

Dept. Of Oral & Maxillofacial Surgery

Sarjug Dental College & Hospital

CLINICAL CASE REPORT FOR THE MONTH OF MAY 2026

A. Patient Profile:-

Name- PANKAJ SAH Age- 25 Sex- M Reg. no. -3892 Date:- 20-05-26

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 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 symphysis region.
Restricted mouth opening due to pain and muscular guarding.
Step deformity palpable along the lower anterior region of the mandible.

Intra-oral Examination:

Dearanged occlusion.
Sublingual ecchymosis present in the anterior floor of the mouth.
Mobility of the mandibular segments detected upon bimanual palpation in #41 and #31 region.

E. Radiographic Examination:-OPG revealed A well-defined radiolucent fracture line is visible extending obliquely through the symphysis 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.

F. Diagnosis:-

Symphyseal Fracture of Mandible.

G. Treatment Plan-Open reduction and internal fixation for 4 to 6 weeks to allow conservative bone healing, paired with close radiological monitoring.

H. Surgical procedure – After IMF, fracture site was opened local anesthesia from lacerated wound and reduced in anatomical position 4hole & 2hole Titanium plate was placed. Hemostasis achieved, washed with saline and betadine, closure done in layer. Satisfactory occlusion achieved.

I. Post-operative management:-

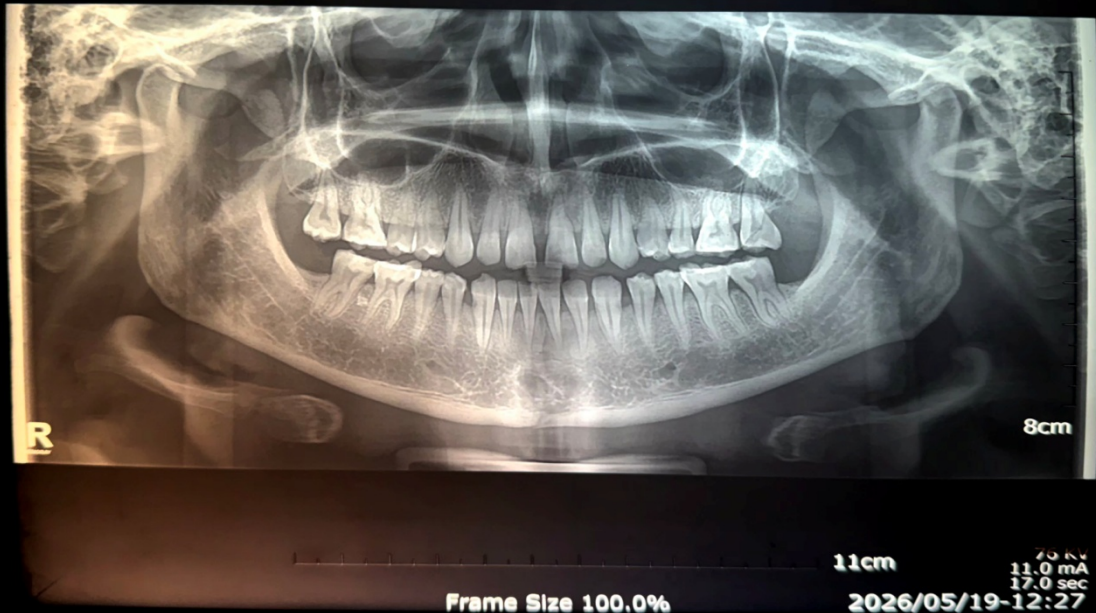
Strict liquid-to-soft diet for 4–6 weeks.
Maintenance of rigorous oral hygiene utilizing chlorhexidine mouth rinses.
Serial follow-up OPGs to monitor bony union and alignment

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.

Done by
Dr Rakesh Kumar
Dr.Rumi Riya



SARJUG DENTAL COLLEGE & HOSPITAL
&
MATA R.DEVI DENTAL HOSPITAL
Laheriasaral, Darbhanga - 846 003
Approved by - Dental Council of India, New Delhi
Recognized by - Govt. of India, Ministry of Health, Family Welfare, New Delhi
Permanently Affiliated to - L.N.Mithila University, Darbhanga

Reg. No - 3892
Patient Name - PANKAJ SAH
Address - KHARRA
CO: History of trauma due to bike accident
DATE - 19-05-2026
AGE - 25 SEX - M
PHNO -

MH: NRM

Allergy	Diabetes	Hypertension	Bleeding Disorder	Pregnancy	Others
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O/E: 87654321 | 12345678
87654321 | 12345678
EDCBA | ABCDE
EDCBA | ABCDE

O/E: Mandible fracture (comminuted fracture)
→ occlusal derangement

Referred to: Dr. + 0-8-2

Investigation:-
BP ✓
EC ✓
Hb% ✓
Blood Sugar-
FF/PP
Others
NIV ✓
X-Ray-
IOPA

Alveolar history of RTA two days back
Compound complex fracture of mandible
Plan ORIF.
D. Rajeev

20000/- for O.S. /

Valid for one month only.
Ph.No - 06272-233775

Timing:- Mon to Fri: 09 AM to 01 PM, 02 PM to 4 PM
Sat: 09 AM to 01 PM, Sunday Closed

Are investigation
CHBCT
B
Injury maxilla 1.5 gm D.V. - kn
Injury Dypor 3cm 2g D.V. - kn
Injury Parotid 3gm D.V. - kn
- . /

20/05/2026
Under deep aseptic conditions from premaxilla wound fracture site was opened ORIF
wound & 4 hole with gap plan over lower border and 2 hole & gap plan on upper border & screw
Surge
Im. + ORIF
B
C.S.T.
D. Rajeev



Report

Name , PANKAJ SAH

Age, 28 Year/Sex, MALE

Refd. By: SELF.

Date, 18/05/2026

Patient's Id. 246701

NCCT FACE

Fracture of body of mandible seen in midline in symphysis menti region.

Maxilla appears normal.

Pterygoid bones appears normal.

Paranasal sinus and nasal cavity appears normal.

Both maxillary / frontal / ethmoid and sphenoid sinus appear normal.

Both OM complex are intact.

Nasal cavity and inferior turbinates appear normal.

Bones forming PNS appear normal.

Visualized nasal sinuses are clear.

Mastoid bones are well pneumatized.

No obvious DNS seen.

No evidence of bony expansion nor thinning of septa.

Visualised part of either orbit and its content appear normal.

Bilateral TM joints space appears normal.

IMPRESSION:

***Fracture of body of mandible seen in midline in symphysis menti region.**

***Otherwise NCCT face normal.**

Dr. ABHISHEK KUMAR
MD RADIO-DIAGNOSIS
CONSULTANT RADIOLOGIST

- This is only a professional opinion & not the diagnosis, it should be correlated clinically & with other relevant investigations.
- Report is not valid for medico-legal purpose.

• **Mobile: 8800226407, Email: help.jankiscan@gmail.com, Web: www.jankiscan.com**

आर० बी० मेमोरियल के सामने, पेट्रोल पंप के सामने, वी० पी० रोड, बंता, लाहरीसराय, दरभंगा (बिहार)

