

Subject Maxillofacial Surgery.
Department AHS

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Q1:- Define oral mucosa?

A - Oral mucosa :-

The oral mucosa is the mucous membrane lining inside of the mouth.

Oral mucosa consist of two layers the surface of epithelium is supported by a fibrous connective tissue layer the lamina propria.

B) Enumerate the two components of oral mucosa.

Two components of oral Mucosa.

→ Two components of oral mucosa

- ① oral epithelium (it is stratified squamous Epithelium)
- ② Lamina propria (it is the underlying connective tissue)

c) Enumerate types of oral mucosa which type comprises most of the oral cavity?

→ There are three types of oral mucosa.

① Masticatory mucosa.

② Lining mucosa.

③ Specialized mucosa.

→ Most comprises Lining mucosa of oral cavity.

→ it comprises 60% of oral mucosa.

D) a) Define Connective tissue papillae

This is the part of oral mucosa that is irregular and upward projections of connective tissue.

② Basement membrane:

Structureless layer about 1-2 micrometers thick interface between epithelium and connective tissue.

③ Rete Ridges:-

Also called rete pegs. It interdigitate with the connective tissues papillae.

E) Why is the name specialized given to specialized mucosa?

Because the specialized mucosa given to specialized mucosa.

Because they contain "Taste buds" on lingual papillae that's why specialized given to specialized mucosa.

Q 2(a) Enumerate layer keratinized surface epithelium in orderly manner.

- ① Stratum Basale
- ② Stratum Spinosum
- ③ Stratum Granulosum
- ④ Stratum Corneum

b) Stratum basale and 1st layer of the Stratum Spinosum comprises to Stratum germinativum

Because these cells give rise to new epithelial cells.

c) pyknotic nuclei =

Are often found in the zona reticularis of the "adrenal gland".

They are also found in the keratinocytes of the outermost layer in parakeratinized epithelium.

B) Which two layers of keratinize comprises Stratum Germinativum?

→ Stratum Spinosum and Stratum Granulosum are comprises on structure Germinativum.

Q6 After extraction, what post operative instructions will give to patient?

Ans: Once the surgical procedure has been completed proper instruction should be given to the patient.

→ The instructions should be given to the patient verbally and also written on paper.

→ ~~Q7~~ Once an extraction has been completed, the initial maneuver to control post operative bleeding is the placement of a small piece of gauze directly over the socket.

→ patient should be instructed to hold the gauze pack in place for as long as 1 hour to gain control of bleeding.

- > patients should be cautioned to avoid things that may be aggravate the bleeding.
- > patient who smoke should be encouraged to avoid smoking for the first 12 hours.
- > patient should also be told not to suck on a straw when drinking because they create negative pressure.
- > patient should not spit during first 12 hours after surgery.
- > Antibiotics should be prescribed to and analgesic the patient.
- > Warm Saline rise 15 times after 24 hr of extractions.

b) Why do we give post operative instruction?

→ We give post op to prevent complications like bleeding

- Dry Socket
- Infection
- Pain

To promote proper healing.

Q3A Define Extraction and its types.

A) Extraction:-

The action of extracting something, especially using effort or force.

There are two main types of dental extraction. Simple extraction and Surgical extraction. Simple dental extraction is used to remove teeth that can be seen and are easily accessible, whereas Surgical dental extraction typically requires an incision

into the connective tissue to gain access to the tooth to be removed. Both types of dental extraction are covered in more detail below.

- ① Simple Dental extraction.
- ② Surgical Dental extraction.

Simple Dental extraction:-

Simple dental extraction involves the removal of teeth that are visible in the mouth. General dentists often carry out this procedure in their dental practices, using a local anesthetic to numb the area and reduce the pain experienced by the patient.

Instruments to elevate the affected tooth and grasp the visible portion are needed, such as an elevator and dental forceps. The elevator is used to loosen the tooth and the forceps to grasp the tooth for its extraction.

Surgical Dental extraction:-

Involves the removal of teeth that are not easily accessible inside the mouth. This may be because they have not erupted through the gum completely or they have been fractured under the gum line.

(b) Surgical extraction:
We choose this type of extraction because severely cure cured root chances of fracture and nerve damage.

(c) Indications :-

- Fairly mobile teeth,
- Extraction of single tooth
- Extraction of multiple teeth which are scattered

Contraindications:-

- In Complicated extraction
- Deformed roots
- Hard tissue pathology of roots like hyper-cementosis etc.
- Badly destroyed teeth.

Contraindication for Forcep

- Absence of full dilatation of cervix.
- In case of Cephalopelvic disproportion
- High station of fetal head
- If uterine contraction cease
- Lack of experience of operator
- Mentum posterior face presentation
- Hydrocephalic Infant
- Brow presentation.

a) In this extraction case we will do Surgical extractions.

Q4
a) What is Curettage and why is it important after extraction?

A Dental Curettage:-
Gentle Curettage of the socket and for postoperative antibiotics are standard protocols after an extraction of a tooth with a periapical radiolucency, but there are risks associated with these procedures.

M. Jethani, A retrospective chart analysis of simple dental extraction of teeth with periapical radiolucencies and without postoperative curettage was conducted in a multidentist private practice. There were 31 cases that met the criteria, which included extraction sites X-rays at least three months postoperatively to check radiographic healing. Results - of 31 extractions with periapical radiolucencies and without socket curettage all showed complete healing at least 3 months.

postoperatively. None was given preoperative antibiotics and only three were given postoperative curett antibiotics for five or six days. Conclusions Complete radiographic healing occurs without postextraction curettage in teeth with periapical radiolucencies and without preoperative or postoperative antibiotic therapy in most cases. Clinical Implication. Socket curettage or antibiotic therapy in patients with out significant swelling after simple extraction of teeth with periapical radiolucencies should not be routine. The risks of damage to adjacent structures, excessive bone removed, and postoperative pain exceed the benefits of postextraction curettage of the socket for teeth with periapical radiolucencies and the risk of antibiotic therapy often exceed the benefits.

B) After how many days will
remove stitches. -

In general stitches will remove
almost in 5-7 days.

C) Write steps for removal
of stitches.

Step of stitches:-

- Gather the materials
- Sterilize the materials
- Find a good spot.
- Snip and by stipt the
stitches.
- Stop it you start bleeding -
on section.
- Clean the area.
protect the wound.

Q5: A patient come to your clinic 2 days after extraction with severe throbbing pain in his socket which radiates to ear and eye. The patient also complains of bad breath and foul taste in mouth. There is empty space in extraction site with visible bone.

Q(A) What is your diagnosis?

A- Severe pain following a tooth extraction as after enough your dentist or oral surgeon to suspect dry socket. He or she will also ask about any other symptom and examine your mouth to see if you have a blood clot in your tooth socket and whether you have to exposed bone.

B) What is the reason for empty space in extraction site?

15

Ans it occurs when dentist has to remove the patient tooth. A blood clot developed which is normal.

Q(C) How does this condition occur?

Ans it occurs when dentist has to remove the patient tooth.

D) What management will you provide to patient.

Examine the area remove debris and rins from the area spread small amount medicated past in empty socket. ~~pt~~ patient have to visit clinic three time to allow the dentists to put the medicated past.