CASE PRESENTATION

BY
Dr. VISHAKHA LAL

- A 40 years old male patient reported to our department of Oral and Maxillofacial Surgery with a chief complaint of pain and mobility in left upper front tooth region since 2 months. HOPI-Patient was asymptomatic 2months back when he felt pain while eating the food and mobility in left upper front teeth.Pain was dull aching non radiating in nature and subside on its own in 1-2 mins.

- Medical history- no relevant finding

- Dental history-extraction of 26 due to grossly

  decyed teeth

- Drug history-no relevant finding

- Parafunctional habit history-no relevant finding

- General examination-

  – Physical examination- no

  relevant finding

  – Systemic examination- no

  relevant finding

- Extraoral examination - no

  relevant finding

All teeth are present except 23 which is unerupted and missing 26 due to extraction done 3 months back because of grossly decayed and there is retained deciduious 63.
Mobility grade 3 was there in 53 and grade 1 in 22 and mucosa bulging irt 63 was present

- **Provisional Diagnosis-**

    retained deciduous 63 and

    impacted 23.
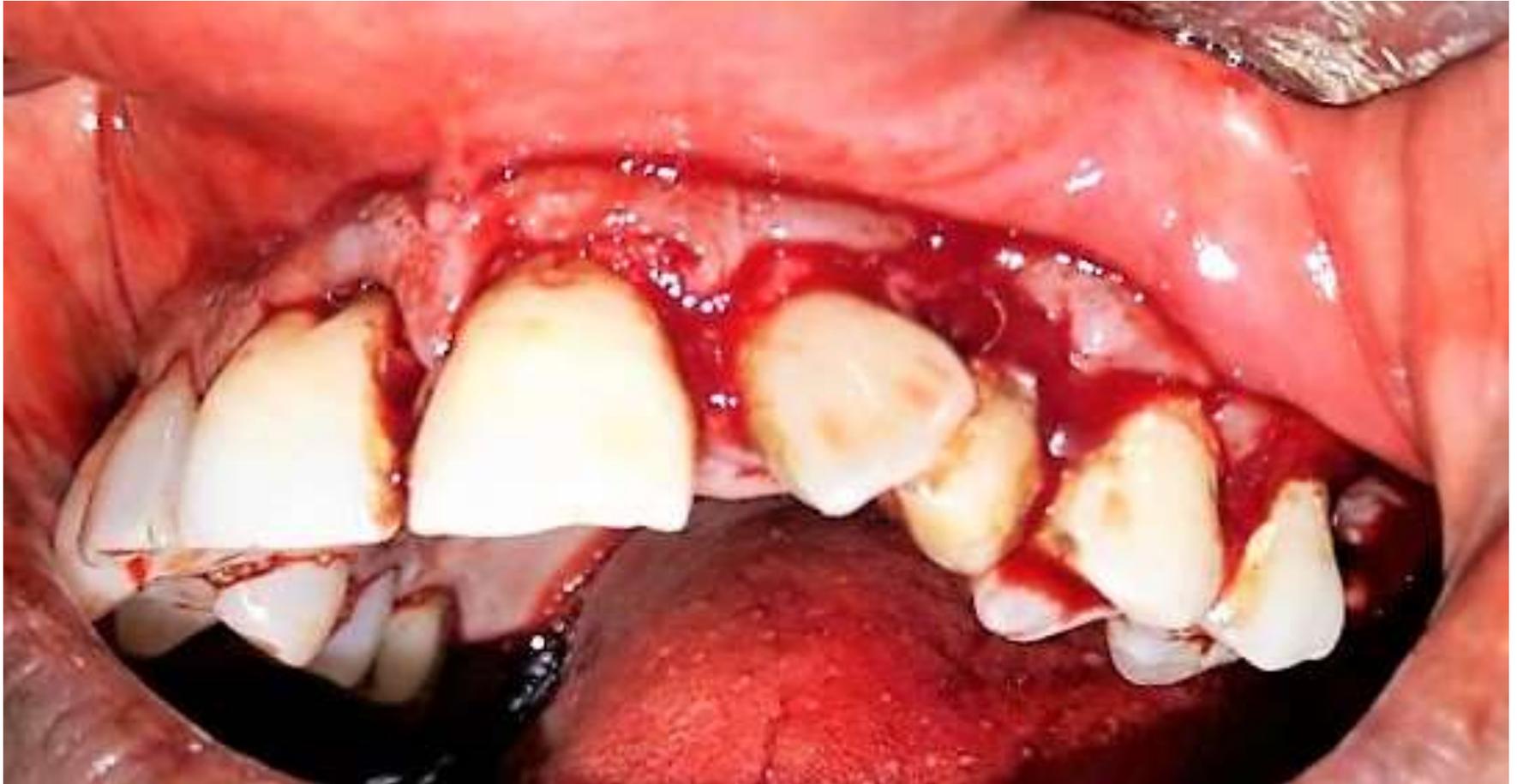
RADIOGRAPHIC FINDINGS

Distally tilted 22 and retained deciduous 63 with impacted 23 and well defined radiopacity is seen irt distal to 22 root to 23 region with well defined radiolucent rim .
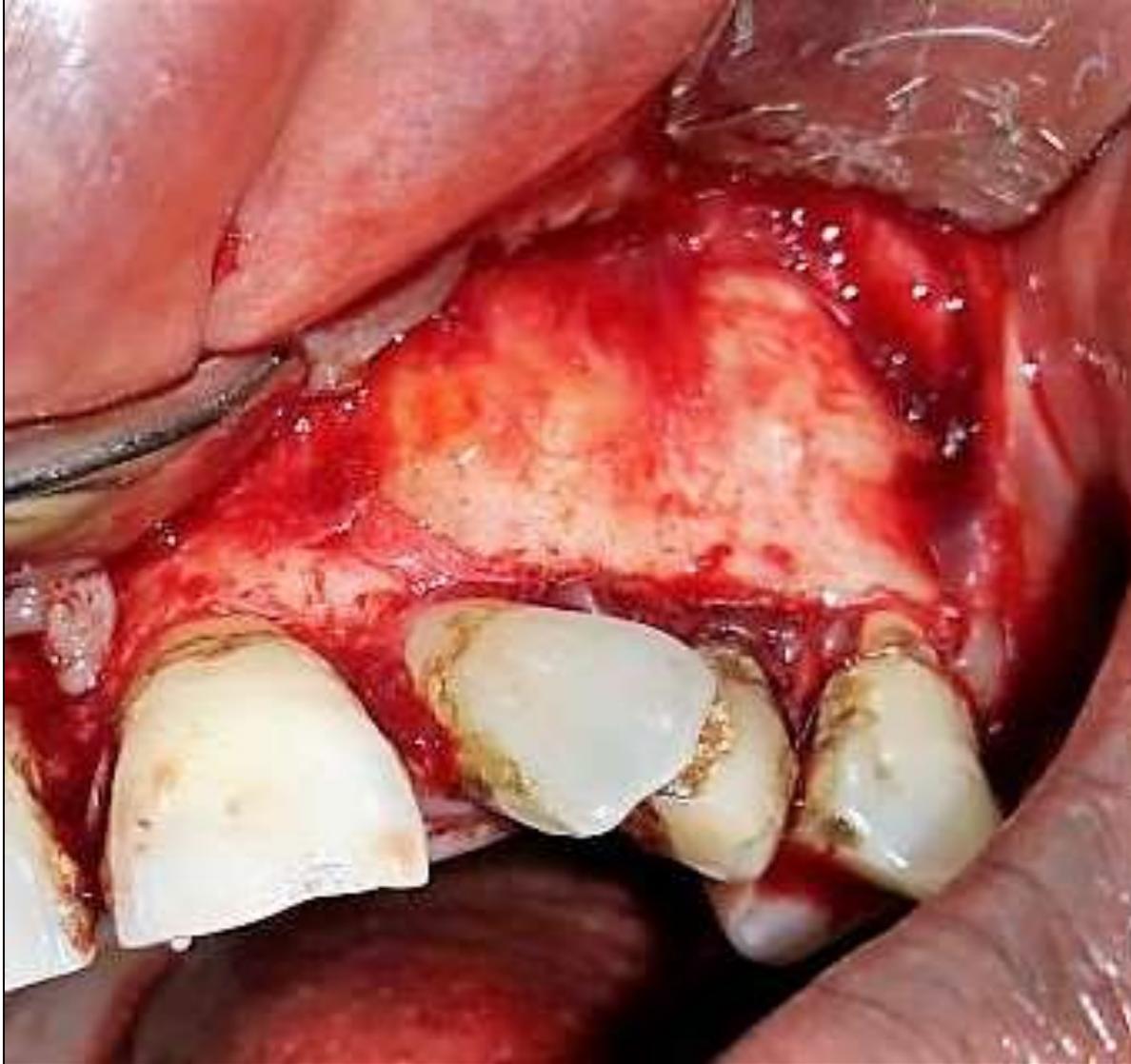25 show periapical granuloma and 26 was missing

- **Final diagnosis-**

    impacted 23 with complex odontoma
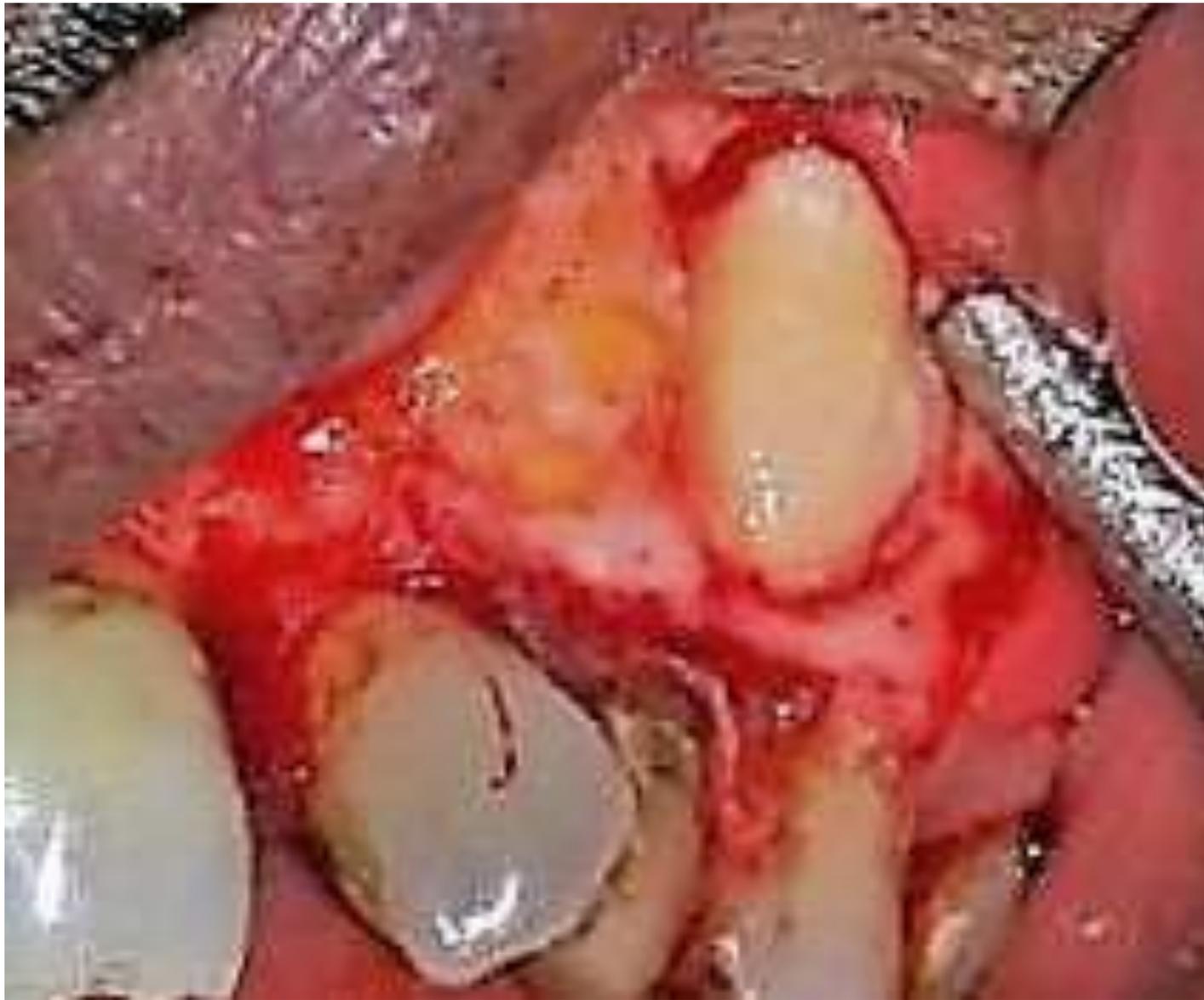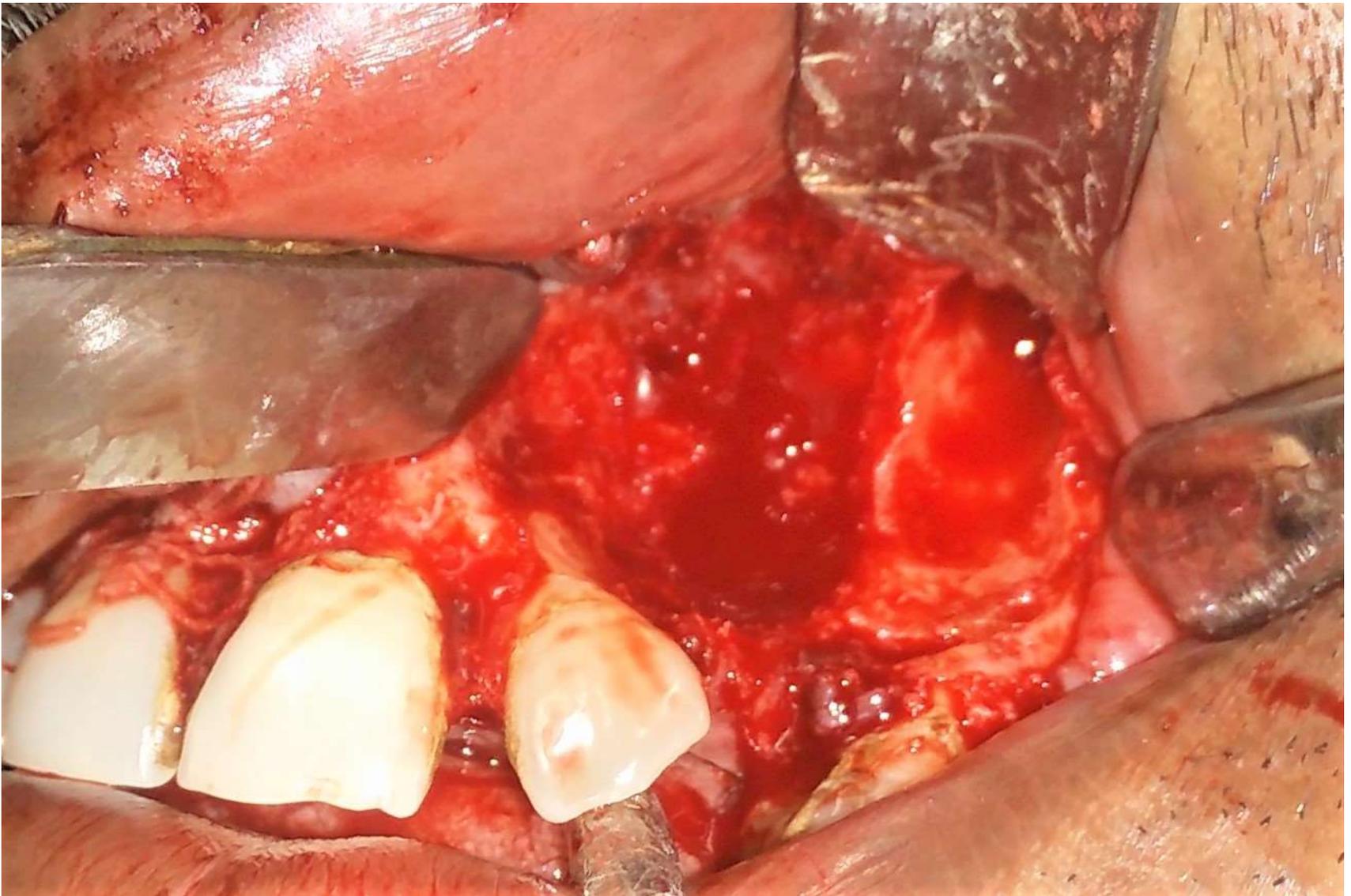
    and retained deciduous 63

PROCEDURE PERFORMED

Under aseptic condition clavicular incision was placed from distal to11 to distal to 25 under la

Mucoperiosteum flap was rised and the bone is exposed and bulging of bone was seen in between 54 and distal to 22 and mesial to 25 region
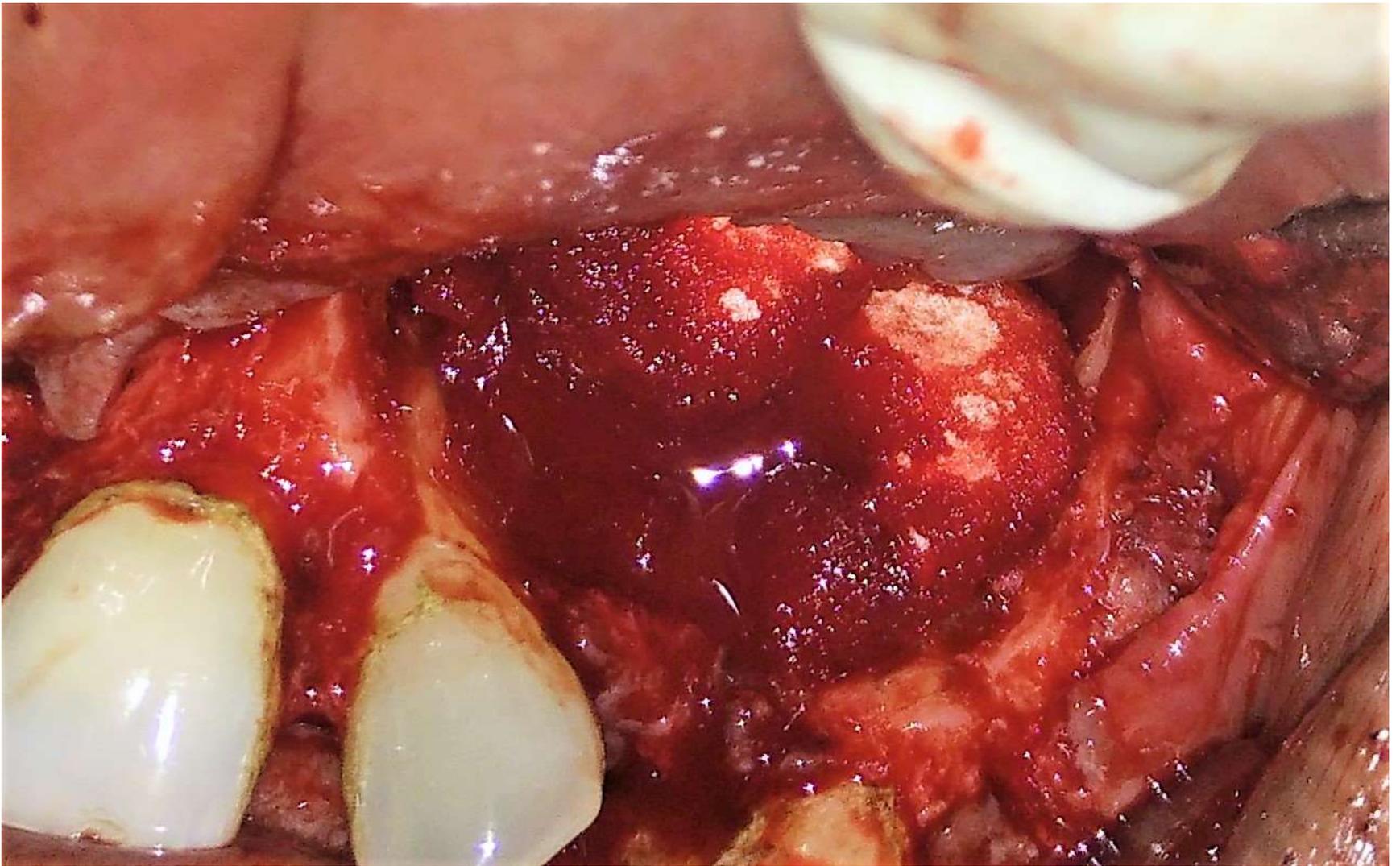
Osteotomy was done and odontoma and impacted canine was exposed

Removal of impacted 23 and odontome was done

This is the picture of impacted 23, deciduious 63 and odontome

R

L

After curettage abgel was place

interupted suture was placed with 3.0 silk

Thank you