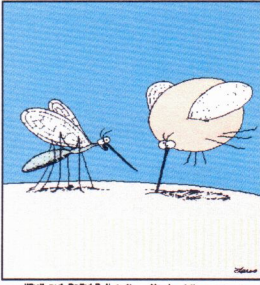


MOS complications

Mr Bleeder



An elderly man with a history of cardiac problems but little other information in the notes returns to your surgery late afternoon.

He was seen by your colleague earlier that morning for extraction of the fractured UL6.

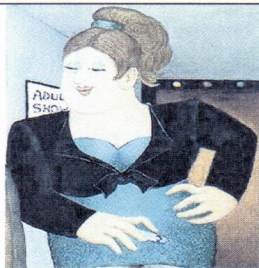
He reports that he has been bleeding steadily from the socket and a large gelatinous blood clot is visible.

What are the possible causes for the post operative haemorrhage?

How would you assess the case?

How would you manage the case in practice?

Peggy Pain



A lady returns 4 days following extraction of the LR7. She has a history of osteoporosis and is a smoker.

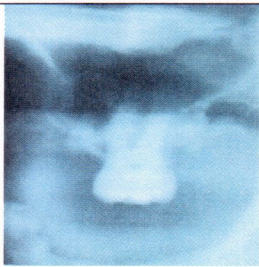
She is complaining of severe pain associated with the extraction socket.

What is the differential diagnosis?

How would you manage this case?

What measures could you take to reduce the risk of this condition?

Mr Will Happen One Day



You are extracting the UR7 with forceps when you hear a crack. As you continue the palatal mucosa begins to tear.

What is the diagnosis?

How would you manage the case?

How can you reduce the risk of this happening?

Mr Trismus



A patient returns to your practice 2 days after removal of a difficult LR8. He is complaining of trismus which is getting worse.

What is your differential diagnosis?

How would you manage the patient?