A 24-year-old patient was admitted to the clinic complaining of pain in the area of the missing tooth 4.6. According to the patient, it was found out that two days ago the destroyed 4.6 was removed. within 1.5 hours using a drill. The next day, there was a nagging pain in the area of the extracted tooth 4.6, by the evening the pain increased, the patient took an anesthetic, the pain subsided slightly. At night, the pain worsened, and the patient decided to go to the dental clinic to see a dentist. An antiseptic treatment was performed by a dentist-surgeon in the area of the well of the extracted tooth and painkillers were prescribed. On the 5th day after the 46th tooth extraction, the patient went to the doctor for the third time complaining of pain in the area of the removed tooth

4.6 teeth.

Objectively: the configuration of the face has not been changed, the skin is without visible pathology. On palpation, the regional lymph nodes are painless, of a soft elastic consistency, not enlarged, mobile. Examination of the oral cavity: the mucous membrane of the lips, cheek without pathological changes. Tooth 4.6 is missing, the mucous membrane in the area of the well is hyperemic, edematous, a gray mass with an unpleasant odor is visualized in the well, palpation of the area of the well is painful. Tooth 4.7 is changed in color, has a filling defect on the buccal and contact surfaces.

Questions

1. What is the preliminary diagnosis that can be made to the patient?

2. What may be the survey plan and is it necessary to conduct additional research?

3. Analyze the patient's treatment by the clinic's dentist.

4. Formulate a clinical diagnosis and specify diagnostic criteria.

5. Prescribe treatment and justify it.