

Name : Bakhti yousafzai

ID # 13614

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Maam:Natasha

Q2.

A) Enumerate layers of keratinized surface epithelium in orderly manner.

- Layer of keratinized surface epithelium which are:
 - Stratum basale.
 - Stratum spinosum.
 - Stratum granulosum.
 - Stratum corneum.

B) Which two layer comprises Stratum Germinativum?

The stratum basale (basal layer, sometimes referred to as stratum germinativum) is the deepest layer of the five layers of the epidermis.

The two layer comprises stratum germinativum are:

- Stratum spinosum.
- Dermis layer.

C) what is meant by pyknotic nucleus and where it is present?

Pyknotic nucleus:

A thickening, especially the degeneration of a cell in which the nucleus shrinks in size and the chromatin condenses to a solid, structureless mass or masses.

- They are also present in the keratinocytes of the outermost layer in parakeratinised epithelium.

Q. 1

A) Define Oral mucosa:

Oral mucosa is define as:

The oral mucosa is the skin inside the mouth, and it covers most of the oral cavity apart from the teeth. It protects the deeper tissues such as fat, muscle, nerve and blood supplies from mechanical insults, such as trauma during chewing, and also prevents the entry of bacteria and some toxic substances into the body. The major secretion associated with the oral mucosa is saliva, produced by the salivary glands.

B) Enumerate the two components of oral mucosa.

Following are the two components of oral mucosa which are given below:

- Oral epithelium.(stratified squamous)
- Lamina propria.(Connective tissue)

C) Enumerate types of oral mucosa. Which type comprises most of the oral cavity?

Following are the types of oral mucosa which are given below:

- Lining mucosa.
 - Alveolar mucosa.
 - Buccal mucosa.
 - Labial mucosa.
 - Masticatory mucosa.
 - Specialized mucosa.
- The comprises most of the oral cavity are **lining mucosa**. Because lining mucosa cover the buccal,labial,and alveolar surface of the oral cavity.

D) Define Connective Tissue Papilla, Basement Membrane and Rete Ridges.

Connective tissue Papilla:

Are the small, nipple-like structures on the upper surface of the tongue that give it its characteristic rough texture. The four types of papillae on the human tongue have different structures and are accordingly classified as circumvallate (or vallate), fungiform, filiform, and foliate. All except the filiform papillae are associated with taste buds.

Basement membrane:

The basement membrane is a thin, fibrous, extracellular matrix that separates the lining of an internal or external body surface from underlying connective tissue

Rete Ridges:

Rete ridges are the epithelial extensions that project into the underlying connective tissue in both skin and mucous membranes. Rete ridge flattening refers to the loss of these projections so that the skin epithelium acquires a relatively flat appearance.

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

Following are the reasons which given name specialized to specialized mucosa.

- The dorsal surface and lateral borders of the tongue are covered by a mucous membrane that contains nerve endings for general sensory reception and taste perception.
- The dorsal surface of the tongue is covered with tiny projections called papillae.
- The body of the tongue is composed of interlacing bundles of skeletal muscle.
- The four types of papillae on the human tongue have different structures and are accordingly classified as circumvallate (or vallate), fungiform, filiform, and foliate. All except the filiform papillae are associated with taste buds.

Q3.

A) Define Extraction and its types.

Extraction:

Tooth extraction is a dental procedure which removes or pulls out a tooth from its alveolus or dental socket in the alveolar bone. When the risk of bacteria spreading and affecting other teeth turns high, the best option left to ensure oral health is a tooth extraction.

Types of Tooth Extraction

There are two kinds of tooth extraction:

- simple extraction.
- surgical extraction.

A **simple extraction** is commonly performed by general dentists on a fully erupted or noticeably visible tooth in the mouth. The dentist uses an elevator to loosen the tooth and a forceps to remove it.

On the one hand, oral surgeons often perform **surgical extraction** wherein a small incision is made into the gums to remove a tooth which has broken off at the gum line or has not come out. General dentists can also perform a surgical extraction.

B) A patient comes to your clinic with carious tooth which cannot be restored by endo treatment. You decided to go for extraction. In pre operative radiograph you observed severely curved and thick roots embedded in bone.

a) Which type of extraction would you do in such case?

Surgical extraction should be advice.

b) Give explanation, why would you choose this type of extraction.

A small incision is made into the gums to remove a tooth which has broken off at the gum line or has not come out. That we chosen the surgical extraction.

C) Give 2 indications and 2 contraindications of closed/forcep extraction.

Indications:

- Trauma.
- Fracture.
- Abscess & infection.

Contraindications:

Diabetes, end-stage renal and liver disease, uncontrolled leukemia, lymphoma, etc

Q5.

A patient comes 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 the mouth. There is empty space in extraction site with visible bone. A. What is your diagnosis?

Usually after a tooth extraction, a blood clot naturally forms in the socket the hole in the bone where the tooth has been extracted. However, if the blood clot does not form or dislodges, the bone inside the socket can be exposed referred to as “dry socket.”

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

If you need to have a tooth removed for any reason, deciding what will be done with the empty space before the extraction procedure is important.

The location of wisdom teeth, at the back of the mouth, means that the area will heal on its own and not require anything to fill the space.

C. How does this condition occur?

- Poor oral hygiene.
- Sharp bony edge.
- Bacteria is extinction socket.

D. What management will you provide to patient?

- Apply an ice pack to your cheek directly after the procedure to reduce swelling. Use the ice pack for 10 minutes each time.
- After the dentist places the gauze pad over the affected area, bite down to reduce bleeding and to aid in clot formation. Leave the gauze on for three to four hours, or until the pad is soaked with blood.
- Take any medications as prescribed, including over-the-counter painkillers.
- Don't use a straw for the first 24 hours.
- Don't smoke.

Q6.

A) After extraction, what post operative instructions will you give to patient?

- For an hour after surgery, you should place pressure on the gauze pad covering the extraction site. If bleeding continues, apply new gauze and pressure for an additional 45 minutes.
 - After surgery, place a cold compress on your face near the extraction site for 20 minutes. Remove for 10 minutes. Repeat.
 - Do not eat or drink hot foods and beverages after surgery.
 - Do not rinse your mouth.
 - Do not use a straw.
 - Do not spit.
 - Do not drink carbonated beverages.
 - Do not brush your teeth on the day of the surgery. Then resume normal home care, gently brushing and flossing.
 - Some bruising, swelling, and pain are normal – particularly if you have had a wisdom tooth extraction. Take your prescribed medication and use a cold compress on your face.
 - Plan to eat soft foods, such as soups, milkshakes, fruit juice, and yogurt, for 2-3 days.
 - Do not bite your lips, cheeks, or scrape your gums. Children should be watched carefully to make sure they don't do this. It will damage soft tissues and result in pain.
- B) Why do we give post operative instructions?**

After your extraction, it's important for a blood clot to form, to stop the bleeding and begin the healing process

Q4.

A) what is curettage and why is it important after extraction?

Curettage:

Curettage therapy is a procedure that involves removing bacterial plaque and tartar from the root surface below the gumline with instruments and ultrasonics. It may also require removal of diseased tissue within the pocket. The goal of this treatment is to allow reattachment of the gums to the clean root surface and to shrink the periodontal pockets to levels that can be maintained by daily flossing and brushing.

Important of curettage are:

Curettage, as originally conceived, was designed to promote new connective tissue attachment to the tooth, by the removal of pocket lining and junctional epithelium.

Curettage is also a major method used for removing osteoid osteoma and osteoblastoma. **B)**

After how many days of extraction, you will remove stitch?

Sutures would be ideally removed 8-12 days after placement.

C) Write the steps of stitch removal in your own words.

The wound is cleaned with an antiseptic to remove encrusted blood and loosened scar tissue. Sterile forceps (tongs or pincers) are used to pick up the knot of each suture, and then surgical scissors or a small knife blade is used to cut the suture. Forceps are used to remove the loosened suture and pull the thread from the skin. These relatively painless steps are continued until the sutures have all been removed. You may feel a tug or slight pull as a stitch is removed. The wound is cleansed again. Adhesive strips are often placed over the wound to allow the wound to continue strengthening.