

**KRISHNA VISHWA VIDYAPEETH  
SCHOOL OF DENTAL SCIENCES**

**DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY**

**May 2026**

**Total number of OPD patient - 3028**

**Total number of IPD patient - 17**

**Details of major clinical procedure being performed –**

S/n	Patient Name	Age/Gender	OPD no.	Major clinical Procedure	Brief detail of the procedure (summary from chief complaint to treatment done)
1.	Shantabai Kambale	79/F	74953 66	<b>Bite composite resection with mrnd(I) and reconstruction with PMMC flap under GA</b>	Patient complains of growth and swelling over right side of upper and lower jaw. Patient noticed increase in dimensions of the swelling since 1 month. Patient advised CECT along with all routine investigations. Patient planned for Wide local excision, resection and reconstruction under General anaesthesia. Planned Neck incision -Transverse neck crease marked and placed. MRND Type 1 neck dissection was performed according to extent of metastasis correlated with radiographic investigation. Primary lesion over Maxilla and Mandible marked along with safe margins to be excised. Primary tumour removed. Post ablative defect to be closed with planned loco regional flaps. The necessary marking done and incision taken for harvest of PMMC flap. Harvested flap tunnelled through to defect site and sutured with Vicryl sutures. Sterile dressing given and patient shifted to ICU
2.	Raghnath Kadam	76/M	74875 19	<b>Right partial glossectomy with right supraomohyoid neck dissection and primary closure under GA</b>	Patient complains of growth and swelling over right side of tongue. Patient noticed increase in dimensions of the swelling since 2months. Patient advised MRI along with all routine investigations. Patient planned for Wide local excision, resection and reconstruction under General anaesthesia. Planned Neck incision -Transverse neck crease marked and placed. SOHND type of neck dissection was performed according to extent of metastasis correlated with radiographic investigation. Primary lesion over Tongue marked along with safe margins to be excised. Primary tumour removed. Post ablative defect to be closed with primary closure Sterile dressing given and patient shifted to ICU
3.	Shalan Malusare	50/ F	75115 89	<b>Incision and drainage under GA</b>	Patient complained of pain, swelling & difficulty in mastication. On examination

					<p>radiograph was done. Radiographic evaluation revealed foci of infection in form of carious tooth in lower right jaw region. Surgical incision &amp; drainage was planned under general anaesthesia. After securing airway of the patient, Skin/mucosal incision was placed. Blunt dissection is done to reach accumulated pus. Locules of pus were broken using curved hemostat. Extraoral Pressure was used to drain the pus through created incision. Surgical placement of rubber drain was done through same incision. Extraction of the Infected carious tooth was done and hemostasis was achieved. Dressing was given over drain.</p>
4	<b>Hanmant Pawar</b>	59/M	7491084	<b>Wide local excision with left hemimandibulectomy, MRND(II) and reconstruction with PMMC flap under GA</b>	<p>Patient complains of growth and swelling over left side of lower jaw. Patient noticed increase in dimensions of the swelling since 2 months. Patient advised CECT along with all routine investigations. Patient planned for Wide local excision, resection and reconstruction under General anaesthesia. Planned Neck incision -Transverse neck crease marked and placed. MRND Type 2 type of neck dissection was performed according to extent of metastasis correlated with radiographic investigation. Primary lesion over Mandible marked along with safe margins to be excised. Primary tumour removed. Post ablative defect to be closed with planned loco regional flaps. The necessary marking done and incision taken for harvest of PMMC flap. Harvested flap tunnelled through to defect site and sutured with Vicryl sutures. Sterile dressing given and patient shifted to ICU</p>

5	Rohan Sangolkar	22/M	7503076	<b>Open reduction and internal fixation for right subcondyle and left parasymphysis fracture of mandible</b>	<p>Patient complaint of RTA Patient complained of pain, swelling &amp; difficulty in mastication. Patient had history of oral and ear bleeding. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of right subcondyle, left parasymphysis. Open reduction &amp; internal fixation was planned under general anaesthesia. After securing airway, arch bars were placed in maxillary &amp; mandibular arches. Planned skin incision placed along with oral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Inter-maxillary fixation was done. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.</p>
6	Akshay Shinde	31/M	7503052	<b>Left Arch elevation under GA</b>	<p>Patient complaint of RTA few days back. Patient complained of pain, swelling of left midface region. 2 dimensional radiographs and CT scans were done along with 3DCT face. Radiographic evaluation revealed fracture of left zygomatic arch and undisplaced left zygoma fracture. Patient was planned for Reduction of depressed left zygomatic arch under general anaesthesia. After securing airway, Intraoral left upper vestibular incision was taken, left zygomatic arch was accessed through Keen's approach and arch was lifted. Arch was palpated extraorally for satisfactory elevation and reduction of depression over affected side. Closure was done using vicryl sutures. No pressure dressing given.</p>

7	Nikita Bhosale	27/ F	64801 70	<b>Enucleation and curettage under GA</b>	Patient complained of swelling of jaw in lower right region. The swelling was persistent from 1 month. Patient noticed increase in dimensions of the swelling. 2 dimensional radiographs and CT scans were done. Radiographic examination revealed well corticated radiolucency present in 43 region measuring about 3 x 2 cm approx. Enucleation and curettage of cyst was planned under general anaesthesia. Planned oral incision and full thickness flap was reflected. Cyst site was exposed. Bone covering the cyst was removed. Cyst was freed from underlying attachments. Cystic lining was excised. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation. Excised specimen was sent for HPE.
8	Madhuri Kadam	40/F	75101 93	<b>Open reduction and internal fixation for left parasymphysis fracture</b>	Patient complaint of RTA. Patient complained of pain, swelling & difficulty in mastication. Patient had history of oral bleeding. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of - left parasymphysis Open reduction & internal fixation was planned under general anaesthesia. After securing airway, arch bars were placed in maxillary & mandibular arches. Planned skin incision placed along with oral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Inter-maxillary fixation was done. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation.
9	Laxman	46/M	45948	<b>Debridement of right</b>	Patient complained of pain, swelling &

	<b>Chavan</b>		<b>78</b>	<b>maxillary sinus and right side low level maxillectomy under GA</b>	difficulty in mastication. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed lytic and necrotic changes in bone in 12 , 13,14 region. Surgical removal of the necrotic bone was planned under general anaesthesia. Planned skin incision placed along with oral incision was placed & full thickness flap was reflected. Necrotic bone site was exposed. Margin between necrotic bone and viable bone was exposed. Necrotic bone was surgically removed. Curettage of the site was done to induce fresh bleeding. Closure was done using vicryl sutures. Drain was placed. Pressure dressing was placed at site of operation.
<b>10.</b>	<b>Saurabh chavan</b>	<b>24/M</b>	<b>75197 29</b>	<b>Enucleation and curettage under GA</b>	Patient complained of swelling of jaw in lower left back region. The swelling was persistent from 1 month. Patient noticed increase in dimensions of the swelling. 2 dimensional radiographs and CT scans were done. Radiographic examination revealed well corticated radiolucency present in 38 region measuring about 2 x 2 cm. Enucleation and curettage of cyst was planned under general anaesthesia. Planned oral incision and full thickness flap was reflected. Cyst site was exposed. Bone covering the cyst was removed. Cyst was freed from underlying attachments. Cystic lining was excised. Closure was done using vicryl sutures. Pressure dressing was placed at site of operation. Excised specimen was sent for HPE.
<b>11.</b>	<b>Tanaji vajhe</b>	<b>44/M</b>	<b>75067 32</b>	<b>Bilateral fibrotomy, coronoidectomy, extraction of all four</b>	Patient complains of stiffness over bilateral buccal mucosa along with reduced mouth opening. Patient advised

				<b>third molars and reconstruction with bilateral nasolabial flap under GA</b>	CECT along with all routine investigations. After all investigations were done patient was planned for bilateral fibrotomy and coronoidectomy then extraction of all four third molars was done followed by reconstruction with bilateral nasolabial flap under general anaesthesia. And then planned incision placed over bilateral buccal mucosa, fibrotomy performed and bilateral coronoidectomy done, all four third molars tooth no. 18,28,38,48 were extracted. Post ablative defect was closed with nasolabial flap with Vicryl sutures after that sterile dressing was given to patient and patient shifted to ICU.
12.	<b>Vikas gosavi</b>	29/M	74973 54	<b>ORIF under GA</b>	Patient complaint of RTA. Patient complained of pain, swelling & difficulty in mastication. Patient had history of nasal & ear bleeding. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of right ZMC region. Open reduction & internal fixation was planned under general anaesthesia. After securing airway, arch bars were placed in maxillary & mandibular arches. Planned oral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Inter-maxillary fixation was done. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. No pressure dressing was placed at site of operation
13.	<b>Ramhar i Katre</b>	40/M	74830 19	<b>Bite composite resection with modified radical neck dissection(I) and</b>	Patient complains of growth over left retromolar region. Patient noticed there was increase in dimensions of the swelling since last 2 months. Patient

				<b>reconstruction with PMMC flap under GA</b>	advised CECT along with all routine investigations. After all investigations were done patient was planned for Wide local excision, resection followed by reconstruction under General Anaesthesia. After which MacFee incision was marked and then placed. Modified Radical neck dissection with level IA, right level IB,IIA, IIB, III, IV and V was performed and reconstruction was done with PMMC flap under general anaesthesia. After completion of surgery sterile dressing was given to patient and patient shifted to ICU.
14	Vaibhav Mohite	40/M	7515793	<b>ORIF under GA</b>	Patient complaint of RTA. Patient complained of pain, swelling & difficulty in mastication. Patient had history of nasal. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of B/L ZMC and B/L lefort 1 region. Open reduction & internal fixation was planned under general anaesthesia. After securing airway, arch bars were placed in maxillary & mandibular arches. Planned oral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Inter-maxillary fixation was done. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. No pressure dressing was placed at site of operation
15	Prashant Gaikwad	36/M	7517309	<b>ORIF under GA</b>	Patient complaint of RTA. Patient complained of pain, swelling & difficulty in mastication. Patient had history of nasal. 2 dimensional radiographs and CT scans were done. Radiographic evaluation revealed fracture of right ZMC

					and right subcondylar region. Open reduction & internal fixation was planned under general anaesthesia. After securing airway, arch bars were placed in maxillary & mandibular arches. Planned oral incision and full thickness flap was reflected. Fracture site was exposed. Satisfactory occlusion was achieved. Inter-maxillary fixation was done. Bone fixation was done using titanium miniplates. Closure was done using vicryl sutures. No pressure dressing was placed at site of operation close reduction for right subcondylar region was done
16	Shankar Kadam	41/M	74768 83	<b>Left marginal mandibulectomy with Left MRND (I) right SOHND and reconstruction with PMMC flap under GA</b>	Patient complains of growth over left buccal mucosa and extending till lip region. Patient noticed there was increase in dimensions of the swelling since last 2 months. Patient advised CECT along with all routine investigations. After all investigations were done patient was planned for Wide local excision, resection followed by reconstruction under General Anaesthesia. After which transverse neck crease incision was marked and then placed. Modified Radical neck dissection type 1 with level IA, left level IB,IIA, IIB, III, IV and V and right SOHND till level III was performed and reconstruction was done with PMMC flap under general anaesthesia. After completion of surgery sterile dressing was given to patient and patient shifted to ICU.
17	Ravindra More	47/M	68589 15	<b>Left subtotal glossectomy with MRND (I) right SOHND and reconstruction with</b>	Patient complains of growth over left side of tongue dorsal region. Patient noticed there was increase in dimensions of the swelling since last 3 months. Patient advised MRI along with all routine

				<p><b>PMMC flap under GA</b></p> <p>investigations. After all investigations were done patient was planned for Wide local excision, resection followed by reconstruction under General Anaesthesia. After which transverse neck crease incision was marked and then placed. Modified Radical neck dissection type 1 with level IA, left level IB, IIA, IIB, III, IV and V and right SOHND till level III was performed and reconstruction was done with PMMC flap under general anaesthesia. After completion of surgery sterile dressing was given to patient and patient shifted to ICU.</p>
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**HEAD OF THE DEPARTMENT**

**Name, Sign, Seal & Date**

**Head of Department  
Dept. Of Oral & Maxillofacial Surgery  
School Of Dental Sciences, Karad**