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Date (1) :: QUESTION : NO : 01 ::



Q1 = Which tooth is most commonly involved in impaction?

Answer:-

The most commonly impacted tooth is wisdom teeth or especially mandibular third molars and maxillary canines. The third molars erupts in between the age of 17 - 21 years are most commonly impacted.

:: QUESTION : NO : 02 ::

Q2 :: Name the local anesthetic agents and vasoconstrictor used in local anesthesia?

Answer:-

LOCAL ANESTHETIC AGENTS :-

The local anesthetic agents are the drugs that block the sensation of pain in the region when they are administered.

Lignocaine hydrochloride 2% and xylocaine are used as anesthetic agents.

These agents are used for blockage of sodium channels of the nerves conductors.

Date (2)



NAMES OF LOCAL ANESTHETIC

AGENTS:-

- | | |
|------------------------------|----------------|
| * Epinephrine. | * Sensorcaine. |
| * Carbocaine. | * Orabloc. |
| * bupivacaine. | * Zingo. |
| * Citanest. | |
| * Chloraseptic. | |
| * lidocaine Anesthetic. | |
| * Marcaine. | |
| * phenol oropharyngeal. | |
| * Zorcaine with epinephrine. | |

The most common local Anesthetic Agents is lidocaine, bupivacaine, mepivacaine and ropivacaine are commonly used and metabolized primarily by the liver.

VASOCONSTRICTOR USED IN LAS:-

Vasoconstrictors are integral components of all local anesthetic solutions. Their depth and duration of Anesthesia are important. Vasoconstrictor are drugs that constricts the blood vessels and control tissue perfusion. They are added to oppose the vasodilatory action of local Anesthetics.

Date (3)



Adrenaline is main vasoconstrictors used in Local Anesthesia. It provides deeper anesthesia almost bloodless of absorption of LA's in the bloodstream by their plasma concentration.

It decreases blood flow to site of administration, absorption of local anesthesia by cardiovascular system, decreased bleeding, risk of toxicity is solved.

It increases in the duration and quality of anesthesia, reduction of minimum concentration of Anesthetic for Nerves blockage.

It Chemically similar to Sympathetic Nervous System mediators (Neurotransmitters).

∴ MODE OF ACTIONS ∴

* Direct Acting ∴ Directly Acts as on adrenergic receptors.

* Indirect Acting ∴ Acts by releasing norepinephrine from adrenergic Nerve Terminals.

* Mixed Acting ∴ Both Directly on receptors and released of norepinephrine.

Date (4)

❖ Classification of Vasoconstrictor ❖

catecholamines:

- * Dopamine
- * Epinephrine
- * Norepinephrine.

Non-catecholamines.

- * Amphetamines.
- * Methamphetamine.
- * phenylephrine.

The advantages of Vasoconstrictors gives local anesthetic are metabolisms Time extension and prolonged anesthetic effects.

❖ QUESTION : NO : 03 ❖

Q3: What is the management of Root-Displacement?

Answer:

ROOT DISPLACEMENT ❖

The root displacement is most commonly displaced into unfavorable anatomic space is maxillary Molaris. Which is forced into maxillary Sinus.

MANAGEMENT ❖

- * To obtain radiograph to documents the position and the size of the displaced root.

Then irrigated through small opening in the apex socket.

Date (5)

* Check for the root suction and radiograph. If not removed, the small non-infected root tip can be left in place of proper patient instructions.

∴ Root Displaced in the Sinus ∴

Mostly in cases of first premolars and buccal root of first molar (maxillary).

Management ∴

* Nose blow test to visualize the roots.

* placement of suction tip in the socket may aspirate small root fragments.

* A long piece of iodoform gauze, 1/2 inch wide is placed in antrum through socket and pulled out in 1 stroke.

∴ Root Displaced in Submandibular Space ∴

Root of second and third molar may be pushed through a perforated in the lingual surface of mandible into the region of submandibular fossa.

Periapical infection may facilitate root displacement during instrumentation.

Date (6)

Management ::

* The index finger of left hand is inserted into lingual aspect of floor of the mouth.

* Place pressure against lingual aspect of the mandible & force the root back into socket.

* Then grasp it within the root tip elevator or small hemostat.

if this fails reflect a soft tissue flap on the lingual aspect of mandible & gently dissect macroperiosteum & removed the root tip.

* Antibiotic prophylaxis.