



MNR DENTAL COLLEGE AND HOSPITAL

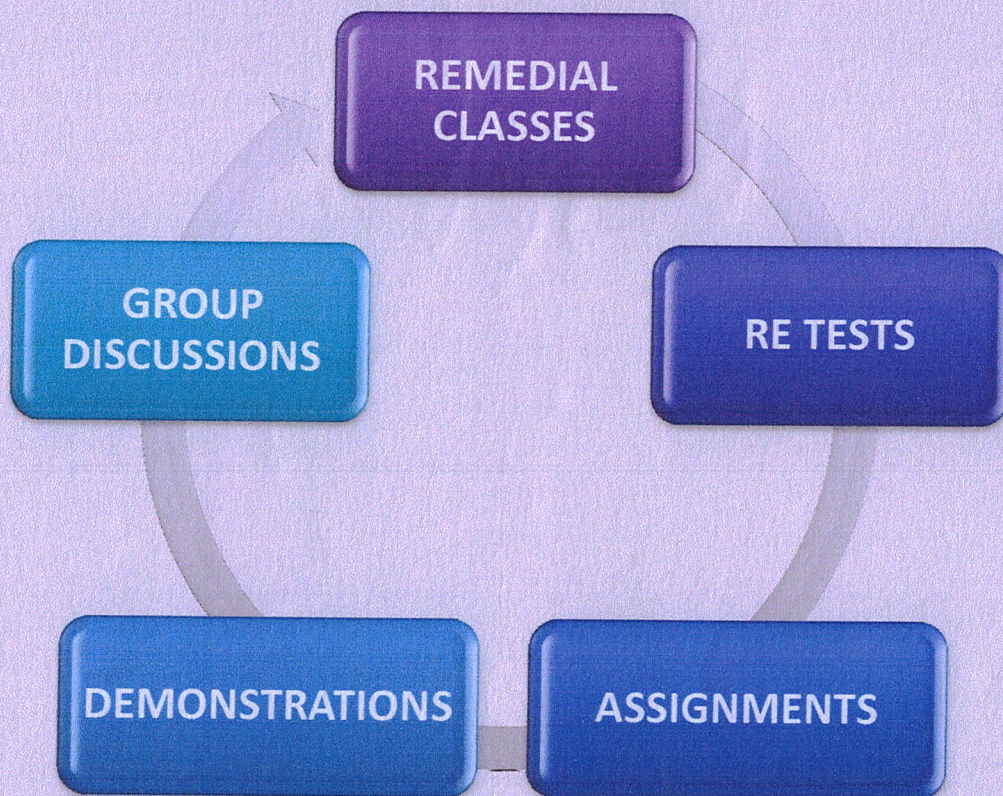
“NAAC ACCREDITED”

(Recognized by MH&FW, Govt. of India & Affiliated to KNR University of Health Sciences)

MNR Nagar, Narsapur Road, Fasalwadi, Sangareddy 502294

DOCUMENTS RELATED TO REMEDIAL CLASSES

SLOW LEARNERS



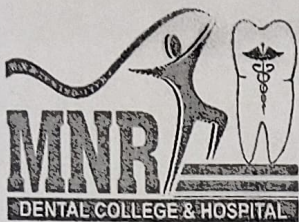
J.R.A.
Chairperson

Catering to Student Diversity Committee
MNR Dental College & Hospital

[Signature]

PRINCIPAL

MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist. - 502 294 (T.S.)



MNR DENTAL COLLEGE AND HOSPITAL

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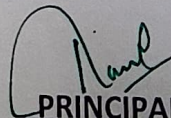
MNR Nagar, Narsapur Road, Fasalwadi, Sangareddy 502294

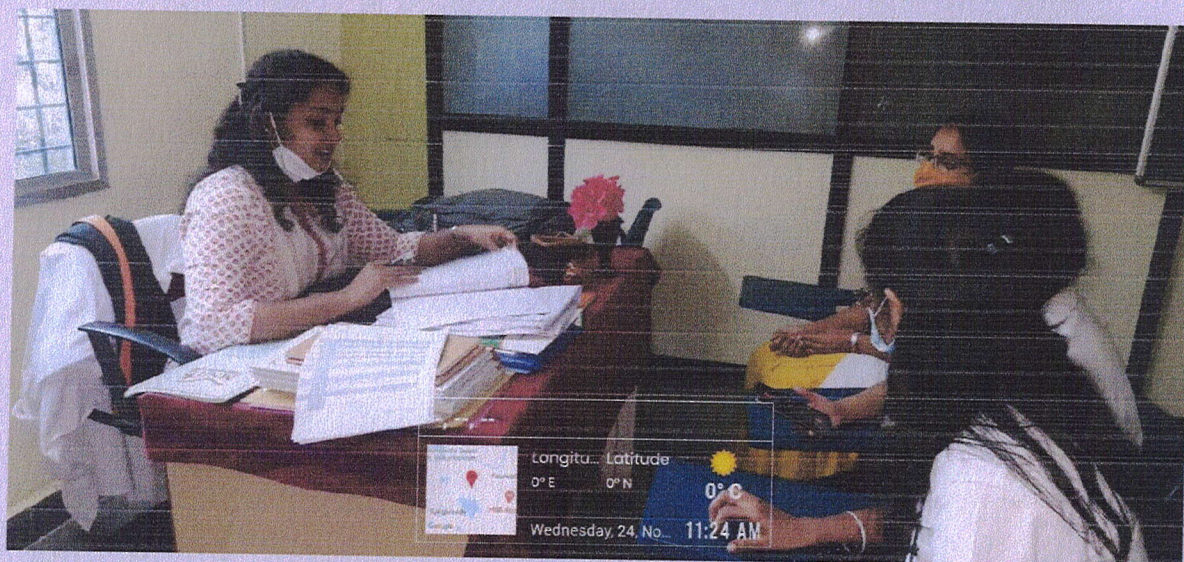
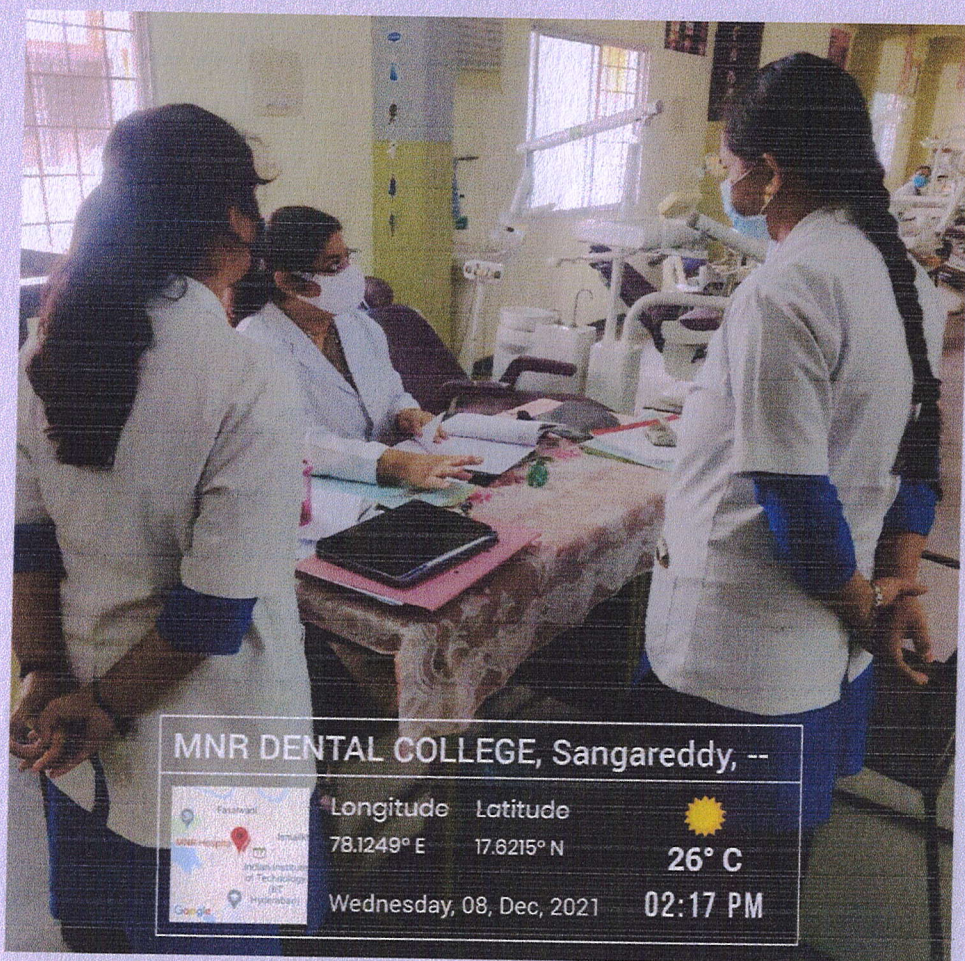
Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455)230533/230555/230699

E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

REMEDIAL MEASURES

- The objective of this program is to ensure overall growth of the student and to extract the best potential from all the students.
- To avail additional time for mentors to interact with their student in detail.
- To enhance the teacher student interaction and communication level
- To render equitable service to all the students
- To improve the individual academic performance of all the students
- To assess the limitations of slow learners and provide them through guidance and counselling for coping up
- To inculcate necessary remedial measures, make up assignments revision test to aid in continual improvement students
- To benefit the students by remedial classes through group discussions, class tests, assignments, demonstrations and quiz.
- The main facets of remedial measures carried in our college are well organized classes, perfect training and repeated exams. To upraise our pass percentage to a great extent
- To encourage the slow learners to convert to advanced LEARNERS


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MNR Nagar, Narsapur Road,
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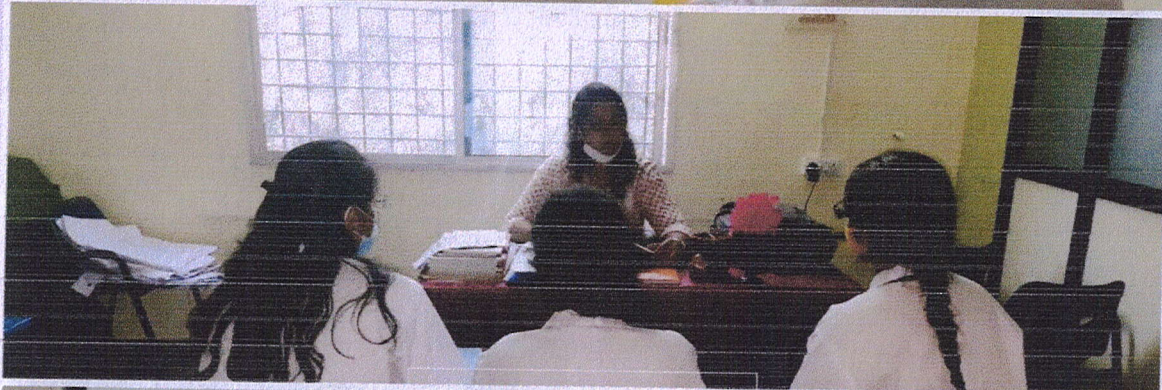
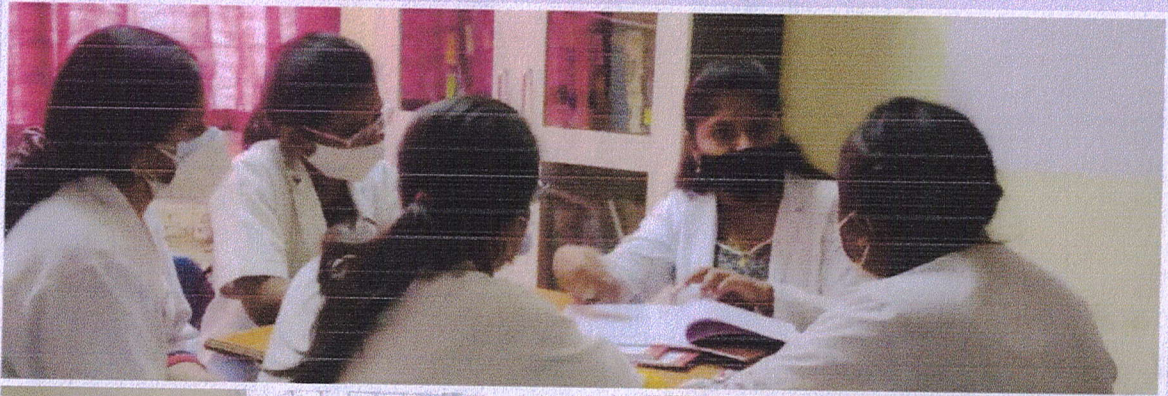


MENTOR- MENTEE DISCUSSIONS

J. S. R.
Chairperson

Catering to Student Diversity Committee
MNR Dental College & Hospital

Anil



GROUP DISCUSSIONS

J. H. D.
Chairperson
 Catering to Student Diversity Committee
 MNR Dental College & Hospital

Nand
PRINCIPAL
 MNR Dental College & Hospital
 MNR Nagar, Narsapur Road.
 SANGAREDDY Dist. - 502 294 (T.S.)



DEMONSTRATIONS

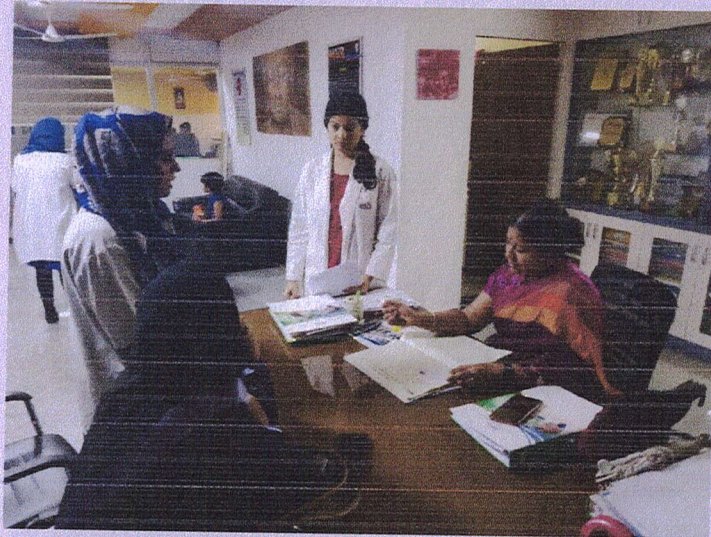
Jha
Chairperson

Catering to Student Diversity Committee
MNR Dental College & Hospital

Naik

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MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist. - 502 294 (T.S.)



PARENT TEACHER ASSOCIATION ALONG WITH PSYCHOLOGIST

J. S. A.
Chairperson

Catering to Student Diversity Committee
MNR Dental College & Hospital

Nand
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MNR Dental College & Hospital
MNR Nagar, Mahabub Nagar Dist.
SANGAREDDY Dist. - 502 294 (T.S.)

Institution: MNR DENTAL COLLEGE & HOSPITAL									
Period From : 2021 to 2022									
Total No. of Students : 84									
Day	Details	Period -1 9 AM - 11 AM	Period -2 11 AM - 01 PM	1 PM - 2 PM	Period -3 2 PM - 3 PM	Period -4 3 PM - 4 PM	Period -4 4 PM - 5 PM		
Monday	Subject	DADH-B Batch- & PCP-A-Batch	DADH-A Batch- & DM-B-Batch		DADH LECTURE	DADH test	Remedial Class/Advance Learner's (Anatomy)	LH-1	
	Location	DADH LAB & DM LAB	DADH LAB & DM LAB		LH-1	LH-1	Batch 1-84		
	Batch	A Batch 1-42 & B batch 43-84	A Batch 1-42 & B batch 43-84		DADH- B BATCH , PCP- A BATCH		Remedial Class/Advance Learner's (Biochemistry)	LH-1	
Tuesday	Subject	DADH- A BATCH , PCP- B BATCH	DM-A-Batch & DADH-B Batch		DADH LAB & PCP lab		Batch 1-84		
	Location	DADH LAB & PCC LAB	DM-LAB & DADH LAB		A Batch 1-42 & B batch 43-84		Remedial Class/Advance Learner's (Physiology)	LH-1	
	Batch	A Batch 1-42 & B batch 43-84	A Batch 1-42 & B batch 43-84		Anatomy Practical				
Wednesday	Subject	DADH test	Physiology Lecture	Biochem Practical					
	Location	Lecture hall 1	Biochem Demo Room	Biochem lab					
	Batch	Batch 1-84	Batch 1-84	A Batch 1-42 & B batch 43-84					
Thursday	Subject	Anatomy lecture	Biochem lecture	Physiology Prac - A & B Batch					
	Location	Biochem Demo Room	Biochem Demo Room	Physiology lab					
	Batch	Batch 1-84	Batch 1-84	A Batch 1-42 & B batch 43-84					
Friday	Subject	Biochem lecture	Physiology lecture	Anatomy practical					
	Location	Biochem demo room	Biochem Demo Room	LH-1					
	Batch	A Batch 1-42 & B batch 43-84	Batch 1-100	Batch 1-100					
Saturday	Subject	DADH lecture	DADH : A batch PCP : B batch						
	Location	LH1	DADH lab and PCP lab						
	Batch	Batch 1-84	Batch 1-84	Batch 1-84					
Note:- Batch A: Roll Nos.01 to 43 Batch B: Roll No 44 to 84									


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MNR DENTAL COLLEGE & HOSPITAL
MNR Nagar, Narsapur Road
Sangareddy, Medak Dist-502 234 (T.S.)

Institution: MNR DENTAL COLLEGE & HOSPITAL									
Effective period from : 2021 to 2022									
Semester: II YEAR REGULAR									
Total No. of Students : 82									
Date & Day	Details	Period - 1	Period - 2	Period - 3	Period - 4		Period - 5	Period - 6	Period - 7
Monday	Subject	9 - 10 AM	10-11 AM	11-12 Noon	12-1 PM	1 PM - 2 PM	2 PM - 3 PM	3 PM - 4PM	4 PM - 5 PM
	Location	PCC Lab -A Batch & PCP Lab -B Batch	PCC Lab -A Batch & PCP Lab -B Batch	PCC Lab & PCP Lab	Oral pathology -A - Batch & DM - B Batch		OP Lab & DM Lab	Remedial Class/Advance Learner's (Pharmacology)	
	Batch	Batch A 1-41 & Batch B 42-82	Batch A 1-41 & Batch B 42-82	Batch A 1-41 & Batch B 42-82	Batch A 1-41 & Batch B 42-82		Batch A 1-41 & Batch B 42-82	Batch 1-82	
Tuesday	Subject	DM Theory		PCP Lab -A Batch & PCC Lab -B Batch			DM Lab -A Batch & PCC Lab -B Batch	Remedial Class/Advance Learner's (Microbiology)	
	Location	LH-2		PCP Lab & PCC Lab			DM Lab & PCC Lab	LH-2	
	Batch	Batch 1-41	Batch 42-82	Batch A 1-41 & Batch B 42-82	Batch A 1-41 & Batch B 42-82		Batch 1-82		
Wednesday	Subject	PCP A-Batch & OP Lab - B Batch		PCP Lab -A Batch & PCC Lab -B Batch			PCC Lab -A Batch & PCP Lab -B Batch	Remedial Class/Advance Learner's (Pathology)	
	Location	PCP Lab & OP Lab		PCP Lab & PCC Lab			DM Lab	LH-2	
	Batch	Batch A 1-41 & Batch B 42-82		Batch A 1-41 & Batch B 42-82			Batch A 1-41 & Batch B 42-82	Batch 1-82	
Thursday	Subject	Micro Lab A batch & Path B batch		Pathology theory		LUNCH	PCP Lab - Batch A & B	Remedial Class/Advance Learner's (DM 1)	
	Location	Micro Lab & Path lab		(MC)LH-3			PCP Lab	LH-2	
	Batch	Batch A 1-41 & Batch B 42-82		Batch 1-82			Batch 1-82	Batch 1-82	
Friday	Subject	Pathology lab A batch & Micro B batch		Microbiology theory			Pathology(Class Test)	Pharmacology (Class Test)	Remedial Class/Advance Learner's (Pathology)
	Location	Path Lab & Micro lab		(MC)LH-3			LH2	LH2	LH-2
	Batch	Batch 1-82		Batch 1-82			Batch 1-86		Batch 1-82
Saturday	Subject	Pharmacology Lab		Microbiology theory			Microbiology (Class Test)	Oral path Theory	Remedial Class/Advance Learner's (DM 2)
	Location	Pharma lab		(MC) LH-3			LH-2	LH-2	LH-2
	Batch	Batch 1-82		Batch A 1-41 & Batch B 42-82			Batch 1-82	Batch 1-82	Batch 1-82


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Institution: MNR DENTAL COLLEGE & HOSPITAL
Semester: III RD YR REGULAR

Effective period : 2021 to 2022 Total No. of Students : 82

Effective period : 2021 to 2022										Total No. of Students : 82			
Date & Day	Details	Period -1		Period -2		Period -3		Period -4		Period -5	Period -6	Period -7	
		9 - 10 AM	10-11 AM	11-12 Noon	12-1 PM	1 PM - 2 PM	2 PM - 3 PM	3 PM - 4 PM	4 PM - 5 PM				
Monday	Subject	Oral surgery (1 st and 2 nd week) Oral medicine Lecture (3 rd and 4 th week)			Gen. Medicine Lecture			A-Gen. Medicine-Prac & Gen. Surgery-Prac B Batch					
	Location	LH-3			LH-3			Medical Hospital					
	Batch	batch 1-82			batch 1-82			batch A 1-42& batch B 43-82					
	Subject	Gen Surgery lecture			Oral Pathology			General Medicine			Oral Pathology		
Tuesday	Location	LH-3			LH-3			LH-3					
	Batch	batch 1-82			batch 1-82			batch 1-82			batch 1-82		
	Subject	Perio lecture			Pedo Lecture 1st & 2nd Week Ortho Lecture 3rd & 4th Week			Gen. Surgery-Prac A Batch & Gen. Medicine - Prac B Batch					
	Location	LH-3			LH-3			Medical Hospital					
Wednesday	Batch	batch 1-82			batch 1-82			batch 1-82					
	Subject	Ortho Lab A - Batch & Oral Pathology - B Batch			Prosthodontic Lecture			Oral pathology Lecture					
	Location	ORTHO LAB & ORAL PATH LAB			LH-3			LH-3					
	Batch	batch A 1-42& batch B 43-82			batch 1-82			batch 1-82					
Thursday	Subject	Oral pathology lecture			Conservative Lecture			Oral Pathology Lab - A Batch & Ortho Lab - B Batch					
	Location	LH-3			LH-3			ORAL PATH LAB					
	Batch	batch 1-82			batch 1-82			batch A 1-42 & batch B 43-82					
	Subject	General surgery lecture			Gen. surgery Lecture			Oral Medicine (1 st and 2 nd week) Oral surgery (3 rd and 4 th week)			Gen Medicine		
Friday	Location	LH-3			LH-3			LH-3					
	Batch	batch 1-82			batch 1-82			batch 1-82					
	Subject	General surgery lecture			Gen. surgery Lecture			Oral Medicine (1 st and 2 nd week) Oral surgery (3 rd and 4 th week)			Gen Medicine		
	Location	LH-3			LH-3			LH-3					
Saturday	Batch	batch 1-82			batch 1-82			batch 1-82					
	Subject	General surgery lecture			Gen. surgery Lecture			Oral Medicine (1 st and 2 nd week) Oral surgery (3 rd and 4 th week)			Gen Medicine		
	Location	LH-3			LH-3			LH-3					
	Batch	batch 1-82			batch 1-82			batch 1-82					
LUNCH										Dental Clinical Postings		Oral Pathology Remedial/Advance Learner's LH-3 batch 1-82	
Dental Clinical Postings										Dental Clinical Postings		Gen. surgery Remedial/Advance Learner's LH-3 batch 1-82	
Dental Clinical Postings										Dental Clinical Postings		Gen Medicine Remedial/Advance Learner's LH-3	
Dental Clinical Postings										Dental Clinical Postings		Gen Medicine Remedial/Advance Learner's LH-3	

Principal

Principal
MNR DENTAL COLLEGE & HOSPITAL
MNR Nagar, Narsapur Road
Sangareddy, Medak Dist-502 224 (T.S.)

Institution: MNR DENTAL COLLEGE & HOSPITAL

Semester: IV YR REGULAR

Effective period: 2021 to 2022 Total No. of Students : 86

Day	Details	Period -1	Period -2	Period -3	Period -4	1 PM - 2 PM	Period -5	Period -6	Period -7
Monday	Subject	Oral Medicine lecture <i>LH-IV</i>	Dental Clinical Postings				Conservative Dentistry lecture batch 1-86	Public Health (theory/test) <i>LH-IV</i> batch 1-86	Pedo(1 st and 3 rd week)/Cons(2 nd and 4 th week) Remedial class
	Location								
	Batch								
Tuesday	Subject	Prosthodontics <i>LH-IV</i>	Dental Clinical Postings				Oral surgery(Theory / Test) <i>LH-IV</i> batch 1-86	Periodontics <i>LH-IV</i> batch 1-86	Period(1 st and 3 rd week)/ Oral medicine(2 nd and 4 th week) Remedial class
	Location								
	Batch								
Wednesday	Subject	Orthodontics <i>LH-IV</i>	Dental Clinical Postings				Periodontics <i>LH-IV</i> batch 1-86	Prosthodontics (Theory / Test) <i>LH-IV</i> batch 1-86	Public health(1 st and 3 rd week)/ Oral surgery(2 nd and 4 th week) remedial class
	Location								
	Batch								
Thursday	Subject	Orthodontics (theory/test) <i>LH-IV</i>	Dental Clinical Postings				Pedodontics (Theory / Test) batch 1-86	Oral Medicine (Theory / Test) <i>LH-IV</i> batch 1-86	Prosthodontics (1 st and 3 rd week)/ortho 2 nd and 4 th week remedial class
	Location								
	Batch								

LUNCH

	Subject	Pedo lecture			
	Location	LH-IV			
Friday	Batch	batch 1-86	Dental Clinical Postings	Public health lecture (LH4) batch 1-86	Conservative (Theory / Test) LH-IV batch 1-86
	Subject	Oral surgery lecture		Conservative Lab:A(1 to 42)& Prosthodontics Lab B (43 to 86) Alternate Weeks	Advance Learners(1 st week-Oral medicine,2 nd week-Oral Surgery,3 rd week - Prosth, 4 th week-Ortho)
Saturday	Batch	batch 1-86	Dental Clinical Postings		Advance Learners(1 st week-Perio,2 nd week-Cons,3 rd week- Pedro, 4 th week- Public Health)


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MNR Iragu, Narsapur Road
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Department of ~~Oral & Maxillofacial~~ **DADH**

ATTENDANCE

REGISTER

ROLL NO.

NAME

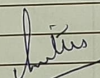
Date & Month
No. of Lectures

BATCH - 2021-2022

slow learners based on University Exams.

1. Mohammed Fahad Ali
2. Atrah Fatima
3. Amreen Begum
4. Ashrith steffi calvin
5. Bandari Sreedhi
6. cherumathi Dhruv karthik
7. Sula Mayukha
8. Habuba Jani
9. E. Sreedhya
10. Karla Venkata Amulya
11. Nabela Rameed
12. Sankalamaddi Ashritha
13. Sumera shetha
14. Sudarshi Manasmita
15. Yangala Vennele
16. Husna Zaher

Group discussion
class test
Assignment given
Important questions given
Demonstration of Carpal tunnel
Slide discussion on Fracture
Dissection of Carpal tunnel
Slide discussion on Carpal tunnel
class test
Spotters discussion
Slide discussion on PPD, BPE
Assignment given
Important questions given


Prof. & HOD
Department of Oral & Maxillofacial
Pathology
MNR Dental College Sangareddy

Initial of Lecturer

Total No. of Lectures Attended by Student

REMARKS


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MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502 294 (T.S.)

ATTENDANCE

Flow learners Based on University Exams.

[illegible]

Chaitin

Prof & HOD
Department of Oral & Maxillofacial
Pathology.
MNR Dental College Sangareddy

Initial of Lecturer

REGISTER

REGISTER

	14	15	16	17	18	19	20	21	22	23	24	25	26
	716	141	141	141	141	141	141						

P	A	P	P	P	P	P
P	A	P	A	P	P	P
P	P	P	A	P	P	A
P	P	P	P	A	A	A

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SANGAREDDY Dist. 502 294 (T.S.)

Total No. of Lectures Attended by Student

REMARKS

REGISTER

[illegible]

Initial of Lecturer

[illegible]

Professor & Head
Dept. of Periodontics and Implantology
M.N.P. Dental College

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MNR Nagar, Narsapur Road,
SANGAREDDY Dist. 502 294 T.S.

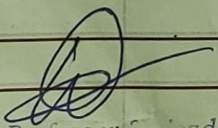
ATTENDANCE

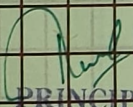
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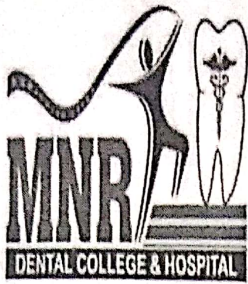
ATTENDANCE

Initial of Lecturer

ROLL NO.	NAME	Date & Month	No. of Lectures													
			3/6/19	17/6/19	1/7/19	1	2	3	4	5	6	7	8	9	10	11
	<u>2nd Internals</u>															
	<u>Slow learners</u>															
39.	Trum fatima		P	P	A											
11.	Zuhara		A	P	P											
41.	Srikanth		P	P	P											
			</													


 Professor & Head
 Dept. of Pedodontics
 M.N.R. Dental College & Hospital
 SANGAREDDY.


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 MNR Dental College & Hospital
 MNR Nagar Narsapur Road,
 SANGAREDDY Dist-502 294 (T.S.)



MNR DENTAL COLLEGE AND HOSPITAL

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Ph: (08455) 230675, 233333, Mobile: 8500056668, Fax: (08455) 230533/230555/230699

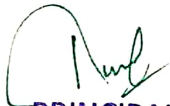
E-mail: mnrde@mnrindia.org; Website: www.mnrindia.org

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

LIST OF ASSIGNMENTS

- Trigeminal nerve
- Facial nerve
- Nerve blocks
- Post Extraction Instructions

For HOD
Prof. Dr. S. S. S.
PROFESSOR & HOD
Dept. of Oral & Maxillofacial Surgery
MNR Dental College
Sangareddy


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E-mail: mnrcde@mnrindia.org; Website: www.mnrindia.org

DEPARTMENT OF PEDODONTIC AND PREVENTIVE DENTISTRY

LIST OF ASSIGNMENTS

- CASE HISTORY
- LOCAL ANESTHESIA
- RADIOGRAPHIC TECHNIQUE
- BEHAVIOUR MANAGEMENT
- INDICES-DMFT, DMFS, DMFT, DFS, OHI
- ANTICIPATORY GUIDANCE
- CHEMO-MECHANICAL PLAQUE CONTROL MANAGEMENT
- EARLYCHILDHOOD CARIES
- ORAL HABITS
- SPACEMAINTAINERS
- TOPICAL FLUORIDES
- MID
- PEDIATRIC ENDODONTICS
- STAINLESS STEEL CROWN
- MIXED DENTITION ANALYSIS

Tarun J. Srinivas


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MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
SANGAREDDY Dist-502294 T.S.

MNR DENTAL COLLEGE AND HOSPITAL
DEPARTMENT OF PUBLIC HEALTH DENTISTRY
ASSIGNMENT TOPICS

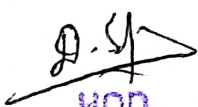
- 1) ADA SPECIFICATIONS OF TOOTH BRUSH
- 2) COMPOSITION OF TOOTHPASTE
- 3) TYPES OF DENTAL FLOSS AND FLOSSING TECHNIQUES
- 4) DISCLOSING AGENTS
- 5) TOOTH NUMBERING SYSTEM
- 6) EXAMINATION OF SWELLING
- 7) ANGLE'S CLASSIFICATION
- 8) LEVELS OF PREVENTION
- 9) INDICES – INSTRUMENT USED , CRITERIA , SCORING , INDEX TOOTH , INTERPRETATION ,
REPRESENTATION AUTHORS , YEAR , MODIFICATIONS IF ANY OHI , OHIS DMFT , DMFS RUSSELS CPITN ,
CPI DEANS FLUOROSIS

INSTRUCTIONS :

- A. ASSIGNMENT BOOK TO BE BROUGHT EVERYDAY TO THE POSTINGS ALONG WITH RECORD
- B. BOOK NEATLY COVERED, WRITTEN NEATLY AND SUBMITTED
- C. EACH STUDENT SHOULD GIVE DISCUSSION ON THE TOPICS GIVEN IN ASSIGNMENT


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MNR Dental College & Hospital
MNR Nagar, Narsapur Road,
NAREDDY Dist.-502 234 (T.S.)


HOD
DEPARTMENT OF
PUBLIC HEALTH DENTISTRY

MNR DENTAL COLLEGE AND HOSPITAL
DEPARTMENT OF PUBLIC HEALTH DENTISTRY
ASSIGNMENT TOPICS

- 1) ADA SPECIFICATIONS OF TOOTH BRUSH
- 2) COMPOSITION OF TOOTHPASTE
- 3) TYPES OF DENTAL FLOSS AND FLOSSING TECHNIQUES
- 4) DISCLOSING AGENTS
- 5) TOOTH NUMBERING SYSTEM
- 6) EXAMINATION OF SWELLING
- 7) ANGLE'S CLASSIFICATION
- 8) LEVELS OF PREVENTION
- 9) INDICES – INSTRUMENT USED, CRITERIA, SCORING, INDEX TOOTH, INTERPRETATION, REPRESENTATION AUTHORS, YEAR, MODIFICATIONS IF ANY OHI, OHIS DMFT, DMFS RUSSELS CPITN, CPI DEANS FLUOROSIS

INSTRUCTIONS :

- A. ASSIGNMENT BOOK TO BE BROUGHT EVERYDAY TO THE POSTINGS ALONG WITH RECORD
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HOD
DEPARTMENT OF
PUBLIC HEALTH DENTISTRY

I N D E X

Name Vadla Vaishnavi

STD IV BDS SEC G-Batch

Roll No. 76 Subject Pedodontics School/College MNRDC

S. No.	Date	Title	Page No.	Teacher's Sign/Remarks
1.	1-8-22	Case history		J & R 3/8/22
2.	2-8-22	Local anesthesia		J & R
3.	3-8-22	Radiographic technique		J & R
4.	23-8-22	Behaviour management		Pranitha
5.	17-8-22	Indices - DMFT, DMFS, dft, dfs, OHI		J & R
6.	11-8-22	anticipatory guidance / ^{risk} assessment / Dental home / risk management		Pranitha
7.	6-8-22	chemo-mechanical plaque control management		J & R
8.	8-8-22	Early childhood caries		J & R
9.	20-8-22	oral habits ✓		J & R
10.	10-8-22	Space maintainers		J & R
11.	22-8-22	Topical - fluorides		Pranitha
12.	19-8-22	MID (CME, ART & PRR)		J & R
13.	4-8-22	Pediatric endodontics		J & R
14.	12-8-22	stainless steel crown		J & R
15.		Mixed dentition analysis		J & R
Demos 3 -				
1.	19-8-22	space maintainers (banding, welding)		J & R
2.	18-8-22	SSC armamentarium		J & R
3.		Fluoride application		J & R
4.	26-8-22	Pulp therapy (instruments, materials)		J & R
5.		Pit & fissure sealants		J & R
6.	23-8-22	Rubber Dam applications		J & R
		Spotter's		J & R

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1/8/22

Case History

Vital statistics :-

Date : time the patient reported to the clinic and can be referred back during following appointments.

Name : Good rapport with child

- communication
- Record purpose, medicolegal issues.

Nick name : build rapport, alleviate apprehension.

age : growth assessment parameter, age-related diseases, to recognize disparities b/w dental age, mental age, chronological age, aid in treatment planning.

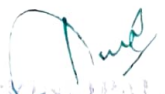
Sex : aid in treatment planning, sex related disease.

address : communication, record purpose, medicolegal issues, rule out endemic conditions.

occupation of parents : reflects socioeconomic status of family

Chief complaint :- what made the pt to visit dentist

- record complaint in patient's own words.


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History of present illness: detail description of chief complaint

- factors evaluated - duration, onset, severity, nature, aggravating or relieving factors, diurnal / postural variations

Past medical history: any previous hospitalization, operations, illness, traumatic injuries

- CVS - congenital heart disease, B.P, rheumatic fever
- CNS - Seizures, cognitive delay
- Endocrine - diabetes
- GI - hepatitis
- Respiratory - asthma, upper resp tract infection
- Hematological - Bleeding disorders
- Urogenital - renal disease

Past Dental history: previous dental visit, any restorations, extractions

Family history: social background of child & his family

- Include no. of children, child attendance in school, performance in the class, Parents occupation

prenatal, Natal & postnatal history:

Natal events - time of birth, type of delivery,

Vaccination given at birth, forceps delivery - TMS disorder


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postnatal events: Developmental milestones, development of speech, immunization schedule.

personal history:

- Oral hygiene practice: includes type of toothbrush, time of cleaning, type of toothpaste, technique.
- any oral habits
- Diet history - type of meal, 24 hr Diet chart.

Clinical examination:-

General examination:

- Height, weight, gait, posture, vital signs.

Extraoral examinations:

- shape of head
 - mesocephalic - average shape of head & arch
 - Dolichocephalic - long & narrow head
 - Brachycephalic - Broad & short head
- facial form
 - mesoprosopic - average facial form
 - Euryprosopic - broad & short
 - Leptoprosopic - long & narrow.
- facial profile - Straight, convex, concave.
- facial swelling & asymmetry.
- Examination of eyes, nose, skin, chin and lips, lymph nodes.
- Examination of TMJ - palpating the head of mandibular condyle & observing the patient

with mouth closed, open & during random movement

Intra-oral examination:

Soft tissue: oral mucosa & periodontal tissue

oral mucosa - lips, palate, oropharynx, tongue,
- floor of mouth, buccal mucosa, gingiva.

Hard tissue: individual tooth evaluations

missing / extra teeth, restorations, trauma, vitality,
tooth mobility

Examination of occlusion - canine relation & molar
relation

flush terminal plane - distal surface of the primary
2nd molars are on same plane:

- mesial step terminal plane - distal surface of primary
second molar mesial to the distal surface of maxillary
primary second molar

- Distal step terminal plane - distal surface of mandibular
primary 2nd molar distal to the distal surface of
maxillary primary 2nd molar

Provisional diagnosis : diagnosis based on clinical impression without any laboratory investigations

Final diagnosis : Based upon applying investigative reports

Treatment plan :

- 1) Emergency - is to relieve the patient first and foremost objective symptoms, provide relief.
- 2) preventive - includes risk assessment by caries diagnosis, diet chart, fluoride application, ART.
- 3) medical - pt should be referred to medical specialist
- 4) preparatory - Behavior management, oral prophylaxis
- 5) corrective - restorative, endodontic, surgical, orthodontic, periodontic, prosthodontic treatments
- 6) maintenance - depends on pt disease status and begins from 1 week upto 6 months - 1 year

Local anaesthesia.

Definition :- Defined as a loss of sensation in a circumscribed area of the body caused by depression of excitation in nerve endings or an inhibition of the conduction process in peripheral nerves

(or)

LAs are drugs which upon topical application or local injection cause reversible loss of sensory perception, especially of pain, in a restricted area of the body. Not only sensory but also motor impulses are interrupted when applied to a mixed nerve, resulting in muscular paralysis and loss of automatic control as well.

Ideal requirements :-

- potency sufficient to give complete anaesthesia
- free from allergic reactions
- stable
- sterile, low degree of toxicity
- rapid onset.

2/8/22

classification :

sation

1) Acc. to salt :-

caused

Esters

Amides

Quinoline

drugs or
in

- Cocaine
- Butacaine
- Benzocaine
- Piprocaine

- Lidocaine
- Bupivacaine
- Articaine
- Prilocaine

- Centbuendine

plication

2) Injectable

sensory

Low potency,
short duration

Intermediate
potency
& duration

High potency,
long duration

ted area

procaine

Lidocaine

Tetracaine

notor

chlorprocaine

prilocaine

Bupivacaine

to a

3) Surface anesthetics:

alysis

Soluble

Insoluble

Cocaine

Benzocaine

Lidocaine

Oxethazaine

Tetracaine

Butyl aminobenzoate

theria

Composition :-

• Local anesthetic - lignocaine

• Vasoconstrictor - adrenaline

- decrease blood flow to site of injection

- Decrease LA toxicity



- Reducing agents - sodium metabisulfite
- electric oxidation of LA
- preservative - methyl paraben / caprylhydrocypsenolol
- fungicide - Thymol.
- vehicle - modified Ringer's solution.

Theories & The MOA :-

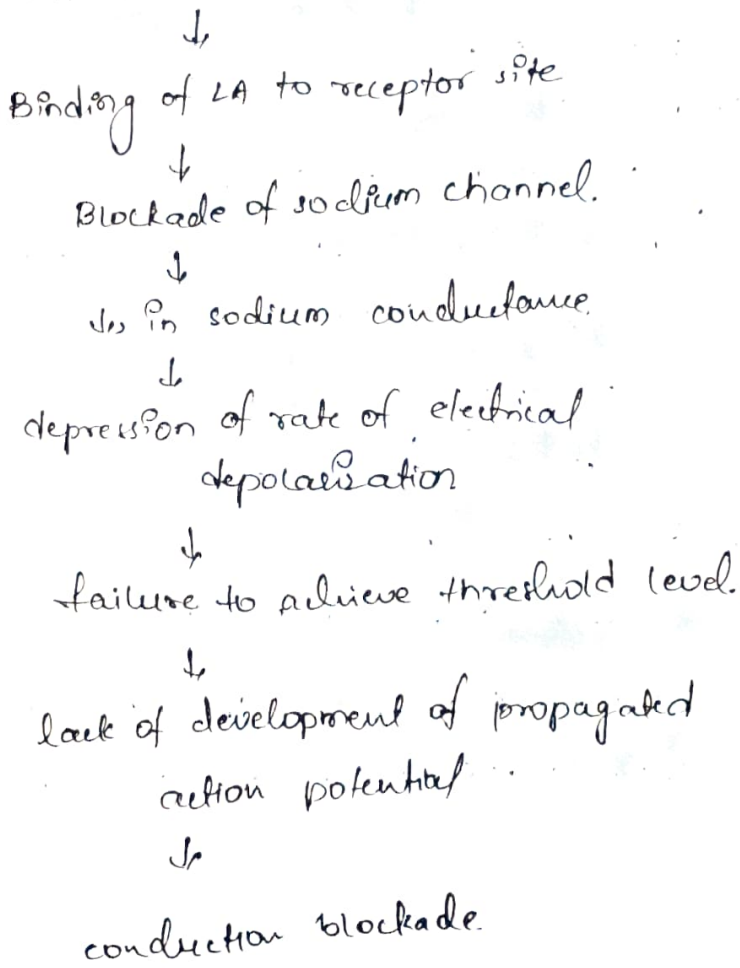
- 1) Acetylcholine theory (Dettbarn, 1967) :-
acetylcholine act as neurotransmitter at nerve synapses.
- 2) Calcium displacement theory (Goldman, 1966) :-
LA nerve block produced by displacement of calcium from membrane site that control permeability of sodium
- 3) surface (Repulsion) theory (wei, 1969) :-
LA binds to nerve membrane R-OH⁺ dry molecules, water interface & because some of LA molecules, made electric potential at membrane surface, decreasing excitability of nerve by increasing threshold potential


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4) membrane expansion theory (Lee, 1976) :-
• LA molecules diffuse to hydrophobic region of membrane, produce disturbance in membrane, expanding some critical region of membrane & prevent permeability of Na^+ ions

5) Specific receptor theory (Strichartz, 1987) :-
Displacement of Ca^{2+} ions from sodium channel receptor site



Anesthesia of mandibular teeth and soft tissue:

1) inferior alveolar nerve block + lingual nerve block

Anatomical differences:

1. Ramus is shorter vertically & narrower anteroposteriorly
 2. mandibular foramen is lower than in adult.
- The mandibular foramen is situated at a level lower than the occlusal plane of the primary teeth of the pediatric patient.

- Don't need to penetrate tissue as far as in adult.

Areas anesthetized:

- Mand. teeth
- Body of mandible, inferior portion of ramus
- Buccal mucoperiosteum, mucous membrane anterior to mandibular 1st molar.
- anterior 2/3rd of tongue & floor of the mouth.
- lingual soft tissue & periosteum.

2) Mental nerve block:

- nerves anesthetized: mental nerve
- areas anesthetized: lower lip, chin, buccal soft tissues anterior to mental foramen

place thumb in mucobuccal fold
against the body of mand. in 1st molar arch
↓

move anteriorly till bone becomes irregular and
↓

pull lower lip & buccal soft tissues laterally
↓

penetrate at canine 1st premolar towards
mental foramen
↓

Depth of penetration 0.5-6 mm

Long Buccal nerve block:

Site of Injection: mucous membrane distal and
buccal to the most distal molar tooth in the arch.

Area anesthetized: Soft tissue and periosteum buccal to
the mandibular molar teeth, pulp & root of tooth,
Buccal periosteum.

Anesthesia of maxillary teeth:-

1) anterior / middle superior alveolar & infraorbital
nerve block:

areas anesthetized: Incisors, canines, mesio buccal
root of 1st molar

- 2) posterior superior alveolar nerve block
- 3) nasopalatine nerve block
- 4) greater palatine nerve block
- 5) maxillary nerve block

Recent trends in pain control :-

- Safety syringes
 - possess sheath that locks over the needle when it is removed from patient's tissues
- Computer controlled local anesthetic delivery system / wand system
 - Slow rate : 0.5 ml/min
 - fast rate : 1-8 ml/min
- comfort control syringes
 - electronic preprogrammed delivery device
- local anesthetics with new additives - like carbocaine, ropivacaine, tetracaine
- Eutectic mixture of local anesthetic (EMLA)
 - lidocaine + prilocaine = 1:1
 - 25mg/g lidocaine, 25mg/g prilocaine = 5% cream
- electronic dental anesthesia
 - used in needle phobics



Complications of LA :-

- local - locally in the region of injection
- systemic - impact on general bodily health.
- primary - at the time of anesthesia
- secondary - complications manifested later
- mild - only slight changes
- severe - pronounced deviation from normal expected pattern
- Transient - severe but leaves no residual effect
- permanent - mild but leaves residual effect
- toxicity, idiosyncrasy, systemic drug reactⁿ, allergy, infection, local irritations.

Techniques of LA :-

Local infiltration :- terminal nerve endings in the area of the surgery are flooded with LA solⁿ

needle used : 1 inch, 25 gauge needle

amount of solⁿ :- 0.6 - 1 mL buccally - blanching palatally

→ mand deciduous canines, incisor, molars - cortical plate less dense in children.

Field block : deposition of LA proximity to terminal nerve branches.

- max. injections administered above apex of tooth to be treated

Nerve block : deposition within close proximity to main nerve trunk

Needle : 15/8 inch, 25 gauge

solⁿ : 1.8 - 2 ml.

Intraligamentary : for single teeth.

Ind - bleeding disorder pt, young handicapped pt, lip biting

solⁿ : 1/2 %

- peri - press of ligament syringe, 20-gauge needle, 0.2 ml
- site of inj - into ging. sulcus on mesial side

Intraseptal : - mand 1^o molars

- submucosal inj. buccally.

- solⁿ : 0.2 ml.

- after 2 min of analgesia, inj. through the interdental papilla into interdental bone mesially & distally to tooth.

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mandibular injection technique:-

LANB :-

syringe :- 15/8 in, 25 gauge

- parallel to occlusal plane of mand. teeth from opp. side at a level bisecting thumb nail & penetrating tissues into pterygomandibular depression.

solⁿ :- 1-1.5 ml

- 3 yrs of age

- mand. foramen lies about 0.5 cm below occlusal plane, due to undeveloped ramus.

- 6 yrs of age

- foramen at level of occlusal plane

- more than 6 yrs of age

- needle should be placed above occlusal plane as foramen is above level of occlusion

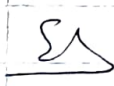

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I N D E X

Name: Vadla. Vaishnavi STD: SEC: Gr. Batch.

Roll No. 75 Subject PHD School/College MNRDC

S. No.	Date	Title	Page No.	Teacher's Sign/Remarks
1.		ADA Specifications of tooth brush.		
2.		Composition of tooth paste		
3.		Types of Dental floss, flossing techniques.		
4.		Disclosing agent		
5.		Tooth numbering System.		
6.		Examination of Swelling		
7.		Angles classification		
8.		Levels of prevention		
9.		Indices - OHI, DMFT, DMFS, CPITN, Russell.		

① Brushing techniques :-

Fones method - large, sweeping, scrubbing circles in occluded teeth, with the toothbrush held at perpendicularly to the surfaces.

Bass method - Vibrating movement of the bristles placed in the sulcus with light pressure, angled in 45° to the teeth surface.

Modified Bass method - Same as Bass method combined with a sweeping movement.

Stillman method - The bristles are placed on the gingival and the tooth surface in the same orientation as the bass method.

Modified Stillman method - Same as Stillman's method combined with a sweeping movement.

Charters method - Bristles held towards the occlusal in 45° angle. Activated with a back and forth vibratory movement.


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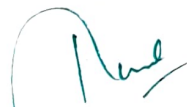
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(2) Oral hygiene index (OHI) :-

proposed by John C Greene and Jack R Vermillion
in 1960.

- To measure existing debris & calculus as an indication of oral cleanliness.

Components - OHI has 2 components, the debris index & calculus index.

Selection - only fully erupted permanent teeth

Exclusion - 3rd molars are excluded, teeth with full crown restorations

Method of examination -

The side of the number 23 explorer to be moved from the incisal to cervical end

Identify subgingival deposits by gently placing a dental explorer into the distal gingival crevice & drawing it subgingivally from the distal contact area to the mesial contact area.

Calculation for an individual :- $OHI = DI + CI$.

$$\text{Debris index} = \frac{\text{Total debris score}}{\text{No. of teeth scored}}$$



$$\text{Calculus index} = \frac{\text{Total calculus score}}{\text{no. of teeth scored}}$$

Vermillion

- each selected surface has a severity score of 0-3
- the total score for debris / calculus ranges from (0-36)
- OHI score ranges from 0 to 12

as an

the debris

debris score = (0 - no debris), (1 - not more than $\frac{1}{3}$ rd) ($2 > \frac{1}{3}$ ($\frac{2}{3}$ rd)) ($3 > \frac{2}{3}$ rd)

calculus score = 0 - no calculus, 1 - not more than $\frac{1}{3}$ rd, 2 - $\frac{1}{3}$ - $\frac{2}{3}$ rd, 3 - $\frac{2}{3}$ rd

1. Teeth

③ Bristles of Toothbrush :-

with

Average no of bristles in toothbrush is 2,500

Types :- Hard, medium, soft

to be moved

Hard toothbrushes :- hard bristled toothbrushes aren't typically recommended for everyday use. They can be useful such as stain removal cleanings or denture cleanings.

placing a
cervical
contact

Medium toothbrushes :- The bristles are stiff enough that they efficiently clean the teeth of plaque & buildup food particles

1 = D1 + C1

if the bristles do brush against gums too hard / too often, they may cause the gums to bleed

Soft toothbrushes :- it is suitable for people of all ages

They aren't too rough on the gums or on the teeth itself, so long as person using it, does so efficiently enough to cleanse their teeth


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④ medical history:-

management of patients with systemic disease :-

- hypertension :-

Management -

∴ pt evaluation / risk assessment

• elective dental care should be avoided in pt's with BP $\geq 180/110$.

• Use anxiety reduction protocol.

• avoid rapid posture changes

• pt taking a channel blockers should n't given erythromycin

• avoid long term use of NSAID's.

• anti-anxiety drugs can be used, however dose should be minimized

Dental management of Diabetic patients :-

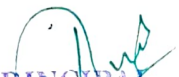
• History / medical consultation prior to invasive treatment.

• Verify medication as usual.

• Verify adequate intake of food.

• schedule appointments in the morning

- Time of high glucose & low insulin activity


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disease :-

- afternoon appointments are a time of low glucose and high insulin activity which may predispose the patient to a hypoglycemic reaction.

• Instruct pt to tell the dentist if at any time during the appointment they feel symptoms of hypoglycemic reaction occurring

in pt's

• A source of sugar, such as orange juice, must be available in the clinic should the symptoms of a hypoglycemic reaction occur.

it given

Dental management of Asthmatic patient :-

- consultation.
- working / current inhaler present
- avoid triggers / water sprays / fumes
- Drug interactions - NSAIDs, narcotics

can close

ients :-

Dental management of COPD patient :-

s to

- look for co-morbidity
- no treatment if acute presentation.
- Treat in upright / semi-upright position.
- avoid rubber dam if not well tolerated.
- avoid bilateral mandibular or palatal block,
- pulse oximeter is helpful, consider low-flow O₂
- avoid sedatives other than BZD's
- Drug interaction with COPD medication.

ing

activity


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①

8-4-22

* Oral hygiene index —

John C. Greene & Jack R. Vermillion — 1960.

Components — debris index, calculus index.

— Debris index:

score	criteria
0	— No debris or stain present.
1	— soft debris covering not more than $\frac{1}{3}$ rd of the tooth surface
2	— $> \frac{1}{3}$ rd, $< \frac{2}{3}$ rd covering
3	— $> \frac{2}{3}$ rd covering of exposed tooth surface

— Calculus index:

score	criteria
0	— No calculus present
1	— $< \frac{1}{3}$ rd covering
2	— $> \frac{1}{3}$ rd, $< \frac{2}{3}$ rd covering
3	— $> \frac{2}{3}$ rd covering

→ A no. 23 explorer (shepherd's hook) is used to estimate debris & calculus.

$$\boxed{OHI = DI + CI}$$

$$DI / CI = \frac{\text{Buccal total score} + \text{lingual total score}}{\text{no. of segments scored}}$$

$$DI / CI = 0-6, \quad OHI = 0-12$$

8-4-22

* Simplified oral hygiene index (OHI-S) :-

1964 - John C. Greene & Jack R. Vermillion

instruments - mouth mirror, No. 23 explorer

Debris index - Simplified (DI-S)
score criteria

0 - No debris

1 - not more than 1/3rd covered

2 - > 1/3rd, < 2/3rd

3 - > 2/3rd covered

Calculus index - Simplified (CI-S)
score criteria

0 - No calculus

1 - < 1/3rd covered

2 - > 1/3rd, < 2/3rd covered

3 - > 2/3rd covered

$$OHI-S / DI-S = \frac{\text{total score}}{\text{no. of surfaces examined}}$$

Teeth to be examined - (Buccal - 16, 26) (Labial - 11, 31),
(lingual - 36, 46)

$$OHI-S = \frac{DI-S + CI-S}{2}$$

Good = 0 - 1.2

0 - 0.6

Fair = 1.3 - 3.0

0.7 - 1.8

Poor = 3.1 - 6.0

1.9 - 3

total score

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* Plaque index :-

Silness J & Loe H - 1964.

index teeth - 16, 12, 24, 36, 32, 44.

instruments used - mouth mirror, dental explorer & drying of the teeth & gingiva.

score criteria

0 - No plaque

1 - film of plaque adhere to gingival margin & adjacent tooth surface

2 - moderate accumulation in gingival pocket, on gingival margin & adj tooth surface

3 - abundance accumulation within gingival pocket, on gingival margin & adj tooth surface

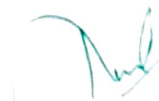
Interpretation :-

Excellent $\rightarrow 0$

Good $\rightarrow 0.1 - 0.9$

Fair $\rightarrow 1 - 1.9$

Poor $\rightarrow 2 - 3$



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* Gingival index:-

Loe H & Silness J - 1963

Index teeth - 16, 12, 24, 36, 32, 44.

plaque &

instruments used - mouth mirror, periodontal probe.

Score criteria

0 - absence of inflammation/normal gingiva

1 - mild inflammation.

2 - moderate inflammation

3 - severe inflammation.

gingival margin

al pocket,

surface

, gingival

both surface

Interpretation:-

mild gingivitis → 0.1-1

moderate → 1.1-2.0

severe → 2.1-3.0

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* Russell's periodontal index :

Russell A.L - 1956

index teeth - all the teeth present are examined

Instruments - mouth mirror, plain probe

Score criteria

0 → Negative : neither inflammation
nor loss of function of supporting
tissue

1 → mild gingivitis : an overt area of
inflammation in free gingivae

2 → gingivitis - inflammation completely
circumscribes the tooth

4 → used only when radiographs are used

6 → Gingivitis with pocket formation

8 → Advanced destruction with loss of
masticatory function

Interpretation:-

normal → 0-0.2

Simple gingivitis → 0.3-0.9

Beginning destructive
periodontal disease → 1-1.9

Established → 2-4.9

Terminal → 5-8.0

$$PI = \frac{\text{sum of individual score}}{\text{no. of teeth present}}$$


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* Community periodontal index of treatment needs

(CPITN):

- CPITN was developed for "joint working committee" of WHO / FDI by Ainamo et al in 1982.

Advantages:

• Simplicity

• Speed

• International uniformity.

index teeth - 17/16, 11, 26/27, 47/48, 31, 36/37.

instruments used: mouth mirror & CPITN Probe

Code Criteria (periodontal status)

9 - Not recorded

x - Excluded sextant.

4 - pocket 6mm / more

3 - pocket 4-5 mm

2 - calculus detected, but all black band on probe visible

1 - Bleeding observed after probing

0 - no signs of disease

1 of individual score

1 of teeth

present.

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* Decayed, missing, filled teeth index (DMFT) :-

- To assess dental caries
- developed by Henry T. Klein, Carrole E. Palmer & Knutson J. W. - in 1938.

instruments - mouth mirror, explorer.

index teeth - all teeth except 3rd molars.

calculation :- $DMF = D + M + F$

$$DMFT = \frac{\text{Total DMF}}{\text{total no. of subjects examined}}$$

* Decayed, missing, filled tooth surfaces index (DMFS) :-

Henry T. Klein, Carrole E. Palmer & Knutson J. W. - 1938.

instruments used - mouth mirror, Explorer.

index teeth - all teeth except 3rd molars.

surfaces examined :-

for posterior teeth = 5 surfaces - buccal, lingual, mesial, distal, occlusal

for anterior = 4 surfaces - buccal, lingual, mesial & distal

calculations :-

16 posterior teeth $16 \times 5 = 80$ surfaces

12 anteriors $12 \times 4 = 48$ surfaces

total = 128 surfaces

if 3rd molars included $4 \times 5 = 20$, total = ~~148~~ 148 surfaces




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DMFT) :-

Dean's fluorosis index :-

Trendley H. Dean - 1934.

Palmer &

Normal - enamel surface is smooth, glossy, pale creamy white color.

Questionable - few white flecks to white spots (1-2 mm dia)

very mild - small, opaque, pearly white areas are scattered irregularly over the tooth surface.

Mild - white, opaque areas involves half of tooth surface.

Moderate - no change observed, but generally all of the tooth surfaces involved.

Severe (DMFS) :-

W - 1938.

Moderately severe - greater depth of enamel involved.
- smoky white appearance.

Severe - chocolate brown to black stains.

mesial, distal,

ial & distal.

= 1678 surface

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3.	Maxillary Nerve blocks <i>thf</i>	15 to 17
4.	mandibular Nerve blocks <i>thf</i>	18 to 20
5.	Post extraction instructions <i>thf</i>	21

REGULATIONS

1. Student should be punctual, regular, should have a minimum of 75% attendance in theory & 80 % in clinics.
2. Student should report with a neat coat, mouth mask & head cap.
3. Dress etiquette should be maintained, hair neatly tied, nails cut short.
4. All students should have been immunized for Hepatitis B.
5. Students should give their gloves, head cap and mouth mask for autoclaving to the attendant the day before their posting commences.
6. Students are required to come well prepared with the topics which will be discussed by the beginning of the clinical session on each day.
7. After recording case history, all clinical work given should be done under supervision.
8. At the end of every posting, a viva voce & clinical test has to be given and work done should be entered into clinical record book and signed by staff members.
9. Students are encouraged to attend O.T. When major procedures are performed.
10. Treat every patient with dignity & respect at all times.
11. A clear communication is to be maintained with the patient so that they can understand easily.

Trigeminal nerve

- Trigeminal Nerve is the fifth cranial nerve and is the largest cranial nerve.
- It comprises of 3 branches two of which are purely sensory, and third branch is the largest one which is mixed nerve.
- Trigeminal nerve is the nerve of first branchial arch
- Branches of this nerve provide sensory fibers to the form parasympathetic ganglia associated with cranial outflows of parasympathetic nervous system.
- These are ciliary, pterygo palatine, otic and Submandibular
- These branches of trigeminal nerve are
 - ⇒ ophthalmic
 - ⇒ Maxillary
 - ⇒ Mandibular
- ophthalmic, the first division carries sensory fibers from the structures derived from frontonasal process
- Maxillary, the second division conveys afferent nerves fibers from the structures derived from maxillary process.
- Mandibular, the third division (mixed) carries sensory

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and motor fibers from mandibular process.

Sensory Component :-

→ Sensation of pain, tender-temperature, touch and Pressure from skin of face, mucous membrane of nose, most of the tongue, Paranasal air sinuses travel along axons.

→ Thin cell bodies lie in the V ganglion (or) Semilunar ganglion (or) Gasserian ganglion.

→ It lies at the apex of petrous temporal bone in a dural cave, the meckle cave.

Motor Component :-

→ The motor nucleus receives impulses right and left Cerebral hemispheres, red nucleus, mesencephalic nucleus

→ Fibres of motor root supply for muscles of mastication, temporalis, masseter, lateral pterygoid & median pterygoid.

→ It also supplies

⇒ Tensor Veli Palatini

⇒ Tensor tympani

⇒ mylohyoid

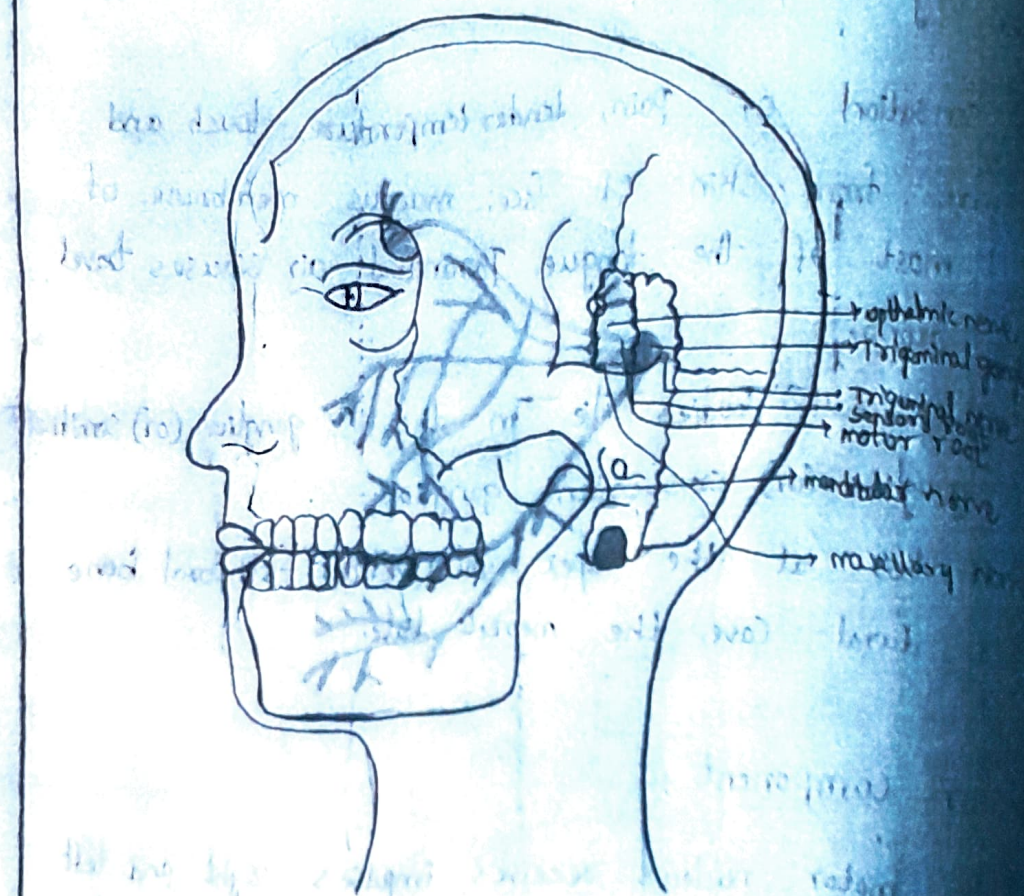
⇒ Anterior belly of digastric.

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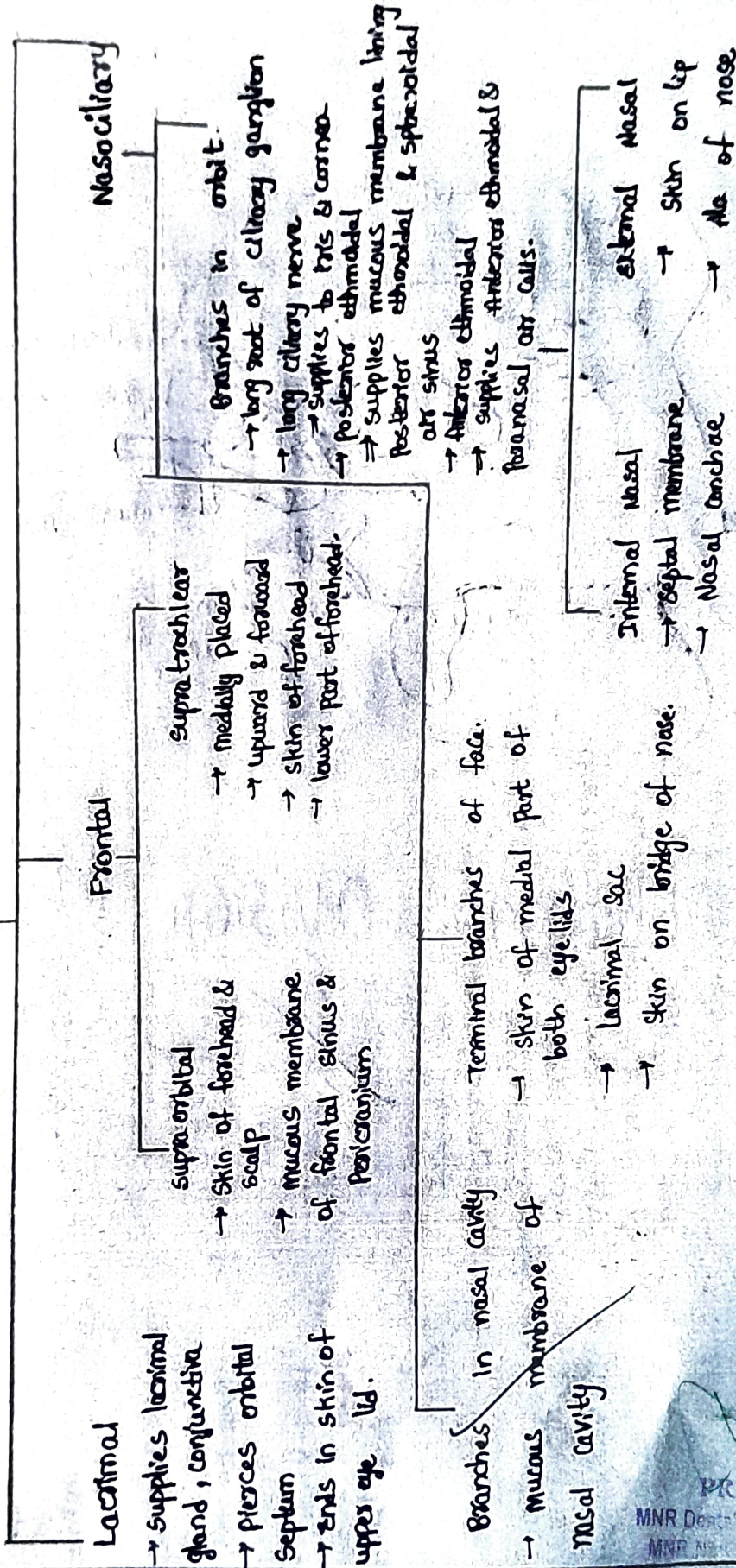
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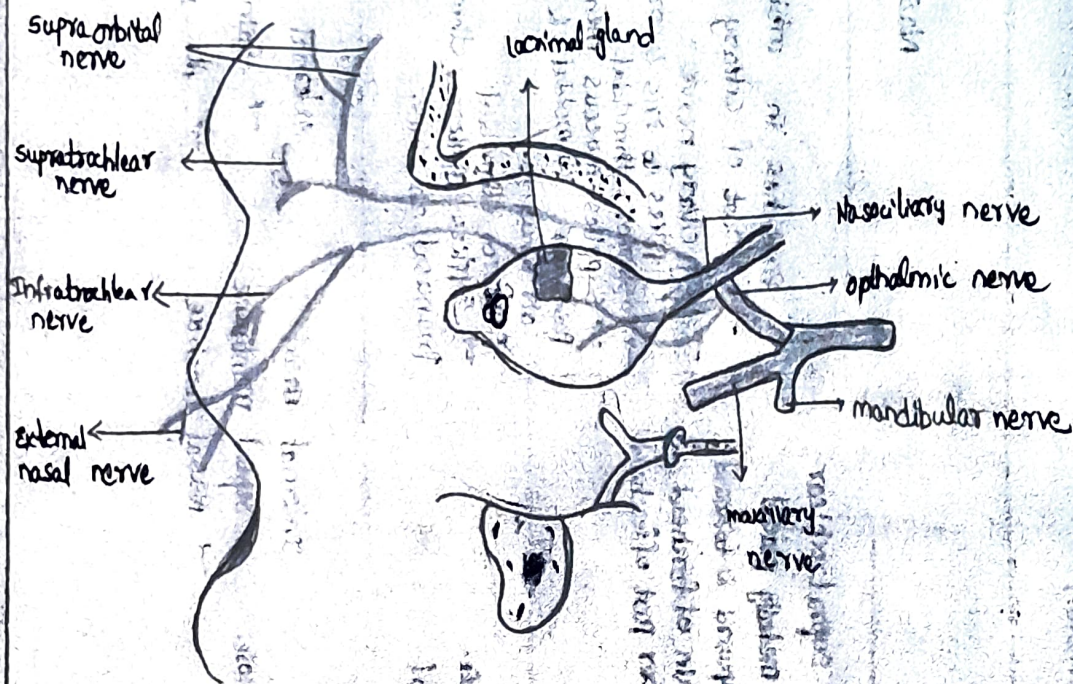
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Trigeminal Nerve

Optthalmic Nerve Division



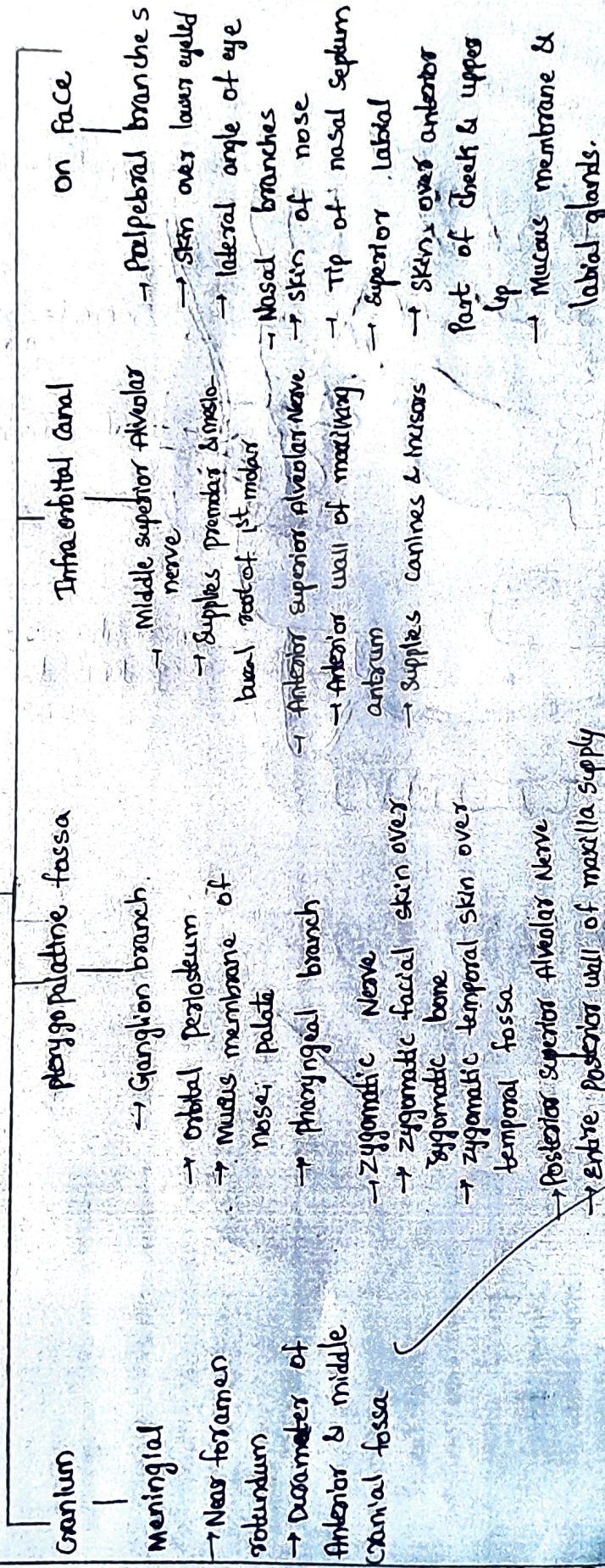


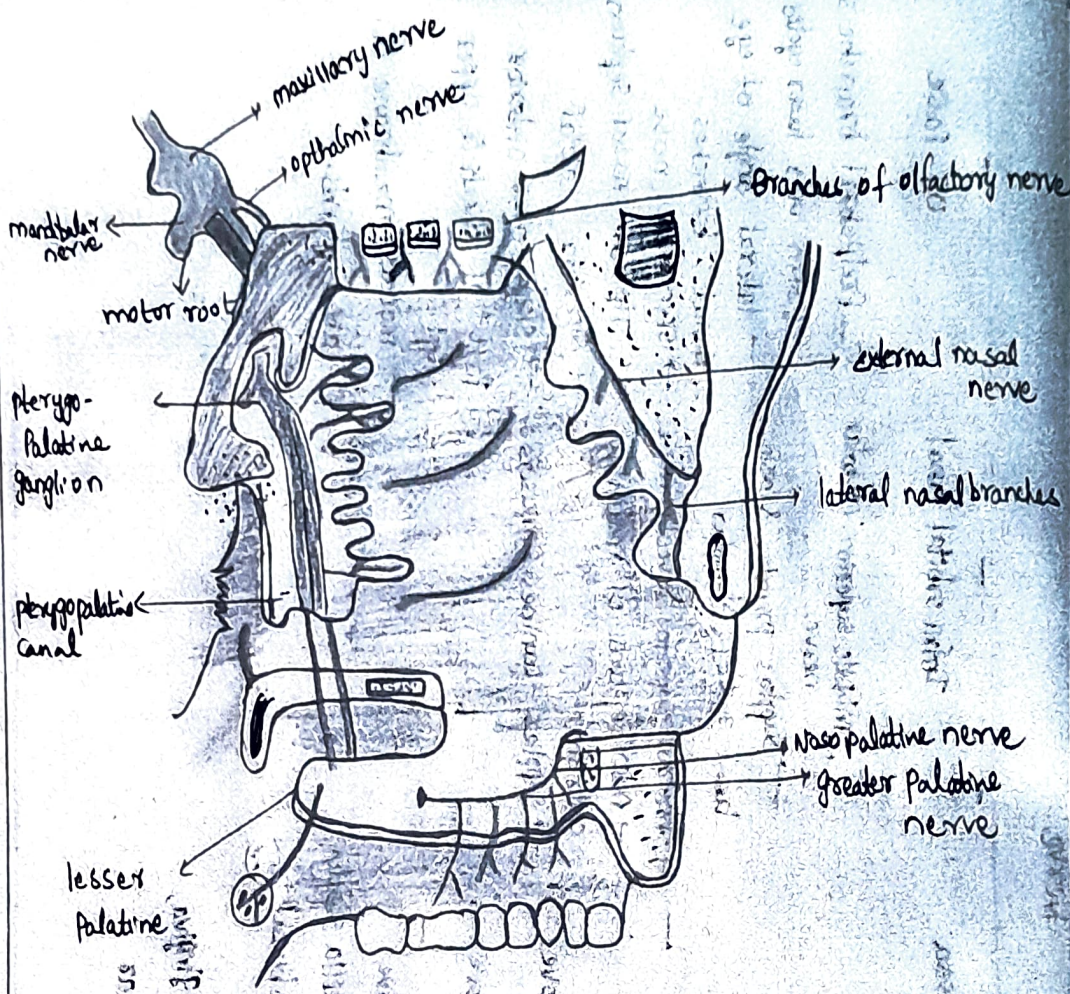
Optic Division

Optic nerve
 located to eye
 & optic chiasm
 & optic tract
 & optic tectum
 & optic chiasm
 & optic tract
 & optic tectum

Optic nerve
 located to eye
 & optic chiasm
 & optic tract
 & optic tectum
 & optic chiasm
 & optic tract
 & optic tectum

Maxillary Nerve





Maxillary Branch

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Mandibular Nerve

Meningeal / Nervous spinosum

- Enters through foramen spinosum, dura mater of middle & anterior cranial fossa

- Nerve to medial pterygoid
- Deep surface of muscle
- Tensor tympani
- Tensor veli palatini

Anterior Division (motor)

- Buccal nerve:
 - skin over anterior part of buccinator, mucous membrane lining buccal space surface of gum
- Masseteric nerve:
 - masseter nerve
 - Branch to TMJ
- Deep temporal:
 - Deep part of temporalis muscle
- Nerve to lateral pterygoid
- 3 nerves supplying each muscle head.

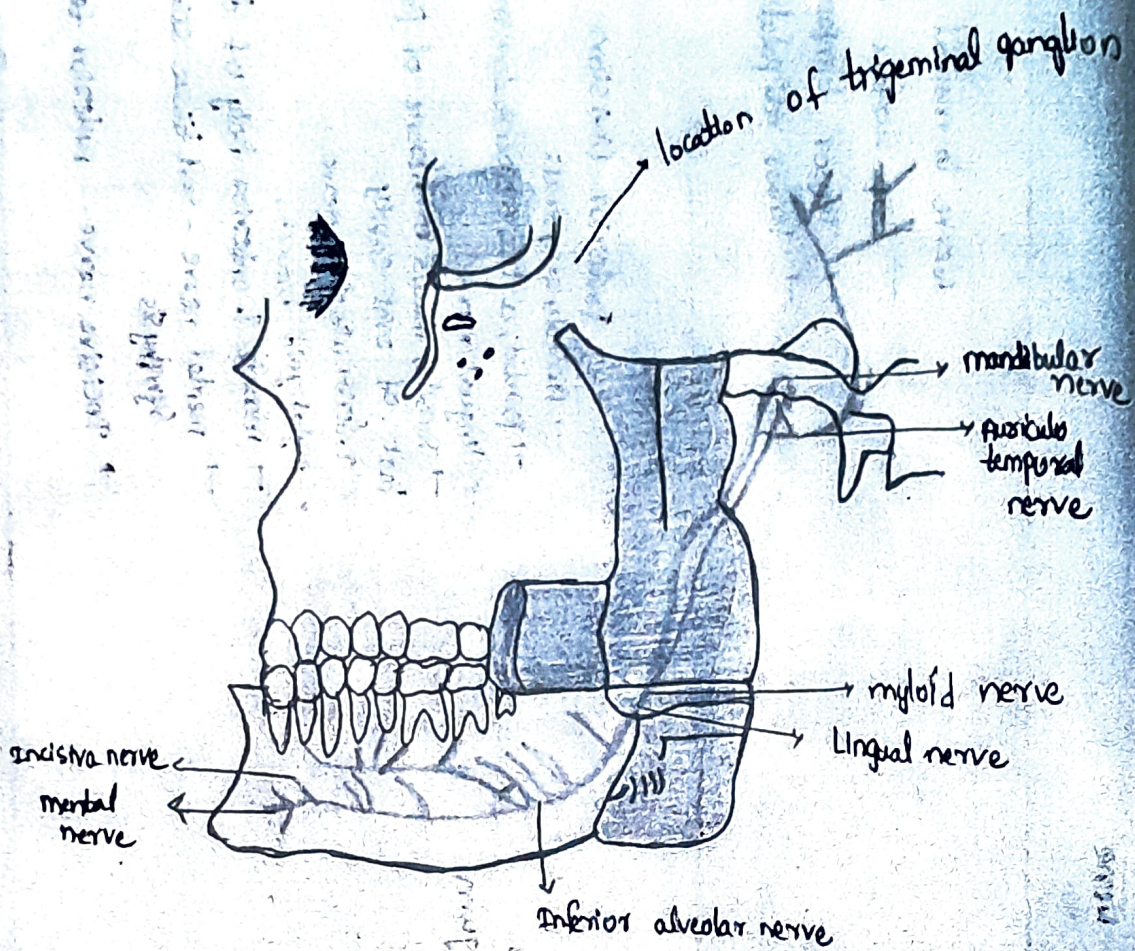
Posterior Division

- Auriculotemporal:
 - parotid, articular, auricular, mental, terminal
- Lingual nerve:
 - Tonsils, mucus membrane of posterior part of oral cavity
- Inferior alveolar nerve
- Mylohyoid branch:
 - muscle & anterior belly of digastric
- Mental nerve - soft tissue skin over symphysis
- Incisive nerve - anterior teeth.

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Mandibular Branch

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SANGAREDDY Dist. 507 201, T.S.R.

Inferior Alveolar Nerve

- It is the largest branch of alveolar nerve.
- It descends medial to lateral pterygoid muscle & lateroposterior to lingual nerve to the region between sphenomandibular & medial surface of mandibular ramus, where it enters the mandibular canal at the level of mandibular foramen.
- Throughout its path it is accompanied by the inferior alveolar artery & the inferior alveolar vein. The artery lies just anterior to nerve.
- The nerve, artery & vein travel anteriorly in the mandibular canal as far forward on the mental foramen, when the nerve divides into terminal branches, the incisive nerve & mental nerve.
- The mylohyoid nerve branches from inferior alveolar nerve before entry of the latter into mandibular canal.
- It runs downwards & forwards in the mylohyoid groove on the medial surface of ramus & along the body of mandible to reach mylohyoid muscle. It is a mixed nerve, being motor to mylohyoid muscle & the anterior belly of digastric muscle, sensory fibres supply the skin on inferior & anterior surfaces of mental protuberance.
- Once the inferior alveolar nerve enters the mandibular canal, it travels anteriorly along with inferior alveolar artery & vein.
- The dental plexus serves the mandibular posterior teeth, entering through their apices & providing pulpal innervation. Other fibres supply sensory innervation to buccal periodontal tissues of same teeth.
- The inferior alveolar nerve divides into two terminal branches: the incisive & the mental nerve, at the mental foramen, which supply 1st premolar, canine, incisors, 2nd & 3rd of chin & lower lip.

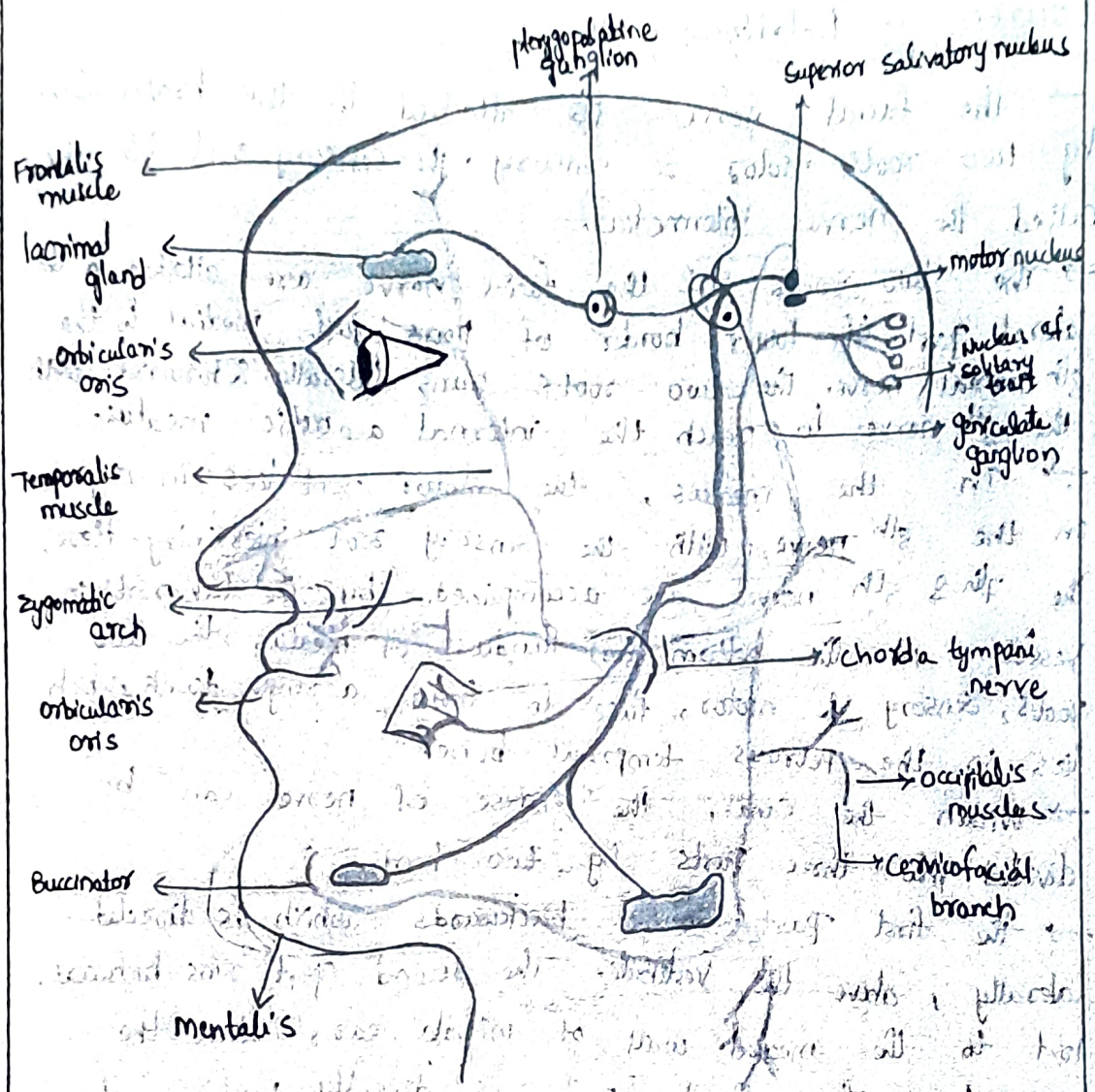
Facial Nerve

- Facial nerve is the nerve of second branchial arch.
- It is the seventh cranial nerve.
- Functional components :-
- Special visceral (or) branchial efferent (SVE), responsible for muscles of facial expression & for elevation of hyoid bone.
- General visceral efferent (GVE) or parasympathetic fibers, these fibers are secretomotor to the submandibular & sublingual salivary glands, lacrimal glands, glands of nose, palate, pharynx.
- General visceral afferent (GVA) component carries afferent impulses.

- Special visceral afferent (SVA) fibers carry taste sensation from palate & from anterior 2/3rd of tongue except from vallate papillae.
- General somatic afferent (GSA) fibers probably innervate direct branches to ear but some fibers may reach it through communication with vagus nerve.

Nuclei:-

- The fibers of the nerve are connected to four nuclei, situated in lower pons.
- motor nucleus (or) branchiomotor
- superior salivatory nucleus (or) parasympathetic
- lacrimal nucleus (or) also parasympathetic
- Nucleus of the tractus solitarius which is gustatory
- It also receives afferent fibers from the glands.



Facial Nerve

Course & Relations :-

- The facial nerve is attached to the brain stem by two roots, motor & sensory. The sensory root is also called the nervus intermedius.
- The two roots of the facial nerve are attached to the lateral part of lower border of pons just medial to the 8th cranial nerve. The two roots run laterally & forwards with the 8th nerve to reach the internal acoustic meatus.
- In the meatus, the motor root lies in a groove on the 8th nerve, with the sensory root intervening. Here, the 7th & 8th nerves are accompanied by the labyrinthine vessels. At the bottom (or) fundus of meatus, the two roots, sensory & motor, fuse to form a single trunk, which lies in the petrous temporal bone.
- Within the canal, the course of nerve can be divided into three parts by two bends.
- The first part runs backwards which is directed laterally, above the vestibule. The second part runs backwards to the medial wall of middle ear, above the promontory. The third part is directly vertically downwards behind the promontory.
- The first bend at the junction of first & second parts is sharp. It lies over anterosuperior part of the promontory & is also called the genu.
- The geniculate ganglion of the nerve is also called because it lies on the genu.
- The second bend is gradual & lies between the promontory & the aditus to the mastoid of antrum.

→ The facial nerve leaves the skull by passing through the stylomastoid foramen.

Branches & Distribution

→ within facial canal

⇒ Greater palatine petrosal nerve

⇒ The nerve to the stapedius

⇒ The chorda tympani

→ At its exit from the stylomastoid foramen

⇒ posterior auricular

⇒ Digastric

⇒ Stylohyoid

→ Terminal branches within the parotid gland

⇒ Temporal

⇒ Zygomatic

⇒ Buccal

⇒ Marginal mandibular

⇒ Cervical

→ Communicating branches with adjacent cranial &

spinal nerves.

Maxillary Nerve Blocks

- Posterior superior Alveolar Nerve Block :-
- Nerves anesthetized :- posterior superior alveolar nerves & branches.
- Areas anesthetized :-
- pulp of maxillary third, second, & first molar (entire ft. molar 72% success rate, mesiobuccal root of maxillary first molar not anesthetized - 28%)
- Buccal periodontium & bone overlying these teeth.
- Technique :-
- Use of 27 gauge short needle is recommended.
- Area of insertion :- height of mucobuccal fold above the maxillary second molar.
- Target area :- PSA Nerve, posterior superior & mesial to posterior border of maxilla.
- Landmarks :- mucobuccal fold, maxillary process, zygomatic process of maxilla.
- correct position :-
- For left PSA nerve block, administration should sit at 10 o'clock position facing the patient.
- For right PSA nerve block, administrator should sit at 8 o'clock position facing the patient.
- Prepare the patient, retract the cheek, pull the tissue at the injection site & insert the needle into mucobuccal fold.

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Advantages:-

- Atraumatic when administered properly & no pain to Patient.
- High success rate (>95%)

Disadvantages:-

- Risk of haematoma
- Anterior Superior Alveolar Nerve block:-

→ Nerves anesthetized :- ASA Nerve, MSA Nerve, Infraorbital nerve, Inferior palpebral, lateral nasal, Superior labial.

→ Areas anesthetized :-

→ Pulp of maxillary central incisor through Canine.

→ In about 72% of patients, pulp of maxillary premolars & mesiofacial root of first molar.

→ Buccal periodontium & bones of these teeth

→ lower eyelid, lateral aspect of nose, upper lip

→ Technique :-

→ 26 (or) 27 gauge short needle is recommended.

→ Areas of insertion :- height of the mucobuccal fold directly over pm

→ Target areas :- Infraorbital foramen.

→ Landmarks :- mucobuccal fold, infraorbital notch, infraorbital foramen

→ Position :- For right (or) left block, administrator should sit at 10 o'clock position, directly facing the patient.

→ Advantages :-

- comparatively simple
- comparatively safe

→ Initial fear of injury to patient's eye.

→ Difficulty in defining landmark.

→ Greater Palatine Nerve Block :-

→ Nerves Anesthetized :- Greater Palatine

→ Areas Anesthetized :- Posterior position of hard palate & its overlying soft tissues, anteriorly as far as premolar & medially to the midline.

→ Technique :-

→ A 27 gauge short needle is recommended

→ Area of insertion :- Soft tissue slightly anterior to greater Palatine foramen.

→ Target areas :- Greater Palatine nerve as it passes anteriorly between soft tissues & bone of hard palate

→ Landmarks :- greater palatine foramen & junction of maxillary alveolar process & palatine bone.

→ Position :-

→ For right, greater palatine nerve block & a right handed administrator, sit facing the patient at 4 o'clock position.

→ For left greater palatine nerve block & a right handed administrator sit facing in same direction as the patient at 11 o'clock.

→ Advantages :-

→ minimise needle penetration & volume of solution

→ minimal patient discomfort

→ Disadvantages :-

→ potentially traumatic

→ No hemostasis except in immediate area of infection.

Mandibular Nerve Blocks

- Inferior Alveolar Nerve Block :-
- Nerves anesthetized :- Inferior Alveolar nerve, incisive, mental & lingual nerve.
- Areas anesthetized :-
- Mandibular teeth to midline
- Body of mandible, inferior portion of ramus.
- Buccal mucoperiosteum, mucous membrane anterior to the mandibular first molar.
- Anterior 2/3rd of the tongue & floor of oral cavity
- Lingual soft tissues & periosteum.
- Technique :-
- 25 gauge long needle is recommended for adult patient
- Area of insertion :- mucous membrane on the medial side of mandibular ramus, at intersection of 2 lines, one horizontal representing height of injection & one vertical representing anteroposterior plane of injection.
- Target area :- Inferior alveolar nerve as it passes downwards towards mandibular foramen before it enters into the foramen.
- Landmarks :-
- Coronoid notch, pterygopalatine raphe, occlusal plane of mandibular posterior teeth.

→ Position:-

→ For right inferior alveolar nerve block & a right handed administrator, sit at 8° clock position facing the patient.

→ For left inferior alveolar nerve block, & a right handed administrator sit at 10° clock position facing in the same direction of the patient.

→ Position of patient should be supine (or) Semisupine.

→ Deposit 1.5ml.

→ Advantages:-

→ One injection provides wide area of anesthesia.

→ Disadvantages:-

→ Wide area of anesthesia

→ Rate of inadequate anesthesia

→ Intraoral landmarks not consistently reliable

→ Positive aspiration even when not indicated

→ Indications:-

→ Procedures on multiple teeth in one quadrant

→ When buccal soft tissue anesthesia is necessary.

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→ when lingual soft tissue anesthesia is necessary.

→ Contraindications :-

→ Infection or acute inflammation in area of injection

→ Patients who are more likely to bite their lip (or) tongue.

• Patients who are ~~uncooperative~~ (or) too

~~restless~~ ~~to~~ ~~cooperate~~ ~~with~~ ~~the~~ ~~procedure~~

• Patients who are ~~uncooperative~~ ~~with~~ ~~the~~ ~~procedure~~

• Patients who are ~~uncooperative~~ ~~with~~ ~~the~~ ~~procedure~~

• Patients who are ~~uncooperative~~ ~~with~~ ~~the~~ ~~procedure~~

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→ Post extraction Instructions :-

- the patient should be advised to firmly bite on the gauze piece placed on the extraction socket for a minimum of half an hour after extraction.
- The patient should be advised for not to rinse his mouth vigorously for the next 24 hrs. mouthwash should be avoided on the first day.
- Patient should be advised to avoid any hot food (or) beverages for next 24 hrs. Patient should take cold food.
- The patient should be advised soft food on the day of extraction.
- Warm saline rinses and gentle brushing should be advised from next day.
- Anti-inflammatory analgesics should be prescribed.
- Despite of all these Precautions, if there is profuse bleed from socket (or) any persistent discomfort, the patient should be advised to return to the dentist.

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MNR Nagar, Narsapur Road, Fasalwadi, Sangareddy 502294, Telangana State, India

Ph: (0845)2306675, 233333,

Mobile: 8500056668, Fax: (0845)230533/230555/230699

E-mail: mnrhc@mnrindia.org; Website: www.mnrindia.org

No: MNRDCH/EPRC/2021-22/03

Date: 25/10/2022

CIRCULAR

This is to inform all the departments that a retest has to be conducted for all the **SLOW LEARNERS** by assessing the marks of 2nd internal examinations of 3rd BDS and 4th BDS students for their improvement. The retest has to be conducted within one month after the internal exams and marks have to be submitted to the chairperson of Evaluation Process and Reforms Committee.

The retest should be of total 35 marks which should include 1 Essay question of 10 marks and 5 Short answers of 5 marks each and time prescribed is 1 hour. The retest can be conducted during practical hours or clinical postings.

CHAIRPERSON

Evaluation Process & Reforms Committee
MNR Dental College & Hospital

PRINCIPAL

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SANGAREDDY Dist.-502 294 (T.S.)

Name: Ch. Dhruv Kashit

Rollno: 17

Subject: DADH

Short Notes:

① Zones of pulp:

There are different zones of pulp which are classified into 4 types. These zones of pulp are helpful in understanding the different layers of the pulp and the importance of the pulp. They are having zones which include coronal pulp and radicular pulp.

i) Odontoblastic zone

ii) Cell free zone

iii) Cell Rich zone

iv) Pulp core

i) Odontoblastic zone:

This zone is the upper zone of pulp. This contains numerous cell organelles as mitochondria cytoplasm. This zone has numerous connection of the nerve fibres which carries the impulse of the nerve. The odontoblastic nerve and subodontoblastic nerve combines then it form the odontoblastic zone. It contain the nerve which are present at the ectomesenchymal in region through which the passage of the nerve fibres occur.

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11.

Tomes granular layer is seen in dentine of root and is formed by coalescing and looping of the terminal portions of dentinal tubules.

-> this zone increases from CEJ to the root apex

-> Tomes granular layer is distinct from interglobular dentin. The bulk of the root lies in the extreme upper left corner.

12. Col:

A valley-like depression which connects the gingival papillae situated in the interproximal space between two teeth. It lies below, and conforms the shape of, the interproximal contact. It is covered by non-keratinized epithelium. The col is considered an important site for the initiation of chronic periodontitis.

13. Raschkow's plexus:

The A-fibres, mainly of the A-delta type, are preferentially located in the periphery of the pulp, where they are in close association with the odontoblasts and extend fibres to many but not all dentinal tubules.

14.

Odland bodies are small subcellular structures of size 200-300 nm that are present in the upper spinous and granular cell layers of epidermis. These act as processing and repository areas for lipids that contribute to the epidermal permeability barrier.

15. Gruberaculus cord.

The Gruberaculus cord is a structure composed of conjunctive tissue which link the tooth follicle to the overlying gingiva, showing the direction of guiding or directing the course of tooth eruption. This structure is located at the alveolar ridge behind the deciduous tooth.

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II INTERNAL ASSESSMENT

1A) ORAL MUCOSA :-

Oral mucosa is made up of two components :-

* Stratified Squamous epithelium

* underlying lamina propria

The lamina propria is not present in straight line it is irregular which forms projections called as connective papillae, which interdigitate downwards with lamina propria and forms a structure called as epithelial ridges.

CLASSIFICATION :-

Oral mucosa is classified in two types dep :-

Based on functional criteria :-

Masticatory Mucosa :- Bound to bone and it is stretchable and also bears masticatory forces.

Eg :- hard palate, gingiva.

Lining Mucosa :- Does not bear masticatory forces but it is stretchable.

Eg :- cheek, vestibule, floor of mouth etc.....

Sensory :- Performs sensation of taste and also other all sensory functions.

Specialized mucosa :-

Based on structural criteria :-

* Keratinized epithelium

* Non-keratinized epithelium

KERATINIZED EPITHELIUM :-

There is of 2 types of layers :-

* Stratum basale

* Stratum spinosum

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II INTERNAL EXAMINATION - (RETEST)

HUSNU ZOHRA

32

DENTAL ANATOMY & ORAL HISTOLOGY

3A)

SEROUS ACINI

- tubular in shape
- smaller in size
- Have smaller stellate lumen
- Intracellular canaliculi are present
- Secretion - enzymatic activity - acid tho-
-phases, glucuronidase etc..
- produce secretory proteins, carbohydrates
Control has secretory glycoproteins have
N-linked oligosaccharide chains.
- Secretory granules smaller, seen at
apical area - covered by unit membrane
- Few extensive RER - in parallel aggregates.

MUCOUS ACINI

- tubular in shape
- larger in size
- Have large central lumen
- Lack intercellular canaliculi
- Secretion - no enzymatic activity
- produce more carbohydrate than proteins.
- Secretory droplets are irregular & larger
than serous.
- prominent golgi regions - between the
nucleus & secretory droplets.

4A)

ZONES OF PULP :-

1. ODONTOBLASTIC ZONE :- This zone is found at periphery of the pulp & consists of cell bodies of odontoblasts which lie in continuous row near dentinal end, many nerve fibers enter this zone and terminate between odontoblasts. The odontoblastic layer & subodontoblastic nerve fibers network combine to form a sensory complex that completely envelops the central pulp core.

2. CELL FREE ZONE :-

- It is also called as zone of wall
- It is place in which odontoblast may move pulp ward during tooth development and later to limited extent in functional teeth.
- It is less conspicuous during early stages of rapid dentinogenesis.

3. CELL RICH ZONE :-

- This layer is composed principally of fibroblasts and undifferentiated mesenchymal cells.
- During early dentinogenesis there are many young collagenous fibres in this zone.

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3. Dry Socket:

Also known as "Alveolitis Sicca dolorosa"

Focal osteomyelitis is due to destruction of the clot from the socket.



Foul Odour, Severe Pain (throbbing type), No suppuration.

The name derive from the following:

After the clot lost



The socket has dry appearance



Bone is exposed.

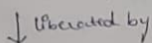
- Commonly seen in loomens and tobacco users, Severe and traumatic extractions of impacted teeth (mandibular 3rd molar)
- Mandible is commonly affected than maxilla.
- Dry Socket is observed within 1-2 days or may be a weeks.

Etiology

Clot destruction / dissolution



Action of proteolytic enzymes (given by local bacteria)



Activators of fibrinolysis (alveolar bone)

Fibrinolytic activity



Premature clot lysis and dissolution of the clot

Theories of dental caries.

- Theories
1. Acidogenic
 2. Proteolytic
 3. proteolytic chelation
 4. sucrose.

Acidogenic Theory of dental caries:

- Acidogenic theory is due to the formation of the acids in the oral cavity by the help of fermentation of dietary carbohydrates.
- production of acid by fermentation of the dietary carbohydrates.

Factors:-

Dietary carbohydrates

Microorganisms / oral microbial flora

Acids.

- When glucose, sucrose, fructose is consumed the production of acids on the surface of the teeth helps in causation of caries.
- Sucrose is more potent.
- When sticky sugar is taken the pH levels falls to 4.5 to 5 within 1-2 minutes and neutralization occurs after 20-30 minutes
- microorganisms plays a important role in causation of caries
- commonly involved microorganisms are *Streptococcus mutans*
- Production of acids leads to causation of cavitation/caries

Internal Examination - II

Subject :- Oral Pathology

Name: Khushi Lodha

Roll no: 32

Date: 13.10.2021

Long Answer Questions:

(2x7=14M)

1. Classify Vesiculo-bullous lesions:

Vesiculo-bullous lesions are mainly classified into Systemic and non-systemic lesions, which include:

- Pemphigus Vulgaris
- Pemphigus Vegetans
- Pemphigoid
- Lupous erythematosus.
- Squamous erythematosis

• Pemphigus Vulgaris:

The lesions in which vesicles and bullae are found are pemphigus-vulgaris. It is histologically derived from pemphigus vegetans.

Systemically, pemphigus is a painful lesion.

The glandular cells are not found.

The lesion firstly affects the oral mucosa leading to the development of, to other organs or tissues.

Pemphigus forms lesions in the form of blisters.

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INTERNAL EXAMINATION - II

RETEST

SUBJECT: ORAL PATHOLOGY

Classify tumors of Salivary gland:

1. Salivary gland tumors are classified into systemic, non-systemic.

- Systemic salivary gland tumors:

a. Benign tumors

- pleomorphic adenoma.
- Warthin's tumor
- Basal cell adenoma
- Oncocytoma
- Non-neoplastic lymphadenoma

b. Malignant tumors

- mucoepidermoid carcinoma
- Basal cell carcinoma
- Acinic cell carcinoma

Non-systemic:

- precystic adenoid carcinoma

histological classification

- Acinic cell carcinoma
- Malignant melanoma
- Adenoid cystic carcinoma
- Mucoepidermoid carcinoma
- Squamous cell carcinoma.

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6/07/22

84.

1. Periodontal pockets:

The deepened gingival sulcus is periodontal pockets.

This is caused due to gingival enlargement or due to loss of epithelial epithelium.

Classification:

1. Gingival pocket:

This is also called pseudopockets.

This occurs due to enlargement of gingiva.

2. Periodontal pocket:

This occurs due to decrease or loss of inner epithelium.

Based on position of pocket:

1. Suprabony (crestal)

The loss is coronal to alveolar bone.

This has horizontal bone loss.

2. Infrabony (subcrestal)

The loss is apical to alveolar bone.

This has vertical bone loss.

84.

1. Periodontal pockets:

The deepened gingival sulcus is periodontal pockets.

This is caused due to gingival enlargement or due to loss of epithelium.

Classification:

1. Gingival pocket:

This is called pseudopockets.

2. Periodontal pocket:

occurs due to decrease / loss of inner epithelium.

3. Based on position of pocket:

1. Suprabony

2. Infrabony.

Based on no. of surfaces involved.

1. Simple

2. Complex

3. Compound.

[Signature]

Wednesday
06-July-2022

PERIODONTICS

1. Longs:-

①

Define periodontal pocket. classification: Write in detail about Physiology of pocket formation.

PERIODONTAL POCKETS:

Periodontal pocket is defined as the pathological deepening of the gingival gum sulcus.

It is seen in the gums.

Normally gingival sulcular depth is upto 3mm.

Beyond 3mm is considered as pocket.

Pathological pocket depth is 5mm or more than that.

→ Periodontal pocket is associated with these reasons that is gingivitis and the other is due to bone resorption.

→ usually all periodontal pockets are associated with gingivitis but not all gingivitis leads to periodontitis.

CLASSIFICATION:-

Classification of periodontal pockets based on its morphology:-

1. Gingival pocket - pseudo pocket
2. Periodontal pocket - True pocket
3. Combined pocket

Classification based on diseased conditions:-

1. Active pocket
2. Inactive pocket

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2. Longs:-

①

Define periodontal pocket.

PERIODONTAL POCKET:-

It is defined as the pathological deepening of the gingival sulcus.

It is seen in the gums.

Normally gingival sulcular depth is upto 3mm.

Beyond 3mm is considered as pocket.

Pathological pocket depth is 5mm or more than that.

→ periodontal pocket is associated with these reasons that is gingivitis and the other is due to bone resorption.

→ usually all periodontal pockets are associated with gingivitis but not all gingivitis leads to periodontitis.

CLASSIFICATION:-

Based on morphology:-

1. Gingival pocket - pseudo pocket
2. Periodontal pocket - True pocket
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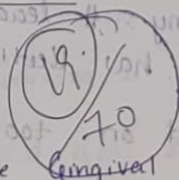
1. Active pocket
2. Inactive pocket

Classification based on relation with crest of bone:-

1. Supra bony pocket
2. Infra bony pocket

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11th INTERNALZubiya Anam
Roll No: - 83Periodontal Pocket:-

→ Deepening of the gingival sulcus,
→ Where there are separated by the

Coronal and Apical forces leads to formation of the.

1) Gingival Pocket

2) Periodontal Pocket

Gingival Pocket:-

It is developed without destruction of the periodontal tissues.

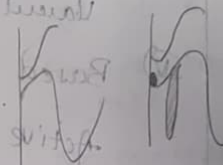
Periodontal Pocket:-

It is developed by destruction of the periodontal tissues.

Classification:-

i) Based on the location, Base of the Pocket

1) Suprabony:- It is present coronal to the bone.



Horizontal bone loss

Suprabony Infrabony
Horizontal bone loss Vertical bone loss
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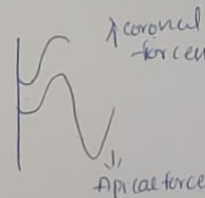
Zubiya Anam
Roll No: 83① Periodontal Pocket:-

→ Deepening of gingival sulcus.

When there are separated by the coronal and apical forces leads to formation of the

1) Gingival Pocket

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Gingival Pocket:-

It is developed without destruction of periodontal tissues.

Periodontal Pocket:-

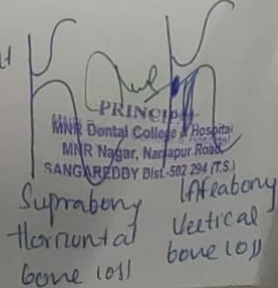
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Suprabony Infrabony
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