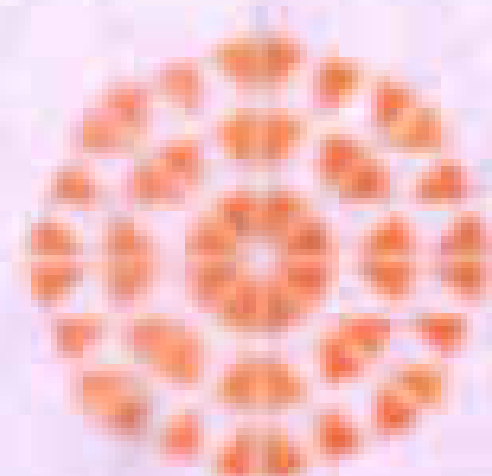


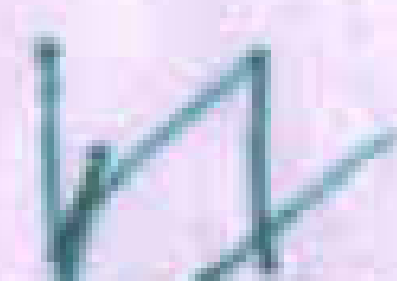


KMCT
DENTAL COLLEGE

TO WHOM SO EVER IT MAY CONCERN

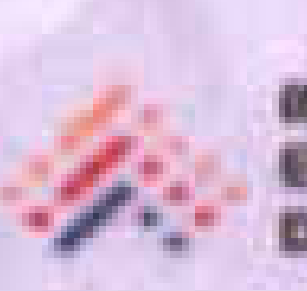
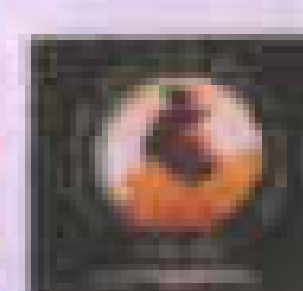
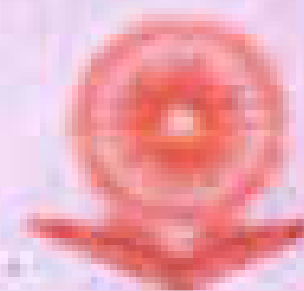
This is to certify that the information in the attached document is verified by me and is true to the best of my knowledge.

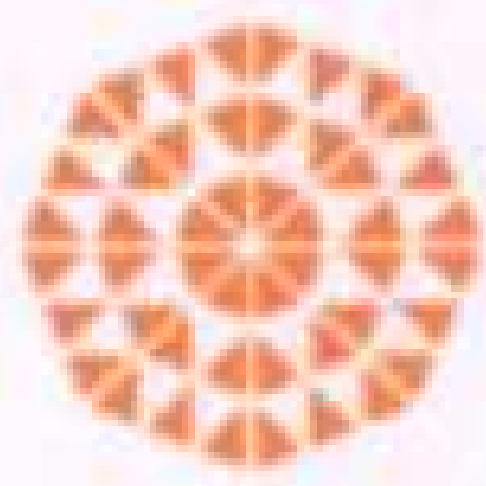



PRINCIPAL

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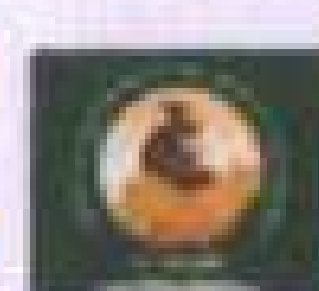


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RETEST AND ANSWER SHEETS

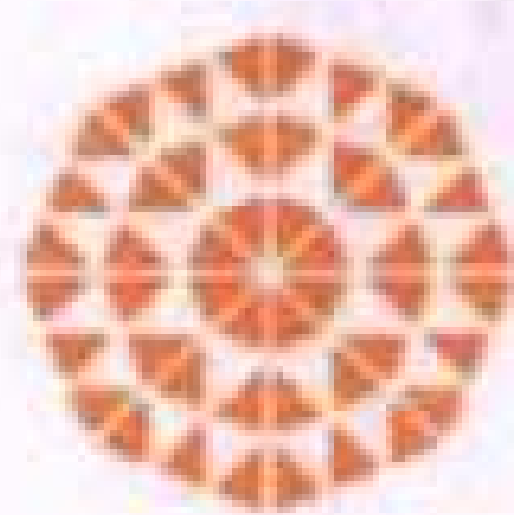
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☎ 0495-2292000 ✉ dental@kmct.edu.in
🌐 www.kmctdentalcollege.org



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DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

REPORT ON TEST AND RETEST CONDUCTED FOR THE SLOW LEARNERS

The Test and Retest Program was designed to assist students who require extra academic support, often referred to as "slow learners." This initiative aims to identify students struggling with course material, deliver targeted interventions, and enhance their academic performance through a structured retesting process.

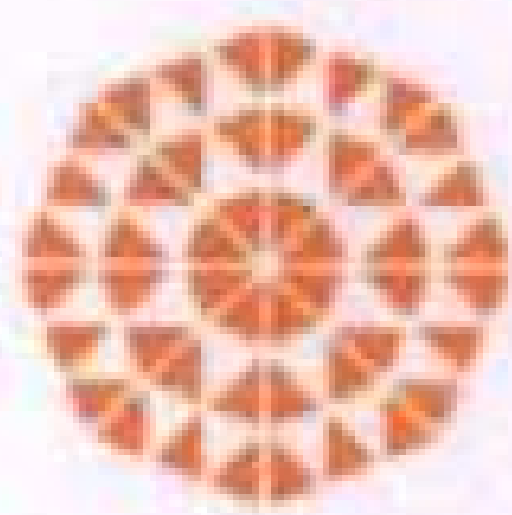
Objectives of the Test and Retest Program

The key objectives of the program are as follows:

1. **Identify Challenges:** To pinpoint students who face difficulties in meeting academic expectations.
2. **Provide Remedial Support:** To offer focused assistance for improving their understanding of core concepts.
3. **Track Progress:** To evaluate improvement through a systematic retesting approach.
4. **Boost Confidence:** To reduce academic anxiety and foster self-assurance by giving students a second chance to succeed



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01/10/2023
Monday

OMR First Internal Exam

Amarakantak A.M

Roll no - 5

(6) Trigeminal Neuralgia

~~22~~

22 1/2
70

~~22~~

Also called as Trifacial neuralgia, Fothergill disease, Tic douloureux
Trigeminal neuralgia is an archetype of orofacial neuralgia affecting second & third divisions of trigeminal nerve.

Etiology

Atherosclerosis of superior cerebellar artery pressing and growing roots of trigeminal nerve.

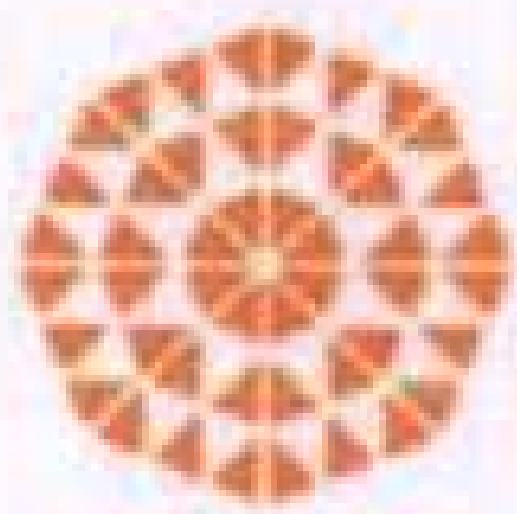
Clinical features

- Most common cranial neuralgia
- Age: Occurs at any age, most commonly above the age of 50.
- Females are more commonly affected than males in the ratio 3:2
- Acute stabbing, lancing or throbbing pain.
- Pain is felt when the patient touches the trigger zones which are at vermillion border of lip, alae of nose, cheeks and around eyes.
- Pain persists for few seconds to minutes.
- It is called tic douloureux as the patient suffers from spasmodic contractions of facial muscles. *Need to write investigation and medical management.*
- Pain Not associated with dental causes
- Not relieved by analgesics
- Unilateral; right side more commonly affected than left in the ratio (1.7:1)
- Patient learns to avoid touching skin over trigger zones in order to avoid pain, therefore the area remains unwashed, unbrushed & unshaven. Exposure to strong breeze, smiling and eating also causes pain.



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Oral medicine & Radiology

Ansaulla A.M

Roll no : 5

19/12/2024

① Steps in systematic method of radiographic interpretation

Ans

→ localise the abnormality

→ Assess the periphery and shape - crenated, scalloped borders.
- generalised, localised.

→ Assess the internal structures

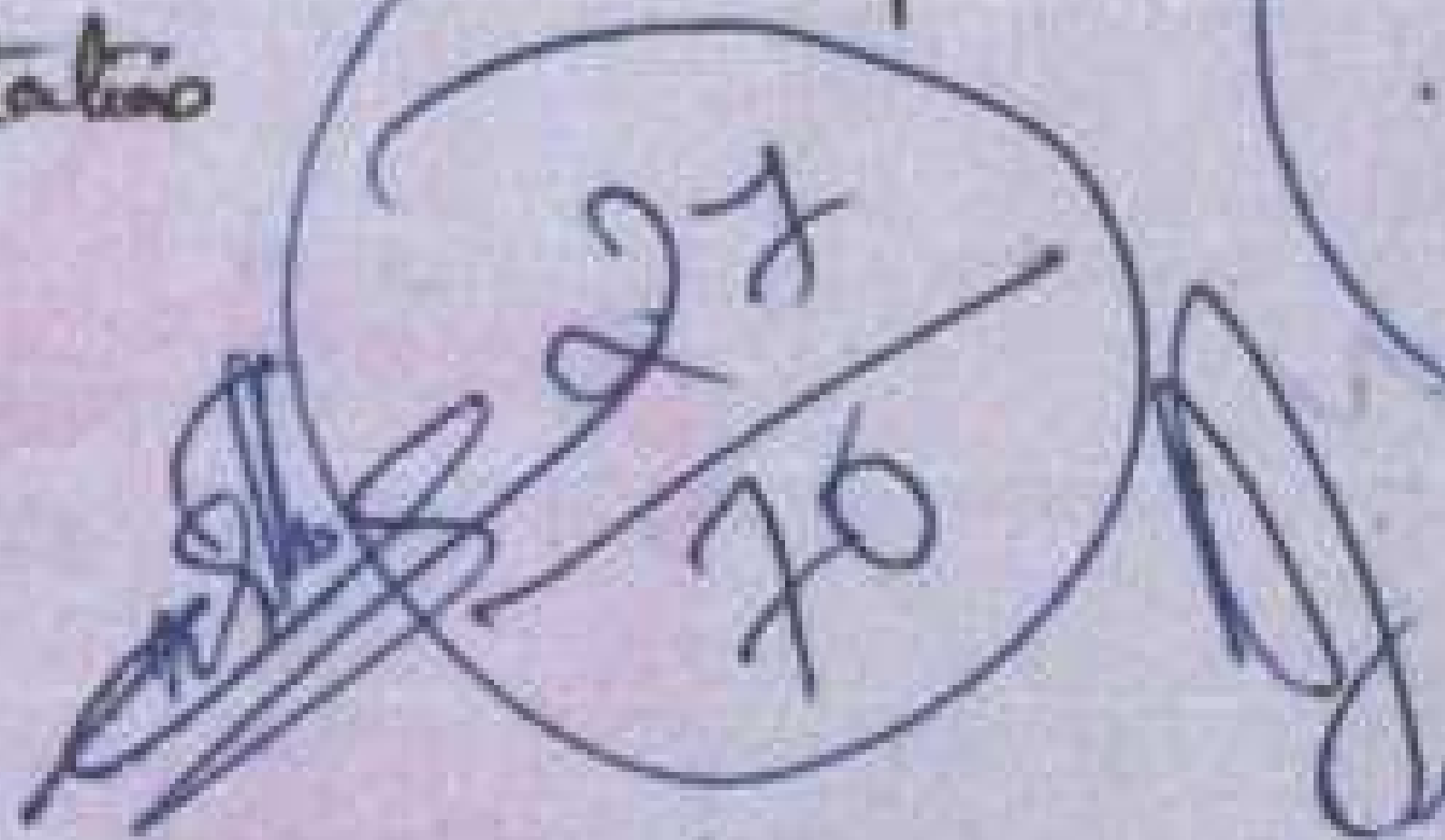
- punched out borders.

eg: trabecular bone pattern

* ornaments, Septations



→ ~~radiographic~~ final interpretation



② Ghost image

Image formed when the object is between centre of rotation and X-ray source.

* Images appear as magnified and blurred.

* Formed at opposite ^{side} direction to original anatomical position of the object and at a slightly higher level than the original position due to upward inclination of beam.

* Objects can be, any ornaments, ~~amalgam~~ etc.

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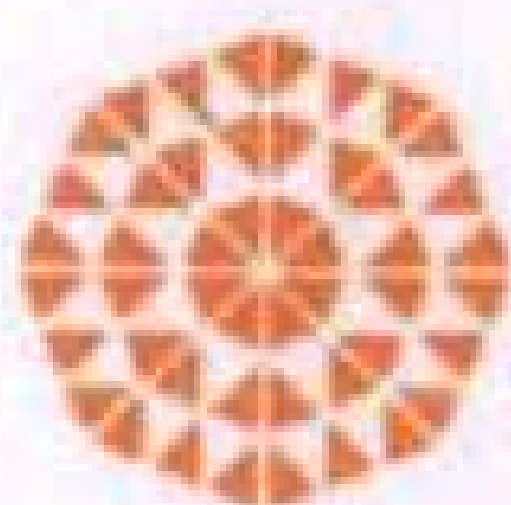
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Amari
Roll no: 3

19

2. Imaging modalities used for salivary glands

- Sialometry
- Sialography
- Sialogammetry
- Sialography

Sialography

It is a radiographic technique used to examine major salivary gland and its duct by introducing radiopaque dye to the ductal systems.

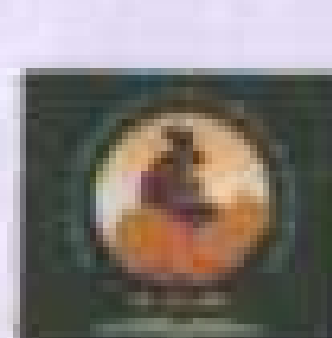
Indications:

- To examine the rupture, structure, dilation of the duct.
- To assess the location, size, extend of mass.
- To assess the ductal & glandular distortion secondary to obstructions.
- For Aid in therapeutic use that the dilatation help in clearing of ducts in ducts.



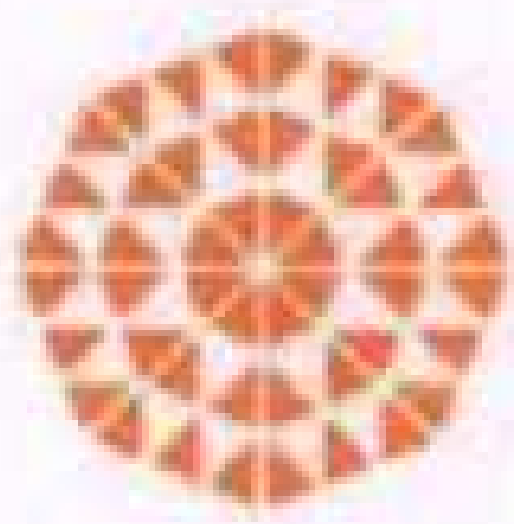
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INNOVATION AND
ENTREPRENEURSHIP
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Amanii
Roll No.3

22/20

~~Amal~~

22

ORAL MEDICINE AND RADIOLOGY

3. → AIDS is a infectious disease caused human immunodeficiency virus characterised by immunosuppression with opportunistic infections

Classification of oral manifestations of HIV

Type I - Infections/lesions strongly associated with HIV

- Candidiasis
 - pseudomembranous
 - erythematous
- hairy leukoplakia
- Non-hodgkins Lymphoma
- Necrotizing ulcerative gingivitis
- Necrotizing ulcerative periodontitis
- Kaposi sarcoma
- linear gingival erythema

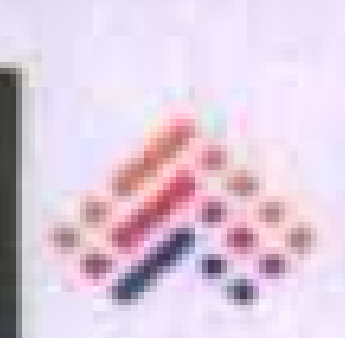
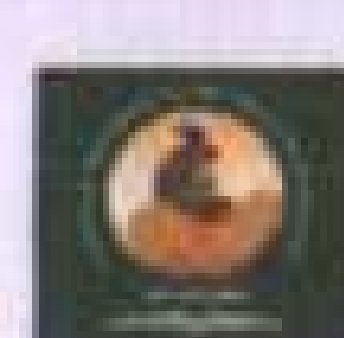
Type II - Infections that are less associated with HIV

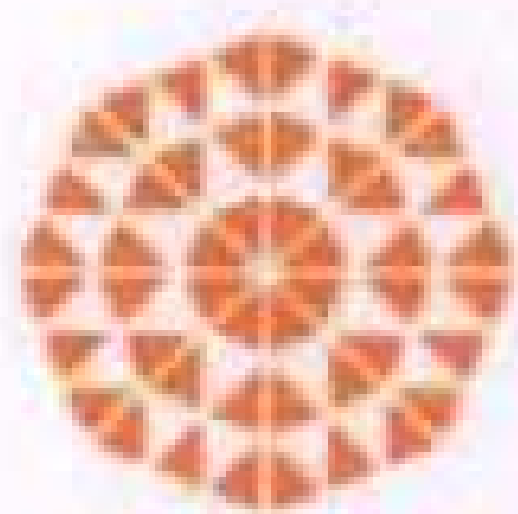
- Bacterial: Mycobacterium avium
- Malignant melanoma (hypermelanosis)



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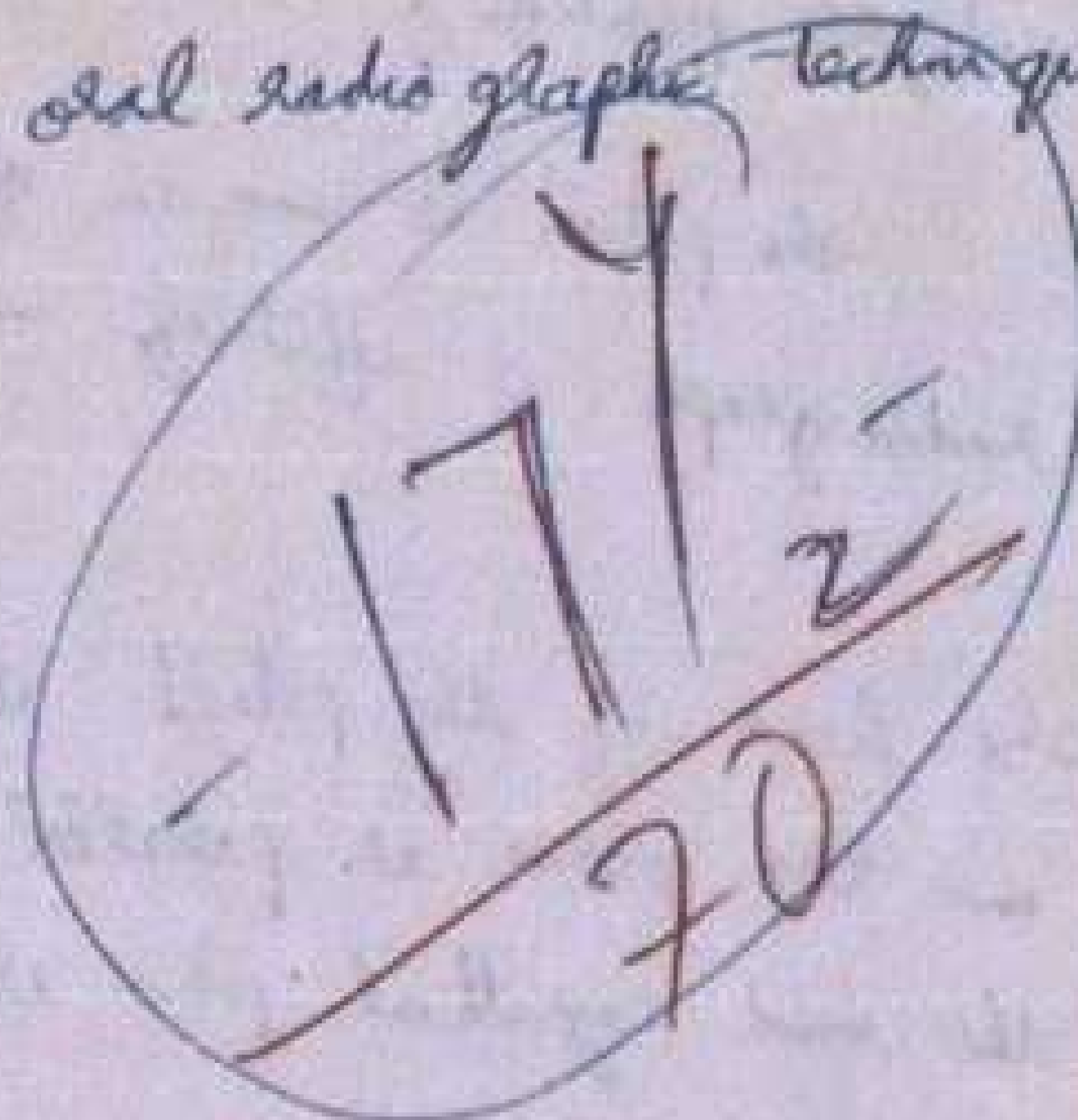
FIRST INTERNAL EXAMINATION

ORAL MEDICINE AND RADIOLOGY

SREE GANESH S
Roll No. 25
Final Year Part-I

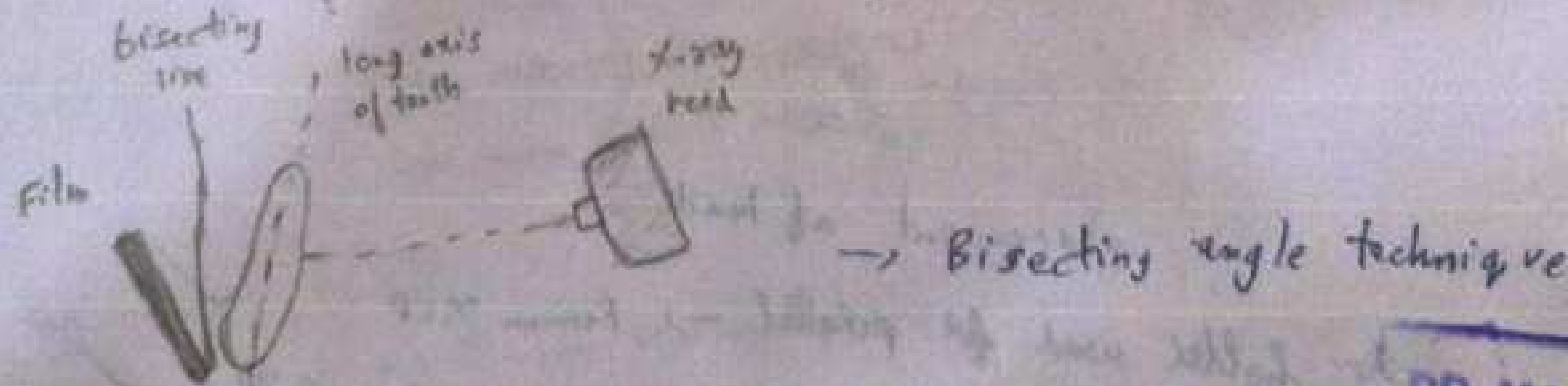
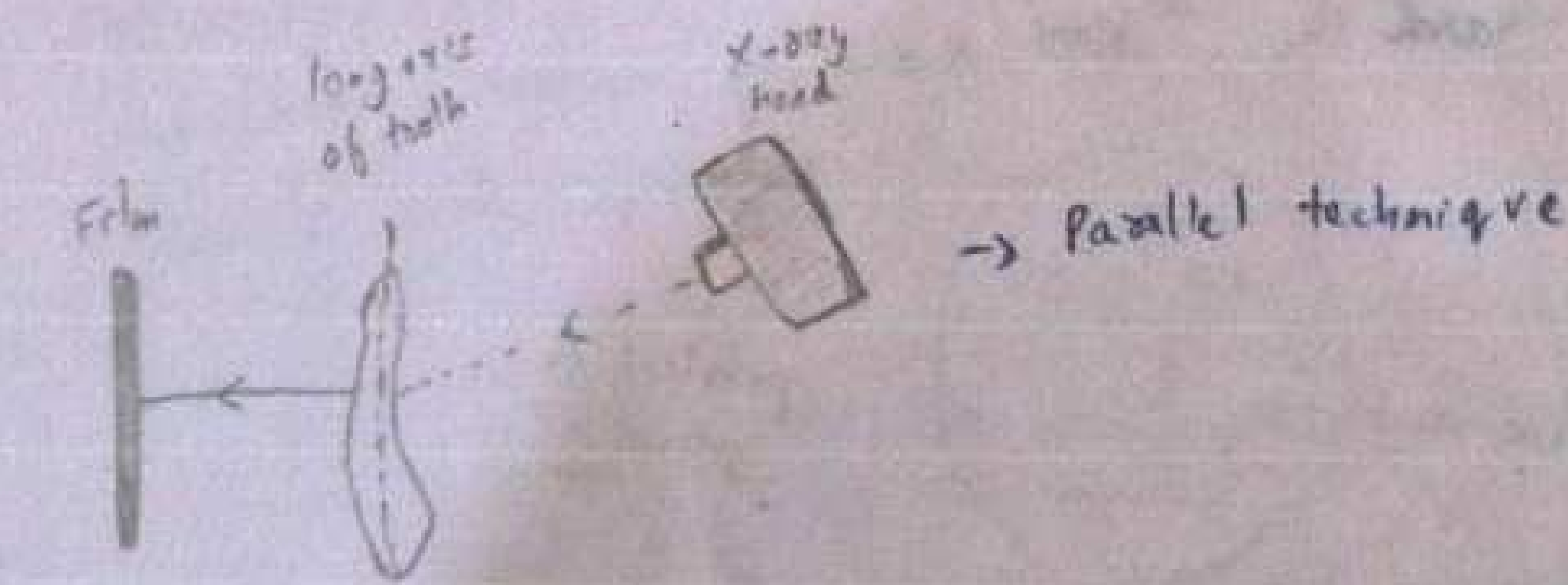
2) The various types of intra oral radiographic techniques includes,

- Parallel angle technique
- Bisecting technique
- Bitewing
- Occlusal



In parallel intra oral radiograph technique, the film and the object are kept parallel to each other and the x-ray radiation source is perpendicular to these both.

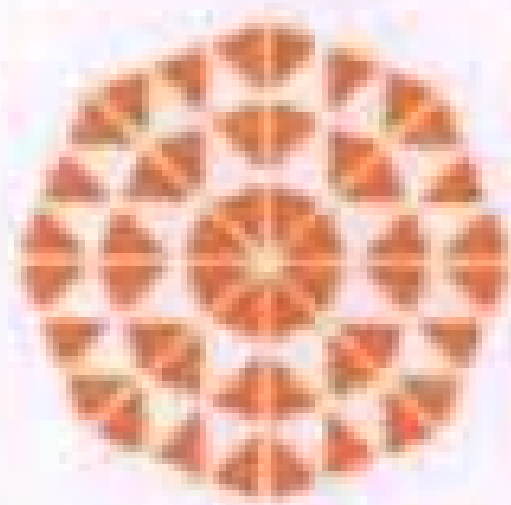
In Bisecting angle technique, the film and the object (tooth) are kept as close as to each other with the source of beam bisecting the two.



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IInd Internal Examination

SREE HANESH S

ORAL MEDICINE AND RADIOLOGY

25

1) Vesiculo bullous lesions;

→ Immunological;

- Pemphigus vulgaris
- Bullous pemphigoid
- Mucous membrane pemphigoid
- Erythema multiforme
- Epidermolysis bullosa acquisita

→ Viral infections;

- Herpes Simplex
- Chicken pox
- Herpes zoster

→ Hereditary disease

- Epidermolysis Bullosa

↑
• The classification based on the clinical presentation and aetiological factor

19
20

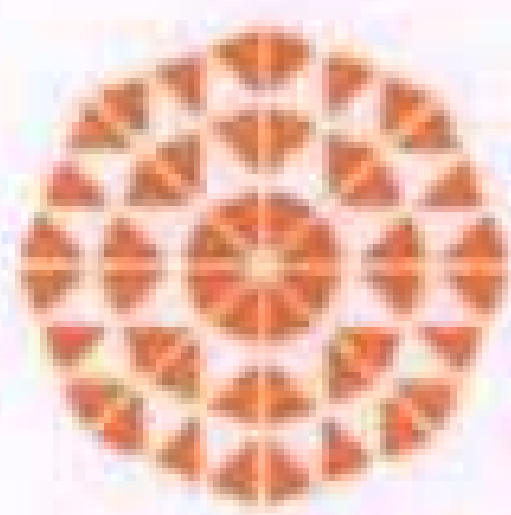
5

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30/10/2023

OMR - First Internal

Midhana Mohan

17

15 1/2 + 6/2 Part I Add

①

4. 1) Dentist can ensure patient's safety by:

1) using high speed films like D, E, F

Since film speed is high, radiation is less, patient is more protected.

Film speed is defined as the radiation required to produce high density image.

2) Collimation of beam.

3) Positioning of device.

4) Filtration

5) Use of digital imaging

6) Increased focal length

$$\begin{array}{r} 22 \frac{1}{2} \\ \times 2 \\ \hline 70 \end{array}$$

2) Dentist can ensure staff safety by:

1) Use of lead apron by the operator.

2) The operator must be at a distance of 6 feet.

3) At an angulation of 30-90°.

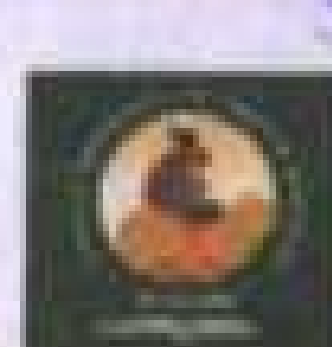
4) If Operator should wear TLD badge, by which we can detect the amount of radiation been exposed to the operator.

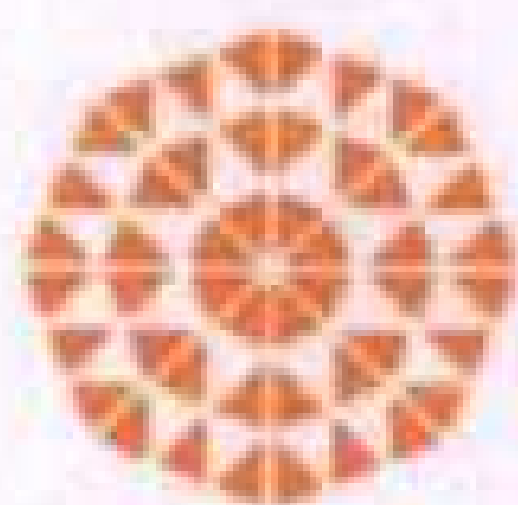
5) The operator should compulsorily wear TLD badge

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OMR. 2nd Internal.

MIDHUNA MOHAN
Part 1 Add
17

35/70

①

7. 1) Localize the abnormality
- 1) Anatomical landmark
 - 2) Location.
 - 3) Unilateral or bilateral.
 - 4) Single or multifocal.

- 2) Assess the periphery and shape

- 1) Well defined

- 1) Soft tissue capsule
- 2) Corticated
- 3) Punched out
- 4) Sclerotic.

- 2) ill defined

- 1) Blending
- 2) Invasive

- 3) shape

- 1) Irregular
- 2) Circular
- 3) Scalloped

- 3) Analysing the internal structure.

- 1) Completely radiolucent
- 2) Completely radiopaque.
- 3) Mixed.

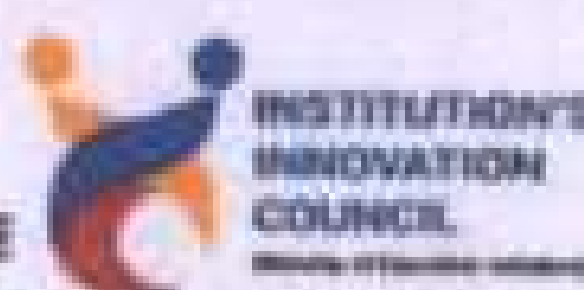
- 4) Analysing the lesion affecting surrounding structure.

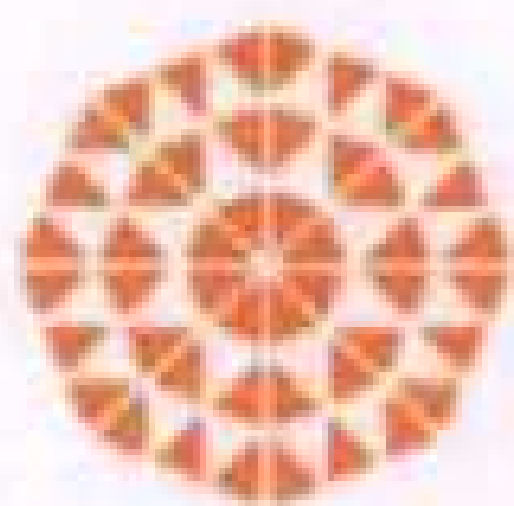
- 1) Tooth, Lamina Dura, periodontal ligament space.
- 2) mental foramen and Alveolar bone
- 3) Maxillary antrum.
- 4) density and trabecular pattern of Bone and structures.
- 5) Periapical bone, density.



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Sha. Pli. Sumi
Roll No: 23
Part 1 BOS

ORAL MEDICINE AND RADIOLOGY

1. Types of facial pain encountered in dental practice:

- a) Trigeminal neuralgia
- b) TMJ Dislocation
- c) Prey's syndrome/
glossopharyngeal neuralgia.
- d) pain due to impacted tooth
- e) Migraine.
- f) Tooth pain due to decay

(a) Trigeminal neuralgia:

- It is a ~~needle pricking~~ ^{needle pricking}, knife edge long lancinating pain.
- The pain is enhanced by wind touch etc so the patient remain without shaving & bathing for many days.
- pain is mainly experienced in the ala of nose, ~~to~~ upper lip, Around the orbit etc
- Because of this ~~knife edge pricking~~
- The patient may have suicidal attempt because of this knife-edge like pain.

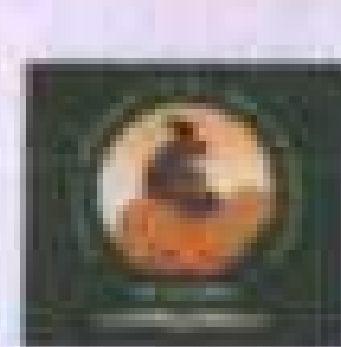
(b) TMJ Dislocation:

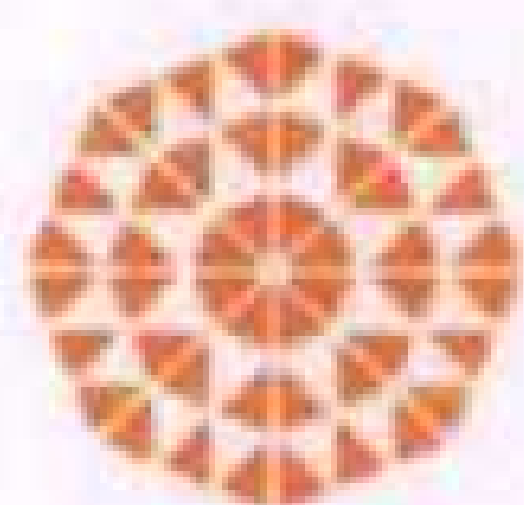
- TMJ dislocation can be verily identify by the clinical examination itself.
- clicking sound can be heard.

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22^{1/2}

Shaji Sumi

Roll No: 23

OMR

INDO INTERNAL EXAMINATION

1. CLASSIFICATION OF VESICULOBULLOUS LESION

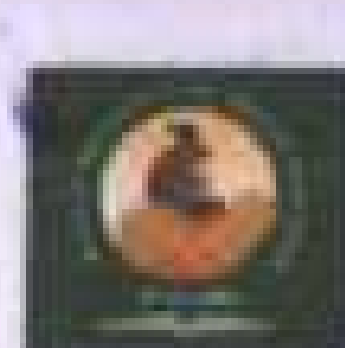
1. BASED ON THE FORMATION OF VESICULOBULLOUS LESION

(i) Formation of ulcer without any vesiculobullous lesion.	(ii) Formation of ulcer with vesiculobullous lesion. * (vesiculobullous lesion)
(A) IMMUNOLOGIC → Recurrent aphthous stomatitis → Behçet's disease → Reiter's syndrome. (B) BACTERIAL → Tuberculosis → Actinomycosis → Syphilis → Noma (C) FUNGAL → Aspergillosis → Phycomycosis → Histoplasmosis	(A) IMMUNOLOGIC → pemphigus → Mucous membrane pemphigoid → Bullous pemphigoid → Erythema multiforme → Steve-john's syndrome (B) VIRAL → Herpes-simplex virus → Herpes zoster → HIV → Herpangina
(d) BLOOD DYSCRASIAS → Leukemia (e) potentially malignant lesion	



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KMCT DENTAL COLLEGE

FINAL YEAR BDS (PART II) RETEST 2023 Pedodontics and Preventive Dentistry 19.11.2023 (2016 SCHEME)

Time: 3 Hrs

Max marks: 70

- Answer all questions to the point neatly and legibly • Do not leave any blank pages between answers • Indicate the question number correctly for the answer in the margin space
- Answer all parts of a single question together • Leave sufficient space between answers
- Draw Diagrams wherever necessary.

Essays

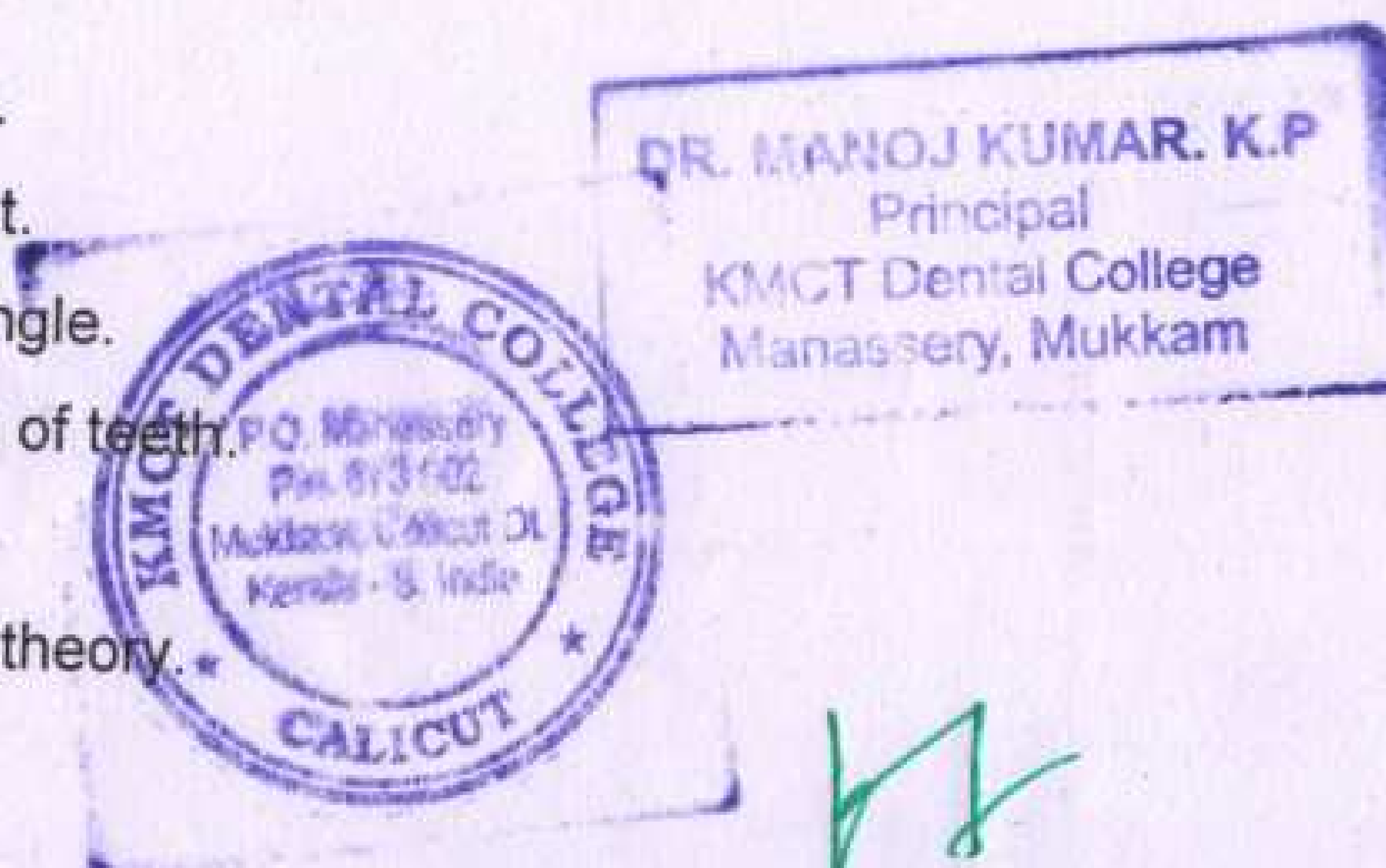
1. Define Behavioural shaping. Discuss various Pharmacological behaviour management techniques .Discuss about Conscious sedation. (2x10=20)
2. Define occlusion .Write in detail about deciduous dentition period with labelled diagram on terminal plane relationships..

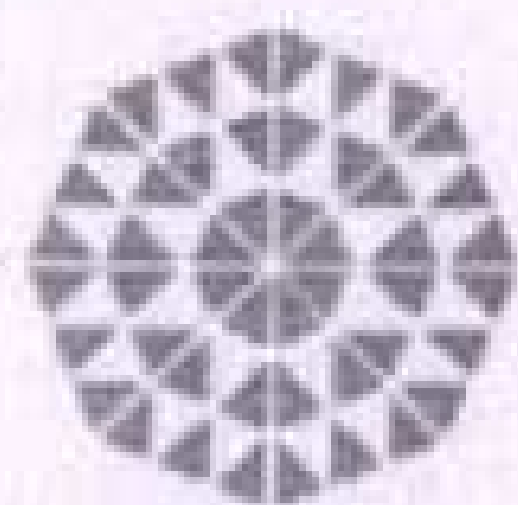
Short Essays

3. Modelling. (4x5=20)
4. Functional matrix theory.
5. Classify theories of child psychology. Write in detail about Cognitive theory .
6. Difference between primary and permanent dentition.

Short notes

7. Growth spurts. (10x3=30)
8. Dental Home
9. Self correcting anomalies.
10. Contingency management.
11. Pedodontic treatment triangle.
12. Developmental anomalies of teeth.
13. Leeway space of Nance.
14. Stages of Sigmund Freud theory.





DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY

REPORT ON TEST AND RETEST CONDUCTED FOR THE SLOW LEARNERS

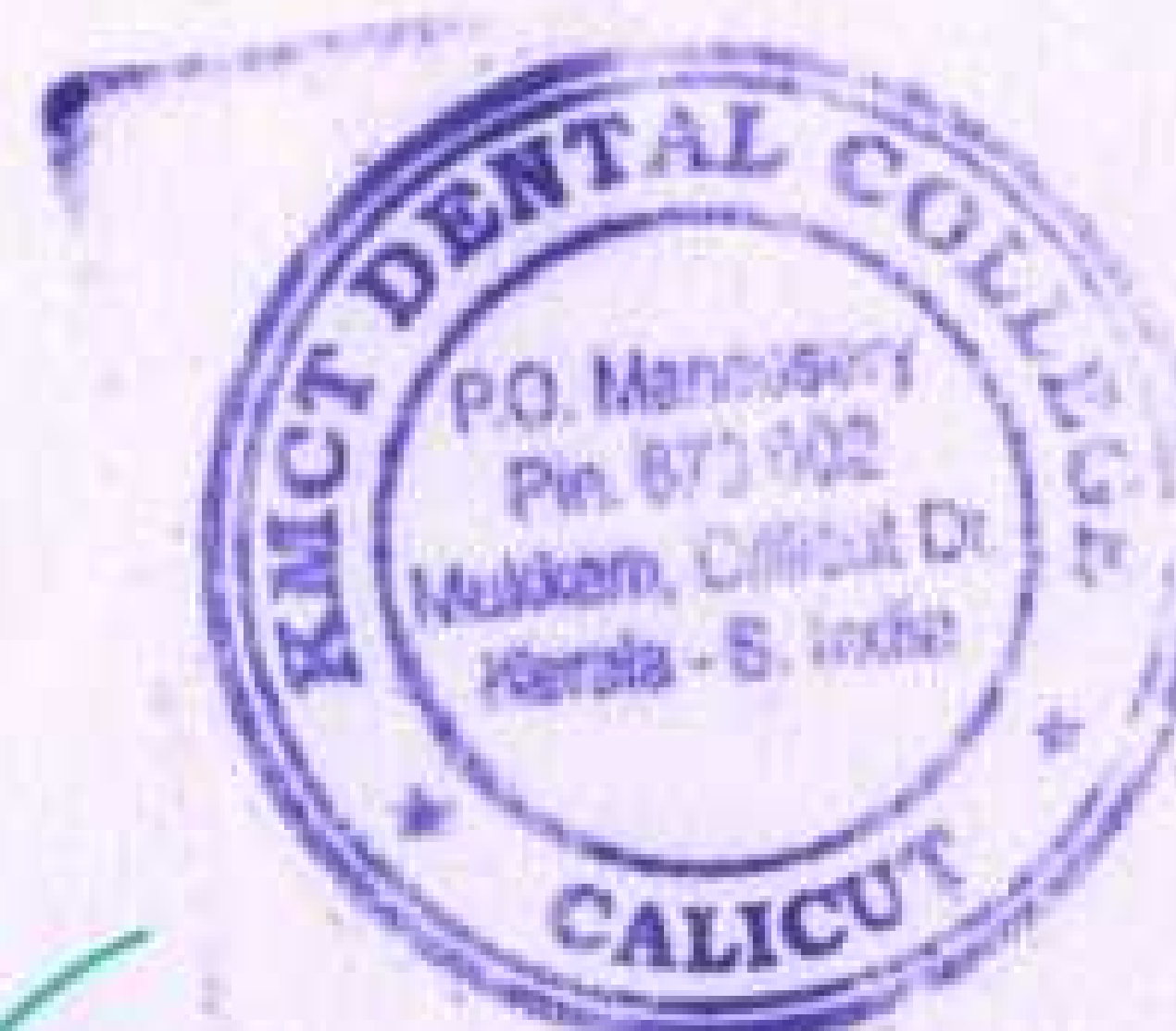
The Test and Retest Program was developed to support students who may require additional academic assistance, often categorized as "slow learners." The purpose of this program is to identify students who are struggling with course material, provide targeted intervention, and improve their understanding and performance through structured retesting.

Objectives of the Test and Retest Program

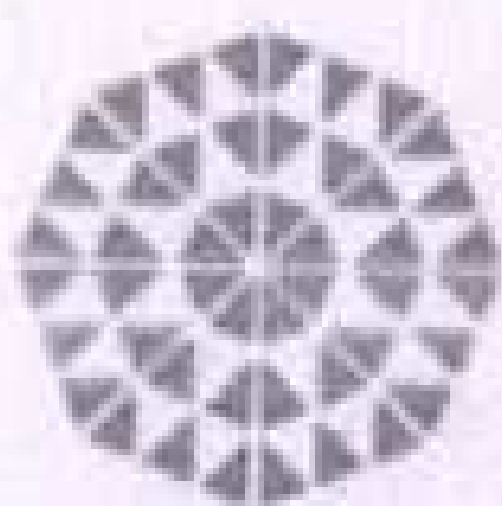
The primary objectives of the Test and Retest Program are to:

1. Identify students facing challenges in keeping up with the academic requirements.
2. Provide remedial support to enhance their understanding of essential concepts.
3. Assess progress through a retesting mechanism to track improvement.
4. Build confidence in students and reduce academic stress by offering a second opportunity for success.

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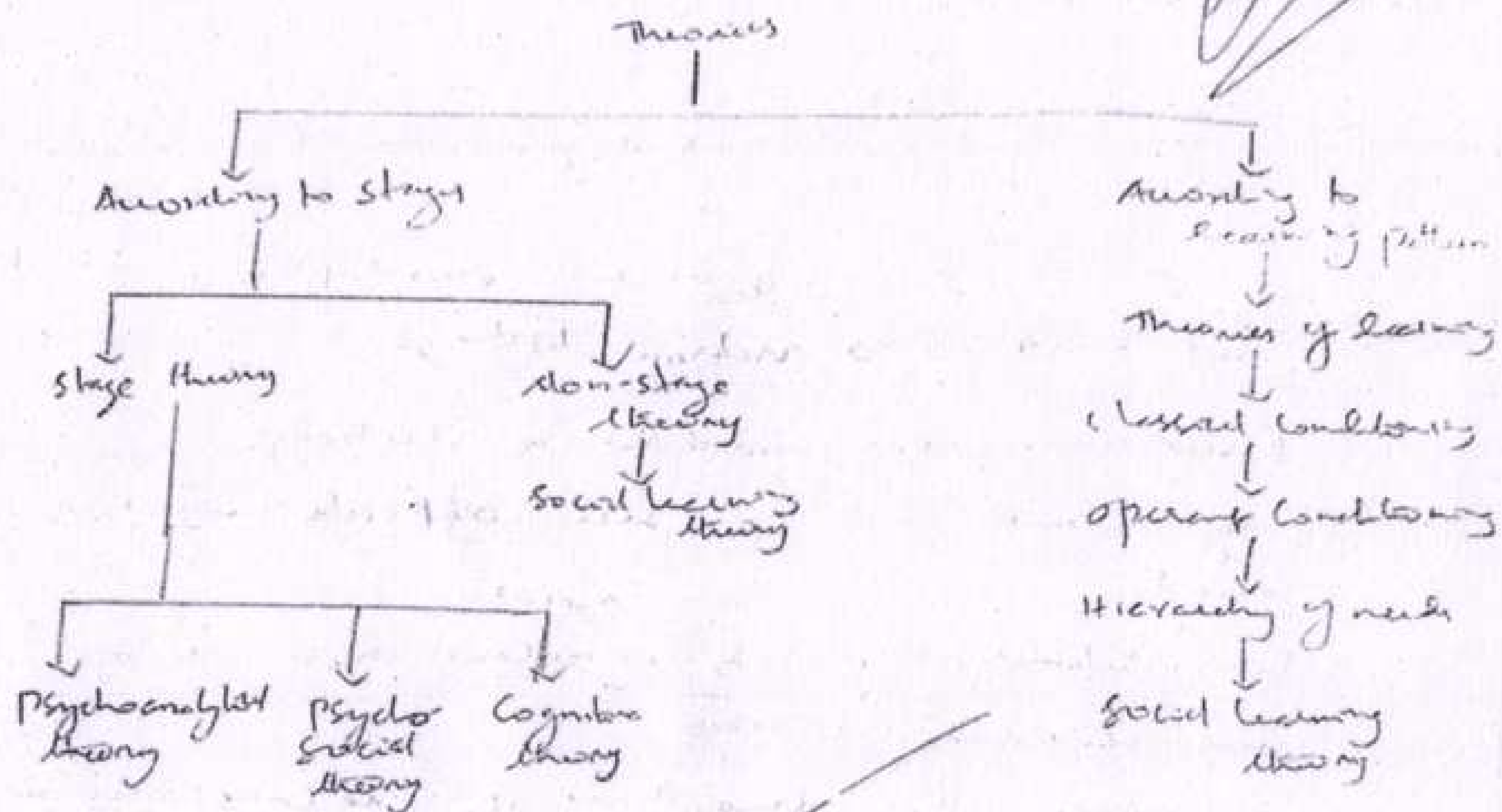
PEDODONTICS

* Must Do Assignment

SARATH LAL T
Roll No. 50

20
70

3) Theories of child psychology
classification



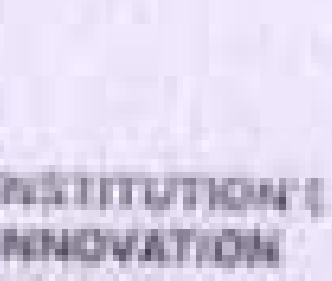
I. Psychodynamic theory

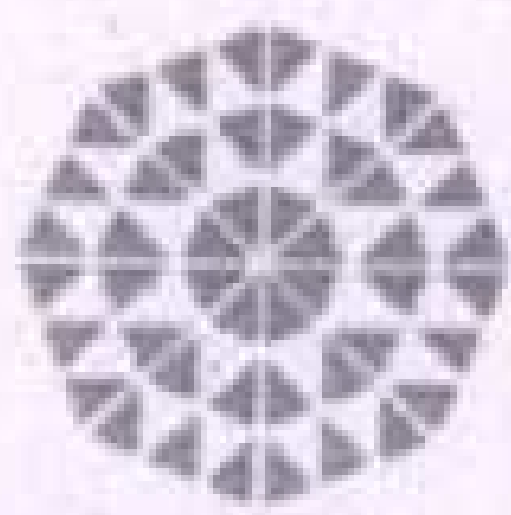
- a) Psychoanalytic theory | psychosexual theory by Sigmund Freud in 1905.
- b) Cognitive theory by BF Skinner in 1954.
- c) Psychosocial theory (model of behaviour development) by Erik Erikson in 1963.

II. Theories of learning and development of behaviour

- a) Social learning theory by Van der Meer in 1927
- b) Classical conditioning by BF Skinner in 1938
- c) Operant conditioning by Abraham Maslow in 1953
- d) Hierarchy of needs by Albert Bandura in 1966

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PEDIATRIC DENTISTRY

20 + 1 1/2
70

SARATH LALIT
Roll No. 50

1) Apexogenesis

- It is defined as the treatment of vital teeth in which coronal pulp is removed and ~~also preserve~~ preserve the radicular pulp and allow continuous growth of root in case of ~~open~~ open apex

- tooth is vital

Indication

- teeth with restorable ~~coronary~~ crown
- only coronal pulp is involved
- traumatic injury to teeth

Contraindication

- irregular / irregularities to teeth
- abscesses, sinus
- hemorrhage from the pulp
- pa

Advantages

- keep the teeth vital
- ~~radicular~~ pulp formation can be ~~achieved~~ achieved
- increase the rate of root growth.

Disadvantages

- ~~disadvantages~~ success rate is dependent on numerous factors.

empirical

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Manassery, Mukkam

Apexification

- It is defined as the complete sealing of the apex with obliterating material and pressure thereon

- tooth is non-vital

Indication

- grossly decayed teeth
- ~~restorable~~ restorable teeth
- coronal and radicular pulp is exposed.

Contraindication

- teeth with mobility
- severely fractured teeth

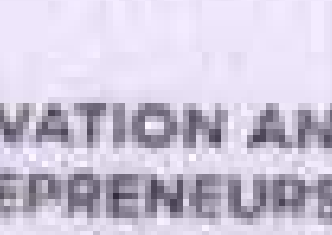
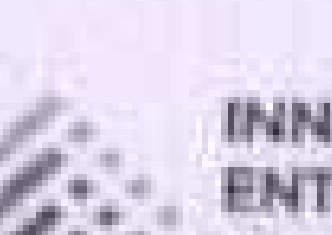
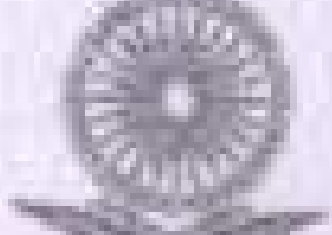
Advantages

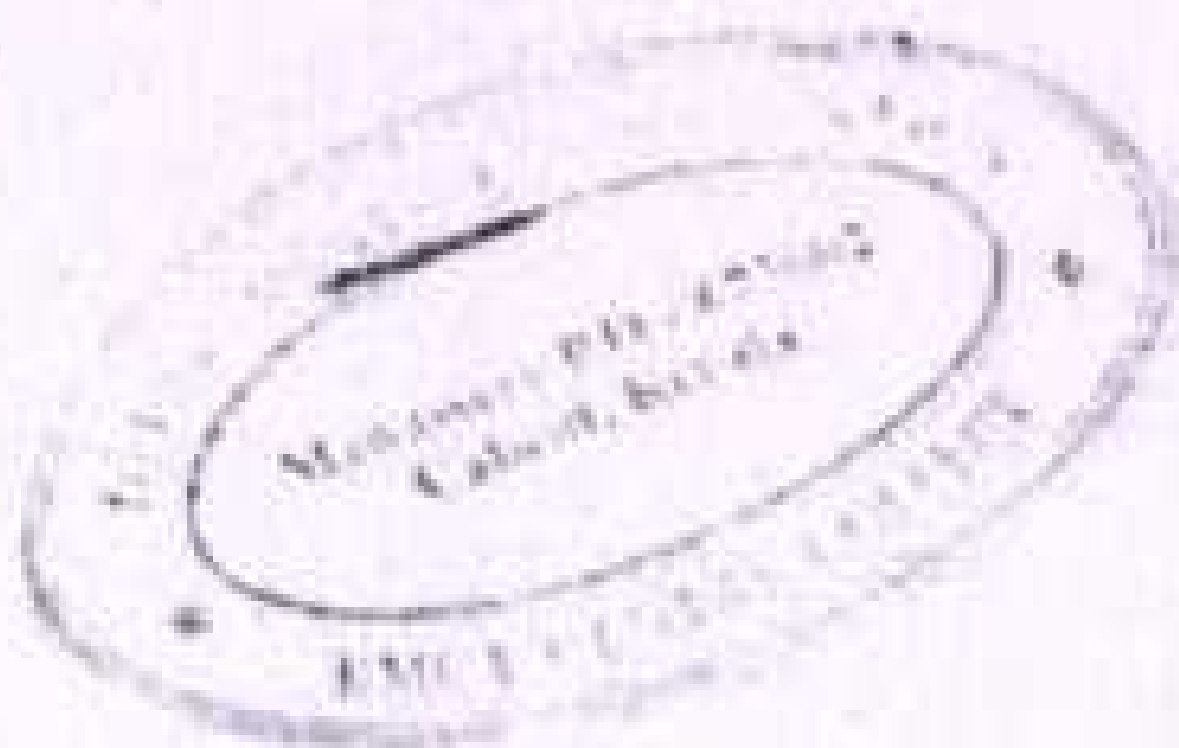
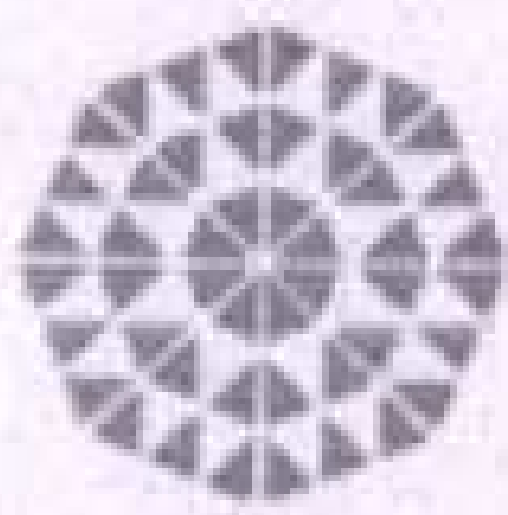
- prevent further infection to the teeth
- Help to restore the teeth in positions.

disadvantages

- tooth vitality is lost

✓





PEDODONTICS

SARATH LAL T
Roll No. 50

40
20

1) Behavioural shaping

"defined as procedure, which slowly develops behaviour by reinforcing a successive approximation of the desired behaviour until the desired behaviour comes into being".

Non-pharmacological behavioural management classification

→ Psychological approach

- Assimilation and copying
- Behavioural shaping
- Contingency management
- Communication
- Desensitization
- Distraction
- Externalization
- Hypnosis
- Modelling
- Parental presence or absence
- Punishment and modification of behaviour
- Use of second language
- Tell-show-do
- Tender-love-care
- Visual imagery
- Voice control
- Reframing
- Restraint

→ Physical approach

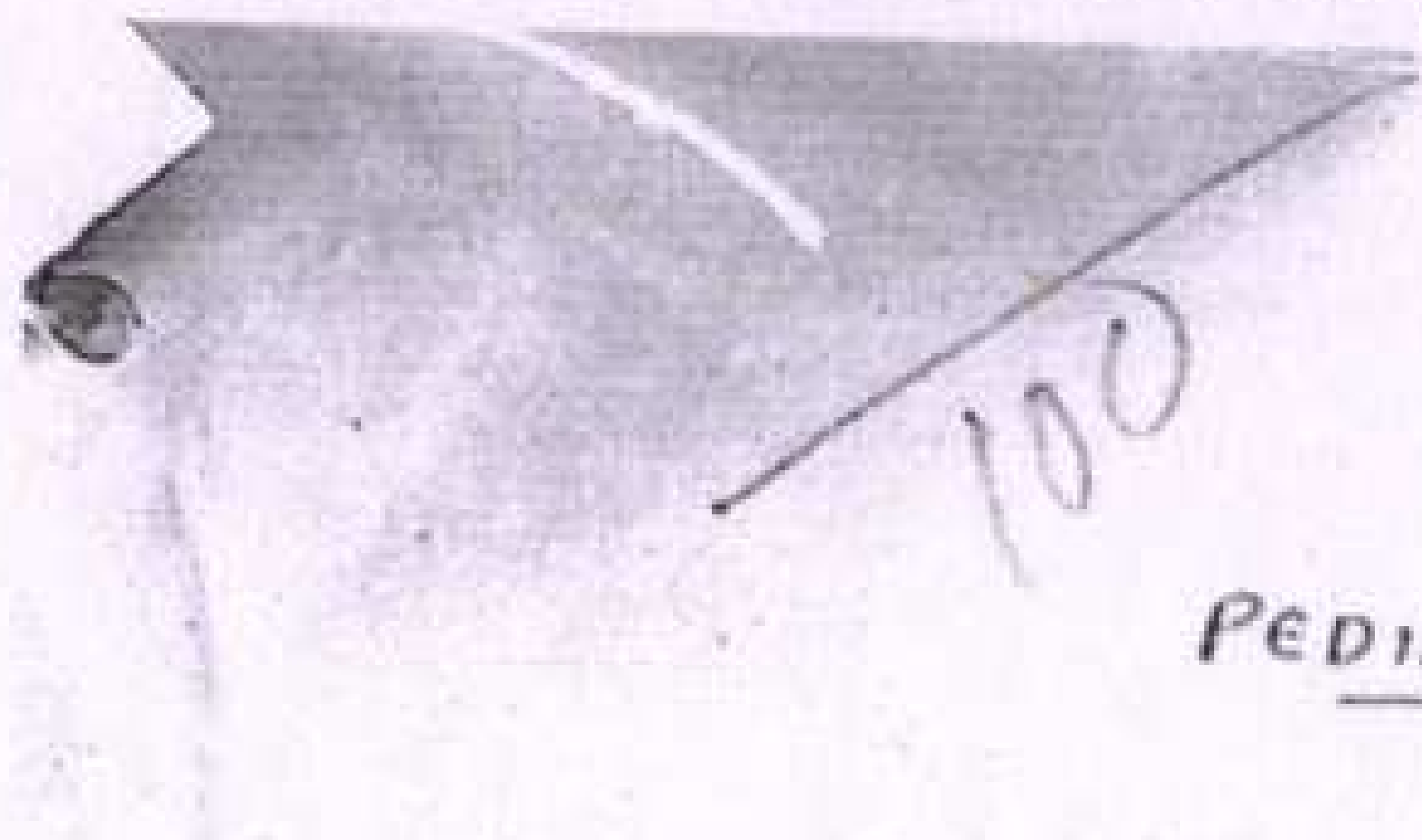
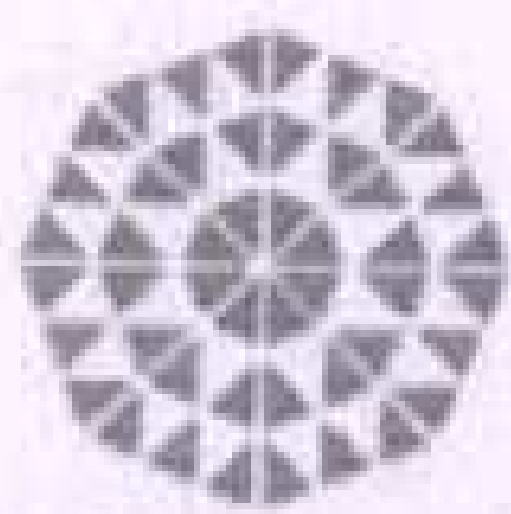
- Physical restraints

Hand over mouth technique (HOME)

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①

Ananthapadmanabhan
Post 2 BDS
Roll no. 53
KMCT

PEDIATRIC DENTISTRY

15 1/2
100

Aj

ESSAYS

②

Gingival and periodontal diseases in children

• Features of normal gingiva in children.

- * Gingiva is more gummatous
- * appears more light pink in color.
- * Freenum attachments are more pronounced.
- * less attached ~~width~~ gingival width.

• Classification of gingival and periodontal disease.

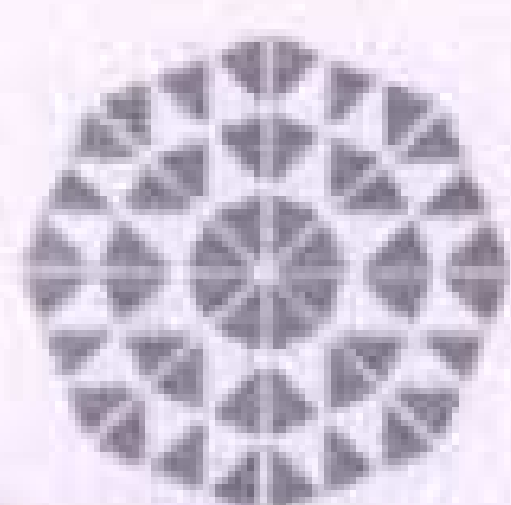
(a) Gingival disease.

(i) dental plaque induced gingivitis.

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non-plaque induced gingivitis





①

Ananthapadmanabhan R.S

Part II BDS

KMCT

Roll no: 54

Model Internal Examination

Pedodontics

20

100

20

* ESSAYS

②

Stainless Steel Crowns

- Stainless steel crowns are the most cost metal restorations which are primarily used for capping the crowns of large carious lesion affected tooth.
- These metallic restorations favours adequate compressive strength and wear strength against heavier masticatory forces.
- These metallic restorations are favoured most, since they are more resistant to tarnish and corrosion and highly stable restorations.

Indications

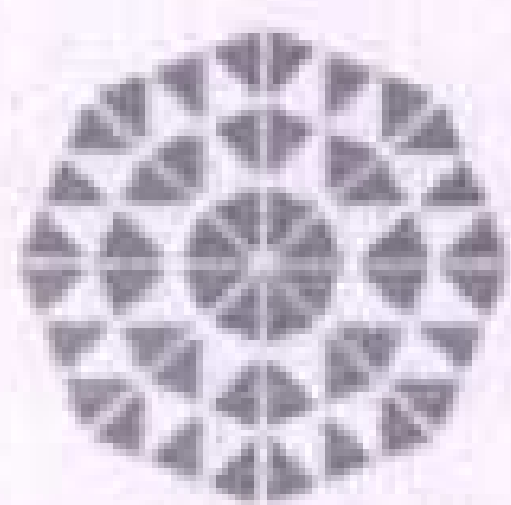
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It indicated in

✓



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①

ANANTHAPADMANABHAN R.S.

Part II BDS.

KMCT

Roll no: 53

MODEL INTERNAL EXAM
RETEST

PERIODONTICS

38
70

ESSAYS

①

• BEHAVIOURAL SHAPING - Definition

Behavioral shaping is defined as a process slowly develops a behaviour by reinforcing successive approximation of the desired behaviour, until the desired behaviour is expressed

• Non-Pharmacological behaviour management

(a)

psychological management

- pre appointment behaviour modification

Communication

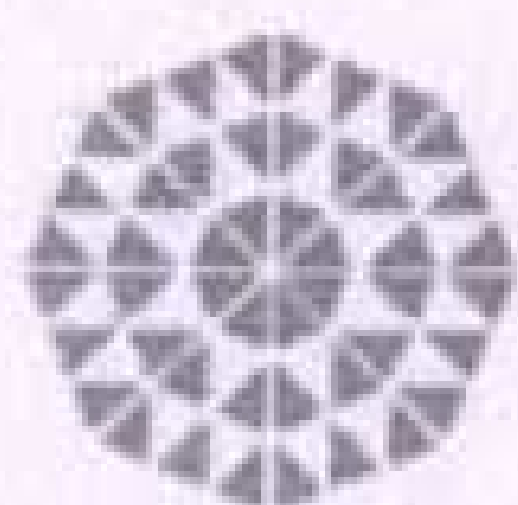
Use of second language

Tell show do

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Principal
KMCT Dental College
Manassery, Mukkam



✓



MODEL EXAMINATION

Dhanya Radhakrishnan
Roll No: 49

PEDODONTICS.

SPECIAL HEALTH CARE NEEDS CHILDREN.

28/2
70

CONTENTS.

1. Introduction.
2. Classification
3. Cerebral Palsy.
 - Definition
 - Classification
 - Clinical Features
 - Dental management
4. Oral Preventive Care in children
5. Conclusion

INTRODUCTION.

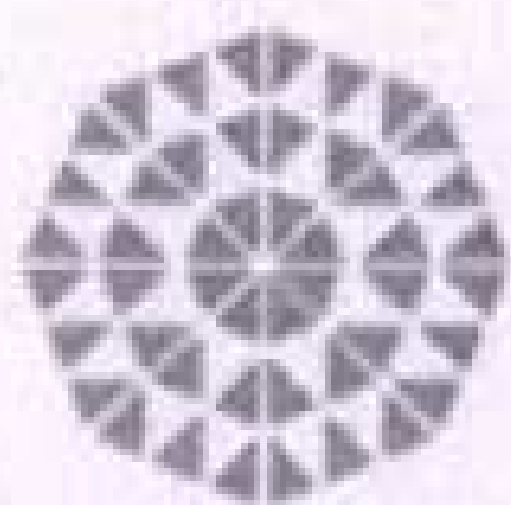
Special children who are unable to perform their functions as compared to a normal child

- So they need special attention in dental treatment and other areas.
- Preventive care must be taken to maintain the health of the oral cavity and thereby their overall health.

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Phanya Radhakrishnan
Roll No: 49

SECOND INTERNAL EXAM

PEDODONTICS

31/70

[Signature]

CONTENTS

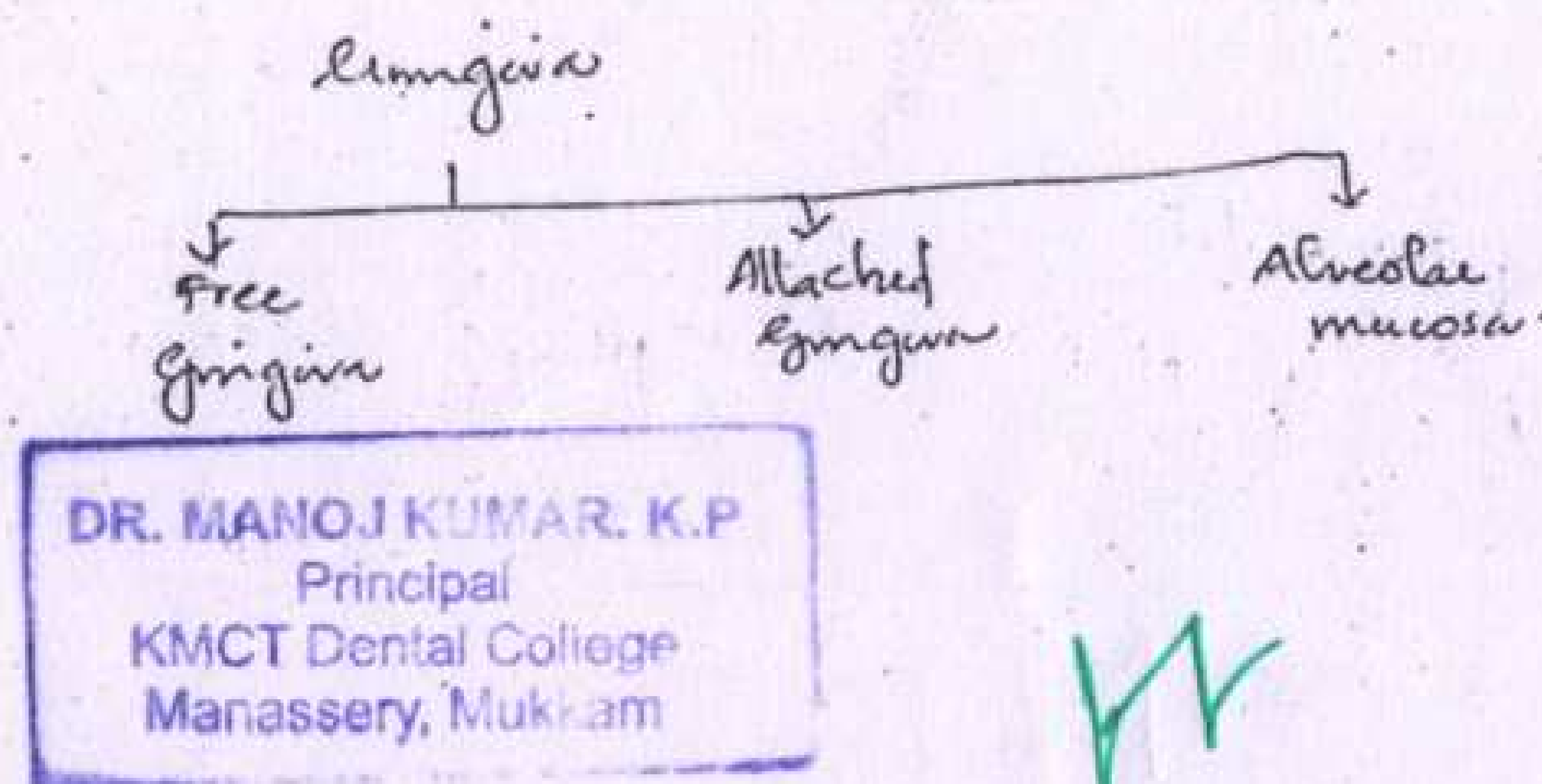
- Introduction
- Definition of gingiva
- Normal features of gingiva in children
- Gingival and Periodontal diseases - classification
- Acute herpetic gingivostomatitis
- Conclusion

Introduction

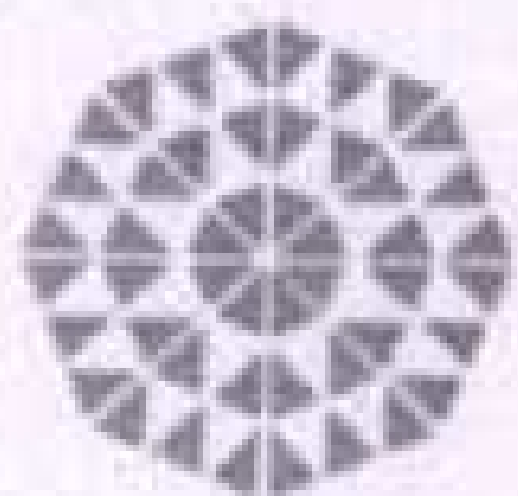
Gingiva is a structure found in the oral cavity which supports the teeth. Their morphology is different in both deciduous as well as permanent teeth.

Definition

Gingiva is a part of oral mucosa which covers the neck of the teeth.



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19/12
100

Sabikha.v
No-55
Pedalantres.

7) Rubber dam

Rubber dam is the method of isolation during dental procedures

Rubber dam is used when to control the spread of infection

- accidental Swallowing of the materials used for treatment
- Proper Isolation
- maintaining a clean field
- proper isolation of tongue, lips, and buccal cheek.

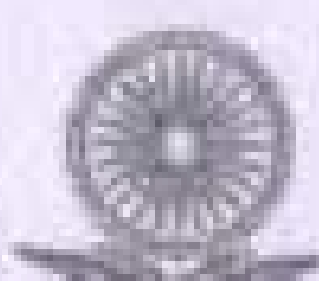
it prevents iatrogenic damage to tissues.

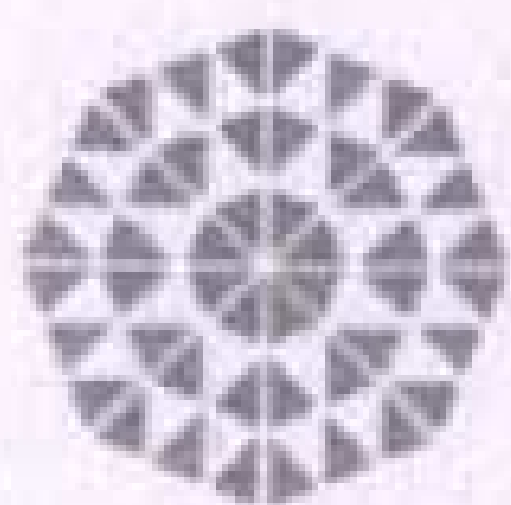
it prevents accidental insertion or pricking of needles, hand instruments, rotary instruments to the soft tissue

As it maintains a clear field & complete control over the instrument is maintained achieved.

Rubber bands and different clasps, punch sheet.

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Principal
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Subject: V
No. 55
Pedodontics

37 ①
10

Space maintainers

Introduction

Space maintainers are the appliances used for in preventive orthodontic treatment.

Definition

Space maintainers are the removable or fixed appliances used for maintaining the space lost by premature loss of teeth.

Classification

According to Hitchcock

- Removable or fixed or combined
- with bands or without bands
- functional or nonfunctional
- Active or passive
- Certain combination of above

According to Raymond C. Thouron

- Removable
- Complete arch - lingual arch and circumferential

DR. ARUN K. S.

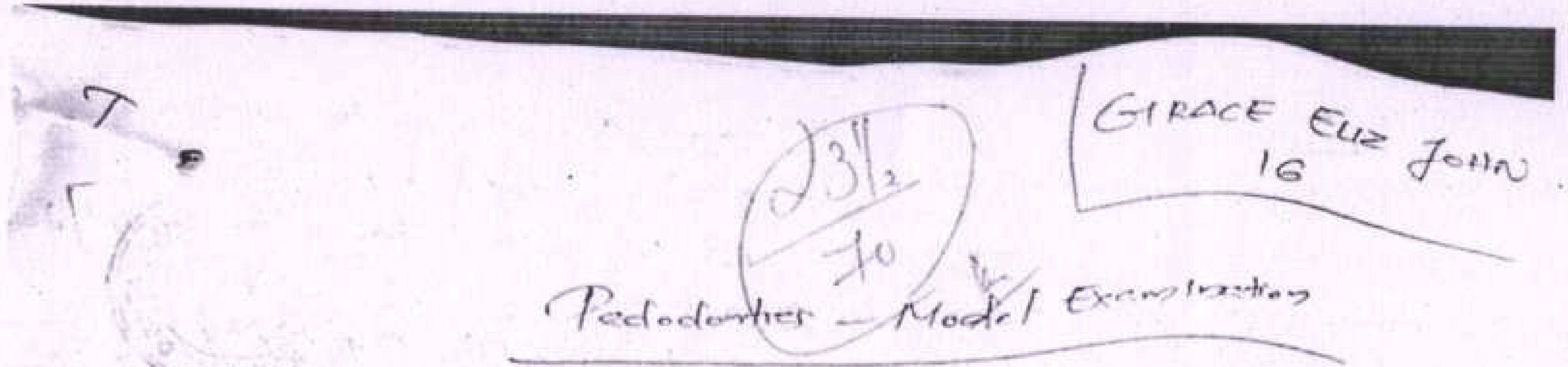
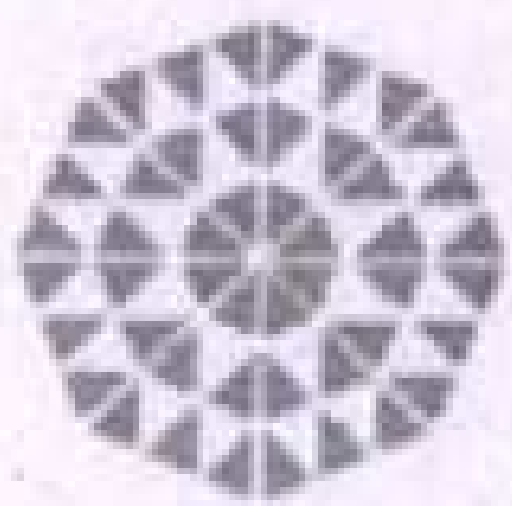
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D) Nitrous Oxide Conscious Sedation

Conscious sedation is a moderately sedation which is drug induced depression of consciousness, and patient responds to tactile, verbal stimulus. Cardiovascular function is maintained. Airway and is unaltered.

Indications :-
- highly fearful & anxious patients
- patients with high gag reflex
- are physically & mentally compromised children.
- patients with physical & emotional immaturity
- when prolonged action of LA is not possible

Contraindications :-
- mouth breathers
- patients with COPD, upper respiratory tract infection.
- immunocompromised patients.

Advantages :-
- fast action & fast recovery & safe.
- no pain due to the injection
- LA can be avoided.

Complications :-
- nausea & vomiting
- diff. diffused hypoxia

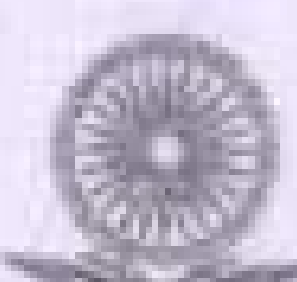
* Drugs used :-

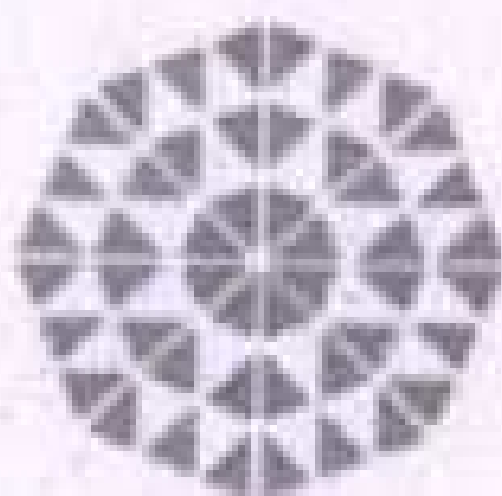
Opioids - morphine is commonly used.
Anti-anxiety drugs - benzodiazepines - are used.
Sedative hypnotic - barbiturates & non-barbiturates.

Phases of conscious sedation

Oxygenation phase - 100% O₂ given for 3-4 minutes
Induction phase - N₂O & O₂ mixture given with 10% increment until desired effect is achieved
Maintenance phase - N₂O & O₂ level is maintained until completion of the procedure

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Manipal, Mukkam





GRACE ELIZ JOHN
16

Pedodontics & Preventive Dentistry - 2nd Intercol exam.

31/6
10

10) Serial extraction

It is a series of extraction of certain primary or permanent dentition teeth in orderly sequence and allowing eruption of permanent guiding the eruption of permanent successor into that space.

Objective:- to avoid crowding in arch & for proper alignment of teeth.

Indications

Patients with absence of primary space, physiological spaces.
Patients with severe arch-length discrepancy.

Techniques:- Dowel's method technique
Nance method technique
Tweed's technique
Moyer's technique.

Dowel's technique DC4

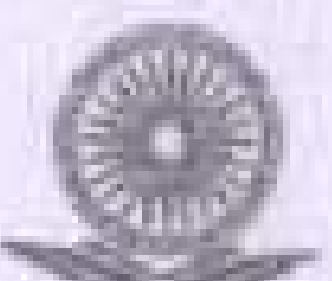
at 8-9 years of age extraction of primary canines.
after 1 year all primary molars are extracted allowing eruption of permanent 1st premolars. and which are extracted to guide eruption of permanent canines & its alignment in dental arch.

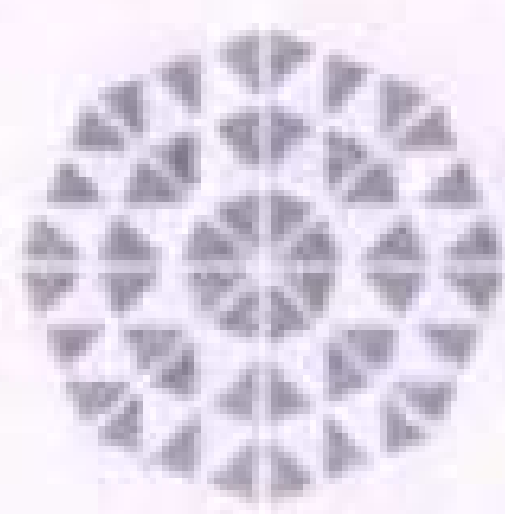
Nance Tweed's technique DC4

at 8 years of age all 1st primary molars are extracted.
and not able later all primary canines are extracted followed by extraction of all permanent 1st premolars.

Nance technique DC4
DR. MANOJ KUNAR K P
Principal

It is similar to Tweed's technique. Initially all primary





DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

REPORT ON TEST AND RETEST CONDUCTED FOR THE SLOW LEANERS

The Test and Retest Program was designed to assist students who require extra academic support, often referred to as "slow learners." This initiative aims to identify students struggling with course material, deliver targeted interventions, and enhance their academic performance through a structured retesting process.

Objectives of the Test and Retest Program

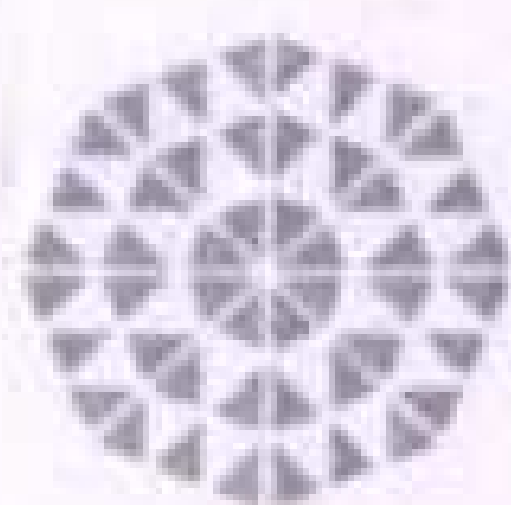
The key objectives of the program are as follows:

1. **Identify Challenges:** To pinpoint students who face difficulties in meeting academic expectations.
2. **Provide Remedial Support:** To offer focused assistance for improving their understanding of core concepts.
3. **Track Progress:** To evaluate improvement through a systematic retesting approach.
4. **Boost Confidence:** To reduce academic anxiety and foster self-assurance by giving students a second chance to succeed



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01/10/2023
Monday

OMR First Internal Exam

Amritha A.M

Roll no - 5

(6) Trigeminal Neuralgia

~~22~~ $22 \frac{1}{2}$
70

Also called as Trifacial neuralgia, Fothergill disease, tic douloureux

Trigeminal neuralgia is an archetype of orofacial neuralgia affecting second & third divisions of trigeminal nerve.

Etiology

Atherosclerosis of superior cerebellar artery pressing and growing roots of trigeminal nerve.

Clinical features

- Most common cranial neuralgia
- Age Occurs at any age, most commonly above the age of 50.
- Females are more commonly affected than males in the ratio 3:2

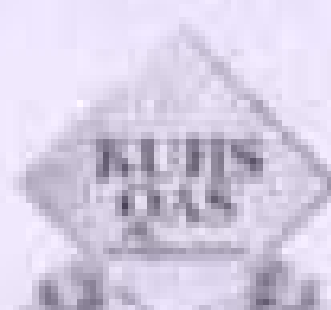
- Acute stabbing, lancing or throbbing pain.
- Pain is felt when the patient touches the trigger zones which are at vermillion border of lip, alae of nose, cheeks and around eyes.
- Pain persists for few seconds to minutes.
- It is called tic douloureux as the patient suffers from spasmodic contractions of facial muscles. Need to write investigation and medical management.
- Not associated with dental causes
- Not relieved by analgesics
- Unilateral; right side more commonly affected than left in the ratio (1.7:1)

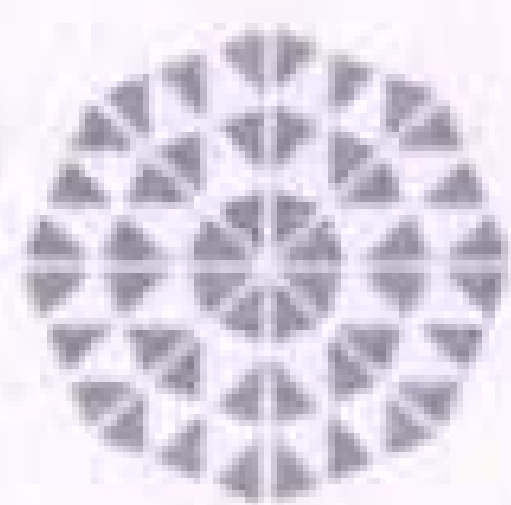
- Patient learns to avoid touching skin over trigger zones in order to avoid pain, therefore the area remains unshaved, unbrushed & unshaven.
- Exposure to strong breeze, smiling and eating also causes pain.



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Oral medicine & Radiology

Anantha A.M

Roll no : 5

19/12/2024

① Steps in systematic method of radiographic interpretation

Ans

→ localise the abnormality

→ Assess the periphery and shape - coticated, scalloped borders
- generalised, localised.

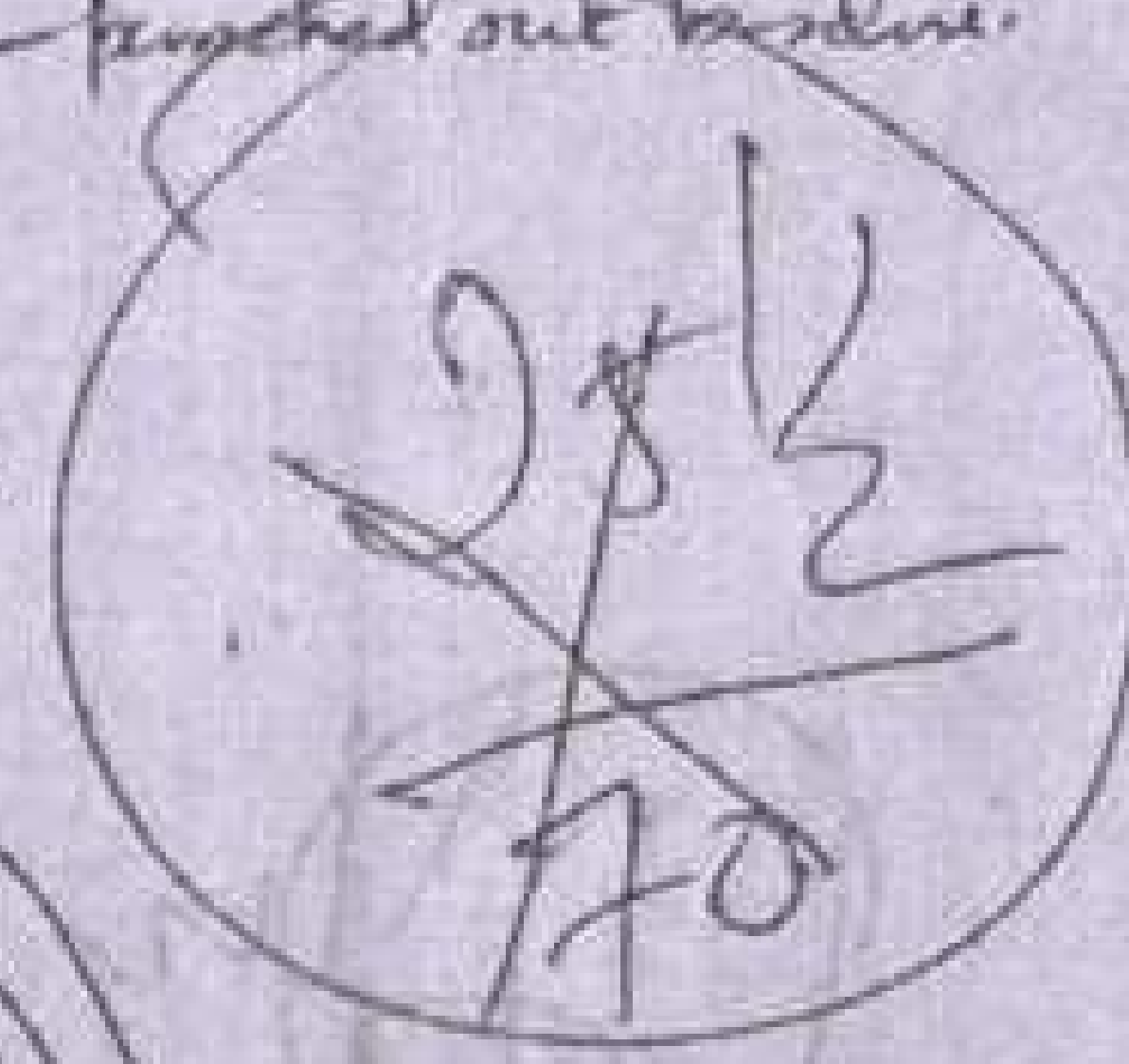
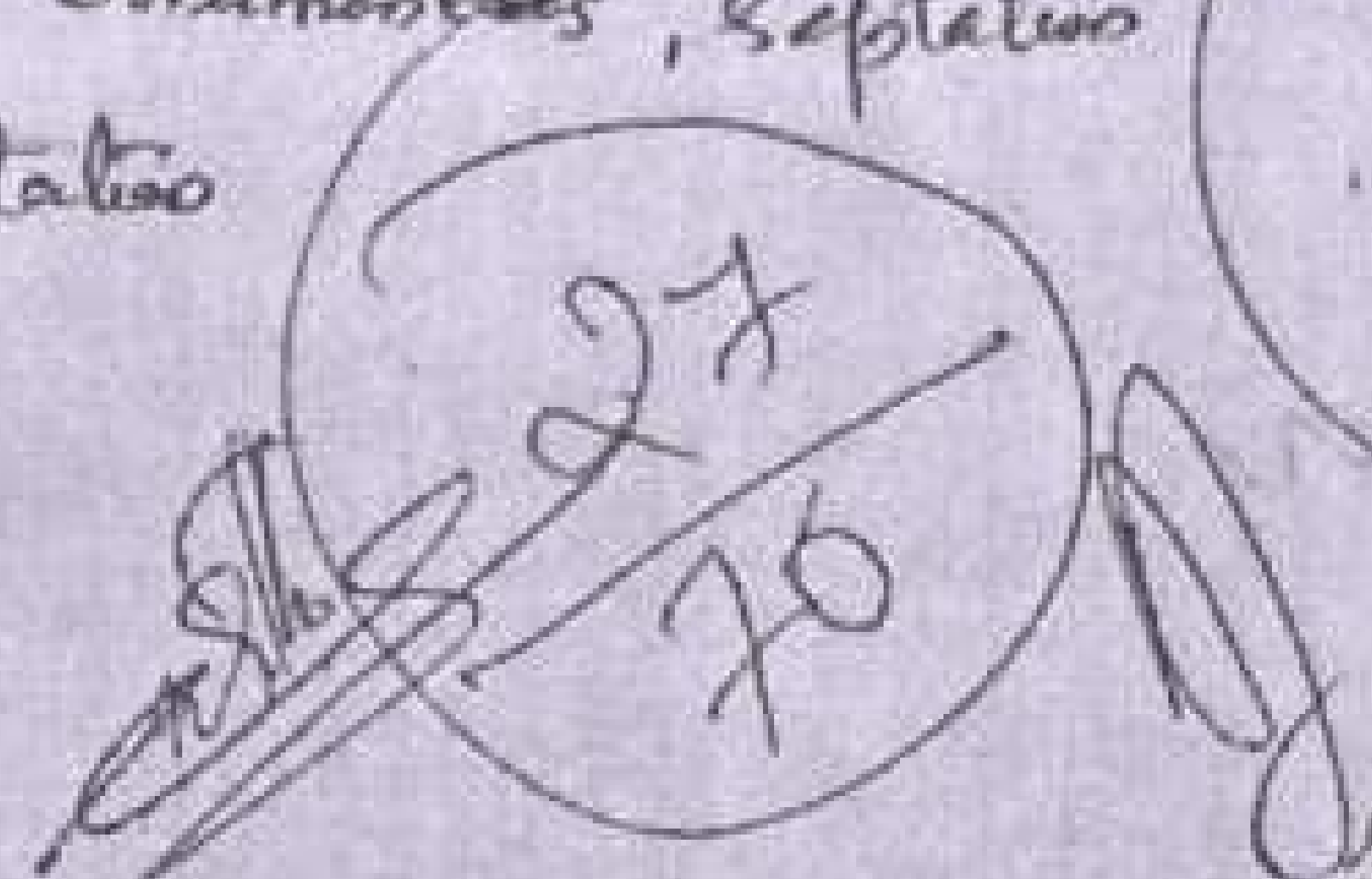
→ Assess the internal structures - punched out borders.



eg: trabecular bone pattern

or ornaments, Septation

→ radiographic interpretation



② Ghost image

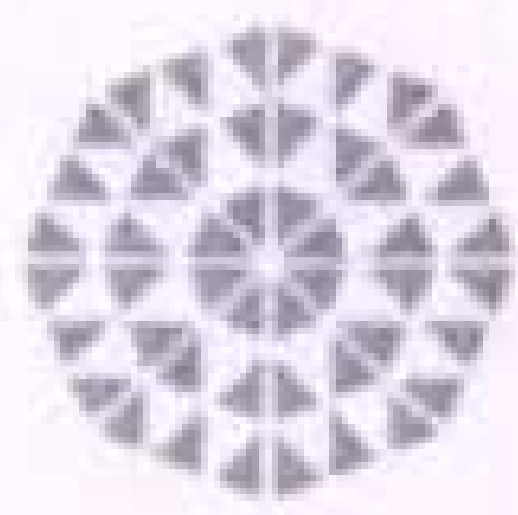
Ans: Image formed when the object is between centre of rotation and X-ray source.

* Images appear as magnified and blurred.

* Formed at opposite ^{side} direction to original anatomical position of the object and at a slightly higher level than the original position due to upward inclination of beam.

* Objects can be, any ornaments, amoro etc.





Anamni

Roll no: 3

2. Imaging modalities used for salivary glands

- Sialography
- Sialogeophy
- Sialography
- Sialography

Sialography

It is a radiographic technique used to examine major salivary gland and its duct by introducing radiopaque dye to the ductal systems.

Indications:

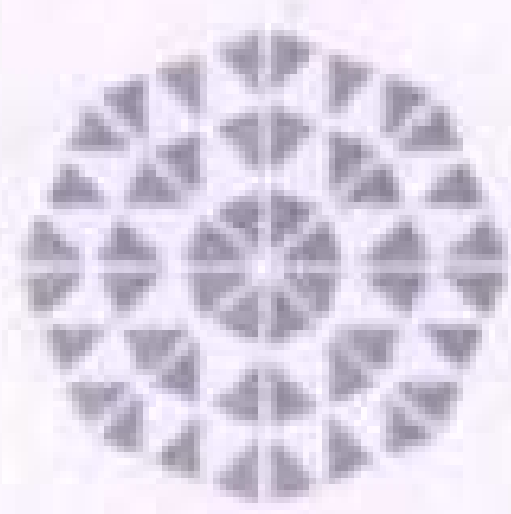
- To examine the rupture, structure, dilation of the duct
- To assess the location, size, extend of mass
- To assess the ductal & glandular destruction secondary to obstructions
- To aid in therapeutic use that the dilatation helps in damage of debris in ducts



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Amanii
Roll No 3

22/20

~~22/20~~

22

ORAL MEDICINE AND RADIOLOGY

3 → AIDS is a infectious disease caused retrovirus - Human immunodeficiency virus characterised by immunosuppression with opportunistic infections

Classification of oral manifestation of HIV

Type I - Infections/Diseases strongly associated with HIV

- Candidiasis
 - pseudomembranous
 - erythematous
- hairy leukoplakia
- Non-Hodgkin Lymphoma
- Necrotizing ulcerative gingivitis
- Necrotizing ulcerative periodontitis
- Kaposi Sarcoma
- Linear gingival erythema

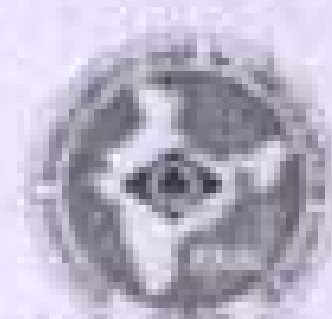
Type II - Infections that are less associated with HIV

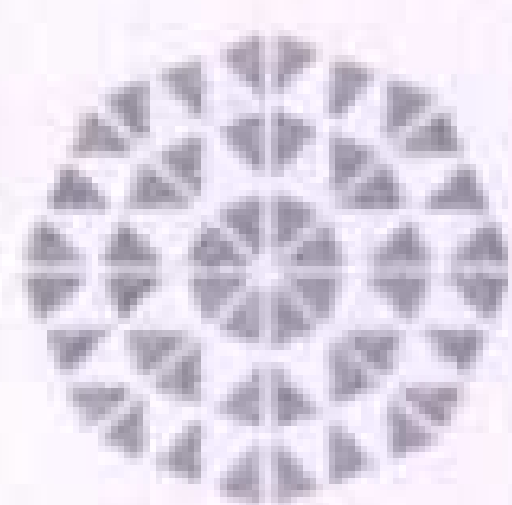
- Bacterial: Mycoplasma auris
- Malignant melanoma (hypomelanosis)

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FIRST INTERNAL EXAMINATION

ORAL MEDICINE AND RADIOLOGY

SREE GANESH S
Roll No. 25
Final Year Part-I

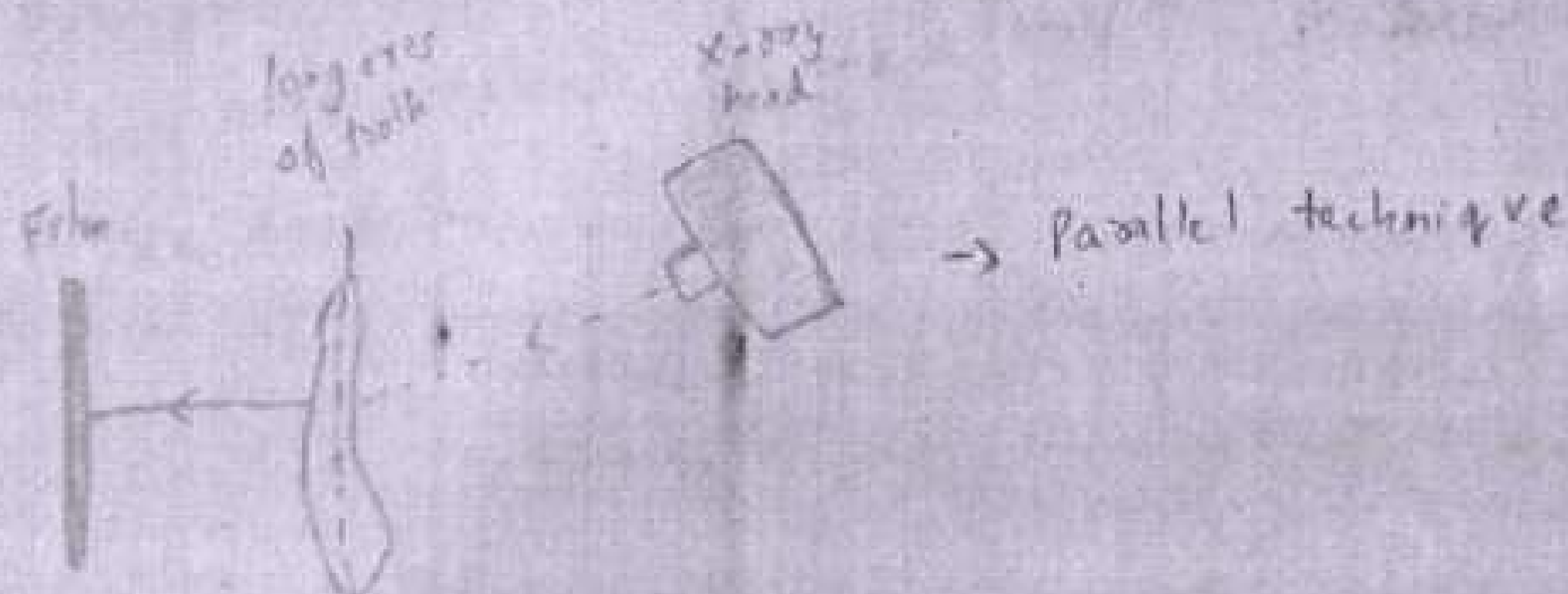
2) The various types of intra oral radiographic techniques includes;

- Parallel angle technique
- Bisecting technique
- Bitewing
- Occlusal



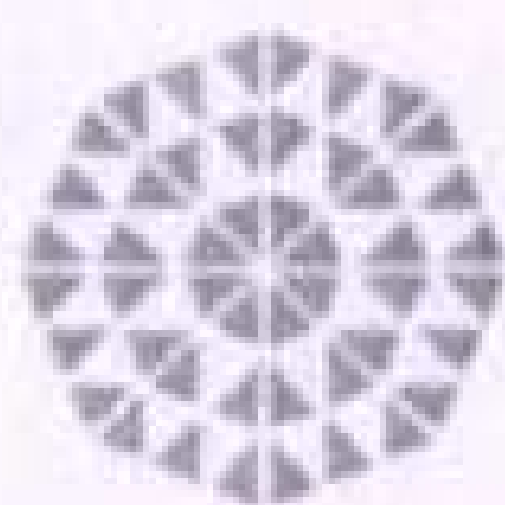
In parallel intra oral radiograph technique, the film and the object are kept parallel to each other and the x-ray radiation source is perpendicular to these both.

In Bisecting angle technique, the film and the object (tooth) are kept as close as to each other with the source of beam bisecting the two.



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IInd Internal Examination ORAL MEDICINE AND RADIOLOGY

SREE GANESH S

25

1) Vesiculo bullous lesions;

→ Immunological;

- Pemphigus vulgaris
- Bullous pemphigoid
- Mucous membrane pemphigoid
- Erythema multiforme
- Epidermolysis bullosa acquisita

→ Viral infections;

- Herpes Simplex
- Chicken pox
- Herpes zoster

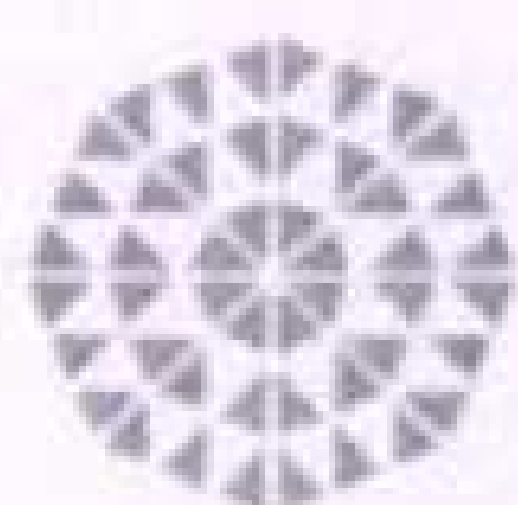
→ Hereditary disease

- Epidermolysis Bullosa

↑
The classification based on the clinical presentation and aetiological factor



✓
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30/10/2023

OMR - First Internal

Midhuna Mohan

17

15 1/2 + 6/2 Post I Add

①

4) Dentist can ensure patient's safety by:

1) using high speed films liked D, E, F

Since film speed is high, radiation is less, patient is more protected.

Film speed is defined as the radiation required to produce high density image.

2) Collimation of beams

3) Positioning of device

4) Filtration

5) Use of digital imaging

6) Increased focal length

22 1/2
20

5) Dentist can ensure staff safety by:

1) Use of lead apron by the operator

2) The operator must be at a distance of 6 feet.

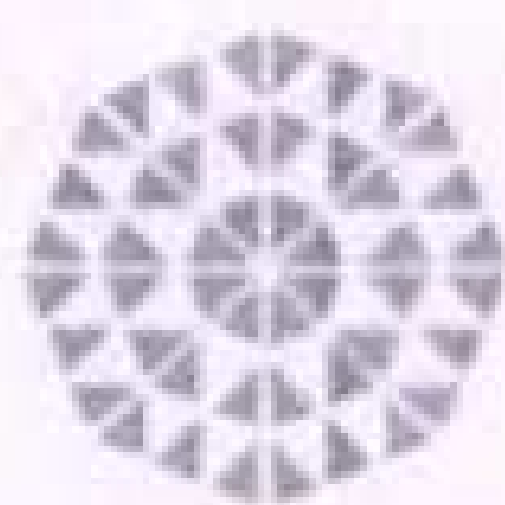
3) At an angulation of 30-90°

4) If operator should wear TLD badge, by which we can detect the amount of radiation been exposed to the operator.

5) The operator should compulsorily wear TLD badge



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OMR. 2nd Internal.

MIDHUNA MOHAN
Part I Add
17



35/70

①

7. 1) Localise the abnormality

- 1) Anatomical landmark
- 2) Location
- 3) Unilateral or bilateral
- 4) Single or multifocal

2) Assess the periphery and shape

- 1) Well defined
 - 1) Soft tissue capsule
 - 2) Corticated
 - 3) Punched out
 - 4) Sclerotic

2) Ill defined

- 1) Blending
- 2) Invasive

3) Shape

- 1) Irregular
- 2) Circular
- 3) Scalloped

3) Analysing the internal structure

- 1) Completely radiolucent
- 2) Completely radiopaque
- 3) Mixed

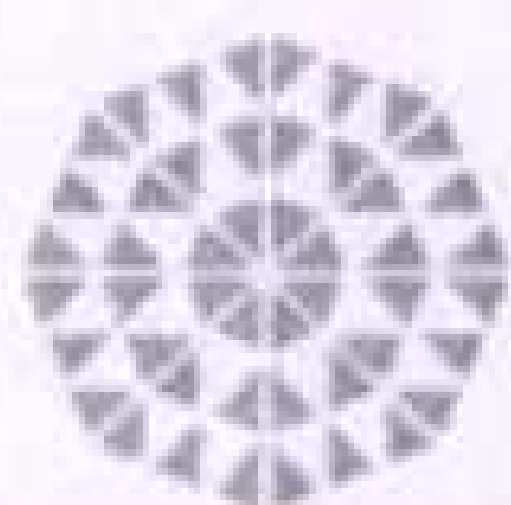
4) Analysing the lesion affecting surrounding structure

- 1) Tooth, Lamina Dura, periodontal ligament space
- 2) mental foramen and Alveolar bone
- 3) Maxillary antrum
- 4) density and trabecular pattern of surrounding bone and structure
- 5) Periapical bone density

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Shruti Sumi
Roll No - 23
Part 1 805

ORAL MEDICINE AND RADIOLOGY

1. Types of facial pain encountered in dental practice

- Trigeminal neuralgia
- TMJ Dislocation
- Prey's syndrome/
glossopharyngeal neuralgia
- pain due to impacted tooth
- Migraine
- ④ Tooth pain due to decay

(a) Trigeminal neuralgia:

- It is a ~~needle pricking~~ ^{needle pricking}, knife edge long, lacerating pain.
- The pain is enhanced by wind touch etc so the patient remain without shaving & bathing for many days.
- pain is mainly experienced in the ala of nose, ~~upper lip~~, around the orbit etc
- Because of this knife edge pricking
- The patient may have suicidal attempt because of this knife-edge like pain.

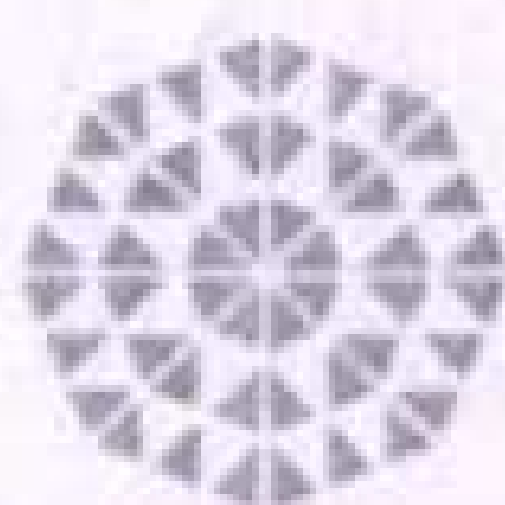
(b) TMJ Dislocation:

- TMJ dislocation can be verily identify by the clinical examination itself
- clicking sound can be heard



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Manassery, Mukkam





22¹/₂

Shafli Sumi

Roll No: 23

OMR

II ND INTERNAL EXAMINATION

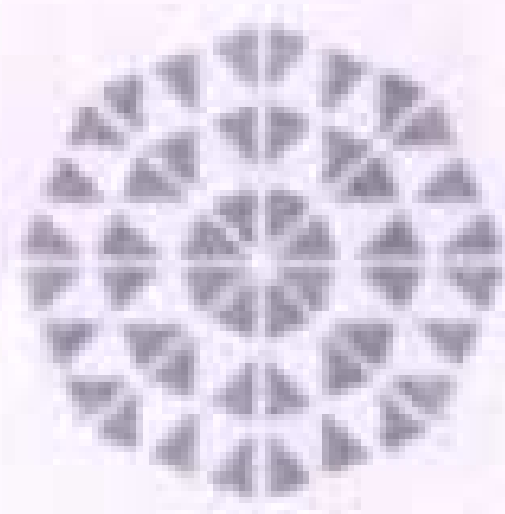
1. CLASSIFICATION OF VESICULOBULLOUS LESION

1. BASED ON THE FORMATION OF VESICULOBULLOUS LESION

(i) Formation of ulcer without any vesiculobullous lesion	(ii) Formation of ulcer with vesiculobullous lesion * (vesiculobullous lesion)
(A) IMMUNOLOGIC → Recurrent aphthous stomatitis → Behcet's disease → Reiter's syndrome (B) BACTERIAL → Tuberculosis → Actinomycosis → Syphilis → Noma (C) FUNGAL → Aspergillosis → Phycomycosis → Histoplasmosis (d) BLOOD DYSCRAIASIS → Leukemia (e) potentially malignant lesion	(A) IMMUNOLOGIC → pemphigus → Mucous membrane pemphigoid → Bullous pemphigoid → Erythema multiforme → Steven-John's syndrome (B) VIRAL → Herpes-simplex virus → Herpes zoster → HIV → Herpangina

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REPORT ON TEST AND RETEST CONDUCTED FOR THE SLOW PERFORMERS

The Test and Retest Program was developed to support students who may require additional academic assistance, often categorized as "slow performers." The goal of this program is to assess the effectiveness of the intervention strategies implemented to support these students, track their progress, and analyze any significant changes in their academic performance.

Objectives of the Test and Retest Program

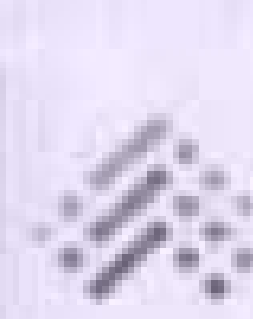
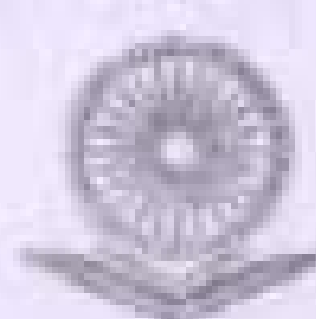
1. Assess performance Consistency
2. Track Progress and Improvement
3. Identify Effective Interventions
4. Provide Tailored Support

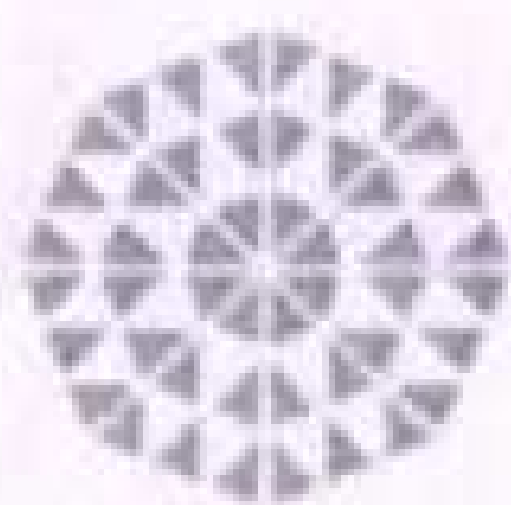


✓

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Mohammed Anas u
Roll no: 29
1st year

Conservative dentistry and Endodontics

22
100

A case cavity

A case cavity is defined as the preparation on the occlusal or lingual surface to obtain a straight line access to the canal for obturation

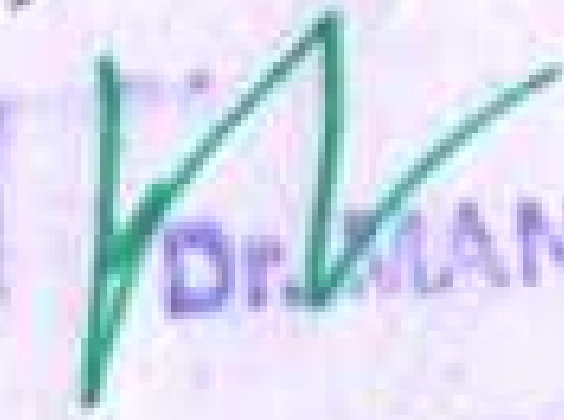
principles to be followed during case cavity preparation

- 1) Outline form
- 2) Convenience form
- 3) Drilling
- 4) Irrigation
- 5) obturation

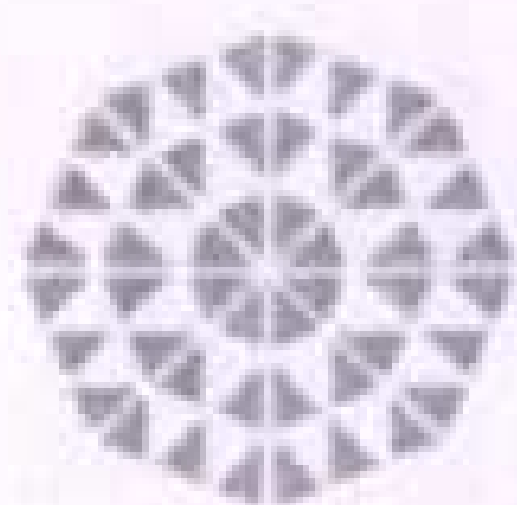
case cavity preparation for upper central incisor
→ depth of the ~~case~~ canal and pulp chamber is assessed by placing bur and hand piece against radiograph ^{through}
cavity preparation is done ~~on occlusal~~ or lingual surface at the gingulum

gingival margin can retract and incisal margin can abrade which can alter the cent position

Gingulum is always almost in the cent position for the cavity preparation


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Mohammed Anas 'u
Roll no: 27
Part-2 regular

Conservative and Endodontics

2 Contents

- ⇒ Goals of Isolation
- ⇒ Methods used for moisture Control
- ⇒ Rubberdam

35
10

Goals of Isolation

- ⇒ Better access to the operating field
- ⇒ Better visibility to the area of operation
- ⇒ prevent Contamination of the operating area
- ⇒ Moisture Control
- 1/2 ⇒ To maintain the field dry
- ⇒ prevent Saliva Contamination
- ⇒ Better focus to the Area of operation
- ⇒ for retraction of the adjacent structures
- ⇒ prevent injury to adjacent structures
- ⇒ prevent Contamination of the restoration materials

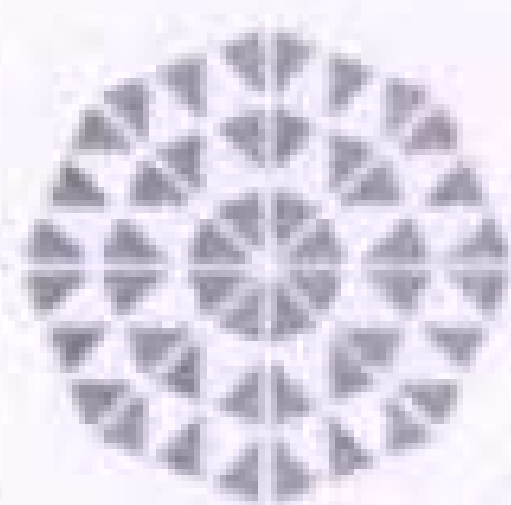
Methods used for moisture Control

Mechanical

- ⇒ Cotton rolls
- ⇒ Rubber dam
- ⇒ High volume Suction tubes
- ⇒ Low volume Suction tubes



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MUSFIRAH/K
Roll no. - 30

Conservative & endodontics.

1)

Access cavity

25
70

Definition

- 1) Definition
- 2) Principles
- 3) Access cavity preparation for upper central incisor.

Definition

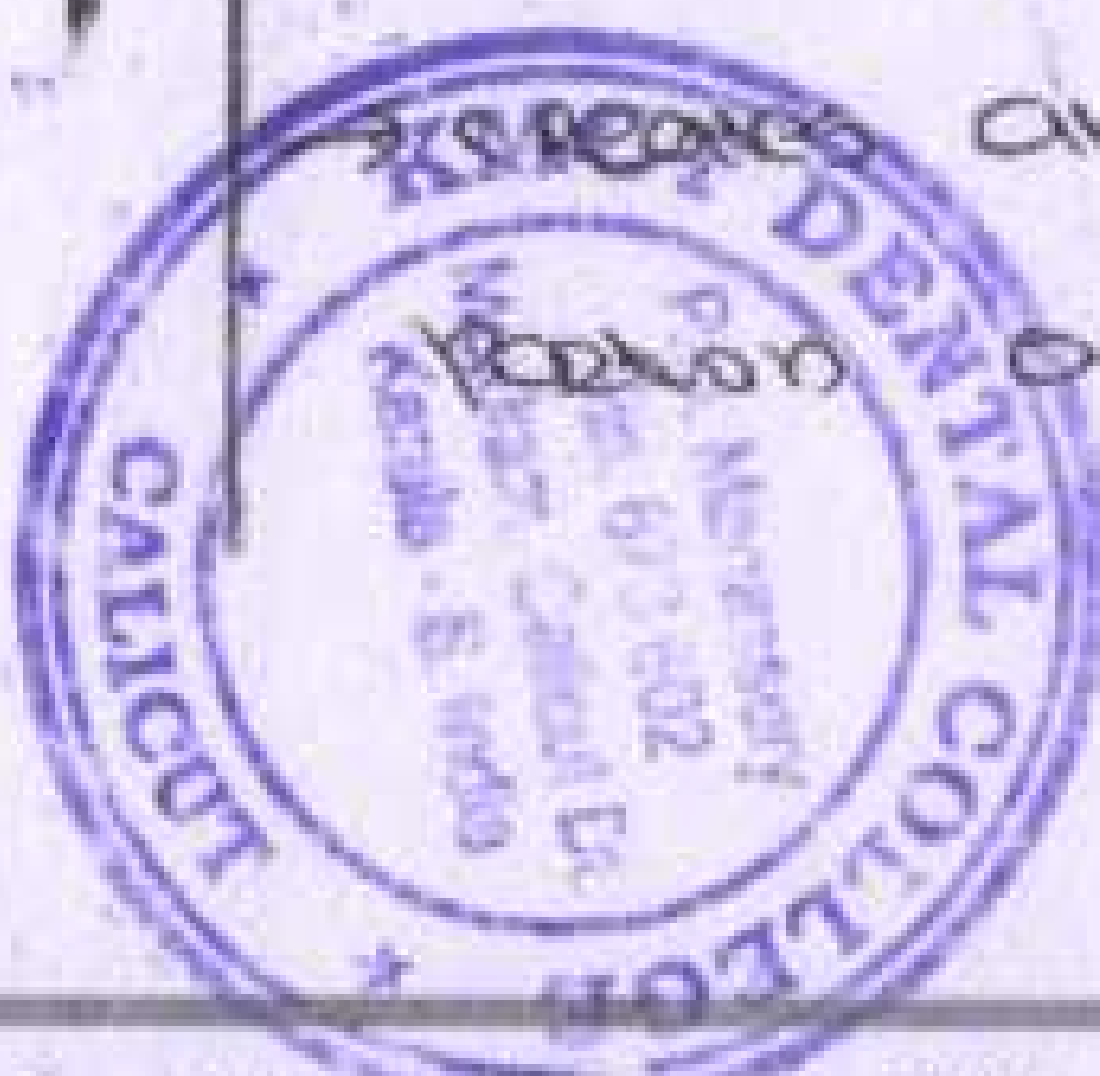
Access cavity is defined as the coronal endodontic preparation which enables the access to the unobstructed access to the canal orifices, access straight line, access to the apical foramen, without over the instrumentation, space for the accommodation of the filling material.

Principles

- a) outline form.
- b) Convenience form.
- c) Removal of the caries both, discolored both, bacteria. debris.
- d) Toilet for the access cavity.

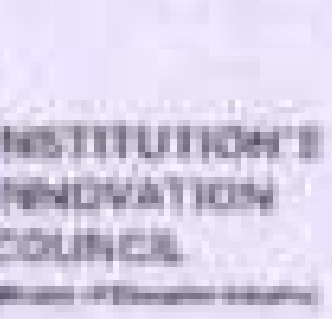
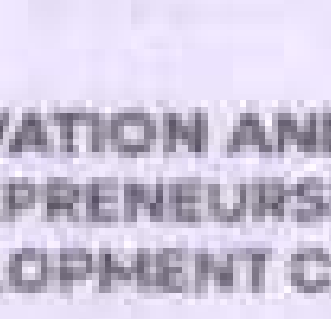
Outline form

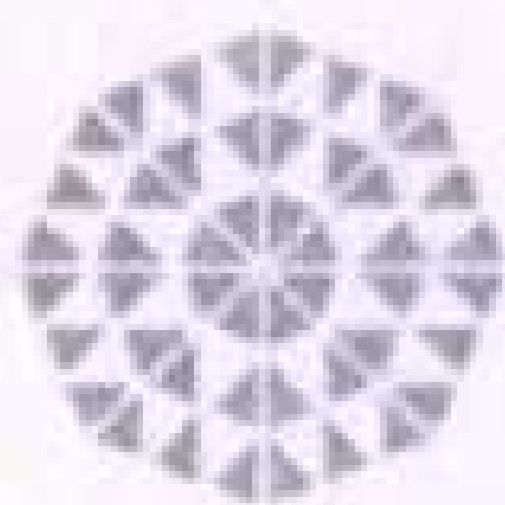
→ It is the coronal external extension of the internal structures of the cavity. which makes an outline form better access cavity in the coronal portion of the tooth.



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MUSFIRA W.K
Roll no - 28

Longitudinal and Endodontics

3) Short Essay
Hypersensitivity
Contents

- 34 1/2 -
+ 0

Content - Definition.

- Etiology.

- Management.

- Treatments

Definition:- Periapical hypersensitivity is defined as sharp burning

pain occurs due to the exposure of dentinal tubule and stimulates by the chemical, thermal or osmotic forces and

it is not related to the any periodontal or periodontal defects like pulp or periodontal pathology.

Etiology - [wearing down - E
Gingival recession - E]

→ Deep dental caries

→ non-carious like, attrition, abrasion, erosion.

→ Root resorption.

→ Periapical abscess.

→ Erosion which occurs during Endodontic surgery.

→ Periapical pocket.

→ mobility of the tooth.

→ Defective cavity preparation.

→ Exposure of the dentinal tubule by sodium hypochlorite.

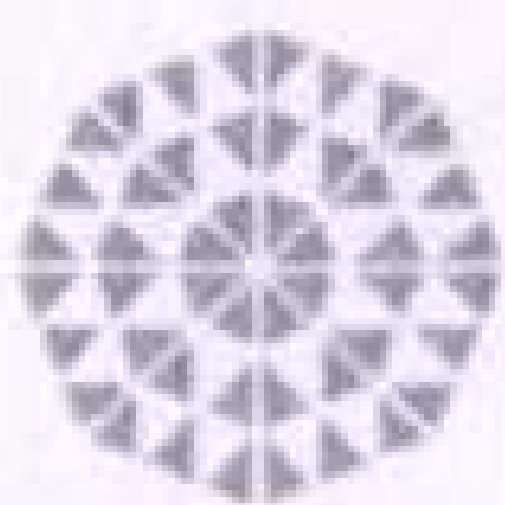
→ Contamination of dentinal tubule by the sealer.

→ Treatment.



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SREELAKSHMI, P.J

Part 1 Regular.

Roll No: 48

19/10/23

Conservative Dentistry & Endodontics

1. Access Cavity is defined as an Endodontic preparation where the unobstructed canal orifices, a straight line access to the apical foramen, complete control of instrumentation and accommodates obturation techniques.

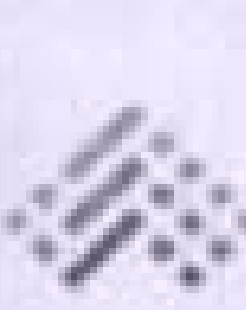
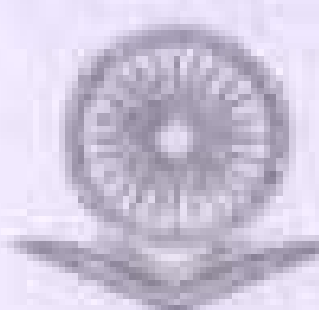
Principles

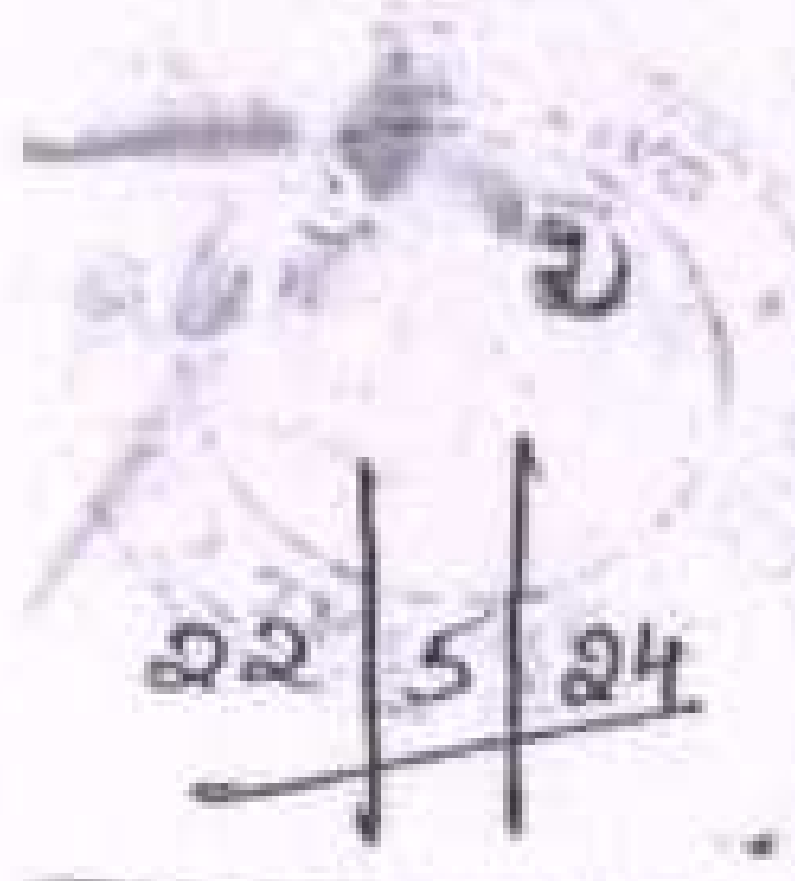
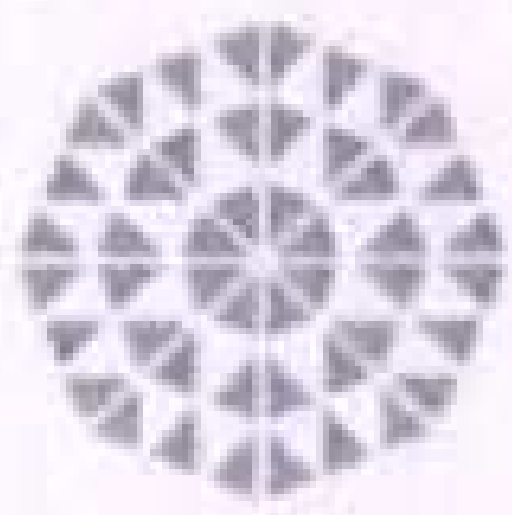
- > Outline form
- > Convenience form
- > Removal of infected dentin
- > To help of cavity

22/10



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SREELAKSHMI . P.S

Final year Part II

Roll. No : 46

CONS & ENDO

CONTENTS

1.

- > Introduction
- > classification of root canal irrigants
- > Role of irrigant
- > Chlorhexidine
- > Conclusion



Introduction

Irrigation is done to clean the root canal.
debridement is the main aim

Irrigant is the 'only way' to clean the areas of
tooth that is 'untouched' by instruments such as
files, amanois etc.

Ideal property of an irrigant.

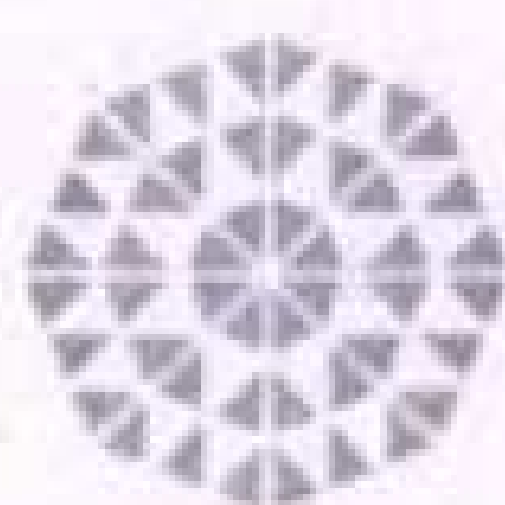
- > It should be Bactericidal
- > It should be non irritant
- > dissolve the Necrotic pulp
- > dissolve the biofilm
- > It should be easily available
- > affordable
- > stable



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Concentric & endodontic -
First internal

Hiba Rahman
Roll no: 20
Part I

23/10

i) Access cavity

Definition

Access cavity is the coronal preparation of teeth to obtain control over instrumentation, straight access to root canal, ~~for~~ applicable for obturation technique. Objective of access cavity preparation is to

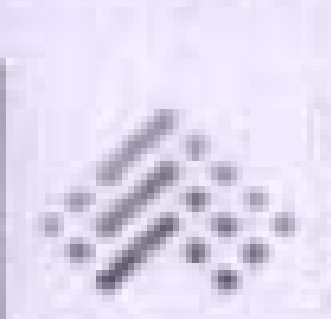
access cavity preparation for ^{upper} central incisor

- Cavity is prepared through the occlusal or incisal aspect.
- the small round bur is used to preparation.
- once the enamel is penetrated, the bur is placed 45° to the long axis and penetrated until a drop in is obtained and it is the pulp chamber.
- after that occlusal surface is removed in a direction from inward to outward.
- using a ~~small~~ ^{x-cut} bur the lingual shoulder is removed.
- lingual shoulder is the prominence of dentin formed after removal of occlusal wall.
- all other projection or calcification - pulp stones are removed and there will be a straight access to the root canal.



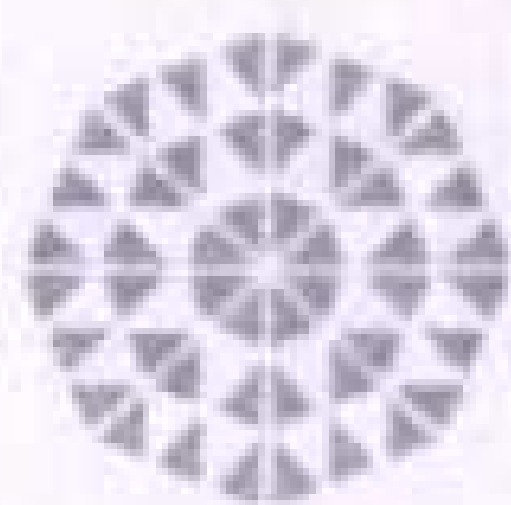
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INNOVATION AND
ENTREPRENEURSHIP
DEVELOPMENT CENTRE





Conservative and endodontics

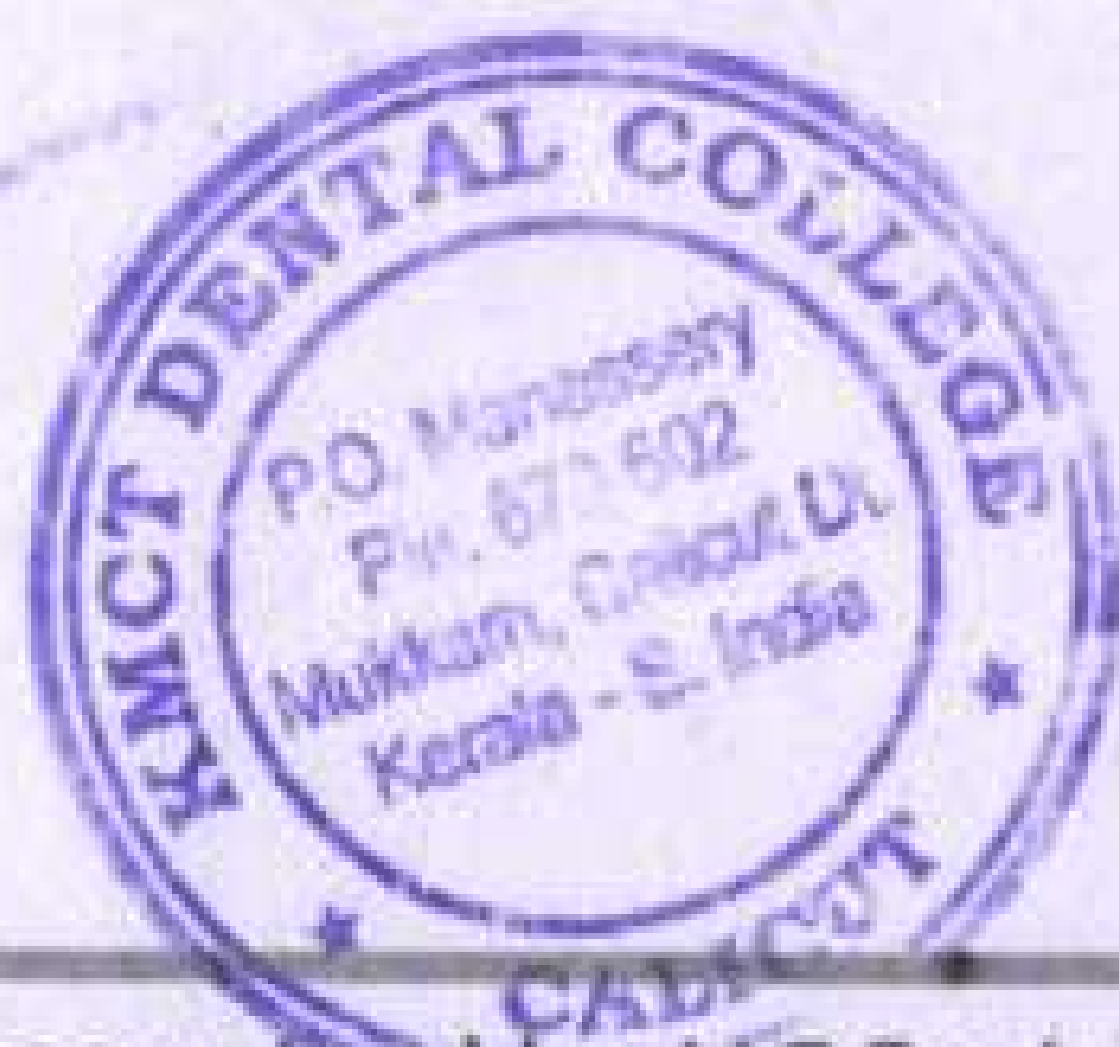
Hiba Rahman K.P.
Final part II
Roll no: 19

3) Hypersensitivity

Hypersensitivity is defined as sharp, short pain caused due to exposure of dentin when affected by a stimulus such as thermal, chemical, osmotic or cold, which cannot be ascribed to any other pathology.

etiology

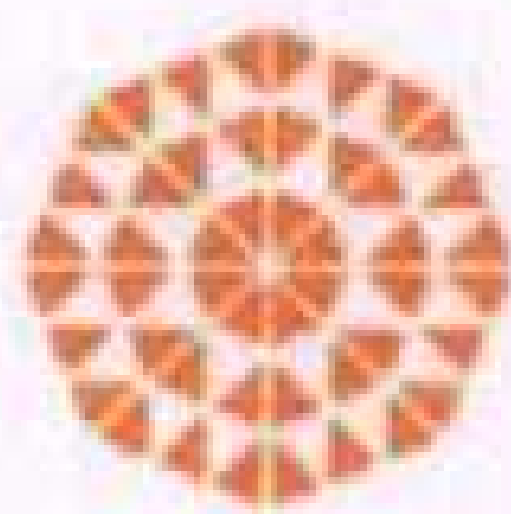
- primary cause of dentin hypersensitivity is due to exposure of dentinal tubules
 - most commonly caused by periodontal lesions
 - due to caries
- gingival recession.
 - due to gingival recession, the dentin get exposed in the cervical or root areas, and when stimuli occur it & excite the nerves in the dentinal tubules which causes pain and sensitivity.
- may be also due to plaque accumulation, ~~to~~ rough exposure to acids, tooth brushing techniques.
- abrasion, abfraction, dental caries. It can also lead to dentin hypersensitivity.



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Retest and Answer sheets:

Retests are done in a periodical manner to improve the performance of slow learners. Exams will be conducted and the answer sheets are evaluated then later discussed with the candidate for further improvement.

Basic Human Dentistry
Date: 10/12/2019
Page: 100/100

30/30

1) Epidemiology
Epidemiology is the study of the spread of disease and its prevention. It also includes the study of the causes of disease and its control.

Epidemiology of dental caries

Characteristics of dental caries: Prevalence, Incidence, Prevalence, Incidence, Prevalence, Incidence

Steps in dental epidemiology:
1. Define the problem
2. Determine the scope of the problem
3. Determine the causes of the problem
4. Determine the control measures
5. Evaluate the results

2) Salinity is a measure of the amount of salt in a solution.

3) Endodontics is the study of the root canal and its treatment.

4) Orthodontics is the study of the alignment of the teeth and jaws.

Basic Human Dentistry
Date: 10/12/2019
Page: 100/100

30/30

1) Salinity
It is a measure of the amount of salt in a solution. It is usually expressed in terms of the number of grams of salt per 100 grams of water.

2) Endodontics
It is the study of the root canal and its treatment. It involves the use of various instruments and techniques to clean, shape, and fill the root canal.

3) Orthodontics
It is the study of the alignment of the teeth and jaws. It involves the use of various appliances and techniques to move the teeth and jaws into their proper positions.

4) Periodontics
It is the study of the supporting structures of the teeth, including the gums, bone, and ligaments. It involves the treatment of various conditions affecting these structures.

Basic Human Dentistry
Date: 10/12/2019
Page: 100/100

10/10

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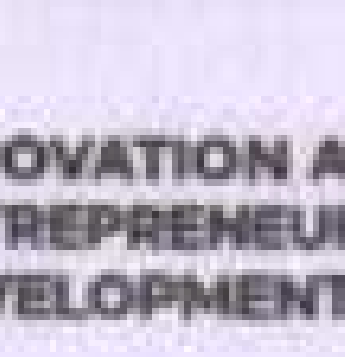
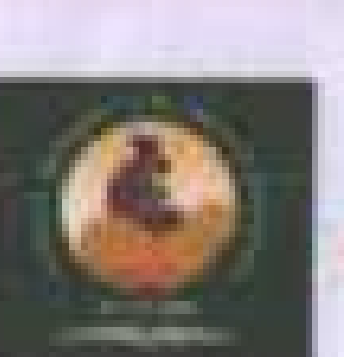
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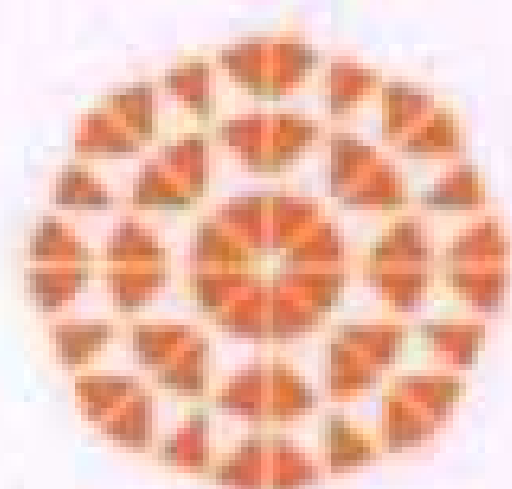
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Department of Periodontics
Biology Sheet 2
Date: 15/05/2023

1. Definition:
Periodontology is the study of the periodontal disease and its treatment. The periodontium is the soft and hard tissues surrounding the teeth.

2. Periodontal diseases:

- Periodontal diseases are classified into two main types:
 - Non-infectious periodontal diseases:
 - Periodontitis
 - Periodontal abscess
 - Periodontal cyst
 - Periodontal fistula
 - Infectious periodontal diseases:
 - Periodontitis
 - Periodontal abscess
 - Periodontal cyst
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3. Periodontal diseases:

Periodontal diseases are classified into two main types: Non-infectious and Infectious. Non-infectious periodontal diseases include Periodontitis, Periodontal abscess, Periodontal cyst, and Periodontal fistula. Infectious periodontal diseases include Periodontitis, Periodontal abscess, Periodontal cyst, and Periodontal fistula.

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Department of Periodontics
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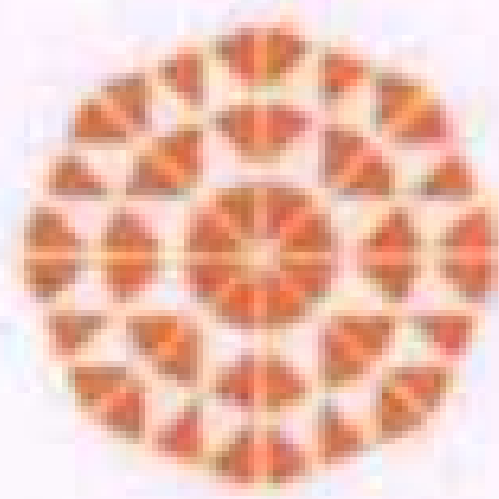
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Department of Public Health
Dentistry

98/20

1) Epidemiology

Epidemiology is the study of the specific disease cases and determine the frequency of the cases, estimate, describe & observe.

Epidemiological methods

```

graph TD
    A[Epidemiological methods] --> B[Observational studies]
    A --> C[Experimental studies]
    B --> D[Descriptive]
    B --> E[Analytical]
    E --> F[Ecological]
    E --> G[Cohort]
    E --> H[Case-control]
    E --> I[Cross]
    C --> J[Field trials]
    C --> K[Randomised controlled trials]
    
```

Helps in descriptive epidemiology -
Determine study in epidemiology to describe the epidemic situation in order to determine the overall picture of the epidemic.

- Identifying the cause
- Evaluate the cause
-

* Identifying a case

- In descriptive study, it is to select a case & observe it fully.
- Describe the disease in terms of age, sex, etc.

Department of Public Health
Dentistry

98/20

1) Survey

- * It is study defined regularly as "non-experimental investigation".
- * Steps in conducting a survey:
 - Defining the objective
 - Establish the investigation
 - Choosing the sample
 - Conducting the examination
 - Analyzing the data
 - Documentation of strategies
 - Publishing the results
- * Determining the objective:
 - Deciding what objective to be surveyed.
- * Investigator:
 - Defining or documenting the questions to be investigated.

Department of Public Health
Dentistry

98/20

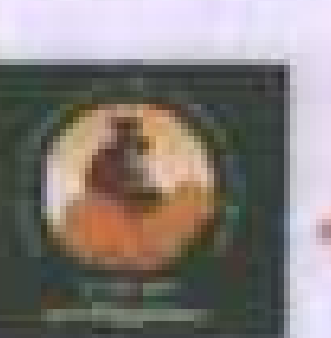
1) Operating Auxiliaries

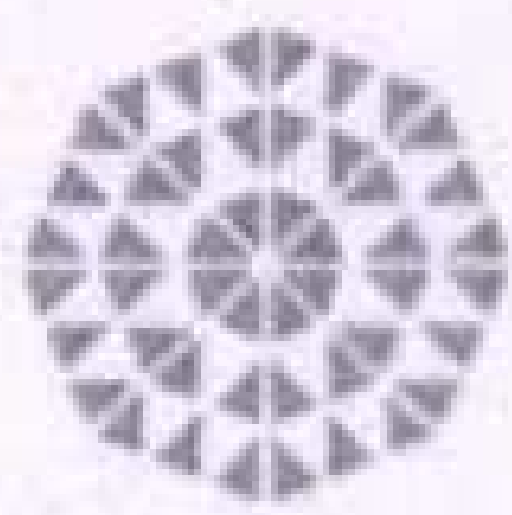
- * They are given responsibility by the professional (dentist) to diagnose & treat patient under the guidance of professional, but it is not qualified with dental degree.
- * They consists of:
 - Dental dental nurse
 - Dental therapist
 - Dental hygienist
 - Expanded function
- * Expanded function Auxiliary:
 - Also called dental therapist / expanded function auxiliary
 - They are dental hygienist & dental therapist given further training regarding treating the patient and from expanded function also dental auxiliary and working under the guidance of professional.
- * Duties:
 - Placing & removing rubber dams
 - Placing & removing temporary restoration
 - Placing & removing orthodontic band
 - Removal & curing of already restored amalgam restoration
 - Assisting in placing of previously prepared restoration

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REPORT ON TEST AND RETEST CONDUCTED FOR THE SLOW LEANERS

The Test and Retest Program was developed to support students who may require additional academic assistance, often categorized as "slow learners." The purpose of this program is to identify students who are struggling with course material, provide targeted intervention, and improve their understanding and performance through structured retesting.

Objectives of the Test and Retest Program

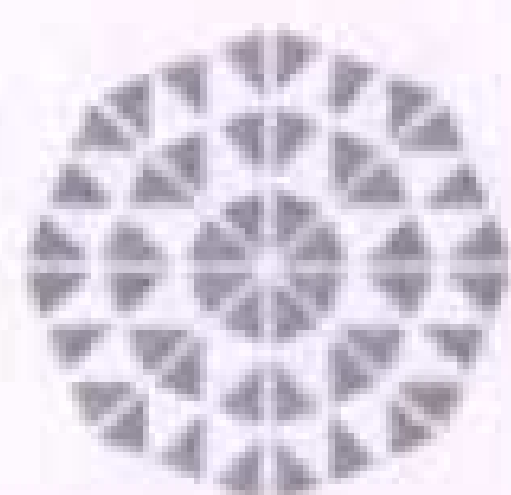
The primary objectives of the Test and Retest Program are to:

1. Identify students facing challenges in keeping up with the academic requirements.
2. Provide remedial support to enhance their understanding of essential concepts.
3. Assess progress through a retesting mechanism to track improvement.
4. Build confidence in students and reduce academic stress by offering a second opportunity for success.



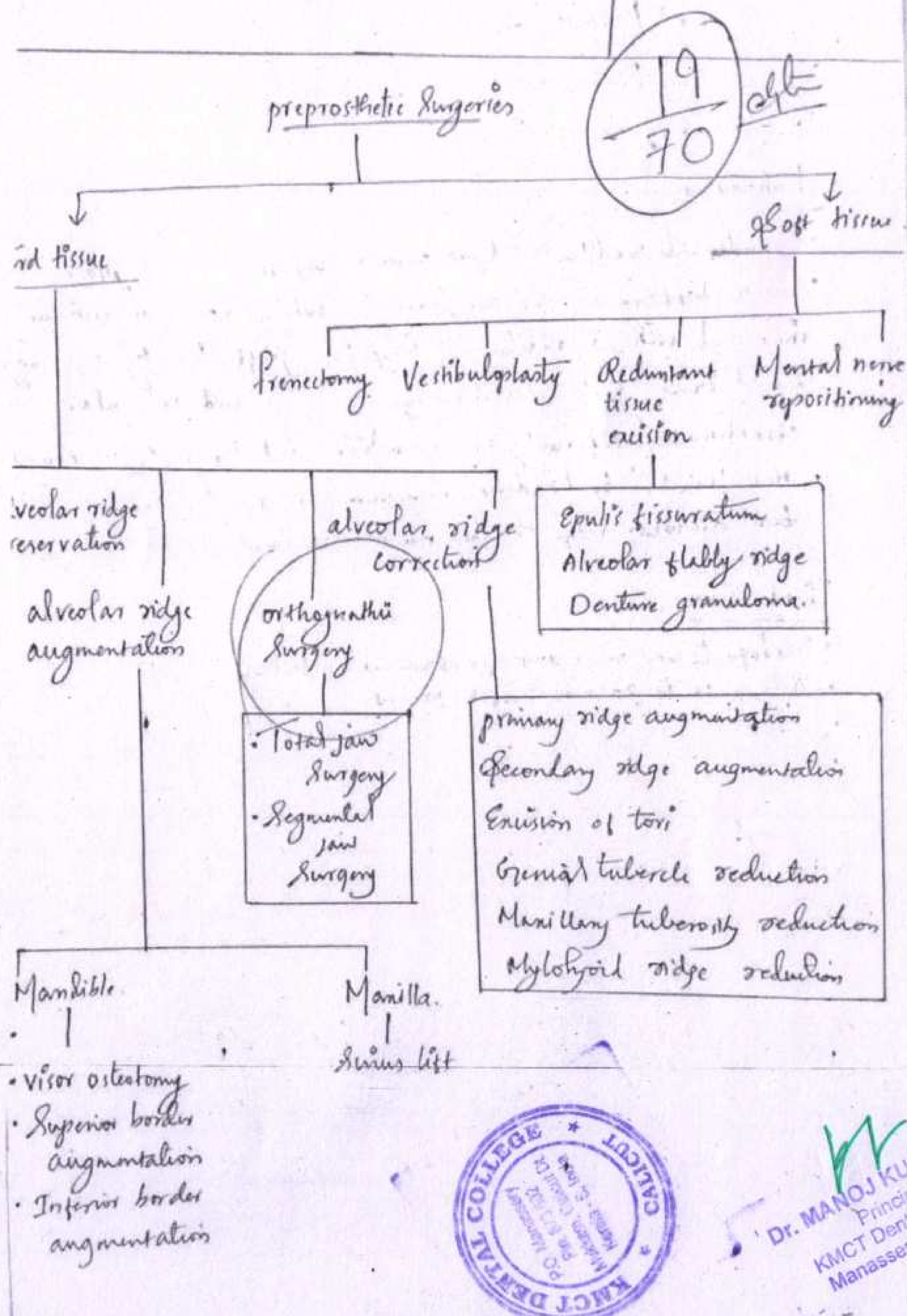

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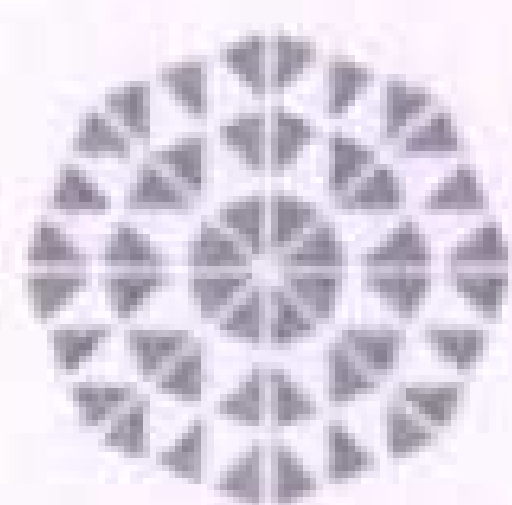


Oral and Maxillofacial
Surgery Model Examination

Bessiya Nagesh N
Roll No : 14



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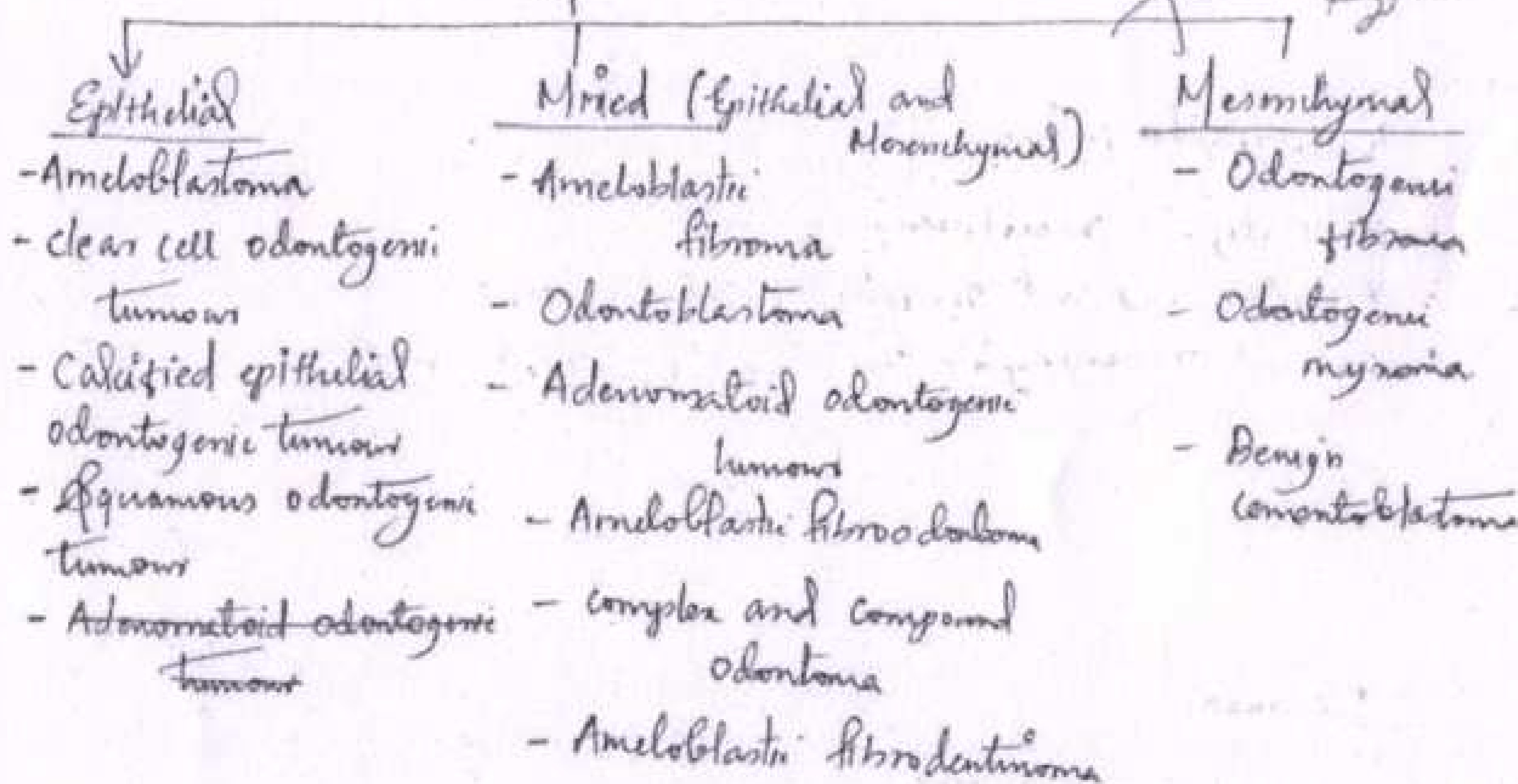
ORAL AND MAXILLOFACIAL
SURGERY

Bensiya Nazim N
Roll No 14

23

i Odontogenic tumours (1992 classification)

odontogenic tumours



Ameloblastoma of Mandibular Angle Ramus Region

Contents

- Introduction
- Etiology
- clinical features
- Radiographic features
- Diagnosis
- Management

Introduction

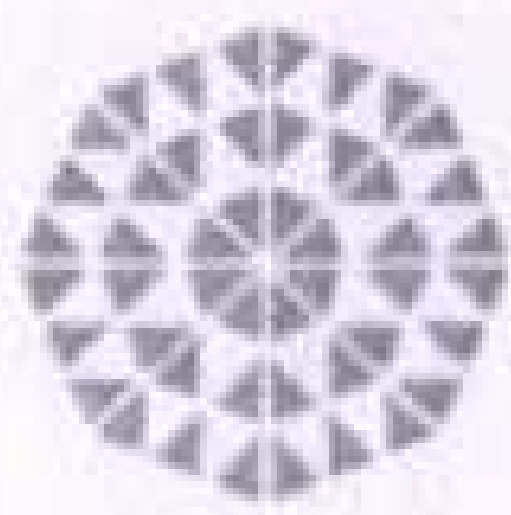
- epithelial odontogenic tumour
- Definition - unicentric, non-functional, Intermittent in growth, anatomically benign, clinically persistent.

Etiology



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Oral and Maxillofacial
Surgery Model Examination

Bensiya Nazrin N
Roll No 14

27th May 2024

29+1=30
10

2) Ameloblastoma

- Odontogenic tumour

Definition:

- Robinson defined ameloblastoma as unicentric, non-functional, intermittent in growth, anatomically benign, clinically persistent.

Synonyms:

- Adamantinoma

Clinical features

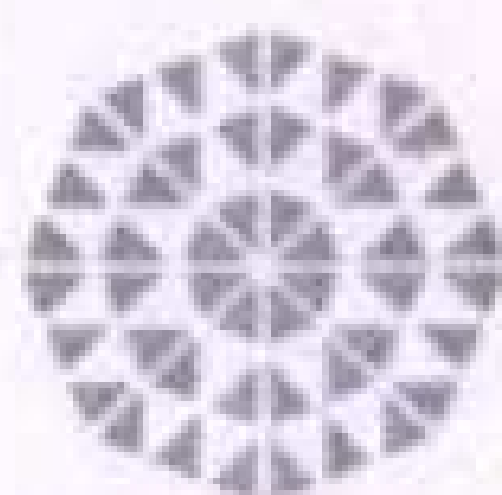
- age: 20 to 40 years of age
- Sex: Male affected more than female.
- Mandible is more affected than maxilla
- Within mandible, molar and Ramus region affected more.
- Slow growing, gradually increase in size
- It initially involves the cancellous bone and spreads in anteroposterior dimension and then advances buccally or lingually
- At the time, visible symptoms had started to appear, it already had spread a large region
- Then causes gross deformity of face
- In the affected area, tooth movement and resorption of root observed.
- Thinning of cortical plate
- egg shell crackling.



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ORAL AND
MAXILLOFACIAL
SURGERY.

SANAH BASHEER.

Roll No: 39.

Part II Regular

2019 Batch.

Odontogenic tumors:

Based on origin:

1) Odontogenic tumor- epithelial origin.

- Ameloblastoma

i) unicystic ameloblastoma

ii) malignant ameloblastoma

- calcifying epithelial odontogenic tumor

- adenomatoid odontogenic tumor

2) Odontogenic tumor- ecto mesenchymal origin.

- odontogenic fibroma

- odontogenic myxoma

3) Odontogenic tumors

- mixed origin

- complex odontoma

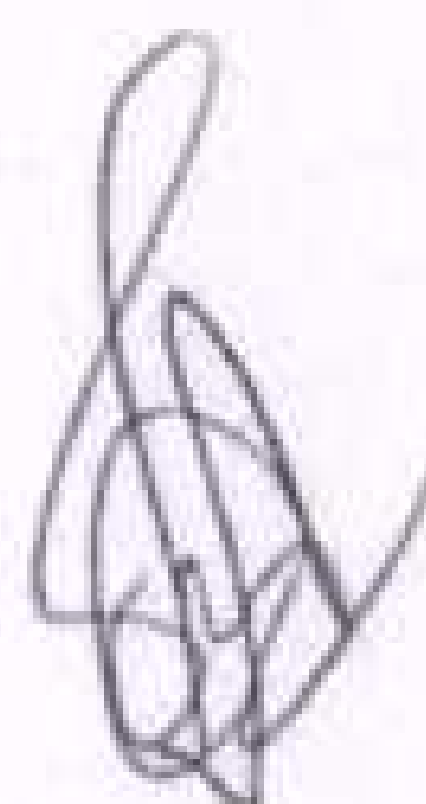
- compound odontoma

- Ameloblastic fibroma

Ameloblastoma

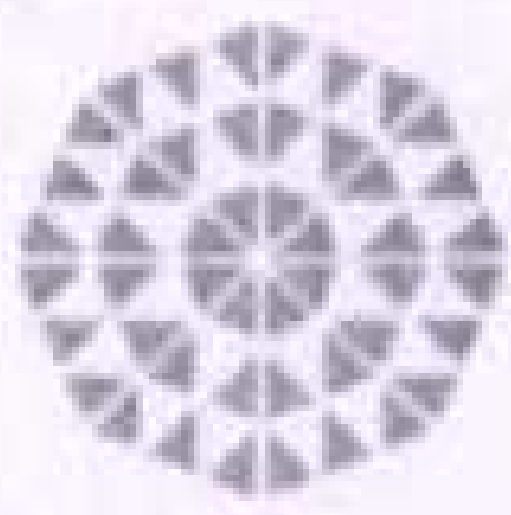
Acc to Robinson: Ameloblastoma is defined as unicentric, non functional, intermittent in growth, histologically benign, clinically permitted odontogenic tumor.

18 Yr
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ORAL AND MAXILLOFACIAL
SURGERY

SANJAN PABYER

Roll No : 39

Part II Regular
2019 Batch

Trigeminal neuralgia:

- unilateral, paralysis of Trigeminal ~~nerve~~ nerve

- it is also called Tic Douloureux,

- it is caused when any injury happen to Trigeminal nerve

- Trigger when stimulus on Trigger zone.

- Trigger zone is present around mouth.

- This zone is trigger by - wind, cold, heat etc

- types of Trigeminal neuralgia:

pretrigeminal neuralgia, trigeminal neuralgia, post trigeminal neuralgia.

- clinical features:

Pre trigeminal neuralgia:

- present of sharp, shooting, lancinating pain:
which is like electric shock.

- patient have difficulty in speaking.

- severe pain.

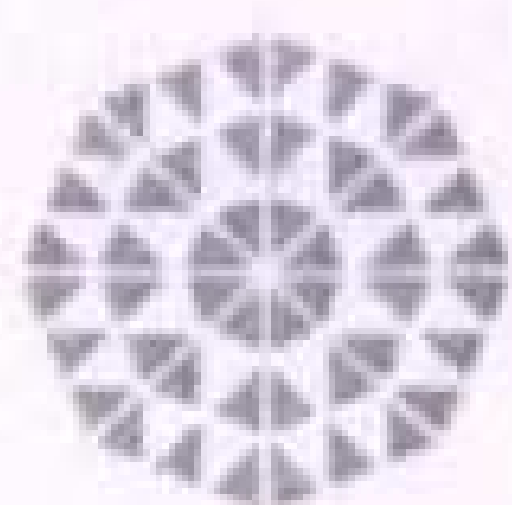
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P.T.O.

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ORAL & MAXILLOFACIAL SURGERY

Flam
Roll no : 17
part II

igerous Cyst

is an odontogenic cyst

formed between reduced enamel epithelium and
enamel Organ and are present around an impacted

tooth

Giving appearance of Cyst within a Cyst

~~Character~~

Clinical Features

Age - 30-50 years

Sex - Male > Female

Site - mandibular 3rd Molars > Maxillary
3rd Molars > Maxillary
3rd Molars > Mandibular

Clinical Presentation

It Initially asymptomatic

- ~~Painless~~ Swell around Impacted tooth

- painless

- slowly progressive, painless hard mass

- Expansion of cortical bone

- Egg crack sound

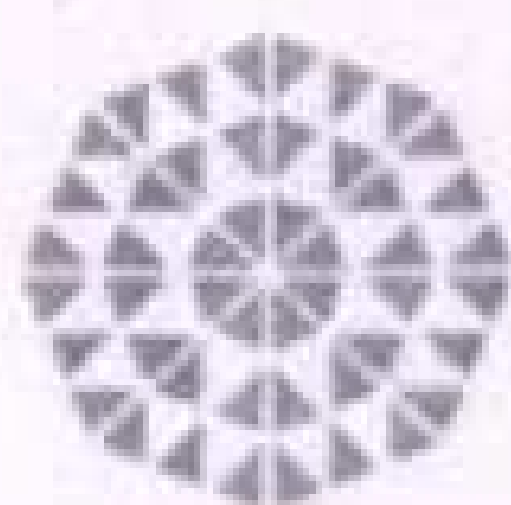
- Displacement of Adjacent tooth

- it gives cyst within a cyst appearance

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Department of Oral & Maxillofacial Surgery

Stana

Roll no: 17

part II

2nd Internal Examination

classification of Odontogenic Tumors.

① Benign

Epithelial Origin

- Ameloblastoma
- AOT
- COT

Mixed Origin

- Ameloblastic fibroma
- Complex odontoma

Ectomesenchymal Origin

- Odontogenic fibroma

② Malignant

- Odontogenic carcinoma
- Odontogenic Sarcoma
- Odontogenic Carcinosarcoma

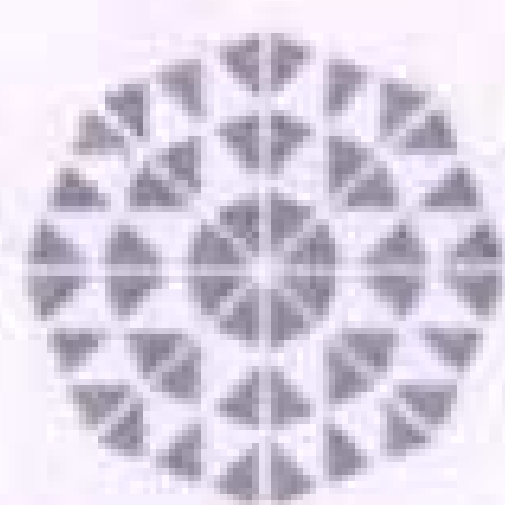
Ameloblastoma

- It is the most commonly seen tumour.

- ~~Def~~ Ameloblastoma is a unicentric, nonfunctional, intermittent in growth, anatomically benign & clinically persistent.

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Model Examination - 2024

Stana
part II
Roll no: 17

30
70

1. Local Anesthesia :-

reversible.

It is the loss of consciousness in a circumscribed area by the
for depression of nerve excitation and inhibition of nerve
conduction of peripheral Nerves.

Components

Local Anesthetic :- Lidocaine

Vasopressor :- Adrenaline

Preservative :- Methylparaben

Fungicide :- Thymol

Maintain PH :- Sodium hydroxide

Maintain hypotonicity :- Sodium chloride

Diluting Agent :- Distilled water.

Complications :-

1) Systemic Complications

2) Local Complications :-

Systemic Complications

- Allergy
- Dosage related Complications



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