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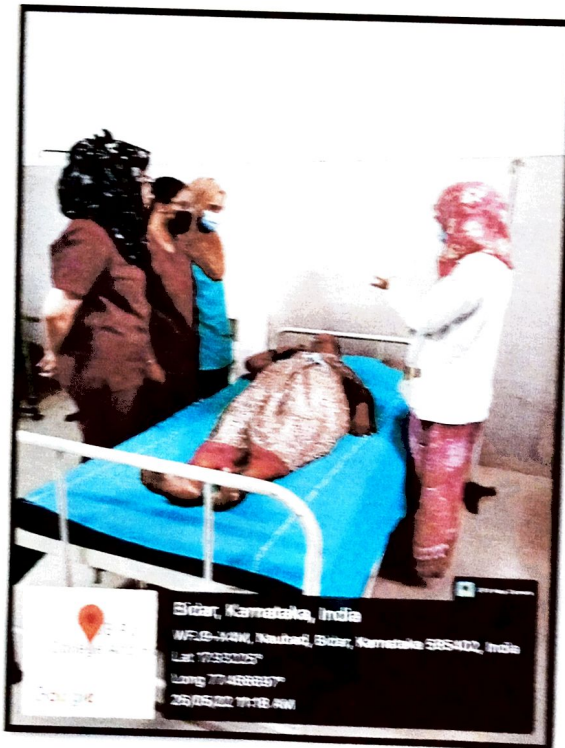
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Ph: 08482-232101-232566 Fax: 08482-232101

Estd. 1991

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Department of oral and maxillofacial surgery

Maximum marks -5 marks

Maximum time -5 minutes



S.NO	QUESTIONS	REMARK
1	Identify the instrument?	1
2	What principle does it work?	2
3	Uses?	2

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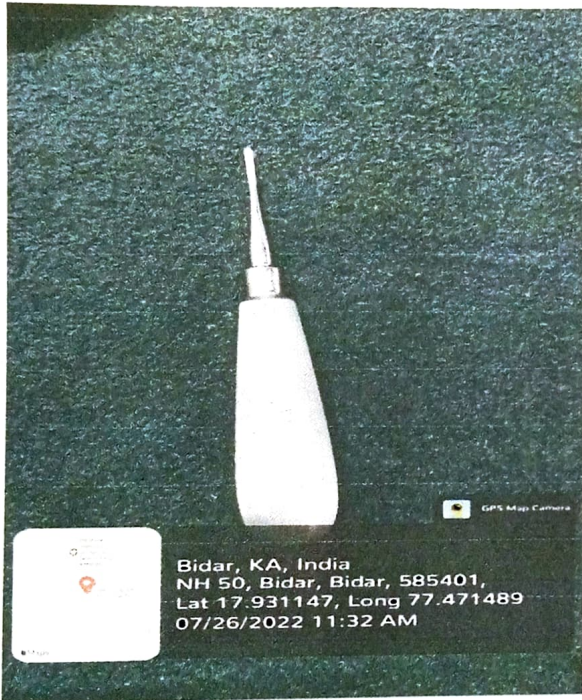
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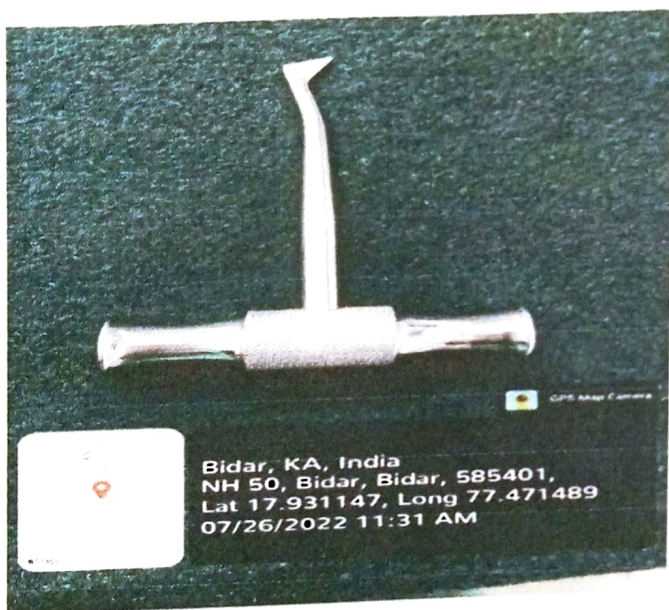


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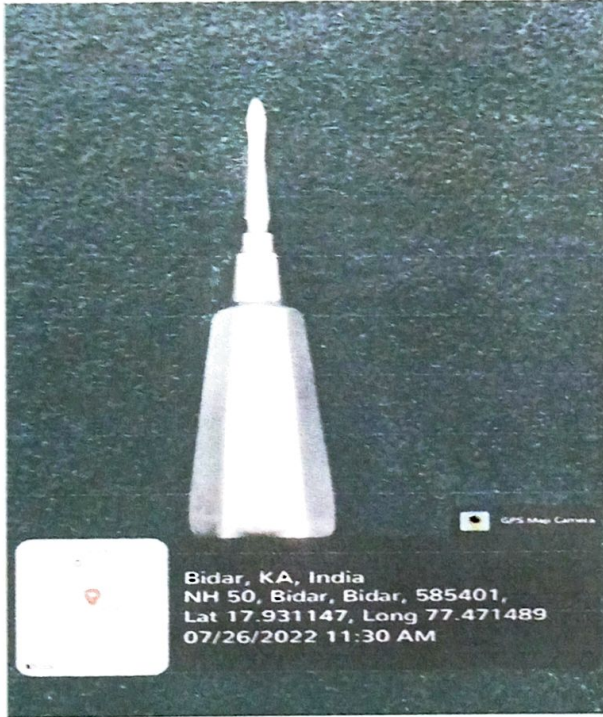
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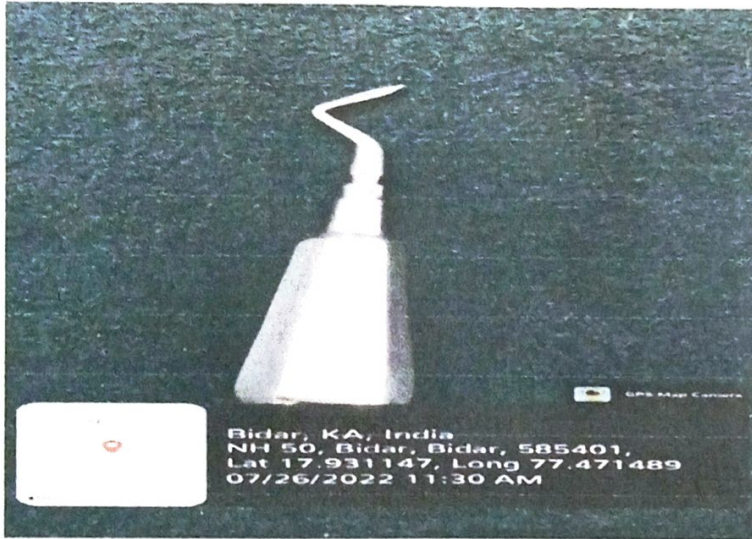
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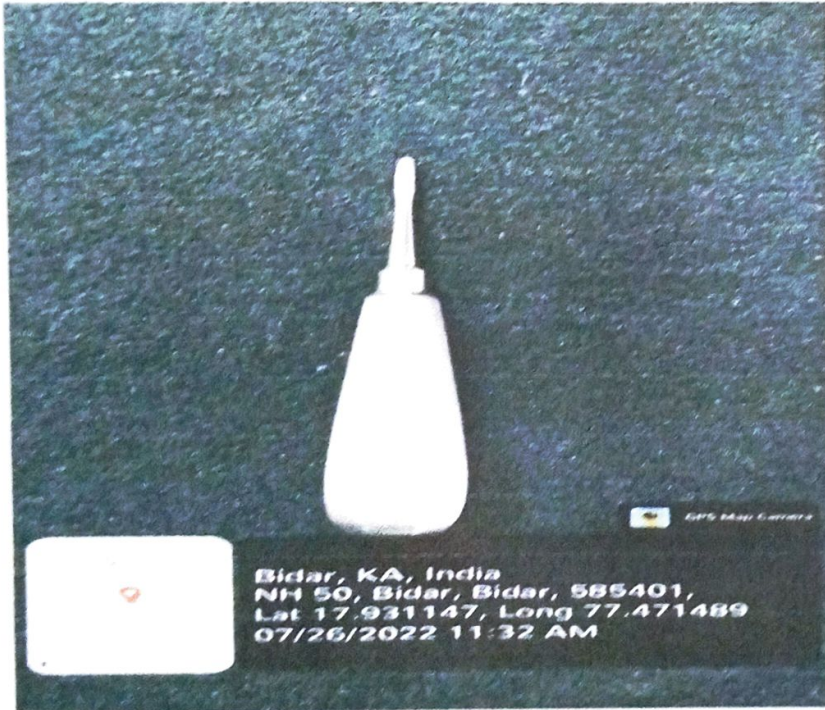
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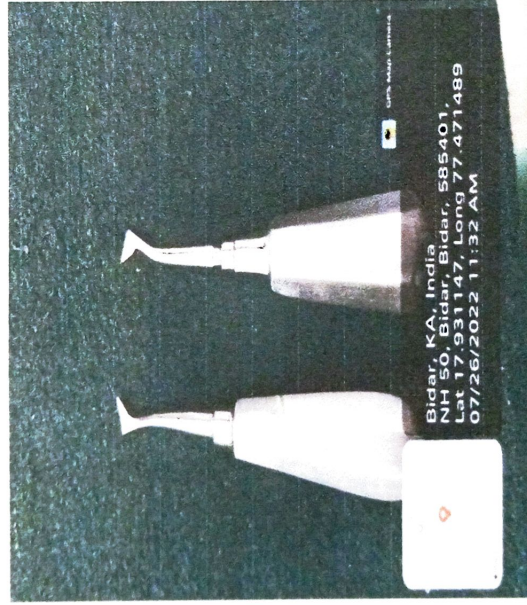
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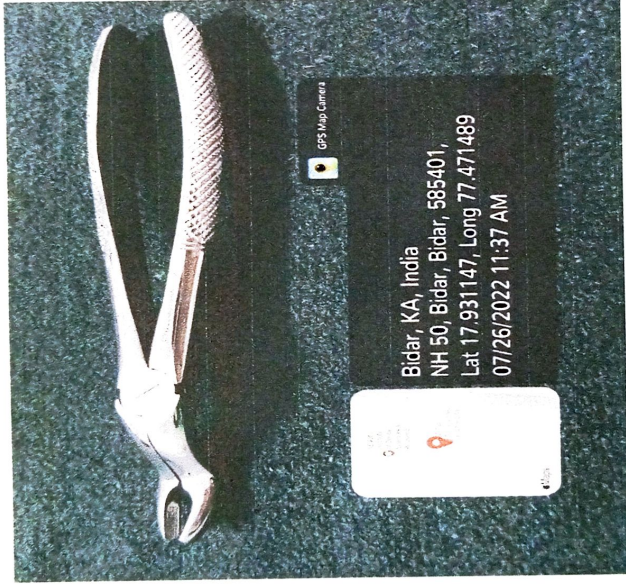
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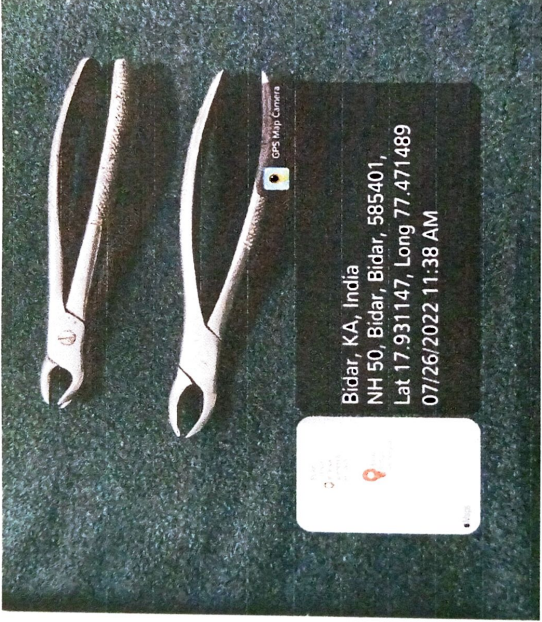
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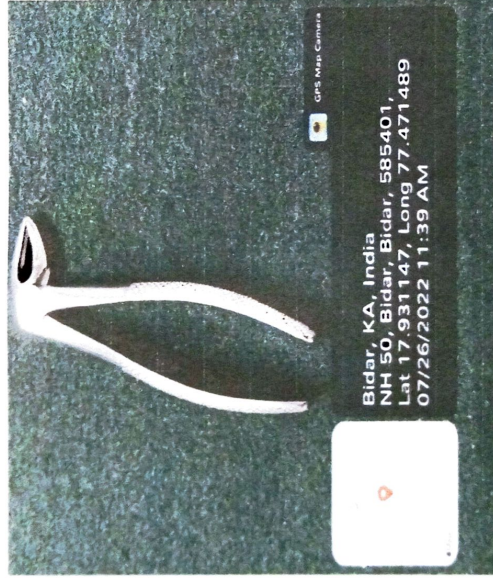
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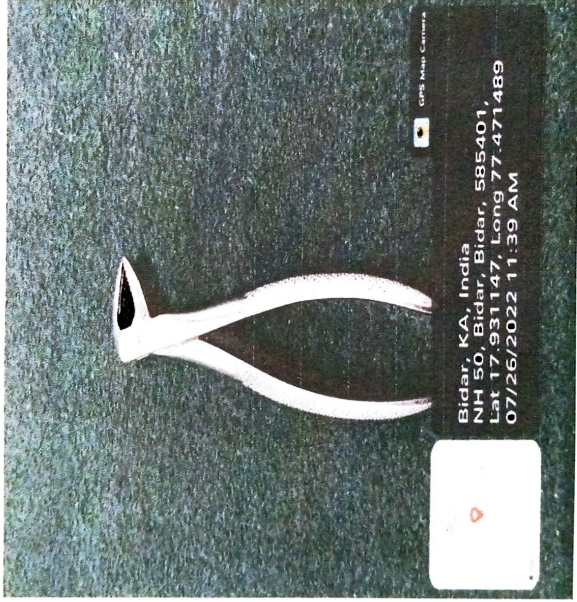
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(Signature)
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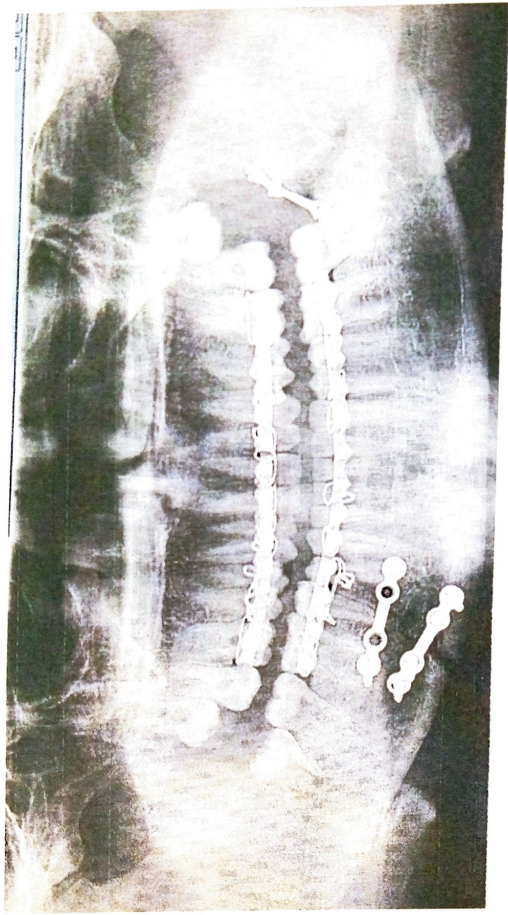
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S.NO	QUESTIONS	REMARK
1	Identify the fracture line?	1
2	Write principle of fracture fixation?	2
3	Describe the OPG?	2

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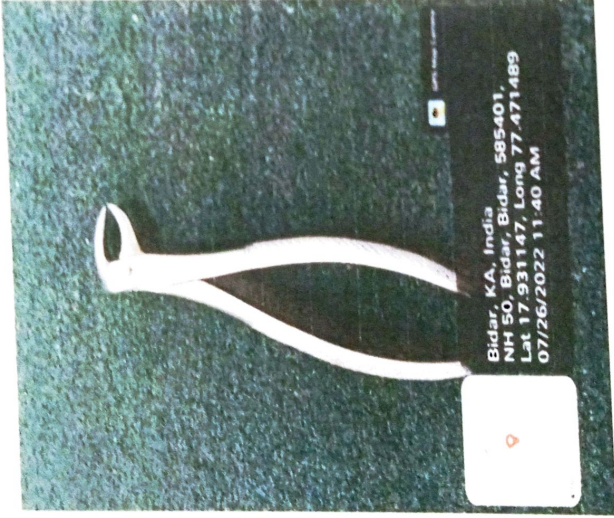


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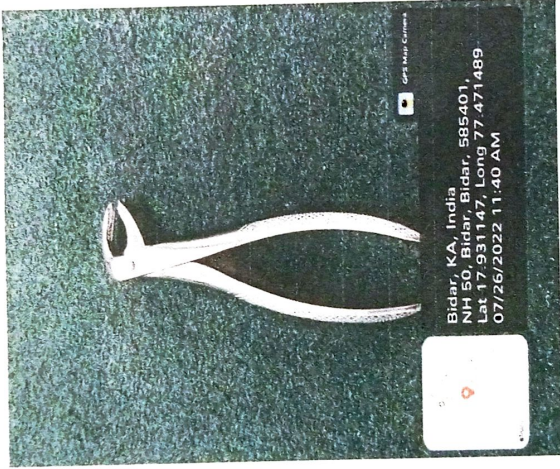
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Department of oral and maxillofacial surgery

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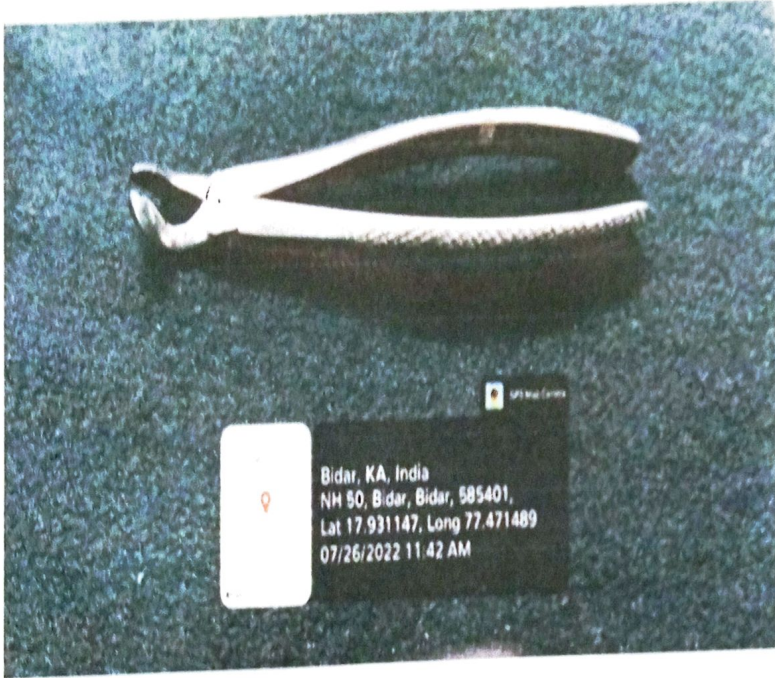
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S.no.	Questions	Remark
1	Identify the instrument?	2
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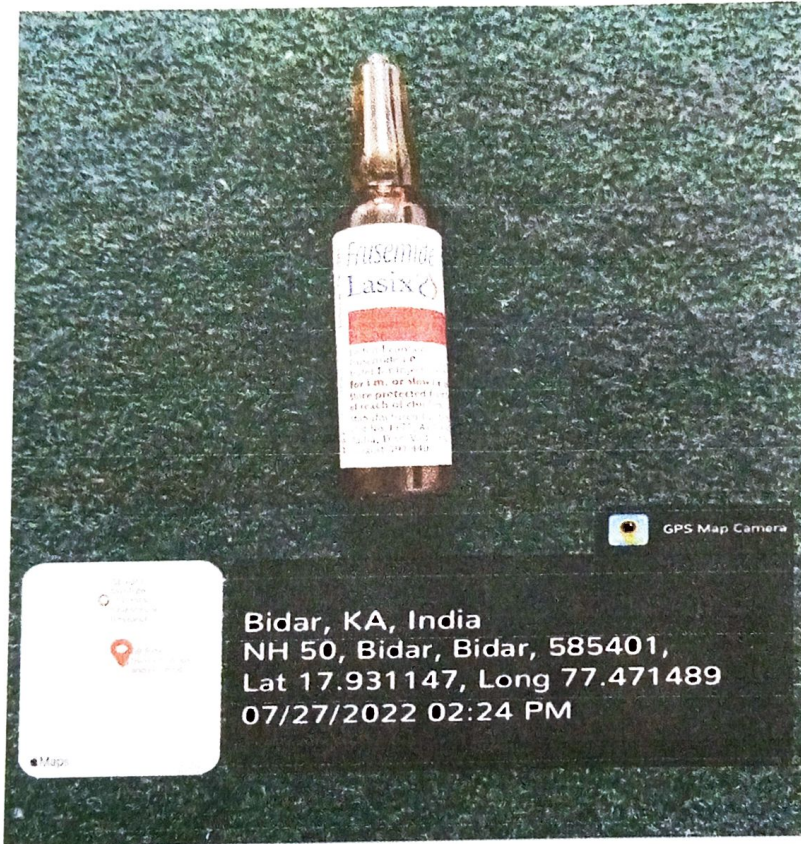
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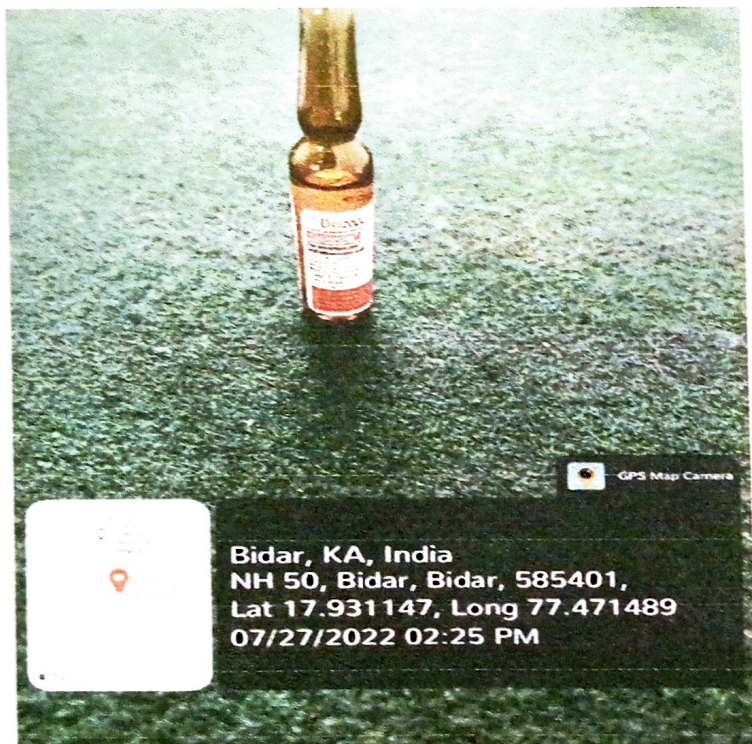
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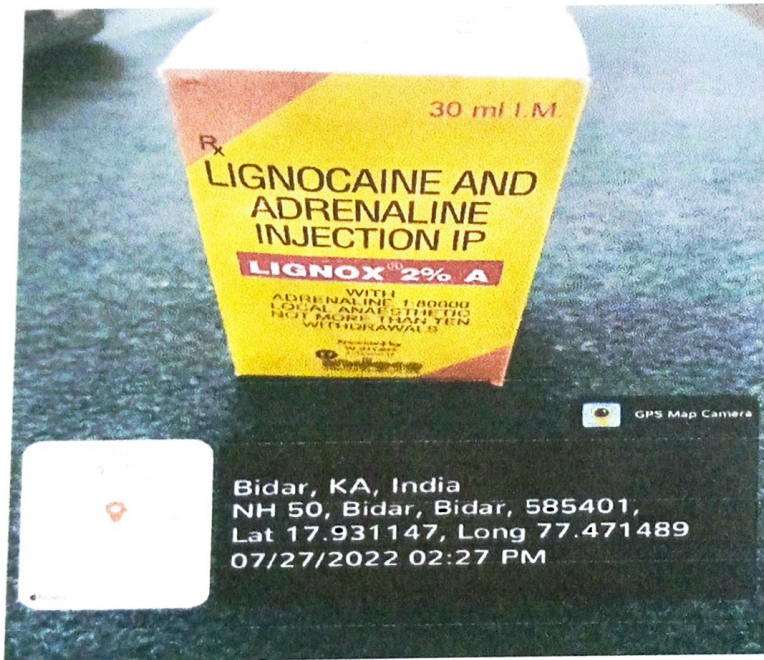
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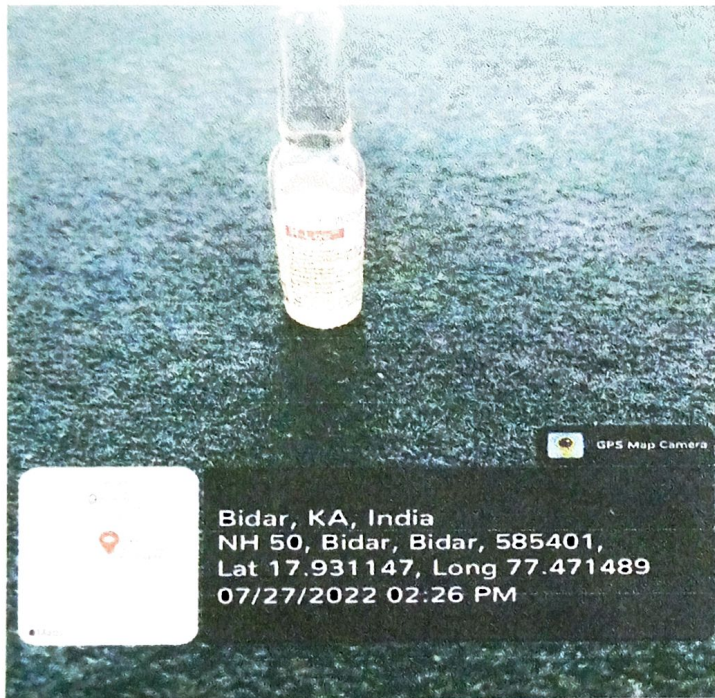
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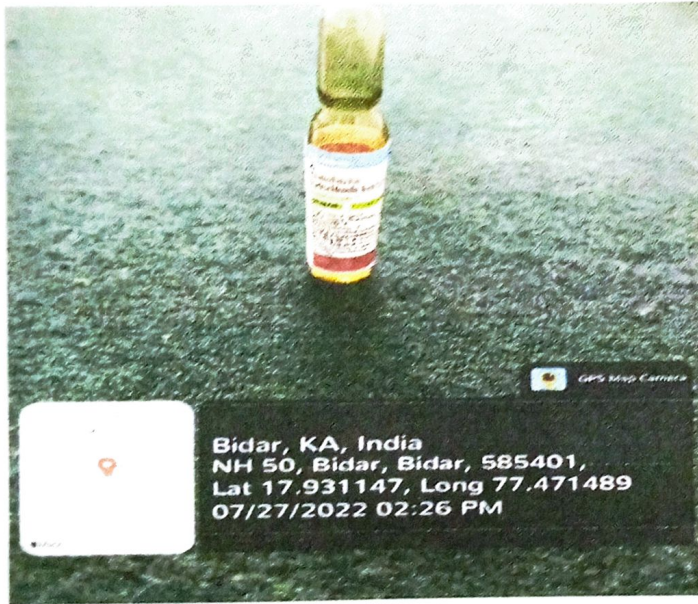
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Ph.: 08482 232101 Fax : 08482-232101

Department of oral and maxillofacial surgery

Maximum marks -5 marks

Maximum time -5 minutes



S.NO	QUESTIONS	REMARK
1	Identify the drug?	1
2	Write the indications?	2
3	Write the dosage?	2

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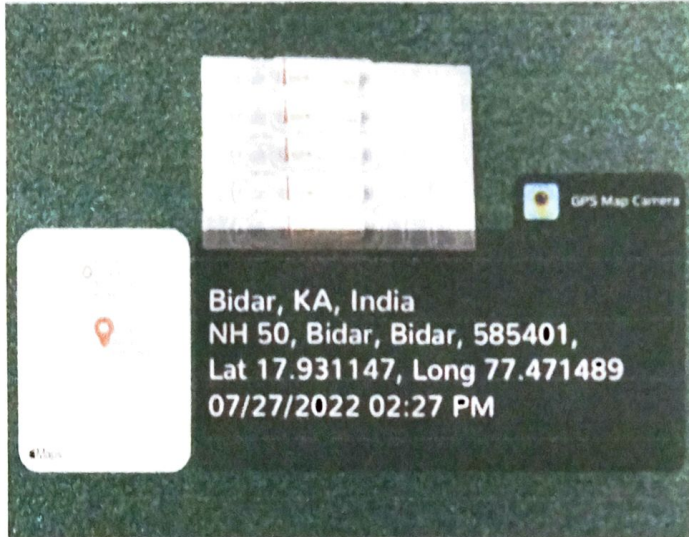
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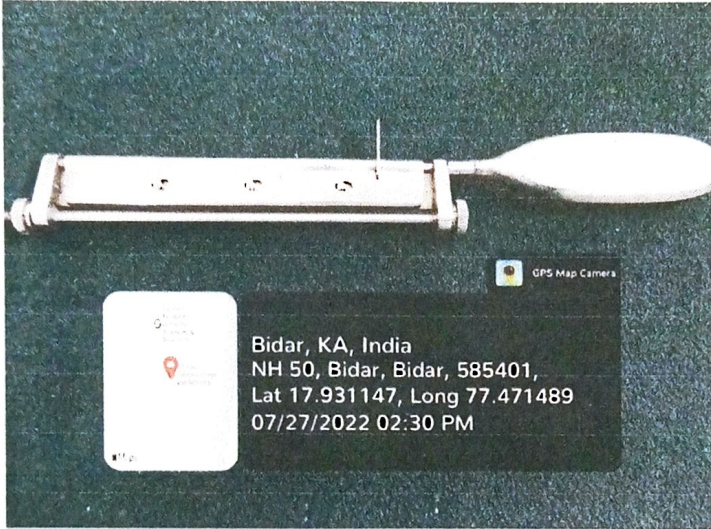
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S.no.	Questions	Remark
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2	Uses ?	3

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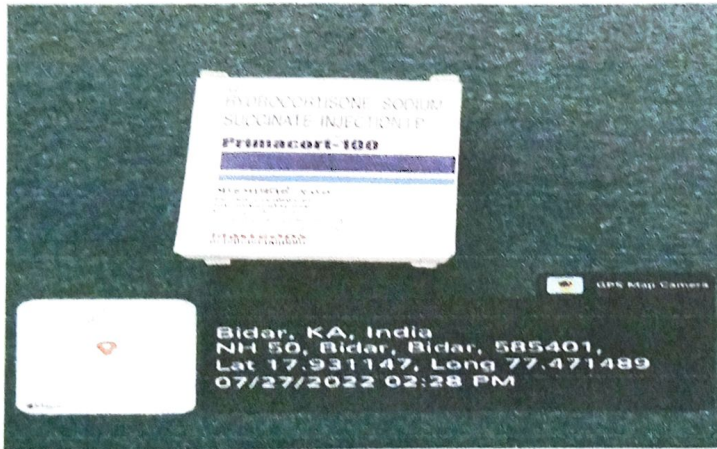
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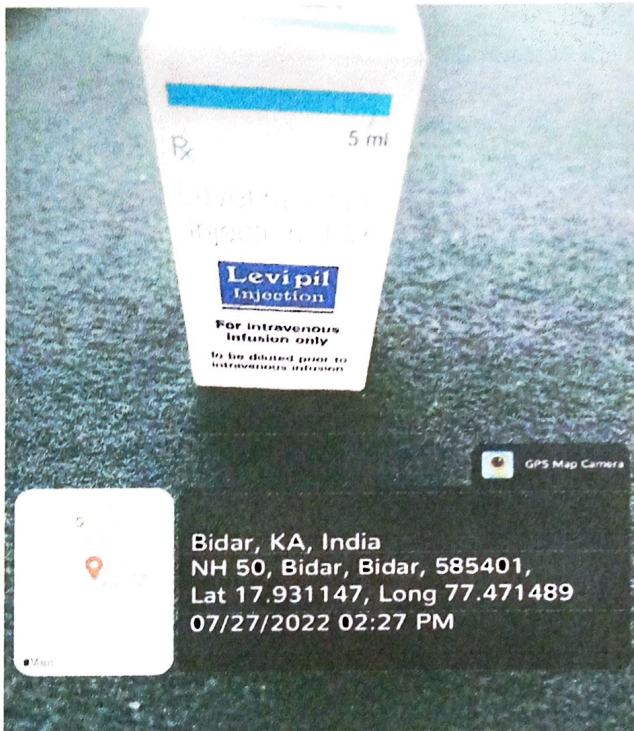
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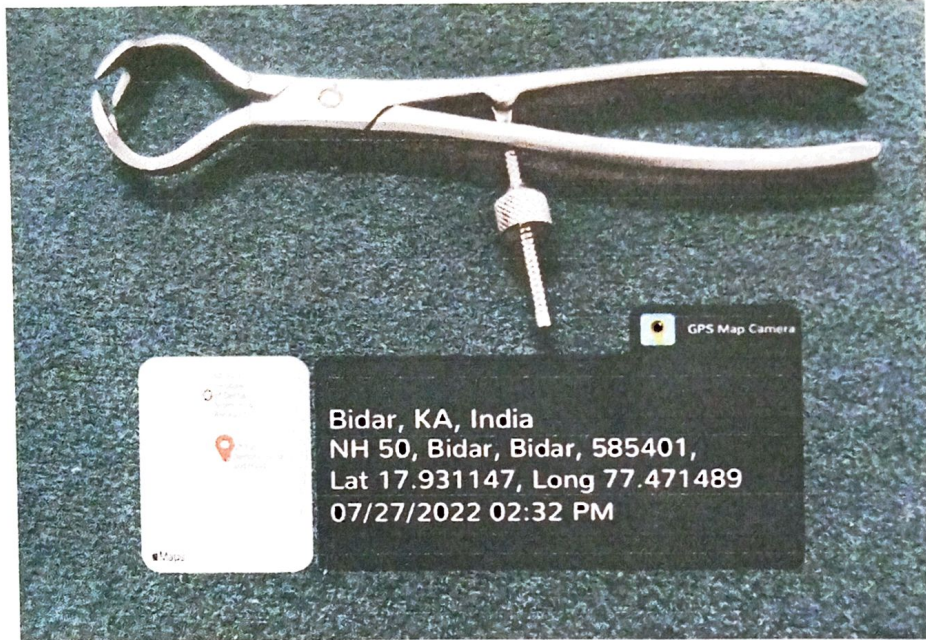
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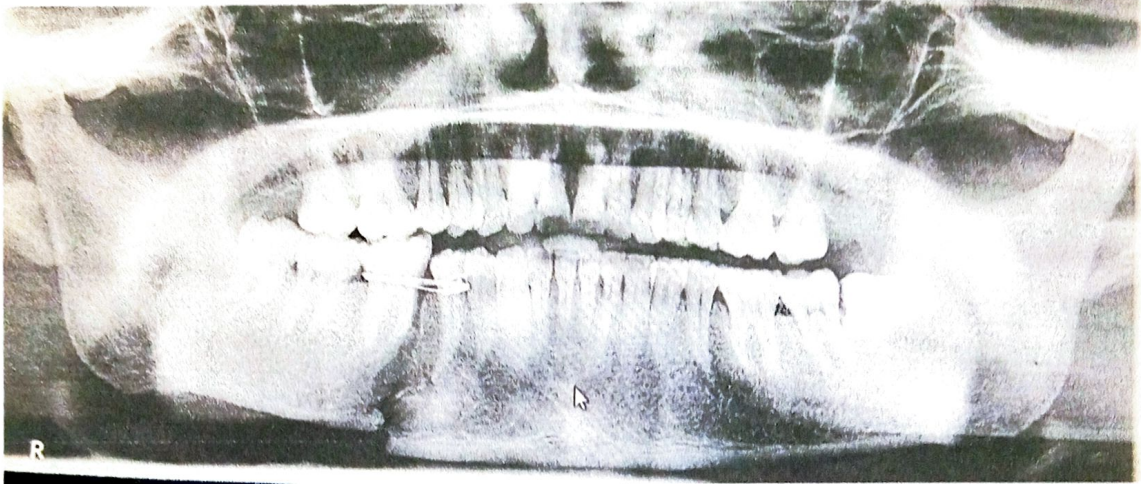


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S.NO	QUESTIONS	REMARK
1	Identify the fracture line?	1
2	Write principle of fracture fixation?	2
3	Describe the OPG?	2

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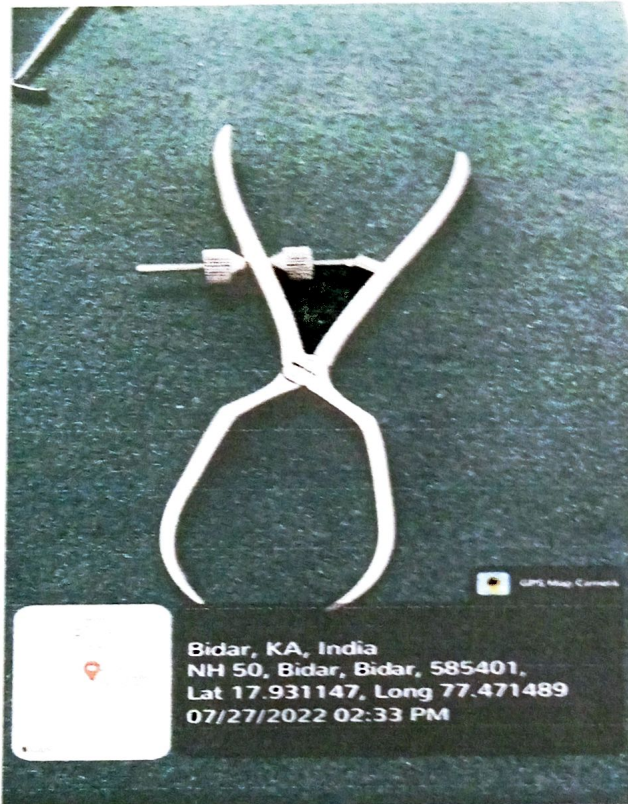
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S.no.	Questions	Remark
1	Identify the instrument?	2
2	Uses ?	3

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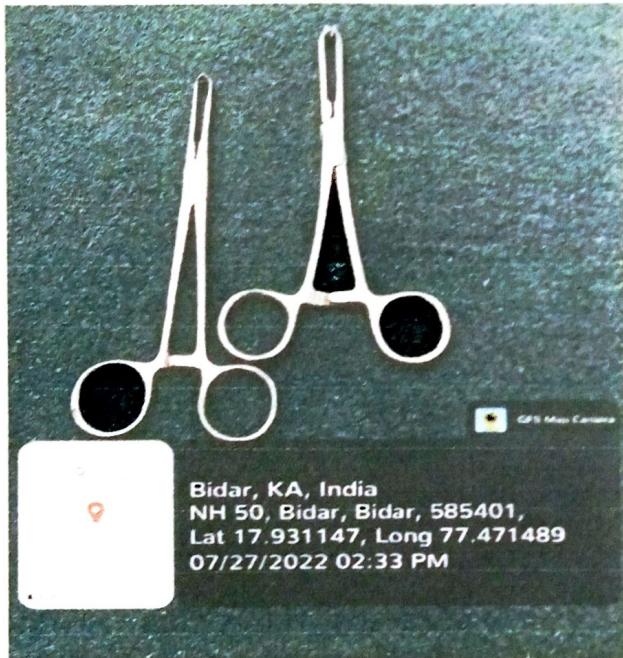
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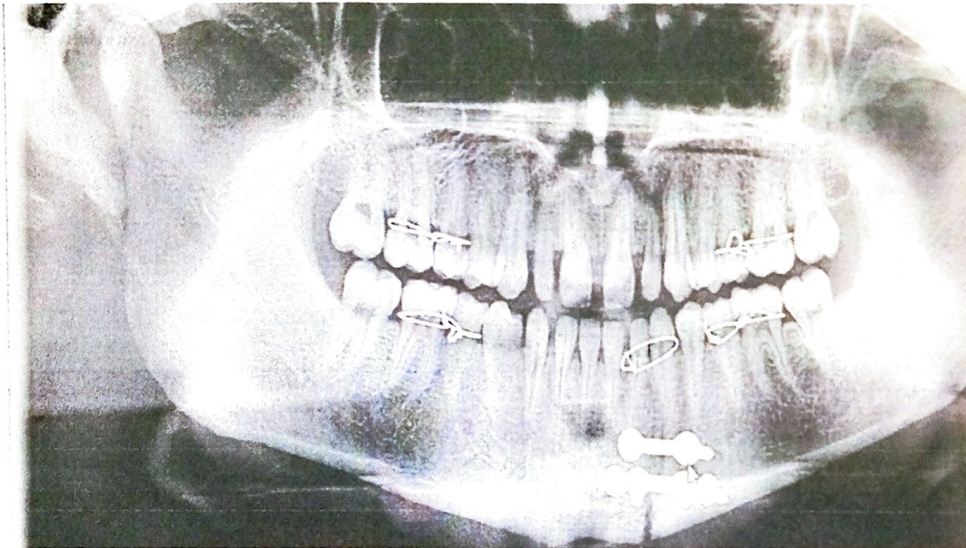


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1	Identify the fracture line?	1
2	Write principle of fracture fixation?	2
3	Describe the OPG?	2

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Maximum time -5 minutes



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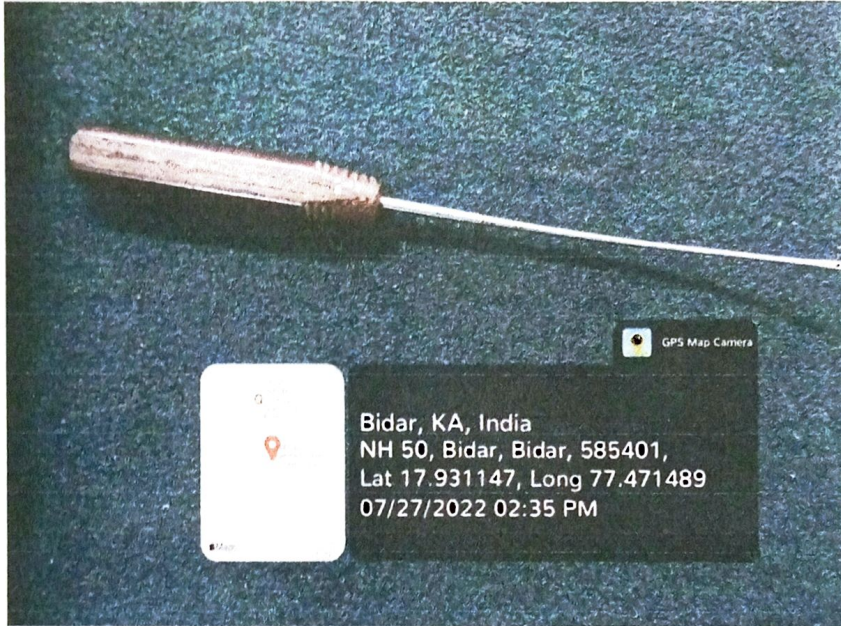
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1	Identify the instrument?	2
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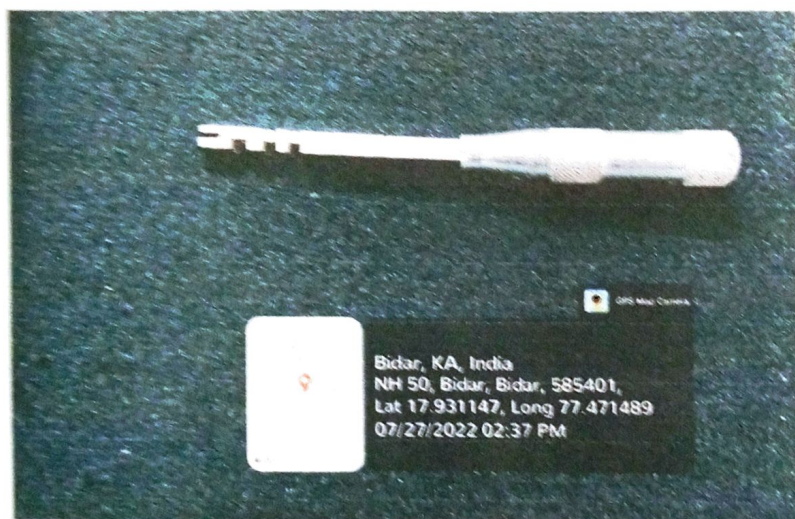
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Maximum time -5 minutes



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1	Identify the instrument?	2
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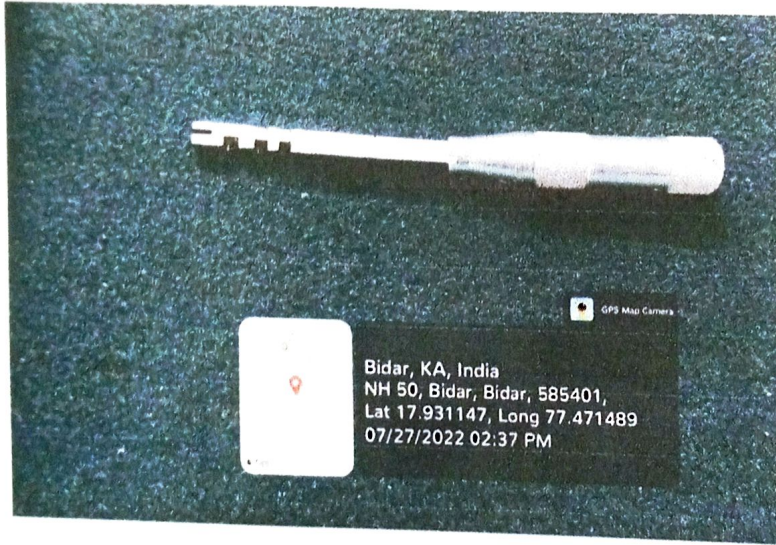
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Maximum time -5 minutes



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Estd.: 1991

CASE SCENARIO

A patient by the name of Basvagouda, who is 54 years old, visits our department with a complaint of pain in the lower left jaw. Basvagouda tells that he was hit by a buffalo 2 days back at around 4 pm in which he got injuries on his lower jaw. The patient claims that he did not lose consciousness and did not have bleeding from ears or the nose after the hit. He has been having pain on the left side of the lower jaw since the time of injury and has also developed a swelling in the same region. He says that he has been unable to open his mouth properly and that he has severe pain when doing so. The patient does not suffer from any systemic medical problem and has not been on any type of medication. He does not chew tobacco or smoke cigarettes but has a habit of consumption of alcohol every night. On clinical examination, abrasions and a deep laceration was seen in the left side of the lower jaw. A step deformity was noticed in the left lower border of the jaw. The patient has limited mouth opening, approximately 18 mm. A derangement of occlusion was also noted in the mandibular left posterior 1st molar region. Patient also presented with signs of paraesthesia in the lower lip region.

QUESTIONS

1. What are the inspectory & palpatory findings?
2. What is glasgow coma scale?
3. What is the provisional diagnosis based upon the clinical findings?
4. Suggest the various treatment options & justify each?

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Estd: 1991

CASE SCENARIO

A patient by the name of Sukhdev who is 47 years old reported to our department with the complain of pain in the lower right back tooth region. The pain started 6 days back and the patient also noticed a small swelling adjacent to the mandibular right first molar. Patient gives history of pus discharge and foul smell from the same region. He has been suffering from diabetes mellitus since 5 years and is on medication for the same. Sukhdev does not give any history of tobacco chewing, alcohol consumption or smoking. On further examination it is noticed that lower right first molar is tender on percussion and there is vestibular obliteration in relation to the same tooth. Small amount of pus drainage was seen in relation to the same tooth. Mandibular first molar has a deep occlusal caries and the tooth is grossly decayed.

QUESTIONS

1. List out all inspectory & palpatory findings?
2. If an IOPA was done, what were the interpretation findings?
3. What are the implications of diabetes mellitus on dental treatment in this particular case?
4. Write a note on culture & antibiotic sensitivity tests?

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CASE SCENARIO

A patient by the name of Rita, who is 36 years old, visits our department with a complaint of swelling in the lower back tooth region of the jaw since 7 months. There was mild swelling on her jaw which gradually increased to the current size. It was initially painless in nature and slowly progressed in pain. She is complaining of pain during mouth opening and mastication. She does not suffer from any systemic medical problem and has not been on any type of medication. She does not chew tobacco or smoke cigarettes. On extraoral examination, there is a swelling extending anteroposteriorly from the commissure of the lip to the angle of the mandible and superoinferiorly from the bulk of the cheek region to the lower border of the mandible. It is Ovoid in shape and approximately 5x7cm in dimension. It is a solitary & the skin over the swelling appears normal. There is no raise in temperature; surface of the swelling is smooth. The swelling is firm & fixed to underlying structures. It is non tender & the overlying skin is normal. Lymph nodes are not palpable. Intraorally, it is situated in the retromolar area, pink with diffuse bluish white line in colour. Ovoid in shape measuring approximately 3x4cm in dimension. Surface of the swelling is smooth with ill defined edge. On radiographic examination, OPG showed multilocular radiolucency with well-defined, corticated, scalloped margins was observed. There was expansion of buccal and lingual cortical plate, presence of curved septae within the lesion and thinning of inferior border of mandible

QUESTIONS

1. Based on clinical & OPG findings what is the provisional diagnosis?
2. List some possible differential diagnosis?
3. What are the advanced diagnostic modalities needed?
4. What is the tentative treatment plan if the condition turns out to be Ameloblastoma?
5. What are the possible treatment related complications?

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Estd.: 1991

CASE SCENARIO

A 34year old female patient presented to the department of oral and maxillofacial surgery with the complaint of facial drooping two days ago on the right side. Patients complains of difficulty with drinking without spilling on herself and drooling headache and pain at the back of right jaw.. She also reports trouble while speaking on phone. Complains of dry eye that worsens over the workday while looking at a screen speaking. Patient works as a secretary at a law firm and spends 80%of the day sitting in front of computer screen. Patient also gives history of type 2 diabetes mellitus and hypertension since 3 years and is on medication for the same.

QUESTIONS

- 1) what is your diagnosis based upon the clinical findings
- 2) What investigations should be advised to the patients
- 3) what is the treatment regime and justify each

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CASE SCENARIO

A patient by the name of Shivraj who is 28 years old, visits our department with a complain of pain in the lower right jaw. Ramesh tells that he had a bike accident 2 nights back at around 10 pm in which he got injuries on his lower jaw. The patient claims that he did not lose consciousness and did not have bleeding from ears or the nose after the accident. He has been having pain on the right side of the lower jaw since the time of injury and has also developed a swelling in the same region. He says that he has been unable to open his mouth properly and that he has severe pain when doing so. The patient does not suffer from any systemic medical problem and has not been on any type of medication. He does not chew tobacco or smoke cigarettes but has a habit of consumption of alcohol almost every alternative night. On clinical examination, abrasions and a deep laceration was seen in the right side of the lower jaw. A step deformity was noticed in the right lower border of the jaw. The patient has limited mouth opening, approximately of around 20 mm. A derangement of occlusion was also noted in the mandibular right posterior 1st molar region. Patient also presented with signs of paraesthesia in the lower lip region.

QUESTIONS

1. What is the protocol for primary management in a case of RTA?
2. List out the diagnostic modalities?
3. Suggest the line of treatment starting for admission in a admission?


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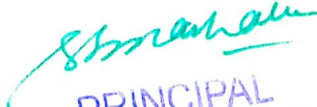
Estd.: 1991

CASE SCENARIO

A 42-year-old man by the name of Amresh Patil visits our department with a complaint of a lump on the left side of the jaw. The patient first noted the swelling 6 months back which eventually enlarged to its present size. On examination there is solitary swelling over the left angle of mandible, which is roughly ovoid in shape with well-defined margins, without overlying changes of the skin. On palpation, the swelling is soft, non-tender, slightly mobile and has a well-defined margins. Intra-oral examination revealed swelling in the region of mandibular left first and second molar. The patient gave a history of chronic obstructive pulmonary disease and myocardial infarction. The patient had undergone a coronary bypass heart surgery 1 year ago. The patient claims that he has been taking a blood thinner, the name of which he does not recall. Initial investigation was done using plain radiography (OPG) which showed a large well-defined, corticated radiolucency with approximate size of 1.5 cm × 1 cm extending from region of the first molar to the third molar.

QUESTIONS

1. Rewrite the clinical & radiographic findings & mention the provisional diagnosis?
2. List out the possible differential diagnosis?
3. Mention all the diagnostic tools starting from non-invasive to invasive?
4. Mention the possible complications that could happen on dental chair during examination or diagnostic procedure and also suggest emergency management protocol?


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Estd.: 1991

CASE SCENARIO

A patient by the name of Prakash Rao who is 43 years old visits our department with complain of restricted mouth opening. He has been noticing stiffness in his cheeks and lips since last 4 months. He also complains of burning sensation in the mouth while eating spicy food. Patient is a chronic smoker and has been smoking at least a pack of cigarette a day since last 6 years. He also has the habit of chewing paan occasionally. On examination, fibrous bands are palpable bilaterally on the buccal mucosa and around the lips. The inter-incisal distance recorded is approximately around 26 mm. Stiffness and loss of elasticity is also evident on the buccal mucosa bilaterally.

QUESTIONS

1. What are the possible motivational factors for chewing paan & smoking habits in this particular patient?
2. What are the inspectory findings?
3. Are there any advanced diagnostic modalities pertaining to restricted mouth opening?
4. What could be the possible barriers in trying to convince this particular patient to quit the tissue abusive habits?
5. List out the treatment options in this case?

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CASE SCENARIO

A patient by the name Ramesh who is 20 years old, visits our department with a complain of pain in the lower left jaw. Ramesh tells that he has noticed slight swelling in his mouth in the left lower jaw region. He also says that he has been unable to chew food from the left side since 1 week because of the pain. On further history taking, he tells that he has been suffering from asthma since childhood for which he carries an inhaler. He tells that his last asthma attack was 2 months back. He does not suffer from any other medical ailment and is not on any other medication other than that for asthma. He does not chew tobacco and does not give history of alcohol consumption, however, he smokes cigarettes occasionally. On clinical examination, there is an erupting mandibular left third molar which has a pericoronal flap covering half of the distal part of the crown. The pericoronal flap and the gingiva around the tooth is inflamed and pus discharge is evident on further examination. The patient also complained of foul smell from the same region.

QUESTIONS

1. Mention the final diagnosis?
2. Possible complications of non compliance of dental treatment?
3. What pre dental precautions are to be taken for Asthma?
4. How to manage an acute asthmatic episode during ongoing dental treatment?


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CASE SCENARIO

Afshana is 26 years old female and attended our department as a new patient requiring dental treatment. Patient complaints of pain and fractured tooth in upper front region of jaw. Afshana tells that she has been unable to chew food since one week. On further asking, patient gives history of dizziness followed by syncope after which she was diagnosed with hypotension 6 months ago. She tells that her last syncope episode was 2 months ago when she heard the news of her friend's demise. Patient claims that under stressful condition she starts feeling dizzy and weak. She does not suffer from any other medical ailment and is not on any medication. She brushes once a day and has no habits such as smoking or drinking. On clinical examination, there is a fractured tooth in relation to 11. Radiography reveals a well circumscribed radiolucent area, associated with the apex of tooth.

QUESTIONS

1. What is the provisional diagnosis based upon clinical & radiographic evaluation?
2. What is the probable cause of hypotension?
3. State the stress reduction protocol for such patients?
4. What is the treatment plan?


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CASE SCENARIO

A patient named Sunita, 30 years old female visits our department with a complaint of pain and swelling in the lower right back tooth region of jaw since three days. Patient gives history of pain which was throbbing type, radiating to head and intermittent in nature and aggravating on taking cold water. On further asking patient says that he noticed swelling since three days, which was small in size and increased slowly to attain the current size that is approximately 3*5cm. The patient does not suffer from any medical condition and is not on any medication. Sunita brushes once daily and has no deleterious habits like smoking and alcohol consumption. On inspection a solitary diffuse swelling is seen in the right lower 3rd molar region of the jaw. The swelling is extending antero-posteriorly from the right corner of the lip to the posterior border of the mandible and superio-inferiorly from the angle of the mouth to the lower border of the mandible. It is spherical in shape and the size of the swelling is approximately of 3x5 cm. On palpation there is rise in temperature at the site of swelling and tenderness present. Margin is ill defined and swelling is soft in consistency. Swelling is compressible and fluctuant in nature. On examination vestibular obliteration was seen between 45 to 47 and sinus opening with pus discharge seen in relation to 46.

QUESTIONS

1. What is the provisional diagnosis?
2. Enlist all inspectory & palpatory findings?
3. What is your treatment plan?


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CASE SCENARIO

A 51 year old male patient presented with a main complaint of severe , sharp , piercing intermittent electrical like shock pain in the right side of his face . The pain was triggered by talking, washing his face, eating and brushing of his teeth and the patient VAS score was four. No pathology was detected except clicking of the temporomandibular joint associated with opening and closing jaw movements. Patient had the history of temporomandibular joint pain previously about 20 years ago which was treated and resolved. Radiological investigation revealed no abnormalities and the patient had no history of diabetes mellitus, high blood pressure, chronic heart diseases, hepatitis, or any other pertinent chronic diseases.

QUESTIONS

1. What is the provisional diagnosis based upon the clinical findings?
2. Suggest the various treatment options & justify each?
3. Classification of various type of nerve injury?

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CASE SCENARIO

A 57 year old male patient reported to department of oral and maxillofacial surgery for air and pus leakage in the oral cavity. The patient had a well balanced diabetes under treatment. On questioning, the patient reported a history of dental extraction eight months before.

At the intraoral examination, we noted a bad oral hygiene with the absence of 16, 26, 35, 46 and 47. The mucosa around the site of 26 was normal with the presence of fistula detectable with a gutta-percha cone.

Questions

- 1) what is the diagnosis based on the clinical findings
- 2) what are the investigations to be carried out
- 3) what are the various treatment options available and explain the surgical approach
- 4) what are the other classical findings seen this case.

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