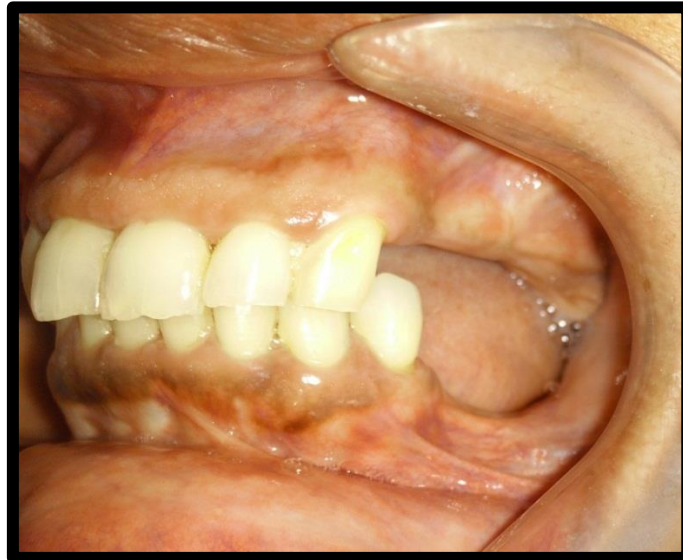
Buccal pad fat harvested and closure done



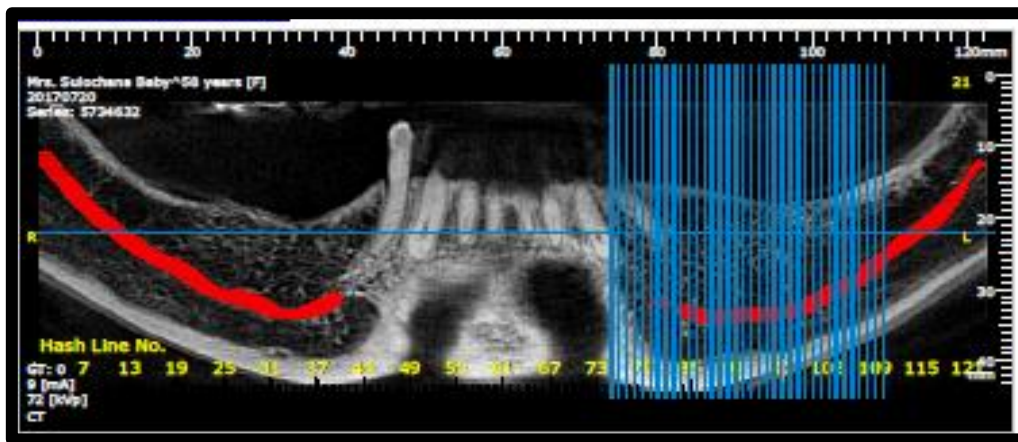
3 weeks post operative

Diagnosis : Insufficient width for implant placement wrt 35,36 region

Treatment done : Ridge split with immediate implant placement



Pre operative intra oral picture



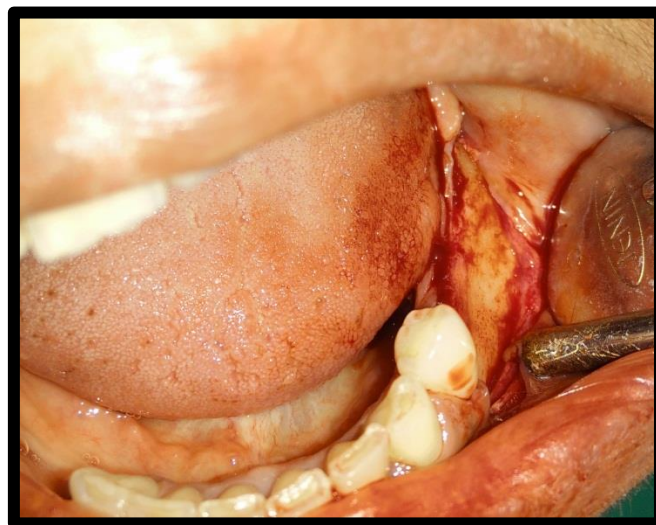
The measurements in the **region of 35 to 37** are as follows:

AREA	MEASUREMENTS	BONE QUALITY
Length from crest to superior margin of the mandibular canal Sections 84 to 105	10.83 mm to 14.87 mm	The residual alveolar crest is narrow and pointed in 35 region
Bucco-lingual measurements Sections 84 to 105	At 2mm from the crest (range) 3.39 mm to 7.20 mm At 4mm from the crest (range) 4.21 mm to 10.26 mm At 6mm from the crest (range)	The cortical margins are intact and well corticated with dense trabecular marrow spaces

	4.99 mm to 11.36 mm	Inadequate width D2 type of bone
--	---------------------	--------------------------------------------

VIRTUAL IMPLANT: Width augmentation required in premolar region. The

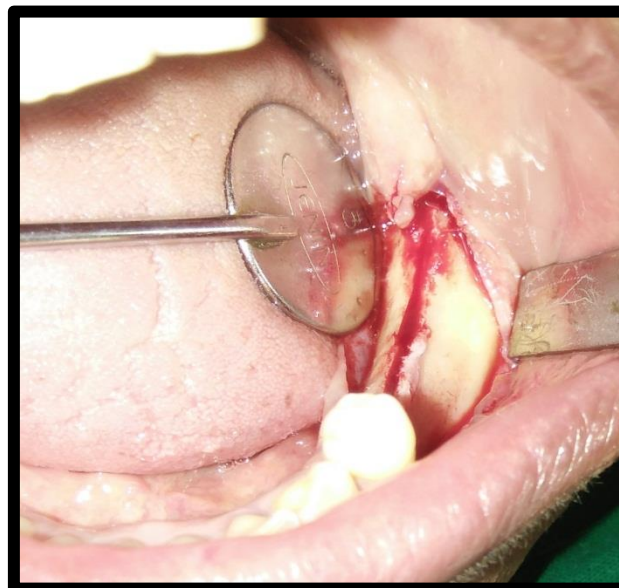
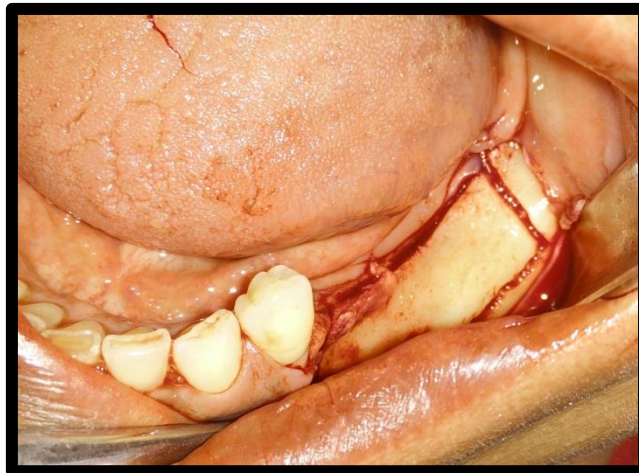
Pre operative CBCT Report



Incision given and flap reflected



Dentium kit used for ridge split and ridge expansion



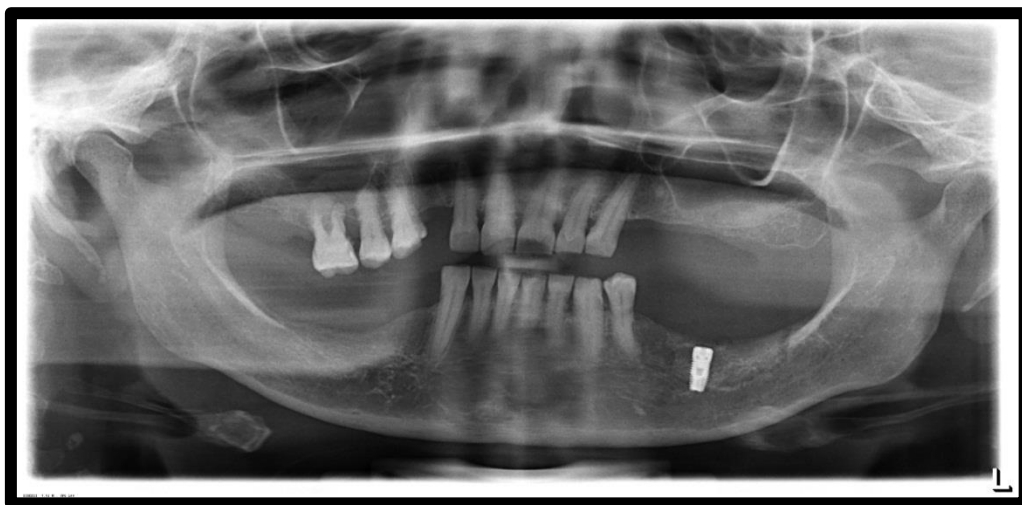
Ridge split done wrt 35 and 36 region



4.2X10mm implant placed wrt 36 region and collagen membrane placed



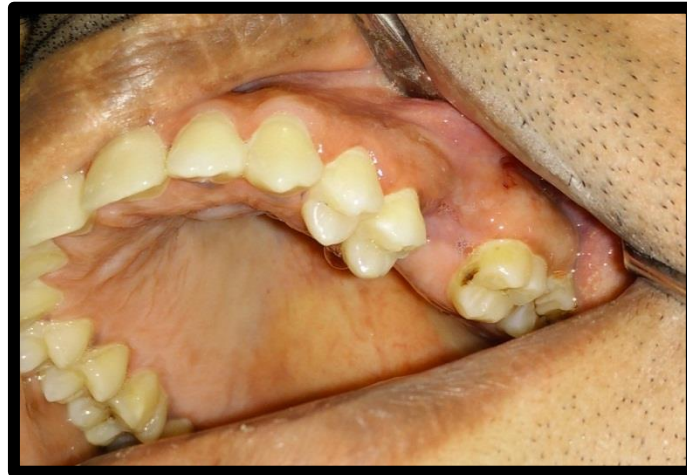
Closure done



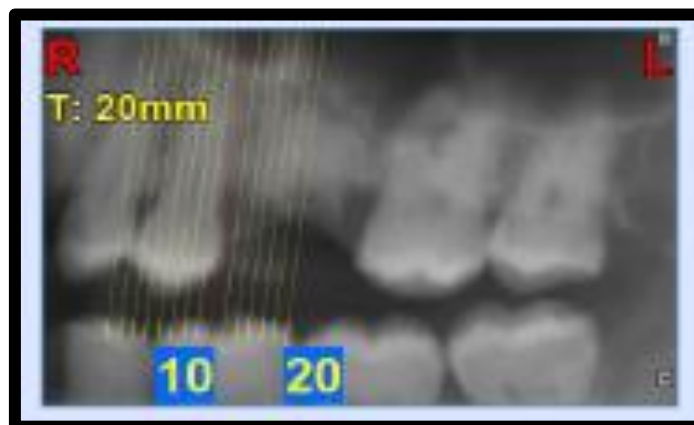
Post op OPG

Diagnosis : Insufficient height for implant placement wrt 26 region

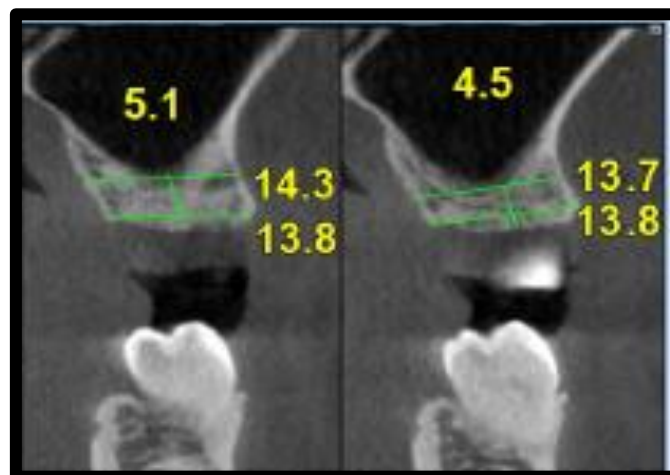
Treatment done : Direct sinus lift followed by bone graft and PRF placement done followed by implant placement after 6 months under LA

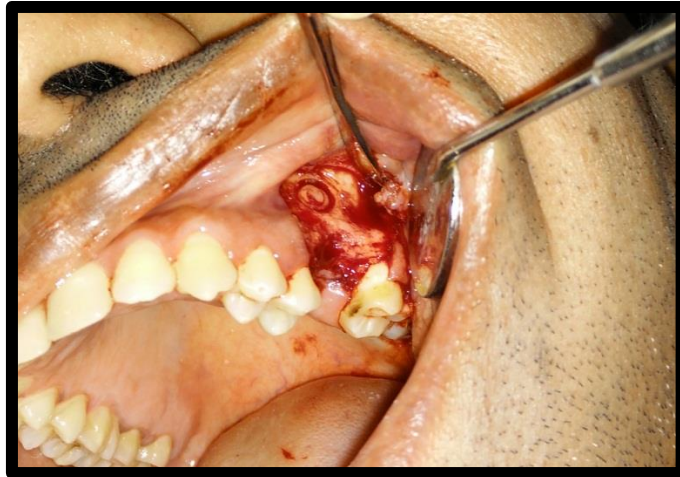


Pre operative intra oral picture



pre operative CBCT reports





Lateral window created wrt 26region



Hiossen lateral approach sinus kit used



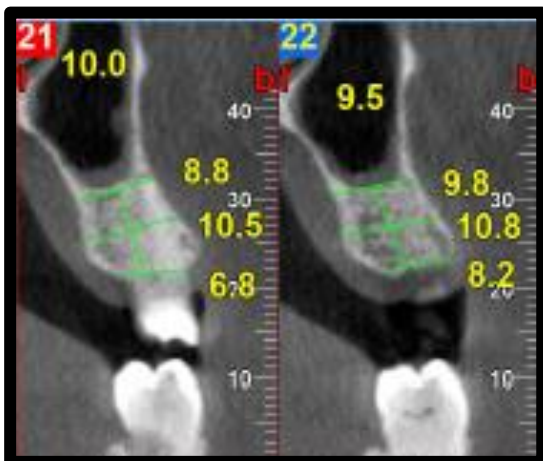
Sinus lift done



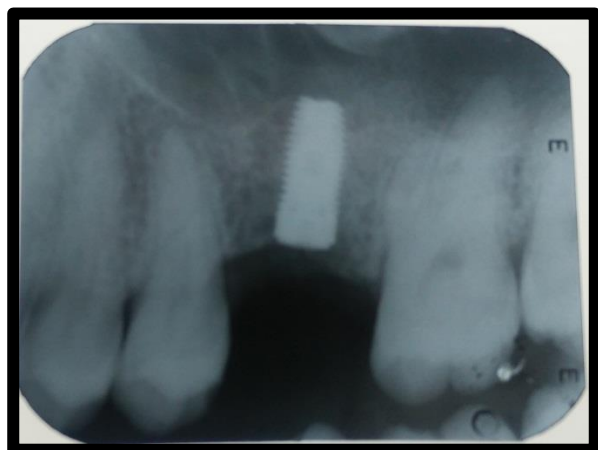
Novabonebone graft placed



Collagen membrane placed



6months post operative CBCT report



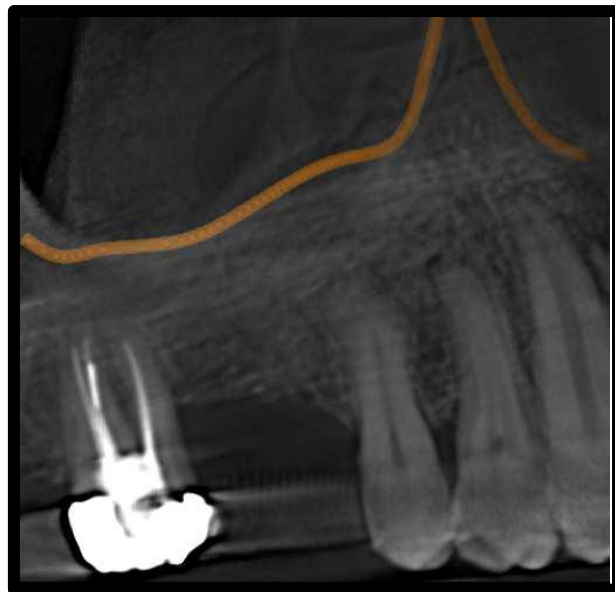
implant placed

Diagnosis : insufficient height for implant placement wrt 16 region

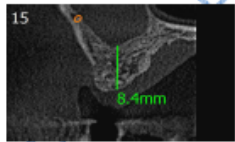
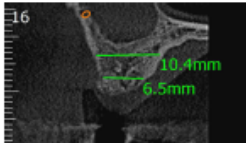
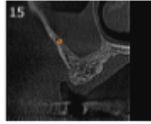
Treatment done : indirect sinus lift followed by immediate implant placement under LA



Pre operative extra oral and intra oral pictures



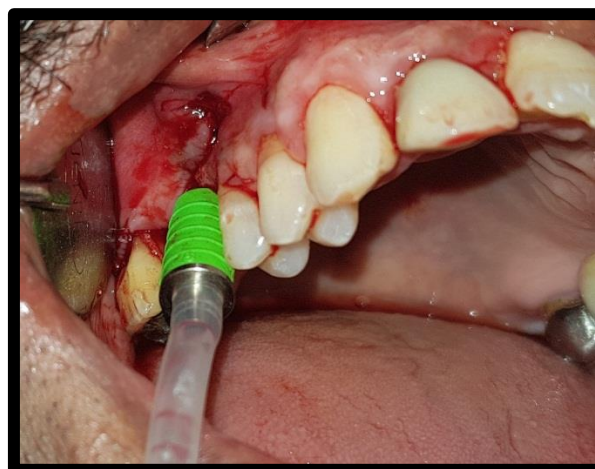
Pre operative CBCT report

Region	Length varies from	Length at the center of edentulous region	Buccopalatal width at 2mm, 6mm and 10mm from the crest.	Quality of the bone
16 region (slice 10 to 20)	7mm to 10mm	8mm (slice 15,16) <i>The height of the bone is measured from the crest to the floor of maxillary sinus.</i>  <i>The available height in this region is 8mm.</i> <i>The ridge is straight.</i>	At 2mm: 6mm 6mm: 10mm 10mm: ---- <i>The buccopalatal width is measured from the buccal cortical plate palatal cortical plate at 2, 6 & 10mm from the crest.</i>  <i>The width is around 6mm close to the crest and this gradually increases as we go apically.</i>	<i>Crestal bone:</i> is thin, moderately round and well formed.  <i>Buccal cortical bone:</i> is thin and intact. <i>Palatal cortical bone:</i> is resorbed till 3mm from the level of buccal cortical bone and is thin and intact. <i>Cancellous bone:</i> shows less dense trabecular pattern.

Pre operative CBCT report



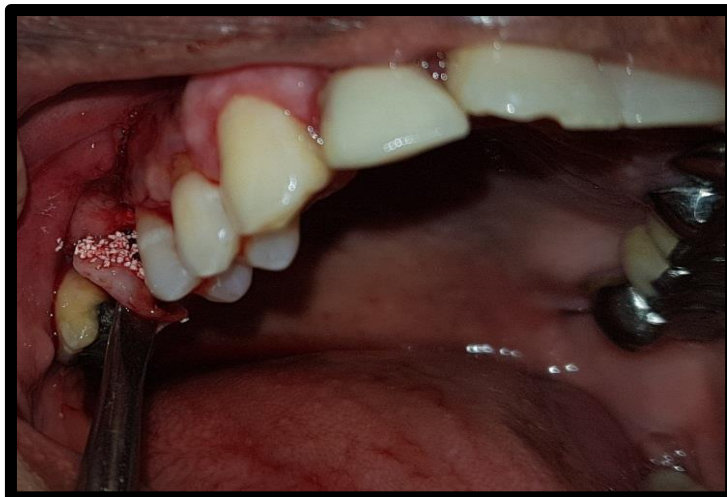
osteotomy done



Indirect sinus lift done using hydraulic pressure



Hiossen crestal approach sinus lift kit



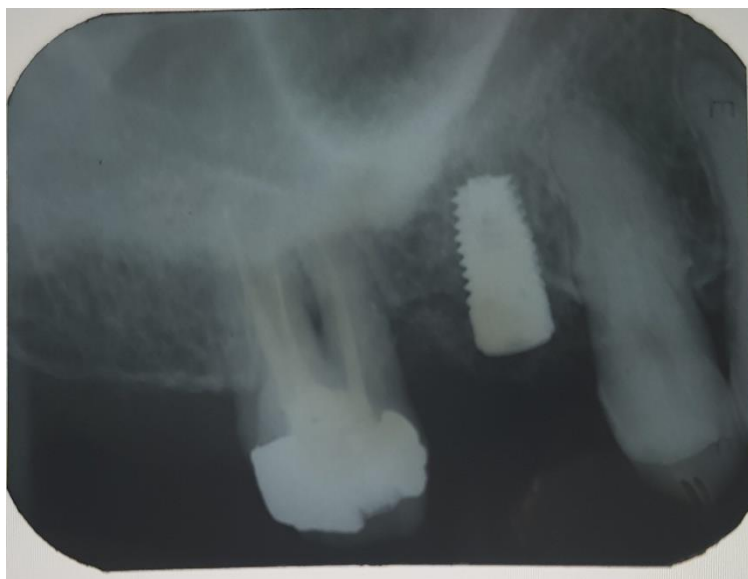
Bone graft mixed with PRF placed



Implant placed



Closure done



Post operative IOPA

Diagnosis : Radicular cyst wrt 21,22,23,24

Treatment done : Cystic enucleation followed by apicoectomy wrt 21,22,23,24 under LA



Pre operative extra oral picture



pre operative intra oral picture



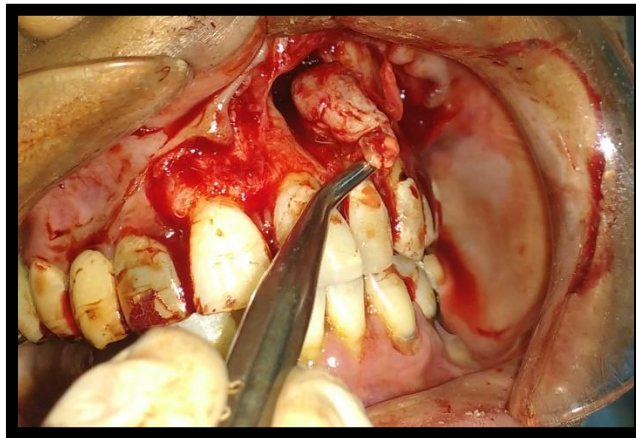
Pre operative IOPAR



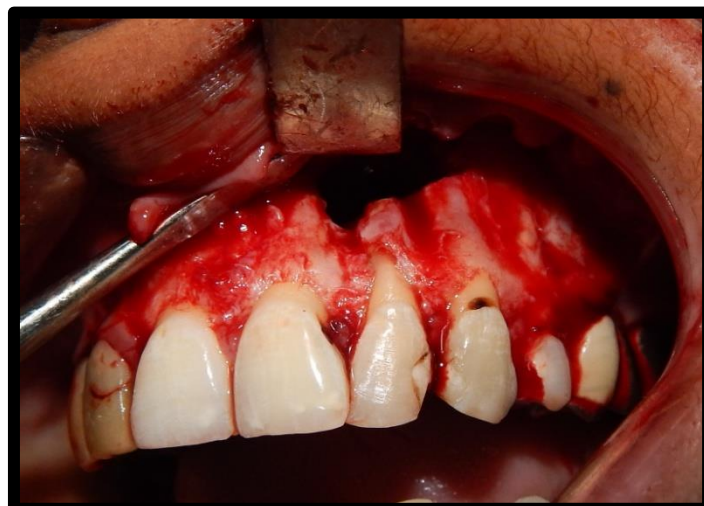
Pre operative CBCT



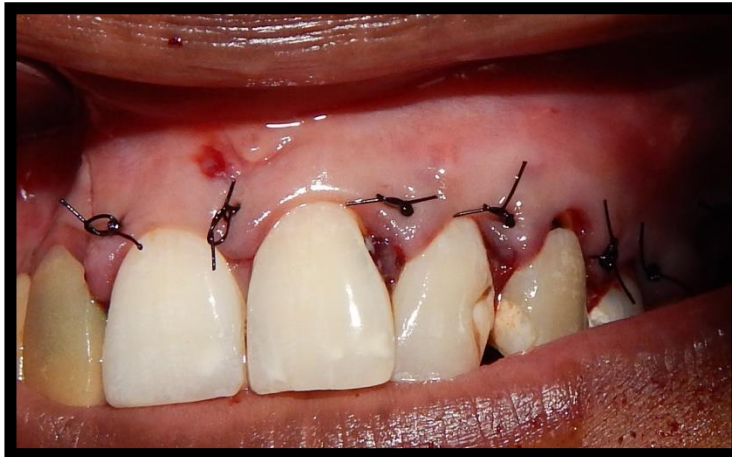
Flap reflected




Enucleation done




Apicoectomy done 22,23,24



Closure done



SRI RAJIV GANDHI
COLLEGE OF DENTAL SCIENCES & HOSPITAL



DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY
HISTOPATHOLOGY REPORT

Patient name : Savitha D	Specimen received : 31-12-2016
Age/Sex : 32years/ female	Report issued : 06-01-2017
Referred by : Dr. Adil (OMFS)	Biopsy No : HP-398/16
OP No : 178798	

CLINICAL DIAGNOSIS: Radicular cyst

SITE AND SPECIMEN : irt left maxillary labial region

MACROSCOPY : two soft tissue bits measuring around 22x14x4mm and 11x3x4mm

HISTOPATHOLOGIC FINDINGS:. The H & E stained soft tissue section shows parakeratinized stratified squamous epithelium in an archading pattern. The underlying fibrovascular connective tissue shows dense fibers interspersed with fibroblasts and fibrocytes, endothelium lined capillaries. Moderately infiltrated with chronic inflammatory cells predominantly lymphocytes. Cholesterol clefts are present.

DIAGNOSIS: Radicular cyst

Diagnosis :Submandibular space abscess i.r.t 46

Treatment done : Hilton's Incision and drainage followed by extraction i.r.t 46 under LA



Pre operative extra oral pictures



Pre operative intra oral picture



Incision given 1 cm below the lower border of mandible



About 12ml of pus expressed out using sinus forceps



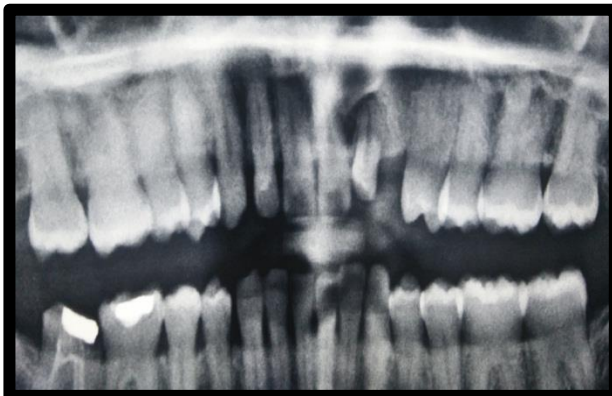
1 Week post operative

Diagnosis :Bucally impacted 23

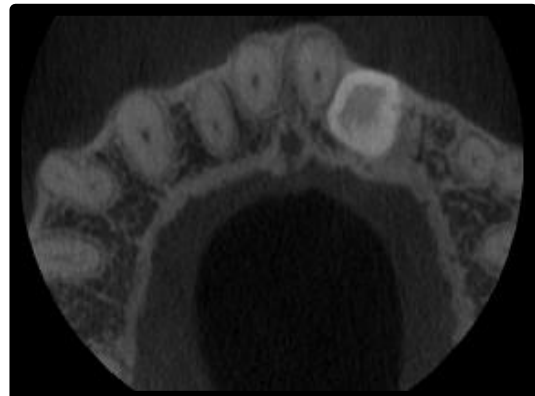
Treatment done : surgical extraction of 23 under LA



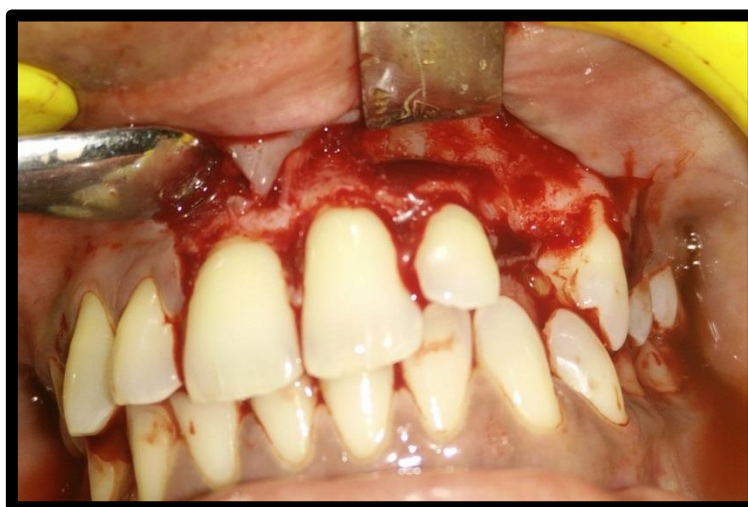
Pre operative picture



OPG



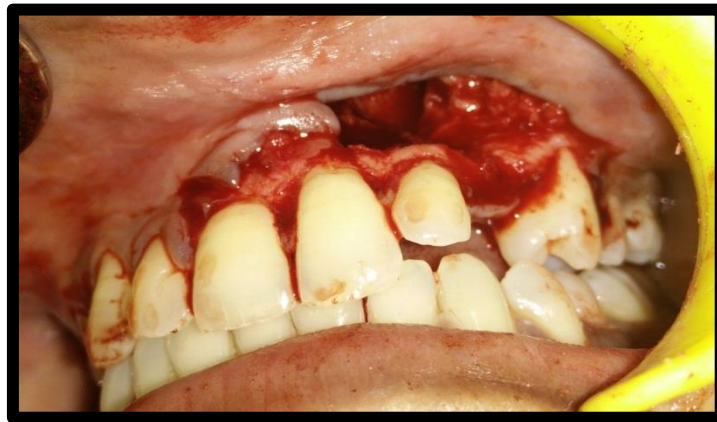
CBCT



Crevicular incision given and flap reflected



Horizontal sectioning wrt 23 was done



Surgical site post extraction of 23 Closure done

Diagnosis : Dentigerous cyst wrt impacted 33 and 34

Treatment done : Marsupialization under LA



Pre operative extra oral pictures



Pre operative intra oral pictures



Post op OPG



Marsupialization done



BIPP soaked gauze placed in the socket



1 month post operative

SAMPLE DETAILS-

VOLUME -5 ml in a disposable syringe.
COLOR - Straw coloured.
CONSISTENCY - Clear fluid

CYTOLOGIC FINDINGS:

The wet smear of the aspirate shows cholesterol crystals having a broken cover glass appearance.
The H & E stained cytological smear of the aspirate shows cholesterol crystals having a broken glass appearance. It also shows the presence of inflammatory cells mainly lymphocytes and RBC'S.

IMPRESSION: Suggestive of inflammatory cyst or secondarily infected developmental cyst.

Dr.
Dr. Hemavathy S
H.O.D & Prof
Dept .Oral Pathology

S/11/16

Nanda Prasad
Dr. Nanda Prasad
Professor
Dept. Oral Pathology



1 month post operative OPG

Diagnosis : insufficient width for implant placement wrt 13 and 45,46 region

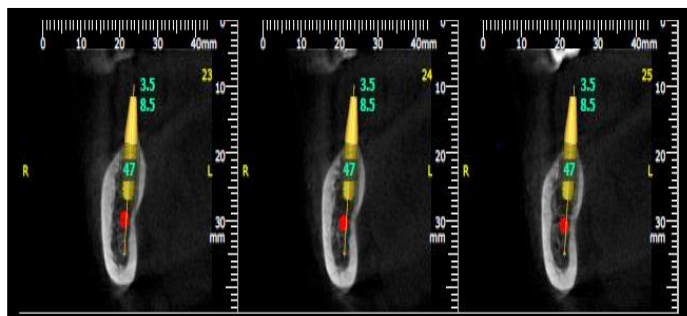
Treatment done : chin grafting done wrt 13 and 45,46 region



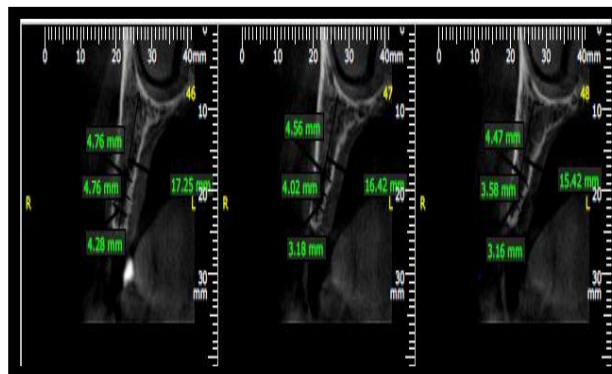
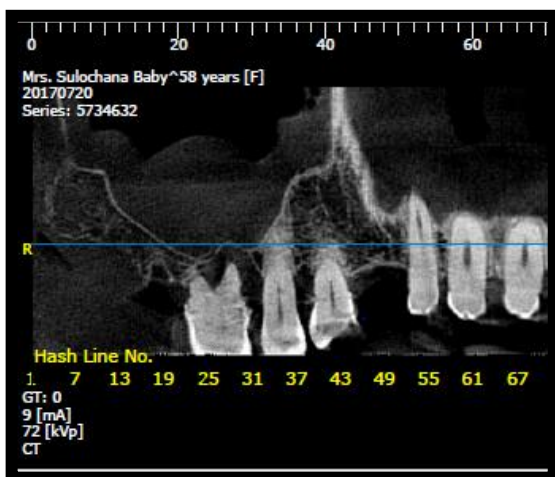
Pre operative intra oral picture



Pre operative OPG



AREA	MEASUREMENTS	BONE QUALITY
Length from crest to superior margin of the mandibular canal Sections 20 to 43	8.80 mm to 11.72 mm	The residual alveolar crest is smooth and rounded
Bucco-lingual measurements Sections 20 to 43	At 2mm from the crest (range) 3.56 mm to 5.76 mm At 4mm from the crest (range) 5.40 mm to 9.13 mm At 6mm from the crest (range) 6.37 mm to 10.50 mm	The cortical margins are intact and well corticated with dense trabecular marrow spaces Inadequate width D2 type of bone



AREA	MEASUREMENTS	BONE QUALITY
Length from crest to floor of the nasal cavity Sections 46 to 51	14.80 mm to 17.25 mm	The residual alveolar crest is smooth and rounded
Bucco-Palatal measurements	At 2mm from the crest (range) 3.08 mm to 4.28 mm	The cortical margins are intact and well



Crevicular incision from 33 to 43 given and mucoperiosteal flap reflected



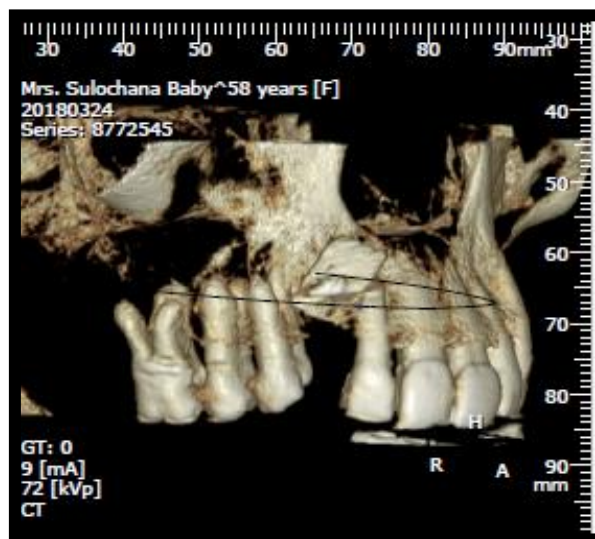
Bone harvested and grafted in 13 region



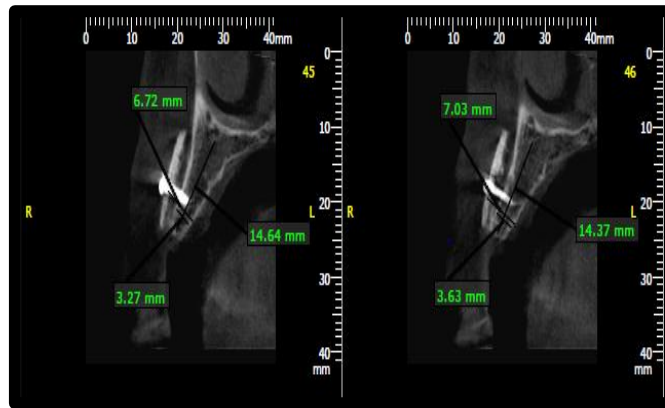
Bone grafted in 45,46 region



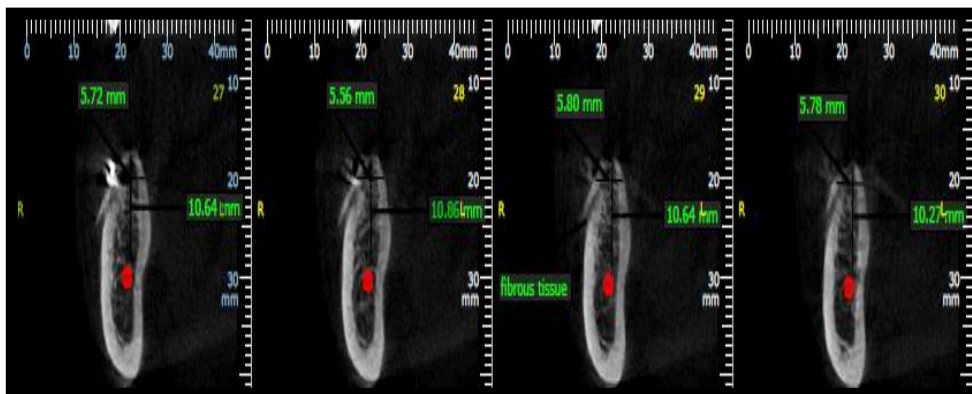
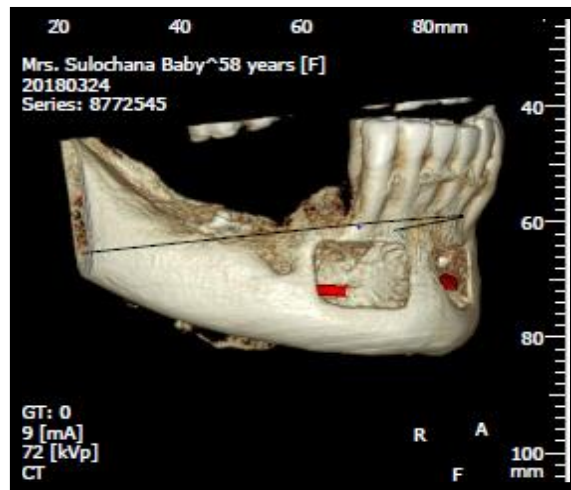
Closure done



Post operative CBCT of



13 region



Post operative CBCT of 45,46 region

**Diagnosis : Periapical granuloma in relation to 36.Distoangular impaction irt
38**

Treatment done : Extraction in relation to 36 under local anaesthesia.

Autotransplantation of 38 into socket of 36.



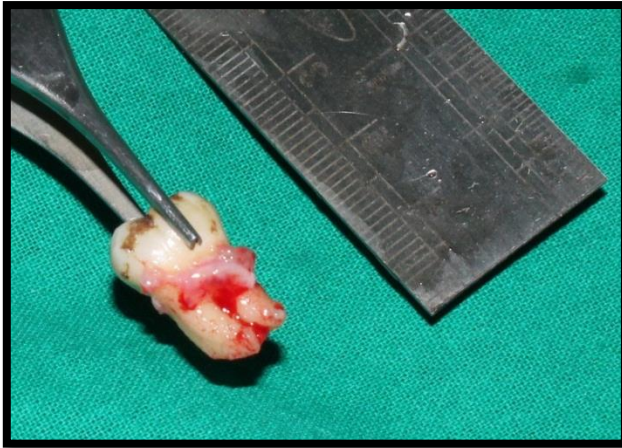
Pre Operative Intraoral pictures



Post extraction iopar in relation to 36



Extraction wrt 38 with minimal trauma to PDL



38 extraction done and placed in the apparatus for RCT



Autotransplant of 38 to edentulous site of 36 and closure done



4th day post operative iopa