

**KRISHNA VISHWA VIDYAPEETH
SCHOOL OF DENTAL SCIENCES**

CONSERVATIVE DENTISTRY AND ENDODONTICS

**June / 2026
(Month / Year)**


Total no. of OPD patient for the month -

Details of major clinical procedure being performed-

S/n	OPD No.	Age / Gender	Major clinical procedure	Details
1	694484	30/M	Single Visit RCT Under GA with 15,34,35,37.	A patient with epilepsy and intellectual disability presented with symptomatic irreversible pulpitis requiring endodontic intervention. Due to the patient's inability to cooperate and the increased risk of seizure-related complications during treatment, the procedure was planned under general anesthesia following comprehensive medical evaluation and anesthetic clearance. A single-visit root canal treatment was performed under strict aseptic conditions. Complete chemo-mechanical preparation, copious irrigation, and three-dimensional obturation were achieved in the same appointment, followed by definitive coronal sealing. The treatment was completed uneventfully without intraoperative or postoperative complications. A single-visit approach under general anesthesia minimized repeated anesthetic exposure, reduced patient stress, and facilitated successful preservation of the natural dentition while delivering safe and comprehensive dental care for a patient with special healthcare needs.
2	674715	45/F	Radix Entomolaris with 48	Patient reported to the Department of Conservative Dentistry and Endodontics with the chief complaint of pain in the lower left posterior region. Clinical examination and intraoral periapical radiograph of tooth 37 revealed the presence of an additional distolingual root, suggestive of Radix Entomolaris. After explaining the treatment plan, nonsurgical root canal treatment was initiated. Access cavity modification and magnification were used to identify the additional canal. Thorough cleaning and shaping of all canals were performed followed by obturation. Postoperative radiograph confirmed satisfactory obturation. The patient was asymptomatic on follow-up, and the tooth was restored with a permanent coronal restoration.
3	622083	20/M	Root canal treatment with 11,21	Patient name Roshan Shinde , had visited to the department on 22 nd June 2026 with the chief complaint of pain in upper front tooth region since

				<p>5 days following a traumatic fall from a motorcycle. Ellis class III fracture along with intrusion was seen with 21. Patient was advised to take a RVG and according to RVG there was periapical radiolucency covering the periapical region of 21 and 11, the teeth were non-vital. Cbct was advised. Treatment options given to patient were</p> <ol style="list-style-type: none"> 1) Root canal treatment followed by prosthesis with 21,11 2) Extraction followed by implant <p>Patient opted for Root canal treatment followed by prosthesis with 21,11 . Root canal treatment was started with 11,21 and calcium hydroxide closed dressing given following biomechanical preparation. A dental operating microscope was used for the same.</p>
4	690548	20/F	AO, BMP, OBTURATION WITH 37	<p>A mandibular molar presenting with a C-shaped canal configuration was diagnosed with irreversible pulpitis and managed by nonsurgical root canal treatment. Following administration of local anesthesia and rubber dam isolation, the access cavity was prepared, revealing a continuous C-shaped canal system. Working length was established using an electronic apex locator and confirmed radiographically. Cleaning and shaping were performed with nickel-titanium rotary instruments using a circumferential filing technique and copious irrigation with sodium hypochlorite and EDTA to debride the complex canal anatomy. The canal was dried and obturated using warm vertical compaction of gutta-percha with a bioceramic sealer to ensure three-dimensional sealing. A postoperative radiograph confirmed satisfactory obturation, and the tooth was restored to achieve an adequate coronal seal.</p>
5	685876	35/F	Two canals in posterior teeth.	<p>Root canal treatment of a mandibular premolar with two roots is a clinically challenging procedure due to the uncommon root morphology. Accurate diagnosis using multiple angulated radiographs . After proper access cavity preparation, both canals are negotiated, cleaned, shaped, and disinfected using appropriate endodontic instruments and irrigants. The canals are then obturated with gutta-percha and sealer, followed by a well-sealed coronal restoration to ensure long-term success and preservation of the tooth.</p>
6	674992	38/F	Root canal with 43,44	<p>Patient name Vaishali Jagtap , had visited to the department on 2nd June 2026 with the chief complaint of pain in lower front tooth region since 15 days .On examination, distoproximal caries were seen with 43,44.On radiographic examination, periapical radiolucency was seen with respect to 42,43.Also, a vertucci type II configuration was seen with 43,44. Treatment options given to patient</p> <ol style="list-style-type: none"> 1) Root canal treatment followed by prosthesis with 43,44 2) Extraction followed by implant <p>Patient opted for Root canal treatment followed by prosthesis with 21,11 . Root canal treatment was</p>

				started with 11,21 and calcium hydroxide closed dressing given following biomechanical preparation. A dental operating microscope was used for the same.
7	671709	68/M	Post and core followed by Zirconia crown cementation	A patient named Shaila Bhise reported to the OPD with a chief complaint of pain in the maxillary right posterior region. Clinical and radiographic examination indicated the need for endodontic treatment of tooth #14. Root canal treatment was completed, followed by post-obturation restoration. Fibre post preparation was done with palatal root of the tooth followed by bonding of the fibre post and core. Subsequently, tooth preparation for a Zirconia crown was carried out to provide cuspal coverage and restore function. Final impression was made, and the tooth was planned for definitive Zirconia crown placement.
8	675318	68/M	Two canals in anterior teeth	A patient named Hanumant Todarmal reported to the OPD with a chief complaint of pain in the mandibular anterior region. Clinical and radiographic examination revealed a periapical radiolucency associated with teeth #32. Endodontic treatment was initiated with access opening and careful canal negotiation. It was found to exhibit two canals. Biomechanical preparation was performed, followed by placement of an intracanal calcium hydroxide dressing between appointments. At the subsequent visit, the canals were reassessed, cleaned, and obturated after resolution of symptoms. The treatment was completed with satisfactory obturation of all negotiated canals.
9	698816	37/F	MB2 canal with 16	A patient named Archana Mane reported to the OPD with a chief complaint of pain associated with tooth #16. Clinical and radiographic examination indicated the need for endodontic treatment. Access opening and canal exploration were performed, during which an additional mesiobuccal (MB2) canal was identified. Biomechanical preparation was carried out for all the canals, followed by thorough cleaning and shaping using standard endodontic protocols. After complete canal disinfection, obturation of all the canals, including the MB2 canal, was performed with satisfactory sealing. The treatment was completed successfully with a satisfactory obturation outcome.
10	679353	32/M	RCT, Fiber Post & Zirconia Crown (21)	Root canal treatment was completed in relation to tooth 21, followed by fiber post cementation and composite core build-up. The tooth was prepared, and a zirconia crown was fabricated and permanently cemented after confirming satisfactory fit, occlusion, and esthetics.


 Head Of Department
 Dept of Conservative Dentistry & Endodontics
 HEAD OF THE DEPARTMENT

(Name, Sign, seal & Date)

Dr. Anshikesh R. Mahapatra
 03/07/2020