ANNOOR DENTAL COLLEGE

DEPARTMENTOFORALMEDICINEAND RADIOLOGY

Special Cases(month of july)

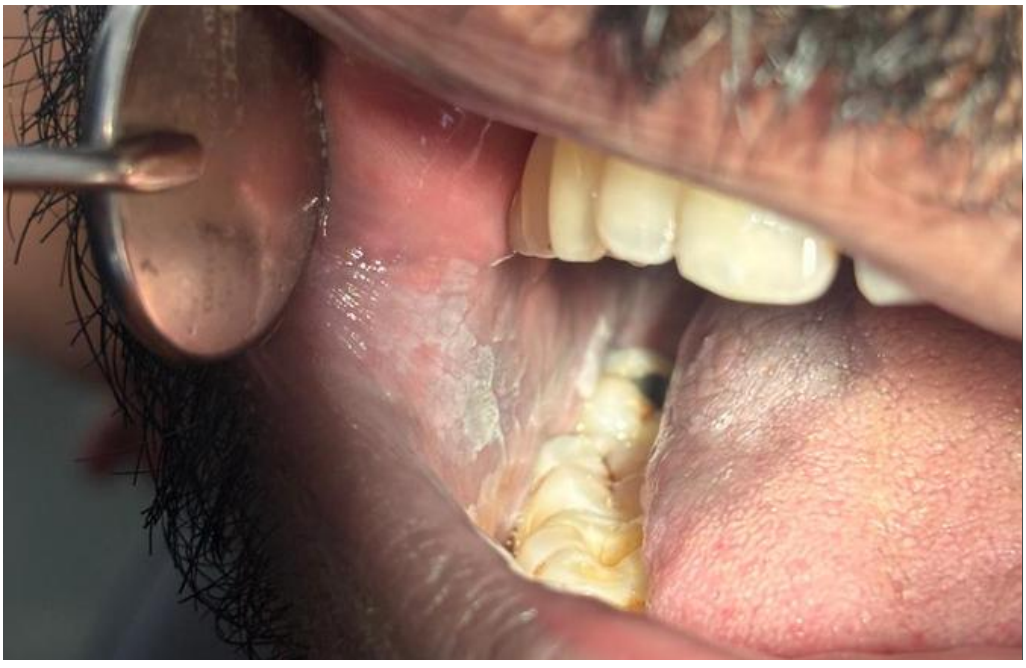
1.Oral leukoplakia

Chief complaint:Pt complains of decay in the upper left back tooth region since 1 month

HOPI:Pt notices decay in the upper left back tooth region since 1 month
Pt experiences mild pain which aggravates on having food and relieves on its own without any medication

Diagnosis:homogenous leukoplakia

Treatment plan:
endodontic consultation wrt 26
Restoration wrt 17,18,28,46,47,48



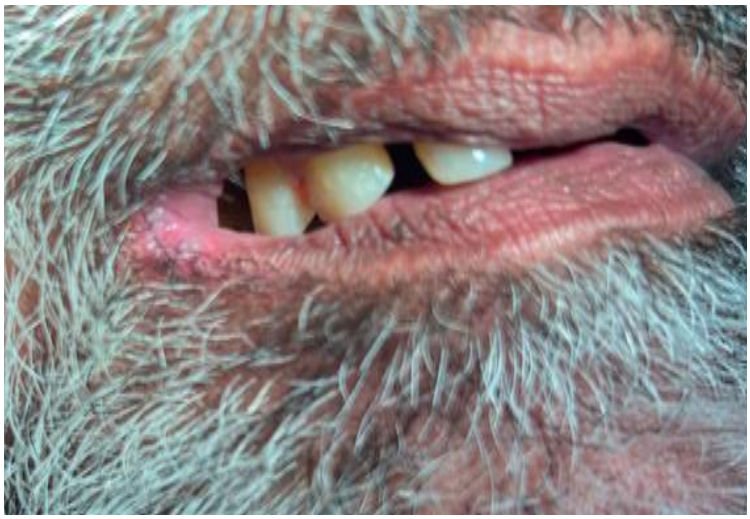
Diagnosis

Non homogenous leukoplakiawrtto buccal mucosa

Angular chelitis

Chief complaint:patient complaints of presence of sharp tooth on both upper and lower arch since 1 month.

HOPI:patient notices sharp tooth on both upper and lower arch since 1 month.patient has difficulty in eating and brushing.patient notices blood and wounds on mouth due to the nicking of sharp tooth.patient is under medication for pain.



Provisional diagnosis

Chronic apical periodontitis with respect to 18 24 27 28 31 32 33 34 41 42 43 44 46 47 48

Chronic pulpitis with respect to

Chronic generalised periodontitis

Angular chelitis

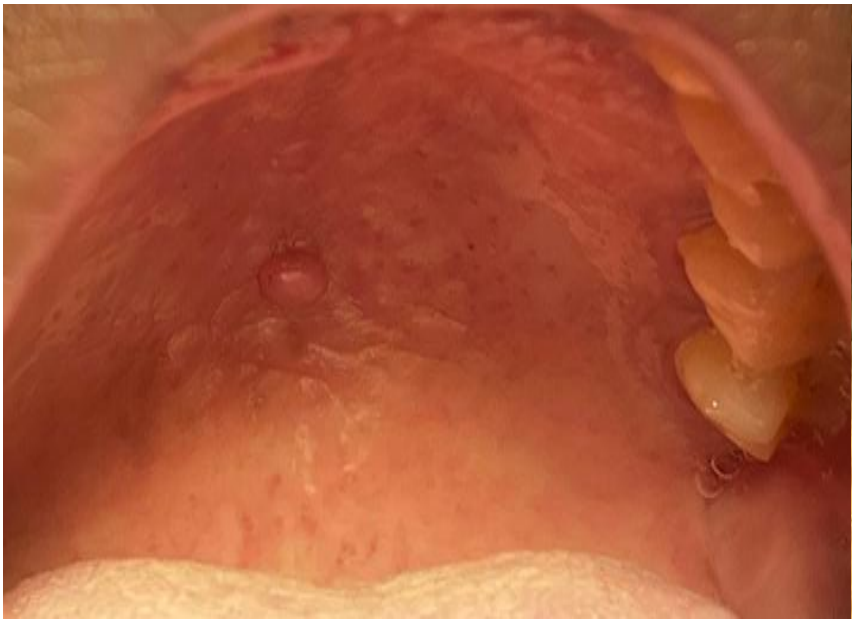
Stoppage of tobacco habit.
Treatment of underlying disease.
If infection is the cause,treatment is effective if the infection is also removed.
Permanent cure can be achieved by eliminating candidosis as well as the growth of candida beneath and in the denture fitting surface.

Fibroma

Chief complaint : patient complaints of sensitivity on upper right back tooth region since 2 days

Hopi

Patient notices sensitivity in the upper right back tooth region since 2 days. Sensitivity aggravates on having cold food items and relieved with time.



Diagnosis

- Fibroma irt mid posterior palatial region
- Chronic generalised gingivitis with localised periodontitis irt 14,15

Treatment plan

Surgical excision of fibroma
perio consultation

OralSubmucous Fibrosis

CHIEF COMPLAINT

Patient complaints of decay on the right lower tooth region since 1 year.

HISTORY OF PRESENTING ILLNESS

4

•Patient notices decay on lower right tooth region since 1 yr.

•Patient notices food lodgement and no pain

PROVISIONAL DIAGNOSIS

•Chronic generalised periodontitis

•Proximal caries wrt 47

•Generalised attrition

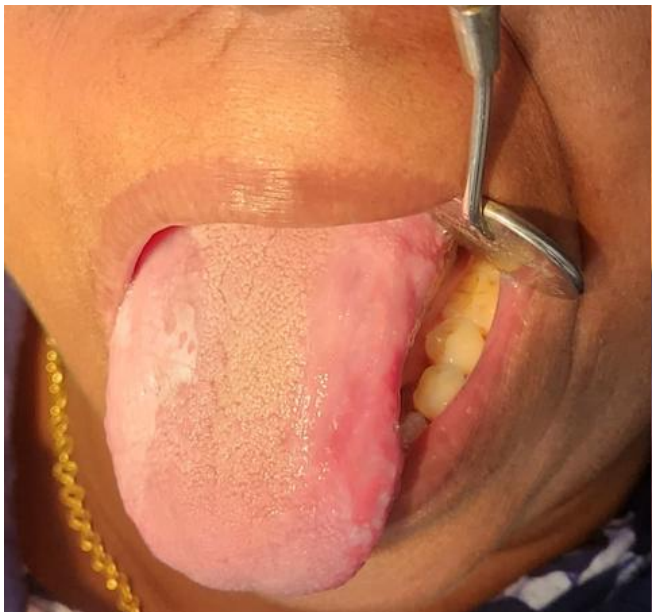
•Fissured tounge

TREATMENT

•Perio consultation

•Restoration wrt 47

•Advice patient to use ultrasoft brush for cleansing.



GINGIVAL ENLARGEMENT

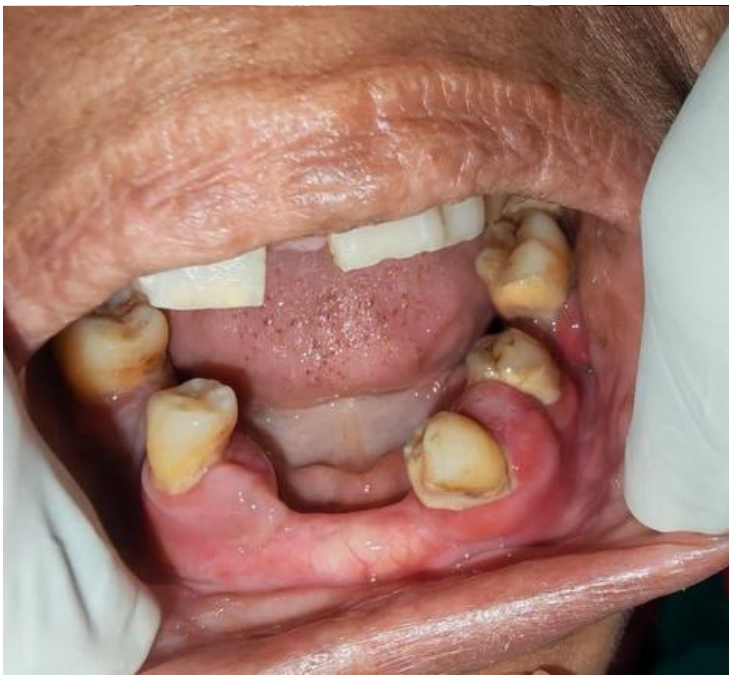
CHIEF COMPLAINT
Patient complaints of swelling in the gum of upper front teeth since 2months.

HISTORY OF PRESENTING ILLNESS
Patient notices swelling of gum throughout mouth since 3month.Patient is under medication for hypertension and diabetes.2month ago antihypertensive drug was changed to amlodipine5mg BD. Then she notices swelling in upper front teeth region.No history of pain or bleeding

FINAL DIAGNOSIS
Drug induced and inflammatory gingival enlargement.
Chronic generalised periodontitis.

TREATMENT PLAN

•Oral prophylaxis and periodontal therapy
•Physician consultation regarding altering offending drug
•Prosthetic rehabilitation of maxilla and mandible
•Recall and review



FISSURED TONGUE

Chief complaint.

Patient complaints of mild sensitivity on the lower right back tooth region since 2 weeks.

History of presenting illness

patient notices sensitivity on lower right back tooth region, aggregates on having cold food, and subsides after sometime. No history of pain

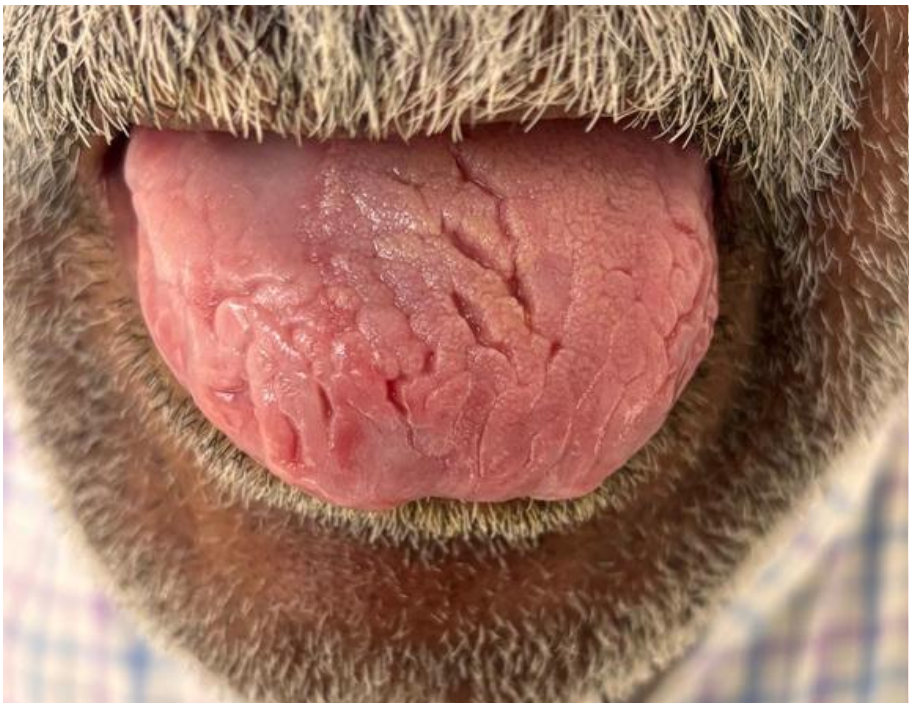
Diagnosis

Deep dentinal caries irt 46

Fissured tongue

Treatment plan

Endo consultantion irt 46



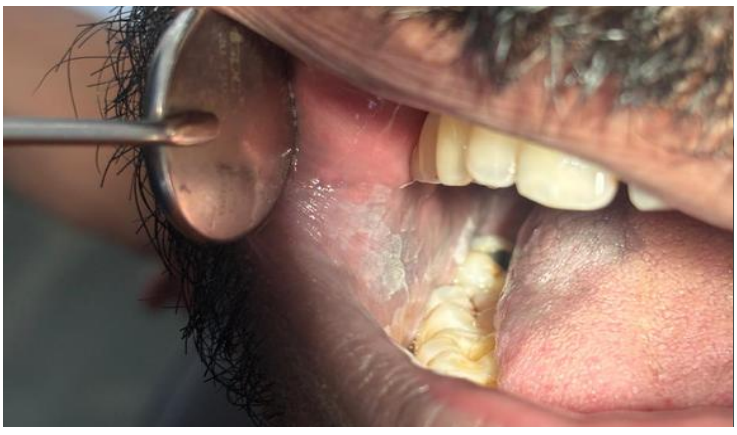
HOMOGENEOUS LEUKOPLAKIA

Chief complaint: Pt complains of decay in the upper left back tooth region since 1 month

HOPI: Pt notices decay in the upper left back tooth region since 1 month
Pt experiences mild pain which aggravates on having food and relieves on its own without any medication

Diagnosis: homogenous leukoplakia

Treatment plan:
endodontic consultation wrt 26
Restoration wrt 17,18,28,46,47,48



DEPT.OF CONSERVATIVE DENTISTRY AND ENDODONTICS

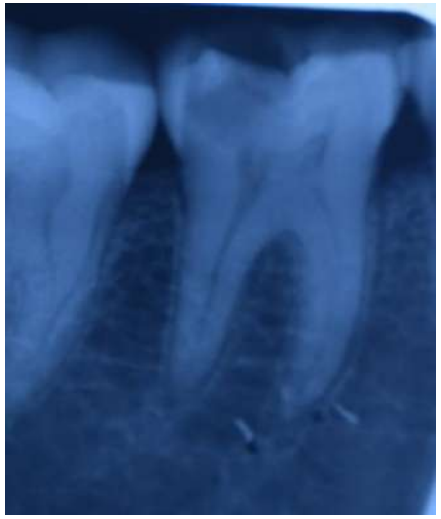
ANNOOR DENTAL COLLEGE AND HOSPITAL MUVATTUPUZHA

SPECIAL CASES DONE –JULY 2026

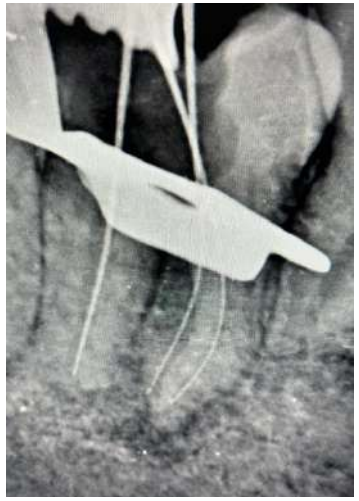
CASE NO.1 - ENDODONTIC MANAGEMENT OF MANDIBULAR MOLAR &ENDOCROWN PROSTHETIC REHABILITATION

Chief complaint -Pain in lower right back tooth(36)

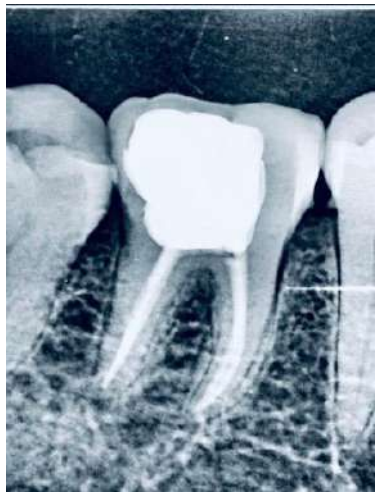
Treatment done – Root canal treatment followed by post endodontic restoration and E-MAX Endocrown done irt 36



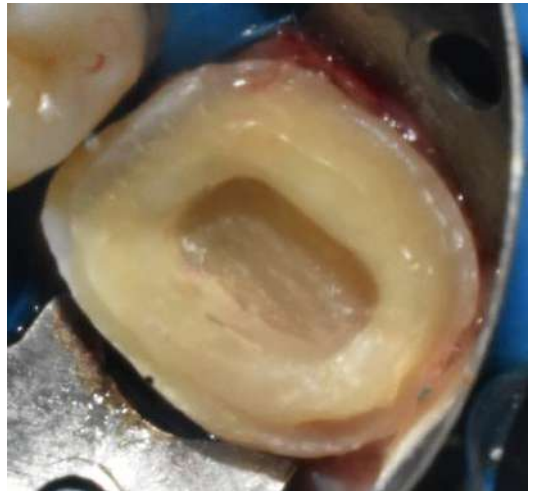
PRE-OP RADIOGRAPH



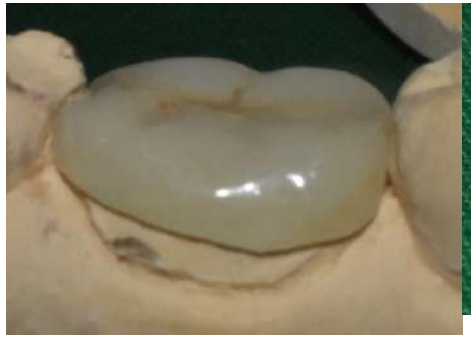
W.L RADIOGRAPH

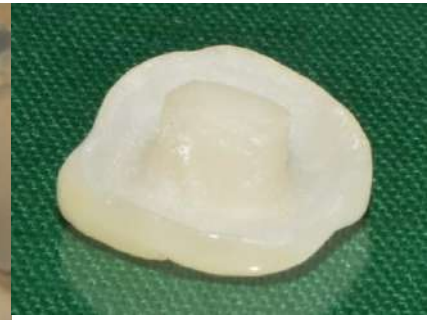


OBTURATION&POST ENDO RESTORATION

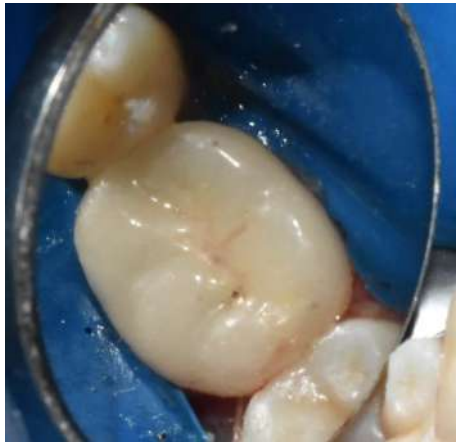


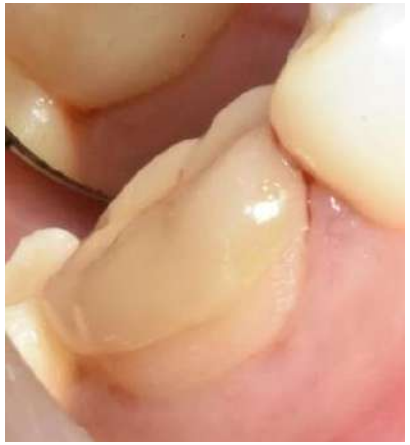
TOOTH PREPARATION FOR ENDOCROWN



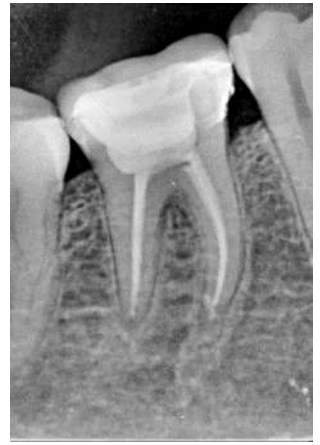


E-MAX ENDOCROWN





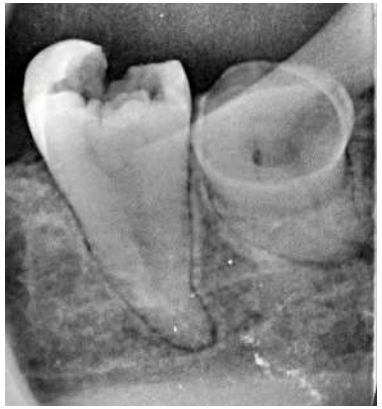
POST-OP IMAGES &RADIO GRAPH



CASE NO.2 - Endodontic management of single rooted mandibular molar with single canal

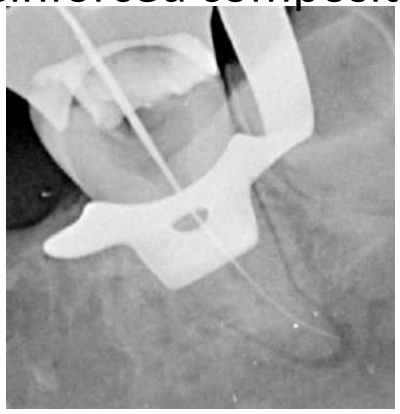
Chief complaint - Decay in lower left back tooth

Treatment done – Root canal treatment of single rooted mandibular molar with single canal followed by post endodontic restoration using fiber reinforced composite irt 37

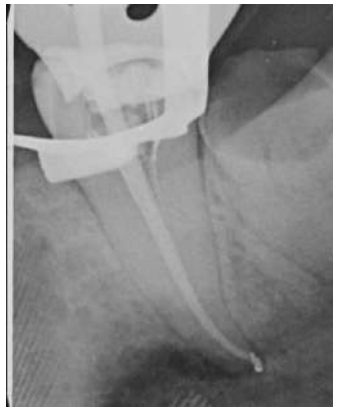


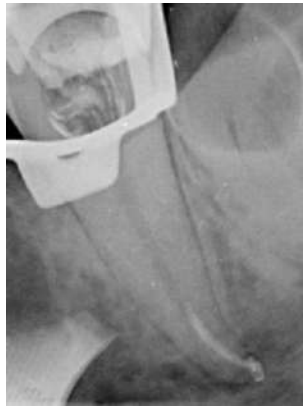
Pre operative radiograph

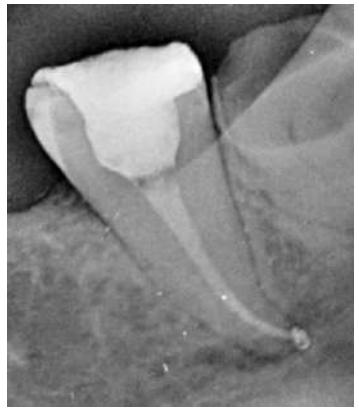
Access opening photograph



Working length radiograph



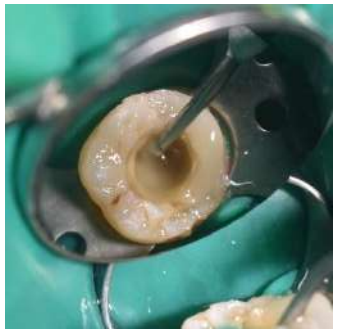




Obturation in a continuous wave compaction technique

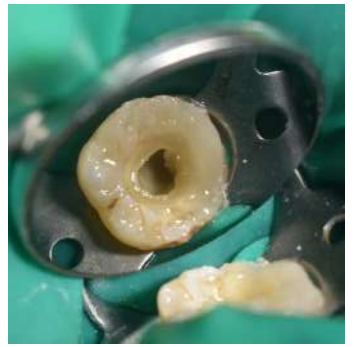
37% phosphoric acid etching

Bonding agent application

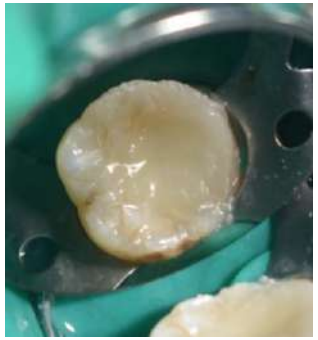


Application of flowable composite

Ribbond (Fiber Reinforced Composite)



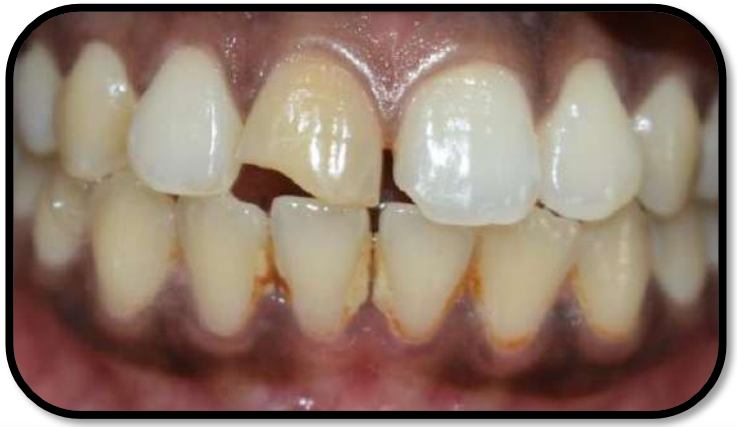
Placement of Ribbond in wallpapering technique

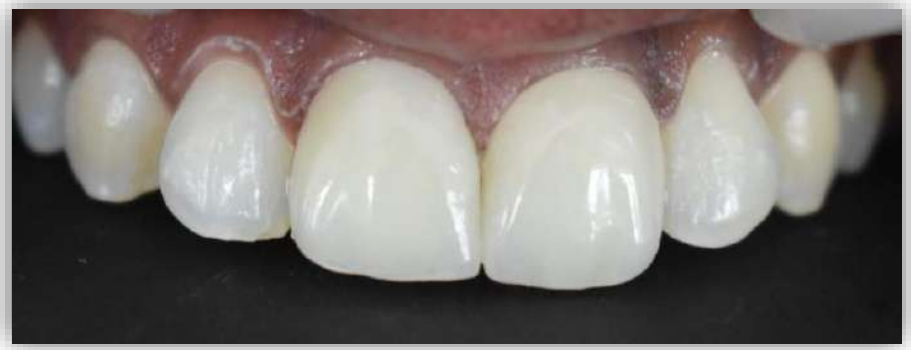


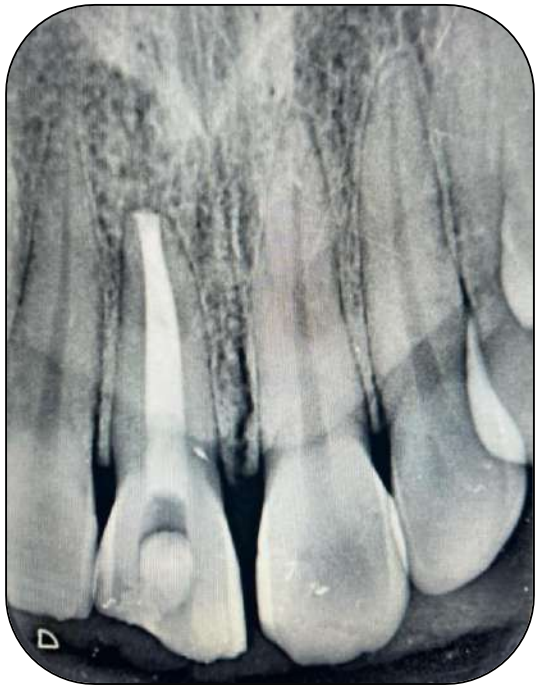
Completed restoration

CASE NO.3 –Root canal treatment of 11 with open apex and discolouration using non-vital tooth bleaching and midline diastema closure with Emax veneer for 11 and 21

Chief complaint : Fractured and discoloured upper front tooth
Treatment done : Root canal treatment of 11 with open apex followed by non-vital tooth bleaching and midline diastema closure done with Emax veneer for 11 and 21

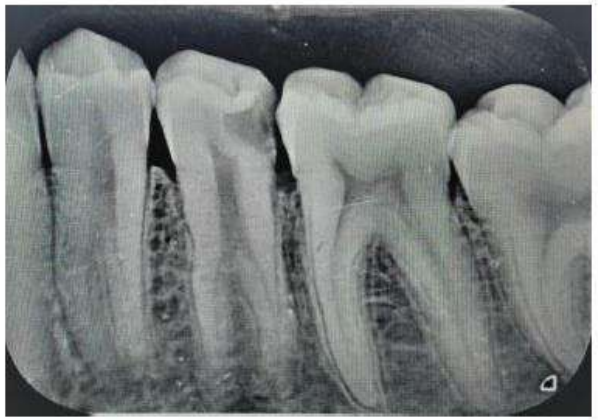




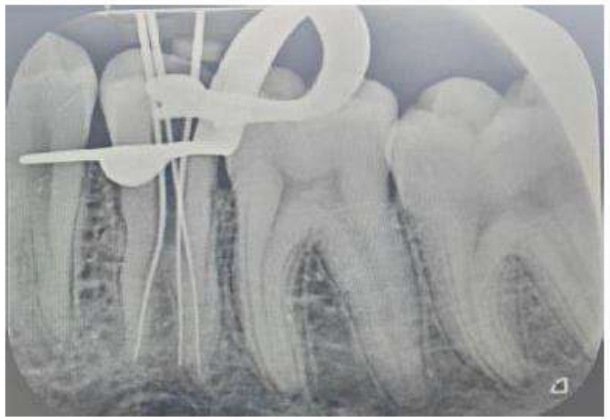


CASE NO.4 : ENDODONTIC MANAGEMENT OF MANDIBULAR PREMOLAR WITH 3 ROOTS

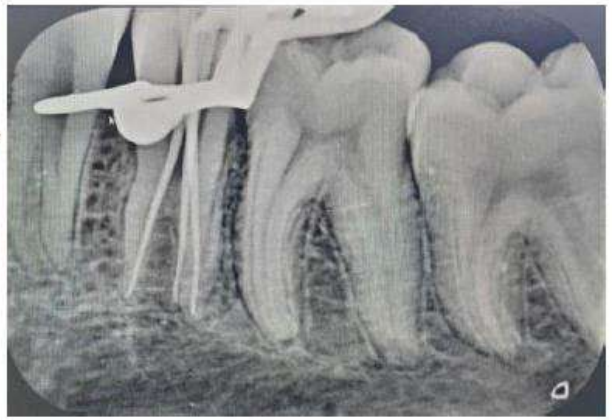
Chief complaint : Pain in the lower left back tooth since 2 weeks
Treatment done : Root canal treatment done irt 35



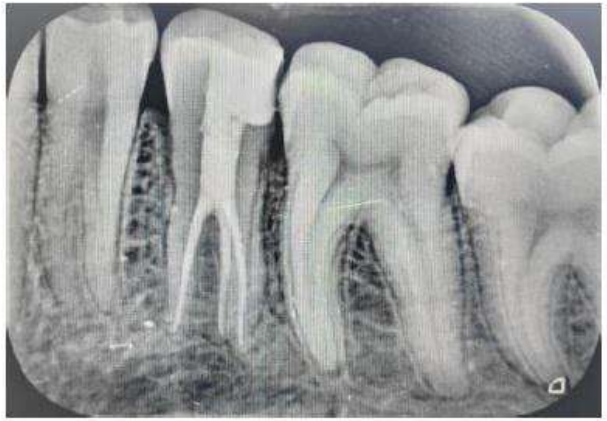
PRE-OP



WORKING LENGTH X-RAY



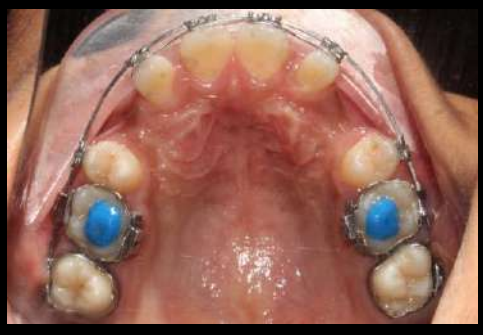
MASTER CONE SELECTION

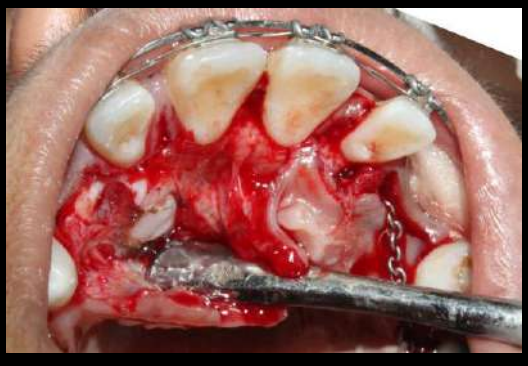


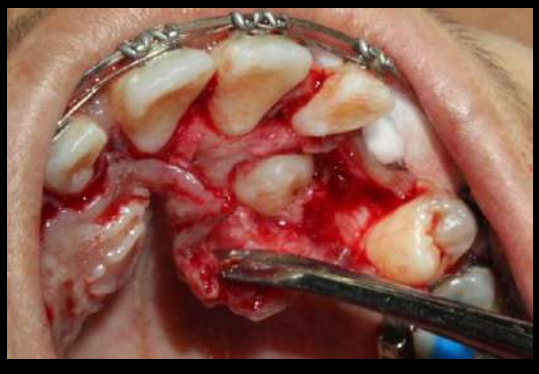
POST-OP

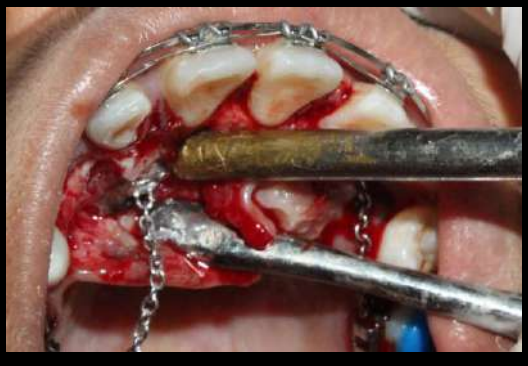
DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

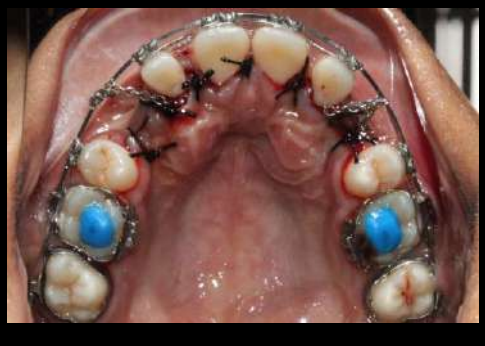
15 years old female patient came to the department with chief complaint of spacing in upper front teeth. Patient had Angle's Class II malocclusion with Spacing irt upper anteriors, Crowding irt to lower arch and Impacted 13,23 *on class I skeletal jaw base with horizontal growth pattern. Treatment plan was f*ixed appliance therapy with extraction line of treatment, Extraction irt 14,24,34,44 and Surgical exposure and orthodontic traction should be done irt 13,23.







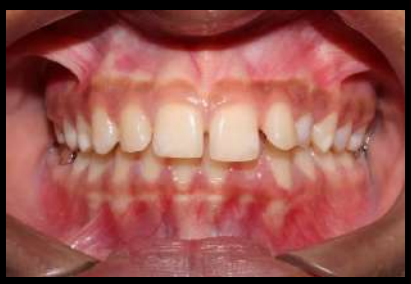
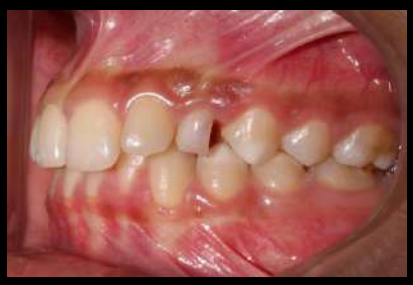
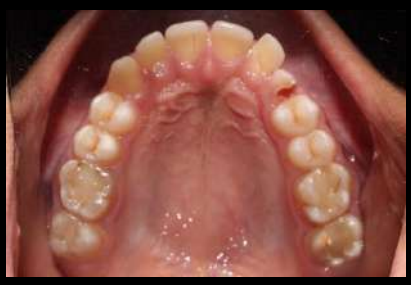
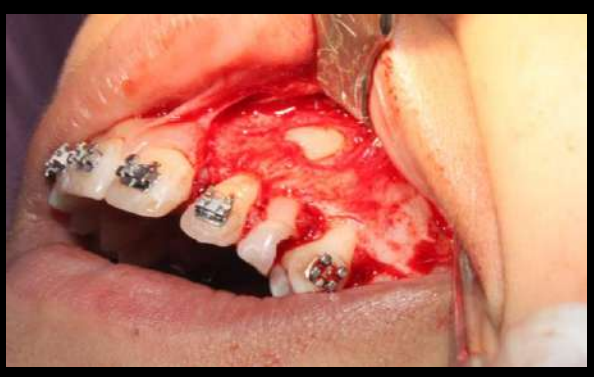
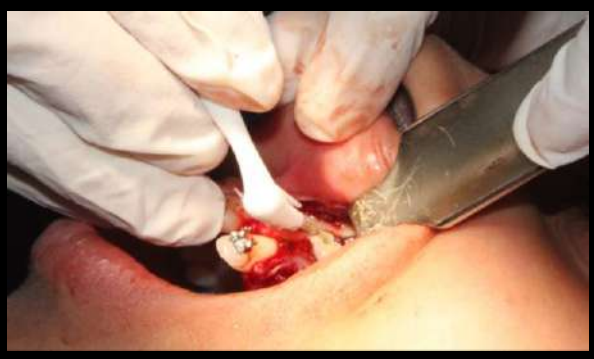
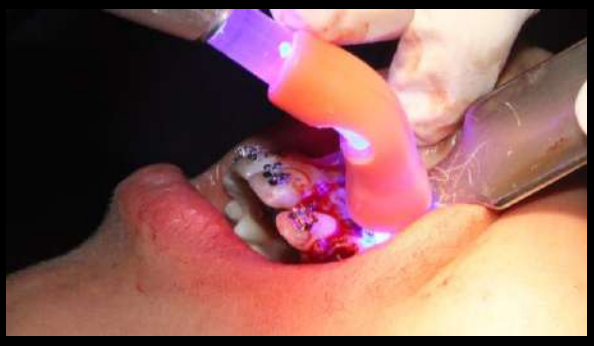


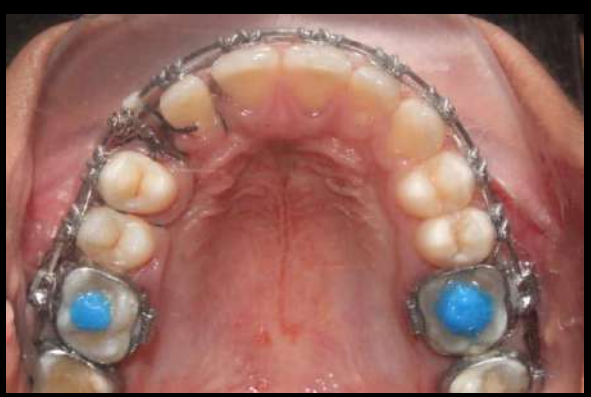
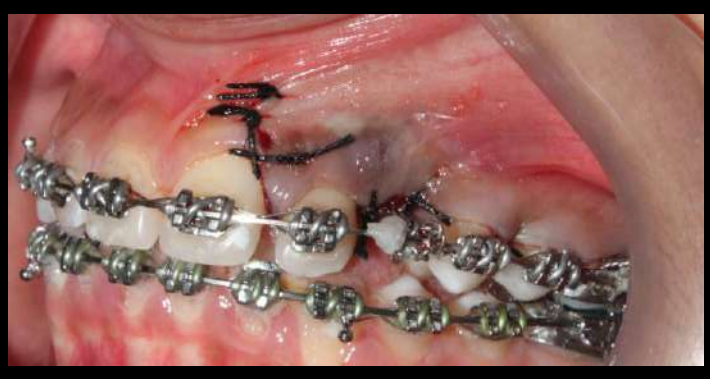


SURGICAL EXPOSURE AND ORTHODONTIC TRACTION IRT 13,23

DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

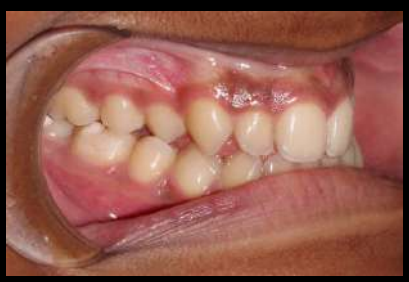
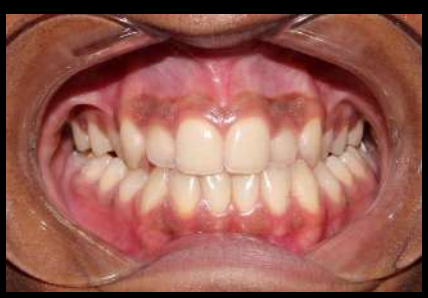
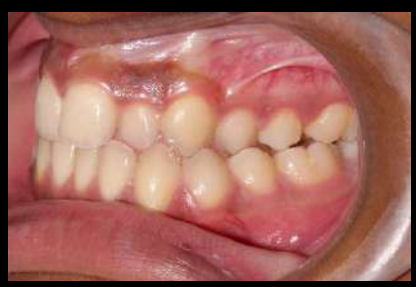
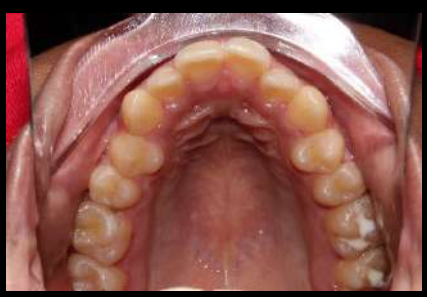
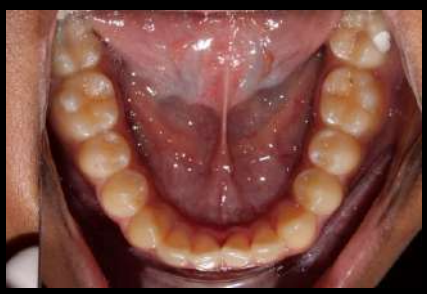
17 years old female patient came to department with chief complaint of spacing in upper front teeth .Patient had incisor class I malocclusion with mutilated molar relation on right side (SS crown irt 46, restoration irt 16) , class I molar relation on left side, class I canine relation on right side, spacing in upper anteriors, retained deciduous tooth irt 63, missing 23 with horizontal growth pattern and treatment plan was surgical exposure of 23 and extraction of 63 followed by orthodontic traction irt 23

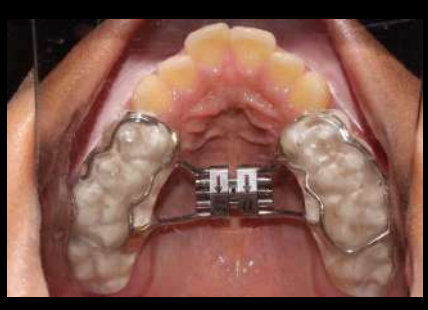
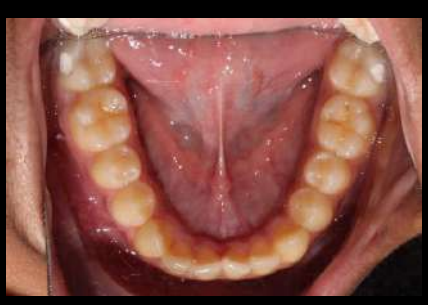



DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

14 years old male patient came to Department of Orthodontics with chief complaint of inwardly placed upper and lower teeth. ***Patient had*** *class III molar relation with class III canine relation on the right and class I canine relation on left side with class I incisor relation. Retroclined lower anteriors, crowding irt upper and lower anteriors, cross bite irt 14,24,22,25,constricted upper arch with vertical growth pattern* ***and treatment plan was expansion of upper arch using*** *Bondable RME with hyrax screw* ***followed by fixed orthodontic treatment.***

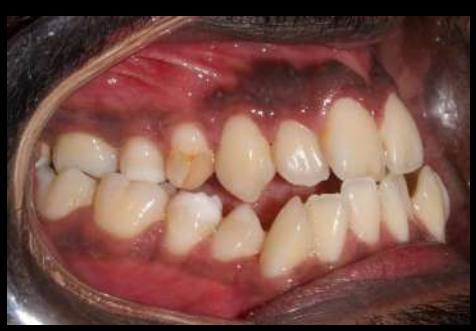
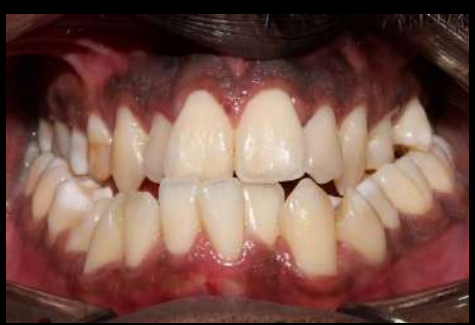


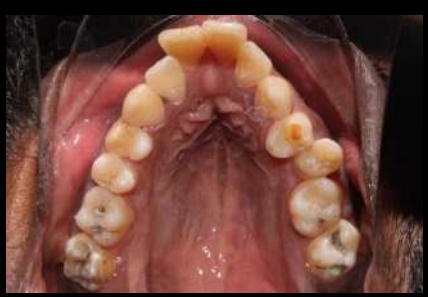
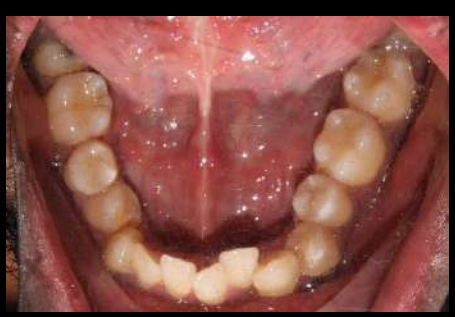



EXPANSION OF UPPER ARCH – BONDABLE RME WITH HYRAX SCREW

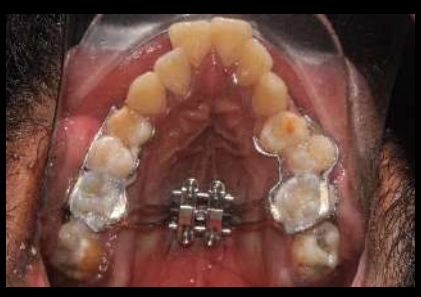
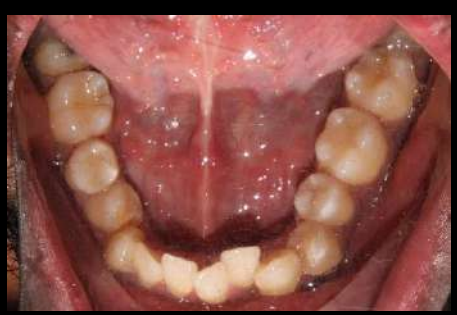
DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

- *22 years old male patient came to the department with chief complaint of malaligned upper front teeth. Patient had* British Class III Incisor relation malocclusion, with Molar relation and canine relation cannot be asessed due to bilateral cross bite. Proclined upper anterior with reverse overjet, crowding in upper and lower teeth. Bilateral cross bite, lower midline shifted to right by 3.5mm *on class III skeletal jaw base with Vertical growth pattern. Treatment plan was* Phase 1: MSE with face mask for expansion of upper arch followed by Phase 2: Fixed appliance therapy, PAE MBT 0.022



MSE for expansion of upper arch

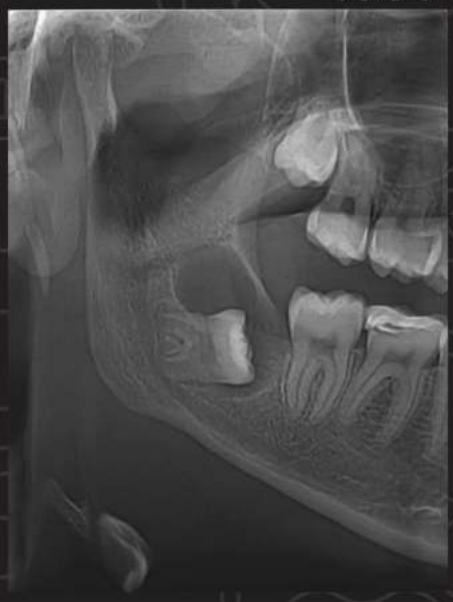
ANNOOR DENTAL COLLEGE

DEPARTMENT OF OMFS

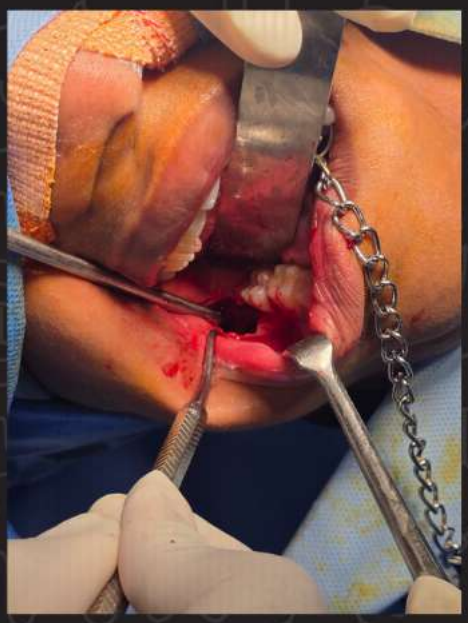
JULY 2026 SPECIAL CASES

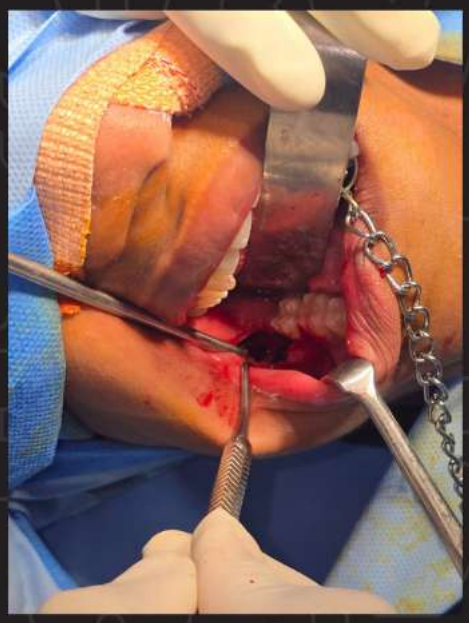
28 yr/ Female

Chief complaint : Patient complains of pain in the lower right back tooth region



Procedure: Disimpaction with cyst enucleation irt 48





TEAM ANNOOR MAXFAX

30 yr/Male

Chief complaint : History of road traffic accident

Procedure:Layer wise soft tissue suturing

TEAM ANNOOR MAXFAX

43 yr/ Male

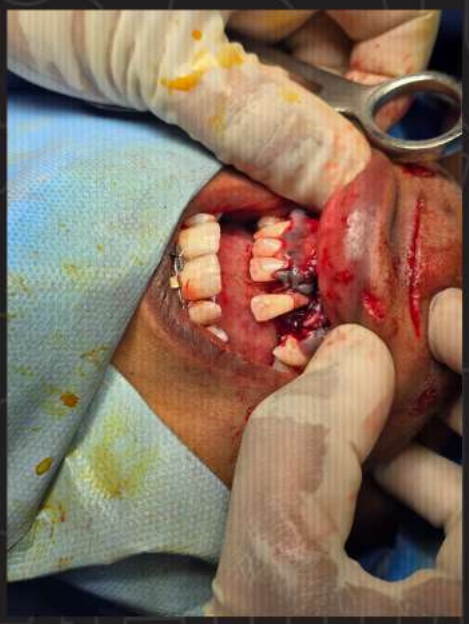
Chief complaint : History of road traffic accident

Procedure: Layer wise soft tissue suturing

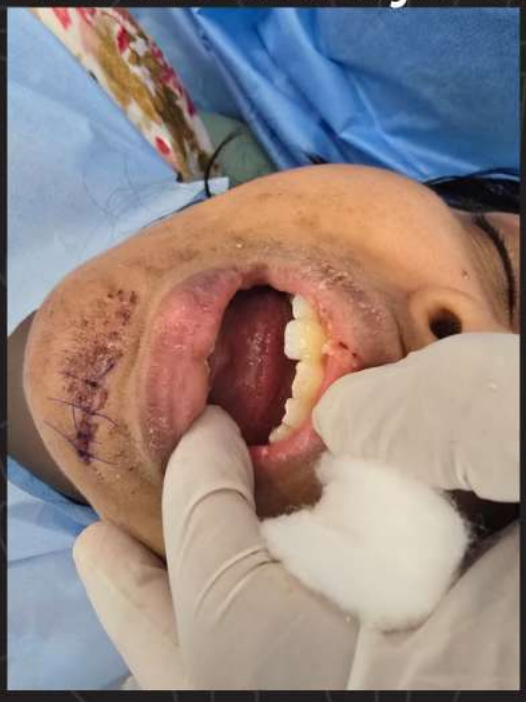
TEAM ANNOOR MAXFAX

32 yr/ Female

Chief complaint : History of fall



Procedure: Splintping with repositioning of tooth 21 and layer wise suturing



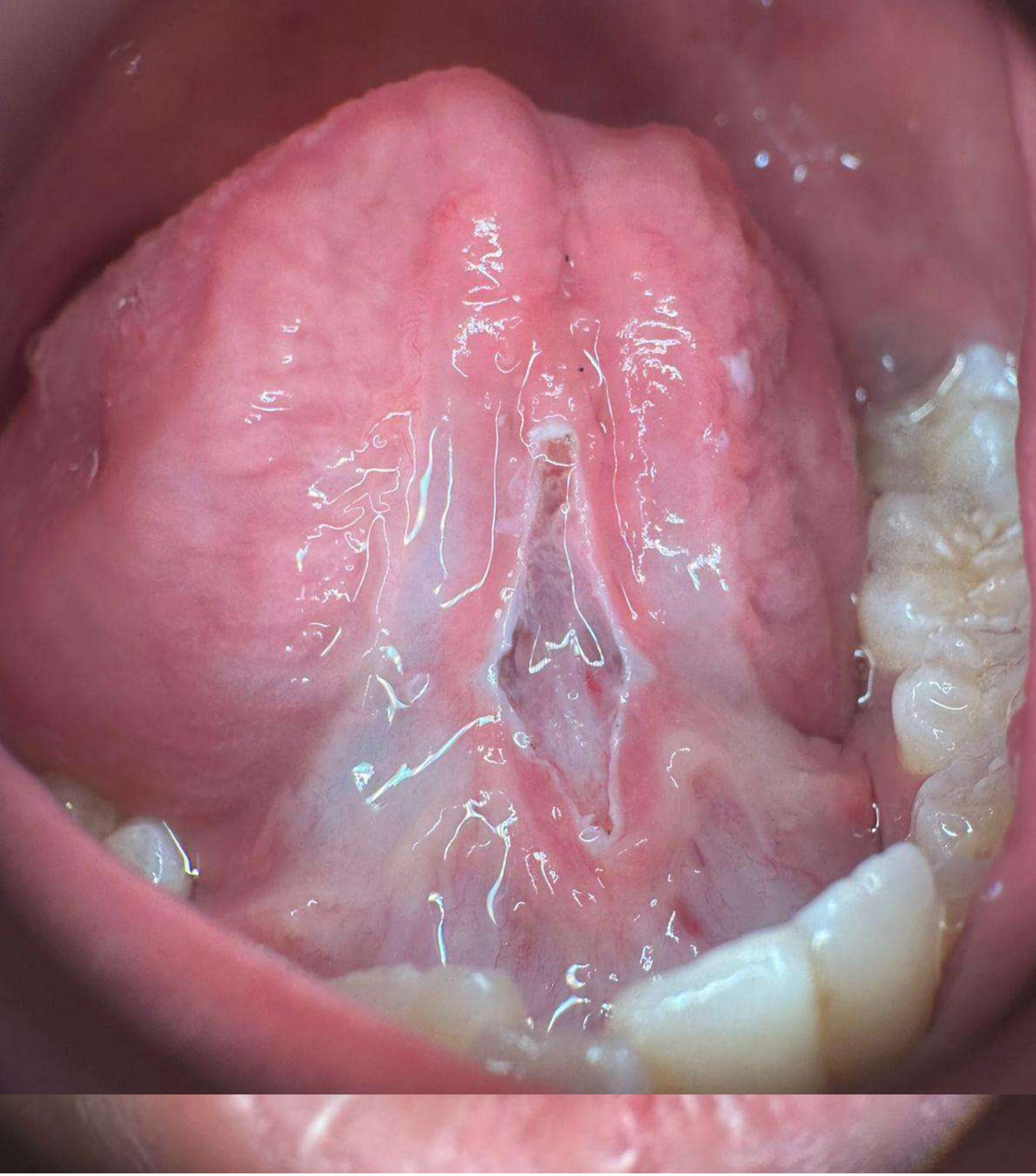
TEAM ANNOOR MAXFAX

LINGUAL FRENECTOMY

A 12-year-old male patient came with a chief complaint of pronouncing difficulty in certain words.

On examination a grade 3 ankyloglossia was present.

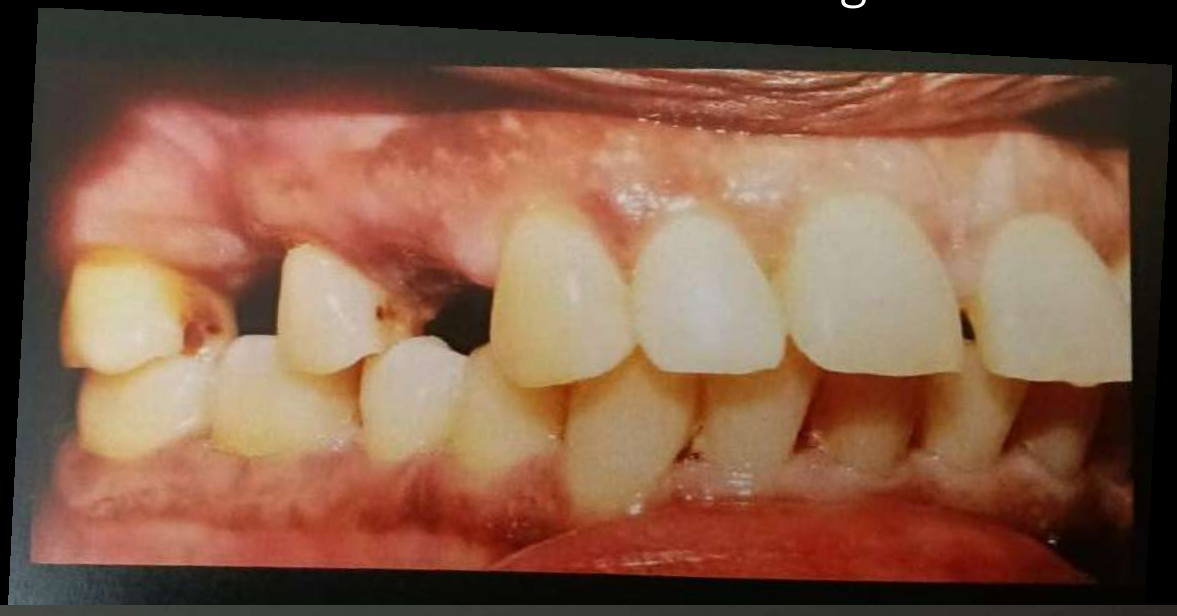
Procedure: Lingual frenectomy using Laser

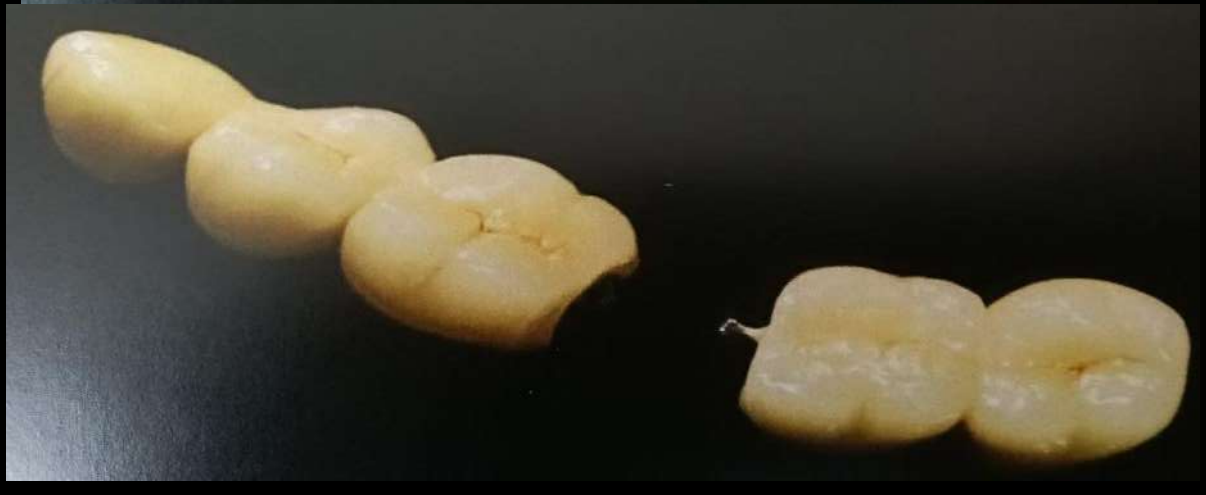


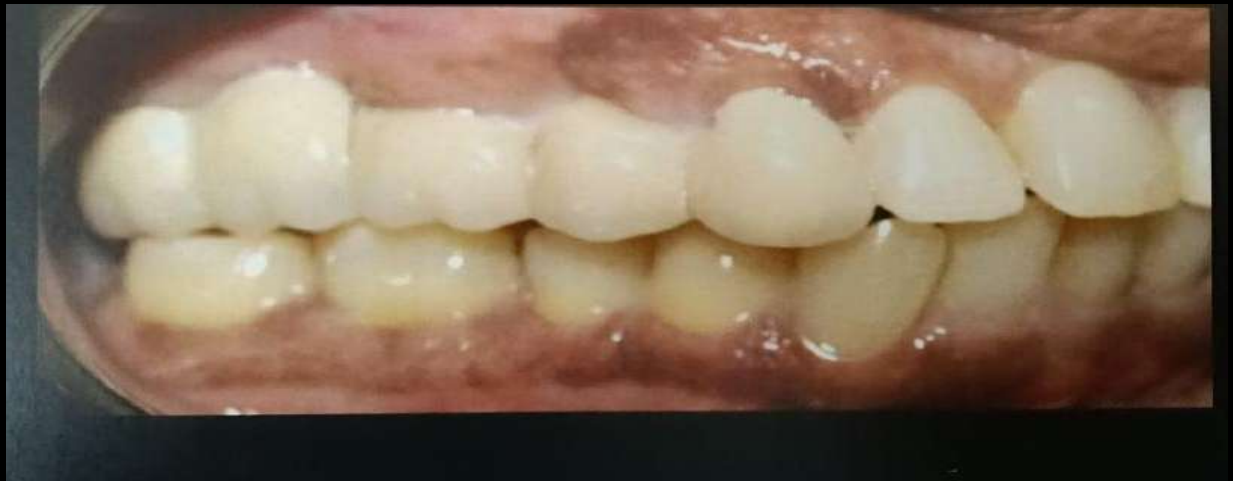
FDP WITH NON-RIGID CONNECTOR

Chief complaint - 71 year old female complains of missing teeth upper right teeth region

Procedure – Fabrication of non rigid connector



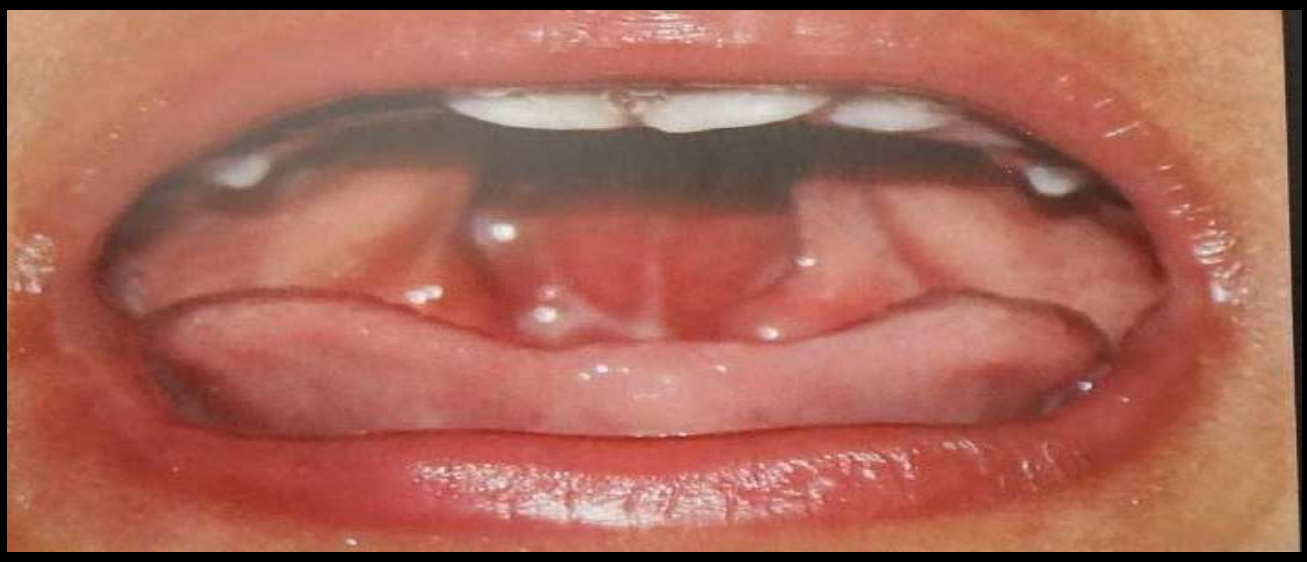


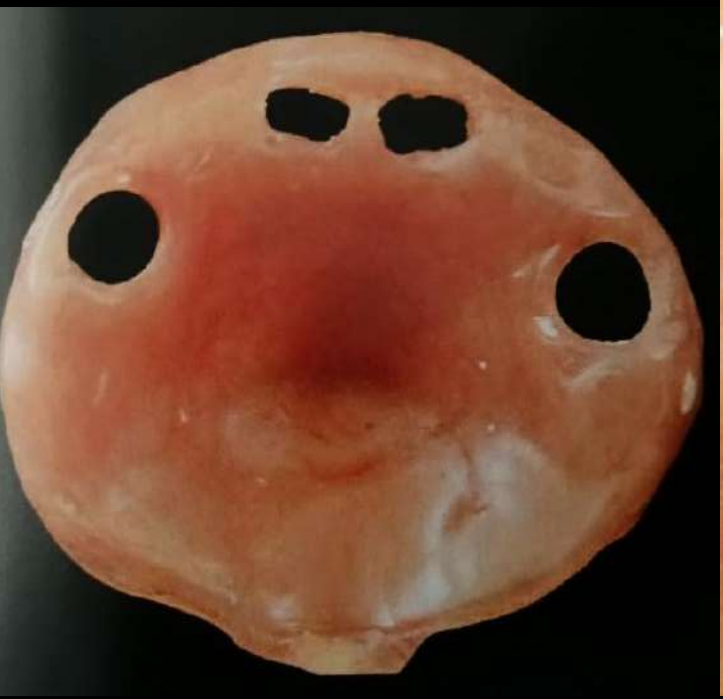


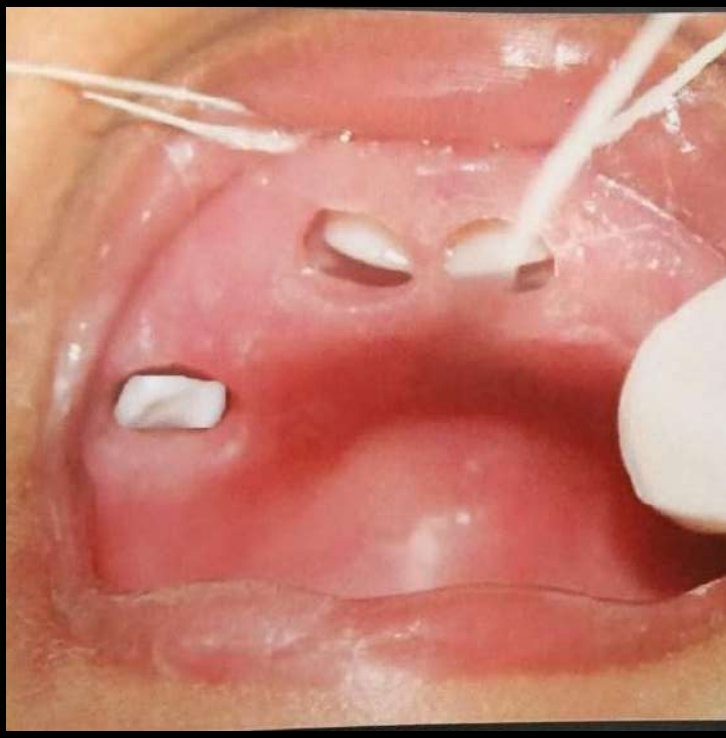
ACRYLIC FEEDING PLATE

Chief complaint - 1 year old female came to department with difficulty in swallowing food

Procedure – fabrication of acrylic feeding plate



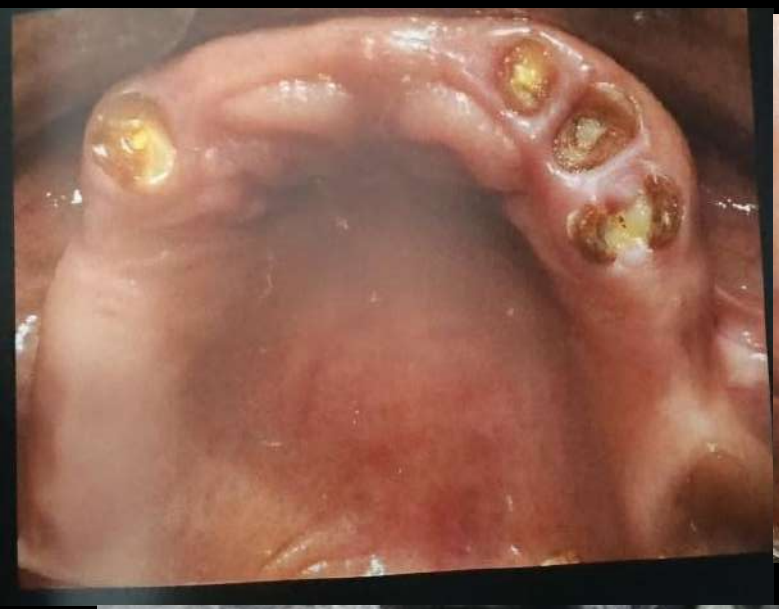


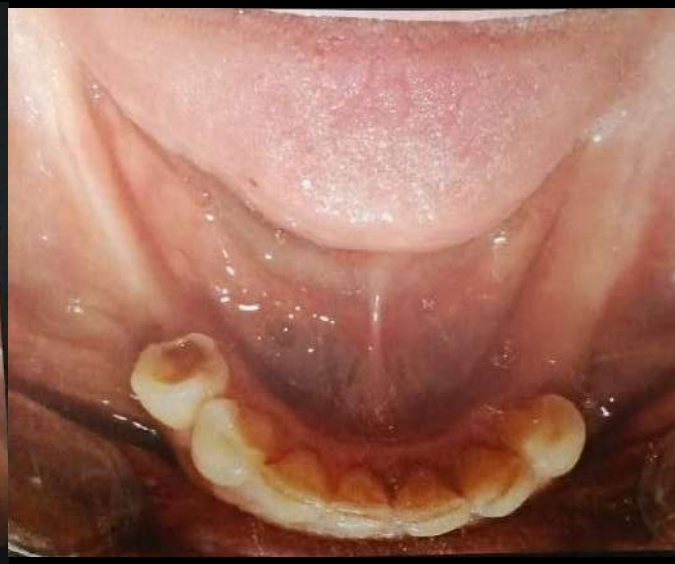


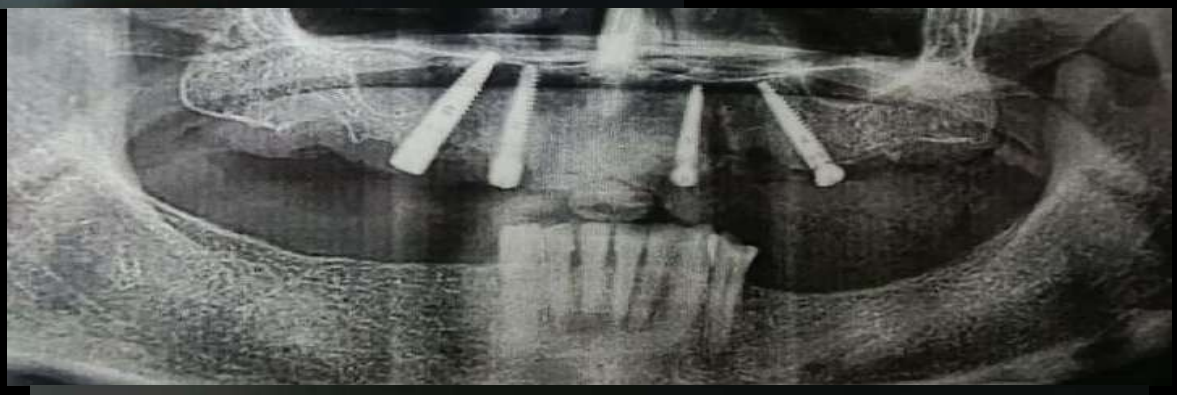
IMPLANT SUPPORTED FIXED PROSTHESIS AND CPD

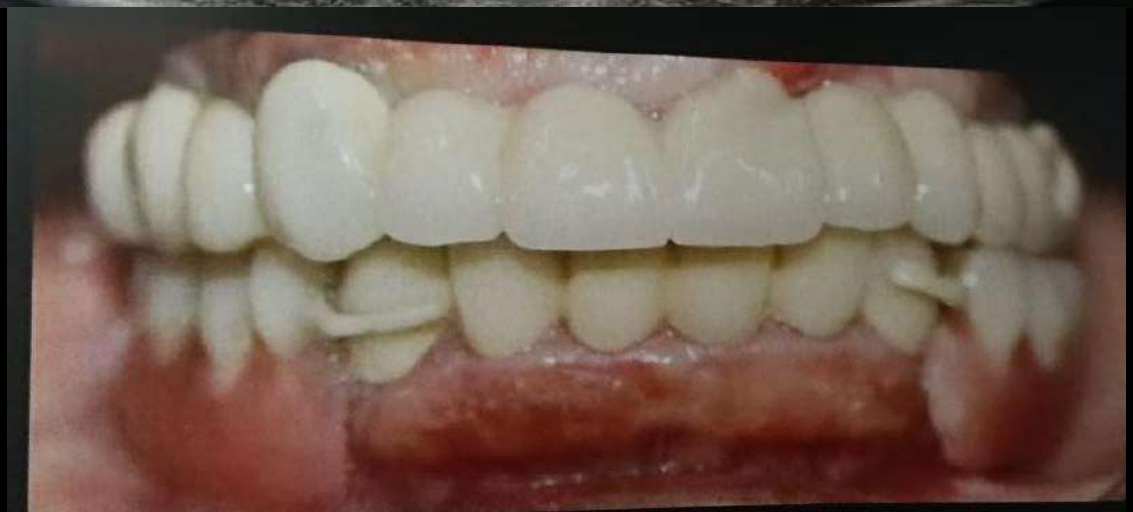
Chief complaint - 55 year old female complains of missing upper and lower teeth

Procedure – cast post and core followed by full coverage metal crown





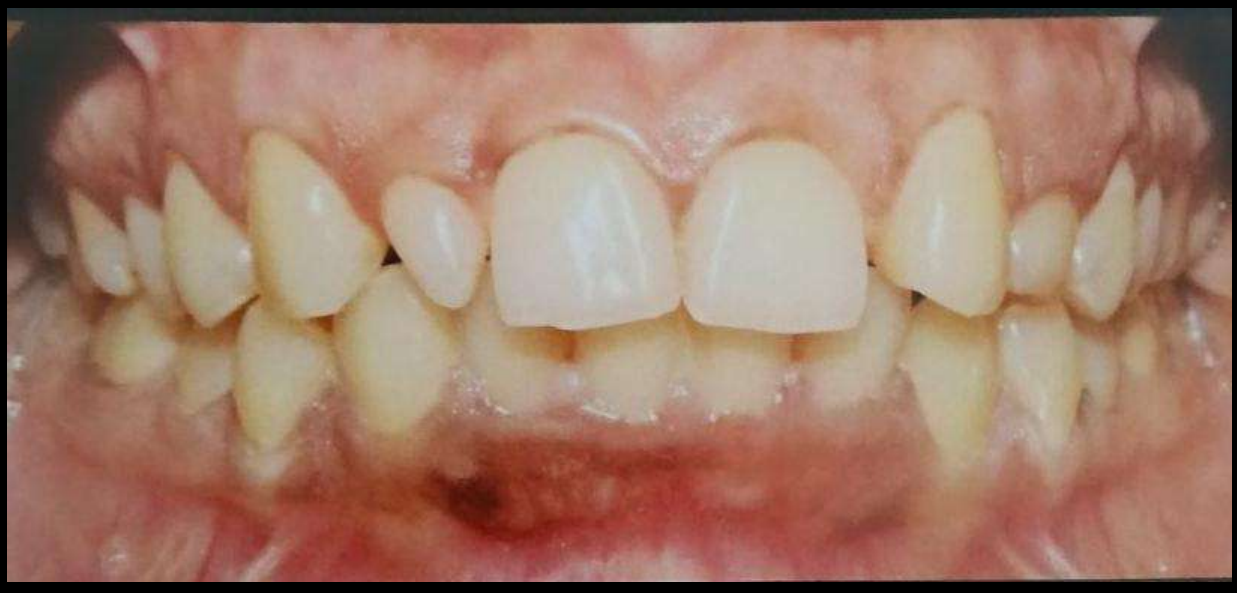


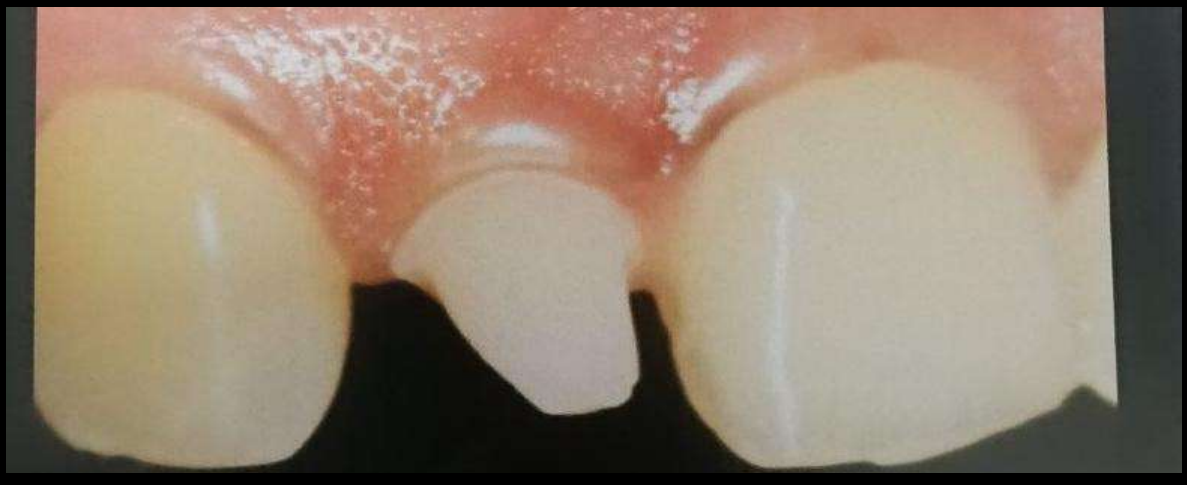


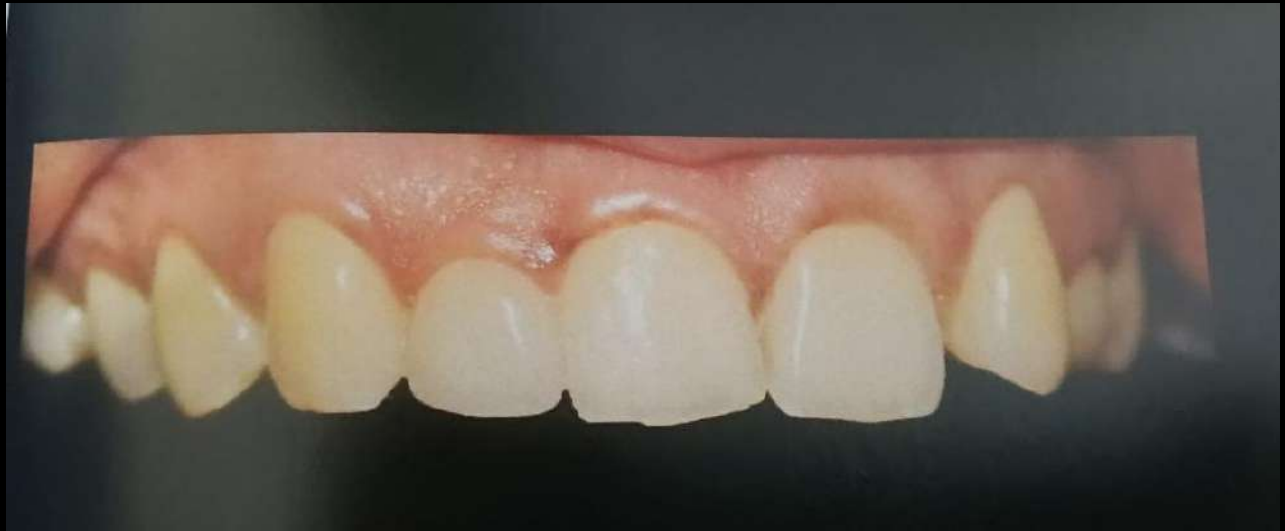
SMILE CORRECTION USING E MAX VENEER

Chief complaint – 38 year old Female complains of small sized tooth

Procedure – EMAX VENEER







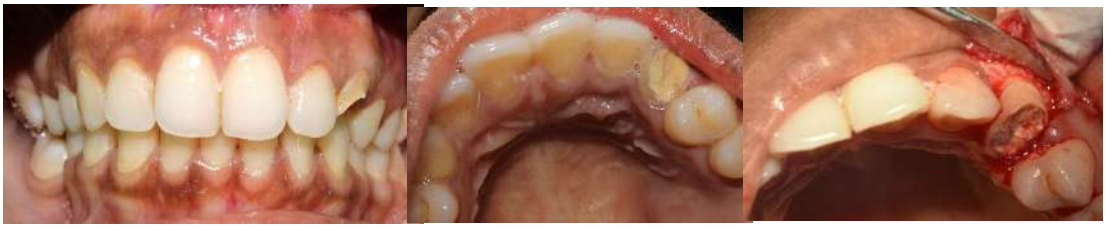
DEPARTMENT OF PERIODONTICS AND IMPLANTOLOGY

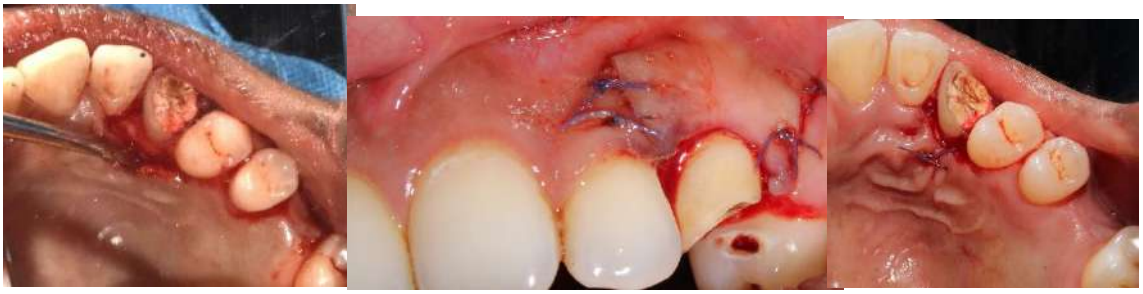
SPECIAL CASES JUNE 2026

AMITHA VARGHESE OP NO. 10557/26

PATIENT REFERRED FROM DEPT. OF ENDODONTICS FOR SURGICAL CROWN LENGTHENING IRT 23.

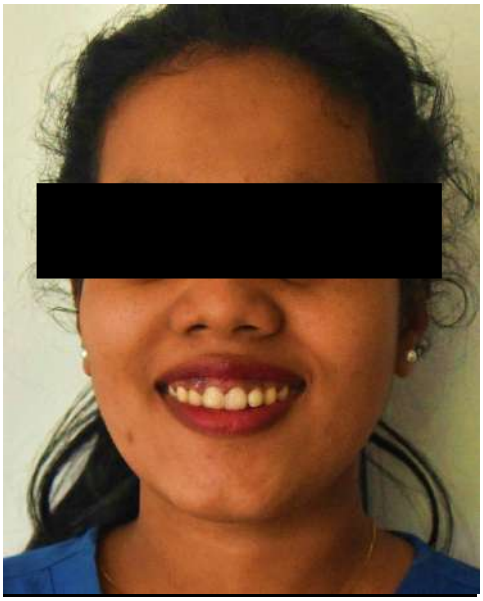
ON EXAMINATION PATIENT DIAGNOSED WITH SHORT CLINICAL CROWN, UNDERWENT APICALLY DISPLACED FLAP ALONG WITH OSSEOUS REDUCTION IRT 23. SUTURING DONE USING ABSORBABLE VICRYL SUTURE.

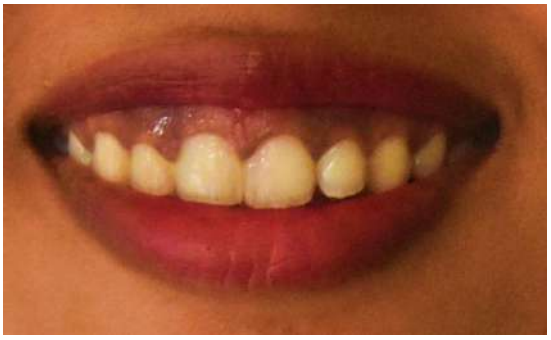


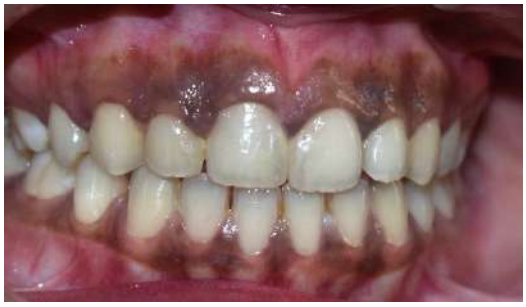


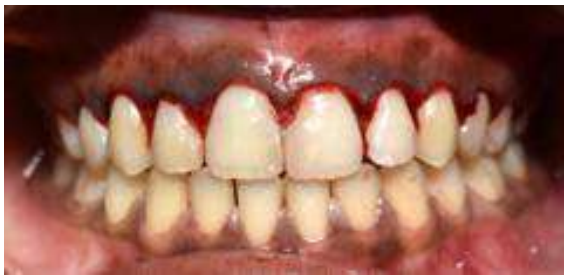
Pt name: Anju Age/sex:26/F Op number:1493/26

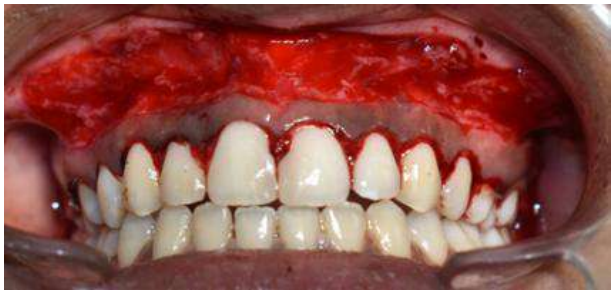
Gummy smile correction using esthetic crown lengthening and lip repositioning patient after orthodontic treatment complains of gummy smile corrected using internal bewwl gingivectomy and lip repositioning and suturing done using vicryl sutures

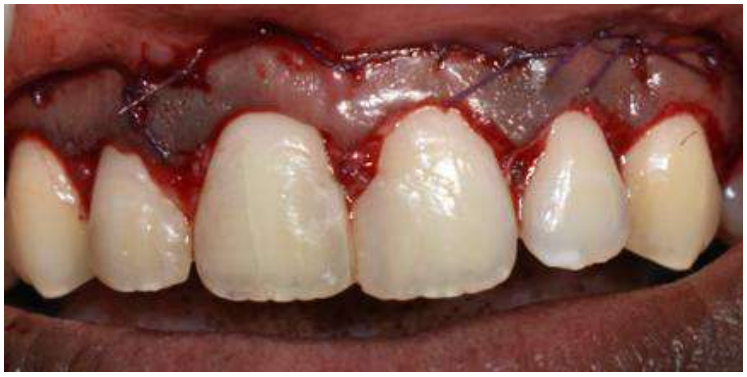






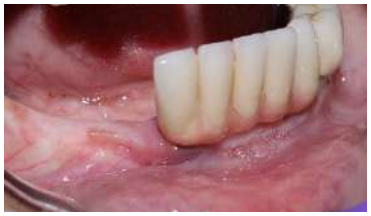


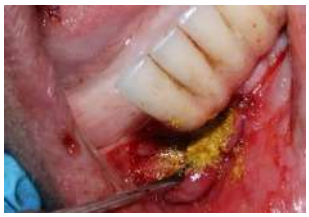


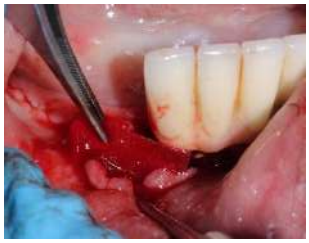


SADHI DEVI OP NO. 6260/25

PATIENT DIAGNOSED WITH PERIIMPLANTITIS IRT 42 REGION MANAGED

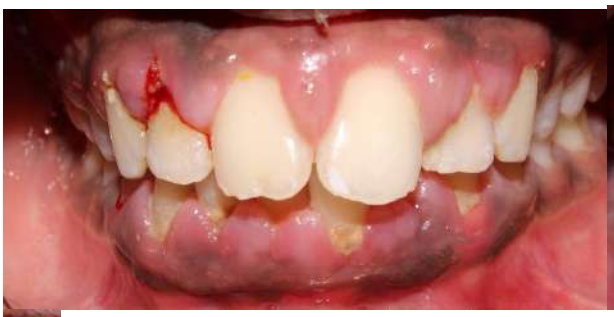
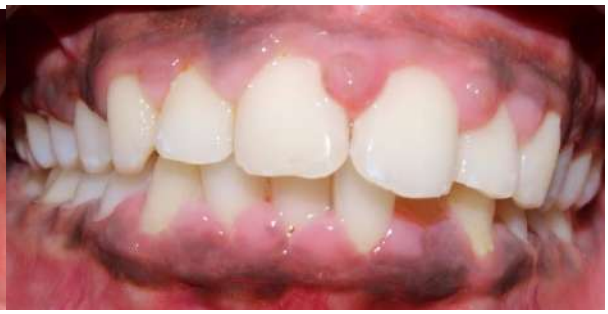


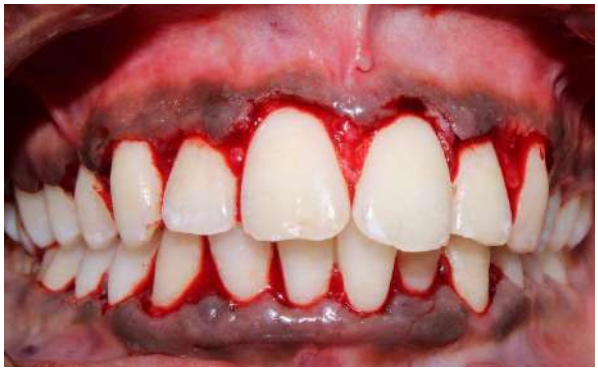
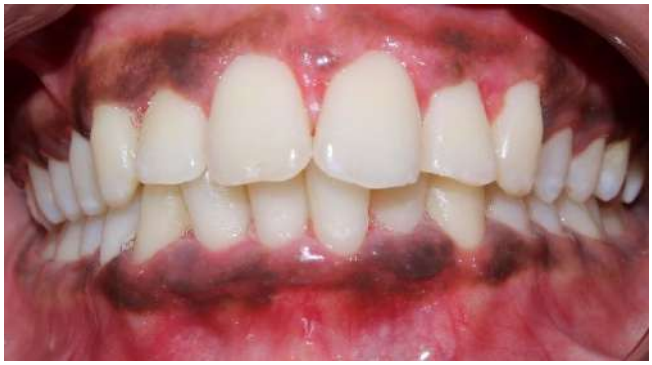




MUHAMMED HANAN OP NO. 0719/26

PATIENT COMPLAINTS OF SWOLLEN GUMS WHICH BLEEDS SPONTANEOUSLY MANAGED WITH SUPRA AND SUBGINGIVAL SCALING FOLLOWED BY INTERNAL BEVEL GINGIVECTOMY.

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

CAMP REPORT for June 2026

1. **Oral health screening** and **treatment Camp**was held on **19th July 2026** at Sri Maha Vishnu Temple Hall, Manakulangara, Kodakara .The programme was organized in association with the Gramya Association, Manakulangara,Shanthibhavan Palliative Hospital and the Department of Public Health Dentistry, Annoor Dental College and Hospital.
   - Total no of patients screened-**60 patients**.
   - Total no. of treatments done**- 3 patients**

2. **Oral health education and Dental screening camp** on**26th July 2026** atBhavan'sVidyaMandir, Eroor .The programme was organized by the Nannappilly Residents Association in association with Shanthibhavan Palliative Hospital and the Department of Public Health Dentistry, Annoor Dental College and Hospital.
    - Total no of patients screened -**34 patients**

The camp was organized with the objective of providing accessible healthcare services to the community and creating awareness about the importance of regular health check-ups and preventive care

3. **Oral health education and dental screening camp** was held on **29th July 2026** at Government ITI College,Kalamasserry as part of comprehensive medical camp .Programme was jointly organized in association with Shanthibhavan Palliative Hospital and the Department of Public Health Dentistry, Annoor Dental College and Hospital.

   Total no of patients screened **-51patients**

The camp was organized with the objective of providing accessible healthcare services to the community and creating awareness about the importance of regular health check-ups and preventive care.

ANNOOR DENTAL COLLEGE & HOSPITAL

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Affiliated to Kerala University of Health Sciences
& Recognized by Govt. of India

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Ernakulam, Kerala, India. www.annoordentalcollege.org 0485 2838000(30 Lines)

4. In observance of**National oral health day, Dental screening** and **treatment camp**was conducted as a part of comprehensive medical camp on**31stJuly 2026**at KSEB Transmission circle ,Kalamasseryjointly organized inassociation with Shanthibhavan Palliative Hospital and the Department of Public Health Dentistry, Annoor Dental College and Hospital.

Oral health education was provided to all participants, emphasizing the importance of maintaining good oral hygiene, adopting healthy dietary habits, and attending regular dental check-ups for the prevention and early detection of oral diseases. The camp witnessed active public participation and served as an effective initiative to enhance oral health awareness while delivering essential dental services to the community

- Total no of patients screened–**65 patients**
- Total no. of patients treated – **5patients**

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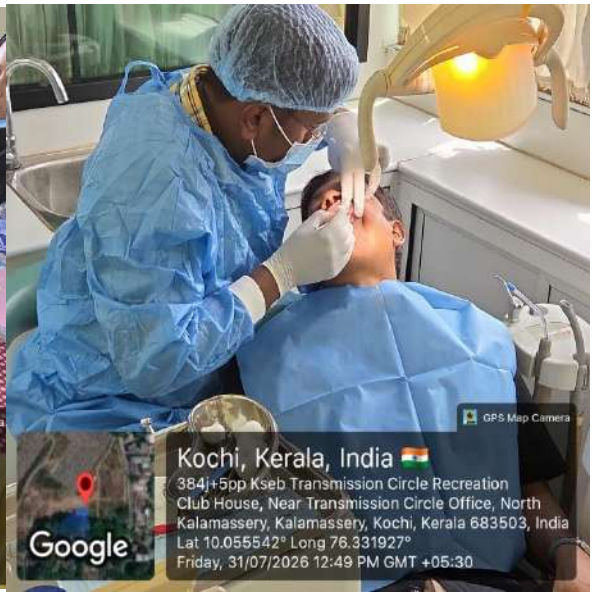

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Ernakulam, Kerala, India. www.annoordentalcollege.org 0485 2838000(30 Lines)