Dept. Of Oral & Maxillofacial Surgery

Sarjug Dental College & Hospital

CLINICAL CASE REPORT FOR THE MONTH OF JUNE 2026

(1)

A. Patient Profile:-

Name- UJJALA KUMAR Age - 35 Sex- M Reg. No. -5912 Dated.13-06-2026

B. Chief Complaint:-

Pain, swelling, and difficulty in mastication following trauma to the lower jaw region.

C.**History of Present Illness:**

A male patient presented to the Department of Oral and Maxillofacial Surgery with a history of maxillofacial trauma due to RTA. The patient complained of severe pain in the anterior lower jaw and left jawjoint region, aggravated by mandibular movement, along with an inability to achieve normal occlusion.

Medical History- No known systemic illness and no known drug allergies.

D. Clinical Examination:-

Extra-oral Examination:

Diffuse swelling and tenderness noted over the right parasymphysis region and the left angle region.
Restricted mouth opening due to pain and muscular guarding.
Step deformity palpable along the right inferior border and left angle of the mandible.

Intra-oral Examination:

Deranged occlusion with an anterior open bite or cross bite tendency.
Sublingual ecchymosis present in the anterior floor of the mouth.
Mobility of the mandibular segments detected upon bimanual palpation across the right parasymphysis area.
Missing or impacted dentition noted in the maxillary right posterior quadrant.

E. Radiographic Examination:-OPG revealed A well-defined radiolucent fracture line is visible extending obliquely through the right parasymphysis region of the mandibular body, running from the alveolar crest between the tooth #31 and tooth#41 go down to the inferior border of the mandible.
Second fracture line is visible extending obliquely through the left body of the mandible.

F. Diagnosis:-

Bilateral mandibular Fracture right parasymphysisand left body region.

G**. Treatment Plan-**Close Reduction byapplication of Erich arch bars followed by rigid IMF for 4 to 6 weeks to allow conservative bone healing, paired with close radiological monitoring.

I. Post-operative management:-

Strict liquid-to-soft diet for 4–6 weeks.
Maintenance of rigorous oral hygiene utilizing chlorhexidine mouth rinses.
Serial follow-up OPGs to monitor bony union and alignment

Prescription:-

1.Inj. Monocef SB1gm IV BD for 5 days
2.Inj.Dilona AQ IM BD for 5 days
3.Inj.Pan 40 IV OD for 5 days
4.Betadine Gargle oral rinse thrice daily

Follow-up:- after 7 days.

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Laheriasarai, DARBHANGA-846003

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Recognised by- Govt. of India, Ministry of Health & Family Walfare, New Delhi
Permanently affiliated to- L.N. Mithila University (Darbhanga)

(सेवा ही धर्म)

Reg. No. - 5912 DATE - 13/06/26
Patient Name - Ujjala Kumari AGE - 35 SEX - M
Address - Samastipur PH. No. -
C/O :- Patient complain of ~~broken~~ jaw history of trauma due to bike accident 1 days ago
M/H :- NRH

Allergy	Diabetes	Heart/Bleeding Disorder	Pregnancy	Fracture	Non-Vital	Edentulous.

Gingival Reccssion	Impacted	Carious Exposed	Malocclusion	Gingivitis	Root Stamp

O/E :-

87634321 | 12345678
87654321 | 12345678

EDCBA | ABCDE
EDCBA | ABCDE

O/E: Mandible fracture (Left side body ~~Bilateral fracture~~ and right side Parasymphysis)

Referred to :-

Investigation :-
~~BT~~
~~CT~~
~~HB%~~
Blood Sugar-
~~HIV-Test~~
FF/PP
Others
X-Ray :-
TOPA
~~OPG~~
Digital.

Pt referred to Oral Surgery.

C/O:- Step deformity at Left sided body c̄ Rt sided S+ Parasymphysis # with Malocclusion c̄ Displacement
H/O:- RTA on 12/06/26.
No- Known H/o. unconscious (-ve)
No. Vomiting.

↑7.

R/D:- Comminuted Jaw # Lt sided Body & S/PS. fracture of lower jaw c̄ Dental split.

Adv: Immobilization & fixation

Deposit Rs. 15000/- for 13/6/26
14000/- for O.S.

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Timing :- Mon to Fri : 09 AM to 01 PM, 02 PM to 04 PM
Sat :- 09.30 AM to 02 PM Sunday Closed

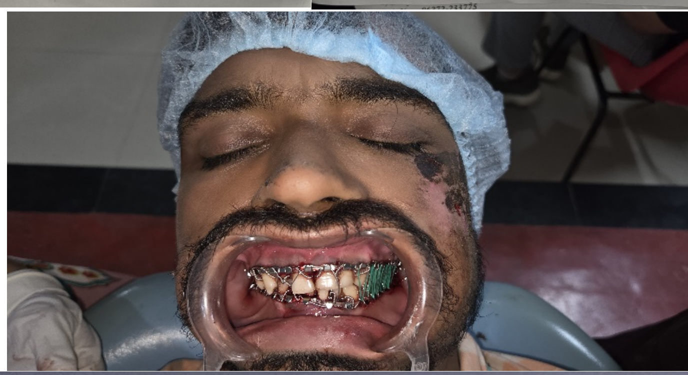
Rx.
1. Inj Monocef SB- 1gm - 10
1×2 IV
2. Inj Dilona Aq - 10
1×2 IV/IM
3. Inj Pantop 40 - 5
1×1 IV
4. Syp Flagyl - 2 btl
2 tsf × 3 for 5 days
5. Syp Gemcal - 1 btl
HS × 1 day
6. Betadine gargle -
2 tsf × 1/2 cup × 3 for 1 month

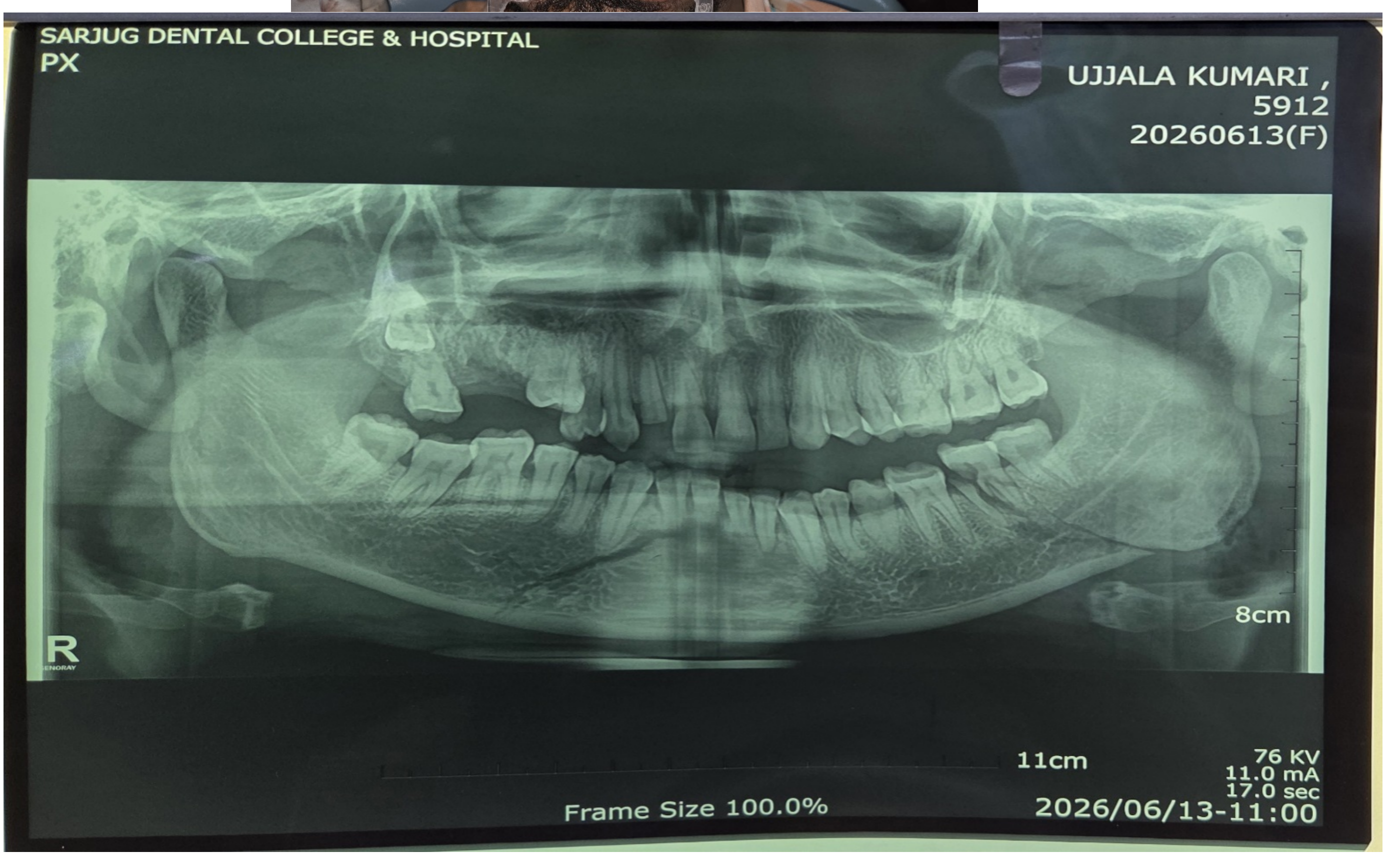
13/6/26

Dyna. Set - 10cc - 1
5cc - 1
3cc - 1
Glove 6.5 - 1
7.0 - 1

- Betadine oint
application
- Jelonet - 1 Pk
- Bandage 4 inch × 4 role

16/6/26
T/t: IMF
Non bendon cut
(Arch bar and clasting)





Dept. Of Oral & Maxillofacial Surgery

Sarjug Dental College & Hospital

CLINICAL CASE REPORT

A. Patient Profile:-

Name - Md. Asif Age- 20 Sex- M Reg. no. – 4502 dated. 27-05-2026

B. Chief Complaint:- Pain and recurrent swelling in the lower right & left back jaw for the past six months.

C. History:-

Present illness- The patient reported intermittent localized pain and swelling in right& left posterior mandible. History of cold and hot sensation.

Medical History- No known systemic illness and no known drug allergies.

D. Clinical Examination:-

Extraoral- No visible facial asymmetry, lymphadenopathy and and swelling found.

Intraoral- Partial eruption of # 18,28, 38 and 48 was noted with inflamed overlying mucosa. #37 & 47 were pulp exposed due to occlusal caries

E. Radiographic Examination:- OPG revealed tooth #48 and #38 to be mesioangularly impacted.#18 and # 28 distoangular impaction.

F. Diagnosis:- Symptomatic mesioangular impaction of tooth #38 & #48 complicated by recurrent piricoronitis. Tooth#37 & # 47 were carious with acute pulpitis.

G. Treatment Plan- Consist of the surgical extraction of tooth#48, 38, 28 and # 18 under local anesthesia Consent was obtained after explaining risk of surgery. Followed by RCT of #37bn& #47.

H. Surgical Procedure:- on 19-06-2026

After Lt.IAN Block and Buccal nerve block full thickness mucoperiosteal flap was reflected. Minimal buccal bone guttering and tooth sectionaing was performed under continuous saline irrigation. After removal of crown and root the alveolar socket was irrigated with normal saline. Flap repositioned and sutured with mersilk 3-0.

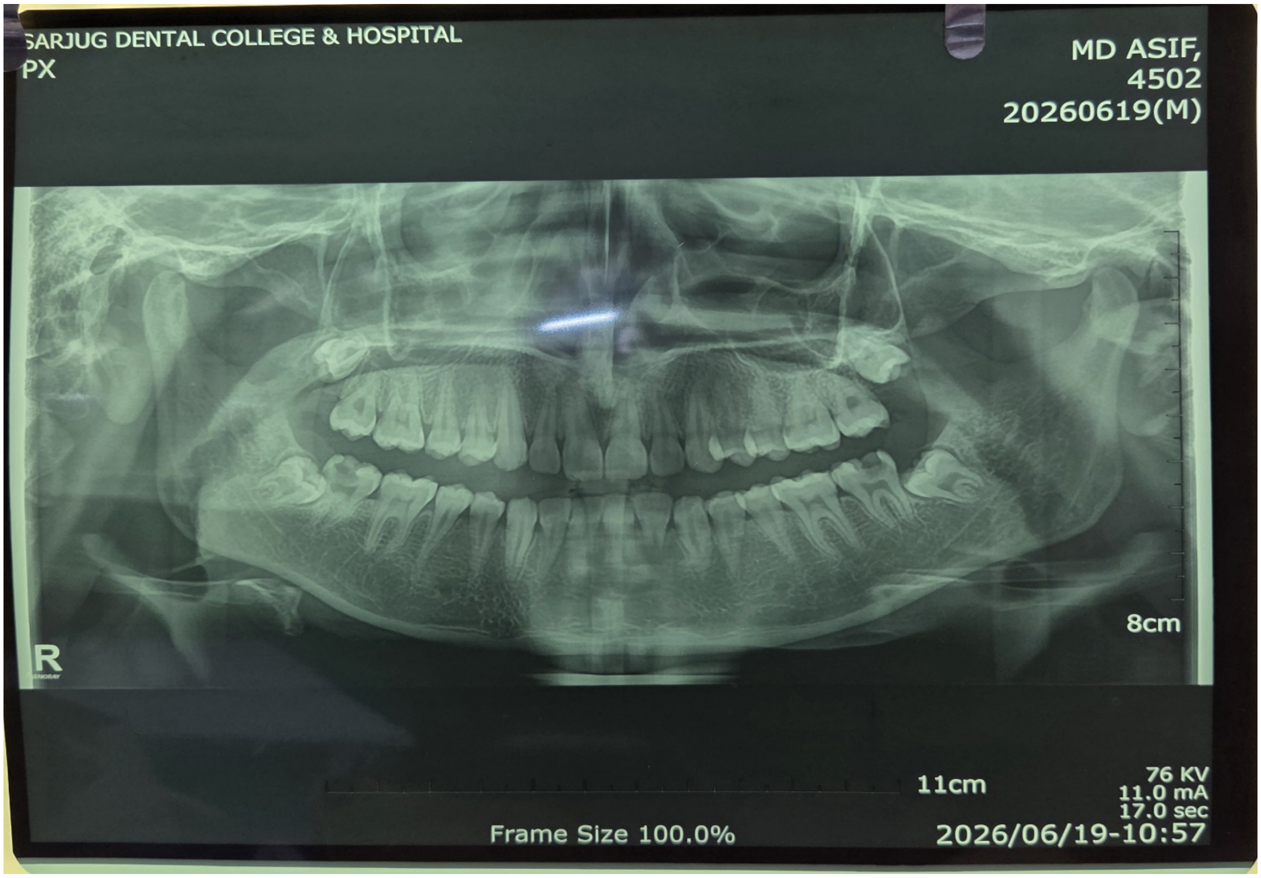
I. Post-operative management:-

Bite pack placed for 45 minutes

Prescription:-

1.Tab Clavam 1gm. BD for 5 days
2.Tab.Enzoflam BD for 5 days
3.Tab.Pan 40 OD for 5 days
4. Tab. Flagyl; ER BD For 5 days
5..Becosule OD for 5days

Follow-up:- Suture has been removed after 7 days. Healing was satisfactory.



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DATE - 27-05-2026

Reg. No - 4502
AGE - 20 SEX - M
Patient Name - MD.ASIF
PHNO -
Address - RAJO

C/O :- Pt complains of pain & sensitivity in lower right & left back tooth region about 5 to 6m

M/H:- NAH

Allergy	Diabetes	Hypertension	Bleeding Disorder	Pregnancy	Others

O/E:-

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

E D C B A	A B C D E
E D C B A	A B C D E

O/E - Dental caries i.r.t 7|7 c̄ T.O.P.
- stain grade II
- calculus grade III

Referred to:- Req to Operative ... O-S... y

Investigation:-
BP
~~BT~~
~~CT~~
~~HB%~~
Blood Sugar-
FF/PP
Others
MJL
X-Ray:-
IOPA
7|, 7|
OPG

20/5/26
Dept. of conservative & Endodontics
O/E Grossely decay i.r.t 7|(7) c̄ T.O.P
7|7 Carious exposed.
8|8 impacted (Mesioangular)
Adv:- R.C.T of 7|7, Extraction of 8|8
Ref. to dept. of OS for extraction of 8|8
Pt ... |8 ... 27/05/26.
R...
... 19/6/26

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CLINICAL CASE REPORT

A. Patient Profile:-

Name - MD ALAM ANSARI Age- 29 Sex- MReg. no. - 4715 dated. 30-05-2026

B. Chief Complaint:-

Pain and recurrent swelling in the lower right back jaw for the past three months.

C. History:-

Present illness- The patient reported intermittent localized pain and swelling in right posterior mandible. History of dysphagia and trismus during these episodes.

Medical History- No known systemic illness and no known drug allergies.

D. Clinical Examination:-

Extraoral- No visible facial asymmetry, lymphadenopathy and and swelling found.

Intraoral- Missing #16 and #46 . Partial eruption of #48 was noted with inflamed overlying mucosa. There was no active purulent discharge.

E. Radiographic Examination:- OPG revealed tooth #48 to be mesioangularly impacted. The root were fully formed with close approximation with IAN canal.

F. Diagnosis:- Symptomatic mesioangular impaction of tooth #48 complicated by recurrent piricoronitis.

G. Treatment Plan- Consist of the surgical extraction of tooth#48 under local anesthesia.
Consent was obtained after explaining risk of surgery.

H. Surgical Procedure:- on 11-06-2026

After Rt.IAN Block and Buccal nerve block full thickness mucoperiosteal flap was reflected. Minimal buccal bone guttering and tooth sectionaing was performed under continuous saline irrigation. After removal of crown and root the alveolar socket was irrigated with normal saline. Flap repositioned and sutured with mersilk 3-0.

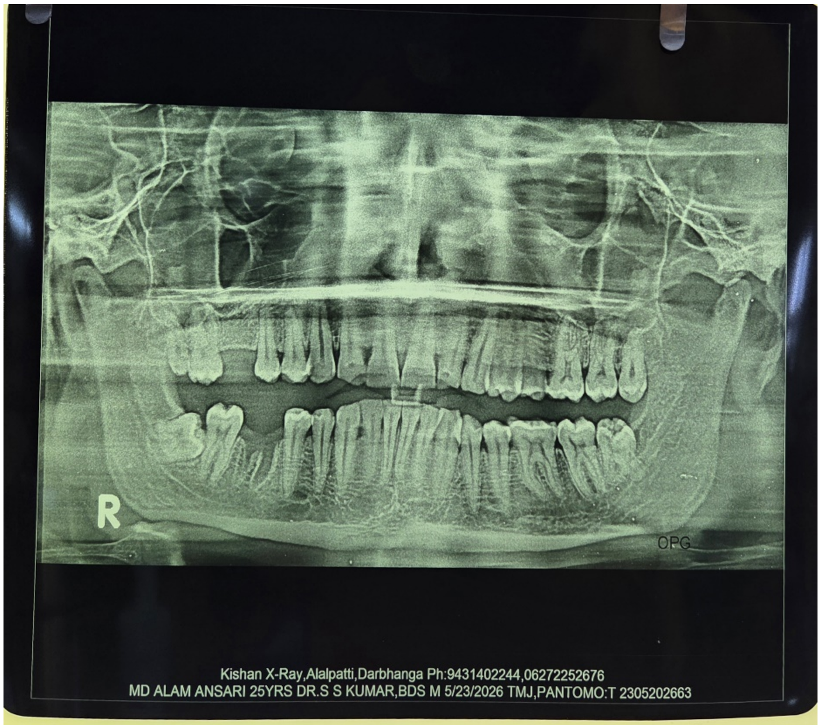
I. Post-operative management:-

Bite pack placed for 45 minutes

Prescription:-

1.Mox CV 625mg BD for 5 days
2.Enzoflam BD for 5 days
3.Pan 40 OD for 5 days
4.Becosule OD for 5days

Follow-up:- Suture has been removed after 7 days. Healing was satisfactory.



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Reg. No - 4715 *DATE* - 30-05-2026

Patient Name - **MD. ALAM ANSARI** *AGE* - 29 *SEX* - M

Address - DHOI *PHNO* -

C/O:- patient complains of pain in lower right back tooth region since 10-12 days

M/H:- NRH

Allergy	Diabetes	Hypertension	Bleeding Disorder	Pregnancy	Others

O/E:-

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

E D C B A	A B C D E
E D C B A	A B C D E

O/E - impacted tooth i.r.t 8
- Missing tooth i.r.t 6/6
- stain grade I
- Calculus grade II

Referred to:- [illegible] to [illegible]

Investigation:-
BP
BT
CT
HB%
Blood Sugar-
FF/PP
Others
HIV test
X-Ray:-
IOPA
OPG

[illegible] 8

Rx 1. [illegible] 1X
2. [illegible]
3. [illegible]
4. [illegible]

30/5

only 8

Deposite Rs- 2500/- for OT [illegible] 1/6/26

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