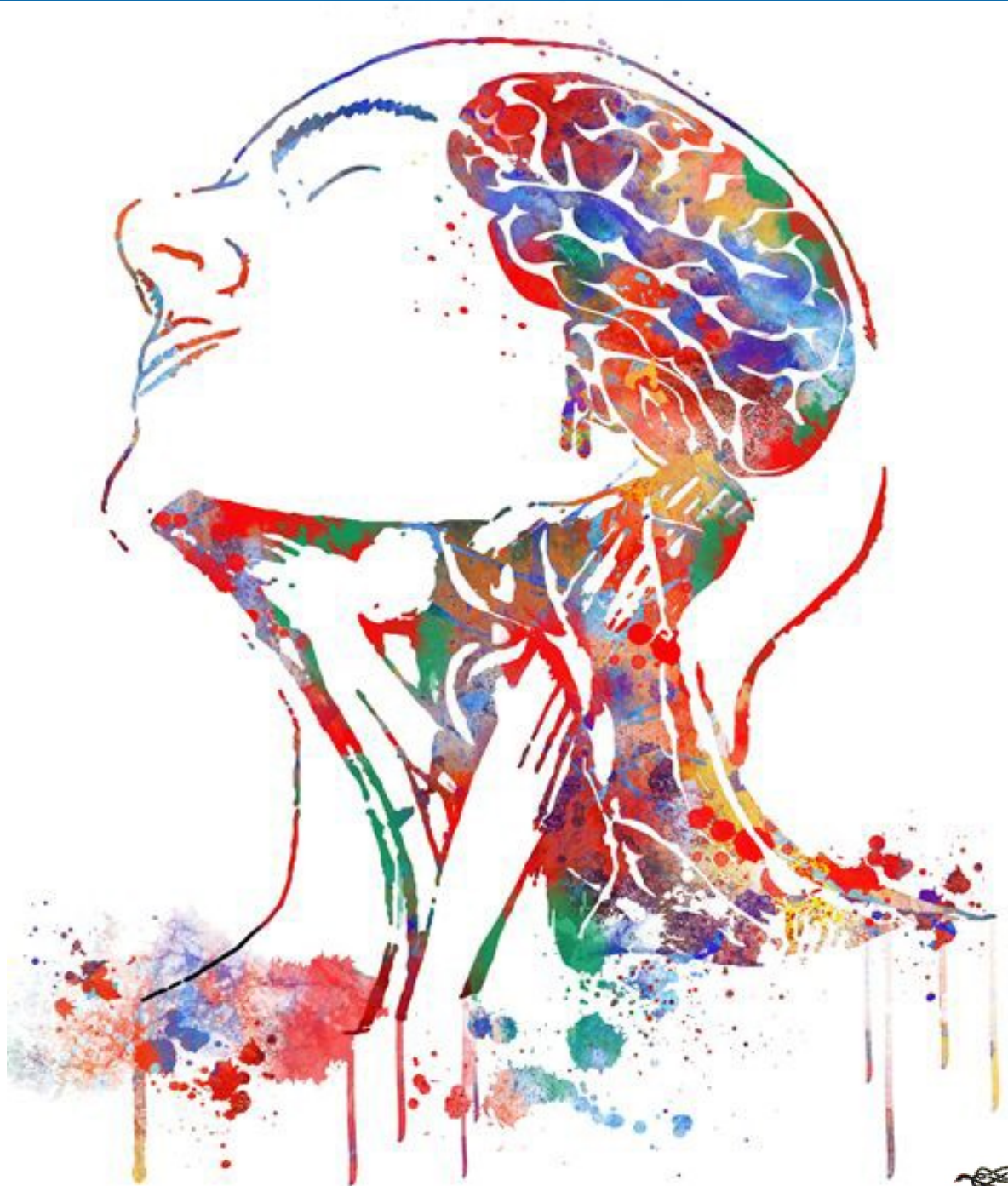


MAX FAC
SURGE
THE OMFS NEWSLETTER '21

Edition: II

Editor: Dr. Kannan.R

Co-Editors: Dr. Vimalambiga & Dr. K. Arun Kumar



Experiences in OMFS | Mucormycosis
Events | Achievements | Maxfac Corner



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“

Dear Colleagues,

Greetings from the office of AOMSI – Tamilnadu and Puducherry branch!

It's been an amazing year and a half for me! Unimaginable number of webinars conducted by our state with Faculty from the State, National and International forum. Scientific activities like Ask your Mentor and Quiz for the benefit of Postgraduates from across the country! Meeting and getting to know National and International personalities although virtually. This was all possible working alongside a vibrant and energetic Secretary in Dr. Jimson and the constant support of Stryker. The state office initiated a Hands on Trauma course by our State faculty which was conducted successfully in Madurai and Chennai and with the great feedback, I am sure this initiative will go a long way! Being part of an amazing young team from Salem, organizing the first virtual conference of our speciality in the State. Thankful and grateful to all the members of our state chapter for the immense support given towards the success of our 14th State Conference. Enjoyed adding elements of surprise to the regular routine of our conference. The State Office has decided to award the CKD Trophy for the best PG prize paper with the goal of infusing the spirit of an achiever amongst the young Postgraduates, which was our way of showing our respects to the great legend! Thankful to the Sponsors for supporting the event spontaneously. A1 Logistics who was an integral part of the conference by their unstinting support during the planning, working and final event proceedings – my salutation to them! My gratitude goes to the EC members who made every EC meeting fruitful. The valuable inputs of the Immediate Past president - Dr. Manikandan and the incoming President – Dr. K.K. Raja are appreciated.

I am signing off with the words of my favourite poet, Maya Angelou...***“My mission in life is not merely to survive, but to thrive, and to do so with some passion, some compassion, some humour and some style!”***

”

Dr. Reena Rachel John

President, Tamilnadu & Puducherry branch of AOMSI



“

Dear Colleagues,

Greetings!

Most of us have had a difficult time, both personally and professionally. I am relieved that the majority of us have escaped the pandemic which has now taken a new direction (delta variant), unscathed.

Dr. C.K. Dhanasekaran, one of our founder members, passed away on OMFS Day this year and it is a significant loss to our fraternity.

Our state branch has taken advantage of these challenging circumstances to provide education to aspiring maxillofacial surgeons through webinars, quizzes, and “ASK YOUR MENTOR” sessions.

The webinars and educational activities we conducted received excellent feedback from the participants.

I would like to express my gratitude to all the faculty members, both young and experienced, who offered their time to share their knowledge through webinars.

I thank Dr. Reena Rachel John, President - state branch for her support throughout her tenure. The members of the executive committee deserve special mention because we met a few times more than usual, although virtually. I'd want to express my gratitude to every one of our branch's members who have been supportive towards our activities. The ACOMS virtual conference in October 2020 with Dr. Gunaseelan Rajan as the chair was the cherry on the top. Thank you for entrusting me with the responsibility of organizing the virtual conference, sir.

I congratulate Dr. Gunaseelan Rajan on his election as President-elect of the Asian Association of Oral and Maxillofacial Surgeons for 2021-2022 (Asian AOMS).

My sincere thanks to Dr. M. Veerabahu, President, AOMSI, Dr. Pritham Shetty, Hon. General Secretary, AOMSI, and Dr. Pramod Subash, Hon. Treasurer, AOMSI, for their support of our state branch's activities. STRYKER deserves a special thanks for sponsoring online events for the past 18 months.

In addition, with the sponsorship of STRYKER, we held two limited participation hands-on workshops on maxillofacial trauma in Madurai and Chennai.

Many thanks to Mr. Asim Kumar Ghosh (Country head STRYKER - CMF), Mr. Ruba Chandru, and Mr. Mayank (STRYKER) for providing logistical support for the webinars and hands-on workshops.

As we had a productive year in office, the season that it was, only virtual and rarely physical meetings; we will meet again virtually for the 14th annual conference of our branch. As we prepare to participate in the annual event, I am sure there will be disappointments that we are not meeting our friends and colleagues in person. This choice was made, however, to ensure the health and safety of our members.

Given the current pandemic situation, I applaud the organizers (Vinayaka Missions Sankaracharyar Dental College, Salem) for graciously agreeing to turn the meeting to a virtual conference.

We also encountered, Mucormycosis, another endemic within the pandemic. Many of our friends and colleagues working in both government and private hospitals are already combating this dreadful disease.

I acknowledge the recognition given to our speciality in dealing with Mucor patients by the Tamilnadu government's Department of Health. We are grateful to Dr. J. Radhakrishnan IAS, Principal Secretary, Health, Officer on Special Duty, Health, Thiru. Senthil Kumar IAS, and the Tamilnadu government for their assistance.

I hope this dreadful pandemic passes quickly so that we can all meet again in person.

Thank you all again for your continued support and active engagement in our state branch's activities.

With your involvement and support, we look forward to another excellent year.

”

Dr. S. Jimson

Honorary Secretary, Tamilnadu & Puducherry branch of AOMSI



“ Respected senior colleagues and dear friends,

I am happy to release the 5th edition of our Newsletter “SURGE”. It is indeed a tough time due to the Pandemic and all of us have found our through it safely. In spite of the pandemic our association has moved ahead in a better way. Last year due to the COVID we released only one edition and I didn't want the same situation this year too.

Thanks to our secretary, we have applied for ISSN No. for our Newsletter on 18 th June 2021, under the title “MAXFAC – SURGE”. The Newsletter is added as an attachment in the Menu of our Website MaxFax Talk.

My sincere thanks to our members for spending their valuable time and expertise in contribution towards the newsletter. I must also extend my gratitude to our President Dr Reena Rachel John, Secretary Dr Jimson and the office bearers for their constant support.

I must thank our Co-editor Dr Vimalambiga immensely for her dedicated, continuous help and constant support in bringing out the Newsletters.

Looking forward to the successful future editions with all your help.

Thankyou

”

Dr. R. Kannan —
Editor, Tamilnadu & Puducherry branch of AOMSI



“

Dear colleagues

It is wonderful to know that our state branch is bringing out our 5th edition of News letter.

I can see the hard work of editorial team and the dynamic leadership of state branch in bringing out such a useful information to our members in this difficult time.

I am sure all of you are fully vaccinated and safe.

Wishing the TNAOMSI a wonderful conference at Salem.

Once again i thank the office bearers for striving achieve greater heights and creating awareness about our speciality in general public.

Keep up the good work.

Together we shall overcome this pandemic and enter a safe world ahead.

”

Dr. Veerabahu. M. _____

President, AOMSI



“ Dear colleagues and friends,

The Covid pandemic has affected us in ways beyond description. We continue to fight the pandemic and its after-effects.

Every dark cloud has a silver lining, and in the gloom of horrors of the pandemic, the Tamil Nadu and Puducherry state chapter of AOMSI have exhibited an all-around commitment to not just patient care but continuing education in the form of webinars, awareness programs, and conferences.

Dr Kannan and his excellent Editorial crew published newsletters to keep the members engaged and updated with the protocols.

The AOMSI, along with the help of its members and their friends, raised a Covid contingency fund and would request the members to avail the fund to treat Covid related complications, like Mucormycosis or rehabilitation of the deformity.

Please approach your state secretary Dr Jimson, with case and patient details and help the needy.

”

Dr. Pritham N Shetty
Hon. General Secretary, AOMSI

A conundrum of Myofascial Pain Dysfunction Syndrome

Introduction:

There is a depicted concept of triple complex involving both joints and intact dentition forming an integrated system which is carefully monitored by an arthrokinetic reflex muscular activity of this musculature arising to ensure a controlled and stable pattern of painless mandibular movement.

A disturbance in the coordinated activity of the musculature arising from malocclusion often accentuated by psychological factors inducing neuromuscular tension forming the basis for the majority of problems involving temporomandibular joint dysfunction.

There is a large pool of incidence that clearly shows that mind and body are not independently functioning entities but closely interrelated in all aspects of pain direction, detection and perception. The TMJ disorders in an umbrella term referring to a classification of musculoskeletal disorders impacting the masticatory muscles and/or the TMJ and is usually subdivided into 3 main categories,

1. Myofascial Pain Disorder
2. TMJ interference disorder
3. TMJ degenerative diseases

It has always been a challenging role for the clinician to manage Temporomandibular disorder (TMD) as it is a conundrum wrapped in enigma.

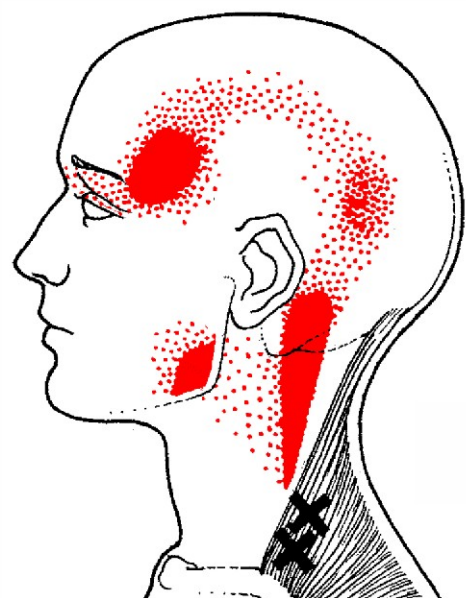
Current definitions:

Myofascial pain can be defined as “A regional myogenous pain condition characterised by local areas of firm hypersensitive bands of muscle tissue known as trigger points., alternatively called myofascial trigger point pain. The presence of central excitatory effects is a defining characteristic of the myalgic disorder.

Etiopathogenesis and proposed mechanism:

1. Continuous source of input leading to deep pain
2. Heightened emotional stress
3. Sleep disturbances
4. Local factors that govern muscle hiatus namely habits, posture and muscle strains
5. Systemic factors like nutritional deficiencies, poor physical status, chronic fatigue.

Together we shall overcome this pandemic and enter a safe world ahead.



Patient history and clinical characteristics:

- ✦ The patient's main complaint is often directed towards the site of referred pain and rarely the exact source of pain (Trigger points).
- ✦ History taking must specifically include incidence of repetitive muscle trauma, improper posture habits, presence of occlusal parafunctional and mental and emotional stress.
- ✦ On clinical examination the patient will display decreased range and speed of mandibular movements which usually correlates to the location and intensity of trigger points.
- ✦ The masticatory muscles are tender on palpation with identifiable trigger points on palpation.
- ✦ Trigger points are described as firm knots within the muscles which are more tender on palpation than the surrounding muscle tissues.
- ✦ Temporary inactivation can be tried through Trigger points anaesthetic injections, vapocoolant sprays, Transcutaneous Electrical Nerve Stimulation (TENS).
- ✦ From a clinician standpoint if the muscle is tender to palpation and none of the masticatory muscle disorders better describe the patient's condition the suspected diagnosis is Myofascial pain.

Pathophysiology of TMJ pain:

Pain : An unpleasant sensory and emotional experience associated with actual or potential tissue damage. (International Association for the Study of Pain)

Inflammatory pain : Intra-articular tissue damage is associated with disc displacement resulting in local TMJ pain. In addition it can elicit reflex spasm of masticatory muscles resulting in pain from regions other than TMJ

Arthrogenous pain : The patient can point to the worst spot with one finger in the TMJ region. The pain is relieved by giving auriculotemporal nerve block.

Myogenous pain : Not relieved by nerve block and diffuse in nature over the muscle.

Role of parafunctional habits:**Bruxism (Tooth Grinding Neurosis) :**

It is defined as an oral habit of involuntary rhythmic non-functional gnashing or clenching of teeth outside the masticatory movements of the mandible

Signs of bruxism -

- Attrition of teeth
- Scalloping of lateral border of tongue
- Cheek ridging - Linea alba

Clinical signs of MPDS:

- Pain in TMJ region
- Clicking/Popping noise
- Restrictions in mouth opening
- Deviation of mandibular midline to the affected side on mouth opening before clicking
- Restricted laterotrusive jaw movements to the contralateral side
- Unrestricted laterotrusive jaw movements to the affected side

Clinical tests:

To diagnose clicking caused by disc displacement with reduction -

- ✦ Patient is instructed to occlude the teeth firmly together.
- ✦ Patient is instructed to open the mouth until jaw clicking occurs indicating that the disc/condyle relationship is now reduced/into normal position.
- ✦ No clicking sound is heard after placing the spacer.

Causes of MPDS:

Central causes

- ✦ Stress
- ✦ Anxiety
- ✦ Depression

Peripheral causes

- ✦ Adverse postural issues
- ✦ Repetitive localized strain in the form of occlusal parafunction

Role of interdisciplinary management for the complex patient:

Patients exhibiting multiple and often overlapping risk factors are best approached via an interdisciplinary involvement that has a team of specialists to address the varied nuances of the problem in an organised manner.

Role of Occlusal Splint:

Splint therapy is an effective method of isolating occlusion as the causative factor as interposition of a splint can immediately and dramatically break the pain pattern generated by CNS.

Types of Splints:

- ✦ Soft splints are constructed of polyvinyl, worn at night. It may act as a habit breaker.
- ✦ Anterior bite plane or Lucia jig is recommended for short term use and is to be worn at night.
- ✦ Stabilisation splints help to disocclude the jaws thereby restoring normal joint space with prolonged wear.
- ✦ The anterior repositioning splint allows the patient to close the mandible in a forward direction. However, this has not yielded successful results in many circumstances.
- ✦ The gnathological splint was designed based on ROTH'S philosophy of correction of centric relation - centric occlusion discrepancies. It is usually worn full time to the maxillary or mandibular arch.

Successful outcomes and prognosis of MPDS are dependent on following factors:

- ✦ Accurate diagnosis.
- ✦ Clinician factors - experience and patient rapport.
- ✦ Patient factors - compliance, understanding and expectations.
- ✦ Multidisciplinary approach - Effective communication between maxillofacial orthodontic, orthopedic and physiotherapy colleagues can ensure holistic management of the patient's condition.

Summary of important points:

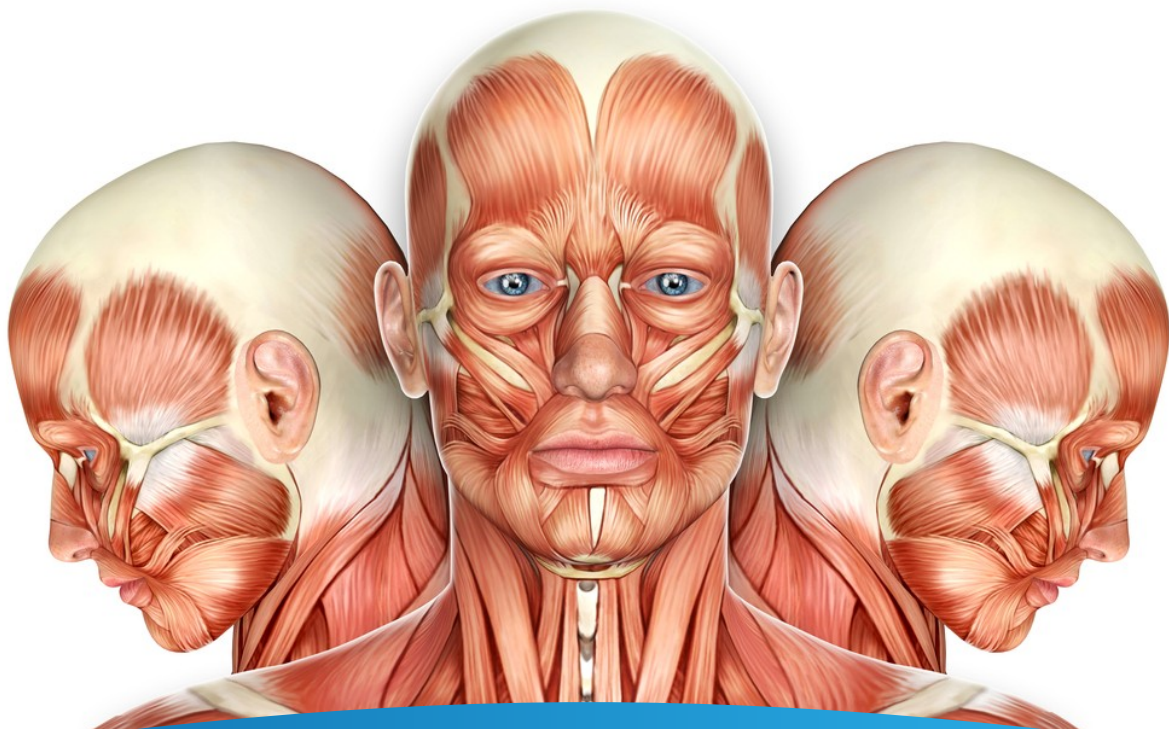
- Myofascial pain dysfunction syndrome is mainly a pain disorder related to muscles and fascia, distinct from TMJ disc interference disorders and temporomandibular degenerative diseases.
- Myofascial pain can be defined as “A myogenous pain condition characterised by local areas of firm hypersensitive bands of muscle tissue known as trigger points”.
- Bruxism and other parafunctional habits lead to sustained muscle contraction, and eventually non serous inflammatory reaction in masticatory muscles, muscle fatigue and pain.
- Splint therapy, an interposition can dramatically break the pain pattern. “Lucia jig” or anterior bite plane recommended for short term use helps to disocclude the posterior teeth thereby relieving muscle fatigue and pain caused by sustained muscle contraction due to clenching.



- Non-invasive methods of muscle treatment include inactivation massage, ice packs and fluoromethane spray.
- Trigger point injections with local anaesthetic, saline and steroid mitigate pain and improve function.
- Antidepressants like amitriptyline in small doses (10mg) at bedtime give pain control results.

Dr. M F Baig

Professor Emeritus, Saveetha Dental College, Chennai



Radical Surgical Management

INTRODUCTION

Mucormycoses are life-threatening fungal infections mostly occurring in haematology, solid organ transplant, or diabetic patients, it may also affect immunocompetent patients following a trauma or burns. Nosocomial or community outbreaks have been described. Mucormycosis is characterised by host tissue infarction and necrosis resulting from vasculature invasion by hyphae starting with a specific interaction with endothelial cells. Most common clinical presentations are rhino-orbito-cerebral and pulmonary.

THE INFECTION-CLINICAL MANIFESTATIONS

Tissue necrosis due to invasion of blood vessels and subsequent thrombosis are the hallmarks of invasive mucormycosis. Furthermore, infections with Mucorales are, in most cases, characterized by rapid progression. Mortality rates vary, depending on the site of infection and the condition of the host.

Rhino-orbital-cerebral disease defines an infection that originates in the paranasal sinuses, following inspiration of spores, and possible extension to the brain. Sequentially, nose, sinuses, eyes and brain are affected. Symptoms at early stage of disease might be sinus pain, nasal congestion, fever, soft tissue swelling and headache. Nasal ulceration might occur as well.

Progression of disease, which usually is rapid if not treated, results in extension to neighbouring tissues, thrombosis and

further necrosis, causing painful black eschar on the palate or nasal mucosa. Extension to the eyes is possibly, leading to blurred vision or even complete loss of vision. From the eyes the disease can progress towards the central nervous system resulting in altered consciousness, cranial neuropathies or cerebral abscesses.

RISK FACTORS

The Predisposing factors are

1. Uncontrolled diabetes
2. Renal failure, tuberculosis, organ transplant
3. Long term Corticosteroids
4. Immunosuppressive therapy
5. Cirrhosis, burns, protein energy malnutrition
6. Leukemias, lymphomas and AIDS

Although there have been some reports of Mucormycosis in immunocompetent people it is still regarded an opportunistic disease and specific risk factors for mucormycosis in different patient populations have been identified. Mostly, the disease affects patients with haematological malignancies (HM) and prolonged severe neutropenia. Outstanding in comparison to other fungal infections is the high incidence amongst patients with poorly controlled diabetes, especially complicated by ketoacidosis (DKA), patients with iron overload or those who underwent major trauma.

Highest at risk for the development of mucormycosis are patients, who either have decreased amounts of mononuclear and

polymorphonuclear phagocytes, that would inhibit germination of spores in healthy humans, or whose underlying disease disturbs the function of their phagocytotic cells. This includes patients with Haematological malignancies, patients who underwent hematopoietic stem cell transplantation and also patients who received high-dose corticosteroid treatment.

This also accounts for diabetic patients, especially those whose disease is poorly controlled. In DKA patients, elevated levels of free iron in serum are caused by a release of iron from binding proteins such as transferrin, which is due to a decreased pH level. The dysfunction of glucose and iron metabolism, and regulation of this, was shown to result in decreased phagocytic function and intracellular killing of *R.oryzae*. Additionally, chemotaxis of neutrophils was shown to be impaired in murine models to whom high amounts of iron were given, but could be prevented by applying the iron chelator deferasirox.

DIAGNOSIS

If we have suspicious of mucormycosis with the above said complaints, signs and

symptoms patients have to undergo CT scan imaging and FESS guided biopsy. Gingival tissues with pustules subjected for with KOH staining.

MEDICAL MANAGEMENT

a. Treatment of uncontrolled diabetes mellitus and DKA

b. Stop steroids and other immunosuppressive drugs (e.g., tocilizumab, baricitinib, tofacitinib etc.) (if patient is taking)

RADICAL SURGICAL MANAGEMENT

Most of the patients are managed initially with medicines (anti fungal therapy), if the lesion is in early stage particularly affecting gingiva (gums) the lesion gets cured. But if the lesion extends to maxillary alveolus and superiorly to maxillary sinus and other sinuses involving orbit medical management is not sufficient. In those kind of cases depending on the involvement of various midface structures radical wound debridement along with orbital exenteration if needed. This reduces the mortality and also the recurrence. Surgery remains easier to perform in rhino-orbital or cutaneous

c. Antifungal treatment

Drug	Dose	Duration*	Comments
1. Amphotericin B deoxycholate (AmBD)	1 mg/kg/day i.v.	4 to 6 weeks; guided by clinical response	1. Low cost 2. Needs PICC or CVC 3. Side effects
2. Liposomal amphotericin B (LAmB)	5 mg/kg/day i.v.	4 to 6 weeks; guided by clinical response	1. Expensive 2. Needs PICC or CVC 3. Side effects
3. Isavuconazole	200 mg TID i.v. / p.o. x 2 days, followed by 200 mg OD i.v. / p.o.	4 to 6 weeks; guided by clinical response	1. Expensive
4. Posaconazole	300 mg BID i.v. / p.o. x 1	4 to 6 weeks; guided by clinical response	1. Expensive 2. Drug interactions

localizations than in cerebral, pulmonary or disseminated disease. Surgery is strongly linked to treatment outcome in rhino-orbito-cerebral forms. In a clinico-epidemiological review over 10 years, surgery was performed in 65.2 % of 184 patients but only in 21.4 % of hematological patients. Surgical debridement in combination with medical therapy was associated with a better outcome than medical therapy only.

Attention must be paid to the fact that only retrospective studies and epidemiological data are available.

However, the benefits of surgery are presumed and is highly recommended whenever possible.

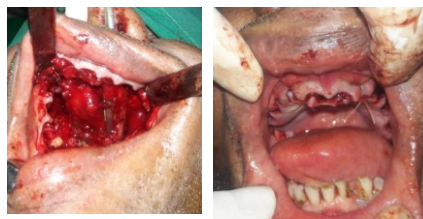
In our eight years of experience we had operated nearly 30 cases by radical surgery alone with proper debridement and post operative wound care. All cases were

CASE SERIES OF MUCORMYCOSIS

PRE OPERATIVE IMAGES



INTRA OPERATIVE IMAGES



POST OPERATIVE IMAGES



operated with radical maxillectomy along with 1.5cm of normal tissue margin due to its aggressive nature. Out of 30 cases operated 5 patients had undergone orbital exenteration (removal of the affected eye) due to its involvement of orbital soft tissue causing blurring of vision. Rest of the cases were operated without any facial disfigurement and all of the cases were

restored with proper prosthetic rehabilitation. All the patients are doing well till date without any recurrence and complications. I had attached my own article along with this document



for your reference. Here with we have attached 5 of our cases operated by radical surgical management.

CONCLUDING REMARKS

The key points of mucormycosis, such as the rapid growth of the various pathogens causing disease, their high affinity to blood vessels, plus the unique susceptibility of DKA patients to this disease have long been known, but the molecular mechanisms involved are still partly deciphered so far. *Surgery alone or surgery combined with medical management can provide a better outcome to the patient and also provides complete recovery and wellness of the patient.*

The COVID 19 pandemic affected people in many ways, of which Mucormycosis, commonly called “The Black Fungus”, took the centrestage this year. The Mucormycosis was announced as a notifiable disease by the government. Maxillo Facial surgeons across our state were included in the team managing the Mucormycosis. The AOMSI Tamilnadu & Puducherry branch took various measures to include our Maxillofacial community in the management team. A team of maxillofacial surgeons involving Dr Veerabahu, AOMSI president, Dr Jimson, Secretary of our State branch and Dr K. Arunkumar, Joint Secretary met the Deputy Director of Public Health and represented our community in a measure to include maxillofacial surgeon in the Mucormycosis management team.



Our state office in coordination with AOMSI raised Covid Mucor fund which helped in procuring and supplying Amphotericin B for the needy across the state free of cost.

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Association of Oral & Maxillofacial
Surgeons of India
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COVID 19, the Pandemic literally affected every one of our routine but not our association. Our very own State branch of AOMSI did a stupendous job by organizing Webinars and Ask your Mentors programme almost every week throughout the lockdown. Appreciation should go to Dr P. Suresh Kumar, Dr Karthik Ramakrishnan, Dr Elavenil and Dr Madhulaxmi for being the backbone of the programme. All the sessions were well attended by participants from all over India and abroad (UK, USA, Australia, Africa, Middle East, Malaysia, Thailand, to name a few).

Date	Topic	Mentors	Moderators
03-Jun	Local anaesthesia General anaesthesia / sedation	Dr. Reena John	Dr. Thanvir Mohammad Niazi Dr. Madhulaxmi
05-Jun	Surgical principles, Minor oral surgery	Dr. Abdul Wahab Dr. Pradeep Christopher	Dr. Deepak.C
08-Jun	Implantology Salivary glands & Maxillary sinus	Dr. Arun Kumar.K Dr. Naveen Kumar.J	Dr. Senthil Moorthy
10-Jun	Trauma-midface, upper face, mandible, Soft tissue Injuries	Dr. V.B.Krishna Kumar Raja Dr. Ravindran.C	Dr. Nathan.J. A
12-Jun	Orthognathic surgery, Distraction osteogenesis	Dr. Veerabahu.M Dr. Anantnarayanan.P	Dr. Srivatsa
15-Jun	Temporomandibular joint, Cysts & benign tumours	Dr. Muthusekar.M. R Dr. George Paul	Dr. B.Bala Guhan
17-Jun	Maxillofacial reconstruction – Hard & Soft tissue	Dr. M.Senthil Murugan	Dr. Sathyanarayanan
19-Jun	Cleft & craniofacial surgery	Dr. Manikandhan.R Dr. Sainath.M. V	Dr. Elavenil.P
22-Jun	Diagnostic investigations, Nerve injuries & Neuralgia	Dr. Vikraman.B Dr. Saravanan.C	Dr. M.Rekha
24-Jun	Infections, Osteomyelitis & Osteoradionecrosis	Dr. Prasad.C Dr. Srinivasan.H	Dr. Kaneesh Karthik
26-Jun	Varied surgical modalities Malignancies, Miscellaneous Topics	Dr.S.Elengkumaran Dr.K.Ashok Ramadorai Dr.Thomas Zachariah	Dr.Karthik Ramakrishnan

Date	Topic	Mentors	Moderators
05-Apr	Local anaesthesia, General Anaesthesia/ sedation	Dr.Arun Kumar.K Dr.Deepanadan.L	Dr.Kalpa Pandya
07-Apr	Surgical Principles, Minor Oral Surgery	Dr.Thanvir Niazi Dr.Thangavelu.A	Dr.Shobana Shekar
09-Apr	Implantology, Salivary glands & Maxillary Sinus	Dr.Suresh Kumar. P Dr.Naveen Kumar.J	Dr.Harish. KM
12-Apr	Trauma-upper & midface,mandible, soft tissue injuries	Dr. V.B.Krishna Kumar Raja Dr.Vikraman. B	Dr.Deepak.C
15-Apr	Orthognathic surgery, Distraction Osteogenesis	Dr.Veerabahu. M Dr.Ananthanarayanan.P	Dr.Emmanuel Azariah
17-Apr	Temporomandibular Joint, Cysts & Benign Tumors	Dr. MF. Baig Dr.George Paul	Dr.Sathyabama
19-Apr	Malignancies, Maxillofacial reconstruction- Hard & Soft tissue	Dr.Mathan Mohan Dr.M. Senthilmurugan	Dr. Ramesh babu
21-Apr	Cleft & Craniofacial Surgery, Cosmetic Surgery	Dr.Manikandhan.R Dr.Yaser Arafat	Dr.Vimalambiga
23-Apr	Diagnostic investigations, Nerve injuries & Neuralgia	Dr.Saravanan.C Dr.Krishnan.B	Dr. James Bhagat
26-Apr	Infections, Osteomyelitis & Osteoradionecrosis, Varied Surgical modalities	Dr.Bala Guhan Dr.Mathew Jose	Dr.Senthil Kumar. M. S
28-Apr	Miscellaneous Topics, Tips to Approach Exams	Dr. Reena John Dr.Vivek.N	Dr.Jimson Samson





Association of Oral & Maxillofacial Surgeons of India
(Tamil Nadu & Puducherry Branch)

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Date	Topic	Moderators	Speakers/Faculties
7-Jun	Management of Midface Fractures - Zygoma & Maxilla	Dr. Emmanuel Sargunam.A Dr. Dhinesh Kumar.N	Dr. Krishna Kumar Raja V.B. Dr. Arun Kumar.K
14-Jun	Decision making & Best Practices In Orbital Fractures	Dr. Vivek Narayanan Dr. Kannan Balraman	Dr. Anantanarayanan P. Dr. Krishnan B.
21-Jun	Overcoming Challenges In Mandibular Fractures	Dr. L. Deepanandan Dr. Senthilnathan P.	Dr. Venkadasalapathi N. Dr. Asok Ramadorai
28-Jun	Condyle Fracture Lockdown: Open Or Close	Dr. S. Shanmugam Sundaram Dr. A. Thangavelu	Dr. R. Manikandan Dr. S. Ram Kumar
05-Jul	Soft tissue analysis vs Hard tissue analysis- Which is more apt for the OGS planning? Conventional Planning Vs Virtual Planning for OGS	Dr. V. Sathyabama Dr. John Nesan	Dr. Bala Guhan Dr. B. Vikraman
13-Jul	Bi-Jaw OGS for Symmetric Patients Bi-Jaw OGS for Special Cases (Cleft Asymmetry, OSA, etc.,)	Dr. Thomas Zachariah Dr. Saumya Tripathi	Dr. P. Suresh Kumar Dr. Sunil Richardson
26-Jul	Complications and Prevention in OGS. Peri Operative Management & Medicolegal Considerations.	Dr. Srivasta Kengasubbiah	Dr. M. Raj Mohan Dr. P. Jagan Babu
02-Aug	Secondary traumatic deformities of mandible - Management Options	Dr. Sonal Anchila	Dr. Paul Sambrook Dr. Abhay Kamath Dr. Vivek Narayanan Dr. K. Arun Kumar
09-Aug	Traumatic Secondary Deformities of Midface & NOE	Dr. Oommen Aju Jacob	Dr. Anthony Lynham Dr. (col) Suresh Menon Dr. Shankar Mohan Dr. Emmanuel Azariah
16-Aug	Secondary Deformities - Orbit	Dr. Pramod Subash	Dr. Anantanarayanan Dr. Praveen Ganesh Dr. Thomas Zachariah
23-Aug	Maxfax Challenge - Quiz for PG Trainees	-	Dr. Elavenil.P Dr. Madhulaxmi.M Dr. Vimalambigai.R
30-Aug	TMD Web Conference	Dr. S. Jimson Dr. Vandana Shenoy	Dr. Louis G Mercuri Dr. Gary Warburton Brig (Dr.) S.K. Roy Chowdhury Dr. Chethan Hegde Dr. Nehal Patel Dr. Vishal Bansal Dr. Aishwarya Nair Sanjay Pinto

Date	Topic	Moderators	Speakers/Faculties
06-Sep	Diagnosis & Treatment Planning in Oral Cancer	Dr.Subhra Chauhan	Dr.Prof.Joseph I Helman Dr.V.Balsundaram Dr.Shobhana Sekar Dr.Mahathi Neralla
13-Sep	Principles of Neck Node Dissection	Dr.Sanjiv Nair	Dr.Moni A. Kuriakose Dr.Suren Krishnan Dr.Mathan Mohan Dr.Abhinan Potturi
20-Sep	Micro Reconstruction for Macro Issues	Dr.M.Senthilmurugan	Dr.James Badlani Dr.Siddhartha Chakraborty Dr.Shakti S Deora Dr.G.Lakshmi Narayana
27-Sep	Principles of Ablative Oral and Maxillofacial Cancer Surgery	Dr.Rahul Thakkur	Dr.Andrew Cheng Dr.Reena John Dr.Pratheep J Dr.Elengkumaran
08-Nov	Non Surgical Cosmetic Procedures for the Face	Dr.Anisha Maria	Dr.Arun Panda Dr.Manu Prasad.S Dr.Yaseer Arafat Dr.Sapna Vadera
15-Nov	Esthetic Surgery Of the Face	Dr.Sainath Matsa	Dr.David Tauro Dr.Darryl Coombes Dr.Sreedhar Reddy Pothula
21-Nov	Max-Fax Challenge II Preliminary round	-	Dr.Elavenil.P Dr.Madhulaxmi.M Dr.Vimalambigai.R
28-Nov	Max-Fax Challenge II Final round	-	Dr.Elavenil.P Dr.Madhulaxmi.M Dr.Vimalambigai.R
29-Nov	OOO Symposium On Cysts of Maxillofacial Skeleton	Dr.Kavitha Dr.Prathiba Dr.Nalini Aswath	Dr.George Paul Dr.Selvam Thavaraj Dr.Kandy Ganesan Dr.Bhagyalakshmi Batchu Dr.Sukhpreet Singh Dubb Mr.Mital Patel
06-Dec	Primary Care for Cleft lip and Palate Patients	Dr.Krishnamurthy Bonanthaya	Dr.Abhilasha Yadav Dr.Varun Menon Dr.Sneha Pendem Dr.Pasupathy

Date	Topic	Moderators	Speakers/Faculties
13-Dec	Secondary Care for Cleft Patients	Dr.Mustafa K	Dr.M.Veerabahu Dr.N.R Krishnasamy Dr.Pritham Shetty Dr.Jaideep S.Chauhan Dr.Shreyasi Tiwari
20-Dec	Craniofacial syndromes-the diagnosis and treatment planning	Dr.Pramod Subash	Dr.Andrew Heggie Dr.Sherry Peter Dr.Fridaus Hariri Dr.Praveen Ganesh
27-Dec	Role of Distraction in Craniofacial Anomalies	Dr.Manikandhan	Dr.Jocelyn Shand Dr.Anantnarayanan Dr.Virkam Shetty Dr.Soban Mishra Dr.Suresh Veeramani
03-Jan 2021	Complications in Facial Trauma	Dr.Vivek Narayanan	Dr.Paul Sambrook Dr.S.Prabhu Dr.Ashok Dabir Dr.Rajesh Dhirawani Dr.Vivek Vardhan Reddy
10-Jan 2021	Complications in Facial Trauma The Gen X MaxFax	Dr.Pradeep Devadoss	Dr.Alfred Lau Dr.Deepak.C Dr.Vimalambiga Dr.Ashi Chug Dr.Neha Agarwal Dr.Senthil Moorthy
17-Jan 2021	Complications in Facial Trauma Nurture the Future	Dr.Ramakrishna Shenoi	Dr.Bhagavandas Rai Dr.Manjunath Rai Dr.Deepti Simon Dr.S.Ram Kumar Dr.R.Kannan
24-Jan 2021	Complications in Facial Trauma Peer Interact	Dr.Elevanil P Dr.Madhulaxmi	Dr.Andrew I Edwards Dr.Venkadasalapathy Dr.Vijayakumar Dr.Sumathi Dr.Bruno Mascrenhas Dr.Varsha Backiavathy



Association of Oral & Maxillofacial Surgeons of India
Tamilnadu & Puducherry Branch
Congratulates



DR. GUNASEELAN RAJAN

*ON HIS ELECTION AS
PRESIDENT ELECT OF ASIAN AOMS*

**REINNOVATE & INSPIRE FOR SURGICAL EXCELLENCE****14TH ANNUAL CONFERENCE (VIRTUAL)****DR. B. SRINIVASAN ORATION****DR. VIVEK. N**

DEAN, PROFESSOR & HEAD
DEPARTMENT OF ORAL & MAXILLOFACIAL SURGERY
SRM KATTANKULATHUR DENTAL COLLEGE, CHENNAI

The Tamil Nadu & Puducherry branch of the Association of Oral & MaxilloFacial Surgeons of India conducts the Annual conference annually across the state. The conference has scientific contents in the form of Oration, Key note lectures, Panel discussions, Free papers and Posters presented delegates from across the state. The Oration is named as Dr. B. Srinivasan Oration in memory of one of the Pioneers of our Field in the state. The Executive Committee of the Tamil Nadu & Puducherry chapter of AOMSI selected Dr. Vivek. N to deliver the Dr. B. Srinivasan Oration for the year 2021 at the 14th Tamil Nadu & Puducherry chapter of AOMSI Virtual Conference, RISE 2021, on 21st August 2021, Saturday.

Dr Vivek. N is a Consultant Oral & maxillo facial Surgeon from Chennai. He completed his Under graduation and Post graduation from the Annamalai University, Chidambaram. He started his career as Senior Lecturer in MeenakshiAmmal Dental College & Hospital, Chennai and worked in various capacities in different colleges and is currently the Dean, Professor & Head, Department of Oral & Maxillofacial Surgery, SRM KATTANKULATHUR Dental College since 2014.

Dr Vivek has delivered multiple Keynote lectures, Guest lectures and moderated many panel Discussions at National level in many Conferences. He has organized workshops in Distraction Osteogenesis and Conscious Sedation. He has 35 publications in International and National journals under his name.

He has received many scholarships and awards at different levels and was the Best Outgoing student in both BDS & MDS. He was conferred the 'Best Teacher' award by The Tamil Nadu Dr. MGR Medical University presented by His Excellency Governor of Tamil Nadu in the year 2012.

His field of interest include Maxillofacial Trauma, Orthognathic Surgery, Temporomandibular joint disorders, Distraction Osteogenesis



Portrait of Audrey Hepburn by
Dr Thenaruvi

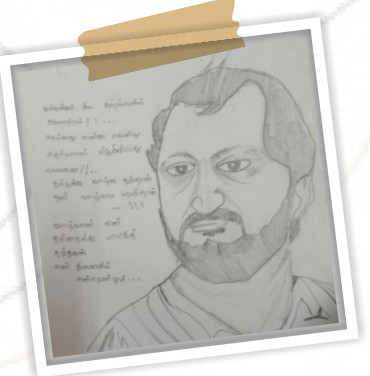
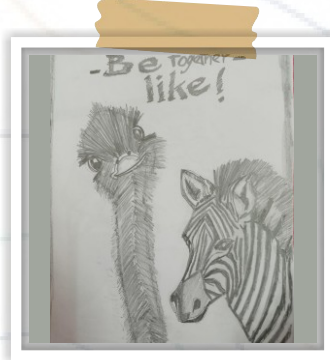
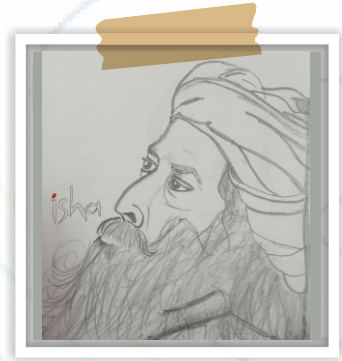
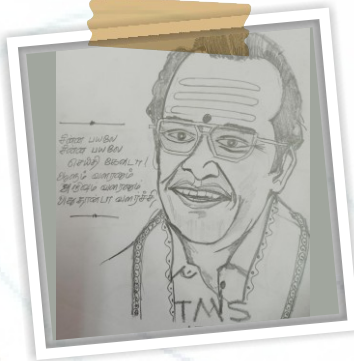
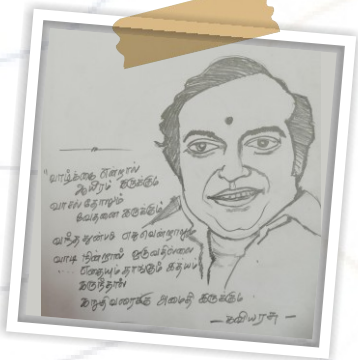
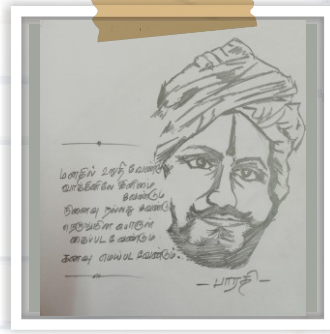


Dr. M. Rekha



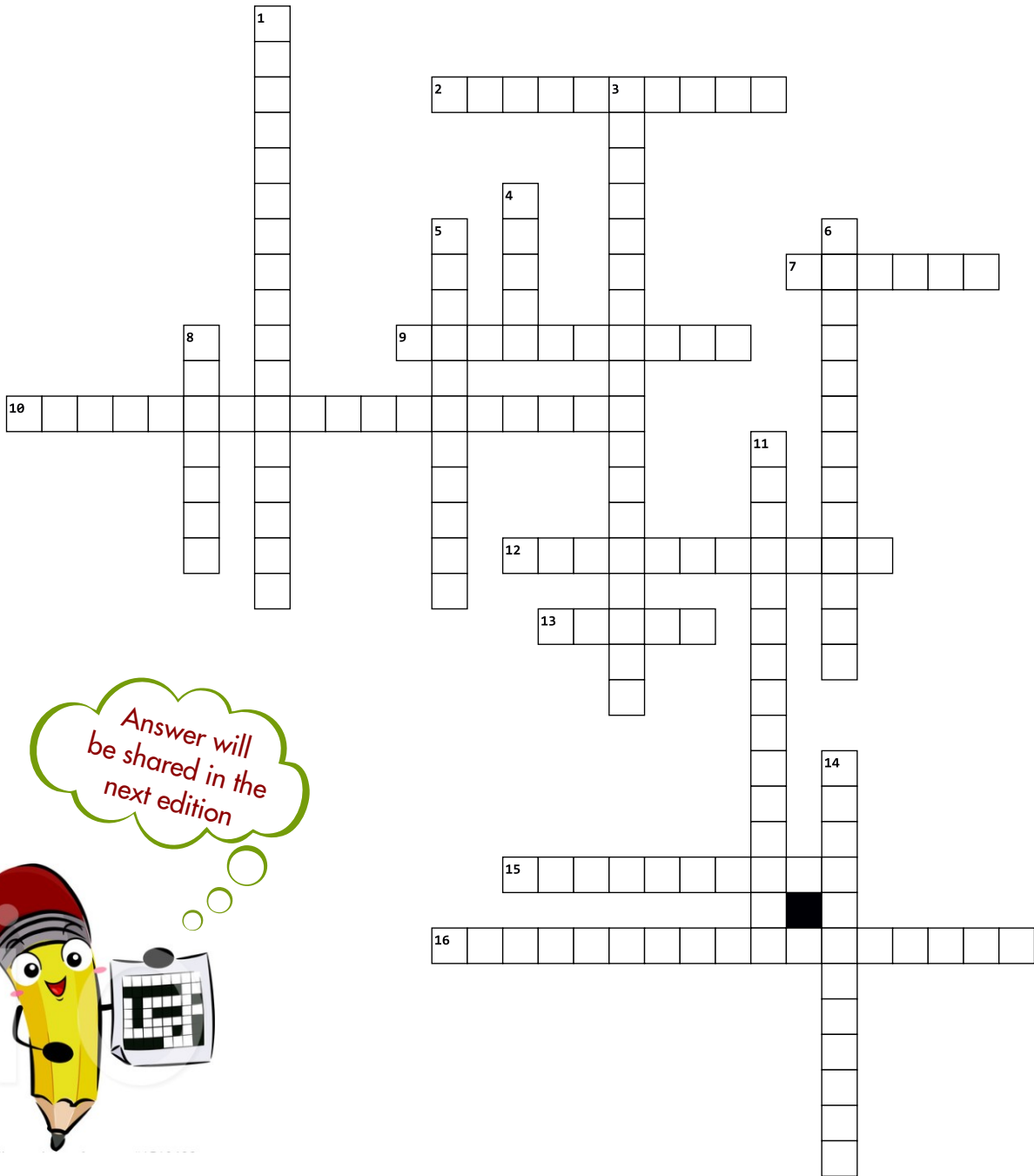
Dr. Mamta Singaram





Surgical Pathology

CROSSWORD



Answer will be shared in the next edition



Across

Down

- 2. Dysmorphic proliferation of tissues that are not native to the site
- 7. bone disease associated with elevated serum alkaline phosphatase levels
- 9. Cyst with mutations in PTCH gene
- 10. antimetabolite drug used in management of OKC
- 13. access osteotomy approach to reach deep lobe parotid tumors
- 15. Radionucleotide used in bone scintigraphy
- 16. type of radiation that is given twice a day with lower dose per fraction

- 1. Tracer used in PET CT
- 3. Common site for pleomorphic adenoma
- 4. Functional neck dissection was introduced by
- 5. management of monoostotic fibrous dysplasia
- 6. Inflammation of salivary gland duct
- 8. common tumor in the tail of the parotid gland
- 11. syndromic associated with cavernous hemangiomas associated with thrombocytopenic pupura
- 14. aggressive variant of ossifying fibroma

Answers to previous puzzle - Obstructive sleep apnea

Across	Down
3. polysomnography	1. multimodal
6. velopharyngoplasty	6. laryngeal
8. woodson	8. bernoulli
9. friedman	9. obesity
10. charge	10. snoring



**1st Ever Virutal AOMSI Conference of
TamilNadu & Puducerry Branch**

Conference Highlights

22 National Speakers	25 Scientific Sessions
90 State Speakers	14 Different Topics
2 International Speakers	Free and Prize Presentations - Paper and E Poster
Quiz	Awareness Video Competition
Vinayaka Mission’s Sankaracharyar Dental College Trophy	Dr. C.K. Dhanasekaran Trophy for Post Graduates
Next Gen Innovation	PG Essay Writing
Dr. Vinod Narayanan Research Award	
Dr. C.K. Dhanasekaran Medal for Undergraduates	

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