CASE HISTORY

1)

Name: Hansaben age/sex: 78/f

Case no: 28001-I date: 28/11/2020

Occupation: Housewife religion: Hindu

Contact no: 9898062536 Address: Visnagar

Chief complaint: pt. complains of difficulty in mouth opening since 6 months.

History of present illness: pt. was relatively asymptomatic before 6 months, after she meet with an accident and got bicondylar fracture.

Past medical history: NAD

Past dental history: NAD

Drug history: NAD

Family history: NAD

Personal history: MARRIED

Habits: NOT ANY DESTRUCTIVE ORAL HABIT

Diet: VEGETARIAN.

General examination

Pt: conscious/cooperative/oriented to time, place, person

Built: nourished/ not nourished

Color of skin: pallor/ Icterus/clubbing/ Cyanosis- NORMAL

Vital signs:

Temperature: AFEBRILE

blood pressure:122/88 mm Hg

Pulse rate: 80bpm respiratory rate: 16 cycles/min

Systemic examination

CVS: NAD

CNS: NAD

Respiratory system: NAD

Endocrine system: NAD

Local examination

Extra-oral examination

Inspection:

Face: NO facial face deformity.

Skin and soft tissue: pt. operative scar is present on face

Bony skeleton of face:

Eyes: bleeding: absent

Echymosis: absent

Edema: absent

Sub-conjuctival hemorrhage: absent

Diplopia: absent

Light reflex: absent

Ears: NAD

Nose: NAD

Lips: NAD

TMJ: deviation is present on left side

Mouth opening: 27mm

Palpation

Lymph node: non tender, non-palpable

Salivary glands: NAD

TMJ: tenderness is present over mouth opening(bilaterally)

Bony skeleton of face: NAD

Percussion: NAD

Intra-oral hard tissue examination

Inspection

Teeth

Present teeth: 11-17, 21-27, 31-37, 41-47

Carious: 21-22, 25,26

Missing teeth: NAD

Alveolar ridge: NAD

Hard palate: NAD

Palpation

Mobility of teeth: NAD

Percussion of teeth: NAD

Bony irregularities: NAD

Intra-oral soft tissue examination

Inspection

Gingiva: NORMAL

Buccal mucosa: NORMAL

Labial mucosa: NORMAL

Lip: COMPETENT

Soft palate: NAD

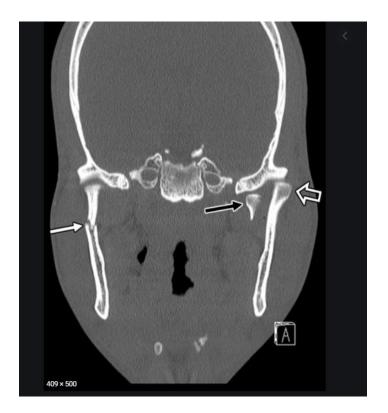
Vestibules: NAD

Palpation

Provisional diagnosis: POST TRAUMATIC INJURY

Different diagnosis

Investigation: OPG, CT SCAN(PNS)







Final diagnosis: POST TRAUMATIC INJURY

Treatment plan: PHYSIOTHERYAPY (MOUTH OEPNING EXERCISE)

REPORT DETAILS:

DATE	DETAILS				
DATE	DETAILS				
28/11/2020	To,				
	Medical officer,				
	Nootan general hospital,				
	Visnagar,				
	Respected mam/sir, We, the department of OMFS, have patient name hansaben Parmar age of 38/female has been diagnosed as mandibular fracture and has to be admitted to the hospital. So please do the needful. Thanking you. Dr. Anil Managutti				
	Adv: OPG				



Prescription:

inj. Augementin 1.2/IV/ 12 hourly

Inj. Dynaper aqueous 0.75/IV/8 hourly.

Inj. 500 ml/IV/slowly Injection given: given

Mouth wash given: chlorhexidine

Ear/eye drops: no

Diet: NBM/liquid/soft/regular: soft

2) HOSPITAL FORM

ADMISSION FORM, CONSENT AND OPD CASE

Ip number: IP1203148 bed num: FSW3 reg num: NGH385838

Patient name: HANSABEN age/sex: 38/F consult: DENTAL

Guardian name: HANSABEN ward: B-C, 2ND FLOOR speciality: OPG

Local address: KHERALU

Mobile number: 989825088

Admission date and time: 18/8/20

Discharge date and time:

Provisional diagnosis: MANDINULAR SYMPHYSIS FRACTURE

Final diagnosis: MANDIBULAR SYMPHYSIS FRACTURE.

DECLARATION

The hospital authorities have explained to me the risk involved in diagnostic examination H.I.V and hepatitis B biopsy, Transfusion, Operation, Delivery and/or administration of any anesthetic agent and hereby give permission to perform the same on me/ my patient.

Whatever money and valuable I bring onto the hospital with me/ my patient will be kept at my own risk and the hospital/hospital authorities will not be in any way responsible for any loss/ damage, I also agree to abide by the rules and regulations pertaining to me/ my patient which has been explained to me.

The above bed category has been opted by us and all expenses involved in the course of treatment during admission have been explained to us. We agree to make all the payment before the discharge as per rules of the institute. In case we

change to higher category of bed, we undertake to pay charges as per higher category for the entire stay.

CONSENT FOR ANASTHESIA, SURGERY, PROCEDURE.

I/we hereby give consent to the hospital for carrying out the treatment of Mr. XYZ including investigation medications and operation under any kind of anesthesia at my/our risk.

I am willing to admit any relative/ myself and abide in all norms set by trust.

Signature of

Patient/ relative

signature of clerk

REFFERED BY:

OPD CASE

DATE	HISTORY AND CLINICAL	INVESTIGATION/	CHARGES
	FINDING	TREATMENT	
	C/o pain in lower front		
	jaw region.		
18/8/20	No h/o systemic	Advice: OPG, PRE-OP	
	disease.	NLOOD PROFILE.	
	o/e: step deformity in		
	mandibular anterior		
	teeth.	TREATMENT: closure of	
	Diagnosis: mandibular	wound, MMF elastic	
	symphysis fracture irt	given.	
	31,41		

3) TREATMENT DETAILS

NOTE	TREATMENT DETAILS
DATE: 18/8/2020	S/B OMFS UNIT-
TIME: 7:00 pm	
	Patient is evaluated. General condition is fair
VITALS	Any fresh complaint? Yes or no: Yes no pain
T: afebrile	Swelling: mild/moderate/severe; site moderate, lower lip
P: 78bpm	and chin
R: 17c/m	Bleeding: no/yes: no
BP: 112/78	Intra-oral: Arch- bar/elastic/suture/suture: intact: yes/no
SPO2: 97%	
	Extra-oral: pressure bandage/suture: intact: yes/no
NBM	
DATE:	Other
TIME:	

Prescription given: inj. Augementin 1.2/IV/ 12 hourly

Inj. Dynaper aqueous 0.75/IV/8 hourly.

Inj. 500 ml/IV/slowly Injection given: given

Mouth wash given: chlorhexidine

Ear/eye drops: no

Diet: NBM/liquid/soft/regular: soft

Dr. Anil Managutti

SPECIAL CASES

MAXILLOFACIAL TRAUMA UNIT

Dept. of Oral & Maxillofacial Surgery Narsinhbhai Patel Dental College & Hospital

S.K Campus, Kamana Crossing Ambaji Road,

Visnagar, District: Mehsana, Gujrat

MAXILLOFACIAL TRAUMA UNIT

Doctor Incharge (Staff): Dr. Shailesh

Residents In-charge: 3rd year

2nd year

1st year

Case History

NAME: Punmabhai parmar AGE/SEX: 33\ male

OCCUPATION: farmer RELIGION: Hindu

ADDRESS: Himmatnagar

DATE: 25/8/2019

CONTACT NO:9452789645

CHIEF COMPLAIN: Patient complains of depressed face on right side since a year.

HISTORY OF PRESENT ILLNESS: 1 year back he accidentally got hit on right side of face by the rim of truck tyre while he was filling air. There was H/O loss of consciousness and bleeding from nose and mouth subsequent to injury. From there he was immediately taken to a private hospital at Deesa where he was admitted in ICU and was treated for fracture of zygomatico-maxillary complex. He had lost vision in his right eye and has heaviness in right infraorbital and malar region since a year. He is concerned about his appearance of the face which had not improved even after being operated once. So, he visited department of oral and maxillofacial surgery for the treatment of the same.

PAST MEDICAL HISTORY: NAD

PAST DENTAL HISTORY: NAD

DRUG HISTORY: NAD

FAMILY HISTORY: NAD

PERSONAL HISTORY: NAD

Habits: NO OBSTRUCTIVE ORAL HABITS

diet: vegetarian

GENERAL EXAMINITION:

Glasgow coma scale score: E-4 V-5 M-6

Color of skin: Pallor / icterus /Clubbing/ Cyanosis: NORMAL

Vital signs: Temperature: afebrile

Blood pressure: 124/78 mm/Hg

Pulse rate: 74 bpm

Respiratory rate: 14 cycles/min

SYSTEMIC EXAMINATION:

CVS: NAD

CNS: NAD

Respiratory system: NAD

Endocrine system: NAD

LOCAL EXAMINATION:

EXTRAORAL EXAMINATION:

INSPECTION:

Face: Face: Deformity present over the Right Malar Region, and at left eyebrow

Skin and soft tissue: Scar of 3.5 cm present below the right malar region

Eyes: NAD

Bleeding: NAD

Echymosis: NAD

Edema: NAD

Sub-conjunctival hemorrhage: NAD

Diplopia: NAD

Light reflex: NAD

Ears: NAD

Nose: NAD

Lips: COMPETANT

Mouth opening: 27 mm

Jaw movement: Deformity: Deformity present over the Right Malar Region, and at left eyebrow. Measurements: Shortening: NAD Wasting: NAD Movements: Active: NAD Passive: NAD Abnormal swelling: TMJ: No clicking sound present PALPATION: Bony skeleton of face: No Tenderness or Pain TMJ: No clicking sound present Salivary glands: Lymph nodes: No Regional Lymphadenopathy **PERCUSSION** INTRA ORAL HARD TISSUE EXAMINATION:

INSPECTION

Teeth

Present teeth: 11, 16,17,18, 21-28, 35-37, 43-48

Missing teeth: 41-42, 31-34

Broken teeth:

Carious: 45, 17,18,27,28,37,38,47,48 Occlusion: Crossbite on upper right side. Alveolar ridge: Hard palate: NAD PALPATION: Mobility of teeth: Bony irregularities: INTRA ORAL SOFT TISSUE EXAMINATION: **INSPECTION:** Gingiva: NAD Buccal mucosa: NAD Labial mucosa: NAD Lip: NAD Soft palate: NAD Vestibules: NAD PALPATION: PROVISIONAL DIGNOSIS: Malunion of ZMC fracture right side of face **DIFFERENTIAL DIGNOSIS: INVESTIGATIONS:**

Laboratory investigation - Pre-Op Blood Profile

Radiographs – PNS, OPG, Chest X ray & CT face

ECG

FINAL DIGNOSIS:			
TREATMENT PLAN: Implant placement, Le	-fort 1 osteotomy		
TREATMENT GIVEN:			
SIGNATURE OF PG STUDENT	SIGNATURE OF GUIDE:		
4) DISCHARGE SUMMARY			
DISCHARGE SUMMARY			
Admitting ward: _			
Admitting consulting doctor DR SHAILESH	co consultant dr: RUSHIT		
Admission date and time: 20/8/2020 d	ischarge date and time: 9 AM_		
Provisional diagnosis: MANDIBULAR SYMP	PHYSIS FRACTURE date of surgery:		
Surgery performed: FIXATION, ELASTIC GIV	VEN, BOX WIRING.		
Final status: improve/status quo/DAMA: I	MPROVE		
Final diagnosis: MANDIBULAR SYMPHYSIS	FRACTURE		

Treatment of discharge:

Tab cefixime- DT -----6;200mg 1-0-1

Tab voveron-DT-----9;1-1-1

Chlorhexidine ade gargle---1

Follow-up details: 2 days

Date: 20/8/2020: thursday

OPD of: dr Shailesh at 9:30 am time

Clinical notes on admission: c/o mobility of lower jaw and pain

Investigation: OPG

Treatment given:

Tab cefixime- DT -----6;200mg 1-0-1

Tab voveron-DT-----9;1-1-1

Chlorhexidine ade gargle---1

Surgical note: fixation is done, elastic given

Events and referral in the hospital: NAD

Condition on discharge: improved

Signature of officer: signature of dr.