Dayananda Sagar College of Dental Sciences,

Shavige Malleshwara Hills, Kumaraswamy Layout, Bengaluru

DVV clarification of key matrix 2.5.4

Document showing more supportive documents of timely administration of CIE including:

Data provided in the document as above is authenticated by me.

Principal

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Dayananda Sagar College of Dental Sciences

Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 78

June 18, 2022

Internal Assessment Theory Examination Time Table for Reg. Batch 2021-22

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
I BDS Regular Batch 2021-22					
1	General Anatomy	04-07-2022	05-09-2022	02-11-2022	
2	Physiology & Biochemistry	05-07-2022	06-09-2022	03-11-2022	
3	Dental Anatomy	11-07-2022	07-09-2022	04-11-2022	

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.

2. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho,conservative, GM & GS

3. Theory & clnical/practicals will remain suspended during the above mentioned timings.

4. Timings for II BDS & III BDS 9:00am to 12:00noon, I BDS and IV BDS, 1:30pm to 4:30pm

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June 20, 2022

Revised Internal Assessment Theory Examination Time Table for 2021-22 Regular Batch

Sl. No.	Subject	I Internal	Final Internal	Signature
	II BDS			
1	Gen. Pathology & Microbiology	14-06-2022	11-07-2022	
2	Pharmacology	15-06-2022	12-07-2022	
3	Dental Materials	16-06-2022	13-07-2022	
	III BDS			
1	Oral Pathology	14-06-2022	04-07-2022	
2	General Surgery	15-06-2022	05-07-2022	
3	General Medicine	16-06-2022	11-07-2022	
	IV BDS			
1	Oral Medicine	14-06-2022	04-07-2022	
2	Orthodontics	15-06-2022	05-07-2022	
3	Pedodontics	16-06-2022	06-07-2022	
4	Prosthodontics	17-06-2022	07-07-2022	
5	Conservative Dentistry	20-06-2022	08-07-2022	
6	Oral Surgery	21-06-2022	11-07-2022	
7	Periodontics	22-06-2022	12-07-2022	
8	Public Health Dentistry	23-06-2022	13-07-2022	
	II BDS Practical			
1	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	20-06-2022	04-07-2022	
2	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	21-06-2022	05-07-2022	
	III BDS Practical			
1	General Surgery	22-06-2022	13-07-2022	
2	General Medicine	23-06-2022	14-07-2022	

Note:

1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.
2. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho,conservative, GM & GS
3. Theory & clnical/practicals will remain suspended during the above mentioned timings.
4. **Timings for II BDS & III BDS 9:00am to 12:00noon, I BDS and IV BDS, 1:30pm to 4:30pm**

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December 28, 2021

Second Revision 2nd Internal Assessment Theory Examination Time Table for 2021-22 Odd Batch

Sl. No.	Subject	I Internal Odd 2021-22	II Internal Revised Dates	III Internal	Signature
	I BDS				
1	General Anatomy	18-08-2021	10-01-2022	14-02-2022	
2	Physiology & Biochemistry	19-08-2021	11-01-2022	15-02-2022	
3	Dental Anatomy	23-08-2021	12-01-2022	16-02-2022	
	II BDS				
1	Gen. Pathology & Microbiology	18-08-2021	10-01-2022	14-02-2022	
2	Pharmacology	19-08-2021	11-01-2022	15-02-2022	
3	Dental Materials	23-08-2021	12-01-2022	16-02-2022	
	III BDS				
1	Oral Pathology	18-08-2021	10-01-2022	14-02-2022	
2	General Surgery	19-08-2021	11-01-2022	15-02-2022	
3	General Medicine	23-08-2021	17-01-2022	16-02-2022	
	IV BDS				
1	Oral Medicine	18-08-2021	10-01-2022	14-02-2022	
2	Orthodontics	19-08-2021	11-01-2022	15-02-2022	
3	Pedodontics	23-08-2021	12-01-2022	16-02-2022	
4	Prosthodontics	24-08-2021	13-01-2022	17-02-2022	
5	Conservative Dentistry	25-08-2021	17-01-2022	18-02-2022	
6	Oral Surgery	26-08-2021	18-01-2022	21-02-2022	
7	Periodontics	27-08-2021	19-01-2022	22-02-2022	
8	Public Health Dentistry	30-08-2021	20-01-2022	23-02-2022	
	II BDS Practical				
1	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	23-08-2021	17-01-2022	21-02-2022	
2	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	24-08-2021	18-01-2022	22-02-2022	
	III BDS Practical				
1	General Surgery	25-08-2021	12-01-2022	23-02-2022	
2	General Medicine	26-08-2021	13-01-2022	24-02-2022	

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.

2. Theory / Practical will be off line and the department shall ensure the covid protocals are maintained. Subject In-charges shall be responsible for conducting the examinations and submission of marks to the office.

3. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho,conservative, GM & GS

4. Theory & clnical/practicals will remain suspended during the above mentioned timings.

5. Timings- 2nd Internals 1:30pm to 4:30Pm All Years, 3rd Internals I BDS & III BDS 9:00am to 12:00noon, II BDS and IV BDS, 1:30pm to 4:30pm

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November 24, 2021

Internal Assessment Theory Examination Time Table for 2021-22 Odd Batch

Sl. No.	Subject	I Internal Odd 2021-22	II Internal Revised Dates	III Internal	Signature
	I BDS				
1	General Anatomy	18-08-21	03-01-22	14-02-22	
2	Physiology & Biochemistry	19-08-21	04-01-22	15-02-22	
3	Dental Anatomy	23-08-21	05-01-22	16-02-22	
	II BDS				
1	Gen. Pathology & Microbiology	18-08-21	03-01-22	14-02-22	
2	Pharmacology	19-08-21	04-01-22	15-02-22	
3	Dental Materials	23-08-21	05-01-22	16-02-22	
	III BDS				
1	Oral Pathology	18-08-21	03-01-22	14-02-22	
2	General Surgery	19-08-21	04-01-22	15-02-22	
3	General Medicine	23-08-21	05-01-22	16-02-22	
	IV BDS				
1	Oral Medicine	18-08-21	03-01-22	14-02-22	
2	Orthodontics	19-08-21	04-01-22	15-02-22	
3	Pedodontics	23-08-21	05-01-22	16-02-22	
4	Prosthodontics	24-08-21	06-01-22	17-02-22	
5	Conservative Dentistry	25-08-21	07-01-22	18-02-22	
6	Oral Surgery	26-08-21	10-01-22	21-02-22	
7	Periodontics	27-08-21	11-01-22	22-02-22	
8	Public Health Dentistry	30-08-21	12-01-22	23-02-22	
	II BDS Practical				
1	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	23-08-21	10-01-22	21-02-22	
2	Pre-clin Cons -Batch B Pre-clinl Prostho- Batch A	24-08-21	11-01-22	22-02-22	
	III BDS Practical				
1	General Surgery	25-08-21	12-01-22	23-02-22	
2	General Medicine	26-08-21	13-01-22	24-02-22	

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.

2. Theory / Practical will be **off line** and the department shall ensure the covid protocals are maintained. Subject In-charges shall be responsible for conducting the examinations and submission of marks to the office.

3. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho,conservative, GM & GS

4. Theory & clnical/practicals will remain suspended during the above mentioned timings.

5. Timings for I BDS & III BDS 9:00am to 12:00noon, II BDS and IV BDS, 1:30pm to 4:30pm

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05-08-21

Internal Assessment Theory Examination Time Table for 2020 - 21 REGULAR BATCH (I BDS to III BDS) and 2021-22 Odd Batch

Sl. No.	Subject	I Internal Odd 2021-22	II Internal	III Internal Reg. 2020-21	Signature
	I BDS				
1	General Anatomy	18-08-21		18-08-21	
2	Physiology & Biochemistry	19-08-21		19-08-21	
3	Dental Anatomy	23-08-21		23-08-21	
	II BDS				
1	Gen. Pathology & Microbiology	18-08-21		18-08-21	
2	Pharmacology	19-08-21		19-08-21	
3	Dental Materials	23-08-21		23-08-21	
	III BDS				
1	Oral Pathology	18-08-21		18-08-21	
2	General Surgery	19-08-21		19-08-21	
3	General Medicine	23-08-21		23-08-21	
	IV BDS				
1	Oral Medicine	18-08-21			
2	Orthodontics	19-08-21			
3	Pedodontics	23-08-21			
4	Prosthodontics	24-08-21			
5	Conservative Dentistry	25-08-21			
6	Oral Surgery	26-08-21			
7	Periodontics	27-08-21			
8	Public Health Dentistry	30-08-21			
	II BDS Practical				
1	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	23-08-21		23-08-21	
2	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	24-08-21		24-08-21	
	III BDS Practical				
1	General Surgery	25-08-21		25-08-21	
2	General Medicine	26-08-21		26-08-21	

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.

2. Theory / Practical will be **off line** and the department shall ensure the covid protocals are maintained. Subject In-charges shall be responsible for conducting the examinations and submission of marks to the office.

3. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho,conservative, GM & GS

4. Theory & clnical/practicals will remain suspended during the above mentioned timings.

5. Timings for I BDS & III BDS 9:00am to 12:00noon, II BDS and IV BDS, 1:30pm to 4:30pm

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08/12/2021

Revised III Internal Assessment Theory Examination Time Table for 2020 - 21 ODD BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS				
1	General Anatomy		21-12-20	15-02-21	
2	Physiology & Biochemistry		22-12-20	16-02-21	
3	Dental Anatomy		23-12-20	17-02-21	
	II BDS				
1	Gen. Pathology & Microbiology		21-12-20	17-02-21	
2	Pharmacology		22-12-20	18-02-21	
3	Dental Materials		23-12-20	19-02-21	
	III BDS				
1	Oral Pathology		21-12-20	19-02-21	
2	General Surgery		22-12-20	15-02-21	
3	General Medicine		28-12-20	16-02-21	
	IV BDS				
1	Oral Medicine		21-12-20	15-02-21	
2	Orthodontics		22-12-20	16-02-21	
3	Pedodontics		23-12-20	17-02-21	
4	Prosthodontics		24-12-20	18-02-21	
5	Conservative Dentistry		28-12-20	19-02-21	
6	Oral Surgery		29-12-20	22-02-21	
7	Periodontics		30-12-20	23-02-21	
8	Public Health Dentistry		31-12-20	24-02-21	
	II BDS Practical				
1	Pre-clin Conservative		28-12-20	15-02-21	
2	Pre-clinl Prosthodontics		29-12-20	16-02-21	
	III BDS Practical				
1	General Surgery		23-12-20	17-02-21	
2	General Medicine		24-12-20	18-02-21	

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.

2. Theory / Practical will be off line and the department shall ensure the covid protocals are maintained. Subject In-charges shall be responsible for conducting the examinations and submission of marks to the office.

3. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho and conservative.

4. Theory & clnical/practicals will remain suspended during the above mentioned timings.

5. Timings for I BDS to III BDS 9:00am to 12:00noon, IV BDS, 1:30pm to 4:30pm

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30/01/2021

Internal Assessment Theory Examination Time Table for 2020 - 21 REGULAR BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS				
1	General Anatomy	02-04-21			
2	Physiology & Biochemistry	06-04-21			
3	Dental Anatomy	08-04-21			
	II BDS				
1	Gen. Pathology & Microbiology	17-02-21			
2	Pharmacology	18-02-21			
3	Dental Materials	19-02-21			
	III BDS				
1	Oral Pathology	19-02-21			
2	General Surgery	15-02-21			
3	General Medicine	16-02-21			
	IV BDS				
1	Oral Medicine	15-02-21			
2	Orthodontics	16-02-21			
3	Pedodontics	17-02-21			
4	Prosthodontics	18-02-21			
5	Conservative Dentistry	19-02-21			
6	Oral Surgery	22-02-21			
7	Periodontics	23-02-21			
8	Public Health Dentistry	24-02-21			
	II BDS Practical				
1	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	15-02-21			
2	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	16-02-21			
	III BDS Practical				
1	General Surgery	17-02-21			
2	General Medicine	18-02-21			

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.

2. Theory / Practical will be off line and the department shall ensure the covid protocals are maintained. Subject In-charges shall be responsible for conducting the examinations and submission of marks to the office.

3. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho and conservative.

4. Theory & clnical/practicals will remain suspended during the above mentioned timings.

5. Timings for I BDS to III BDS 9:00am to 12:00noon, IV BDS, 1:30pm to 4:30pm

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16/12/2020

Internal Assessment Theory Examination Time Table for 2020 - 21 REGULAR BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS				
1	General Anatomy	15-01-21	15-03-21	15-04-21	
2	Physiology & Biochemistry	16-01-21	16-03-21	16-04-21	
3	Dental Anatomy	18-01-21	17-03-21	17-04-21	
	II BDS				
1	Gen. Pathology & Microbiology	15-01-21	15-03-21	15-04-21	
2	Pharmacology	16-01-21	16-03-21	16-04-21	
3	Dental Materials	20-01-21	17-03-21	17-04-21	
	III BDS				
1	Oral Pathology	15-01-21	15-03-21	15-04-21	
2	General Surgery	16-01-21	16-03-21	16-04-21	
3	General Medicine	18-01-21	19-03-21	17-04-21	
	IV BDS				
1	Oral Medicine	15-01-21	15-03-21	15-04-21	
2	Orthodontics	16-01-21	16-03-21	16-04-21	
3	Pedodontics	18-01-21	17-03-21	19-04-21	
4	Prosthodontics	19-01-21	18-03-21	20-04-21	
5	Conservative Dentistry	20-01-21	19-03-21	21-04-21	
6	Oral Surgery	21-01-21	22-03-21	22-04-21	
7	Periodontics	22-01-21	23-03-21	23-04-21	
8	Public Health Dentistry	25-01-21	24-03-21	26-04-21	
	II BDS Practical				
1	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	18-01-21	22-03-21	19-04-21	
2	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	19-01-21	23-03-21	20-04-21	
	III BDS Practical				
1	General Surgery	20-01-21	17-03-21	21-04-21	
2	General Medicine	21-01-21	18-03-21	22-04-21	

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.

2. Theory / Practical will be off line and the department shall ensure the covid protocals are maintained. Subject In-charges shall be responsible for conducting the examinations and submission of marks to the office.

3. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho and conservative.

4. Theory & clnical/practicals will remain suspended during the above mentioned timings.

5. Timings for I BDS to III BDS 9:00am to 12:00noon, IV BDS, 1:30pm to 4:30pm

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14/12/2020

Internal Assessment Theory Examination Time Table for 2020 - 21 ODD BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS				
1	General Anatomy		21-12-20	15-01-21	
2	Physiology & Biochemistry		22-12-20	16-01-21	
3	Dental Anatomy		23-12-20	18-01-21	
	II BDS				
1	Gen. Pathology & Microbiology		21-12-20	15-01-21	
2	Pharmacology		22-12-20	16-01-21	
3	Dental Materials		23-12-20	20-01-21	
	III BDS				
1	Oral Pathology		21-12-20	15-01-21	
2	General Surgery		22-12-20	16-01-21	
3	General Medicine		28-12-20	18-01-21	
	IV BDS				
1	Oral Medicine		21-12-20	15-01-21	
2	Orthodontics		22-12-20	16-01-21	
3	Pedodontics		23-12-20	18-01-21	
4	Prosthodontics		24-12-20	19-01-21	
5	Conservative Dentistry		28-12-20	20-01-21	
6	Oral Surgery		29-12-20	21-01-21	
7	Periodontics		30-12-20	22-01-21	
8	Public Health Dentistry		31-12-20	25-01-21	
	II BDS Practical				
1	Pre-clin Conservative		28-12-20	18-01-21	
2	Pre-clinl Prosthodontics		29-12-20	19-01-21	
	III BDS Practical				
1	General Surgery		23-12-20	20-01-21	
2	General Medicine		24-12-20	21-01-21	

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.
2. Theory / Practical will be off line and the department shall ensure the covid protocals are maintained. Subject In-charges shall be responsible for conducting the examinations and submission of marks to the office.
3. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho and conservative.
4. Theory & clnical/practicals will remain suspended during the above mentioned timings.
5. Timings for I BDS to III BDS 9:00am to 12:00noon, IV BDS, 1:30pm to 4:30pm

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Dayananda Sagar College of Dental Sciences,
Shavige Malleshwara Hills, Kumaraswamy Layout, Bengaluru

August 25, 2020

DSCDS/OO/2020/24

OFFICE ORDER

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR IV BDS REGULAR BATCH – SEPTEMBER 2020

TIMINGS – 1:30 to 4:30pm

Sl. No.	Date	Day	Subject
1	01-09-2020	Tuesday	Oral Medicine & Radiology
2	02-09-2020	Wednesday	Pedodontics
3	03-09-2020	Thursday	Orthodontics
4	04-09-2020	Friday	Periodontics
5	05-09-2020	Saturday	Prosthodontics
6	06-09-2020 **(9:30am to 12:30pm)**	Sunday	Conservative Dentistry
7	07-09-2020	Monday	Oral Surgery
8	08-09-2020	Tuesday	Public Health Dentistry

Note: Examination will be conducted in the classes rooms maintaining social distancing norms and COVID protocols. Department shall depute invigilators for the respective subject examinations. Internal marks shall be submitted as per the schedule in the prescribed format.

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Copy to;
1. IV year BDS Whatsapp group Regular batch
2. Teaching Staff Whatsapp group
3. Office file

Dayananda Sagar College of Dental Sciences,
Shavige Malleshwara Hills, Kumaraswamy Layout,
Bengaluru- 560 078, Ph:080 26663654, Mobile: 7483693035
Email: principal_dscdsblr@rediffmail.com

First year to Final Year BDS First Internal Assessment time table
2020-21 Odd batch

August 25, 2020

Timings : 10:00 am to 1:00 pm					
Sl	Subject	Date	Sl	Subject	Date
Final BDS					
1	Oral Medicine	14/09/2020	2	Public Health Dentistry	15/09/2020
3	Oral Surgery	16/09/2020	4	Conservative Dentistry	18/09/2020
5	Prosthodontics	19/09/2020	6	Pedodontics	21/09/2020
7	Periodontics	22/09/2020	8	Orthodontics	23/09/2020
Third BDS					
1	General Medicine	14/09/2020	2	General Surgery	15/09/2020
3	Oral Pathology	16/09/2020		-	
Second BDS					
1	Pathology & Microbiology	14/09/2020	2	Pharmacology	15/09/2020
3	Dental Materials	16/09/2020		-	
First BDS					
1	Anatomy	14/09/2020	2	Physiology & Biochemistry	15/09/2020
3	Dental Anatomy	16/09/2020		-	

Instructions:

1. Examination will be online for 3 hours
2. Question paper will be sent by the respective Staff / Incharge to the Under graduates to their whatsapp group **5 mins prior to the examination**
3. **Students shall write the answers neatly and legibly on A4 sheets of paper in black ball point pen**
4. **Papers shall be scanned using Cam Scanner and sent as a Pdf file only (the app can be downloaded by the play store)**
5. **Scan the paper properly (crop out areas that are not required) and mail it to the respective department mail ids on the same day by 1:15 pm without fail**
6. Exam shall be written within the safe confines of your homes. Students are **advised to be sincere** while answering the questions and maintain the allotted time.
7. The exam will be conducted on Cisco webex platform and all students shall login at the specified time and keep their cameras on at all the times without fail.
8. Answers should be to the point, draw neat labelled diagrams where ever necessary using pencil.
9. Delay in sending in the scanned papers due to technical reasons shall be informed to the respective staff immediately and permission taken.

Principal

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Shavige Malleshwara Hills, Kumaraswamy Layout, Bangalore - 78

Date: 06-02-2020

DSCDS/Office Order/2020/07

Internal Assessment Theory Examination Time Table for 2020 - 21 ODD BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS (1 pm - 4 pm)				
1	General Anatomy	23-04-2020	04-08-2020	03-11-2020	
2	Physiology & Biochemistry	24-04-2020	05-08-2020	04-11-2020	
3	Dental Anatomy	27-04-2020	06-08-2020	05-10-2020	
	II BDS (1 pm - 4 pm)				
1	Gen. Pathology & Microbiology	23-04-2020	04-08-2020	03-11-2020	
2	Pharmacology	24-04-2020	05-08-2020	04-11-2020	
3	Dental Materials	27-04-2020	06-08-2020	05-11-2020	
	III BDS (1 pm - 4 pm)				
1	General Medicine	23-04-2020	04-08-2020	03-11-2020	
2	General Surgery	24-04-2020	05-08-2020	04-11-2020	
3	Oral Pathology	27-04-2020	06-08-2020	05-11-2020	
	IV BDS (1 pm - 4 pm)				
1	Oral Medicine	23-04-2020	04-08-2020	03-11-2020	
2	Orthodontics	24-04-2020	05-08-2020	04-11-2020	
3	Pedodontics	27-04-2020	06-08-2020	05-11-2020	
4	Prosthodontics	28-04-2020	07-08-2020	06-11-2020	
5	Conservative Dentistry	29-04-2020	10-08-2020	09-11-2020	
6	Oral Surgery	30-04-2020	11-08-2020	10-11-2020	
7	Periodontics	04-05-2020	12-08-2020	11-11-2020	
8	Public Health Dentistry	05-05-2020	13-08-2020	12-11-2020	
	II BDS Practical (9 am - 1 pm)				
1	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	29-04-2020	12-08-2020	12-11-2020	
2	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	30-04-2020	13-08-2020	13-11-2020	
	III BDS Practical				
1	General Surgery	29-04-2020	12-08-2020	11-11-2020	
2	General Medicine	30-04-2020	13-08-2020	12-11-2020	

Note:

1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.
2. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho and conservative.
3. Theory & clnical/practicals will remain suspended during the above mentioned timings.

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Dayananda Sagar College of Dental Sciences,
Shavige Malleshwara Hills, Kumaraswamy Layout,
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Email: principal_dscdsblr@rediffmail.com

Revised First year to Final Year BDS Third Internal Assessment time table
2019-20 Regular batch

June 5, 2020

Timings : 10:00 am to 1:00 pm					
Sl	Subject	Date	Sl	Subject	Date
Final BDS					
1	Oral Medicine	22/06/2020	2	Public Health Dentistry	24/06/2020
3	Oral Surgery	26/06/2020	4	Conservative Dentistry	29/06/2020
5	Prosthodontics	01/07/2020	6	Pedodontics	03/07/2020
7	Periodontics	06/07/2020	8	Orthodontics	08/07/2020
Third BDS					
1	General Medicine	22/06/2020	2	General Surgery	24/06/2020
3	Oral Pathology	26/06/2020		-	
Second BDS					
1	Pathology & Microbiology	23/06/2020	2	Pharmacology	25/06/2020
3	Dental Materials	27/06/2020		-	
First BDS					
1	Anatomy	30/06/2020	2	Physiology & Biochemistry	02/07/2020
3	Dental Anatomy	04/07/2020		-	

Instructions:

1. Examination will be for 3 hours
2. Question paper will be sent by the respective Staff / Incharge to the Under graduates to their whatsapp group **5 mins prior to the examination**
3. **Students shall write the answers neatly and legibly on A4 sheets of paper in black ball point pen**
4. **Papers shall be scanned using Cam Scanner and sent as a Pdf file only (the app can be downloaded by the play store)**
5. **Scan the paper properly (crop out areas that are not required) and mail it to the respective department mail ids on the same day by 1:15 pm without fail**
6. Exam shall be written within the safe confines of your homes. Students are **advised to be sincere** while answering the questions and maintain the allotted time.
7. The exam will be conducted on Cisco webex platform and all students shall login at the specified time and keep their cameras on at all the times without fail.
8. Answers should be to the point, draw neat labelled diagrams where ever necessary using pencil.
9. Delay in sending in the scanned papers due to technical reasons shall be informed to the respective staff immediately and permission taken.

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08-11-19

Internal Assessment Theory Examination Time Table for 2019 - 20 REGULAR BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
I BDS (1 pm - 4 pm)					
1	General Anatomy	28-11-19	24-02-20	23-04-20	
2	Physiology & Biochemistry	29-11-19	25-02-20	24-04-20	
3	Dental Anatomy	02-12-19	26-02-20	27-04-20	
II BDS (1 pm - 4 pm)					
1	Gen. Pathology & Microbiology	28-11-19	24-02-20	23-04-20	
2	Pharmacology	29-11-19	25-02-20	24-04-20	Amrita. S. J
3	Dental Materials	02-12-19	26-02-20	27-04-20	Dr. Bande 20/11/19
III BDS (1 pm - 4 pm)					
1	Oral Pathology	28-11-19	24-02-20	23-04-20	
2	General Surgery	29-11-19	25-02-20	24-04-20	
3	General Medicine	02-12-19	26-02-20	27-04-20	
IV BDS (1 pm - 4 pm)					
1	Oral Medicine	28-11-19	24-02-20	23-04-20	20/11/2019
2	Orthodontics	29-11-19	25-02-20	24-04-20	29/11/19
3	Pedodontics	02-12-19	26-02-20	27-04-20	
4	Prosthodontics	03-12-19	27-02-20	28-04-20	Dr. Bande 20/11/19
5	Conservative Dentistry	04-12-19	28-02-20	29-04-20	
6	Oral Surgery	05-12-19	02-03-20	30-04-20	
7	Periodontics	06-12-19	03-03-20	04-05-20	For Dr. Somasha.
8	Public Health Dentistry	09-12-19	04-03-20	05-05-20	
II BDS Practical (9 am - 1 pm)					
1	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	06-12-19	28-02-20	04-05-20	
2	Pre-clin Cons -Batch A Pre-clinl Prostho- Batch B	09-12-19	02-03-20	08-05-20	
III BDS Practical					
1	General Surgery	04-12-19	04-03-20	06-05-20	
2	General Medicine	05-12-19	05-03-20	07-05-20	

Note: 1. Theory exams will be centrailized & as per university pattern for 70 marks for 3 hour duration.

2. Practicals: All three internal assessments have to be conducted during the respective Practical / clinical hours except for pre-cilinical prostho and conservative.

3. Theory & clnical/practicals will remain suspended during the above mentioned timings.

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24/01/2019

DSCDS/2019/07

Internal Assessment Theory Examination Time Table for 2019 - 20 ODD BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS				
1	General Anatomy	22-04-19	22-07-19	21-10-19	
2	Physiology & Biochemistry	23-04-19	23-07-19	22-10-19	
3	Dental Anatomy	24-04-19	25-07-19	23-10-19	
	II BDS				
1	Gen. Pathology & Microbiology	22-04-19	22-07-19	21-10-19	
2	Pharmacology	23-04-19	23-07-19	22-10-19	
3	Dental Materials	24-04-19	25-07-19	23-10-19	
4	Pre Cli Conservative	25-04-19	26-07-19	24-10-19	
5	Pre Cli Prosthodontics	26-04-19	29-07-19	25-10-19	
	III BDS				
1	General Medicine	25-04-19	25-07-19	23-10-19	
2	General Surgery	26-04-19	26-07-19	24-10-19	
3	Oral Pathology	29-04-19	29-07-19	25-10-19	
	IV BDS				
1	Oral Medicine	24-04-19	22-07-19	21-10-19	
2	Orthodontics	25-04-19	23-07-19	22-10-19	
3	Pedodontics	26-04-19	25-07-19	23-10-19	
4	Prosthodontics	29-04-19	26-07-19	24-10-19	
5	Conservative Dentistry	30-04-19	29-07-19	25-10-19	
6	Oral Surgery	02-05-19	30-07-19	30-10-19	
7	Periodontics	03-05-19	31-07-19	31-10-19	
8	Public Health Dentistry	06-05-19	01-08-19	04-11-19	
	III BDS Practical				
1	General Medicine	30-4-19	30-7-19	4-11-19	
2	General Surgery	8-5-19	31-7-19	5-11-19	

Note: 1. Theory: a) Timings: 9:00am to 12:00noon - I BDS to III BDS, 1:30pm onwards for IV BDS.

b)Theory and Practicals will be suspended during the abovementioned timings only.

2. Practicals: all three internal assessments have to be conducted during the respective Practical / clinical hours.

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28/09/2018

DSCDS/2019/08

Internal Assessment Theory Examination Time Table for 2018 - 19 REGULAR BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS				
1	General Anatomy	03-12-18	18-02-19	22-04-19	
2	Physiology & Biochemistry	04-12-18	19-02-19	23-04-19	
3	Dental Anatomy	05-12-18	20-02-19	24-04-19	29/1/2019
	II BDS				
1	Gen. Pathology & Microbiology	03-12-18	18-02-19	22-04-19	29/1/2019
2	Pharmacology	04-12-18	19-02-19	23-04-19	for 29.01.2019
3	Dental Materials	05-12-18	20-02-19	24-04-19	29/1/19
4	Pre Cli Conservative	06-12-18	21-02-19	25-04-19	
5	Pre Cli Prosthodontics	07-12-18	22-02-19	26-04-19	29/1/19
	III BDS				
1	General Medicine	06-12-18	21-02-19	25-04-19	29/1/19
2	General Surgery	07-12-18	22-02-19	26-04-19	
3	Oral Pathology	08-12-18	25-02-19	29-04-19	29/1/2019
	IV BDS				
1	Oral Medicine	03-12-18	20-02-19	24-04-19	29/1/19
2	Orthodontics	04-12-18	21-02-19	25-04-19	29/1/19
3	Pedodontics	05-12-18	22-02-19	26-04-19	29/1/2019
4	Prosthodontics	06-12-18	25-02-19	29-04-19	29/1/19
5	Conservative Dentistry	07-12-18	26-02-19	30-04-19	
6	Oral Surgery	08-12-18	27-02-19	02-05-19	
7	Periodontics	10-12-18	28-02-19	03-05-19	29.1.19
8	Public Health Dentistry	11-12-18	01-03-19	06-05-19	29/1/19
	III BDS Practical				
1	General Medicine		26-2-2019	30-4-19	
2	General Surgery		27-2-2019	06-5-19	

Note: 1. Theory: a) Timings: 9:00am to 12:00noon - I BDS to III BDS, 1:30pm onwards for IV BDS.

b)Theory and Practicals will be suspended during the abovementioned timings only.

2. Practicals: all three internal assessments have to be conducted during the respective Practical / clinical hours.

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Date: 15/09/2018

REVISED 2nd Internal Assessment Theory Examination Time Table for 2018-19 ODD BATCH

Sl. No.	Subject	I Internal	Revised II Internal	III Internal	Signature
	I BDS				
1	General Anatomy	01-08-2018	09-10-2018	02-11-2018	
2	Physiology & Biochemistry	03-08-2018	10-10-2018	05-11-2018	17/9/18
3	Dental Anatomy	06-08-2018	11-10-2018	07-11-2018	17/9/18
	II BDS				
1	Gen. Pathology & Microbiology	01-08-2018	09-10-2018	02-11-2018	
2	Pharmacology	03-08-2018	10-10-2018	05-11-2018	
3	Dental Materials	06-08-2018	11-10-2018	07-11-2018	For HOD Dr. Bhanu
4	Pre Cli Conservative	09-08-2018	12-10-2018	09-11-2018	For HOD
5	Pre Cli Prosthodontics	10-08-2018	13-10-2018	12-11-2018	For HOD Dr. Bhanu
	III BDS				
1	General Medicine	08-08-2018	09-10-2018	02-11-2018	
2	General Surgery	10-08-2018	11-10-2018	05-11-2018	
3	Oral Pathology	13-08-2018	10-10-2018	07-11-2018	17/9/18
	IV BDS				
1	Oral Medicine	08-08-2018	09-10-2018	02-11-2018	
2	Orthodontics	10-08-2018	10-10-2018	05-11-2018	
3	Pedodontics	16-08-2018	11-10-2018	07-11-2018	
4	Prosthodontics	13-08-2018	12-10-2018	09-11-2018	Dr. Bhanu
5	Conservative Dentistry	18-08-2018	13-10-2018	12-11-2018	for HOD
6	Oral Surgery	20-08-2018	15-10-2018	14-11-2018	
7	Periodontics	23-08-2018	16-10-2018	16-11-2018	
8	Public Health Dentistry	28-08-2018	17-10-2018	19-11-2018	for Sowmya.
	III BDS Practical				
1	General Medicine	20-08-2018			
2	General Surgery	22-08-2018			

Note:1. Timings Monday to Friday - 2 pm onwards and on Saturday - 10 am onwards.

2. General Medicine & General Surgery exam timings - 9 am onwards.

3. Practical Exam should be conducted during their respective classes, except General Medicine &

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Date: 11/06/2018

Internal Assessment Theory Examination Time Table for 2018-19 ODD BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS				
1	General Anatomy	01-08-2018	18-09-2018	02-11-2018	
2	Physiology & Biochemistry	03-08-2018	21-09-2018	05-11-2018	
3	Dental Anatomy	06-08-2018	24-09-2018	07-11-2018	
	II BDS				
1	Gen. Pathology & Microbiology	01-08-2018	18-09-2018	02-11-2018	
2	Pharmacology	03-08-2018	21-09-2018	05-11-2018	
3	Dental Materials	06-08-2018	24-09-2018	07-11-2018	
4	Pre Cli Conservative	09-08-2018	26-09-2018	09-11-2018	
5	Pre Cli Prosthodontics	10-08-2018	28-09-2018	12-11-2018	
	III BDS				
1	General Medicine	08-08-2018	18-09-2018	02-11-2018	
2	General Surgery	10-08-2018	21-09-2018	05-11-2018	
3	Oral Pathology	13-08-2018	24-09-2018	07-11-2018	
	IV BDS				
1	Oral Medicine	08-08-2018	18-09-2018	02-11-2018	
2	Orthodontics	10-08-2018	21-09-2018	05-11-2018	
3	Pedodontics	13-08-2018	24-09-2018	07-11-2018	
4	Prosthodontics	16-08-2018	26-09-2018	09-11-2018	
5	Conservative Dentistry	18-08-2018	28-09-2018	12-11-2018	
6	Oral Surgery	20-08-2018	01-10-2018	14-11-2018	
7	Periodontics	23-08-2018	03-10-2018	16-11-2018	
8	Public Health Dentistry	28-08-2018	05-10-2018	19-11-2018	
	III BDS Practical				
1	General Medicine	20-08-2018	26-09-18	21-11-2018	
2	General Surgery	22-08-2018	25-09-18	22-11-2018	

Note:1. Timings Monday to Friday - 2 pm onwards and on Saturday - 10 am onwards.
2. General Medicine & General Surgery exam timings - 9 am onwards.
3. Practical Exam should be conducted during their respective classes, except General Medicine &

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28/11/2017

Internal Assessment Theory Examination Time Table for 2017 - 18 REGULAR BATCH

Sl. No.	Subject	I Internal	II Internal	III Internal	Signature
	I BDS				
1	General Anatomy	8/1/2018	12/3/2018	7/5/2018	
2	Physiology & Biochemistry	9/1/2018	13/3/2018	8/5/2018	
3	Dental Anatomy	10/1/2018	14/3/2018	9/5/2018	8/12/2017
	II BDS				
1	Gen. Pathology & Microbiology	8/1/2018	12/3/2018	7/5/2018	
2	Pharmacology	9/1/2018	13/3/2018	8/5/2018	
3	Dental Materials	10/1/2018	14/3/2018	9/5/2018	for HOD
	III BDS				
1	General Medicine	16/1/2018	15/3/2018	10/5/2018	
2	General Surgery	17/1/2018	16/3/2018	11/5/2018	
3	Oral Pathology	18/1/2018	17/3/2018	14/5/2018	8/12/2017
	IV BDS				
1	Oral Medicine	16/1/2018	15/3/2018	10/5/2018	
2	Orthodontics	17/1/2018	16/3/2018	11/5/2018	
3	Pedodontics	18/1/2018	17/3/2018	14/5/2018	
4	Prosthodontics	19/1/2018	19/3/2018	15/5/2018	for HOD
5	Conservative Dentistry	22/1/2018	20/3/2018	16/5/2018	for HOD
6	Oral Surgery	23/1/2018	21/3/2018	17/5/2018	
7	Periodontics	24/1/2018	22/3/2018	18/5/2018	
8	Public Health Dentistry	25/1/2018	23/3/2018	19/5/2018	for Samartha
	III BDS Practical				
1	General Medicine	18/01/2018	20/03/2018	15/05/2018	
2	General Surgery	22/01/2018	19/03/2018	16/05/2018	

Note: 1. Timings Monday to Friday - 2 pm onwards and on Saturday - 11 am onwards.

2. General Medicine & General Surgery exam timings - 9 am onwards.

3. Practical Exam should be conducted during their respective classes.

Draft for Approval to Principal

28/11/17

30/11/17

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Dayananda Sagar College of Dental Sciences,
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January 2, 2018

DSCDS/2018

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 28/11/2017

FIRST INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2017-18 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	08-01-2018	Monday	General Anatomy
2	09-01-2018	Tuesday	Physiology & Biochemistry
3	10-01-2018	Wednesday	Dental Anatomy
II BDS			
1	08-01-2018	Monday	General Pathology & Microbiology
2	09-01-2018	Tuesday	Pharmacology
3	10-01-2018	Wednesday	Dental Materials
III BDS			
1	16-01-2018	Tuesday	General Medicine
2	17-01-2018	Wednesday	General Surgery
3	18-01-2018	Thursday	Oral Pathology
Practical			
1	18-01-2018	Thursday	General Medicine
2	22/1/2018	Monday	General Surgery
IV BDS			
1	16/1/2018	Tuesday	Oral Medicine
2	17/1/2018	Wednesday	Orthodontics
3	18/1/2018	Thursday	Pedodontics
4	19/1/2018	Friday	Prosthodontics
5	22/1/2018	Monday	Conservative Dentistry
6	23/1/2018	Tuesday	Oral Surgery
7	24/1/2018	Wednesday	Periodontics
8	25/1/2018	Thursday	Public Health Dentistry

Note:

1. Timings– 2:00pm onwards (Mon to Friday) 11.00am onwards (Saturday)
2. General Medicine & General Surgery exam timings 9am onwards.
3. Practical exam should be conducted during respective classes.

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Dayananda Sagar College of Dental Sciences,
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March 5, 2018

DSCDS/2018

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 28/11/2017

SECOND INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2017-18 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	12-03-2018	Monday	General Anatomy
2	13-03-2018	Tuesday	Physiology & Biochemistry
3	14-03-2018	Wednesday	Dental Anatomy
II BDS			
1	12-03-2018	Monday	General Pathology & Microbiology
2	13-03-2018	Tuesday	Pharmacology
3	14-03-2018	Wednesday	Dental Materials
III BDS			
1	15-03-2018	Thursday	General Medicine
2	16-03-2018	Friday	General Surgery
3	17-03-2018	Saturday	Oral Pathology
Practical			
1	20-03-2018	Tuesday	General Medicine
2	19-03-2018	Monday	General Surgery
IV BDS			
1	15-03-2018	Thursday	Oral Medicine
2	16-03-2018	Friday	Orthodontics
3	17-03-2018	Saturday	Pedodontics
4	19-03-2018	Monday	Prosthodontics
5	20-03-2018	Tuesday	Conservative Dentistry
6	21-03-2018	Wednesday	Oral Surgery
7	22-03-2018	Thursday	Periodontics
8	23-03-2018	Friday	Public Health Dentistry

Note:

1. Timings– 2:00pm onwards (Mon to Friday) 11.00am onwards (Saturday)
2. General Medicine & General Surgery exam timings 9am onwards.
3. Practical exam should be conducted during respective classes.

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Dayananda Sagar College of Dental Sciences,
Shavige Malleshwara Hills, Kumaraswamy Layout, Bengaluru

May 2, 2018

DSCDS/2018

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 28/11/2017

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2017-18 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	07-05-2018	Monday	General Anatomy
2	08-05-2018	Tuesday	Physiology & Biochemistry
3	09-05-2018	Wednesday	Dental Anatomy
II BDS			
1	07-05-2018	Monday	General Pathology & Microbiology
2	08-05-2018	Tuesday	Pharmacology
3	09-05-2018	Wednesday	Dental Materials
III BDS			
1	10-05-2018	Thursday	General Medicine
2	11-05-2018	Friday	General Surgery
3	14-05-2018	Monday	Oral Pathology
Practical			
1	15-05-2018	Tuesday	General Medicine
2	16-05-2018	Wednesday	General Surgery
IV BDS			
1	10-05-2018	Thursday	Oral Medicine
2	11-05-2018	Friday	Orthodontics
3	14-05-2018	Monday	Pedodontics
4	15-05-2018	Tuesday	Prosthodontics
5	16-05-2018	Wednesday	Conservative Dentistry
6	17-05-2018	Thursday	Oral Surgery
7	18-05-2018	Friday	Periodontics
8	19-05-2018	Saturday	Public Health Dentistry

Note:

1. Timings– 2:00pm onwards (Mon to Friday) 11.00am onwards (Saturday)
2. General Medicine & General Surgery exam timings 9am onwards.
3. Practical exam should be conducted during respective classes.

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July 25, 2018

DSCDS/2018

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 11/06/2018

FIRST INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2018-19 ODD BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	01-08-2018	Wednesday	General Anatomy
2	03-08-2018	Friday	Physiology & Biochemistry
3	06-08-2018	Monday	Dental Anatomy
II BDS			
1	01-08-2018	Wednesday	General Pathology & Microbiology
2	03-08-2018	Friday	Pharmacology
3	06-08-2018	Monday	Dental Materials
4	09-08-2018	Thursday	Pre Clinical Conservative
5	10-08-2018	Friday	Pre Clinical Prosthodontics
III BDS			
1	08-08-2018	Wednesday	General Medicine
2	10-08-2018	Friday	General Surgery
3	13-08-2018	Monday	Oral Pathology
Practical			
1	20-08-2018	Monday	General Medicine
2	22-08-2018	Wednesday	General Surgery
IV BDS			
1	08-08-2018	Wednesday	Oral Medicine
2	10-08-2018	Friday	Orthodontics
3	13-08-2018	Monday	Pedodontics
4	16-08-2018	Thursday	Prosthodontics
5	18-08-2018	Saturday	Conservative Dentistry
6	20-08-2018	Monday	Oral Surgery
7	23-08-2018	Thursday	Periodontics
8	28-08-2018	Tuesday	Public Health Dentistry

Note:

1. Timings– 2:00pm onwards (Mon to Friday) 10.00am onwards (Saturday)
2. General Medicine & General Surgery exam timings 9am onwards.
3. Practical exam should be conducted during respective classes.

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Dayananda Sagar College of Dental Sciences,
Shavige Malleshwara Hills, Kumaraswamy Layout, Bengaluru

October 3, 2018

DSCDS/2018/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 15/09/2018

SECOND INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2018-19 ODD BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	09-10-2018	Tuesday	General Anatomy
2	10-10-2018	Wednesday	Physiology & Biochemistry
3	11-10-2018	Thursday	Dental Anatomy
II BDS			
1	09-10-2018	Tuesday	General Pathology & Microbiology
2	10-10-2018	Wednesday	Pharmacology
3	11-10-2018	Thursday	Dental Materials
4	12-10-2018	Friday	Pre Clinical Conservative
5	13-10-2018	Saturday	Pre Clinical Prosthodontics
III BDS			
1	09-10-2018	Tuesday	General Medicine
2	10-10-2018	Wednesday	General Surgery
3	11-10-2018	Thursday	Oral Pathology
IV BDS			
1	09-10-2018	Tuesday	Oral Medicine
2	10-10-2018	Wednesday	Orthodontics
3	11-10-2018	Thursday	Pedodontics
4	12-10-2018	Friday	Prosthodontics
5	13-10-2018	Saturday	Conservative Dentistry
6	15-10-2018	Monday	Oral Surgery
7	16-10-2018	Tuesday	Periodontics
8	17-10-2018	Wednesday	Public Health Dentistry

Note:

1. Timings– 2:00pm onwards (Mon to Friday) 10.00am onwards (Saturday)
2. General Medicine & General Surgery exam timings 9am onwards.
3. Practical exam should be conducted during respective classes.

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October 29, 2018

DSCDS/2018/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 15/09/2018

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2018-19 ODD BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	02-11-2018	Friday	General Anatomy
2	05-11-2018	Monday	Physiology & Biochemistry
3	07-11-2018	Wednesday	Dental Anatomy
II BDS			
1	02-11-2018	Friday	General Pathology & Microbiology
2	05-11-2018	Monday	Pharmacology
3	07-11-2018	Wednesday	Dental Materials
4	09-11-2018	Friday	Pre Clinical Conservative
5	12-11-2018	Monday	Pre Clinical Prosthodontics
III BDS			
1	02-11-2018	Friday	General Medicine
2	05-11-2018	Monday	General Surgery
3	07-11-2018	Wednesday	Oral Pathology
IV BDS			
1	02-11-2018	Friday	Oral Medicine
2	05-11-2018	Monday	Orthodontics
3	07-11-2018	Wednesday	Pedodontics
4	09-11-2018	Friday	Prosthodontics
5	12-11-2018	Monday	Conservative Dentistry
6	14-11-2018	Wednesday	Oral Surgery
7	16-11-2018	Friday	Periodontics
8	19-11-2018	Monday	Public Health Dentistry

Note:

1. Timings– 2:00pm onwards (Mon to Friday) 10.00am onwards (Saturday)
2. General Medicine & General Surgery exam timings 9am onwards.
3. Practical exam should be conducted during respective classes.

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Dayananda Sagar College of Dental Sciences,
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November 26, 2018

DSCDS/2018

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 28/09/2018

FIRST INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2018-19 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	03-12-2018	Monday	General Anatomy
2	04-12-2018	Tuesday	Physiology & Biochemistry
3	05-12-2018	Wednesday	Dental Anatomy
II BDS			
1	03-12-2018	Monday	General Pathology & Microbiology
2	04-12-2018	Tuesday	Pharmacology
3	05-12-2018	Wednesday	Dental Materials
4	06-12-2018	Thursday	Pre Clinical Conservative
5	07-12-2018	Friday	Pre Clinical Prosthodontics
III BDS			
1	03-12-2018	Monday	General Medicine
2	04-12-2018	Tuesday	General Surgery
3	05-12-2018	Wednesday	Oral Pathology
IV BDS			
1	03-12-2018	Monday	Oral Medicine
2	04-12-2018	Tuesday	Orthodontics
3	05-12-2018	Wednesday	Pedodontics
4	06-12-2018	Thursday	Prosthodontics
5	07-12-2018	Friday	Conservative Dentistry
6	08-12-2018	Saturday	Oral Surgery
7	10-12-2018	Monday	Periodontics
8	11-12-2018	Tuesday	Public Health Dentistry

Note:

1. Timings– 9:00am to 12:00noon – I to III BDS, 1:30pm to 4.30pm-IV BDS
2. Practical exam should be conducted during respective classes.

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November 26, 2018

DSCDS/2018/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 24/01/2019

FIRST INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2019-20 ODDBATCH

Sl. No.	Date	Day	Subject
I BDS			
1	22-04-2019	Monday	General Anatomy
2	23-04-2019	Tuesday	Physiology & Biochemistry
3	24-04-2019	Wednesday	Dental Anatomy
II BDS			
1	22-04-2019	Monday	General Pathology & Microbiology
2	23-04-2019	Tuesday	Pharmacology
3	24-04-2019	Wednesday	Dental Materials
4	25-04-2019	Thursday	Pre Clinical Conservative
5	26-04-2019	Friday	Pre Clinical Prosthodontics
III BDS			
1	25-04-2019	Thursday	General Medicine
2	26-04-2019	Friday	General Surgery
3	29-04-2019	Monday	Oral Pathology
Practical			
1	30-04-2019	Tuesday	General Medicine
2	08-05-2019	Wednesday	General Surgery
IV BDS			
1	24-04-2019	Wednesday	Oral Medicine
2	25-04-2019	Thursday	Orthodontics
3	26-04-2019	Friday	Pedodontics
4	29-04-2019	Monday	Prosthodontics
5	30-04-2019	Tuesday	Conservative Dentistry
6	02-05-2019	Thursday	Oral Surgery
7	03-05-2019	Friday	Periodontics
8	06-05-2019	Monday	Public Health Dentistry

Note:

1. Timings– 9:00am to 12:00noon – I to III BDS, 1:30pm to 4.30pm-IV BDS
2. Practical exam should be conducted during respective classes.

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February 11, 2019

DSCDS/2019/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 28/09/2018

SECOND INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2018-19 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	18-02-2019	Monday	General Anatomy
2	19-02-2019	Tuesday	Physiology & Biochemistry
3	20-02-2019	Wednesday	Dental Anatomy
II BDS			
1	18-02-2019	Monday	General Pathology & Microbiology
2	19-02-2019	Tuesday	Pharmacology
3	20-02-2019	Wednesday	Dental Materials
4	21-02-2019	Thursday	Pre Clinical Conservative
5	22-02-2019	Friday	Pre Clinical Prosthodontics
III BDS			
1	18-02-2019	Monday	General Medicine
2	19-02-2019	Tuesday	General Surgery
3	20-02-2019	Wednesday	Oral Pathology
Practical			
1	26-02-2019	Tuesday	General Medicine
2	27-02-2019	Wednesday	General Surgery
IV BDS			
1	20-02-2019	Wednesday	Oral Medicine
2	21-02-2019	Thursday	Orthodontics
3	22-02-2019	Friday	Pedodontics
4	25-02-2019	Monday	Prosthodontics
5	26-02-2019	Tuesday	Conservative Dentistry
6	27-02-2019	Wednesday	Oral Surgery
7	28-02-2019	Thursday	Periodontics
8	01-03-2019	Friday	Public Health Dentistry

Note:

1. Timings– 9:00am to 12:00noon – I to III BDS, 1:30pm to 4.30pm-IV BDS
2. Practical exam should be conducted during respective classes.

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April 15, 2019

DSCDS/2019/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 28/09/2018

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2018-19 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	22-04-2019	Monday	General Anatomy
2	23-04-2019	Tuesday	Physiology & Biochemistry
3	24-04-2019	Wednesday	Dental Anatomy
II BDS			
1	22-04-2019	Monday	General Pathology & Microbiology
2	23-04-2019	Tuesday	Pharmacology
3	24-04-2019	Wednesday	Dental Materials
4	25-04-2019	Thursday	Pre Clinical Conservative
5	26-04-2019	Friday	Pre Clinical Prosthodontics
III BDS			
1	25-04-2019	Thursday	General Medicine
2	26-04-2019	Friday	General Surgery
3	29-04-2019	Monday	Oral Pathology
Practical			
1	30-04-2019	Tuesday	General Medicine
2	06-05-2019	Monday	General Surgery
IV BDS			
1	24-04-2019	Wednesday	Oral Medicine
2	25-04-2019	Thursday	Orthodontics
3	26-04-2019	Friday	Pedodontics
4	29-04-2019	Monday	Prosthodontics
5	30-04-2019	Tuesday	Conservative Dentistry
6	02-05-2019	Thursday	Oral Surgery
7	03-05-2019	Friday	Periodontics
8	06-05-2019	Monday	Public Health Dentistry

Note:

1. Timings– 9:00am to 12:00noon – I to III BDS, 1:30pm to 4.30pm-IV BDS
2. Practical exam should be conducted during respective classes.

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July 15, 2019

DSCDS/2019/

OFFICE ORDER

SECOND INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2019-20 ODDBATCH

Sl. No.	Date	Day	Subject
I BDS			
1	01-08-2019	Thursday	General Anatomy
2	02-08-2019	Friday	Physiology & Biochemistry
3	05-08-2019	Monday	Dental Anatomy
II BDS			
1	01-08-2019	Thursday	General Pathology & Microbiology
2	02-08-2019	Friday	Pharmacology
3	05-08-2019	Monday	Dental Materials
4	06-08-2019	Tuesday	Pre Clinical Conservative
5	07-08-2019	Wednesday	Pre Clinical Prosthodontics
III BDS			
1	01-08-2019	Thursday	Oral Pathology
2	02-08-2019	Friday	General Surgery
3	05-08-2019	Monday	General Medicine
IV BDS			
1	01-08-2019	Thursday	Oral Medicine
2	02-08-2019	Friday	Orthodontics
3	05-08-2019	Monday	Pedodontics
4	06-08-2019	Tuesday	Prosthodontics
5	07-08-2019	Wednesday	Conservative Dentistry
6	08-08-2019	Thursday	Oral Surgery
7	09-08-2019	Friday	Periodontics
8	12-08-2019	Monday	Public Health Dentistry

Note:

1. Timings– 9:00am to 12:00noon – I to III BDS, 1:30pm to 4.30pm-IV BDS
2. Practical exam should be conducted during respective classes.

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October 14, 2019

DSCDS/2019/

OFFICE ORDER

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2019-20 ODDBATCH

Sl. No.	Date	Day	Subject
I BDS			
1	21-10-2019	Monday	General Anatomy
2	22-10-2019	Tuesday	Physiology & Biochemistry
3	23-10-2019	Wednesday	Dental Anatomy
II BDS			
1	21-10-2019	Monday	General Pathology & Microbiology
2	22-10-2019	Tuesday	Pharmacology
3	23-10-2019	Wednesday	Dental Materials
4	24-10-2019	Thursday	Pre Clinical Conservative
5	25-10-2019	Friday	Pre Clinical Prosthodontics
III BDS			
1	23-10-2019	Wednesday	Oral Pathology
2	24-10-2019	Thursday	General Surgery
3	25-10-2019	Friday	General Medicine
Practical			
1	04-11-2019	Monday	General Medicine
2	05-11-2019	Tuesday	General Surgery
IV BDS			
1	21-10-2019	Monday	Oral Medicine
2	22-10-2019	Tuesday	Orthodontics
3	23-10-2019	Wednesday	Pedodontics
4	24-10-2019	Thursday	Prosthodontics
5	25-10-2019	Friday	Conservative Dentistry
6	30-10-2019	Wednesday	Oral Surgery
7	31-10-2019	Thursday	Periodontics
8	04-11-2019	Monday	Public Health Dentistry

Note:

1. Timings– 9:00am to 12:00noon – I to III BDS, 1:30pm to 4.30pm-IV BDS
2. Practical exam should be conducted during respective classes.

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November 21, 2019

DSCDS/2019

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 08/11/2019

FIRST INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2019-20 REG BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	28-11-2019	Thursday	General Anatomy
2	29-11-2019	Friday	Physiology & Biochemistry
3	02-12-2019	Monday	Dental Anatomy
II BDS			
1	28-11-2019	Thursday	General Pathology & Microbiology
2	29-11-2019	Friday	Pharmacology
3	02-12-2019	Monday	Dental Materials
4	06-12-2019	Friday	Pre Clinical Conservative – Batch A Pre Clinical Prosthodontics – Batch B
5	09-12-2019	Monday	Pre Clinical Conservative – Batch B Pre Clinical Prosthodontics – Batch A
III BDS			
1	28-11-2019	Thursday	Oral Pathology
2	29-11-2019	Friday	General Surgery
3	02-12-2019	Monday	General Medicine
Practical			
1	04-12-2019	Wednesday	General Surgery
2	05-12-2019	Thursday	General Medicine
IV BDS			
1	28-11-2019	Thursday	Oral Medicine
2	29-11-2019	Friday	Orthodontics
3	02-12-2019	Monday	Pedodontics
4	03-12-2019	Tuesday	Prosthodontics
5	04-12-2019	Wednesday	Conservative Dentistry
6	05-12-2019	Thursday	Oral Surgery
7	06-12-2019	Friday	Periodontics
8	09-12-2019	Monday	Public Health Dentistry

Note:

1. Timings– 1:00pm to 4.00pm – Theory: 9:00am to 1:00pm Practical Exams
2. Practical exam should be conducted during respective classes.

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February 17, 2020

DSCDS/2020/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 08/11/2019

SECOND INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2019-20 REG BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	24-02-2020	Monday	General Anatomy
2	25-02-2020	Tuesday	Physiology & Biochemistry
3	26-02-2020	Wednesday	Dental Anatomy
II BDS			
1	24-02-2020	Monday	General Pathology & Microbiology
2	25-02-2020	Tuesday	Pharmacology
3	26-02-2020	Wednesday	Dental Materials
4	28-02-2020	Friday	Pre Clinical Conservative – Batch A Pre Clinical Prosthodontics – Batch B
5	02-03-2020	Monday	Pre Clinical Conservative – Batch B Pre Clinical Prosthodontics – Batch A
III BDS			
1	24-02-2020	Monday	Oral Pathology
2	25-02-2020	Tuesday	General Surgery
3	26-02-2020	Wednesday	General Medicine
Practical			
1	04-03-2020	Wednesday	General Surgery
2	05-03-2020	Thursday	General Medicine
IV BDS			
1	24-02-2020	Monday	Oral Medicine
2	25-02-2020	Tuesday	Orthodontics
3	26-02-2020	Wednesday	Pedodontics
4	27-02-2020	Thursday	Prosthodontics
5	28-02-2020	Friday	Conservative Dentistry
6	02-03-2020	Monday	Oral Surgery
7	03-03-2020	Tuesday	Periodontics
8	04-03-2020	Wednesday	Public Health Dentistry

Note:

1. Timings– 9:00am to 12:00noon – I to III BDS, 1:30pm to 4.30pm-IV BDS
2. Practical exam should be conducted during respective classes.

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December 19, 2020

DSCDS/2020/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 14/12/2020

SECOND INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2020-21 ODD BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	21-12-2020	Monday	General Anatomy
2	22-12-2020	Tuesday	Physiology & Biochemistry
3	23-12-2020	Wednesday	Dental Anatomy
II BDS			
1	21-12-2020	Monday	General Pathology & Microbiology
2	22-12-2020	Tuesday	Pharmacology
3	23-12-2020	Wednesday	Dental Materials
4	28-12-2020	Monday	Pre Clinical Conservative
5	29-12-2020	Tuesday	Pre Clinical Prosthodontics
III BDS			
1	21-12-2020	Monday	Oral Pathology
2	22-12-2020	Tuesday	General Surgery
3	28-12-2020	Monday	General Medicine
Practicals			
1	23-12-2020	Wednesday	General Surgery
2	24-12-2020	Thursday	General Medicine
IV BDS			
1	21-12-2020	Monday	Oral Medicine
2	22-12-2020	Tuesday	Orthodontics
3	23-12-2020	Wednesday	Pedodontics
4	24-12-2020	Thursday	Prosthodontics
5	28-12-2020	Monday	Conservative Dentistry
6	29-12-2020	Tuesday	Oral Surgery
7	30-12-2020	Wednesday	Periodontics
8	31-12-2020	Thursday	Public Health Dentistry

Note:

1. Timings– **I to III BDS 9:am to 12:00pm, IV BDS 1**:30pm to 4:30pm
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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February 13, 2021

DSCDS/OO/2021/

OFFICE ORDER
REF: Revised IA Time Table Dated:08/12/2021
THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR
IV BDS 2020-21 ODD BATCH –FEB 2021

Sl. No.	Date	Day	Subject
I BDS			
1	15-02-2021	Monday	General Anatomy
2	16-02-2021	Tuesday	Physiology & Biochemistry
3	17-02-2021	Wednesday	Dental Anatomy
II BDS			
1	17-02-2021	Wednesday	General Pathology & Microbiology
2	18-02-2021	Thursday	Pharmacology
3	19-02-2021	Friday	Dental Materials
4	15-02-2021	Monday	Pre Clinical Conservative
5	16-02-2021	Tuesday	Pre Clinical Prosthodontics
III BDS			
1	19-02-2021	Friday	Oral Pathology
2	15-02-2021	Monday	General Surgery
3	16-02-2021	Tuesday	General Medicine
Practicals			
1	17-02-2021	Wednesday	General Surgery
2	18-02-2021	Thursday	General Medicine
IV BDS			
1	15-02-2021	Monday	Oral Medicine & Radiology
2	16-02-2021	Tuesday	Orthodontics
3	17-02-2021	Wednesday	Pedodontics
4	18-02-2021	Thursday	Prosthodontics
5	19-02-2021	Friday	Conservative Dentistry
6	22-02-2021	Monday	Oral Surgery
7	23-02-2021	Tuesday	Periodontics
8	24-02-2021	Wednesday	Public Health Dentistry

Note:

1. Timings– **I to III BDS 9:am to 12:00pm, IV BDS 1**:30pm to 4:30pm
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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March 26, 2021

DSCDS/2021/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 30/01/2021

FIRST INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2020-21 REGULAR BATCH

Sl. No.	Date	Day	Subject
		I BDS	
1	02-04-2021	Friday	General Anatomy
2	06-04-2021	Tuesday	Physiology & Biochemistry
3	08-04-2021	Thursday	Dental Anatomy

Note:

1. Timings– **I BDS 9.00:am to 12:00pm**

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May 28,2021

DSCDS/2021/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 21-04-2021

SECOND INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2020-21 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	01-06-2021	Tuesday	General Anatomy
2	02-06-2021	Wednesday	Physiology & Biochemistry
3	03-06-2021	Thursday	Dental Anatomy
II BDS			
1	25-05-2021	Tuesday	General Pathology & Microbiology
2	26-05-2021	Wednesday	Pharmacology
3	27-05-2021	Thursday	Dental Materials
4	31-05-2021	Monday	Pre Clinical Conservative – Batch A Pre Clinical Prosthodontics – Batch B
5	01-06-2021	Tuesday	Pre Clinical Conservative – Batch B Pre Clinical Prosthodontics – Batch A
III BDS			
1	25-05-2021	Tuesday	Oral Pathology
2	26-05-2021	Wednesday	General Surgery
3	27-05-2021	Thursday	General Medicine
IV BDS			
1	27-05-2021	Thursday	Oral Medicine
2	28-05-2021	Friday	Orthodontics
3	31-05-2021	Monday	Pedodontics
4	01-06-2021	Tuesday	Prosthodontics
5	02-06-2021	Wednesday	Conservative Dentistry
6	03-06-2021	Thursday	Oral Surgery
7	04-06-2021	Friday	Periodontics
8	07-06-2021	Monday	Public Health Dentistry

Note:

1. Timings– **II to III BDS 9:am to 12:00pm, I BDS & IV BDS 1:30pm to 4:30pm**
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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Dayananda Sagar College of Dental Sciences,
Shavige Malleshwara Hills, Kumaraswamy Layout, Bengaluru

June 29, 2021

DSCDS/2021/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 21-04-2021

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2020-21 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	06-07-2021	Tuesday	General Anatomy
2	07-07-2021	Wednesday	Physiology & Biochemistry
3	08-07-2021	Thursday	Dental Anatomy
II BDS			
1	01-07-2021	Thursday	General Pathology & Microbiology
2	02-07-2021	Friday	Pharmacology
3	03-07-2021	Saturday	Dental Materials
4	07-07-2021	Wednesday	Pre Clinical Conservative – Batch A Pre Clinical Prosthodontics – Batch B
5	08-07-2021	Thursday	Pre Clinical Conservative – Batch B Pre Clinical Prosthodontics – Batch A
III BDS			
1	01-07-2021	Thursday	Oral Pathology
2	02-07-2021	Friday	General Surgery
3	03-07-2021	Saturday	General Medicine
Practicals			
1	07-07-2021	Wednesday	General Surgery
2	08-07-2021	Thursday	General Medicine
IV BDS			
1	01-07-2021	Thursday	Oral Medicine
2	02-07-2021	Friday	Orthodontics
3	05-07-2021	Monday	Pedodontics
4	06-07-2021	Tuesday	Prosthodontics
5	07-07-2021	Wednesday	Conservative Dentistry
6	08-07-2021	Thursday	Oral Surgery
7	09-07-2021	Friday	Periodontics
8	12-07-2021	Monday	Public Health Dentistry

Note:

1. Timings– **II to III BDS 9:am to 12:00pm, I BDS & IV BDS 1:30pm to 4:30pm**
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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Dayananda Sagar College of Dental Sciences,
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February 7, 2022

DSCDS/2022/

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 28-12-2021

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2021-22 ODD BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	14-02-2022	Monday	General Anatomy
2	15-02-2022	Tuesday	Physiology & Biochemistry
3	16-02-2022	Wednesday	Dental Anatomy
II BDS			
1	14-02-2022	Monday	General Pathology & Microbiology
2	15-02-2022	Tuesday	Pharmacology
3	16-02-2022	Wednesday	Dental Materials
4	21-01-2022	Monday	Pre Clinical Conservative – Batch A Pre Clinical Prosthodontics – Batch B
5	22-02-2022	Tuesday	Pre Clinical Conservative – Batch B Pre Clinical Prosthodontics – Batch A
III BDS			
1	14-02-2022	Monday	Oral Pathology
2	15-02-2022	Tuesday	General Surgery
3	16-02-2022	Wednesday	General Medicine
Practical			
1	23-02-2022	Wednesday	General Surgery
2	24-02-2022	Thursday	General Medicine
IV BDS			
1	14-02-2022	Monday	Oral Medicine
2	15-02-2022	Tuesday	Orthodontics
3	16-02-2022	Wednesday	Pedodontics
4	17-02-2022	Thursday	Prosthodontics
5	18-02-2022	Friday	Conservative Dentistry
6	21-01-2022	Monday	Oral Surgery
7	22-02-2022	Tuesday	Periodontics
8	23-02-2022	Wednesday	Public Health Dentistry

Note:

1. Timings– **I BDS to IV BDS 1:30pm to 4:30pm**
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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Dayananda Sagar College of Dental Sciences,
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July 01, 2022

DSCDS/2022

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 20-06-2022

FINAL INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2021-22 REGULAR BATCH

Sl. No.	Date	Day	Subject
II BDS			
1	04-07-2022	Monday	General Pathology & Microbiology
2	05-07-2022	Tuesday	Pharmacology
3	11-07-2022	Monday	Dental Materials
4	04-07-2022	Monday	Pre Clinical Conservative – Batch A Pre Clinical Prosthodontics – Batch B
5	05-07-2022	Tuesday	Pre Clinical Conservative – Batch B Pre Clinical Prosthodontics – Batch A
III BDS			
1	04-07-2022	Monday	Oral Pathology
2	05-07-2022	Tuesday	General Surgery
3	11-07-2022	Monday	General Medicine
Practicals			
1	13-07-2022	Wednesday	General Surgery
2	14-07-2022	Thursday	General Medicine
IV BDS			
1	04-07-2022	Monday	Oral Medicine
2	05-07-2022	Tuesday	Orthodontics
3	06-07-2022	Wednesday	Pedodontics
4	07-07-2022	Thursday	Prosthodontics
5	08-07-2022	Friday	Conservative Dentistry
6	11-07-2022	Monday	Oral Surgery
7	12-07-2022	Tuesday	Periodontics
8	13-07-2022	Wednesday	Public Health Dentistry

Note:

1. Timings– **II to III BDS 9:am to 12:00pm, IV BDS 1:30pm to 4:30pm**
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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July 01, 2022

DSCDS/2022

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 18-06-2022

FIRST INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2021-22 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	04-07-2022	Monday	General Anatomy
2	05-07-2022	Tuesday	Physiology & Biochemistry
3	11-07-2022	Monday	Dental Anatomy

Note:

1. Timings– **1:30pm to 4:30pm**
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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Dayananda Sagar College of Dental Sciences,
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August 29, 2022

DSCDS/2022

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 18-06-2022

SECOND INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2021-22 REGULAR BATCH

Sl. No.	Date	Day	Subject
			I BDS
1	05-09-2022	Monday	General Anatomy
2	06-09-2022	Tuesday	Physiology & Biochemistry
3	07-09-2022	Wednesday	Dental Anatomy

Note:

1. Timings– **1:30pm to 4:30pm**
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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Dayananda Sagar College of Dental Sciences,
Shavige Malleshwara Hills, Kumaraswamy Layout, Bengaluru

October 27, 2022

DSCDS/2022

OFFICE ORDER

Ref: Internal Assessment Theory Examination Time Table dated: 18-06-2022

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION FOR 2021-22 REGULAR BATCH

Sl. No.	Date	Day	Subject
I BDS			
1	02-11-2022	Tuesday	General Anatomy
2	03-11-2022	Wednesday	Physiology & Biochemistry
3	04-11-2022	Thursday	Dental Anatomy

Note:

1. Timings– **1:30pm to 4:30pm**
2. General Medicine & General Surgery exam timings 9am onwards.
3. Pre clinical conservative and Pre clinical prosthodontics exam timings 9am onwards

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Dayananda Sagar College of Dental Sciences, Bengaluru

Department of ANATOMY – I BDS

Time: 3 hours | Max Marks: 70 | Date: 18.08.2021

BDS III Internal Assessment Examination AUG 2021, 20-21 batch

Answer all questions and they should be specific. Draw neat labelled diagrams wherever necessary.

I.LONG ESSAY QUESTIONS **2x10=20**

1) Describe the lateral wall of nasal cavity under the following headings-
a) bones b) cartilages c) mucous membrane d) nerve supply and blood supply.
2) Gross anatomy of cavernous sinus, its relations, tributaries. Add a note on its applied anatomy.

II. SHORT ESSAY QUESTIONS **6x5=30**

3) Recurrent Laryngeal nerve.
4) Maxillary air sinus.
5) Histology of thick and thin skin.
6) Walder's ring.
7) Papillae.
8) Soft palate.

III. SHORT ANSWER QUESTIONS **10x2=20**

9) Eurothelium or Transitional epithelium.
10) Remaglottis.
11) Hyoglosses muscle.
12) Sub mandibular salivatory ganglion.
13) Cervical sinus.
14) Thyrohyoid membrane.
15) Jugular space.
16) Vertebral artery.
17) Taste bud.
18) Implantation.

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ANATOMY

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

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BDS 3rd IA Examination Aug 2021 – Regular Batch 2020-21

First BDS Student Seating List / Attendance

Sl.No.	Reg. No.	Name of the Student	Signature
		Room No:1	
1		Afra Ruknuddin	
2		Agile Sri Lekha	
3		Aishwarya Kulkarni	
4		Aisiri Raj H R	
5		Almas Banu	
6		Anjani Sravya M	
7		Bhavana B A	
8		Chirasree Chakraborty	
9		Dheeraj Narendra Shet	
10		Harshitha K	
11		Honey	
12		Inchara A	
13		Kaushik	
14		Meghana R Gaonkar	
15		Meghashree N Nandani	
16		Misbah Nadeem	
17		Mohammed Aabish	ABSENT
18		Nikath Fathima	
19		Nithya N	
20		Pooja	
21		Pradeep P Rathod	
22		Radhika M Poojar	
23		Rithi M	

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Sl.No.	Reg. No.	Name of the Student	Signature
24		S Bhuvana Shree	
25		Saba Fathima Khan	
26		Sanjana N	
27		Spoorti M Shivalli	
28		Taseen Akbar Khan	
29		Thejas Shekar B C	
30		Vipul M Naik	
31		Vulugundam Sudha Sarayu	V Sudha Sarayu
32		Y Monisha	
33		Yashika S Shinde	

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Dayananda Sagar College of Dental Sciences, Bangalore, Department of Physiology

Time: 1.5 hours Max Marks: 35 Date: 06-09-2022

BDS 2nd Internal Assessment Examination regular Batch 2022, First year physiology

Answer all questions and they should be specific. Draw neat labelled diagrams wherever necessary.

LONG ESSAY 1 X 10 = 10 Mark

1. With the help of diagrams write in detail about cardiac cycle add a note on heart sounds

SHORT ESSAY 3 X 5 = 15 Marks

2. Write in detail about growth hormone
3. Write in detail about spermatogenesis
4. write in detail about female menstrual cycle

SHORT ANSWERS 5x2 =10 Marks

5. 4 functions of kidney
6. 4 methods of contraception
7. waves of ECG with their cause
8. Juxtaglomerular apparatus structure
9. 4 features of Cushing's syndrome

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

1st Internal Assessment Theory Examination

I BDS 2021-2022 Regular Batch

Subject: Physiology & Biochemistry Date: 06/09/2022

Sl. No.	Student Name	Signature
1	A Swetha	
2	Amal Aqsa	Amal Aqsa
3	Anam Zara Khan	
4	Ananya C	
5	Anuja Trivedi	Absent
6	Anusha K S	Absent
7	Anushree Prasad Katte	Anushree
8	Aparna Dwivedi	
9	Arunachalam D V	Arunachalam D.V
10	Dari Anu	
11	Debonita Goala	Absent
12	Deeksha N	Deeksha
13	Deepak A S	Absent
14	Deepika V	Deepika V
15	Dharun Prasanth K	Absent
16	Gagana H T	Gagana
17	Hemavathi V	Hemavathi.V.
18	Hithendarsingh G	Absent
19	Inchara P	Inchara P
20	Ivana G Joanne	Ivana
21	Kavana L	
22	Keerthi K	Keerthi K
23	Mahalakshmi R N	
24	Meghana M	
25	Mohammed Adnan Khan	
26	N Lahari	Absent
27	Nabam Mate	
28	Nandini Mirje	
29	Nicole Lasrado	
30	Niharika J	Niharika
31	Poornima T N	
32	Pravasi Neva Sachin	Pravasi

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Bangalore - 560 078.

Sl. No.	Student Name	Signature
33	Priyanka Jadhav	Absent
34	Pushpalekha H S	
35	S Sri Gayathri Devi	
36	Samridhi Mathur	
37	Sange Dorjee Thungon	Absent
38	Sanjana Bharadwaj	
39	Sanjana R	
40	Santhosh T	
41	Shifa Nazima	
42	Sindhu S	
43	Sindhushree M	
44	Smrithi S	
45	Sufiyah Siddiqua	
46	Sujith P S	
47	Tanishka Talreja	
48	Thrishika M	Absent
49	V.C.Vetha Vikasini	
50	Vaibhavi Prakash	
51	Vasunita S	
52	Vignesh V	
53	Zaara Jasmine	

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES, BANGALORE.

I B.D.S, 1st Internal Assessment

SUBJECT: Biochemistry (5.07.2022)

Time: 1Hr. 30 Min. **Max. marks**:35

Your answers should be specific to the questions asked.

Draw diagrams wherever necessary.

Answer all the questions.

LONG ESSAY 1x10=10 marks

1. Describe the levels of organization of protein structure. Formation and features of peptide bond with determination of primary structure. (5+2+3)

SHORT ESSAY 3x5=15 marks

2. Functions of phospholipids.
3. Structure of DNA.
4. Define disaccharides. Give examples. Explain one example with structure.

SHORT ANSWER QUESTIONS 5x2=10 marks

5. Saponification number.
6. Essential amino acids.
7. m-RNA.
8. Epimers.
9. Plasma proteins.

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

1st Internal Assessment Theory Examination

I BDS 2021-2022 Regular Batch

Subject: Biochemistry Date: 5.7.2022

Sl. No.	Student Name	Signature
1	A Swetha	
2	Amal Aqsa	
3	Anam Zara Khan	
4	Ananya C	
5	Anuja Trivedi	
6	Anusha K S	
7	Anushree Prasad Katte	
8	Aparna Dwivedi	
9	Arunachalam D V	
10	Dari Anu	
11	Debonita Goala	
12	Deeksha N	
13	Deepak A S	
14	Deepika V	
15	Dharun Prasanth K	
16	Gagana H T	
17	Hemavathi V	
18	Hithendarsingh G	
19	Inchara P	
20	Ivana G Joanne	
21	Kavana L	
22	Keerthi K	ABSENT
23	Mahalakshmi R N	
24	Meghana M	
25	Mohammed Adnan Khan	
26	N Lahari	
27	Nabam Mate	
28	Nandini Mirje	
29	Nicole Lasrado	
30	Niharika J	
31	Poornima T N	
32	Pravasi Neva Sachin	

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Sl. No.	Student Name	Signature
33	Priyanka Jadhav	
34	Pushpalekha H S	
35	S Sri Gayathri Devi	
36	Samridhi Mathur	
37	Sange Dorjee Thungon	
38	Sanjana Bharadwaj	
39	Sanjana R	
40	Santhosh T	
41	Shifa Nazima	
42	Sindhu S	
43	Sindhushree M	
44	Smrithi S	
45	Sufiyah Siddiqua	
46	Sujith P S	ABSENT
47	Tanishka Talreja	
48	Thrishika M	
49	V.C.Vetha Vikasini	
50	Vaibhavi Prakash	
51	Vasunita S	
52	Vignesh V	
53	Zaara Jasmine	

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Dayananda Sagar College of Dental Sciences, Bengaluru

Department of Oral Pathology

Time: 3 hours | Max Marks: 70 | Date: 4-11-2022

BDS Third internal – Regular Batch 2022-2023

FIRST BDS, Subject of Dental anatomy and Dental Histology

Answer all questions and they should be specific. Draw neat labelled diagrams wherever necessary.

LONG ESSAY **2 X 10 = 20 Marks**

1. Write in detail morphology of Permanent maxillary molar
2. Explain in detail Ducto acinar system of salivary gland

SHORT ESSAY **8 X 5 = 40Marks**

3. Describe in detail non keratinocytes
4. Tabulate the difference between Acellular Extrinisic fiber cementum and Cellular Intrinsic Fiber Cementum
5. Histology of tooth movement during eruption.
6. Cap stage of tooth development
7. Describe histology of maxillary sinus.Add a note on its functions.
9. Events in bone remodeling
10. Theories of dentin hypersensitivity

VERY SHORT ANSWERS **5x2 =10 Marks**

11. Mention unique features of PDL
12. Pulpal stem cells
13. Prismless enamel
14. Derivatives of neural crest
15. Name clearing and fixing agents for preparation of specimen during histologic study.

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

3rd Internal Assessment Theory Examination

I BDS 2021-2022 Regular Batch

Subject: Dental anat...& dental histology Date: 17/11/22

Sl. No.	Student Name	Signature
1	A Swetha	A Swetha
2	Amal Aqsa	Amal Aqsa
3	Anam Zara Khan	Anam Zara Khan
4	Ananya C	
5	Anuja Trivedi	Anuja Trivedi
6	Anusha K S	Anusha
7	Anushree Prasad Katte	Anushree
8	Aparna Dwivedi	Aparna
9	Arunachalam D V	Arunachalam DV
10	Dari Anu	Anu
11	Debonita Goala	Goala
12	Deeksha N	Deeksha
13	Deepak A S	Deepak A S
14	Deepika V	Deepika V
15	Dharun Prasanth K	Dharun
16	Gagana H T	Gagana H.T
17	Hemavathi V	Hemavathi V
18	Hithendarsingh G	
19	Inchara P	Inchara P
20	Ivana G Joanne	Ivana
21	Kavana L	Kavana
22	Keerthi K	Keerthi
23	Mahalakshmi R N	Mahalakshmi
24	Meghana M	Meghana
25	Mohammed Adnan Khan	
26	N Lahari	N Lahari
27	Nabam Mate	
28	Nandini Mirje	Nandini
29	Nicole Lasrado	Nicole
30	Niharika J	Niharika
31	Poornima T N	Poornima
32	Pravasi Neva Sachin	Pravasi

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Sl No.	Student Name	Signature
33	Priyanka Jadhav	
34	Pushpalekha H S	
35	S Sri Gayathri Devi	
36	Samridhi Mathur	
37	Sange Dorjee Thungon	
38	Sanjana Bharadwaj	
39	Sanjana R	
40	Santhosh T	
41	Shifa Nazima	
42	Sindhu S	
43	Sindhushree M	
44	Smrithi S	
45	Sufiyah Siddiqua	
46	Sujith P S	
47	Tanishka Talreja	
48	Thrishika M	
49	V.C.Vetha Vikasini	
50	Vaibhavi Prakash	
51	Vasunita S	
52	Vignesh V	
53	Zaara Jasmine	

54. Sunil.S

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Time: 3 hours Max Marks: 70 Date: 02/12/2019

BDS 1st Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

II Year BDS, Subject of Dental Materials

Answer all questions and they should be specific. Draw neat labelled diagrams wherever necessary.

LONG ESSAY **2 X 10 = 20 Marks**

1. Classify impression materials. Describe the composition, setting reaction and properties of alginate impression material.
2. Classify amalgam alloys. Write in detail about high copper amalgam alloys.

SHORT ESSAY **8 X 5 = 40 Marks**

3. Setting reaction of GIC.
4. Expansion of gypsum products.
5. Acid etching – materials & pattern of etching.
6. Stress and strain.
7. Composition & setting reaction of $ZnPO_4$
8. Classify composites.
9. Methods of curing denture base resins.
10. Theories of setting, factors affecting setting time and measurement of setting time of gypsum products.

SHORT ANSWERS **5 x 2 =10 Marks**

11. Micro hardness tests.
12. Delayed expansion.
13. Cavity liners.
14. Agar conditioner.
15. Curing lights

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Dental Materials 2-12-19

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

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BDS 1st Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

Second BDS Student Seating List / Attendance

Class Room 1			Class Room 2		
Reg No	Name of the Student	Signature	Reg No.	Name of the Student	Signature
18D0073	Adamya. K.A		18D0099	Roseline Dsouza	
18D0074	Aishwarya .B. Girepnor		18D0100	Sadhvi. N.C	
18D0075	Akshhat Sanidhya	ABSENT	18D0101	Sejal Bhardwaj	
18D0077	Asma Firdose. I		18D0102	Sheema Anjum	
18D0079	C. Sarada Sanjana		18D0103	Shiksha Sunil Mukundappanavar	
18D0080	Deepak. M. P.		18D0104	Simran Naik	
18D0081	Devashish Manibushan Pandit		18D0105	Sirisha. R	
18D0084	Hosalli Akash		18D0106	Sreeja Gupta	
18D0085	Isani Inara Salim		18D0107	Srikeerthi. H	
18D0086	Kantle Preethi		18D0109	Sukanya .I. Kashyap	
18D0087	Keerthana. J		18D0110	Susana Maharana	
18D0089	Meghana Prasad		18D0111	Syed Majdi Mohammadi	
18D0090	Mili Goswami		18D0112	Vinutha. J. V	
18D0091	Monish Kumar. N	ABSENT	17D1630	Neha Kattimani	
18D0092	N. K. Kanishka Saini		17D1634	Punja Samika Shankara	
18D0093	Nimra Tazain		15D1605	Anush Kumar. S A	
18D0094	Nishad Noukhiz		06D0416	Leila Gharavi	ABSENT
18D0096	Prathibha Yallappa Karlannavar				
18D0097	Priyanka Kolakar				
18D0098	R. Michael Sam				

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Dayananda Sagar College of Dental Sciences, Bengaluru

Department of Pharmacology

Time: 3 hours | Max Marks: 70 | Date: 29-11-2019

BDS 1st Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

Second BDS, Subject - PHARMACOLOGY

Answer all questions and they should be specific. Draw neat labelled diagrams wherever necessary.

LONG ESSAY **2 X 10 = 20 Marks**

1. Define bioavailability? Enumerate the various factors affecting bioavailability?
2. Define Receptor? Enumerate the factors modifying drug action?

SHORT ESSAY **8 X 5 = 40Marks**

3. Plasma protein binding?
4. Enzyme induction?
5. Plasma Half life?
6. Fixed Dose combination?
7. Prodrug?
8. Drug Antagonism
9. Transdermal delivery system
10. Advantage and disadvantage of oral route?

SHORT ANSWERS **5x2 =10 Marks**

11. Define tachyphylaxis? Give one example?
12. Define therapeutic index and its clinical significance?
13. First Pass metabolism
14. Define zero order kinetics? Give one example?
15. Sublingual route?

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PHARMACOLOGY

29/4/2019

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BDS 1st Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

Second BDS Student Seating List / Attendance

Class Room 1			Class Room 2		
Reg No	Name of the Student	Signature	Reg No.	Name of the Student	Signature
18D0073	Adamya. K.A		18D0099	Roseline Dsouza	
18D0074	Aishwarya .B. Girepnor		18D0100	Sadhvi. N.C	
18D0075	Akshhat Sanidhya		18D0101	Sejal Bhardwaj	
18D0077	Asma Firdose. I		18D0102	Sheema Anjum	
18D0079	C. Sarada Sanjana		18D0103	Shiksha Sunil Mukundappanavar	
18D0080	Deepak. M. P.		18D0104	Simran Naik	
18D0081	Devashish Manibushan Pandit		18D0105	Sirisha. R	
18D0084	Hosalli Akash		18D0106	Sreeja Gupta	
18D0085	Isani Inara Salim		18D0107	Srikeerthi. H	
18D0086	Kantle Preethi		18D0109	Sukanya .I. Kashyap	
18D0087	Keerthana. J		18D0110	Susana Maharana	
18D0089	Meghana Prasad		18D0111	Syed Majdi Mohammadi	
18D0090	Mili Goswami		18D0112	Vinutha. J. V	
18D0091	Monish Kumar. N		17D1630	Neha Kattimani	
18D0092	N. K. Kanishka Saini		17D1634	Punja Samika Shankara	
18D0093	Nimra Tazain		15D1605	Anush Kumar. S A	
18D0094	Nishad Noukhiz		06D0416	Leila Gharavi	ABSENT
18D0096	Prathibha Yallappa Karlannavar				
18D0097	Priyanka Kolakar				
18D0098	R. Michael Sam				

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Dayananda Sagar College of Dental Sciences, Bengaluru

Department of General Pathology & Microbiology

Time: 3 hours | Max Marks: 35 | Date: 24-02-2020

BDS 2nd Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

Second BDS, Subject MICROBIOLOGY

Answer all questions and they should be specific. Draw neat labelled diagrams wherever necessary.

LONG ESSAY **1 X 10 = 10 Marks**

1.Explain in detail about the pathogenesis and laboratory diagnosis of Mycobacterium tuberculosis. Add a note on BCG.

SHORT ESSAY **3X 5 = 15Marks**

2.Prophylaxis against Rabies.
3. Cultivation of viruses.
4. Diseases caused by Streptococcus.

SHORT ANSWERS **5x2 =10 Marks**

5.Mention four contributions of Robert Koch.
6.Biological effects of complement.
7. Bacterial Conjugation.
8.Pasteurisation.
9.Quellung reaction.

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09

MICROBIOLOGY

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BDS 2nd Internal Assessment Examination Feb - Mar 2020 – Regular Batch 2019-2020

Second BDS Student Seating List / Attendance

Class Room 1				Class Room 2			
Sl. No.	Reg No	Name of the Student	Signature	Sl. No.	Reg No	Name of the Student	Signature
1	18D0073	Adamya. K.A		1	18D0099	Roseline Dsouza	
2	18D0074	Aishwarya .B. Girepnor		2	18D0100	Sadhvi. N.C	
3	18D0075	Akshhat Sanidhya	ABSENT	3	18D0101	Sejal Bhardwaj	
4	18D0077	Asma Firdose. I		4	18D0102	Sheema Anjum	
5	18D0079	C. Sarada Sanjana		5	18D0103	Shiksha Sunil Mukundappanavar	
6	18D0080	Deepak. M. P.		6	18D0104	Simran Naik	
7	18D0081	Devashish Manibushan Pandit		7	18D0105	Sirisha. R	
8	18D0084	Hosalli Akash		8	18D0106	Sreeja Gupta	
9	18D0085	Isani Inara Salim		9	18D0107	Srikeerthi. H	
10	18D0086	Kantle Preethi		10	18D0109	Sukanya .I. Kashyap	
11	18D0087	Keerthana. J		11	18D0110	Susana Maharana	
12	18D0089	Meghana Prasad		12	18D0111	Syed Majdi Mohammadi	
13	18D0090	Mili Goswami		13	18D0112	Vinutha. J. V	
14	18D0091	Monish Kumar. N		14	17D1630	Neha Kattimani	
15	18D0092	N. K. Kanishka Saini		15	17D1634	Punja Samika Shankara	
16	18D0093	Nimra Tazain		16	15D1605	Anush Kumar. S A	
17	18D0094	Nishad Noukhiz		17	06D0416	Leila Gharavi	ABSENT
18	18D0096	Prathibha Yallappa Karlannavar					
19	18D0097	Priyanka Kolakar					
20	18D0098	R. Michael Sam					

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III B.D.S REGULAR BATCH 2ND Internal Assessment Examination

Time: 3 Hrs. [Max. Marks: 70]

ORAL AND MAXILLOFACIAL PATHOLOGY 12.7.22

Your answers should be specific to the questions asked.
Draw neat labeled diagrams wherever necessary.

LONG ESSAY **2 X 10 = 20 Marks**

1. Classify benign and malignant salivary gland tumors. Discuss the clinical and histopathological features Of mucoepidermoid carcinoma and add a note on its grading system.
2. Classify fibro osseous lesions. Discuss in detail about Paget's disease of bone.

SHORT ESSAY **8 X 5 = 40 Marks**

3. Trigeminal Neuralgia
4. Explain physical injuries of oral and paraoral tissue
5. Histopathologic subtypes of Ameloblastoma
6. Metabolic disorders of the Jaw
7. Osteosarcoma.
8. Herpes simplex virus
9. Clinical features and Histopathology of Verrucous Carcinoma
10. Classify vesiculobullous lesions. Discuss in detail about histopathological features of Lichen planus.

SHORT ANSWERS **5 X 2 = 10 Marks**

11. Garre's osteomyelitis
12. Role of cytology in the diagnosis of oral lesions
13. Define Attrition, abrasion and erosion
14. Congenital syphilis.
15. Gustafson's Method

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

Final Internal Assessment Theory Examination

III BDS 2021-2022 Regular Batch

Subject: ORAL PATHOLOGY **Date:** 12.07.2022

Sl. No.	Reg. No.	Name of the Students	Signature
1	19D0063	Aminul Hassan Laskar	ABSENT
2	**19D0064**	Andrea Maria Fonseca	
3	**19D0066**	Apramita Sarangi	
4	19D0067	Ayesha Noorain A	
5	19D0068	Ayesha Sameen	
6	**19D0069**	Chaitra. G	
7	19D0070	D Sai Sreeja	
8	**19D0073**	Gagan. C. P	
9	**19D0074**	Harshitha B.Y	
10	**19D0075**	Huda Nadeem	
11	19D0076	Indu. K	
12	19D0077	Jeff Patrick	
13	19D0080	K. Ram Shishir Reddy	
14	19D0081	Madhura. R	
15	19D0083	Malavikha V	
16	19D0084	Mamatha Suthar	
17	19D0085	Megha. S	
18	19D0086	Miriyala Rishitha	
19	19D0088	Perumal Sowmya	
20	19D0090	Pradnya Lagare	
21	19D0091	Preethi. T	
22	19D0094	Sahana. A. V	
23	19D0095	Sahana Suggi. A. K	
24	19D0096	Sanjana K Murthy	
25	**19D0097**	Sayani Sarkar	
26	19D0098	Shobha I Ganiger	

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Sl. No.	Reg. No.	Name of the Students	Signature
27	19D0099	Shreshth Sarthak Adavi	
28	19D0100	Sindhu. K.T	
29	19D0101	Srijani Chowdhury	
30	19D0103	Swaroop Kumar M S	
31	19D0104	Thanushree. N	
32	18D0108	Sudiksha Sharma	
33	18D0112	Vinutha J V	
34	15D1605	Anush Kumar S A	ABSENT
35.	18D0098	Michael Sam. R	

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GENERAL SURGERY- 3rd internal 2019
Dayananda Sagar College of Dental Sciences

Max marks - 35

LONG ESSAY (1X10=10 MARKS)

1) Write in detail about pleomorphic adenoma- clinical signs and symptoms, treatment plan

SHORT ESSAY (5X4 =20 MARKS)

2) Non hodgkin's lymphoma.
3) Types of haemorrhage.
4) Thyrotoxicosis.
5) Mumps.

SHORT ANSWER (5X1=5 MARKS)

6) Name the lymph nodes of head and neck.
7) Frey's syndrome.
8) Stenson's duct.
9) Sialolith.
10) Facial nerve and its branches.

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General Surgery — III INTERN A2 — 26/4/2019

		Roll.no	
1.	PATHIPATI. DIVYA.	33	Pathipati divya
2	AMULYA. M. Gowda	5	Amulya
3.	RASHIKA TRIPATHI	35	Rashika.
4.	ARCHANA.I.P	10	Archana.
5.	SOWMYA.A	39	Sowmya.A.
6.	AISHWARYA KH.	19	Aishwarya KH.
7.	POUKHUAN PANME	34	Poukhuan
8.	VIJAY SINGH JADOUN	41	Vijay singh.
9.	NIHARIKA.R.V.	29	Niharika RV
10	KRUTHI M.S	22	Kruthi M.S
11	MEELU BABU	24	Meelu
12.	KARMA.K.P.	21	Karma
13.	PINKI DAS	42	Pinki Das
14.	SHYAMALIMADAS	43	Shyamalima
15	ELIZABETH AJI	14	Elizabeth
16)	ANANDI GANGULI	6	Anandi Ganguli
17)	BARSHA SAIKIA	12	Barsha
18)	Ishani Das	16	Ishani Das
19.	Kajol Yadav	20	Kajol.
20)	Anjali Kaushik	8	Anjali
21.)	SUMIRAN SINHA	4	Sumiran Sinha.
22.	K. Gnana. Sphurthi	18	Sphurthi.

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23.	SHRIYANSHI SINGH	88	Shriyanshi
24	ALIYA KAUSER	03	
25	NIKITA SINGH.	30	Nikita
26	Mobin Fathima	26	M. Fathima.
27	Akshay	02	
28.	Pallavi. R.Y.	31	Pallavi. R.Y.
29.	Arvind Patil	9	A.J. Patil
30.	Daniel Boucas	13	Daniel
31.	Monik Roy	27.	Monik Roy.
32.	NAVNEETH ACHARYA	28	
33.	PARIKEERTHAN.Y.P	32	Parikeerthan.Y.P
34.	ARSHIYA KAUSER. A	11	kauser
35.	MINU KUMARI	25	Minu
36.	HEMAVATI. ROOGI	15	Roogi
37	ROOPASHREE. N	36	Nayak
38.	JAYA D. KAMAT	17	
39.	M. ALBERT NOEL	23	
40.	ANANTHU. T. SURESH	7	
41	AISHWARYA VIJAY	1	Aishwarya
42.	ALLEN. S. JOSEPH	4	
43.	Gebina Sertin	44	gebina
44.	S. SHIVANI	46	

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Dayananda Sagar College of Dental Sciences, Bengaluru

Department of < General Medicine>

Time: 3 hours | Max Marks: 70 | Date: < 02-12-19>

BDS 1st Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

< 2019-2020>BDS, Subject of < General Medicine>

Answer all questions and they should be specific. Draw neat labelled diagrams wherever necessary.

LONG ESSAY **2 X 10 = 20 Marks**

1. Describe the Pathogenesis, Clinical features, Investigations, Management and prevention of Malaria
2. What is Acute coronary syndrome? Describe the Clinical features, Diagnosis, Investigations, Management and complications of Acute Coronary Syndrome

SHORT ESSAY **8 X 5 = 40Marks**

3. Typhoid fever
4. Acute Rheumatic fever
5. Dysphagia
6. Viral Hepatitis A
7. Infective Endocarditis
8. Tuberculosis
9. Essential Hypertension
10. Mitral Stenosis

SHORT ANSWERS **5x2 =10 Marks**

11. Name 2 Congenital Heart Diseases
12. Name 2 causes of Secondary Hypertension
13. Name 2 Regurgitant valvular heart diseases
14. Name 2 Antitubercular Drug side effects
15. Name 2 Hypertension Drug side effects

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Subject:- General Medicine

2.12.19

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

Shavige Malleswara Hills, Kumaraswamy Layout, Bangalore 560 078.

BDS 1st Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

Third BDS Student Seating List / Attendance

Class Room 3			Class Room 4		
Reg No	Name of the Student	Signature	Sl.No.	Name of the Student	Signature
17D1601	Aishwarya Biswas		17D1627	Manu. K	
17D1602	Ankita Arya		17D1629	N. Chaitra	
17D1604	Ashwini. C		17D1631	Pradeep Raj. J	
17D1605	Atika Ifath		17D1632	Pragya Singh	
17D1608	Chatre Aishwarya		17D1633	Prarthana Bharadwaj	
17D1609	Chiraag. S		17D1637	Saumya	
17D1611	Ekta Singh		17D1638	Sudha. S. K.	
17D1612	G. C. Gargi Prakash		17D1639	Surabi Sasi	
17D1613	Gajare Ganesh Dattatray		17D1641	Vishal	
17D1614	Geetha Priya. Y. B	Absent	16D1649	Shubhangi Prakash Gupta	
17D1615	Harshitha. B. N		16D1628	Khesia Edison	
17D1616	Harshitha N G Puranik		14D1617	Chandana Kalita	
17D1617	Hima .A. Girish				
17D1618	Hitesh. N				
17D1619	Jyoti Singh				
17D1620	Kankanala Sridivya				
17D1622	Kaveri .S. Sultanpuri				
17D1623	Komal Jain. M				
17D1624	Komal Singh				
17D1626	Manoj Kumar. T. V				

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DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY
DAYANANDASAGAR DENTAL COLLEGE, BANGALORE

Final year Regular Batch (July 2018-19)
I Internal assessment test

Duration :3 hrs

Max mark: 70
Date- 03/12/2018

Answer all questions to the point. Draw neat labeled diagrams wherever required

Long essay **10x2=20**

11. Describe in detail production of X-rays. Add a note on factors affecting x-ray Production
12. Discuss the etiology, clinical features and management of Primary Herpetic Gingivo Stomatitis

Short essay **8x 5=40**

13. Significance of Medical History
14. Radiographic features of Chronic Periapical abscess and Periapical Granuloma
15. Sickle cell anemia-clinical and radiographic features
16. Radicular cyst – Clinical features and Radiographic features
17. Grids
18. Normal radiopaque landmarks of maxilla
19. Steps in manual processing of radiographs
20. Protection of radiographic personnel

Short answers 10x2=20

11. Cyanosis
14. Principle of Bisecting angle technique
15. Causes of dark radiograph
16. ~~TBD~~ badges
17. Radiographic classification of periodontitis

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ORAL MEDICINE AND RADIOLOGY –1ST INTERNAL ASSESSMENT -FINAL YEAR			
REGULAR BATCH – ATTENDENCE SHEET -2018-19			
S.L No.	Student Unique Enrolment ID	Name of the student	Signature
1	09D1632	Negin Shamsi Jokandan	
2	09D1625	Mehrab Mesgarani	
3	10D1660	Ameneh Mohammad Aziz Tarbaneh	
4	11D1650	Nikita Barbaruah	
5	12D1653	Minahazul Hoque Choudhary	
6	12D1621	Kiran Dev	
7	14D1634	Rashmitha B S	
8	14D1653	Sreejit Saha	
9	14D1659	Zain Mehkri	
10	15D1602	Akshata Ohm	
11	15D1603	Anaida Acharya	
12	15D1604	Ananthesh. H. S	
13	15D1606	Ayushi Srivastava	
14	15D1607	C. Surya Prakash	
15	15D1608	Chaithanya. S	
16	15D1611	Darshini Priya. M	
17	15D1612	Deepashri. S	
18	15D1613	Divya Babu	
19	15D1614	Gokul. K	
20	15D1615	Harsha Mohandas	
21	15D1616	Jitha. P.P	
22	15D1617	Karthika. K. T.	
23	15D1618	Keerthi Krishnan Unni	
24	15D1620	Likitha.M.N.	
25	15D1622	Madhuri Koushik. V. R.	
26	15D1623	Mimansa Deshmukh	
27	15D1624	Mohammed Sadiq Kazi	
28	15D1625	Nairuthya. K. P	

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29	15D1626	Naveen John	Naveen John
30	15D1630	Rajshree	Rajshree
31	15D1631	Raksha Kumari	
32	15D1633	Reshma. K	Reshma
33	15D1634	S. Hemanth Kumar	
34	15D1636	Shabnam Firdaus	
35	15D1638	Sherin Paul. M	Sherin
36	15D1639	Shreya Agarwal	Shreya
37	15D1640	Sunaina Balan. N	Sunaina
38	15D1641	Swapnil Rastogi	Swapnil
39	15D1642	Swasti Bhardwaj	Swasti
40	15D1643	Swetha Chandran	Swetha
41	15D1644	Tasneem Banu. S.M	Tasneem Banu
42	15D1645	Vishnu Aithal.P.B.	
43	15D1647	Zuwaina Khan	Zuwaina
44	15D1648	Anju Sonpura	Anju
45	15D1650	Charu Sonegare	Charu
46	15D1651	Kishen. K. S.	Kishen
47	15D1652	Mahima. R	Mahima
48	15D1655	Safa Maryam	Safa
49	15D1658	Syed Mikayeel Abidi	Syed
50	15D1659	Syeda Ramz E Zehra	Syed
51	15D1660	Tenzin Younten	

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES,
KS LAYOUT, BANGALORE-78

IV BDS 1st Internal Assessment – June 2022

Time: 3 hours
70

Max marks:

PUBLIC HEALTH DENTISTRY

I. **Long essay (2 X 10= 20 marks):**

1. Define Defluoridation. Classify the defluoridation techniques used in dentistry. Discuss the NALGONDA technique in detail.
2. Define Epidemiology. Classify the different epidemiological study designs. Explain the epidemiological triad.

II. **Short essay (5 X 8 = 40 marks):**

3. Enumerate the various Principles of Health education. Explain any 4 in detail
4. What is solid Waste? Write the details of Bangalore method of waste disposal
5. Describe the clinical steps in pit and fissure sealant placement.
6. Define Primary Health Care. Explain the principles of primary health care.
7. Enumerate the differences between public health dentist and private dental practitioner
8. Explain slow sand filtration method with a clean neat labelled diagram.
9. State the duties of a dentist towards a patient and towards another dentist
10. List the indications and contra indications of Pit & fissure sealants

III. **Short answers (2 X 5 = 10 marks) :**

11. Loss of Head.
12. Etiological factors for Oral Cancer.
13. Any 4 mass media tools.
14. Explain ASKOV school dental program.
15. Who are Local Dais and Anganwadi workers?

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

1st Internal Assessment Theory Examination

IV BDS 2021-2022 Regular Batch

Subject: PUBLIC HEALTH DENTISTRY Date: 23/06/2022

Sl.No.	Reg. No	Name of the Students	Signature
1	18D0073	Adamya. K.A	
2	18D0074	Aishwarya .B. Girepnor	ABSENT
3	18D0077	Asma Firdose. I	Asma firdose.
4	18D0080	Deepak. M. P.	
5	18D0081	Devashish Manibushan Pandit	
6	18D0084	Hosalli Akash	
7	18D0085	Isani Inara Salim	
8	18D0086	Kantle Preethi	
9	18D0087	Keerthana. J	Keerthana.J
10	18D0089	Meghana Prasad	
11	18D0090	Mili Goswami	Mili Goswami
12	18D0091	Monish Kumar. N	Monish kumar N
13	18D0092	N. K. Kanishka Saini	
14	18D0093	Nimra Tazain	
15	18D0094	Nishad Noukhiz	
16	18D0096	Prathibha Yallappa Karlannavar	
17	18D0097	Priyanka Kolakar	
18	18D0099	Roseline Dsouza	
19	18D0100	Sadhvi. N.C	
20	18D0101	Sejal Bhardwaj	
21	18D0102	Sheema Anjum	
22	18D0103	Shiksha Sunil Mukundappanavar	
23	18D0104	Simran Naik	
24	18D0105	Sirisha. R	
25	18D0106	Sreeja Gupta	

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Sl.No.	Reg. No	Name of the Students	Signature
26	18D0107	Srikeerthi. H	
27	18D0109	Sukanya .I. Kashyap	
28	18D0110	Susana Maharana	
29	18D0111	Syed Majdi Mohammadi	
30	17D1628	Meghana S Gogal	
31	17D1634	Punja Samika Shankara	
32	15D1635	Saurabh Bajapai	

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Dayananda Sagar College of Dental Sciences

Department of Oral and Maxillofacial Surgery

IV B.D.S. FINAL INTERNAL EXAMINATION – MAY 2019

Time: 3 hours **[Max Marks: 70]**

Your answers should be specific to the questions asked.
Draw neat labelled diagrams wherever necessary.

LONG ESSAY: **(2 x 10 = 20 Marks)**

1. Classify fractures of the middle third of the face. Write in detail about lefort 3 fractures. Add a note on CSF rhinorrhea
2. Write in detail about Primary fascial spaces

SHORT ESSAY: **(6 x 5 = 30 Marks)**

1. Tracheostomy
2. Surgical management of potentially malignant lesions.
3. Glasgow coma scale
4. Dislocation of TMJ
5. Vestibuloplasty
6. Sialolithiasis.

SHORT ANSWERS: **(2 x 10 = 20 Marks)**

1. White head varnish
2. Interpositional arthroplasty.
3. Carnoy's solution.
4. CSF rhinorrhea
5. Dean's alveoplasty
6. Resorbable suture materials
7. Types of dental wiring for facial bone fractures
8. Sequestrum
9. Surgicel and gelfoam
10. Metronidazole

* * * * *

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Kumaraswamy Layout,
Bangalore - 560 078.

QP Code: 0305

ATTENDANCE :- 02/05/2019.

ORAL SURGERY →

1. KARTHIKA . K.T
2. Mihayeel Abidi
3. Rajshree
4. Tenzin Younten
5. S.HEMANTH KUMAR
6. Swati Bhardwaj
7. Ayushi Srivastava
8. Swapnil Rastogi
9. Mimansa Deshmukh
10. SREEJIT
11. Nikita Barbaruah
Negin Shamsi
13. Ameneh Tarbaneh
[redacted]
14. LIKITHA . M.N.
15. RASHMITHA . B.S
16. DEEPASHRI . S
17. ANANTHESH H.S
18. Karan Dev
19. SYEDA RAMZE ZEHRA
20. AKSHATA OHM
21. Charu
22. MOHAMMED SADIQ KAZI
23. SURYA . PRAKASH .
24. VISHNU . AITHA .
25. SUNAINA BALAN . N.
26. ZUWAINA KHAN
27. SAFA MARYAM
28. MADHURI KOUSHIK
29. Tasneem S.M.
30) Keerthi Krishnamani
31) SHERIN PAUL . M
32) SHABNAM FIRDAUS
33) ANAIDA ACHARYA
34) Kishan
35) Zain
36) Swetha
32) Reshma.
33) Raksha
34) Anju
35) Akasha
36) DIVYA
37) Darshini Priya
38) Chaithanya . S
39) Mahima
40) [illegible]
41) Jitha
42) [illegible]
43) Naveen

ODD . BATCH

1. Aajuna Adithya
2. Mojtaba Balouch Akhari
3. Essam aldeen
4. Nithya priya . U
5. Rakshitha
6. [illegible] priya . K
7. Shahsooika Bloih
8. Anusha C.K
9. MINHAZ
KOUSHIK

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES
Department of Conservative Dentistry & Endodontics

Time: 3 hours Max Marks: 70 Date: 28.02.2020

BDS II Internal Assessment Examination Nov-Dec2019 – Regular Batch 2019-2020

IV BDS, Subject of Conservative Dentistry & Endodontics

Answer all questions and they should be specific. Draw neat labeled diagrams wherever necessary.

LONG ESSAY **2 X 10 = 20 Marks**

1. 1. What is working length? Classify the methods of working length determination. Explain in detail about
2. EAL (Electronic Apex locator)
3. 2. What are the objectives of cleaning and shaping and explain in detail about Crown down technique
4. **SHORT ESSAY** **8 X 5 = 40Marks**
5. 3. Explain the recent advances in endodontic diagnosis.
6. 4. Classify Post & Core & explain in detail about Cast Post.
7. 5. Describe the Walking bleach technique & add a note on double seal.
8. 6. What are the ideal requirements of an irrigant & explain in detail about sodium hypochlorite.
9. 7.Describe the standardization of endodontic instruments.
10. 8. What are the Principles of access cavity preparation.
11. 9. Classify root canal sealers & explain in detail about resin sealers.
12. 10.Calcium hydroxide as on intercanal medicament.
13.
14. **.SHORT ANSWERS** **5x2 =10 Marks**
15. 1. MTAD 2. Protaper 3. Pulse Oximetry
16. 4. Ledge 5. MTA

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Bangalore - 560 078.

CONSERVATIVE DENTISTRY & ENDODONTICS

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

Shavige Malleswara Hills, Kumaraswamy Layout, Bangalore 560 078.

BDS 2nd Internal Assessment Examination Feb - Mar 2020 – Regular Batch 2019-2020

Fourth BDS Student Seating List / Attendance

Class Room 1				Class Room 2			
Sl. No.	Reg No	Name of the Student	Signature	Sl. No.	Reg No	Name of the Student	Signature
1	16D1603	Aishwarya Vijay		1	16D1632	Minu Kumari	
2	16D1605	Aliya Kauser		2	16D1633	Mobinfatima	
3	16D1606	Allen .S. Joseph		3	16D1634	Momik Roy	
4	16D1607	Amulya .M. Gowda		4	16D1636	Navneeth Acharya G.S.	
5	16D1609	Ananthu .T. Suresh		5	16D1637	Niharika. R. V	
6	16D1610	Anjali Kaushik		6	16D1638	Nikita Singh	
7	16D1613	Arvind Patil		7	16D1639	Pallavi. R. Y	Absent
8	16D1614	Archana. I P		8	16D1640	Parikeerthan. Y. P	
9	16D1615	Arshiya Kauser. A		9	16D1641	Pathipati Divya	
10	16D1616	Barsha Saikia		10	16D1644	Rashika Tripathi	
11	16D1617	Daniel Bovas		11	16D1645	Roopashree Nayak	
12	16D1618	Elizabeth Aji		12	16D1646	Shivani. S	
13	16D1619	Hemavati Roogi		13	16D1648	Shriyanshi Singh	
14	16D1620	Ishani Das		14	16D1651	Sowmya. A	
15	16D1621	Jaya Dayanand Kamat		15	16D1652	Sumiran Sinha	
16	16D1623	K. Gnana Sphurthi		16	16D1654	Vijay Singh Jadoun	
17	16D1624	K. H. Aishwarya		17	13D1642	Gebina Partin	Absent
18	16D1626	Kajol Yadav		18	11D1658	Shyamalima Das	Absent
19	16D1627	Karma. K.P.					
20	16D1629	Kruthi. M. S					

21 13D1650 SARSTI SUMAN ABSENT

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Bangalore - 560 078.

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Bangalore - 560 078.

Dayananda Sagar College of Dental Sciences, Bengaluru

Department of Prosthodontics Including Crown & Bridge

Time: 3 hours Max Marks: 70 Date: 03/12/2019

BDS 1st Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

IV Year BDS, Subject of Prosthodontics

Answer all questions and they should be specific. Draw neat labelled diagrams wherever necessary.

LONG ESSAY **2 X 10 = 20 Marks**

1. Treatment planning in Complete Denture.
2. Define and classify Jaw Relations. Discuss the various techniques of recording horizontal jaw relation.

SHORT ESSAY **8 X 5 = 40 Marks**

3. Residual ridge resorption.
4. Advantages & disadvantages of Immediate dentures.
5. Posterior palatal seal area.
6. Advantages of metallic denture base over acrylic denture base.
7. Anterior teeth selection.
8. Articulators.
9. Balanced occlusion.
10. Factors affecting retention of complete denture.

SHORT ANSWERS **5 x 2 =10 Marks**

11. Neutral zone.
12. Bennet movement & Bennet shift.
13. Selective pressure technique.
14. Stress bearing areas of maxilla & mandible.
15. Types of denture teeth.

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PROSTHODONTICS

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

Shavige Malleswara Hills, Kumaraswamy Layout, Bangalore 560 078.

BDS 1st Internal Assessment Examination Nov-Dec 2019 – Regular Batch 2019-2020

Fourth BDS Student Seating List / Attendance

Class Room 1			Class Room 2		
Reg No	Name of the Student	Signature	Sl.No.	Name of the Student	Signature
16D1603	Aishwarya Vijay		16D1632	Minu Kumari	
16D1605	Aliya Kauser		16D1633	Mobinfatima	
16D1606	Allen .S. Joseph		16D1634	Momik Roy	
16D1607	Amulya .M. Gowda		16D1636	Navneeth Acharya G.S.	
16D1609	Ananthu .T. Suresh		16D1637	Niharika. R. V	
16D1610	Anjali Kaushik		16D1638	Nikita Singh	
16D1613	Arvind Patil		16D1639	Pallavi. R. Y	
16D1614	Archana. I P		16D1640	Parikeerthan. Y. P	
16D1615	Arshiya Kauser. A		16D1641	Pathipati Divya	
16D1616	Barsha Saikia		16D1644	Rashika Tripathi	
16D1617	Daniel Bovas		16D1645	Roopashree Nayak	
16D1618	Elizabeth Aji		16D1646	Shivani. S	
16D1619	Hemavati Roogi		16D1648	Shriyanshi Singh	ABSENT
16D1620	Ishani Das		16D1651	Sowmya. A	
16D1621	Jaya Dayanand Kamat		16D1652	Sumiran Sinha	
16D1623	K. Gnana Sphurthi		16D1654	Vijay Singh Jadoun	
16D1624	K. H. Aishwarya		13D1642	Gebina Partin	ABSENT
16D1626	Kajol Yadav		11D1658	Shyamalima Das	ABSENT
16D1627	Karma. K.P.				
16D1629	Kruthi. M. S				

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Bangalore - 560 078.

Dayanand Sagar College of Dental Sciences, Bengaluru
Department of Pediatric and Preventive Dentistry

Time: 3 hrs | Max Marks: 70 | Date-16/6/2022

BDS 1st Internal Assessment Examination Jun 2022- Reg batch 2021-2022
Final year BDS- Pediatric and Preventive Dentistry

Answer all questions and they should be specific. Draw neat labeled diagrams wherever necessary

LONG ESSAYS: 2X10= 20 Marks

1. Classify behavior. Discuss various non-pharmacological behaviour management techniques.
2. Define normal occlusion. Describe the development of occlusion from birth to adolescence.

SHORT ESSAYS: 8x5=40 Marks

3. Social learning theory
4. Caries activity tests
5. Knutson's technique
6. Devitalisation Pulpotomy
7. Sequel of trauma for primary teeth
8. Pit and Fissure sealants
9. Infant oral health
10. Management of ECC

SHORT ANSWERS: 5x2=10 Marks

11. Characteristic features of an abused child
12. Drug dosage formulas for children
13. Inferior alveolar nerve block in 3-year-old child.
14. Oedipus complex
15. Window of infectivity

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

1st Internal Assessment Theory Examination

IV BDS 2021-2022 Regular Batch

Subject: PERIODONTICS **Date:** 14/6/2022

Sl.No.	Reg. No	Name of the Students	Signature
1	18D0073	Adamya. K.A	
2	18D0074	Aishwarya .B. Girepnor	
3	18D0077	Asma Firdose. I	
4	18D0080	Deepak. M. P.	
5	18D0081	Devashish Manibushan Pandit	
6	18D0084	Hosalli Akash	
7	18D0085	Isani Inara Salim	
8	18D0086	Kantle Preethi	
9	18D0087	Keerthana. J	
10	18D0089	Meghana Prasad	
11	18D0090	Mili Goswami	
12	18D0091	Monish Kumar. N	
13	18D0092	N. K. Kanishka Saini	
14	18D0093	Nimra Tazain	
15	18D0094	Nishad Noukhiz	
16	18D0096	Prathibha Yallappa Karlannavar	
17	18D0097	Priyanka Kolakar	
18	18D0099	Roseline Dsouza	
19	18D0100	Sadhvi. N.C	
20	18D0101	Sejal Bhardwaj	
21	18D0102	Sheema Anjum	
22	18D0103	Shiksha Sunil Mukundappanavar	
23	18D0104	Simran Naik	
24	18D0105	Sirisha. R	
25	18D0106	Sreeja Gupta	

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Kumaraswamy Layout,
Bangalore - 560 078.

Sl.No.	Reg. No	Name of the Students	Signature
26	18D0107	Srikeerthi. H	
27	18D0109	Sukanya .I. Kashyap	
28	18D0110	Susana Maharana	
29	18D0111	Syed Majdi Mohammadi	
30	17D1628	Meghana S Gogal	
31	17D1634	Punja Samika Shankara	
32	15D1635	Saurabh Bajapai	

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF PERIODONTICS
IV BDS Regular batch – 1ST INTERNAL ASSESSMENT – 22nd June 2022

TIME: 3Hrs **Max Marks: 70**

LONG ESSAYS: (2x10=20 marks)

1. Define Gingiva. Write in detail about the macroscopic features of gingiva. Add a note on dento-gingival junction. {2+6+2=10}
2. Classify gingival enlargement. Write in detail about etiology and pathogenesis of drug induced gingival enlargement. {5+5=10}

SHORT ESSAYS: (8x5=40 marks)

3. Classify chemical plaque control agents. Write in detail about the mechanism of action of chlorhexidine
4. Contents of GCF
5. Specific and Non-specific and Ecological Plaque hypothesis
6. Causes of oral malodour
7. Loe and Silness gingival index
8. Treatment of dentinal hypersensitivity
9. Hypercementosis
10. Clinical features of Necrotising ulcerative gingivitis (NUG)

SHORT ANSWERS: (5X2=10 marks)

11. Fenestration and dehiscence
12. Write the Angulation used for scaling and curettage with diagram
13. Stages of plaque formation
14. Prevalence and incidence
15. Hydrodynamic theory

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DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

1st Internal Assessment Theory Examination

IV BDS 2021-2022 Regular Batch

Subject: Periodontics Date: 22/6/22

Sl. No.	Reg. No	Name of the Students	Signature
1	18D0073	Adamya. K.A	
2	18D0074	Aishwarya .B. Girepnor	Absent
3	18D0077	Asma Firdose. I	
4	18D0080	Deepak. M. P.	
5	18D0081	Devashish Manibushan Pandit	
6	18D0084	Hosalli Akash	
7	18D0085	Isani Inara Salim	
8	18D0086	Kantle Preethi	
9	18D0087	Keerthana. J	
10	18D0089	Meghana Prasad	
11	18D0090	Mili Goswami	
12	18D0091	Monish Kumar. N	
13	18D0092	N. K. Kanishka Saini	
14	18D0093	Nimra Tazain	
15	18D0094	Nishad Noukhiz	
16	18D0096	Prathibha Yallappa Karlannavar	
17	18D0097	Priyanka Kolakar	
18	18D0099	Roseline Dsouza	
19	18D0100	Sadhvi. N.C	
20	18D0101	Sejal Bhardwaj	
21	18D0102	Sheema Anjum	
22	18D0103	Shiksha Sunil Mukundappanavar	
23	18D0104	Simran Naik	
24	18D0105	Sirisha. R	
25	18D0106	Sreeja Gupta	

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Bangalore - 560 078.

Sl. No.	Reg. No	Name of the Students	Signature
26	18D0107	Srikeerthi. H	
27	18D0109	Sukanya .I. Kashyap	
28	18D0110	Susana Maharana	
29	18D0111	Syed Majdi Mohammadi	
30	17D1628	Meghana S Gogal	
31	17D1634	Punja Samika Shankara	
32	15D1635	Saurabh Bajapai	

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FINAL YEAR REGULAR BATCH

FIRST INTERNAL

ORTHODONTICS

17/1/18

LONG ESSAYS:- (2x10=20)

1) Define growth and development. Write in detail about the prenatal growth of mandible.
2) What are diagnostic aids? Classify essential and supplementary diagnostic aids. Write in detail about study models.

SHORT ESSAYS:- (5x8=40)

3) Growth spurts
4) Functional matrix theory
5) Trajectories of force
6) Infantile and mature swallow
7) Andrew's six keys of occlusion
8) Ackerman and profitt classification
9) Mouth breathing habit
10) Ashley Howe analysis

SHORT ANSWERS:- (2x5=10)

1) Jackson's triad
2) Cephalocaudal gradient of growth
3) Broadbent phenomenon
4) Incisal liability
5) Synchondrosis

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DEPARTMENT OF ORTHODONTICS.
DAYANANDA SAGAR COLLEGE OF DENTAL SCIECES

DATE: 17.1.18 FIRST INTERNAL ASSESSMEN MARKS-70

ROLL.NO.	NAME	SIGNATURE
14D1601	Aishwarya AB	
14D1603	Adithi U A	
14D1605	AISHWARYA.M	
14D1606	Aiswarya.R	
14D1612	Anisha	
14D1611	Anil kumar.	
14D1616	Aswathi. S Nambiar	
14D1622	J. Shruthi	
14D1625	Krishnendu. S	
14D1631	Nishmitha D Shetty	
14D1624	Krishna Mohandas	
14D1619	G. Praveen kumar	
14D1609	Alycia Mani Jenni	
14D1608	AKSHATHA. Y. S.	
14D1613	Anusha. K.V	
14D1615	Asjadi. S	
14D1621	Haiqua Nasir	
14D1641	Rydham khazuria	
14D1620	Gayathiri. R	
14D1635	Raveena. R	

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ROLL-NO	NAME	SIGNATURE
14D1627	MANASAGOWTHAMI.D	
14D1628	MERVIN HARRIS T	
14D1614	ANUSHKA TYAGI	
14D1647	SHARANYA.P	
14D1645	Shantanu Kumar.	
14D1644	SERA MARIYAM JINNY	
14D1642	SANKET SACHIDANAND NAYAK	
14D1646	Shantipriya.P	
14D1640	Ruchikha Jain	
14D1637	Reshma.S	
14D1639	Rujula.J	
14D1630	Nischal C.G.	
14D1638	Rose Maria P.R	
14D1607.	Anusu FRANCIS.	
14D1604	Adithyan. P.B	
14D1636	Renuka Choudhary	
14D1648	Shree Ramya R	
14D1643	Satyam Kashyap	

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Bangalore - 560 078.

Department of ORTHODONTICS

DAYANANDA SAGAR COLLEGE OF DENTAL SCIENCES

DATE FIRST ANTERNAL ASSESMENT

ROLL NO	NAME	SIGNATURE
14D1649	Siddharth Venugopal	
14D1650	SITHAR CHOZOM LAMA	
14D1651	Sneha PK	
14D1652	Spandana	
14D1654	Sreelakshmi	
14D1655	Srikar	
14D1639	Sagar Daye	
1001612	Emad Ali	
09D1651	S.M.Mauuf	
14D1629	Nethra Narayanan	
14D1626	Lakshmi Madhusoodanan	
14D1657	Vaibhavi.R	
14D1658	Varun Naik	
14D1656	Teena Mariam Thomas	

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Bangalore - 560 078.

Dayananda Sagar College of Dental Sciences & Hospital

3437

Kumaraswamy Layout, BENGALURU - 560 078.

FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : VASUNITA.S Reg. No. 49

Class : 1st BDS Subject : Dental Anatomy Dental Histology Date : 11/07/2022

SECTION

4.9 / 10

LONG ESSAY

1. Permanent maxillary right central incisor.

Introduction:

- There are 4 maxillary incisors.
- Central incisors are two in number.
- They lie on either side of the mesial line.
- The central incisor to the right side of the mesial line is the right maxillary central incisor.
- It touches left maxillary central incisor mesially and right lateral incisor distally.

Nomenclature

- 'Permanent' refers to the fact that is a part of the permanent dentition / secondary dentition.
- 'Maxillary' refers to it being in the maxillary alveolar socket. (upper tooth)
- 'Central' refers to its location at the centre of dental arch.
- 'Incisor' refers to its shape, size and function.

Chronology

- First evidence of calcification - 3 to 4 months.
- enamel formation - 4 to 5 years
- eruption - 7 to 8 years.
- Root completion - 9 to 10 years.

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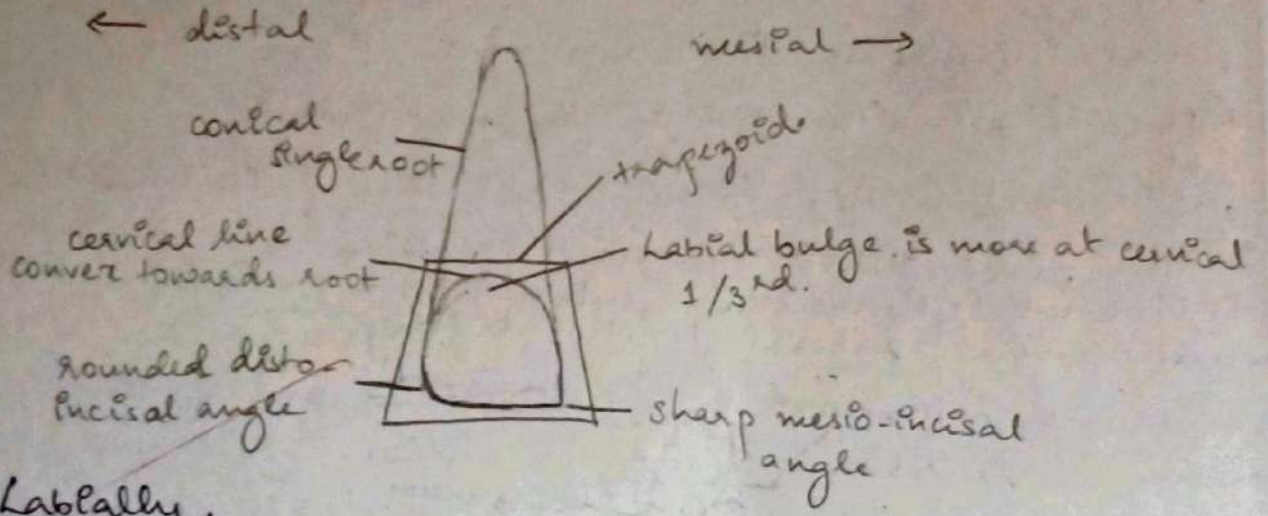
Measurements

crown length	root length	mesiodistal length	mesiodistal length (at cervix)
10.5mm	13mm	8.5 mm	7.0mm

labio/bucco-lingual length	labio/bucco-lingual length (at cervix)	curvature of cervical line (mesial)	(distal)
7.0mm	6.0mm.	3.5 mm	2.5 mm

Aspects

* Labial aspect

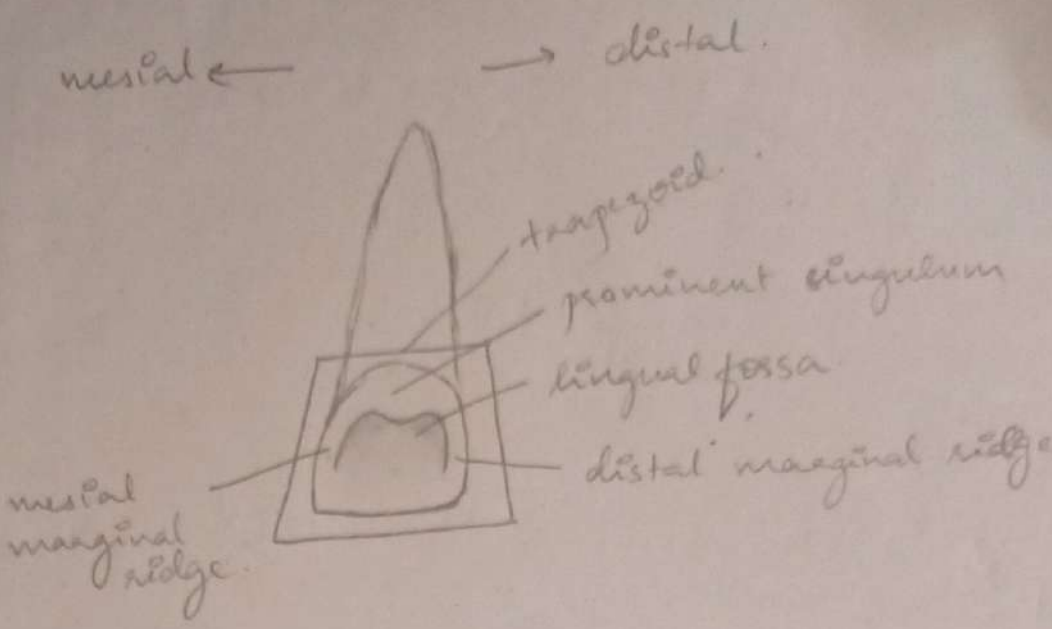


Lablally,

- The mesio-incisal angle is sharp when compared to the disto-incisal angle.
- disto incisal angle is rounded..
- The cervical is convex towards the root.
- The labial bulge is more at the cervical one-third of the crown.
- Root is single and conical.
- Root surfaces are smooth and straight.

* Lingual aspect:

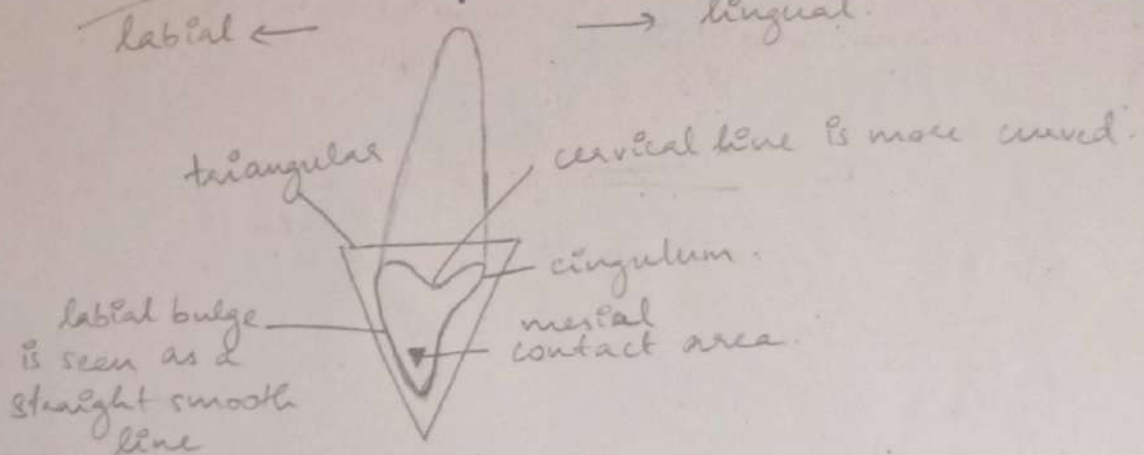
- A prominent cingulum is seen at the cervical one-third
- A deep W-shaped fossa is seen.
- Prominent mesial and distal marginal ridges are seen.



* Mesial aspect.

⇒ The mesial aspect is wedge-shaped.

⇒ cervical line curvature is more mesially than the curvature distally.



⇒ It is triangular in shape

⇒ The cingulum from the lingual aspect and labial bulge can be viewed.

⇒ mesial contact area is at the middle one third of the crown.

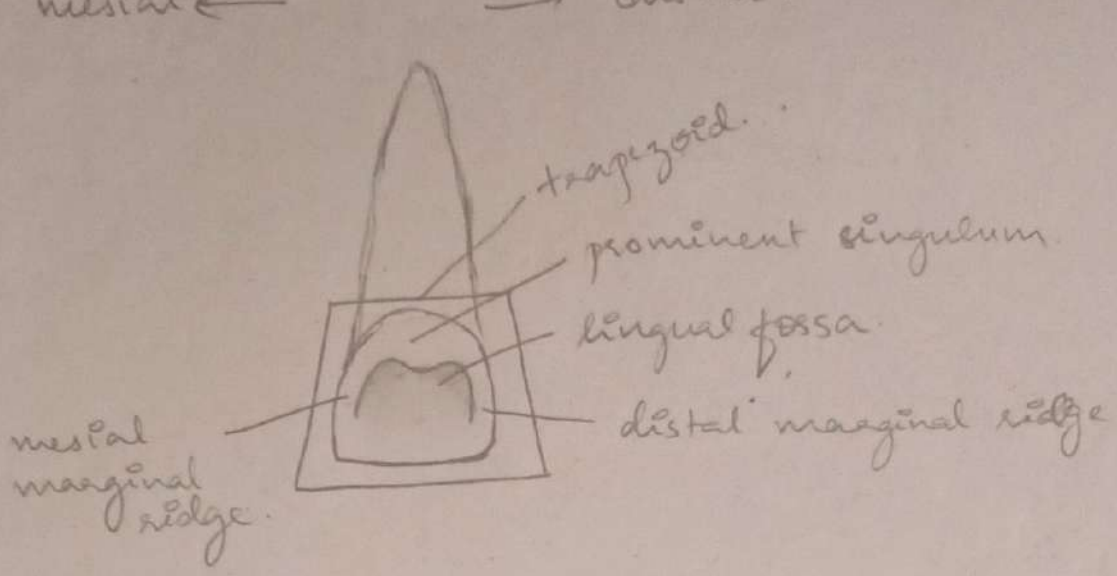
⇒ convexity of cervical line towards the crown.

* Distal aspect-

⇒ Distal aspect is slightly different from the mesial aspect.

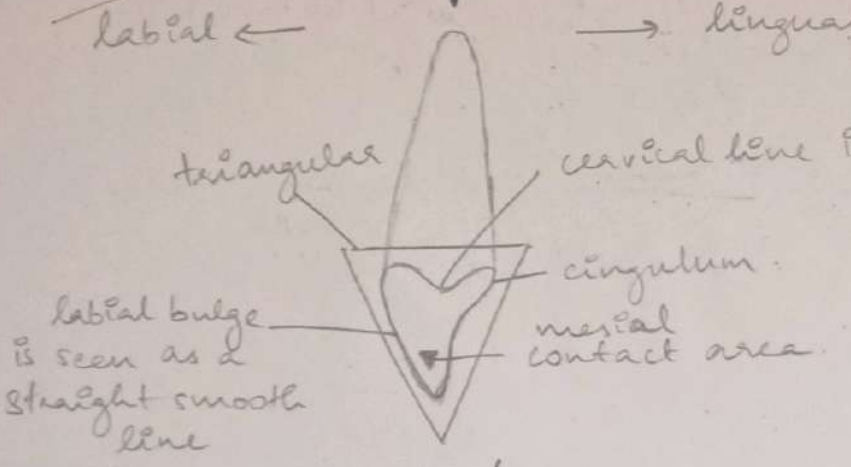
⇒ Incisal ridge appears thicker due to the rounded disto-incisal angle.

⇒ It is wedge-shaped as well.



* Mesial aspect.

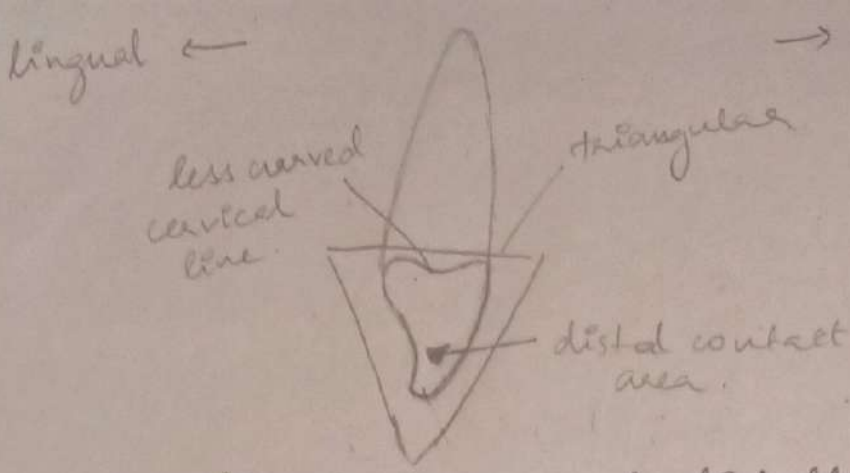
- The mesial aspect is wedge-shaped.
- cervical line curvature is more mesially than the curvature distally.



- It is triangular in shape
- The cingulum from the lingual aspect and labial bulge can be viewed.
- mesial contact area is at the middle one third of the crown.
- convexity of cervical line towards the crown.

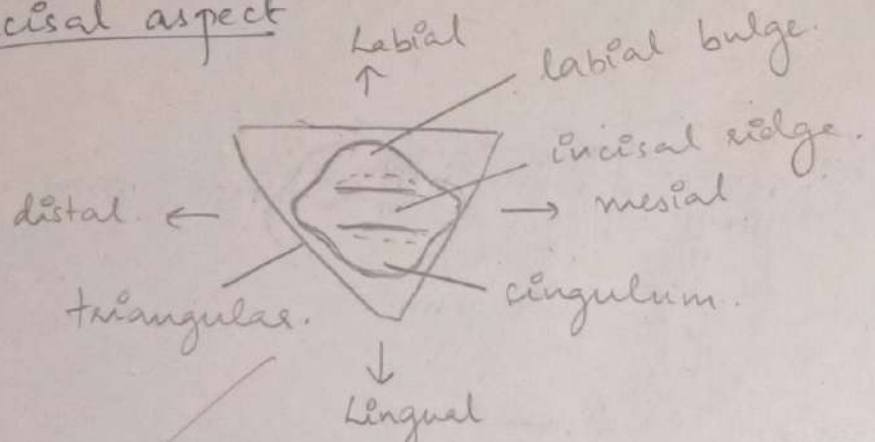
* Distal aspect-

- Distal aspect is slightly different from the mesial aspect.
- Incisal ridge appears thicker due to the rounded disto-incisal angle.
- It is wedge-shaped as well.



- cervical line is less curved distally.
- distal contact area at the middle 1/3rd of the crown.
- convexity of ~~the~~ cervical line towards the crown.
- midline through the root divides the incisal ridge which which means incisal (tip of crown) end is in line with the tip of root.

Incisal aspect



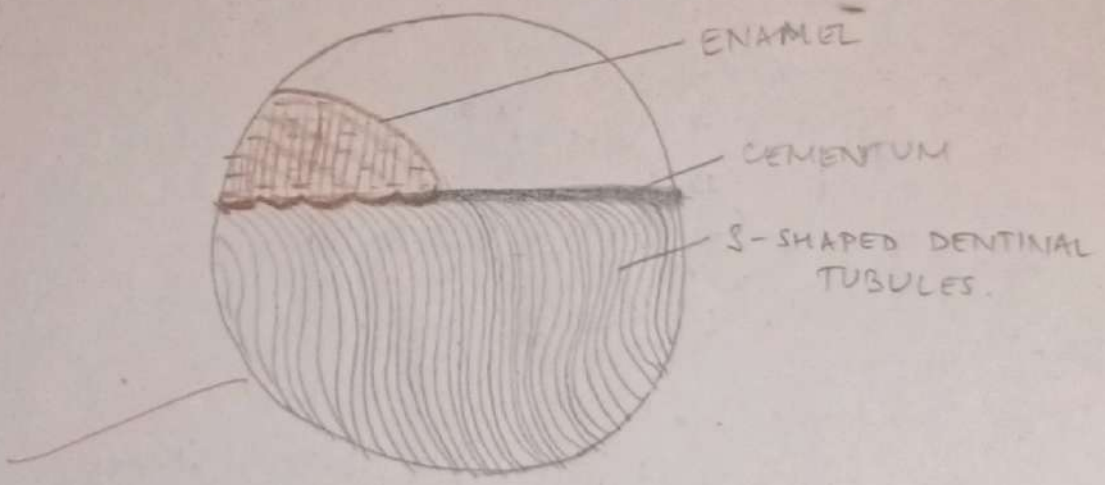
- Incisally, the incisal ridge, cingulum from the lingual aspect and the labial bulge can be viewed.
- It is triangular in shape.

2. Structures of Dentin.

#> Dentin is a structure slightly harder than ~~of~~ or as hard as bone.
#> It is less hard than enamel.
#> It consists of collagen fibres.
#> It has multiple structures as mentioned below -

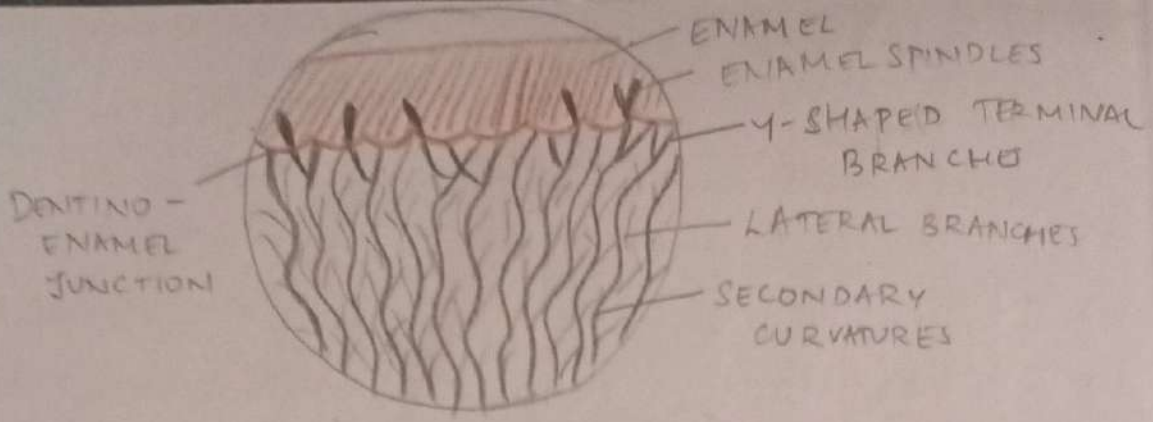
① S-shaped dentinal tubules.

#> These tubules have two curvatures starting from pulpal end, ~~or~~ first convexity towards the root and second one towards the crown.
#> They have dark lines of cross striations and brownish bands called striae of Ketzius.
#> They are having secondary curvatures as well.



② Y-shaped terminal branches.

#> At the dentino-enamel junction, the dentinal tubules split and terminate and are therefore Y-shaped.
#> They have secondary curvatures.
#> They also have lateral branches that help in communication with adjacent tubules or may end abruptly in Intertubular dentin.



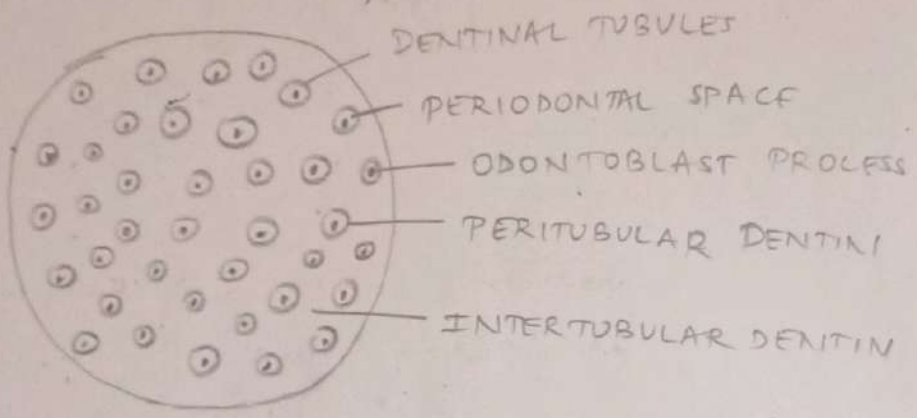
③ Transverse section of Dentinal tubules

⇒ It appears as ~~circles~~ circles with dots in between

⇒ This represents the odontoblast process with peritubular dentin surrounding it.

⇒ It has periodontal space

⇒ Intertubular dentin is present between the tubules.

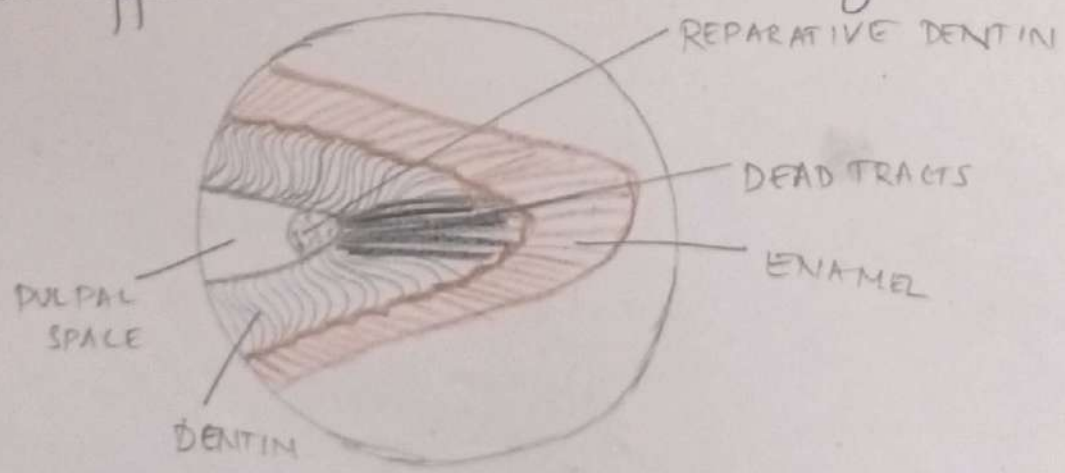


④ ~~Dent~~ Dead tracts.

⇒ Empty dentinal tubules form dead tracts.

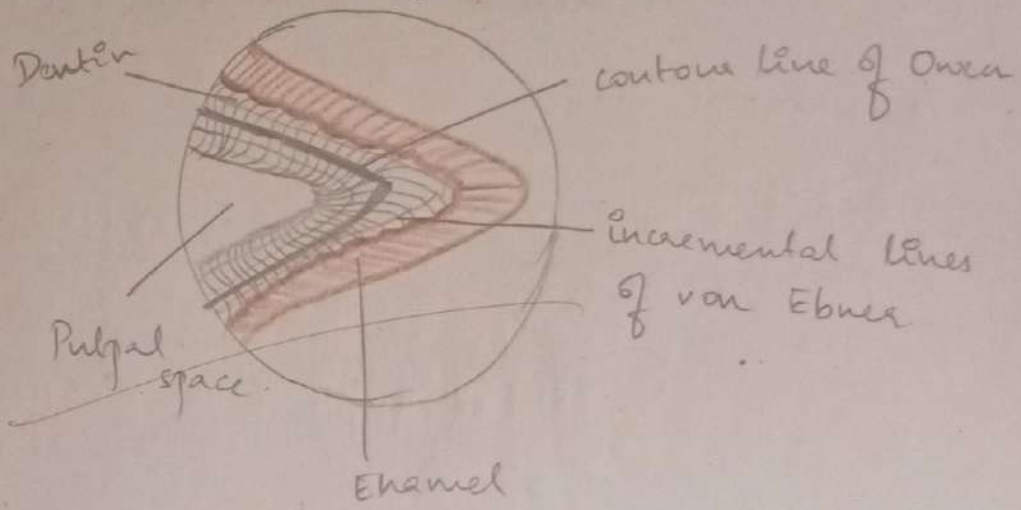
⇒ The odontoblast process has disintegrated and that space is filled with air.

⇒ This appears dark in transmitted light.

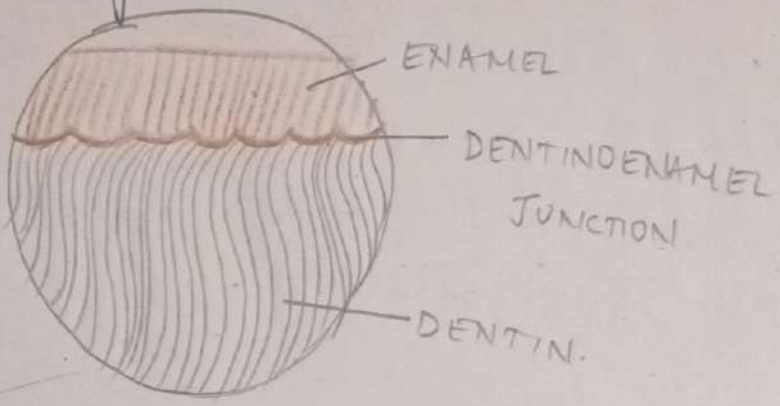


⑤ Incremental lines of dentin.

- The presence of incremental lines of von Ebner can be seen.
- These lines indicate periodic deposition of dentin.
- Accentuated incremental lines of von Ebner are called contour lines of Owen



⑥ Dentino-enamel junction.



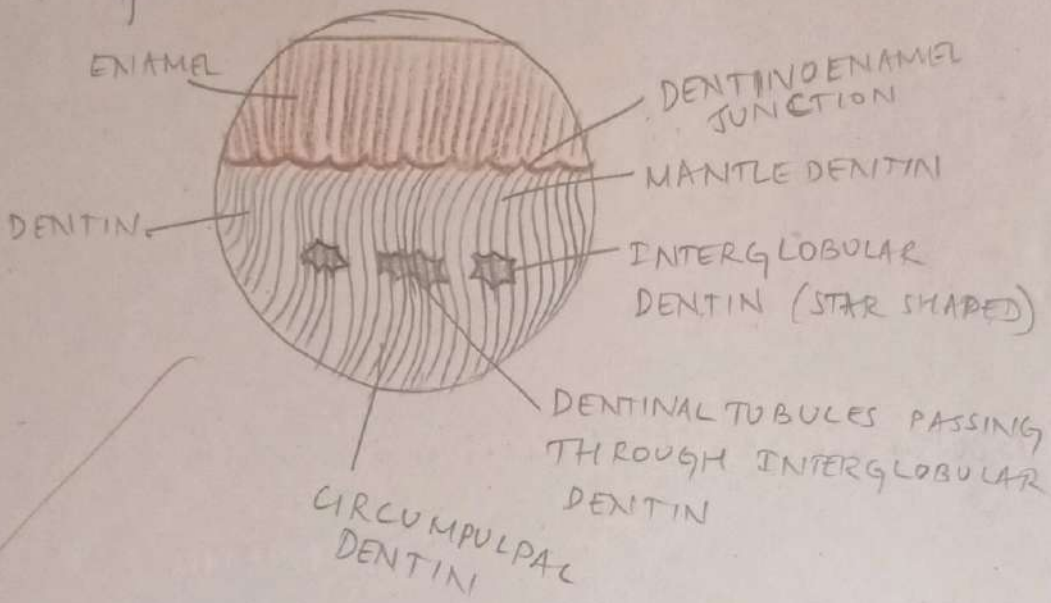
- The Dentinoenamel junction has convexities facing dentin.
- Multiple hypocalcified structures like enamel spindles, enamel tufts, etc arise from here.
- enamel rods and dentinal tubules arise from this junction.

⑦ Interglobular dentin.

↳ These are star shaped

↳ With their corners projecting on all sides.

↳ Dentinal tubules pass through them, thus proving it is a defect in maturation and not matrix deposition.



↳ These are found below the dentinoenamel junction, in the ~~mat~~ mantle dentin, above the circumpulpal dentin.

SHORT ESSAY.

3. Tooth numbering system.

(a) Zigmondy / Palmer.

E D C B A	A B C D E
E D C B A	A B C D E

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

This system was accepted but later rejected as this wasn't computer friendly and couldn't be typed.

(b) Universal system

~~1 2 3 4~~ · A B C D E F G H I J / T S R Q P O N M L K

1 2 3 4 5 6 7 8	9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25	24 23 22 21 20 19 18 17

This system was rejected as it led to confusions and was not efficient.

5½

(c) FDI system

55 54 53 52 51	61 62 63 64 65
85 84 83 82 81	71 72 73 74 75

~~16 15 14 13 12 11~~	~~21~~

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

This system is most accepted and convenient.

The first number represents the quadrant and the second number represents the tooth.

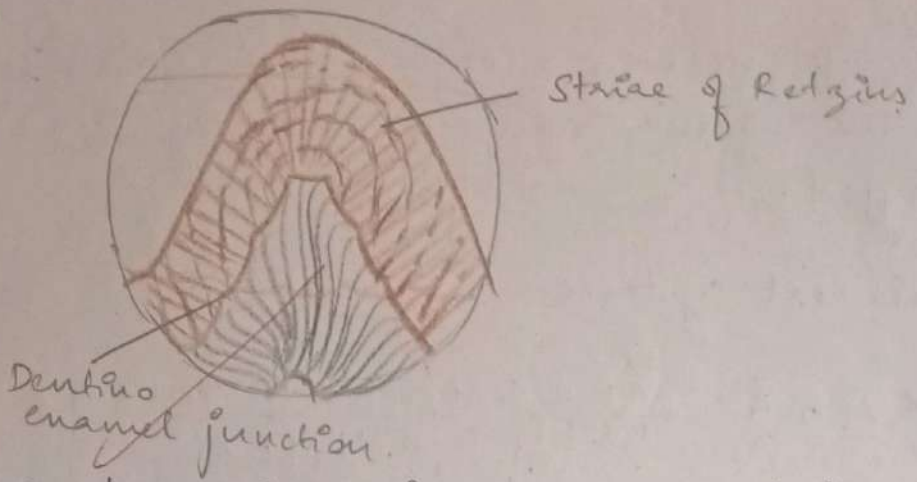
4. Hypocalcified structures of enamel include the following.

i) Striae of Retzius

⇒ These incremental lines are brownish bands.

⇒ They are hypocalcified and unmineralised.

⇒ They are concentric rings at the incisal or cuspal edge and oblique lines on the rest of the enamel.

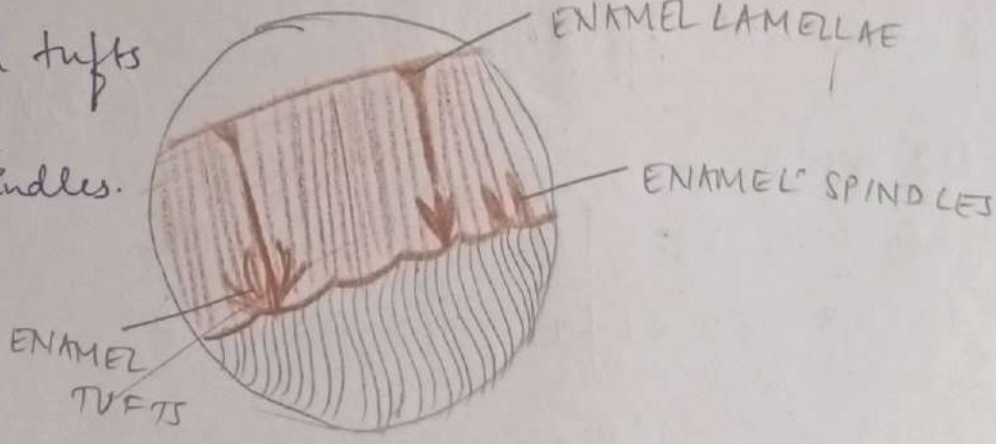


⇒ The arise from DEJ (Dentino-enamel junction) and go outwards towards the periphery of enamel.

ii) Enamel lamellae.

iii) Enamel tufts

iv) Enamel Spindles.



⇒ Enamel Lamellae are aggregates of enamel rods that arise from periphery of enamel.

⇒ There are three types -

Type A - poorly calcified enamel rods and are restricted to enamel.

Type B - disintegrated cells that may extend into dentin

Type C - derived from salivary proteins and may extend into dentin.

- Enamel tufts appear like tufts of grass and arise from dentinoenamel junction.
- Enamel spindles are extensions of dentin that enter the enamel. (3½)

---

5. Physiological stages of tooth development

- This includes 5 stages -

(i) Initiation
(ii) Proliferation
(iii) Morphodifferentiation
(iv) Histodifferentiation
(v) Apposition. (3½)

- Initiation involves the genes involved in tooth development to initiate the process.
- Homobox genes like ~~D~~ Dlx-2, Baex 2, etc contribute to tooth development.
- Proliferation is the stage where the inner enamel epithelium proliferates and differentiates to form ameloblast
- Inner enamel epithelium exerts an organising influence on dental papilla to form odontoplast.
- Morphodifferentiation is the change in shape
- In this stage, there is change from bud stage cap stage → bell stage → advanced bell stage.
- Histodifferentiation refers to the changes in cell structures

→ The inner enamel epithelium cells differentiate to form (tall columnar cells)
amelo-blasts

→ Cells of dental papilla differentiate to form odontoblasts under the organising influence of inner enamel epithelium in bell stage.

→ Apposition is formation of enamel and dentin (hard tissues)

6. There are 3 theories of dentin hypersensitivity -

(i) Neural transmission theory -

→ This theory states that pain is transmitted through the neural control.

→ This theory is not accepted because when anesthesia is given, according to this theory pain should still be felt.

(ii) hydrodynamic theory - (3)

→ This theory states that pain is transmitted through fluid movement

→ This is the most accepted theory.

→ If when there is drying or high heat or very cold temperatures, fluid movement is observed.

(iii) Transduction theory -

→ This theory states that there are no ~~neurotransmitter~~ neurotransmitter vesicles and is hence not accepted.

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

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Class : ..... Subject : ..... Date : .....

SECTION

7.

Primary dentition.	Permanent dentition.
⇒ Teeth are smaller in size.	⇒ Teeth are larger in size.
⇒ Enamel is thicker	⇒ Enamel is thinner.
⇒ Dental formula. $I\frac{2}{2}\ C\frac{1}{1}\ M\frac{2}{2} = 10$	⇒ Dental formula $I\frac{2}{2}\ C\frac{1}{1}\ P\frac{2}{2}\ M\frac{3}{3} = 1($
⇒ Total number = 20	⇒ Total number = 32
⇒ Age is from around 6 months to 11 to 12 years	⇒ Age is from around ~~6 months~~ to 6 years till old age.
⇒ Lasts for around 12 years	⇒ Last for 60 years.
⇒ First evidence of calcification is in the utero.	⇒ First evidence of calcification after birth.
⇒ Orientation of crown is straight.	⇒ Orientation may not be straight.

(H)

8. Maxillary canine	Mandibular canine.
⇢ crown is shorter	⇢ crown is slightly longer.
⇢ crown is wider mesio-distally.	⇢ crown is narrower mesio-distally.
⇢ root is shorter	⇢ root is few mm longer.
⇢ cingulum is more prominent	⇢ cingulum is less prominent.
⇢ cuspal tip is more pronounced	⇢ cuspal tip is less pronounced.

9. Life cycle of ameloblast

6 stages -

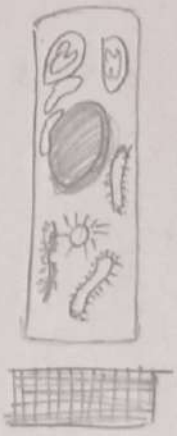
- Morphogenic stage.
- Organising stage.
- ~~Maturative (Mineralising~~
- Formative stage.
- Maturative (Mineralizing stage)
- Protective stage.
- Desmolytic stage.

i) Morphogenic stages.

- cells are small and columnar. (short)
- nucleus is large almost covering entire cell.
- Golgi apparatus, centrioles and mitochondria move towards the proximal end.

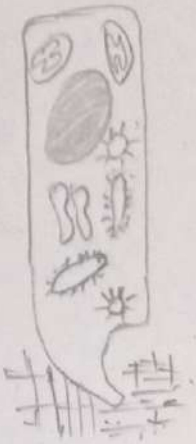
ii) Organising stage.

- cells become taller
- polarity is reversed where organelles move towards the distal end.
- Rough endoplasmic reticulum increases
- Basal lamina disintegrates
- nutritional supply changes



iii) Formative stage.

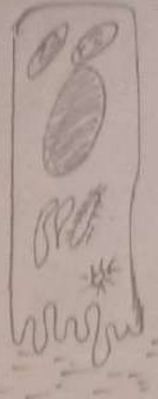
- a blunt extension is extended into the basal lamina from the ameloblast at the distal end
- cell reduces in length.



(iv) Matuative stage

-> Microvilli are generated at the distal end.

-> Tomes process is formed by the ameloblast moving away from dentin.



-> Tome's process produces granules at the junction

(v) Protective stage.

-> REE - Reduced enamel epithelium is formed as the stellate reticulum collapses (advanced bell stage)

-> The inner enamel epithelium and outer enamel epithelium merge to form REE.

(vi) Desmolytic stage.

-> REE is going to cause atrophy of the desmosomes and therefore the nutritional supply is cut.

---

10. Root development.

-> The cervical loop from advanced bellstage elongates and forms HERS

-> HERS - Hertwigs Epithelial Root sheath.

-> HERS is composed of cuboidal cells of outer enamel epithelium and tall columnar cells of inner enamel epithelium.

-> HERS determines the shape, size and number of root according to the particular tooth.

-> Remnants of HERS is called "cell rests of Mallasez".

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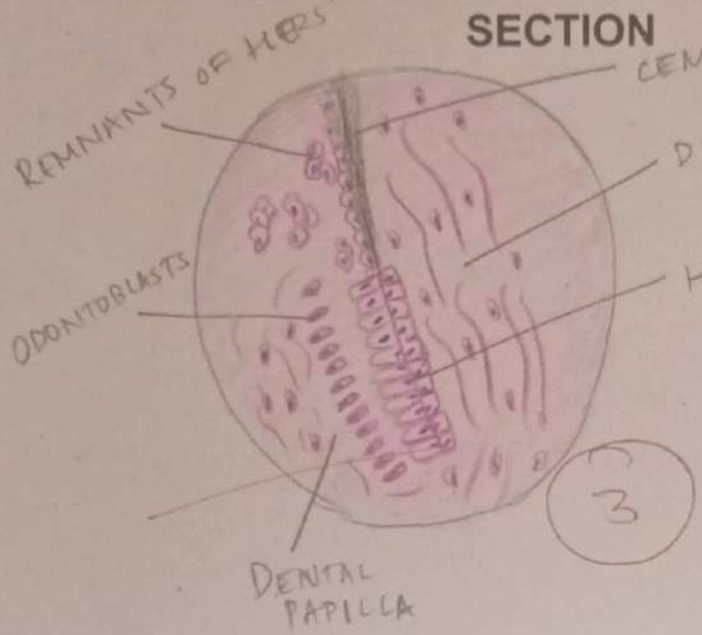
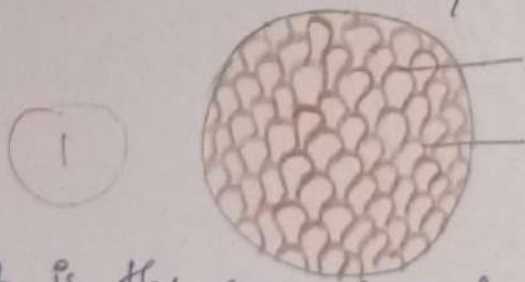


VERY SHORT ANSWERS

11. Ultra structure of ~~Dentin~~ enamel.

↳ This shows fish scale / key hole appearance.



↳ Head is the enamel rod

↳ Tail is Intra enamel.

12. Osteodentin.

- Osteo – bone.

13. Reciprocal induction

⇒ Epithelium and mesenchyme interact during the beginning of tooth development - ectomesenchymal interaction. (2)

eg: dentin forms before enamel.

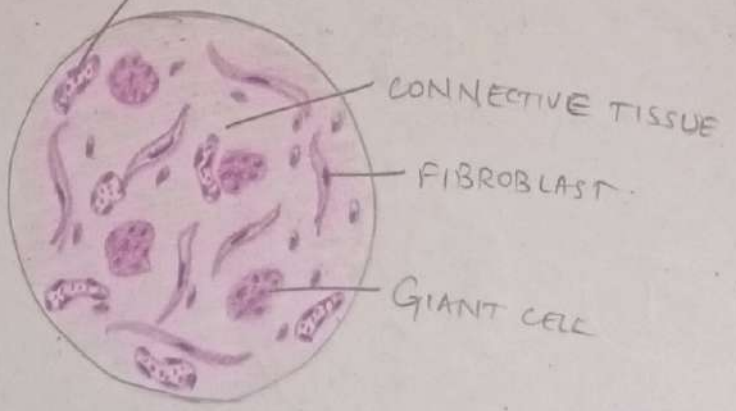
⇒ During tooth development, changes in shape (morpho-differentiation) is followed by histodifferentiation.

14. Oblique ridge.

⇒ This refers to the ridges found on the crown of a tooth where it follows a straight line across ~~the~~ the crown.

15. Giant cell.

⇒ multinucleated.



(2)

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : NIHARIKA. J Reg. No. 30

Class : IBDS Subject : PHYSIOLOGY Date : 6/9/22

SECTION

26/35 Niharika seen AR

SHORT ANSWERS

5 Functions of kidney :-

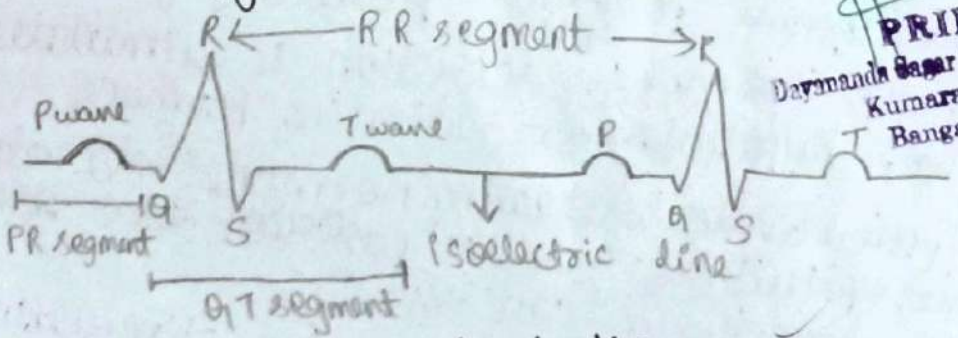
- Kidney helps in erythropoiesis by secreting renal erythropoietin that stimulates erythropoietin sensitive precursors of erythrocyte.
- They help in getting rid of nitrogenous waste like urea and perform excretory function.
- Kidneys contains nephrons which helps in purification of blood and to get rid of metabolic waste products from blood.
- Kidneys help in water reabsorption and maintain water-electrolyte balance of body by absorbing sodium and water from filterate.
- Kidneys helps in ~~urine~~ production.
- They help in maintaing homeostatic condition of body by maintaing water-electrolyte balance.

1½

6 4 methods of contraception - abstinance, condoms, tubectomy, vasectomy, diaphragm, spermicide, cervical cap, vaults, oral contraceptive

2

7 Waves of ECG :-



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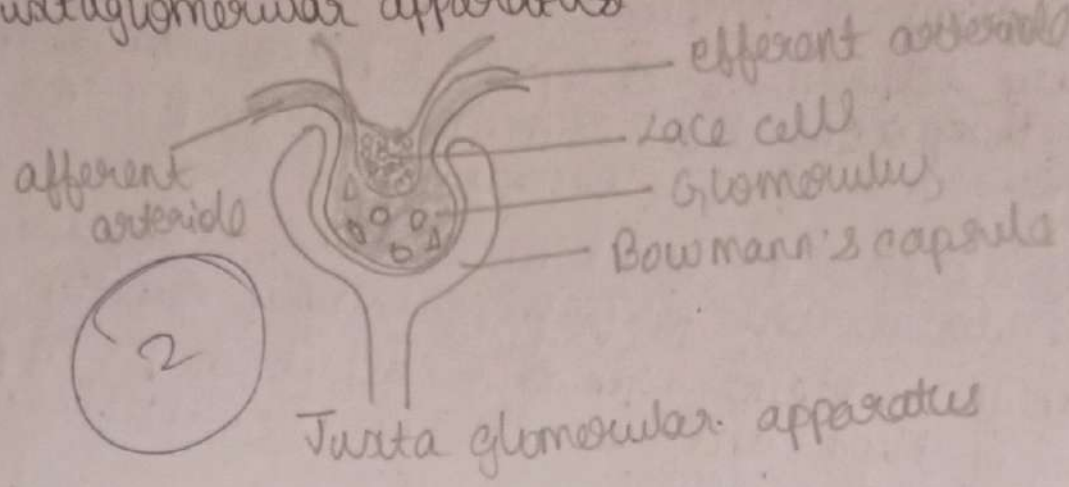
2

1) P wave - atrial depolarisation
2) QRS complex - Ventricular depolarisation
3) T wave - Ventricular repolarisation
4) Q wave - Septal depolarisation

~~R wave~~
R wave - Ventricular depolarisation
S wave - Ventricle base depolarisation
ST segment - Complete depolarisation of ventricle
T wave - Ventricle repolarisation

8 The lace cells, afferent arteriole, juxtag -lomerular cells and macula densa ~~uniforms~~ forms
Juxtaglomerular apparatus



Juxta glomerular apparatus

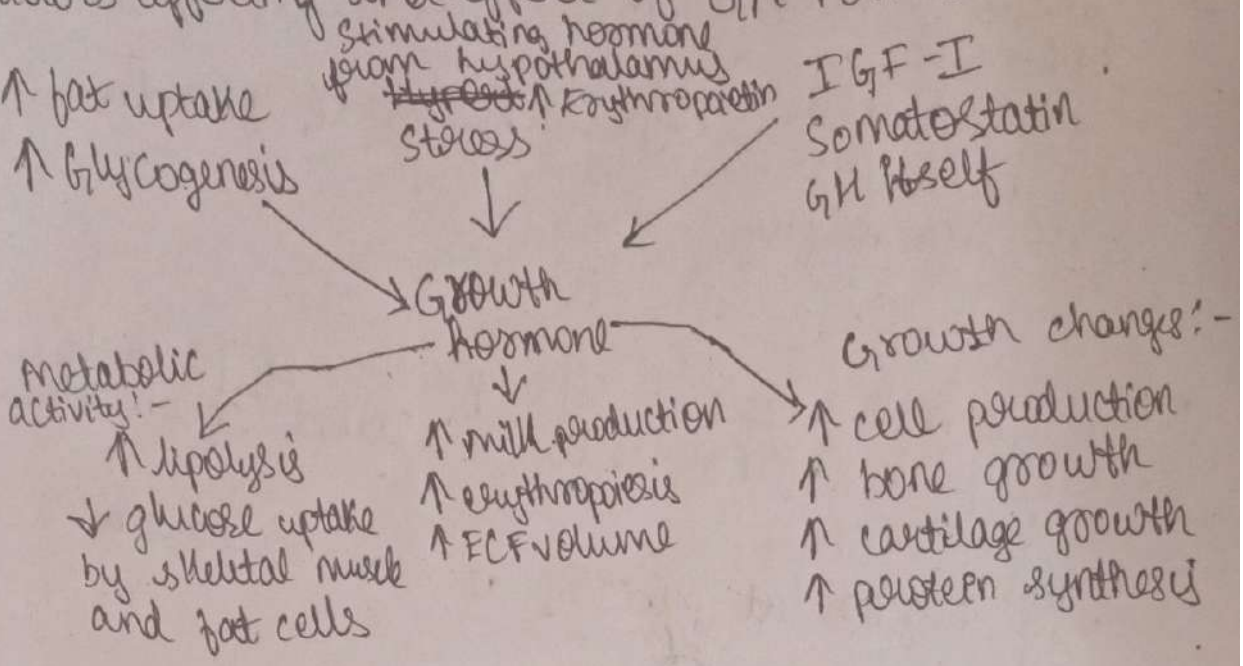
9 Features of cushing's syndrome
- Increased gluconeogenesis and decreased protein
- Thin skin and hair.
- Buffalo hump, purple stracie ~~on abdome~~
- Accumulation of fat in abdomen
- Moon face

2

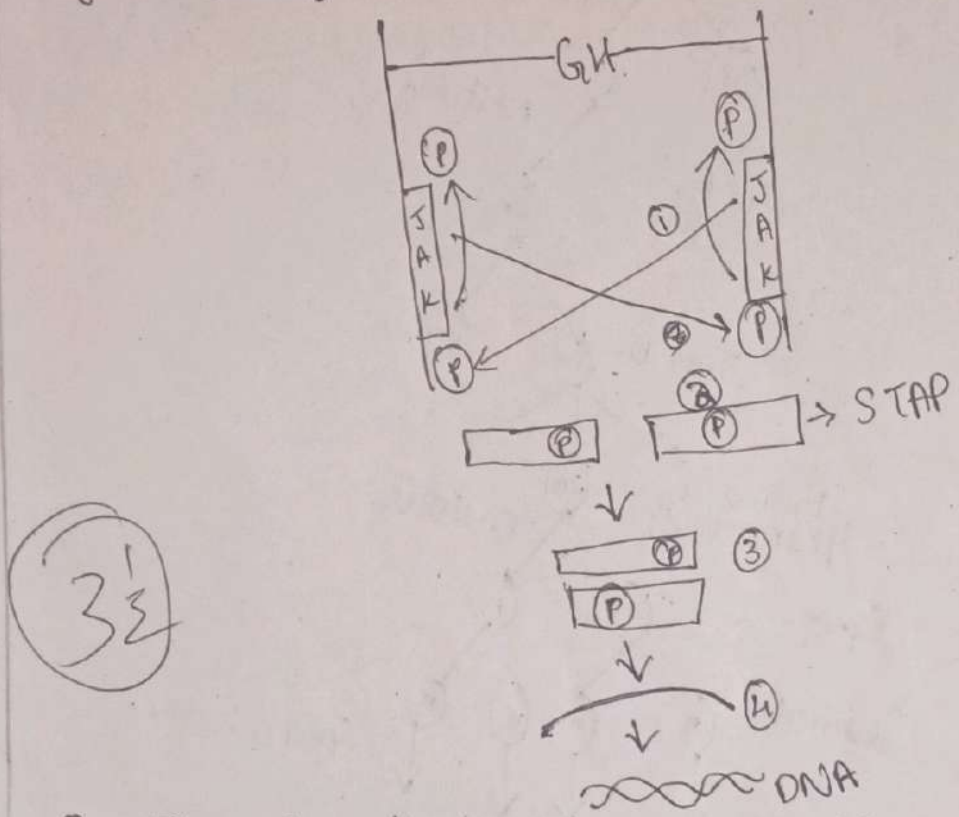
SHORT ESSAY

2 - Growth hormone is a polypeptide hormone secreted from ~~posterior~~ anterior pituitary gland.
- Growth hormone secretion is stimulated by ~~hot~~ hypothalamus 'releasing' hormone.
- Hypothalamus 'releasing' hormone secreted reaches pituitary gland is posterior lobe through superior hypophyseal artery.
- Continues as long portal vein stimulating posterior pituitary gland to secrete growth hormone into blood.

→ Factors affecting and effect of GH hormone



→ Regulation of growth hormone



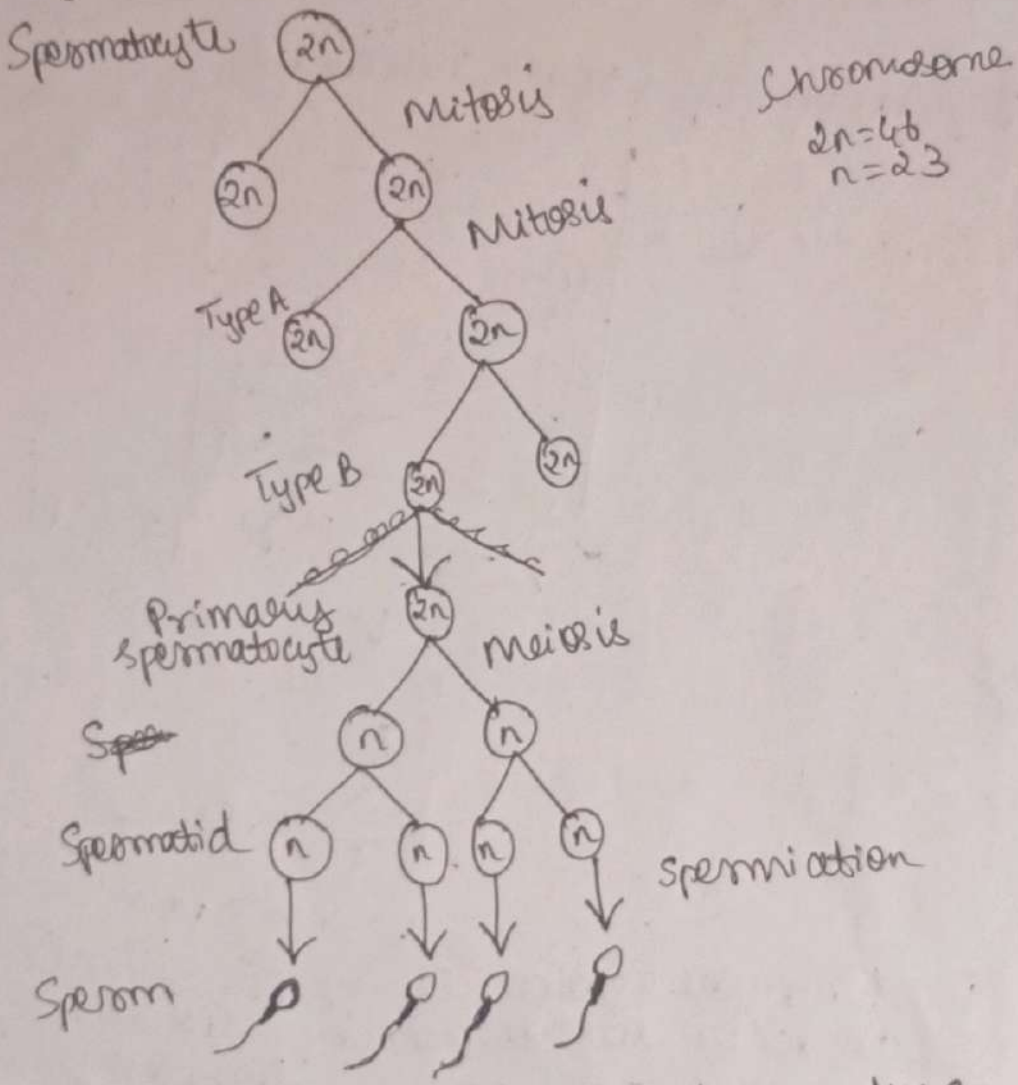
3½

① - Phosphorylation of tyrosine kinase when GH attaches to receptor by JAK kinase
② - Activated JAK causes phosphorylation of STAP
③ - STAP dimerase formation
④ - Synthesis of DNA for function of target organ
↓
Transcription → mRNA production to carry out function on gland.

↳ Clinical - i) Dwarfism - hyposecretion of growth hormone
ii) Gigantism - Hypersecretion of growth hormone.
iii) Acromegaly.

3 Spermatogenesis - The process of production of sperm from testis is called spermato-genesis.

- It begins at puberty in seminiferous tubules



- Spermatocyte undergoes mitosis to produce two types of Type A for cell renewal and Type B to produce sperm.
- Type B cells forms primary spermatocyte which undergoes meiosis to spermatid with 23 number of chromosome.
- Spermatids undergo differentiation to form sperm.

- Sertoli cells provide nutrition to developing sperm
- 4 sperms are formed from one spermatocyte at the end of spermatogenesis.
- Testosterone helps in spermatogenesis secreted by Leydig cells.

41/3 LONG ESSAY

The electrochemical and mechanical events occuring in a continuous, cyclic, rhythmic fashion between two successive heart beats is called as cardiac cycle.

- ~~Atrial conto~~ Right atrial ~~contraction~~ relaxation and right ventricular contraction begins slightly before left.
- ~~Total time taken Cardiac cycle~~
- Total time taken to complete 1 cardiac cycle - 0.8s

Cardia cycle

Atrial	Ventricle
Systole - 0.1s	Systole - 0.3s
Diastole - 0.7s	Diastole - 0.5s

- Atrial walls are thin compared to ventricle as they participate only in pulmonary circulation to pump blood to nearest parts (lung). whereas ventricle takes part in systemic circulation.

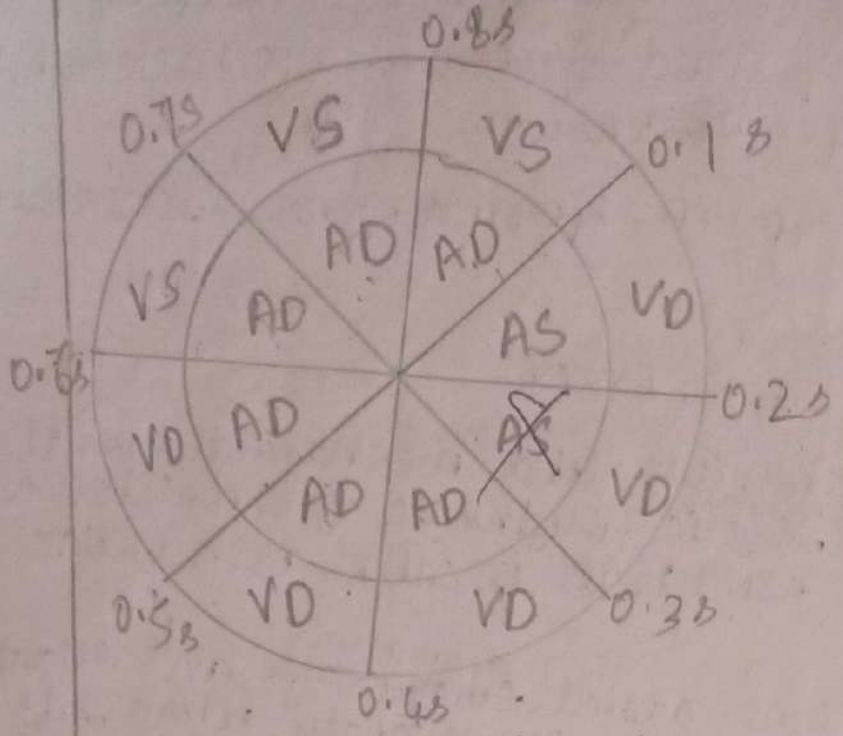
→ Events

Ventricular systole
- Isovolumetric contraction
- Rapid ejection
- Slow ejection

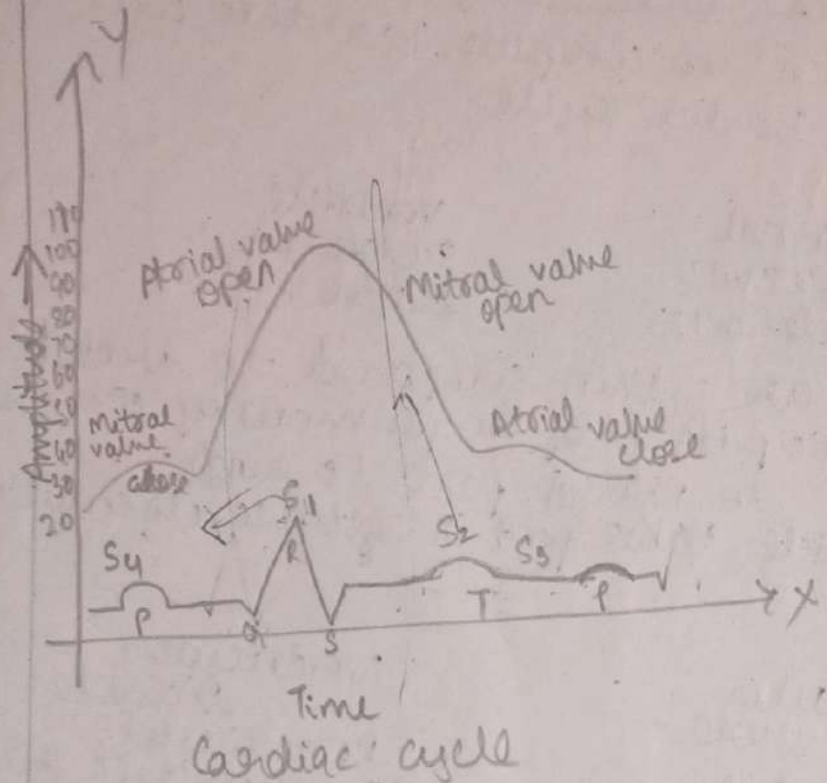
Ventricular diastole
- Protodiastole
- Isovolumetric relaxation
- First rapid filling phase
- Slow filling (diastasis)
- Last rapid filling phase

i) Ventricular systole

a) Isovolumetric contraction - Atrio ventricular valves are closed.
- ventricles contract in the closed chamber
- Volume of blood inside ventricle doesn't change.
- Pressure inside ventricles increases.



Cardiac cycle



Cardiac cycle

b) Rapid ejection - As the pressure of right ventricle exceeds pressure of pulmonary artery (10 mm Hg) and left ventricle exceeds aorta's pressure (80 mm Hg) the mitral valve opens.

- Blood is ejected from ventricles into aorta and pulmonary artery respectively.
- This occurs rapidly due to high pressure

e) Slow ejection - The pressure of ventricles decrease but still some amount of blood flows slowly into aorta and pulmonary artery.
- Until pressure drops in ventricle.

2 Ventricular diastole

a) Protodiastole - The blood from ventricles flows into respective vessels (pulmonary artery and aorta) due to momentum just before closing of mitral valves.

b) Isovolumetric relaxation - Mitral values closes and ventricles relax in closed chamber.
- Pressure inside ventricle is 0mmHg.
- Volume of ventricle doesn't change.

c) ~~Rapid~~ First rapid filling phase - The atrio-ventricular values opens and blood from ~~at~~ right and left atria flows into respective ventricles.
- Blood flows rapidly as atria-ventricular pressure difference is high.
- Passive filling of ventricle

d) Slow filling / Diastasis - Atria-ventricular pressure drops and hence slow filling of blood occurs.

e) Last rapid filling phase - Coincides with atrial diastole.
- Atria contracts to squeeze blood into ventricle
- Active filling phase of ventricle.

→ Heart sounds
- S_1 and S_2 are normaly heard.
- S_1 is ~~high~~ pitched sound.

1) S_1 is heard when atrio-ventricular values closes.
- Heard during R wave

2) S_2 is heard when mitral values closes
- Heard during later half of T wave.

3) S_3 is produced ~~when~~ during first rapid filling phase.
- Seen between TP segment.

- S_4 is produced during late & rapid filling phase.
- Seen ~~in after~~ later half of Presse-

→ Clinical
- If S_4 is heard then it indicates ischemia or improper heart functioning.
- Atrial fibrillation
-

SHORT ESSAY

4 Female menstrual cycle
- Female menstrual cycle begins at menarche.
- 1st stage - development and enlargement of breast, growth of ~~for~~ axial and pubic hair.

IInd stage - menarche, ovulation occurs
III stage - menopause → complete stopage of menstrual cycle.

- menstrual cycle occurs in primates
- In female primary oocyte are produced prenatally. ~~from~~ by mitosis
- During birth they are embedded in wall of ovary.

(10-12) when the girl reaches puberty due to hormonal action rupture of ~~ovary occur~~ primary oocyte occurs which onsets menarche

→ 1-5 days → menstrual cycle occurs
6th-12th day → estrogen and progesterone helps in rebuilding of endometrium wall of uterus.
13th or 14th day → LH surge inducing ovulation and ~~maintains corpus luteum~~ forms graffian follicle.
16th to 28th day → graffian follicle ruptures and corpus luteum is maintained by progesterone which later degenerates if

not fertilised into corpus albicans.
- Ovum if not fertilised degenerate and again menstrual cycle continues.

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Priyanka A Jadhav Reg. No. 33

Class : I st BDS Subject : Biochemistry Date :

SECTION

Short answers

5) Saponification number : mg of KOH required to saponify 1g of fats and oils

→ It tells about the size of the unsaturated fatty acids

6) Essential amino acids

→ Amino acids which cannot be synthesised by our body and taken (or) supplied to the body through diet is known as essential amino acids.

ex: Histidine, Valine, Isoleucine, Threonine, tryptophan, Leucine Lysine, methionine, Proline.

2) m-RNA

→ It is the messenger m-RNA

→ It is synthesised in nucleus in the form of hnRNA

→ It is involved in protein synthesis.

→ It has large molecular weight with less half life.

→ 5' prime is capped by 7-methyl adenosine triphosphate

→ 3' is tailed by adenosine residue

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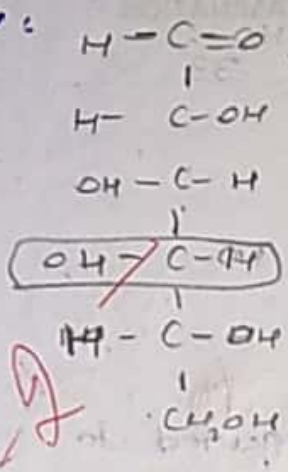
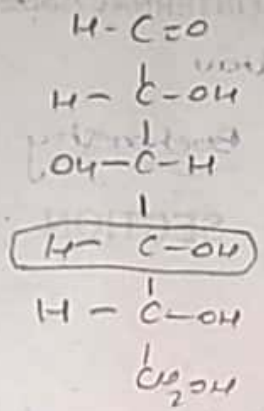
8) Epimers: Two monosaccharides which differ at single carbon atom are known as epimers

Ex:



D galactose



D glucose

→ they both differ at 4th carbon

9) Plasma proteins:

→ These proteins are involved in osmolarity & defence mechanism

→ plasma proteins are about 6-8 g/dL

→ Albumin & globulin are plasma proteins

→ Albumin:- 3.5-5.5 g/dL Globulin: 2.5-3 g/dL

→ Albumin maintains osmotic condition

Short Essay

2) Phospholipids

→ Lipids containing esters of fatty acid, alcohol and phosphoric acid & nitrogen bases known as phospholipids

→ Types

(1) Glycerophospholipids

→ contains glycerol as alcohol

ex lecithin

(iii) Sphingophospholipids

→ This lipids contains sphingosine as the alcohol

or: Sphingomyelin

Functions of Phospholipids

→ These are the major component of cell membrane

→ Phosphatidic acid helps in the intermediate for formation phospholipids eg glycerol

→ Lecithin is the component of cell membrane

→ Cephalin helps for blood clotting

→ Phosphatidyl inositol is also the component of cell membrane

→ Phosphatidyl serine is helps for cell death known as apoptosis

→ Cardiolipids helps during organ transplantation

→ These prevents fatty liver

→ Helps in transportation

→ Helps in severe cholesterol transport mechanism

→ Helps in synthesis of lipoproteins

→ Helps in absorption of fats from the intestine

3) Structure of DNA.

→ DNA is the deoxyribonucleotide

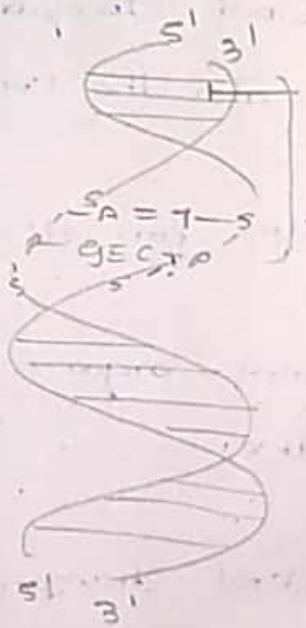
→ It contains the chains in the antiparallel manner

→ monomers are linked by phosphodiester bonds

→ Phosphate group acts as the backbone of DNA helix

→ Structure of DNA is α-helical molecule

→ It is found by Singer & Wilson



→ ~~Adenine~~ Purines and pyrimidines are joined by hydrogen bonds

→ Between A & T two double bonds are present.

→ Between G & C three double bonds are present.

→ Pitch of the helix is 34°.

→ The distance between two base pairs is 3.4 A°

→ Each turn contains 10 base pairs.

→ It obeys chargaffs rule i.e amount of A & T is equal to the amount of G & C.

→ It is ladder staged structure contains antiparallel chains with 3' & 5' polarity.

4) Disaccharides

→ Carbohydrates containing two sugar units or two monosaccharides are known as disaccharides

→ These are types of oligosaccharides

→ Disaccharides based on reducing property again classified into 2 types

(i) Reducing sugar : Sugars which contain free reducing end is known as reducing sugar.

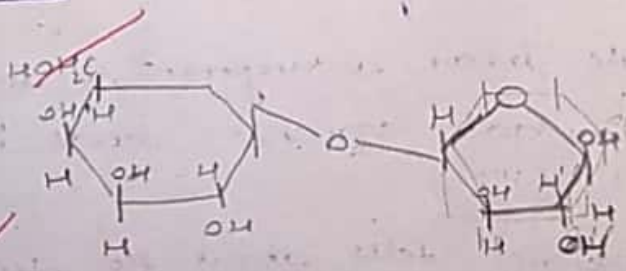
ex : maltose & lactose

(ii) Non-reducing sugar : Sugars which don't contains free reducing end is known as non-reducing sugar

ex : Sucrose

Example

Sucrose



Glucose Fructose

→ Sucrose is the cane sugar

→ It contains two monosaccharides they are glucose & fructose

Long Essay

1) Protein is the organic substance found abundantly in living organisms.

Functions

→ They act as carrier proteins in facilitated transport.

→ They act as enzymes

Structures of Proteins

(i) Primary structure

(ii) Secondary Seco structure

(iii) Tertiary structure

(iv) Quaternary structure

Primary structure of Protein

→ It includes the amino acids.

→ It tells about its function

→ It contains the linear arrangement of amino acids

→ Defect in amino acid sequence leads to the disorders.

→ Amino acid sequence tells about the physical & chemical properties

Peptide bond

→ It is the bond formed between two amino acids

→ It acts as connecting material between two

amino acids.

Formation of Peptide bond

→ Peptide bond is formed by NH_2 group of one amino acid when linked with carboxyl group of other amino acid.

→ Dipeptide bond doesn't mean that presence of two bond. It means it consists of 2 amino acids

Structure of Peptide bond

→ It is rigid & planar

→ It is polar

→ It contains trans configuration

→ It contains partial double bonds

→ Peptide bond is neutral but peptides are charged

Writing of Peptide bond

→ It contains N terminal on left side & 'C' terminal on right side

→ Always peptide bonds are read from N terminal to C terminal i.e from left to right.

Standard writing of peptide bond

→ Amino acids are written by three letters

Naming of Peptide bond

→ Amino acids contains suffixes like -yl, -ine, -ate.

Determination of Primary Structure

→ It is determined by taking protein solution
→ It contains 3 stages

(i) Determination of amino acid components composition

→ Proteins undergo hydrolysis by alkali (or) acid enzyme to liberate aminoacids
→ Pronase is the enzyme used for complete hydrolysis

Peter Estimation of aminoacids

→ Aminoacids are estimated by chromatographic techniques.

(ii) Degradation of Amino acids into fragments

→ Before degradation polypeptides should be seperated.

Estimation of polypeptides

→ When Protein treated with urea it cleaves the polypeptide chains
→ Treating with performic acid cleaves the sulphide linkages

Number of polypeptides

→ Number of peptides estimated by treating with dansyl chloride

Degradation of polypeptides into into fragments

→ It involves two steps

(9) Enzymatic cleavage

→ Trypsin is used for this cleavage

(10) Chemical cleavage

→ Cynogen bromide helps for chemical cleavage (CNBr)

(11) Determination of amino acid sequence

→ Fragments of polypeptides determined by determines the amino acid sequence

→ Sangers & Edmann's reagents are used for determination of amino acid sequence

→ Sequenator

It is the automatic machine which determines the amino acid sequence

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Honey Roll no - 11 Reg. No. .....

Class : IBDS Subject : Anatomy Date : 18/8/21

SECTION

62/70

III Short answer Questions

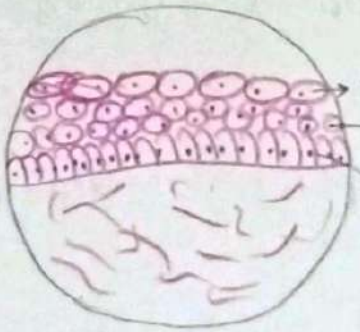
9) Urothelium / Transitional Epithelium

→ Transitional epi is multilayered of 4-6 cells thick and can expand and contract as needed

→ It is called transitional because it translation b/w st. squamous and st. columnar cells.

→ In this basal cells are colounnar, central cells are polyhedral and upper cells are large & umbrella shaped.

→ It is called urothelium because it lines most of the urinary system (urinary bladder, tract etc.)



10 Rema glottidis

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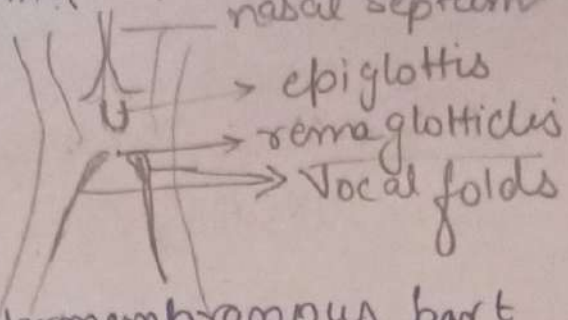
→ It is the space b/w vocal folds.

→ It is the narrowest constriction of larynx

→ It is covered by muscle of larynx.

→ when air passes through it, sound is produced

→ In males - 23mm
females - 17mm



→ Ant 3/5 → intermembranous part
Post 1/5 → intercartilagenous part

---

11) Hyoglossus Muscle

→ It is the extrinsic muscle of tongue

→ Origin - Greater cornua & lat 1/3 of hyoid bone

Insertion - Side of tongue

Action - Makes dorsum convex, retracts the protruded tongue, depresses the tongue.

Nerve Supply - Hyoglossal nerve.

→ Fibers run forward & backward.

→ Relations: → Deep - ~~Stylo~~ Genioglossus
→ Superficial - Styloglossus, Lingual nerve.

---

12) Submandibular Salivatory Ganglion

→ It is the parasympathetic peripheral ganglion

→ It is relay station for secretomotor fibers from submandibular and sublingual salivary gland.

→ ~~It has~~ Topographically, its related to lingual nerve but functionally related to chorda tympani branch of facial nerve.

→ It has 3 types of fibers:-

i) Sensory fibres

ii) Secrotomotor fibers.

iii) Sympathetic fibers.

13 Cervical Sinus

→ During dev. of pharyngeal arch, 2nd pharyngeal arch grows faster than 3rd, 4th, 6th pharyngeal arch.

→ Usually, 2nd pharyngeal arch overlaps & fuses with 3rd, 4th & 6th pharyngeal arch.

→ But some times, it doesn't fuses with them & a gap is created.

→ Gap created b/w them is known as Cervical Sinus

→ Cells are present in gap known as cervical cyst.

Applied anatomy

→ Cervical fistula → When cervical cyst is removed, it comm. to pharynx.

→ Sinus is present at level of angle of mandible and is common in children below 10yrs.

14. Thyrohyoid membrane

→ It is the extrinsic ligament of larynx.

→ Its lat. & med. wall thickens to form lat. & med. thyrohyoid ligament.

15) Jugular Space

→ Investing layer of deep fascia splits into two and covers 2 space:-

i) Jugular space

ii) Supra clavicular space.

→ Jugular space is also known as carotid space.

→ It extends from skull base to aortic arch.

→ It is lined by carotid sheath.

→ Contents:-

i) Int. Carotid artery

ii) Common Carotid artery

iii) Int. Jugular vein

iv) Ansa cervicalis

v) Vagus nerve.

→ Boundaries:-

i) Suprahyoid carotid space

ii) Infrahyoid carotid space.

16) Vertebral Artery

→ It is one among the 2 principal arteries that supplies to the brain.

→ It passes through the transverse foramen of vertebrae.

→ It is divided into 4 parts :-

1st, 2nd, 3rd - are in neck.

4th - runs in foramen magnum and supplies to sub-arachnoid space.

→ It runs a long course and also supplies to meninges, spinal cord etc.

---

17 **Taste Bud**

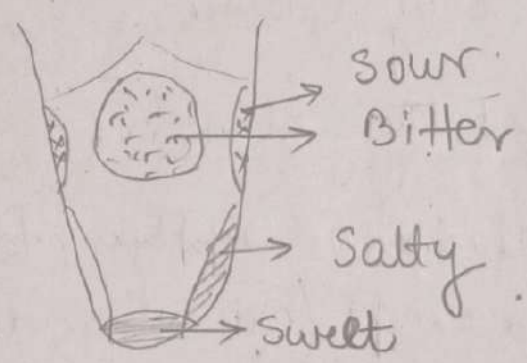
→ Taste bud are special sensory nerve ending.

→ It is present b/w circumvalate & fungiform papillae and also in post. 1/3rd of tongue.

→ They have sp. columnar epithelial cells.

→ Cells are gastatory cells and have openings known as gastatory pores.

→ When these cells become old, they become supporting cells.



Tongue

18. Implantation

→ It is the process of attachment of blastocyst to endometrial lining of uterus and subsequent invagination in the lining.

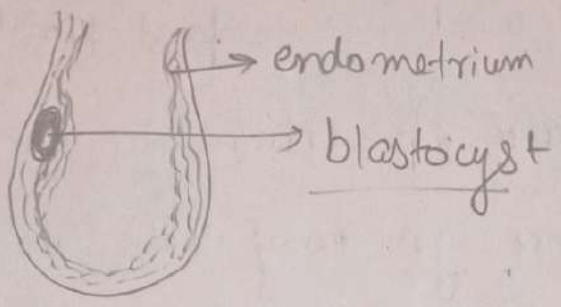
→ It takes place b/w 6-12 days after fertilisation.

→ It is of 3 types :—

i) Central implantation

ii) Eccentric implantation

iii) Interstitial implantation



II Short Essay Questions :-

3) Recurrent laryngeal nerve

→ It is the nerve supplying to all intrinsic muscle of larynx except (cricothyroid muscle)

→ It is divided into 2 parts → Left rec. laryngeal nerve
→ Right rec. laryngeal nerve.

→ Right rec. laryngeal nerve arises from vagus nerve and in front of right subclavian artery

↓

It runs forward and medially & passes behind subclavian artery and int. carotid artery to enter tracheoesophageal groove.

↓

In upper part of this groove, its related to inf. thyroid artery.
Later it passes deep and is related to inf. constrictor and enter larynx through cricothyroid joint

→ Left rec. laryngeal nerve arises from vagus nerve in thorax

↓

It loops around ligamentum arteriosum and enters tracheoesophageal groove.

↓

It doesn't have to run behind subclavian artery & int. carotid artery to enter this groove.

---

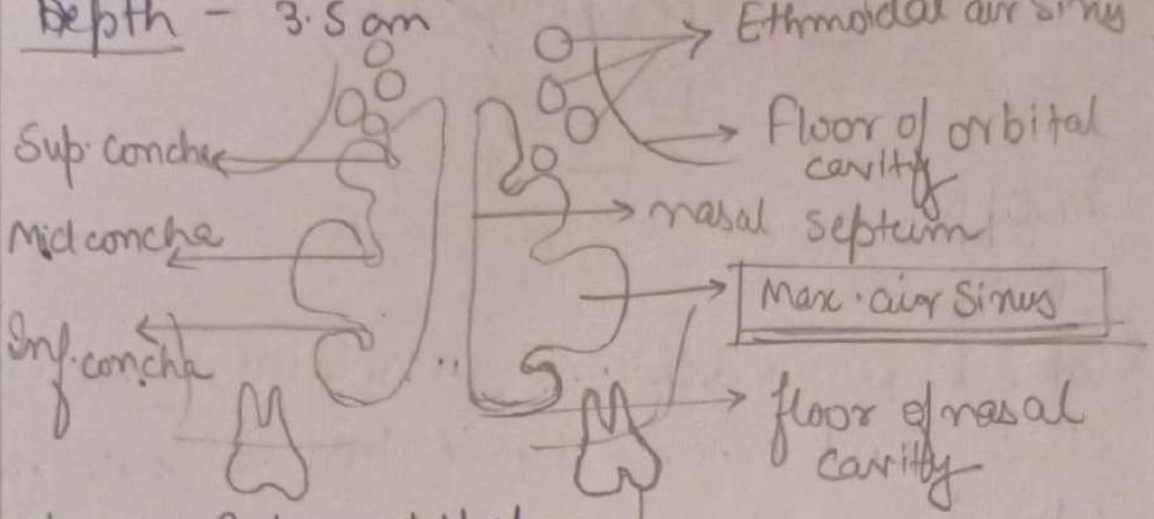
4) Maxillary Air Sinus

→ It is a paranasal air sinus.

→ It is present in body of maxilla.

→ It is the first paranasal air sinus to develop.
→ It changes shape of face.
→ Measurement :-

Length - 3.5 cm
Width - 2.5 cm.
Depth - 3.5 cm



→ Nerve - Infra orbital nerve → molar.
→ Artery - Infra orbital artery
→ Boundaries

i) Ant. → Ant. part of body of maxilla
ii) Post. → Post. part of body of maxilla
iii) Laterally → Zygomatic process.
iv) Medially → An opening called max. hiatus (antrium)
v) Roof → Floor of orbital cavity
vi) Floor → Alveolar sockets

→ Applied anatomy :-

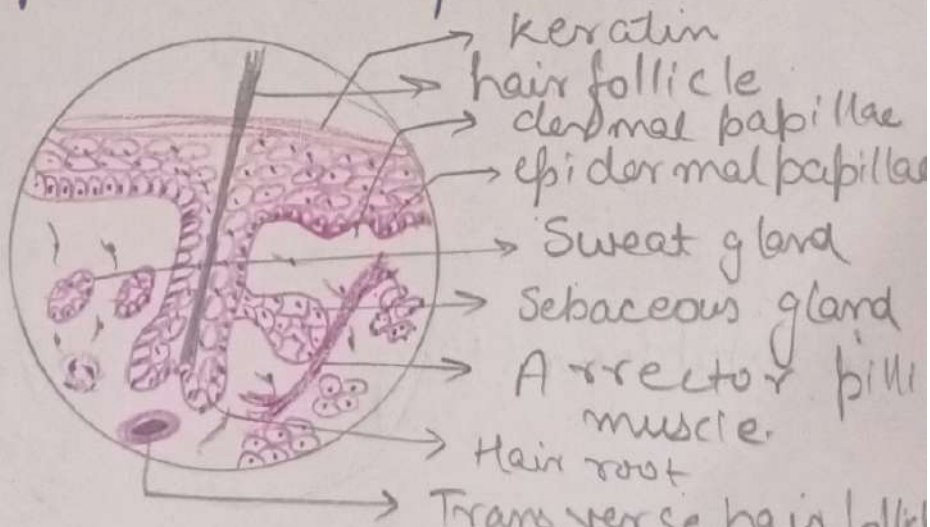
i) Pus in max. sinus known as max. sinusitis
Now a days, its removed from antrium.

5. Histology of Thin & Thick Skin

→ Skin is the largest organ of our body which covers 15-20% of total body mass.

→ Thin Skin

- It is also known as hairy skin.
- It covers most of our body except (palm, sole)
- In this, epidermis is thin (4 layers are there) (St. Lucidum is absent)
- In this, dermis is thick which helps in suture easily if damaged.
- It contains hair, hair follicles, sweat gland, Sebaceous gland.
- → It contains more sweat gland.
- Arrector pilli muscle is present.



Thin Skin

→ Thick Skin

→ It is the non-hairy skin

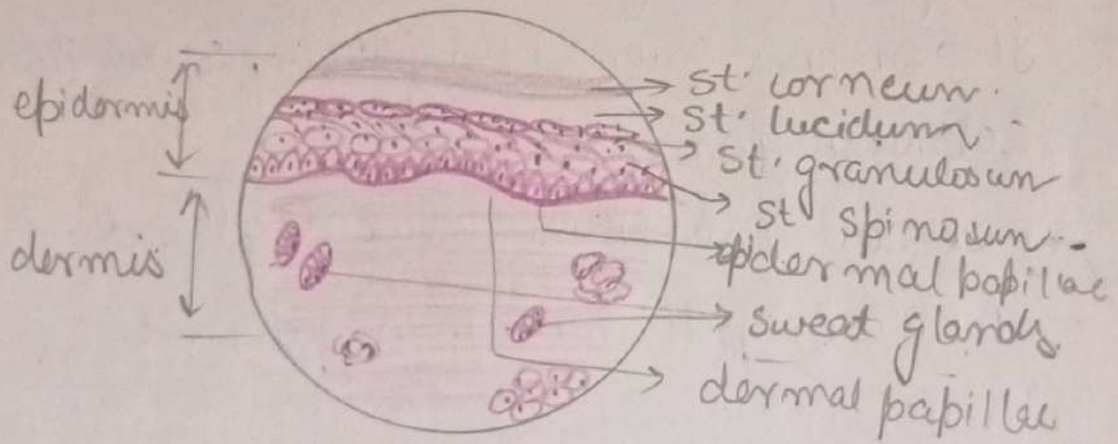
→ It is present in areas of abrasion (fingertips, palm, sole).

→ It doesn't contain hair, hair follicle, sebaceous gland.

→ Sweat glands are very less.

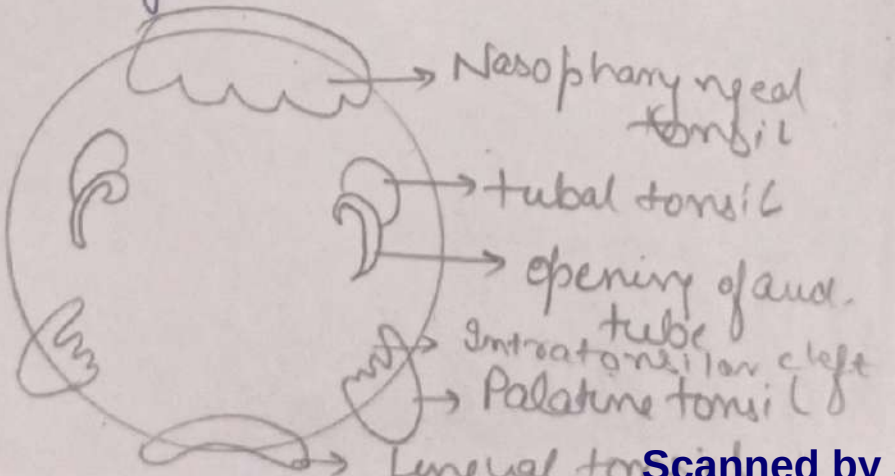
→ Arrector pilli muscle is absent.

→ Dermis is thin & epidermis is thick (st. corneum is thick).



Thick Skin

6. Waldeyer's Ring



→ It is circle of lymph nodes / lymphatic circle present at inlet of oropharynx.

→ Boundaries:-

i) Superiorly → Pharyngeal tonsil

ii) Sup. laterally → Tubal tonsil

iii) Laterally → Palatine tonsil

iv) Inferiorly → Lingual tonsil

→ It kills the germs / bacteria present in food before entering oesophagus.

---

7) Papillae

→ Tongue is the soft, muscular organ present in the floor of oral cavity.

→ Tongue contains papillae which are projection of mucous membrane present on the dorsum of the tongue.

→ There are 4 types of papillae :-

i) Circumvalate papillae

- Largest papillae
- 8-12 in no.
- 1-2 mm in diameter
- present in front of sulcus terminalis
- taste buds are present on its wall which is circular.

ii) Fungiform papillae

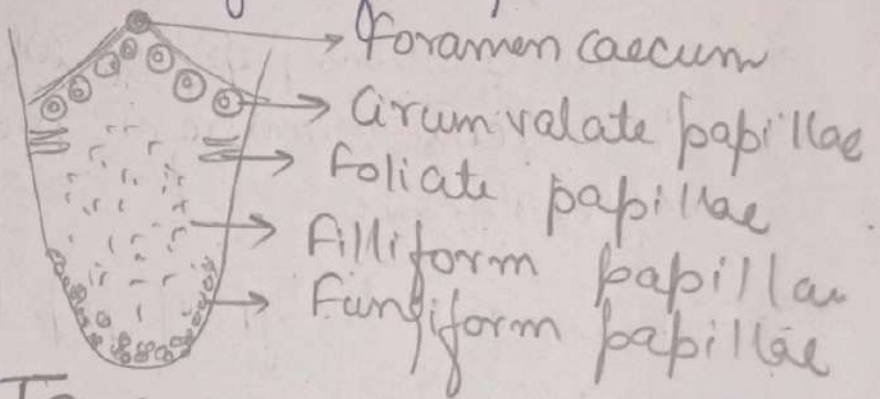
- Smaller than circumvalate papillae but larger than filliform papillae.
- Present on side margins of tongue.
- Don't contain taste buds.
- Narrow neck broad base.

iii) Filliform papillae

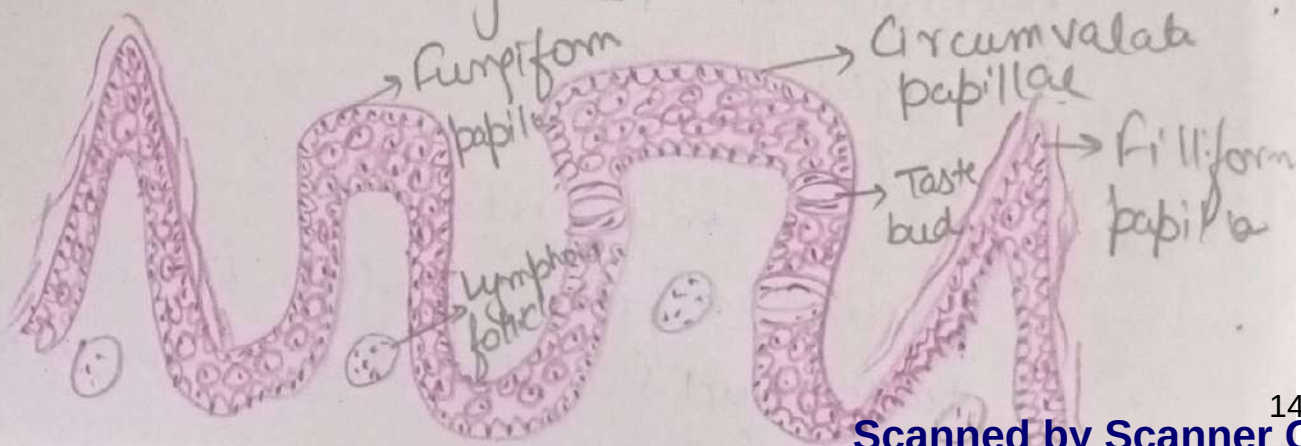
- Smallest in size but present in large no.
- Give tongue velvety appearance.
- Present on dorsum of tongue.
- Contain taste buds.

iv) Foliate papillae

- This papillae is redumentary in humans
- Present on post margin of tongue.
- Leaf shaped

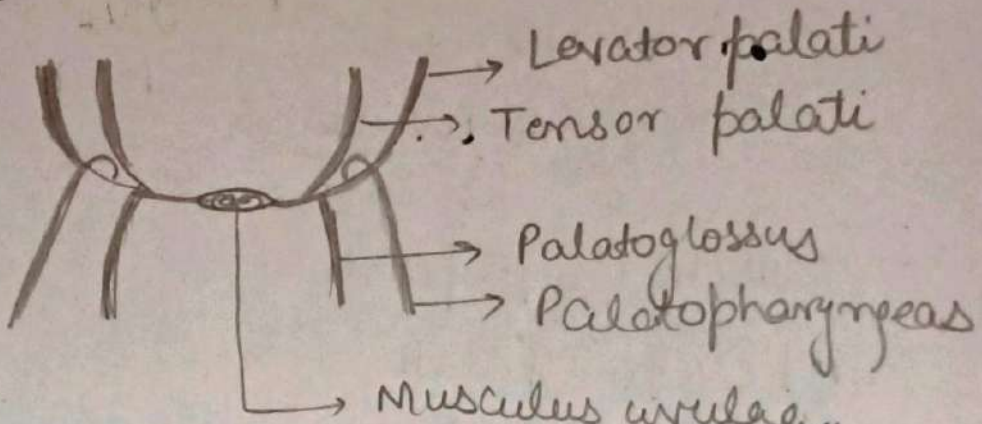


Tongue



SECTION

8. Soft palate



Muscles of soft palate

→ Soft palate is the muscular fold, movable and attached to post border of hard palate.

→ It has 2 surface → ant surface
→ post surface

i) Ant surface
- concave
- marked by median raphe.

ii) Post surface
- convex
- attached to the floor of nasal cavity

→ It has 2 borders → Sup. border
→ Inf. border

i) Sup. border
- attached to post. border of hard palate.

ii) Inf. border
- free, and covers pharyngeal isthmus
- in middle, tongue like projection hangs known as uvula.

→ Muscles of soft palate
i) Levator palati
ii) Tensor palati
iii) Musculus uvulae
iv) Palato glossus
v) Palato pharyngeus.

→ Nerve supply
i) Motor nerve → Pharyngeal plexus of nerves supply to all muscle except (levator palati), it is supplied by glossopharyngeal nerve.

ii) Gen. & Special. sensation → Medial & Posterior Palatine branch.

iii) Sensory nerve → Lesser palatine nerve

iv) Secretomotor nerve → Lesser palatine nerve

→ Arterial Supply

i) Greater palatine Artery
ii) Ascending palatine Artery
iii) Palatine branch of max artery.

→ Lymphatic Drainage – Retro mandibular lymph node

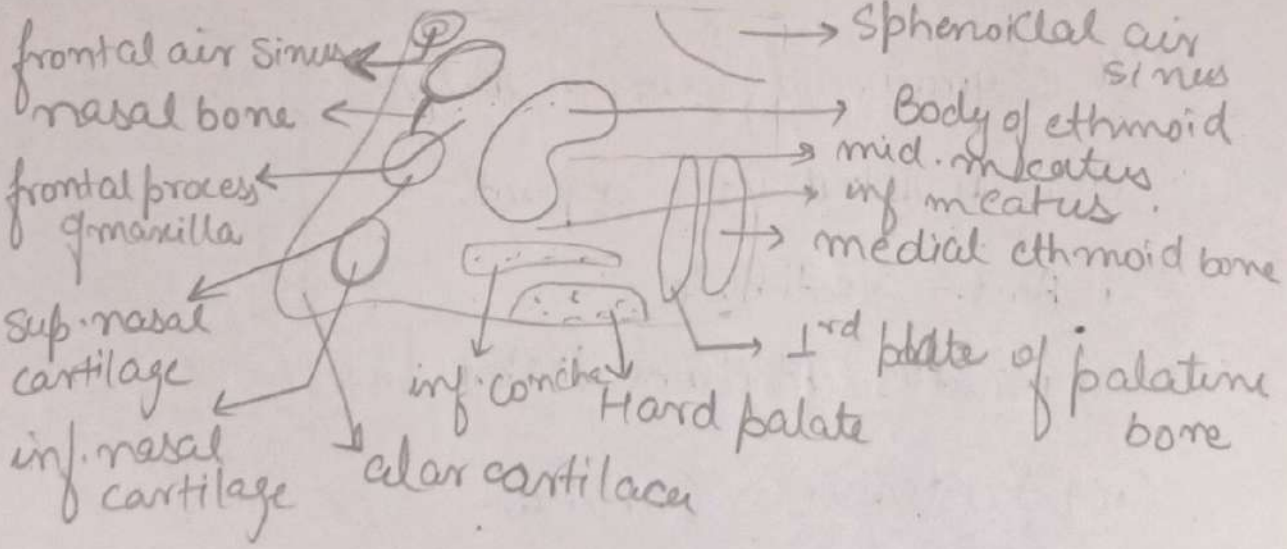
→ Applied Anatomy –

i) Paralysis of soft palate – nasal regurgitation of liquid
nasal twang in voice

ii) Cleft palate by non fusion of palate in embryonic period.

I. Long Essay Questions :–

1) Lateral wall of nasal cavity



Lateral wall of nose

a) Bones

- nasal bone
- frontal process of maxilla
- lacrimal bone
- Ir plate of palatine bone
- medial plate of ethmoid bone
- Body of ethmoid bone.

b) Cartilage

- Sup. nasal cartilage
- Inf. nasal cartilage
- Alar cartilage

→ Lat. wall of nose is dev. from nasal pit which is derived from nasal plocord which is dev. from fronto nasal process.

→ It is quadrangular in shape.

→ It is divided into 3 parts:-

i) And.- Vestibule

ii) Middle - Atrium / Vibrissae

iii) Posterior - Concha.

c) Mucous Membrane

- Also called nasal mucous membrane
- Covers bones & cartilage.

- Ant. 2/3 → (olfactory nasal mucous membrane) which contains olfactory neurons
- Post. 1/3 → (respiratory nasal mucous membrane)

Concha are curved bony elevations which runs towards and medially.
It is of 3 types :-

i) Inf. concha - independent bone
ii) Middle concha - projections from medial surface of ethmoid bone
iii) Sup. concha - projections from medial surface of ethmoid bone

→ When all these bony elevations are cut, it forms small depressions/gap known as meatus.
It is of 3 types :-

i) Inf. meatus - below inf. concha
- largest meatus
- nasolacrimal duct opens into it

ii) Middle meatus - below middle concha.
- has following features :-
  - Ethmoidal bulla
  - Hiatus semilunaris
  - Infundibulum

iii) Sup. meatus - below sup. concha
- short & shallowest

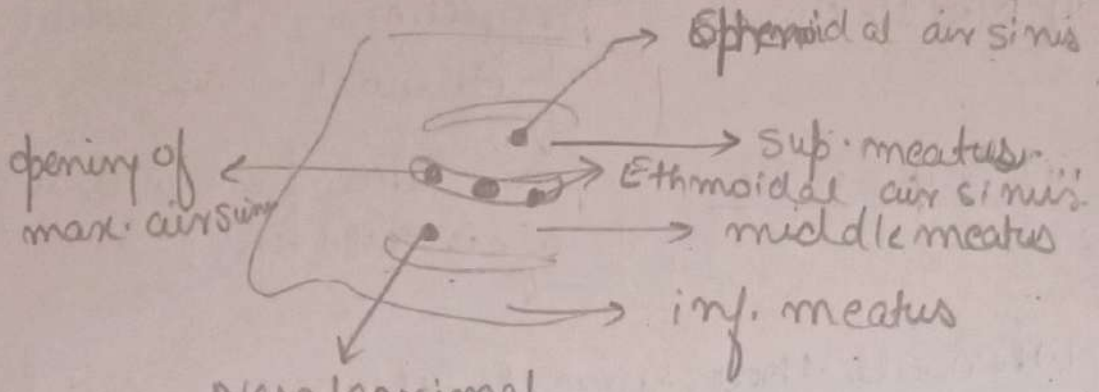
→ Following paranasal air sinus :-

i) Max. air sinus
ii) Ant. Ethmoidal air sinus
iii) Mid. Ethmoidal air sinus
iv) Frontal air sinus

} open in middle meatus.

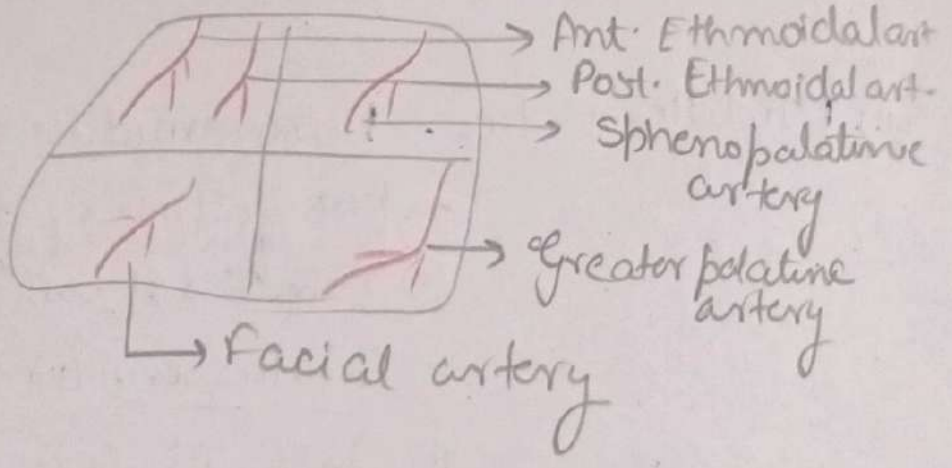
→ i) Sphenoidal air sinus
ii) Post. Ethmoidal air sinus

} opens in sup. meatus.



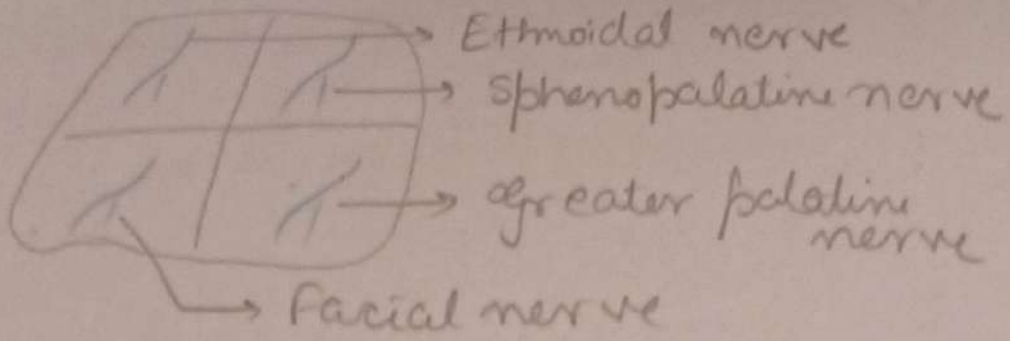
MEATUS

d) Nerve Supply & Blood Supply



→ Venous Drainage → Ant. facial vein
Pterygoid plexus of nerves

→ Lymphatic Drainage → Submandibular & Sublingual lymph node



→ Applied anatomy :-

i) Common cold (rhinitis) common infection of nose.

ii) Max. sinusitis.

2. Cavernous Sinus

→ It is a paired dural venous sinus.

→ It is present in cavernous sulcus.

→ Measurement :-

Length - 2.5cm
Width - 1.5cm.

→ It extends from foramen lacerum to sup. orbital fissure.

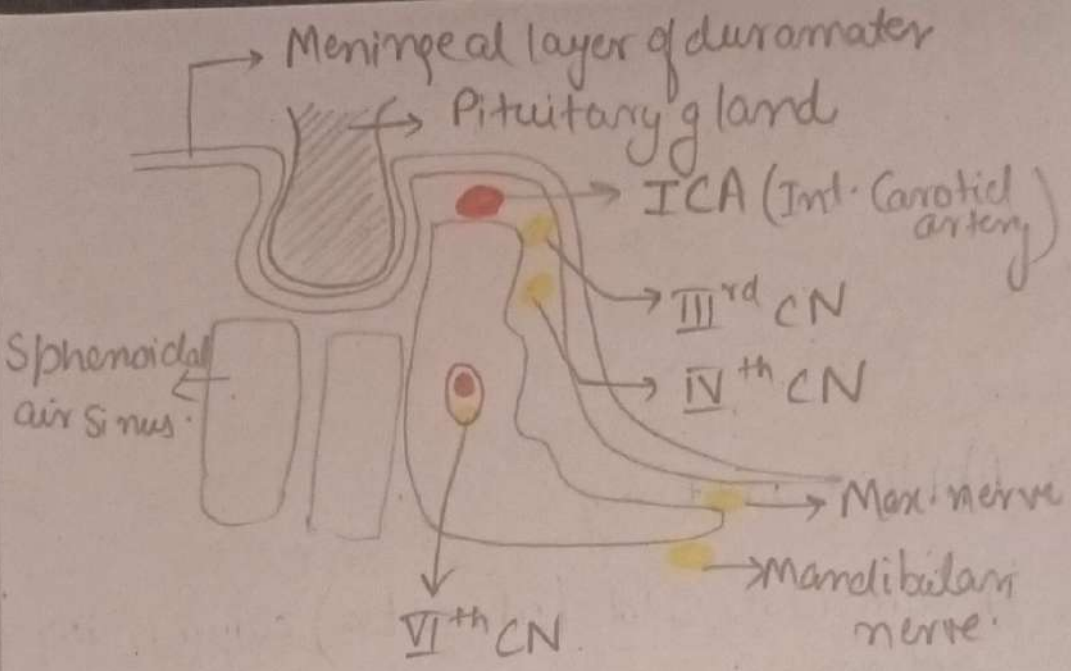
→ Relation on its lateral wall :-

i) III rd CN (Occulomotor nerve)

ii) IV th CN (Trochlear nerve)

iii) VI th CN (Abducent nerve)

iv) Opthalmic & max. division of Trigeminal nerve



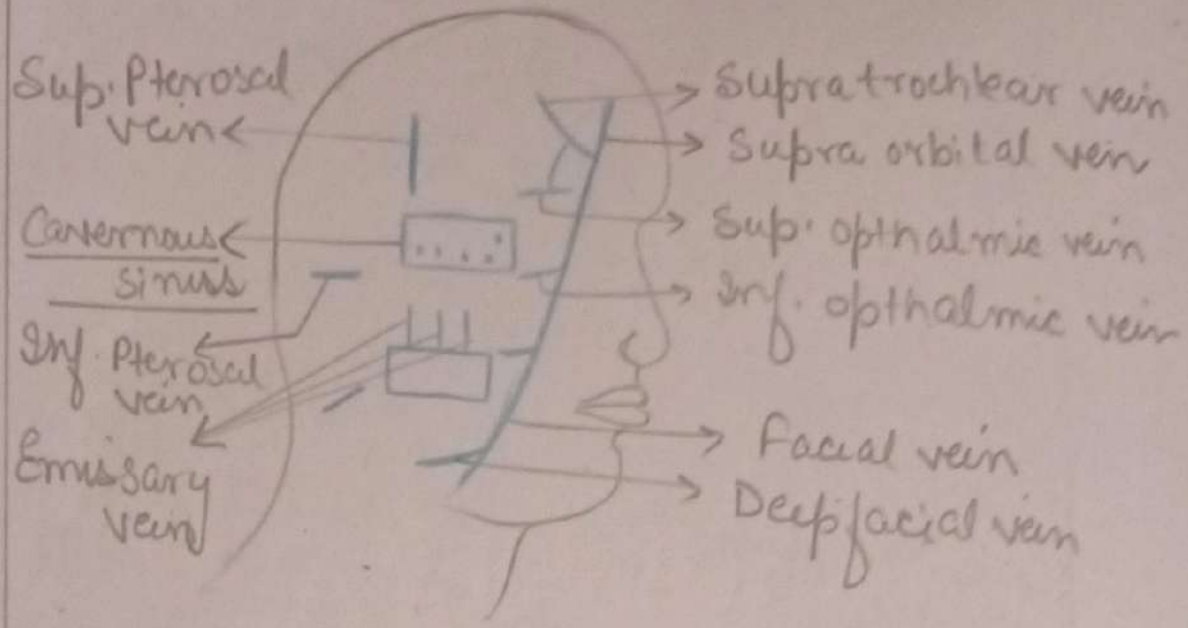
CAvernous Sinus & its relations

→ **Structures piercing Cavernous sinus :-**

i) Int. Carotid artery
ii) Int. Carotid plexus of nerves
iii) VI th CN

→ **Tributaries :-**

i) Emissary vein passing through emissary foramen
ii) Laryngeal vein
iii) Sup. & Inf. Opthalmic vein
iv) Sup. & Inf. Pterosal vein.



Cavernous sinus & its tributaries

→ Applied anatomy

i) Cavernous Venous Thrombosis

- Any small blood clot passes through emissary vein and lodges in cavernous sinus
- After some years, blood clot enlarges and put press. on cavernous sinus and also on optic vein which leads to blindness, epilepsy

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Inara Ibani Reg. No. : 9

Class : IInd BDS Subject : Dental Materials Date : 2/12/2019

SECTION

44½/50

RGS

1. Classification of Impression materials

I: Rigid or Elastic
eg: impression compound, ZOE paste

- elastic
  - → Agar
  - → Alginate
- elastomeric
  - → Addition silicones
  - → polyethers.

II: Mucocompressive
↳ These are the ones that displace the tissues
↳ eg: d impression compound

Mucostatic
↳ These materials make an impression without compressing the adjacent tissues
↳ eg: alginate agar.

III Thermostatic and thermosetting.

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Alginate: irreversible hydrocolloid. extracted from sea weed.

Composition of alginate.

1. Sodium / potassium alginate → main ingredient.
2. Calcium sulphate → reacts with Sodium alginate to form calcium alginate.
3. Sodium triphosphate → retarder
4. Potassium titanium fluoride → Gypsum hardners.
5. Diatomaceous earth → filler particles.

Setting reaction

→ Alginate reacts with calcium sulphate to form calcium alginate.

→ This reaction proceeds very fast, hence sodium triphosphate is added as a retarder.

↔ Sodium triphosphate reacts with calcium sulphate → first reaction

$$Na_3PO_4 + CaSO_4 \longrightarrow Na_2SO_4 + Ca_3(PO_4)_2$$

→ After the concentration of retarder is almost nil, the second reaction between ~~sodium~~ of $CaSO_4$ and Sodium alginate takes place.

$CaSO_4$ + Sodium Alginate → Calcium alginate + sodium sulphate.

Properties of alginate Impression Compared.

~~① Syneresis~~

1] Mechanical properties

a) Compressive strength: it has a average compressive strength, but it is less compared to agar.

b) Tear strength: very low tear strength. Hence the impression should be removed at an stroke.

c) Flexibility: alginate has a flexibility less than that of agar.

d) elasticity: considerable elasticity, but less than that of agar.

2] Syneresis and imbibition

The cast should be poured immediately after the impression is taken. This is because

Syneresis: in a dry environment water oozes out

from the set alginate, onto the surface of the impression some soluble particles are also lost.

Imbibition: if kept in water, it absorbs the water inside

Both these properties cause distortion of the impression.

3] Taste: alginate is available in various flavours and hence is patient friendly. (9)

Q. Classification of amalgam alloys.

I. Based on the no. of alloy particles.

(i) Binary - Ag - Tin
(ii) Ternary - Silver - tin and copper
(iii) Quaternary - Silver, tin, copper and Indium.

II. Based on ~~no~~ of Shape of particles

(i) lathe cut
(ii) spherical &
(iii) spheroidal.

III. Based on the size of particles

- micro filled
- macro filled.

IV. Based on copper content

- low copper - contain ($\geq$ 6% Cu.
- High copper → contain > 6% Cu.

V Based on Zinc content

- ~~High~~ Zinc containing alloy → > 0.01% Zn.
→ Zinc free alloy → < 0.01% of Zn.

VI - Based on Presence of other metals.

→ Palladium
→ Platinum

High copper amalgam alloys.

→ Contain more than 6% of copper

Composition % wt

Ag — 69%.

Sn — 17%.

Cu — 13%.

Zn — 1%.

→ Silver: major reacting ingredient
→ whitens the alloys.
→ Prevents corrosion & tarnish
→ ↑ses the setting expansion
→ ↓ses the setting time.

→ Tin → amalgamation
→ ↓ses setting expansion
→ ↑ses setting time
→ reduces the resistance against tarnish and corrosion.

→ Cu → Increases strength
Increases resistance to tarnish and corrosion.

→ Zinc → Acts as a scavenger and prevents oxidation of Silver during manufacture as well as after use.

→ Palladium → whitens the alloys.

→ Platinum → ↑ses strength.

→ High copper alloys are made of α particles of lathe cut and 1 part of spherical alloys.

→ High copper alloys have high strengths because γ_2 phase is eliminated.

Setting reaction of high Cu alloys.

(1) $Ag_3Cu + Ag_3Sn + Hg \rightarrow Ag_2Hg_3 + Sn_7Hg + Ag_3Cu + Ag_3Sn$

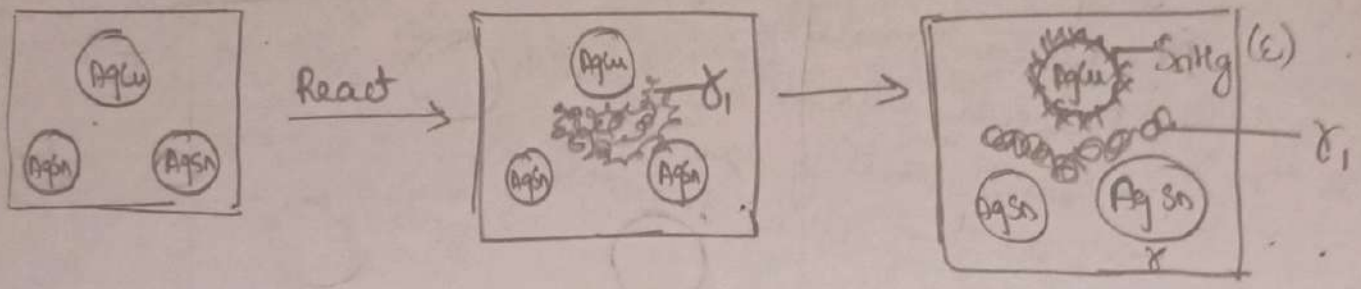
Ag_2Hg_3 = γ_1 — Strongest phase

Sn_7Hg = γ_2 — weakest phase

(2) $Sn_7Hg + Ag_3Cu \rightarrow Cu_6Sn_5 + Ag_2Hg_3$

Cu_6Sn_5 = ε — Eta phase

Hence γ_2 is eliminated.



Set cement: core is made up of Ag_3Sn, Halo of Ag_3Cu surrounded by Sn_7Hg.

Matrix is made up of Ag_2Hg_3.

6½

Properties of High Amalgam

→ Increased strength

→ ~~less~~ More resistance tarnish and corrosion.

→ less amount of mercury required.

Manipulation (trituration)

→ Eame's technique → 1:1 ratio of powder and liquid.

4.] Expansion of Gypsum products.

Hydroscopic expansion

→ Set gypsum products when kept under moisture tend to expand.

→ This is because, when water is incorporated within the set mass, it provides as medium for the crystal to grow. The nuclei of crystallisation increase. Hence causing expansion of the gypsum product.

→ In some cases this expansion is desirable:

(2) like in casting procedures where the expansion of gypsum product compensate for the metal shrinkage.

5] Acid etching

→ While doing composite restoration acid etching is done first to improve bonding of the composite

→ The tooth surface is etched, primers are applied and then these primers are coated with adhesives.

→ Acid etchant

- eg: Phosphoric acid (37%) majorly used.
  - Maleic acid
  - citric acid
  - oxalic acid
  - Nitric acid

(4)

for etching of dentin : ~~strong~~ mild etchants are used.

Etching time

Enamel ——— 15 secs

Dentin ——— ~~40 secs~~ 10secs

Primary teeth ——— 60 secs

Fluoridated teeth ——— 120 secs

What does etching do?

. In enamel

Removes the smear layer

↓

Converts the smooth surface into rough surface

↓

↑ses surface energy.

. In dentin

Removes the smear layer

↓

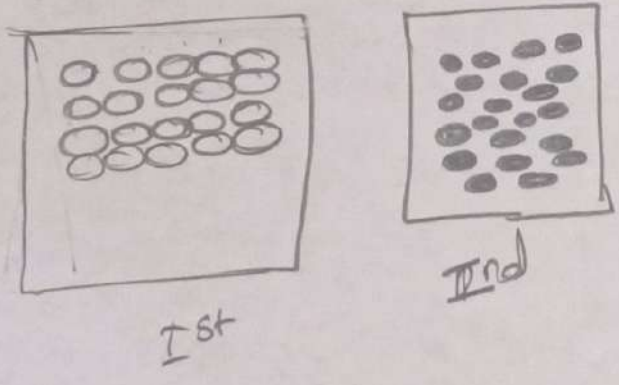
Disintegrates the intertubular and peritubular dentin.

Patterns of etching

3 Types → I – core is removed, peripheries are intact.

II – core is intact, peripheries are removed.

III – mixed



I st

II nd

6) Stress and strain

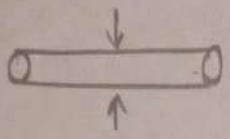
Stress : ~~Stress is~~ ↑ when a force is applied on a object the objects resists the deformation by applying an opposing force which is known as stress.

Stress = F/A

F = force
A = per unit area.

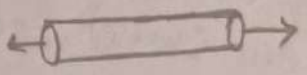
3 Types of stresses

Compressive



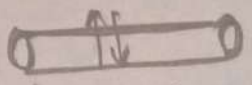
when force is applied in the same direction vertically.

Tensile



when force is applied in opposite direction horizontally

Shear



when two parallel force are applied

(3)

Strain : strain is defined as the amount of deformation ~~caused~~ when compared to caused by an applied amount of stress ~~as~~ the original dimensions of the object

Strain : $\frac{\Delta L}{L}$ (compressive stress)

7. Composition and setting reaction of

Composition

Powder

① Zinc oxide ——→ major reacting substance.
② ~~Magnesium~~ Magnesium oxide ——→ filler
③ Other oxides like Barium oxide ——→ filler.
④ Silica ——→ filler

Liquid

① Phosphoric acid
② Aluminium / Zinc phoshate
③ water
④ Alumina
⑤ Zinc

(3)

Setting reaction

- Zinc oxide reacts with phosphoric acid to release free Zn ions.
- Thes ions combine with alumina to form a matrix of Zn-alumino phosphate.

8) Classification of composites

I Based on polymers
- → Restorative
- → luting

II Based on curing
- → Chemically cured
- → Light cured
- → Dual cured.

III → Based on the filler particles
- Macrofilled
- mid filler
- mini filled
- Micro filled
- Nano filled
- Hybrid

(3)

IV → Based on flow
- Conventional
- flowable
- Packable.

Name : Inara Isari Reg. No. : 9

Class : IInd BDS Subject : Dental Materials Date : 2/12/2019

SECTION

9) Methods of curing

→ Heat cure acrylic resins are cured by using heat.
→ Chemically cured acrylic resins are cured by polychemical reaction between the particles.
→ light cured - used source of light is used.

(2)

Heat curing
→ Curing cycle
For resins of thick consistency
~~Your~~ → 74°c for 8hours
→ 74°C for 8hours, boil for 1hours.

for this consistency
→ 74°c for 2hours, boil for 1hour.

Before curing cycle - bench curing is done to increasing homogeneity and spread of monomer. (15-30mins).

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Mili Goswami .... Reg. No. : 18D0090

Class : II BDS .... Subject : Pathology .... Date : 24/02/2020

SECTION (28/35)

1. Healing is a local response of ~~(many)~~ mammalian tissue in ~~(ode)~~ order to repair any damage caused by ~~(and)~~ any agents internally or externally. The agents may be physical, chemical or microbial.

Healing by primary intension includes the following steps:-

- The incised wound and the ~~(st)~~ suture track become filled with blood ~~and~~.
- Inflammatory response ~~(due)~~ develops around the incised wound and the suture track.
- Inflammatory cells in case of acute inflammation is Polymorphonuclear Cells and in case of chronic inflammation, it is plasma cells.
- ~~Development of granulation tissue begins~~
- Endothelial cells develop around the ~~suture~~ incised wound and suture track.
- Development of granulation tissue occurs from below.
- When the suture is removed after 7-8 days, less suture ~~marks~~ scar are left behind.

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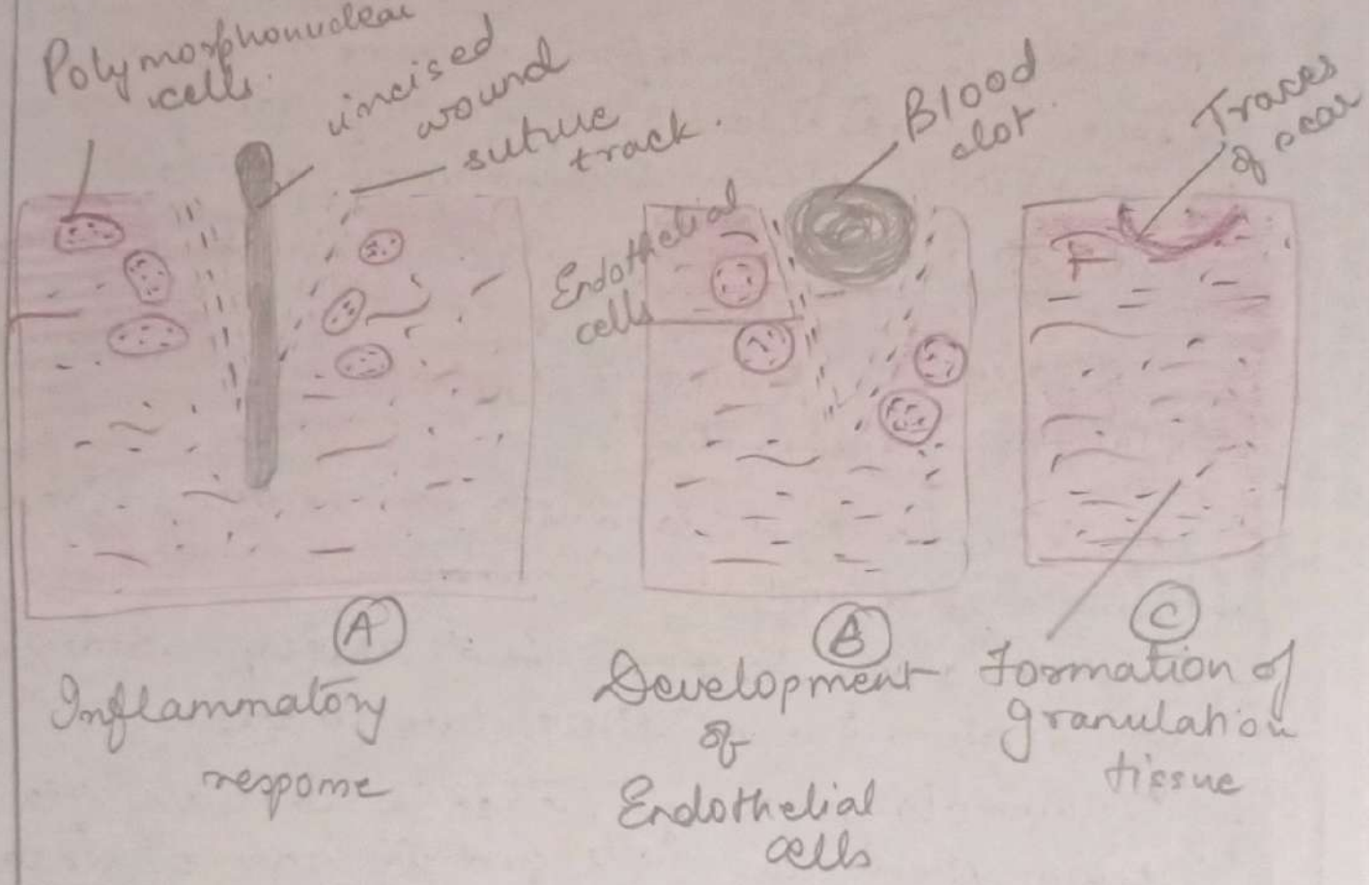
- In healing by primary intention, there is no acute inflammatory response.
- No severe blood loss.
- Wound heals fast.
- No scar left.



Factors affecting wound healing are :-

- Presence of pre-existing infection delays wound healing.
- Movement of the injured area, delays wound healing.
- Exposure to UV rays accelerates wound healing.
- Age - Wound or injuries in children heals faster than that in old age.
- Nutrition - Good nutrition accelerates wound healing.

- Normal leucocyte count accelerates wound healing. Less neutrophil count delays wound healing.

(8)

2. Pathologic calcification.

Pathologic calcification are of two types.

(i) Dystrophic calcification.
(ii) Metastatic calcification.

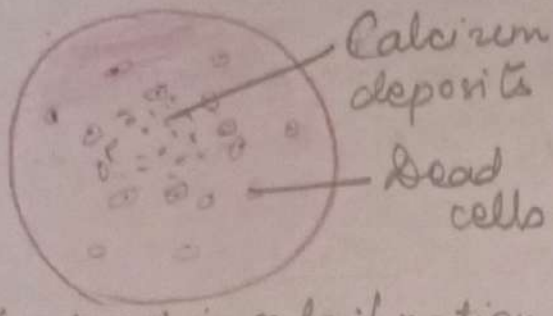
Dystrophic calcification:

- Here, deposition of calcium salts takes place in the dead tissues.
- Calcium metabolism is normal.
- Serum calcium level is normal.
- Pathogenesis - the phosphates bind to the dead tissues which attract calcium salts. Thereby, increasing the deposition of calcium phosphate.
- Causes - Necrosis.

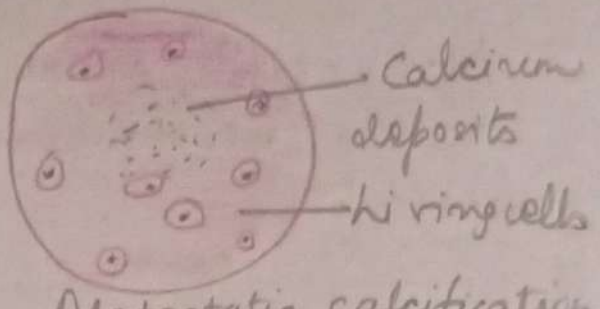
(4½)

Metastatic Calcification.

- Here, deposition of calcium salts take place in the normal tissues.
- Calcium metabolism is deranged.
- Serum calcium level is increased leading to hypercalcaemia.
- Causes - Hyperparathyroidism.
- Pathogenesis - Increases deposition of calcium salts in pancreas, kidney, gall bladder, etc.



Dystrophic calcification



Metastatic calcification

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3. Gangrene:

- Gangrene is a type of necrosis with superadded putrefaction.
- It is a type of coagulative necrosis.

There are three types of gangrene.

- Dry gangrene
- Wet gangrene
- Gas gangrene (a type of wet gangrene)

Dry gangrene:

- Occurence is common in the limbs.
- Cause is arterial occlusion.
- The affected area is sunken, dark and represents the foot of mummy. The affected area is dark because of the haemoglobin released from the haemolysed RBC which is acted upon by H_2S gas producing iron sulphide, which is black in colour.
- There is a demarcation between the affected part and non-affected part.
- No growth of bacteria.
- Chances of septicaemia is less.
- Examples: gangrene of foot.

- Wet gangrene:
- Occurence is in bowel.
- Causes is due to venous occlusion and less likely due to arterial occlusion.
- The affected area is moist, soft, swollen, dark, rotten and smelly.
- There is no clear demarcation between the affected and unaffected parts.
- Growth of bacteria is high.
- Changes of septicaemia is high.

Gas gangrene:
- It is a type of wet gangrene.
- Presence of air bubbles in the tissues is seen.
- Caused by Clostridia, a gram positive anaerobic bacteria.

5. Amyloidosis:

Amyloidosis is a group of diseases characterized by the appearance of numerous fibrillar proteinaceous substances called amyloid.

Classification of Amyloidosis.

Systemic Changes:

Type	Diseases caused	Biochem Type	Commonly affected organs.
Primary	Plasma cell dysciases	AL	Skin, heart
Secondary	Chronic inflammatory reaction	AA	Liver, spleen kidney.
Haemodialysis	Acute renal failure	$A\beta_2$	Synovial joint.

Localised Changes:

Type	Biochem Type	Commonly affected organs
Senile cardiac	ATTR	Heart
Senile cerebral	AL	Cerebral neves
Endocrine	$A\beta_1$	Islets of Langerhans
Tumour making	Proinsulin	Lung, Breasts,

7. Fatty change:

- Fatty change or steatosis is the accumulation of neutral fat in the parenchymal cells.
- Accumulation of fats take place in the ~~lipid~~ cytosol and hence there is increase intracellular lipid content.
- Liver is the main organ of fat deposition. Other organs include heart, skeletal muscle, pancreas, gall bladder.

The causes of fatty change are:-

- Obesity, diabetis mellitus, Congenital ~~hype~~ hyperglycaemia.
- Chronic alcoholism, Starvation, Pregnancy, Protein Calorie Malnutrition.

Fatty changes can occur when there is any of the following metabolic disorders.

- Increased entry of fat cells into the organ.
- Decreased excretion of fat cells from the organ
- Decreased conversion of fat cells into ketone bodies.

8. Hypertrophy:

- Hypertrophy is increase ~~or~~ in size or enlargement ~~in the~~ of an organ.
- It may be due to increase in the number of cells, or increase in the size of the cells or both.
- Hypertrophy may be both physiologic and pathologic.

Physiologic causes of hypertrophy

- Increase in the size of the pregnant uterus.
- Increase in the size of female breast during puberty.

Pathologic causes of hypertrophy.

- Fatty liver occurs due to increased metabolism and deposition of fat.
- Hypertrophied heart due to ~~Co~~ CCF
  (2) Congestive Cardiac failure and Myocardial infarction.
- Lardaceous Spleen.

---

9. Cardinal signs of acute inflammation are:—

(i). RUBOR – Redness.
(ii) TUMOUR – Swelling.
(iii). CALOR – Heat
(iv) DALOR – Pain

The fifth cardial sign is proposed by (2) Virchow which is 'Function Laesa' which means loss of function.

---

(6). Cancum ~~oft~~ oris.

It is the deposition of some agents in the tissues leading to the formation of a hard calcified structure.

---

(4) · Chemical mediators of inflammation.

The chemical mediators of inflammation are Bradykinin, interleukins, ~~Inflammatory cells. Polymorphonuclear Cells,~~

- The chemical mediators of inflammation cause swelling, redness, heat and induce pain at the site of injury.
- They cause ~~contraction of~~ transient vasoconstriction; followed by persistent vasodilatation which causes blood flow to the affected area and hence redness.
- They cause increase in hydrostatic pressure which leads to swelling.
- Stasis of Blood Flow; blood becomes viscous.
- Later ~~they~~ they induce changes in Vascular Permeability.
  - Contraction of Endothelial Cells, followed by retraction of Endothelial Cells and then injury of endothelial cells by leucocytes.

(3)

They then induce chemical changes.

- They cause exudation of leucocytes from the lumen of microvasculature to the interstitial cells.
- When the leucocytes move away from the endothelial cells, the RBCs are move through the space of endothelial cells causing 'diapesis'

They later induce Phagocytosis of the foreign agent and denaturation ~~of de~~ and degeneration of the foreign body by hydrolytic enzymes released by lysosomes.

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(1)

FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

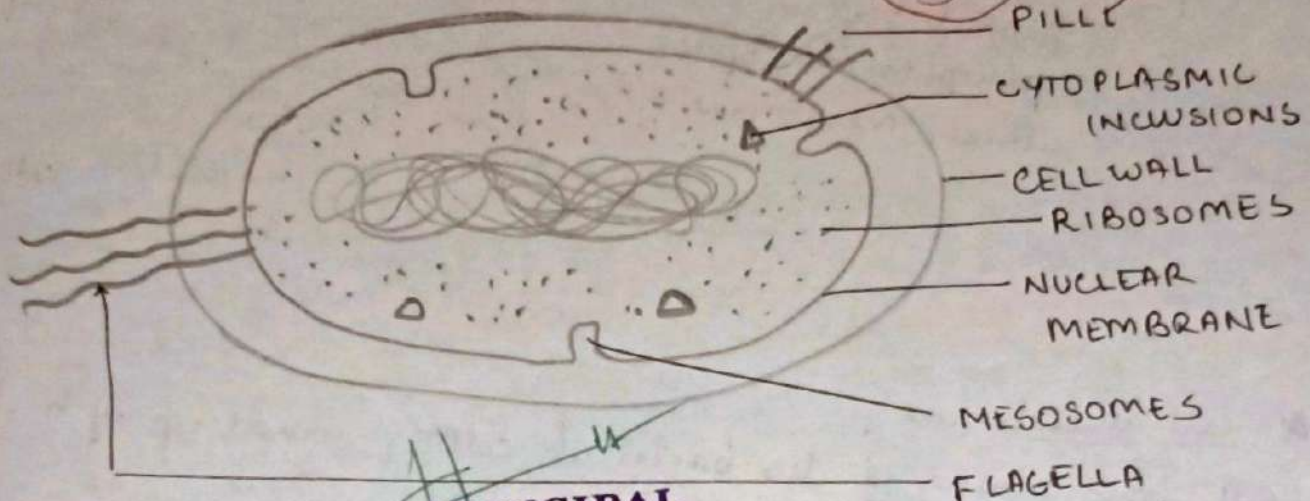
Name : Inara Ilani Reg. No. : 9

Class : IInd BDS Subject : Microbiology Date : 27/11/2019

SECTION

29/35

1. Anatomy of Bacterial cell.



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] CELL WALL

→ The outer most covering of the bacterial cell is the cell wall

→ It is made up of peptidoglycan

→ Functions : • protection of the bacterial cell from antibiotics
• resistant against osmosis
• provides rigidity to cell.

→ Based on the structure of the cell wall. There are 2 types

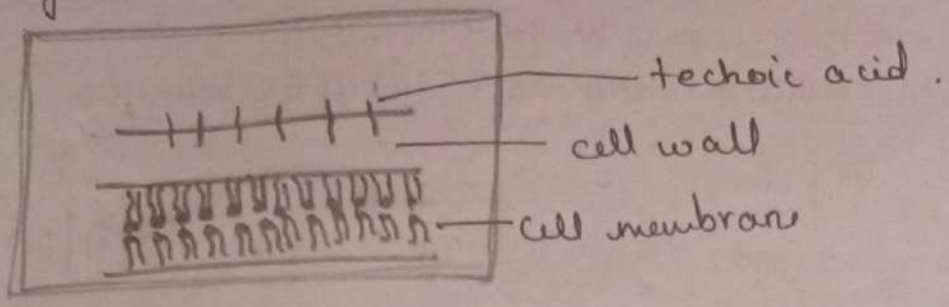
Gram positive

- thicker peptidoglycan layer (18 - 12 µm)
- lower lipid content
- surface antigen is techoic acid

Gram negative

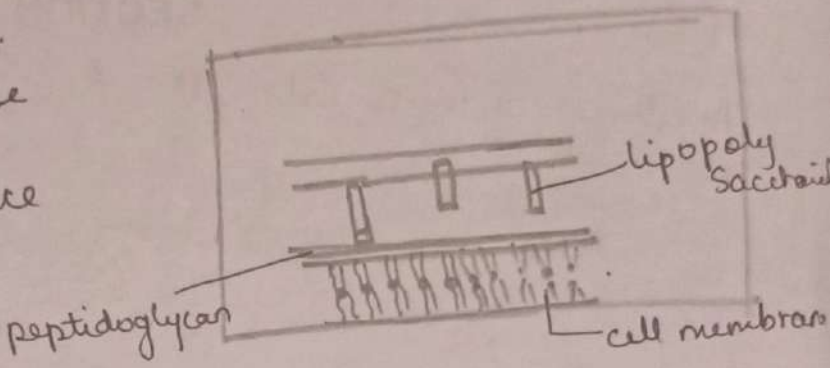
- Thinner peptidoglycan layer (2-4 µm)
- higher lipid content
- Surface antigen is glycoprotein A.

★ Gram +ve cell wall



★ Gram negative cell wall:

layer: lipopolysaccharide
peptidoglycan
periplasmic space
inner membrane



2] ★ cell membrane.

- Cell membrane of the bacterial cell is made up of a lipid bilayer.
- The cell membrane has small invaginations called mesosomes
- Mesosomes act like the mitochondria of the bacterial cell and store energy.
- Inside the cell membrane: ~~of~~ double ~~stra~~ stranded DNA, cytoplasmic inclusions and ribosomes are present.

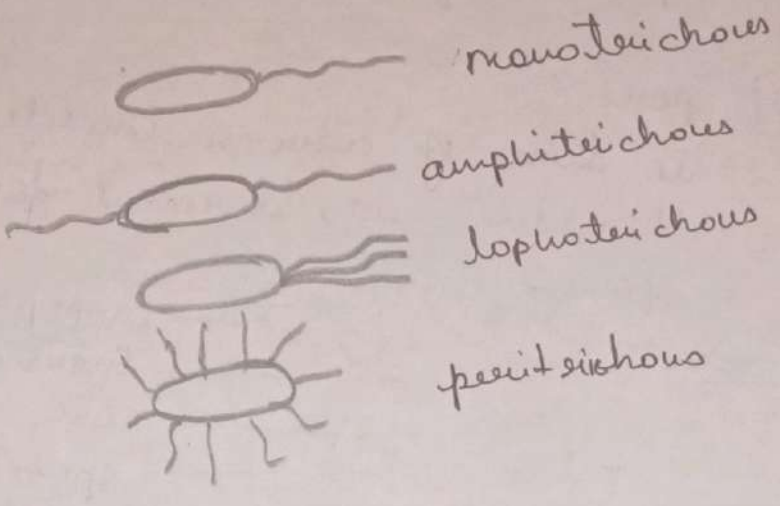
3] Capsule

→ Capsule is the outermost covering of the bacteria.
→ It is usually known as slime when it is uneven.
→ Capsule in some bacteria is known for its invasive properties.

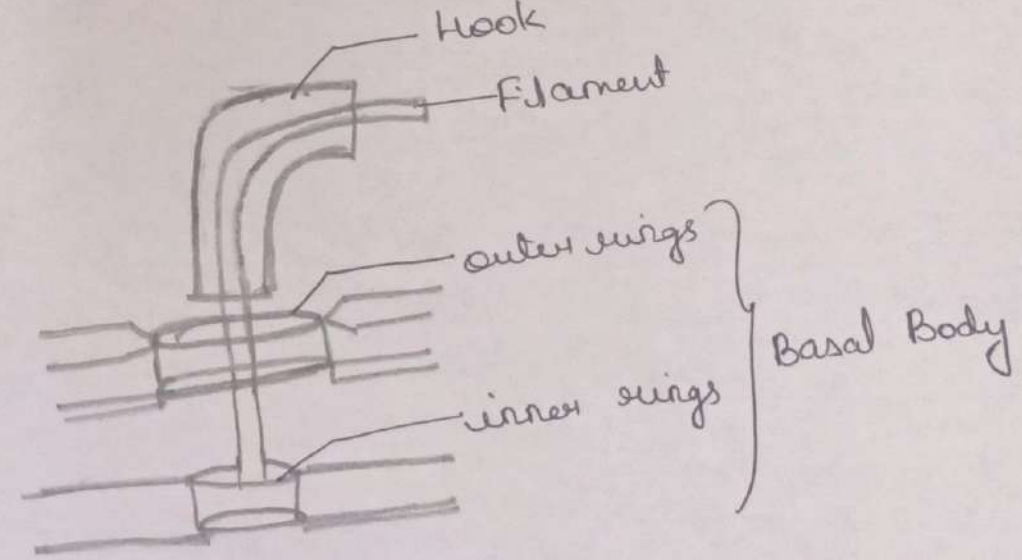
4] Nucleus:
(i) the bacterial cell does not have a well defined nucleus.
(ii) the nuclear ~~matb~~ membrane is absent
(iii) nucleodus is absent.
(iv) extranuclear DNA called plasmids are present.
(v) Single double stranded DNA is present.

5] Flagella
→ Projections from the cell membrane of the bacteria.
→ usually provide motility to the bacteria.
→ Flagella is made up of 3 parts
- hook
- Basal body
- filament.

→ Flagella orientations
- monotrichous
- amphitrichous
- lophotrichous
- peritrichous



→ Methods of observation
- Electron microscopy
- Special staining
- Hanging drop technique.



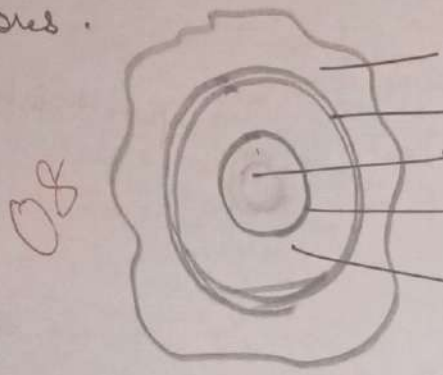
Structure of flagella
- outer rings are absent in gram positive bacteria.

6] Pilli: smaller projection from the cell membrane
- usually they are organs of adherence.
- Pilli are also known as fimbriae
- Types: common pilli
  sex pilli
- Functions of (i) common pilli: adherence
  (ii) Sex pilli: the female and male of the bacterial cell form conjugation tubes using pilli to exchange genetic material.

7] Ribosomes
→ protein synthesising bodies of the bacterial cell.

8] Spore
→ in of adverse conditions bacteria transform themselves into dormant forms and are called spores.

→



2. Candidiasis

- Candida albicans is the causative fungus of candidiasis.
- It is an opportunistic endogenous infection
- Size and shape: round-oval in shape.
- Predisposing conditions: patients with diabetes, on immunosuppresants, AIDS (where immunity is lowered).

Pathogenesis

- Mucocutaneous lesions
- Skin and nail infections
- internal lesions
- Oral lesions

#Mucocutaneous lesions

- Balanitis
- vaginitis
- oral thrush
- conjunctivitis
- Napkin dermatitis

Skin and nail infections

- Skin: lesions in axillae, groin, submammary folds.
- Nails: paronychia
  onychia

Internal organ lesions

- endocarditis
- pulmonary candidiasis
- meningitis
- urinary candidiasis

Oral lesions

(i) Oral thrush: elevated white plaques mainly found on the bucal surface of the tongue but may also be found on the palat and floor of the mouth.

(ii) Chronic oral candidiasis: it is also known as denture

induced stomatitis. It occurs due to tight fitted dentures. The saliva which has antimicrobial properties does not come in contact with the underlying palate hence causes lesions.

Chronic mucocutaneous candidiasis: occurs in the inside as well as the outside. Similar to other lesions of the mouth.

Cheilitis: infection of candidiasis on the corners of the lips.

Circumoral candidiasis: lesion around the mouth are present.

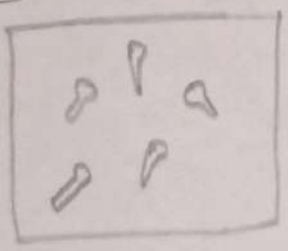
Laboratory diagnosis

⇒ Gram staining: gram positive budding organisms should be present.

⇒ Culture: the culture is grown in SDA medium
pale white colonies appear.
These are then observed under the microscope by gram staining.

⇒ Germ tube test: candidiasis grows in human sera in 2 hours.

germ tubes



⇒ Chlamydospores: candidiasis in nutrient deficient media forms chlamydospores
- medium used is corn meal agar.
- chlamydospores are found at the end of pseudohypae.

3. Anaphylaxis

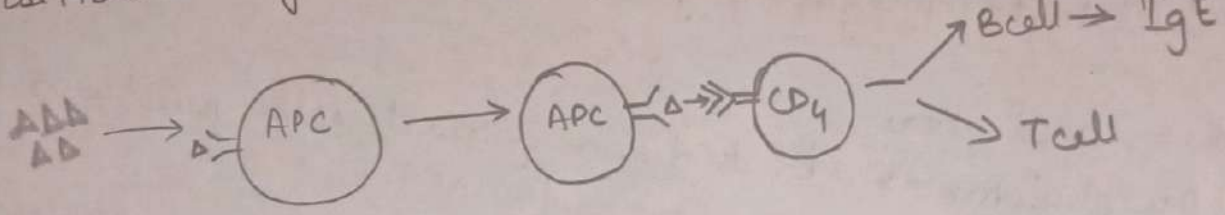
- Definition: immediate exaggerated immune response of the body to an allergen.
- allergen: antigens that cause allergy.

Mechanism of anaphylaxis

3 Stages

① Sensitisation
② Resting period
③ Shock

1] Sensitisation: first attack by the antigen.



- the antigen enters the system.
- It gets attached to the antigen presenting cells.
- Anti presenting cells present the antigen to CD_4 cell.
- B cell forms IgE antibodies
- These antibodies go and attach to mast cells and basophils.

2] Resting stage: 2-6 months

3] Shocking Dose of antigen: when the system comes in contact with the same antigen the second time
- the antigen goes and binds to the IgE antibodies present on the basophils and mast cells.
- These cells burst open to release 2 type of mediators

1° 2° mediators

* Primary mediators
→ Histamine : causes vasodilation, ↑sed vascular permeability
→ Seratonin : causes vasoconstriction, increased vascular permeability.
→ Chemotactic factor — Eosinophilic, Neutrophilic } These are attracted to the site of reaction.

* Secondary mediators
→ Slow reacting substance of anaphylaxis (SRS-A) causes ~~brou~~ sustained lung contraction, vasodilation.
→ Thromboxane : vasodilation, increased mucous secretion.
→ Prostaglandins : bronchoconstriction.
→ Platelet aggregating factor : aggregation of platelets.

* Other mediators
Anaphylotoxins : break down of mast cells produces these toxins.

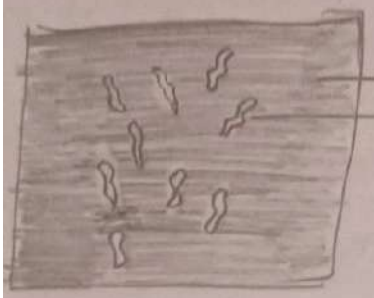
Anaphylactoid reactions : These are reactions which are similar to anaphylaxis but do not include IgE.

Factors causing anaphylaxis
- food
- crustaceans
- pollen
- dust
- cats & dogs

04

Laboratory diagnosis of Syphilis

i) Microscopic
- → Dark ground illumination
- → Silver impregnation method: Silver nitrate is added to the sample if T. pallidum is present Silver nitrate will get converted into metallic Silver which will increase the size of the cell.



ii) Serological test
Two types
- Treponemal
  - TPHA
  - ~~TPALLIDA~~ Indirect Tpallidum flourscent absorbtion
- Non-treponemal
  - VDRL
  - RPR

Non-treponemal tests
VDRL (Venereal disease research laboratory)
→ VDRL test principle: this test uses cardiolipin antigen (reagin antigen) + lecithin coated cholesterol which is added to heat inactivated sera of the patient.

→ Procedure
- take 0.05 mL of cardiolipin antigen
- Add 1/60 mL of heat inactivated sera
- 150 rpm for 4 mins.
- Observe under 10x

Diagnosis

no clumps — not reactive
small clumps — weakly reactive
large clumps — reactive

Advantages: cost effective
sensitive

Disadvantages: Biological false positive
⇒ This means non-treponemal test will show positive but treponemal test will show negative

- Acute
  - less than 6 months
  - it will show +ve
  - eg: malaria, pregnancy
- Chronic
  - more than 6 months
  - hepatitis

04

2] RPR (Rapid Plasma Reagin)

Principle: this test uses carbon bounded antigen and can be viewed macroscopically.

Procedure: ① 0.05 mL of ~~sera~~ antigen
② 1/60 mL of heat inactivated sera.
③ 100 rpm for 8 mins
④ viewed macroscopically

Results: clumps occur if the organism is present and can be viewed macroscopically.

Treponemal test

① TPHA - Treponema Pallidum Haemagglutination ~~Test~~ Assay

→ In this test sensitized erythrocytes are used to react with sera of the patient suffering from syphilis.

→ Reiter treponema is bound to RBCs and is made to react with the serum.

→ Agglutination of RBCs gives the results.

② Indirect fluroscent staining technique

→ In this technique a layer of the serum is applied

→ above that the antibody containing ~~Geo~~ ~~serum~~ medium is applied

→ Antigen - antibody reaction occurs.

→ Then ~~fluo~~ isothiocynate coated antihuman globulin layer is applied.

→ Globulin binds to the antibody that bound to the antigen

→ Fluroscent microscope is used to view.

Tests for Congenital Syphillis

→ Parallel VDRL - VDRL is conducted. If the baby's serum contains more clumps than mother's. Syphillis is present in the baby.

→ Serial VDRL - VDRL is conducted for a series of 6 months. If the antibodies in the ~~baby~~ foetus remains constant / increases syphillis is present.

→ IgM antibody - presence of IgM antibodies indicates a congenital infection because these are not transfered placentally.

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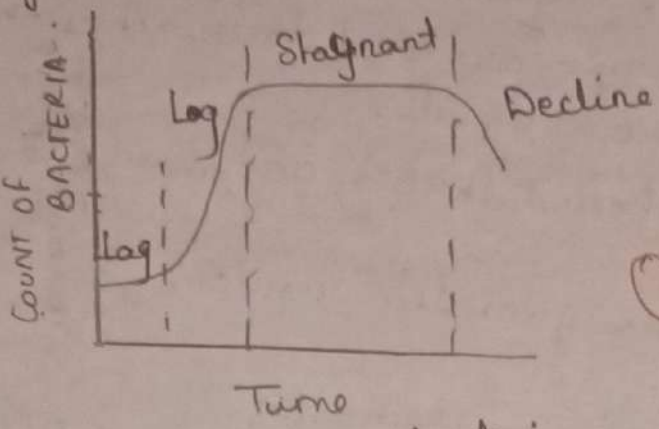
5] Bacterial Growth curve



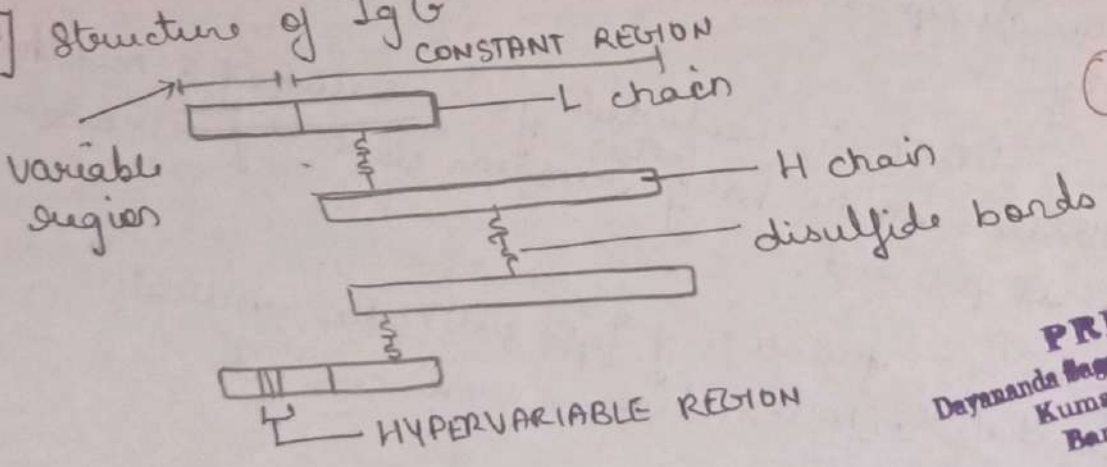
02

Four phases for the growth of bacteria
- Lag phase: when the cell prepares for division
- Log phase: when the cell is undergoing mitosis.
→ Stagnant phase: where the rate of growth is equal to rate of decline.
→ Decline: death rate > growth rate.

6] (i) Myasthenia gravis
(ii) Good pasteur's syndrome
(iii) Rheumatoid arthritis
(iv) Grave's disease
(v) Systemic lupus erythrematous (SLE)

02

7] Structure of Ig G



Ig G

02

8] Schotochromogens, non-chromogens, photogchromogens, rapid growers.

9] Haptens: are antigenic molecules (incomplete antigens) which are able to produce immune response. But cannot start a immune response. But when combined with certain proteins they act as complete antigens.
eg:

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GENERAL AND DENTAL PHARMACOLOGY (1)

NAME : PREETHI.T

II BDS

(22)

INTERNAL ASSESSMENT 3

51/70

2021

1) The various factors modyfing drug action can be classified as

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a) DRUG FACTORS -

Route of administration of the drug -

i) Quantitative - The amount of drug administered orally is more than the amount administered through intravenous administration

ii) Quantitative - The same drug administered in different routes produces different pharmacological action.

Eg - $MgSO_4$ administered orally acts as a purgative whereas intravenous administration of $MgSO_4$ causes CNS depression.

ii) Accumulation of the drug - When the rate of metabolisation of drug is slower than rate of administration of the drug, there is accumulation of the drug leading to toxicity

iii) Characteristic of the drug

b) PATIENT FACTORS -

Age - In neonates, chloramphenicol cannot be metabolised completely as there is underdevelopment of immune system and immature

iv) Disease – Certain hepatic diseases can alter the drug metabolism and its consequent action due to damage. Eg – lignocaine.
This is especially important for drugs with high first pass metabolism

v) Genetic factors – Certain genetic factors play a role in drug action and metabolism.
Eg – Slow acylators of isoniazid and fast-acylators of isoniazid.

vi) Drug tolerance – Certain drugs when administered consequently, cause decreased metabolism of the drug.
Prolonged administration of agonists
↓
Downregulation of receptors
↓
Decreased drug response due to decreased metabolism.
Eg – Prolonged administration of salbutamol causes downregulation of β adrenergic receptors of the heart.

vii) Drug dependence – It is defined as the state maybe physical and psychic in which there is an increased compulsion to take the drug because of the discomfort of loss of the drug.
a) Physical dependence – Repeated administration of drug leads to alteration of normal body

metabolism such that there is requirement for the drug. On withdrawal, there is subsequent loss of functions and symptoms collectively called withdrawal syndrome.

Eg - Propanonol has to be taken off administration in a slow manner. If done rapidly, it causes withdrawal syndromes and sudden rise of blood pressure etc.

ii) Psychological dependence - The person feels an intense craving for the drug; without which he feels discomfort.

Eg - Psychological dependence on opiods, alcohol

iv) Diet - Poor nutrition can cause decreased enzyme function and decreased metabolism and subsequent action

2) Anticholinergic drugs.

Antimuscuranic

Antimuscuranic drugs are those drugs that block the muscoranic effects mediated by cholinergic agents.

They can be classified as -

i) Natural alkaloids - Atropine, belladona.

ii) Synthetic and semisynthetic -

- Drugs that have a significant mydriatic effect - Homotropine.
- Drugs that have bronchodilatatory effect for chronic obstructive pulmonary disease - tiotropine sodium.
- Drugs that have significant effect as preanasthetic medicine - glycopyrollate.
- Drugs that have significant effect on Parkinsons - benzotropine.
- Drugs that have effect on peristalsis - pirenzepine.

Antinicotinic

Atropine - It is a naturally occuring anticholinergic drug. It is a tertiary amine and chief alkaloid of belladona. It has 3 routes for administration - oral, parenteral,

Therapeutic uses of atropine -

i) It can be used as a mydriatic and for mild cycloplegia for testing refractive index of patients. It persists for about 3-7 days but has quick onset of action. It can be used to break the adhesion of lens in iridocyclitis

ii) A substitute of atropine - glycopyrollate can be used as an effective preanesthetic medication to prevent i) Bronchospasm during surgery ii) to prevent bradycardia.

iii) Sialorrhea (hypersalivation) - Atropine causes dryness of the mouth (xerostomia) and can be used to reduce salivation in dental surgeries.

iv) A substitute of atropine - tiotropine sodium is used as an effective agent in treating chronic obstructive pulmonary disease as it is an effective bronchodilator.

Adverse effects of atropine -

i) Cardiovascular system - It causes initial bradycardia by acting on M_1 receptors followed by tachycardia often administered in ~~toxic~~ normal dose due to action on M_2 receptors in the heart.

ii) Central nervous system - It can cause headache, nausea, vomiting. In excessive conditions, it can cause coma and death.

iii) Atropine is contraindicated in patients with glycoma (retinal neuropathy associated with the aqueous humor of the eye).

iv) Acute belladonna poisoning -
The symptoms include flushing and redness of face, fever, drowsiness and in lethal doses it can cause coma and death.

Treatment -

Generalised -

i) Hospitalisation - breathing
ii) Maintainance of ~~airway~~. In case of unconscious patients, there is risk of respiratory blockage due to retention of saliva etc. Therefore, the patient is made to lie on his left lateral side.
iii) ~~Maintainance of~~ Resuscitation may be required.

ii) Maintainance of airway - The airway should be cleared of all material.

iii) Maintainance of circulation - Maintainance of heart rate and blood pressure.

iv) Clothes should be removed if patient has been in contact with the drug.

v) Diazepam can be given to control convulsions

vi) Maintainance of electrolyte and fluid balance.

Specific treatment :

Administration of intravenous physostigmine (1-2mg)

Physostigmine reverses all the effects of belladonna poisoning (including systemic effects)

3. Microsomal enzyme induction -

- Certain agents when administered repeatedly cause increase in their microsomal enzymes for induction.

Eg- Rifampmycin. ℓ

Clinical significance -

i) Drug metabolism - Rifampmycin when administered with oral contraceptives, it decreases induces the enzymes of the contraceptives (such as progesterone) rendering them ineffective.

ii) Autoinduction can lead to tolerance of the drug. Eg- Autoinduction of carbamazepine.

iii) Accumulation of drug can lead to drug toxicity: Osteomalacia caused by accumulation

iv) Microsomal enzymes can be used in drug therapy.

4) Intravenous route of drug administration
- Drug is administed into a vein and directly enters systemic circulation.

Advantages
i) It has quick onset of action and is the route of choice in emergency situations.
ii) A large amount of fluid can be injected.
iii) Plasma concentrations can be maintained by intravenous infusions (such as intravenous infusion of normal saline).
iv) Highly irritant drugs can be administered through this route.
v) It completely bypasses the first pass metabolism.

Disadvantages
i) It is not self administered
ii) It requires clean aseptic conditions
iii) Extravasation of drug can lead to systemic side effects
iv) Local irritation may be produced at site of administration.

5) Succinylcholine
- It is a non competitive directly acting adrenergic drug.
→ Pharmacological actions :

Causes increase in heart rate, blood pressure.
- It causes increased contractility of the heart.
- It can cause vasoconstriction of blood vessels in blood vessels of the skin but vasodilatation in the blood vessels of the renal system.
- It can cause bronchodilatation and diuretics
- histamine release.

Therapeutic uses -
- It can be used in treatment of anaphylactic reactions and other allergies.
- It can be used as a vasoconstrictor along with local anaesthesia to prolong its duration of action
- It can be used for epitaxis in major surgies due to its ability of vasoconstriction

6) Plasma protein binding : Plasma proteins present in blood as globulins and albumin.

Drug (in free form) + Plasma protein → Acts as a reservoir of drug.

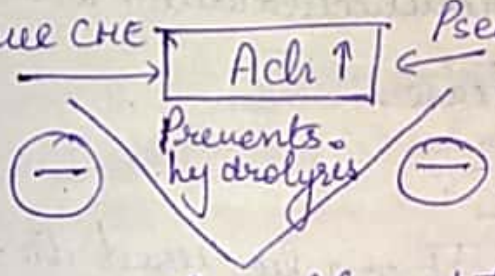
↓ Detachment

Drug is in free form → Can get metabolised to produce action.

Significance - It can increase the duration of action of drug.
It reduces the frequency of dosage.
Bound drugs act as reservoir to the body

7) Therapeutic uses of reversible anticholinesterases -

Reversible anticholinesterases reversibly inhibit both true and pseudocholinesterases, thereby increasing the concentration of acetyl choline.



Reversible anticholinesterases.

Therapeutic uses are -

i) In the eye, it is used in treatment of glycoma.
Glycoma is a progressive retinoneuropathy where there is excess production of aqueous humor in the eye and loss of peripheral vision due to subsequent draining of the aqueous humor through a transmembranous network.
Neostigmine can be used in treatment.

ii) Post operative urinary retention - Pyridostigmine can be used to relax the muscles of the urinary bladder and help in micturition

iii). Myasthenia gravis - It is an autoimmune disease characterised by muscle weakness due to antibodies formed against the N, nicotinic receptor of the neuromuscular junction. Neostigmine can be administered to increase local concentration

of acetylcholine at the neuromuscular junction
Neostigmine does not cross the
iii) ~~In acute belladonna poisoning~~ - blood brain barrier. Therefore, it cannot cause any systemic effects and it is preferred over physostigmine.

iv) In treatment of ~~parkinsons~~ Parkinsons - Parkinsons is a progressive degeneration of the cerebral cortex. It can be treated by galantamine.

v) In acute belladonna poisoning - Physostigmine is used in treatment of belladonna poisoning. (1-2 mg/dL) intravenous administration of physostigmine is used. It causes reversal of all the systemic effects of poisoning.

8. Fixed dosage combinations -
Combinations of two or more drugs in a fixed ratio in a single formulation.
Eg - Levidopa + Carbidopa in the treatment of Parkinsons disease.

Advantages	Disadvantages
• Patient compliance is better. • Reduction of frequency of dosing	~~Inflexible ratios~~. Inflexible ratios. The preperation cannot be used if there is contraindication for even a single component.

3	Interference in the pharmaco kinetics of the constituents of the formulation. Poor knowledge of pharmaco kinetics of drug by the pharmacist Toxicity due to improper ratio in preparation of the drug.

9) Drug synergism - ~~The effect~~

The combined effect of two drugs given simultaneously is much greater than the individual effect of the drug.

Drug antagonism -

Physical antagonism - Due to difference in physical properties of the drug.

Chemical antagonism - Due to difference in chemical composition of the drug.

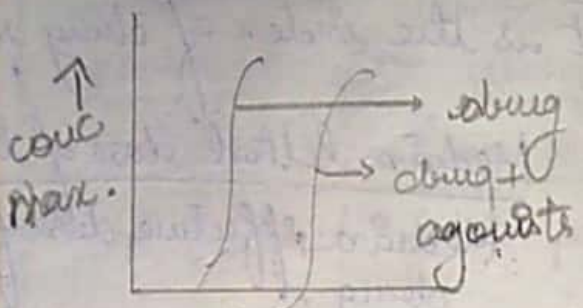
Enzymatic antagonism -

a) Competitive - Agonist and antagonists bind to the same site of the drug. Eg

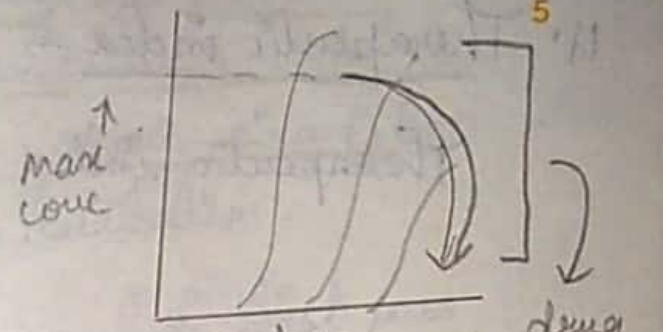
b) ~~Non competitive~~

acetylcholine → Receptor ← Atropine

b) Non competitive - Antagonists bind to site other than the active site of the drug.



COMPETITIVE



NON COMPETITIVE

10.

Physostigmine	Neostigmine
It is a semisynthetic reversible cholinesterase	It is a naturally occuring reversible cholinesterase.
It cannot be given orally as it is lipid insoluble.	It can be given orally and is lipid soluble.
Crosses the blood brain barrier.	Neostigmine cannot ~~pass~~ cross the blood brain barries
Produces systemic side effects.	Does not produce many ~~toxic effects~~. systemic side effects
Not preferred in the treatment of myasthenia gravis.	Preferred in the treatment of myasthenia gravis.

11. Therapeutic index - It is the index of drug safety

Therapeutic index = $\frac{\text{Median lethal dose of the drug}}{\text{Median effective dose of the drug}}$

Median lethal dose - Dose of the drug that is lethal to 50% of the population

Median effective dose - Dose of the drug that is effective for 50% of the population.

Eg - Penicillin G has a wider therapeutic index in comparion to phenytoin.

Significance - Higher therapeutic index of drug, greater is the safety of the drug

12. Transdermal route -

Advantage - Self administration is possible.

Patient compliance is better as it is convenient

Prolongs duration of action of the drug, thus reducing frequency of administration

Disadvantage -

Local irritation at site of application

Transdermal patch might fall off without notice.

Expensive.

14. First pass metabolism - Drugs on administration, pass through the gut wall into the portal vein and into the liver where they are

metabolized. Certain drugs get inactivated and removed along with their metabolites before reaching the systemic circulation. This is called first pass metabolism.

2 Eg- lignocaine has a high first pass metabolism.

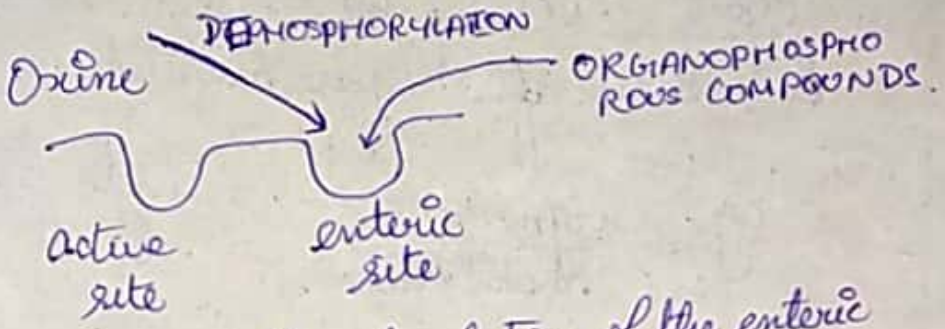
13. Potency is defined as the amount of drug required to produce the desired response. Efficacy is defined as the maximal effect

15. In organophosphorous poisoning;
General treatment includes -
i) Hospitalisation
ii) Removal of clothing in case of contact with the substance.
iii) Maintainance of airway, breathing and circulation
iv) Gastric lavage can be done.
v) Diazepam can be given to control convulsions

Specific treatment - Atropine (1-2mg) intravenously given every 5-10 minutes and repeated till the entire body is atropinized
Atropine removes the systemic affects of the drug.

Oximes - Atropine cannot be given for neuro muscular effects. Oximes are

cholinesterase reactivators that can be given to the neuromuscular junction.



They prevent dephosphorylation of the enteric site of the enzyme.

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FIRST / SECOND / ~~THIRD~~ INTERNAL ASSESSMENT EXAMINATION

Name : Andrea Fonseca Reg. No. 190064.

Class : III BDS. Subject : Oral pathology Date : 14/07/2022.

SECTION

Ans) Salivary gland tumors are classified as —

1. Benign salivary gland.
   - Pleomorphic adenoma
   - Wharting tumor.
   - oncocytoma
   - Sebaceous tumors.
   - Basal cell adenoma.
   - ~~ca~~ canalicular adenoma.
2. Malignant salivary gland.
   - Mucoepidermoid carcinoma
   - Adenoid cystic carcinoma.
   - Acinic cell adenocarcinoma.
   - Squamous cell carcinoma.
   - low grade polymorphous ucteal adenoma.
   - Myxoid Tumors.
   - Basal cell carcinoma.
   - Malignant pleomorphic adenoma.

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Seen Andrea fonseca

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3. Metastasising lymphomas.
4. Epithelial tumors.
5. non neoplastic salivary gland tumors.
   → Developmental
      • Aplasia / Agenesis.
      • ~~St~~ Hypoplasia.
   → Functional
      • Xerostomia
   → Infectious
   → cysts.
      • Ranula.
      • Mucous extravasation cyst.
      • Static bone cyst.
   → Syndrome associated
      • Sjogrens syndrome.

29.

Mucoepidermoid carcinoma —
This is a malignant neoplasm that consists of mixed cells.

- There is the presence of epithelial and mesenchymal component.
- Clinical features —
1. occurs in females with a slight predominance over males.
2. Age affecting is middle age 40 – 60 years.

3. Metastatising lymphomas
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29.

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- There is the presence of epithelial and mesenchymal component
- Clinical features —
1. occurs in females with a slight predominance over males
2. Age affecting is middle age 40 – 60 years

3. Pain may be an associated symptom.
4. Lesions could be asymptomatic with a growth seen causing facial asymetry.
5. Ionising radiation can be a predisposing factor.
6. Graded as low grade and high grade.

→ low grade.
i) Painless
ii) swelling
iii) growth may not extend and be very large.

→ High grade.
i) Painful growth
ii) may be associated with the nerve causing tenderness.
iii) Growth is large.

7. seen commonly in the mandibular region.

Stains positive with PAS and mucicarmine stain.

8. It is a common malignant neoplasm of the salivary glands along with adenoid cystic carcinoma and acinic cell adenocarcinoma.

Histopathology

- This is seen as a mixed tumor and it consists of both epithelial and mesenchymal component.
- The epithelial component is made of squamous cells showing prominent intercellular bridges.
- Myxoid component is also present exhibiting mucoid cells which are eosinophilic and have a prominent peripheral nucleus.
- Mesenchymal component contains connective tissue.

This stains positive in :-

1. PAS stain
2. Mucinocarmine stain

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This stains positive in :-

1. PAS stain
2. Mucinocarmine stain.

Mucoepidermoid carcinoma is graded as-

1. low grade.
2. Intermediate grade
3. High grade.

low grade:

- well differentiation
- slight degree of pleomorphism is seen
- Inflammatory cells may be present

Intermediate grade

- Moderately differentiation
- Pleomorphism is seen.
- may resemble slightly the tissue of origin.
- Daughter cells may be seen.

High grade.

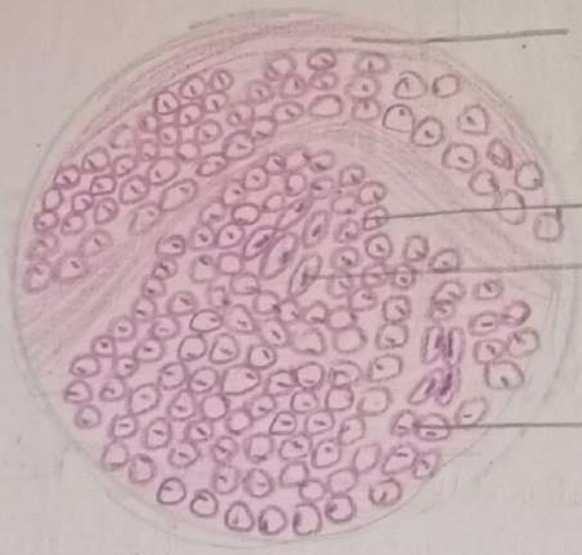
- Poorly differentiated.
- large degree of pleomorphism, imbalanced N:C ratio and loss of intercellular junctions are seen.

Grading.

0 – 1 → low grade
2 – 6 → intermediate grade
7 – 14 → High grade

factors affecting:–

1. Mitosis
2. Anaplasis ~~typia~~ sis.
3. Abnormal mitotic figures.



(7)

(MEC)

Less explanation about cells

Ans 2. Fibro osseous lesions are classified as —

1. Fibrous dysplasia.
2. Cementoosseous lesion
   - → florid cemento osseous
   - → famed. cementoosseous.
3. fibro osseous lesions
   - → pagets disease.

Pagets disease —

- This lesion was first described by Sir James Paget 1856.
- This is due to abundant bone remodelling leading to osteoclastic activity followed by osteoblastic activity.
- This lesion may be
  1) Polyostotic
     - Involving multiple bones.
  2) Monostotic
     - Involving single bone

- Polyostotic is a more severe lesion.
- Polyostotic is seen commonly than monoostotic lesion.
- These lesions have increased susceptibility to -
  1. 1,25 dihydroxy vitamin D.
  2. IL-6
  3. RANKL.
- Paget chromosomes — mutations seen in gene PDB1 and PDB7 seen on chromosomes 1, 5, 6, 10, 18.

Clinical features -

1. Occurs in the elderly. known to increase with age. Starts at 50-60 years.
2. Slight female predilection is seen.
3. Pain and deformity is a common finding.

4) Bones affected :- femur, tibia, facial bones, ribs, clavicle etc.

5) Bony pain may be severe at night, this is due to a drop in the stress relieving hormone

6) Symptoms — Swelling
Pain
Deformity
Tenderness.

7) Platybasia may be seen.

8) Blood supply over the layer of skin is abundant, hence the skin may appear warm.

Radiographic findings.

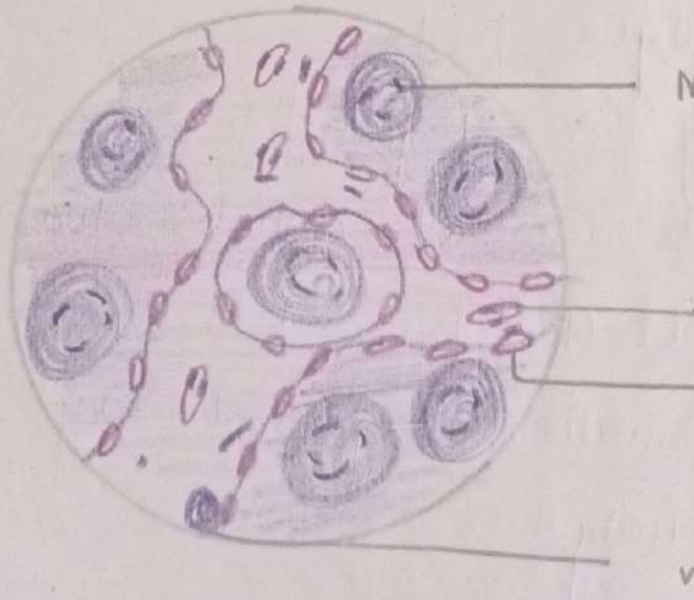
1. May be polyostotic or monostotic.
2. There is osteoclastic activity seen followed by bone resorption and formation, followed by osteoblastic activity.

In the lytic phase, there is bone resorption, hence radiolucent ~~of~~ areas appears.

In the second phase, there is radiopacity due to bone formation.

Histological

- Frequent osteoclastic and osteoblastic activity is seen.
- This given a jigsaw appearance Also called as Mosaic pattern.
- There are areas of necrosis seen.
- osteoblastic rimming is present.



Treatment -

- Surgical excision of the swelling
- NSAID are given to control the pain
- Antibiotics like penicillin are administered in case of infections.

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ms3. Trigeminal neuralgia.

- This is a chronic pain caused by the 5th cranial nerve.
- Branches of trigeminal nerve —
  1. ophthalmic
  2. Maxillary
  3. Mandibular.
- It is usually caused due to defects in the second and third branch.
- Symptoms —
  1. Stabbing, excruciating pain
  2. Burning sensation.
  3. nerve involvement is seen.
- Clinical features -
  1. Mostly occurs on the right side of the face.
  2. females are more predominant
  3. Age group affected → Above 50 years of age.

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FIRST / SECOND / ~~THIRD~~ INTERNAL ASSESSMENT EXAMINATION

Name : Andrea Fonseca. Reg. No. 19D0064.

Class : IV BDS Subject : Oral pathology Date : 12/07/2022

SECTION

Trigger zone

- Ala of the nose
- Vermillion border of the lip.
- Cheeks
- Canthus of the eye.

- These trigger zones when touched caused stabbing sensation.
- Hence, these zones may go unwashed, uncleaned, unshaved for days.
- The pain is so severe that the patients is known to be suicidal.
- The pain appears in sharp bursts appearing from a few seconds to minutes.
- An local stimulus like touch, air pressure, water may activate the trigger zone.

- There is no dental involvement seen.

Treatment

1. Phenytoin is administered, if pain still persists the drug is switched.

2. Carbamazepine may be the choice of drug.

Pain is relieved on administration of this drug.

If pain is still not relieved, the diagnosis should be rechecked.

(21)

Ans 5. Histopathology of ameloblastoma.

Clinically it is classified as -

1. Solid | Unicystic | multicystic.
2. Metastatizing ameloblastoma.
3. Peripheral | extraosseous.

Histological variants are -

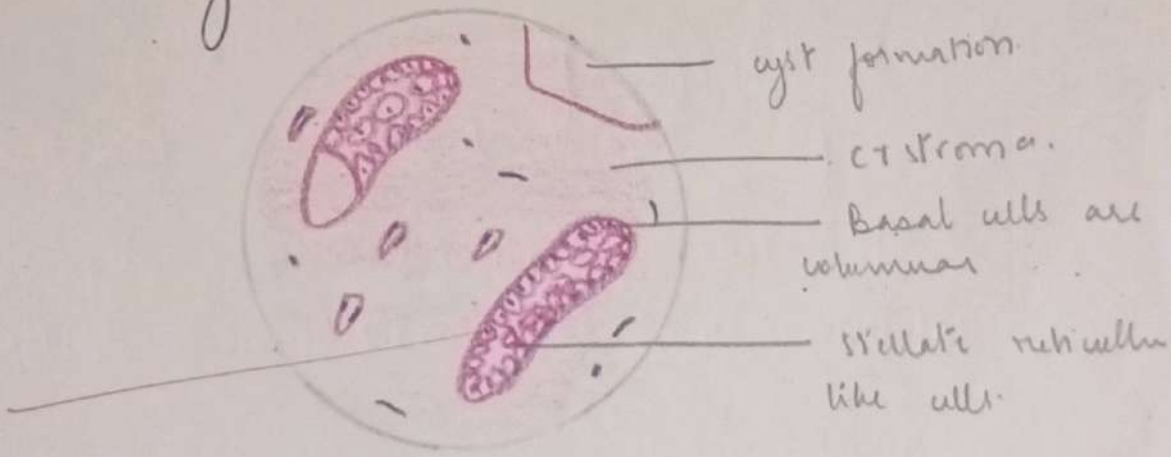
1. Plexiform type.
2. Follicular type.
3. Acanthomatous type
4. Basal cell type.

5. Granular type.
6. Desmoplastic type.

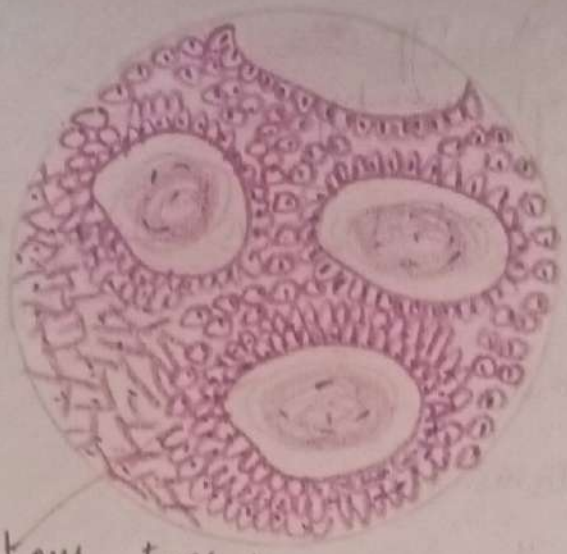
Unicystic ameloblastoma may be —

1. Mural.
2. Luminal
3. Intraluminal.

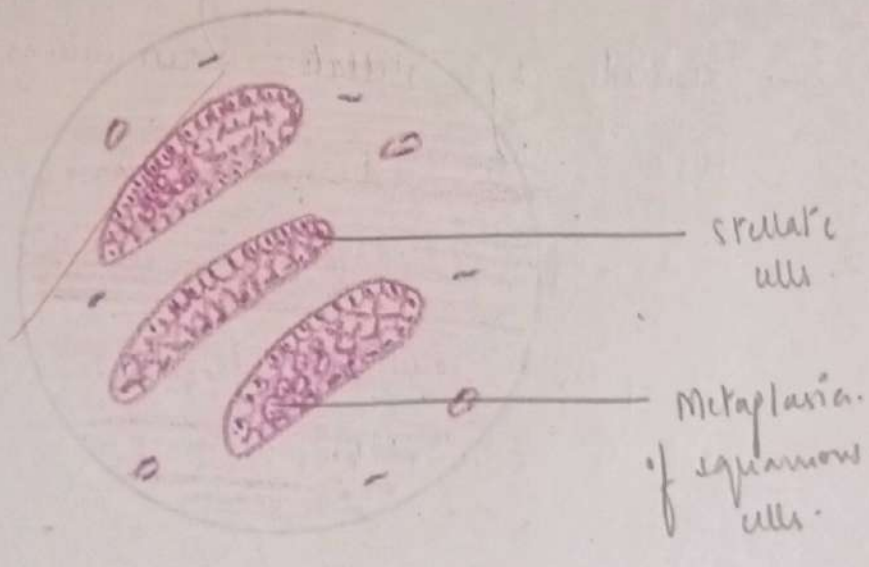
1. Follicular type
   - Most common.
   - Seen as follicles in the connective tissue stroma.
   - These are lined by columnar cells
   - centred by stellate reticulum like cells



2. Plexiform.
   - Recurrence rate is 16.7%.
   - layered by two layers of columnar cells.
   - Stellate reticulum cells are not so prominent as in follicular type.



3. Acanthomatous type
   - Recurrence rate is 4.5%.
   - Net aplasia of the stellate reticulum cells are seen to appear.



4. Basal cell type
   - These closely resemble basal cell carcinoma cells.
   - The nucleus is hyperchromatic.
   - Presence of stellate reticulum cells.
   - This is a rare type.

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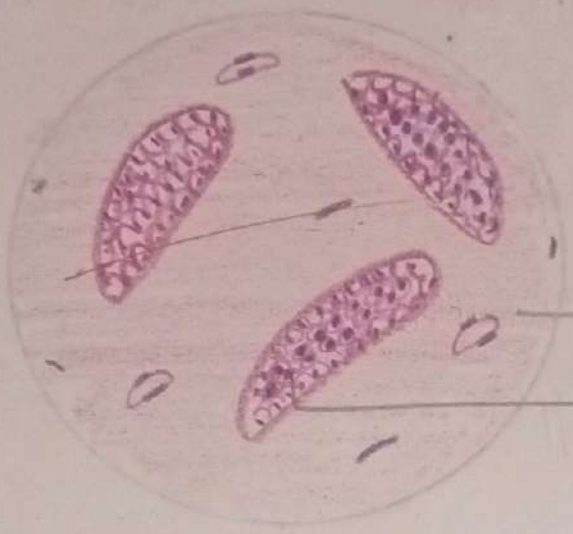
FIRST / SECOND ~~/ THIRD~~ INTERNAL ASSESSMENT EXAMINATION

Name : Andrea Fonseca Reg. No. 19D0064

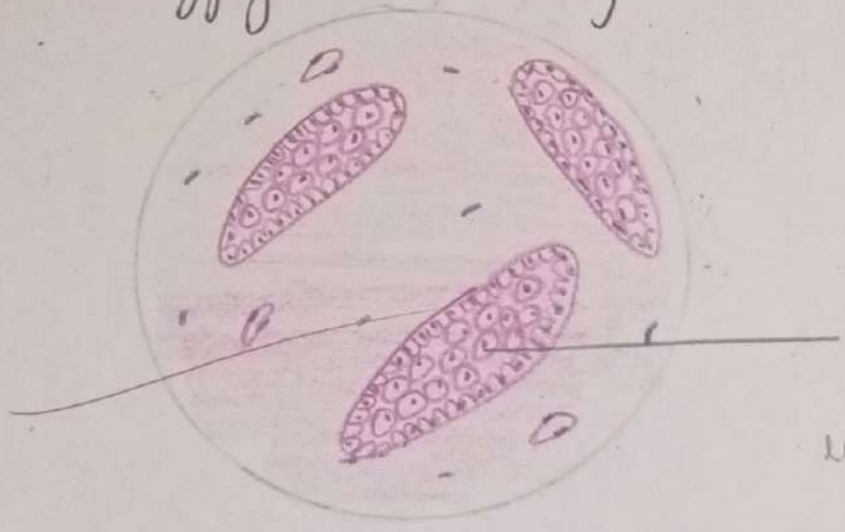
Class : IIIBDS Subject : Oral pathology Date : 12/07/2022

SECTION



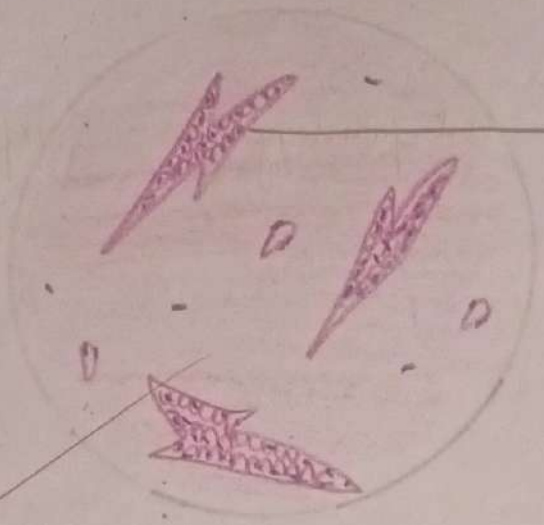
5. Granular type.

- These contain large eosinophilic granules. the granular material is thought to be lysosomal aggregates according to ultrastructural studies.



6. Desmoplastic Type

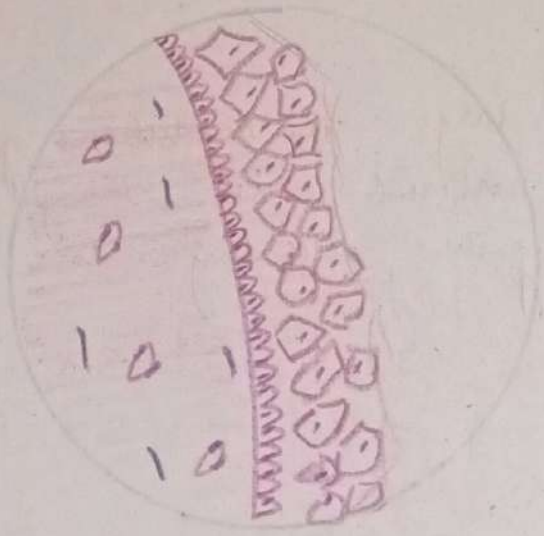
- The appearance is 'rat tail' or 'animal rail'
- Cells appear to be squeezed out.



Kite tail or animal tail appearance.

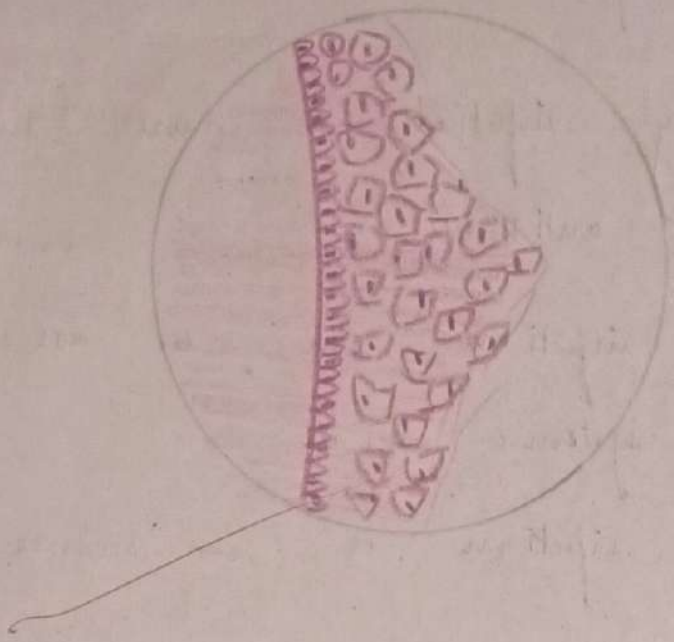
Unicystic ameloblastoma —

1. Mural type.

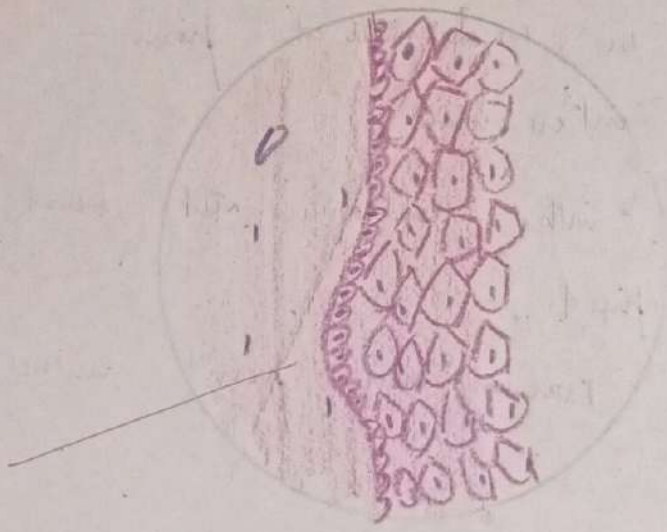


(17)

2. luminal type



3. Basal luminal type



Ans 8. Herpes simplex virus is a double stranded DNA virus.

- Types of HSV
  1) Type I HSV
  2) Type II HSV.

HSV can occur as a primary or a secondary infection.

- The primary infection is more severe, this lacks antibodies
- Primary infection can be associated with a systemic disease.
- Primary infection is occasionally fatal.
- Secondary infection has the antibodies present, hence it is less severe form.
- HSV can be transmitted from -
  1. Sexual intercourse.
  2. Contact with contaminated blood, body fluid.
  3. Vertical transmission from mother to child.
- HSV can also be acquired from kissing or sharing straws and cutlery.

(4)

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HSV - 1.

- Herpes stomatitis.
- Herpes labialis.

- These lesions are seen to occur in the oral cavity particularly involving the lips.
- These are raised papules or erosions seen on the skin.

- Inoculation period ~~3-90~~ 20. days.
- The lesions heals leaving erosions in 7-10 days.

- There is usually no scar formation.

Herpatic meningoencephalitis

- This is ~~seen~~ with increased intracranial ~~pressure~~

- fever.

Herpetic keratoconjunctivitis.

- Seen to affect the conjunctiva.
- Affects sclera, iris.
- Inflammation and oedema is seen.

Herpetic whitlow.

- Seen on fingers
- due to auto inoculation.

Herpes simplex virus is seen in association with pregnancy.

- Ballooning degeneration.
- Lipschiz bodies are seen.

This viral infection can be transmitted from a mother to child.

HSV - 2.

- Seen to affect the genitalia
- Affects the cervix, vulva, penis.
- Known to cause cervical cancer in females.
- lesions seen on the lip are red and erythematous.

- they are raised lesions
- these lesions are surrounded by a erythematous zone giving it a dew drop on rose petal appearance

Lipschitz bodies are present in the nucleus ~~of~~ disarranging the nucleolus and chromatin. There is chromatin degeneration.

Treatment:

1. Acyclovir 400 mg.
2. famcyclovir

(H)

Ans 7

Osteosarcoma is a malignant neoplasm of the bone cells.

- This occurs in males and females with a slight male predilection.
- Age → 40 - 50 years of age.
- Osteosarcoma is a serious neoplasm, however, it is not frequently seen in association with the jaws.

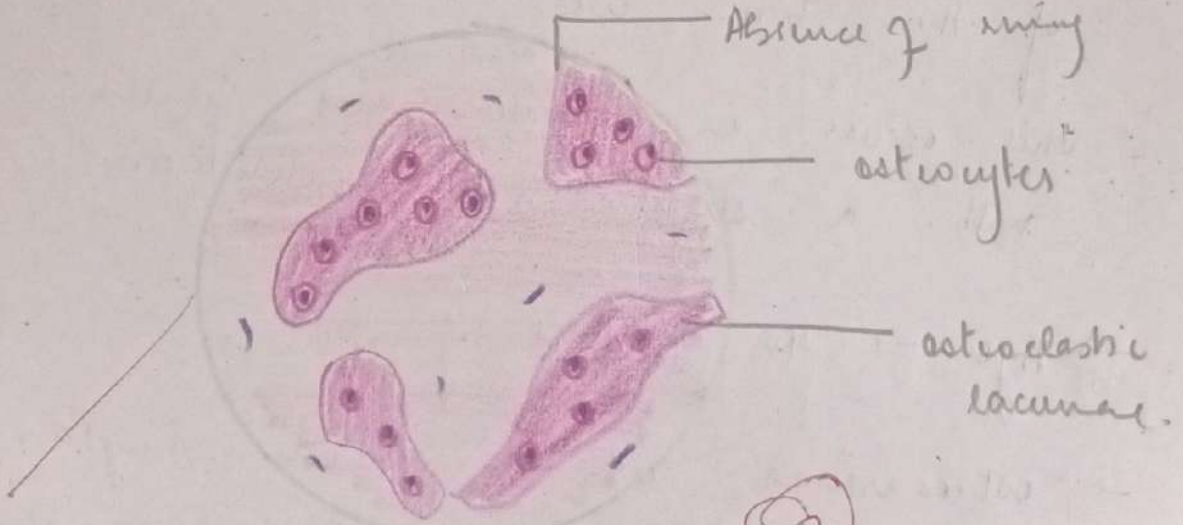
It can occur in the mandible or maxilla.

Radiographic features –

1. Sunburst appearance is seen.
2. Widening of the periodontal ligament space.
3. Cumulus cloud appearance is seen.

Histologically –

- There are the presence of abundant osteoclastic cells.
- Mitotic figures are seen.
- osteoblastic cells are reduced in number.



- Presence of giant cells are seen. These cells are known for angel fig.

Andria Fonseca.
III BDS.
Oral pathology.

1900064

12/09/2022

Ans 9.

Verrocous carcinoma is a malignant neoplasm.

Clinical features -

1. Swelling
2. facial asymetry
3. Pain
4. lesion may attain a size of a 'cm'.

Systemic lesions -

1. fever
2. Lymph adenopathy
3. chills, night sweat
4. Cachexia.

Verrocous carcinoma is also called as 'Ackerman's tumor'

Histopathologically-

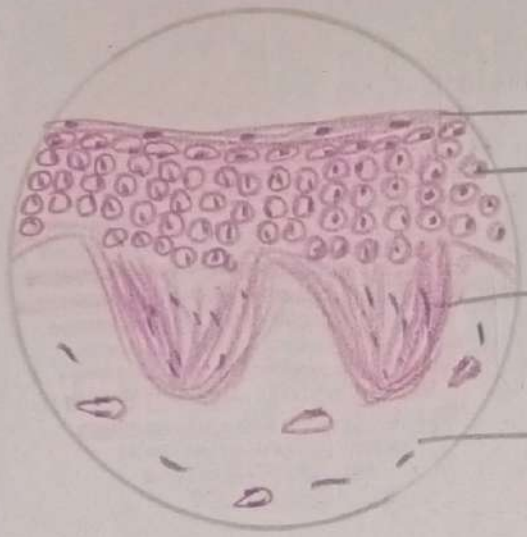
These lesions appear as 'elephants foot'

The rete ridges are large.

Dysplastic features are seen

Mitotic activity is seen

wide range of pleomorphism, acanthosis and altered nuclear cyto plasmic ratio is seen.



2½

Ans 14. Congenital syphilis is an acquired form of syphilis from vertical transmission ie mother to child.

Syphilis can be eradicated if it is treated before 4 months of pregnancy.

Child may be —

1. Infected with syphillis
2. normal
3. Still birth | abortion

Hutchisons triad —

1. Hypoplasia of incisors (screwdriver teeth)
   molars (mulberry molars)
2. Interstitial keratitis
3. Defect of auriculo temporal nerve. (2)
   (8th nerve deafness)

Ans 13.

Attrition is the physiologic wear and tear of the occusal and incisal surfaces due to contact.

Abrasion is the physiologic reduction in the enamel surface

Erosion is the chemical wear of tooth due to the presence of chemicals or acids (2)

Ans 12. Cytology plays a crucial role in the diagnosis of lesions.

Advantages – 1) It is specific
2) Time is not taken for results (like in cultures that may take months).
3) less invasive.
4) Detects the presence of microorganism based on the location of inoculation.

FNAC

Fine needle aspiration cytology is a recent method used for diagnosis of lesion.

- less invasive
- Specific.

Ans 11. Garré's osteomyelitis.

- osteomyelitis may occur as a result of profound cellulitis.
- It is the inflammation of the bone and the bony marrow.
- There is destruction of the osteoblast vessels in the medullary spaces.

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Name : Andria Fonseca. Reg. No. 1900064

Class : III BDS. Subject : Oral pathology Date : 12/07/2022

SECTION

Ans 10.

Classification —

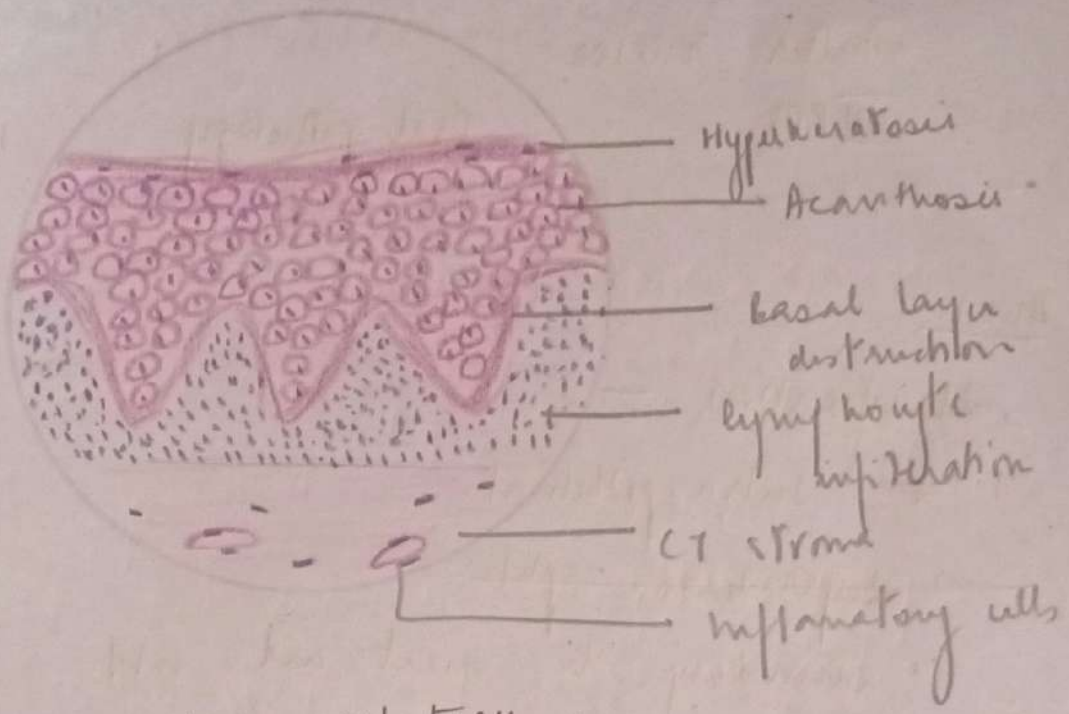
1. ~~Int~~ Intra epithelial.

~~→ supra basal split~~

- Secondary to heat and cold.
- P. vulgaris
- P. vegetans
- P. foliaceous
- Darriers disease
- Lichen planus.
- Systemic lupus.

2. & Epithelial
   - Erythema bullosa
   - Erythema junctional
   - ~~Erythema~~ multiforme.

?



- lichen planus has sub types

1. Atrophic
   - lace like structures.
   - commonly seen.
2. White.
   - may resemble leukoplakia.
3. Erosive
   - Most severe.
   - painful.
4. Bullae.
   - seen with vesicle bullous formation.
5. Papules.
   - seen in association with desquamative gingivitis

- Mac Josephs spaces, this is an artifact seen ~~before~~ below the epithelium. It has no clinical significance.

- Thickening of the basement membrane can be identified with PAS stain.

- Thick bodies may be seen —
  1. Colloidal
  2. Civatte

pathognomonic

- Colloidal bodies are positive for IgG, C4 ~~or~~, C8, fibrin and keratin.

- There is a zone of lymphocyte infiltration seen just below the epithelium

~~Leichhorns~~

Wickham's striae are white, bilateral lesions seen on the buccal mucosa.

Treatment

Corticosteroid therapy.

Ans 4.

Physical injuries to the soft tissue may be due to various reasons -

1. Denture induced

- Denture induced stomatitis is a common injury seen in patients wearing dental prosthesis.
- It could be due to irregular fitting denture or sharp and unsmoothened surface of the denture.
- These sharp pricks may cause the oral mucosa to swell and ulcerate.
- Osteoradionecrosis is a radiological injury

Ans 6.

Metabolic disorders of the jaw —

1) Acromegaly.

- Seen in patients with enlarged jaw size.
- This is due to pituitary metabolism.

(7)

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SECTION

Increased jaw size could be due to -

1° Acromegaly.

1° Gigantism

In dwarfism, the size of the jaw is seen to decrease.

- Acromegaly is caused by increased secretions of pituitary hormone.
- In gigantism, the ~~of~~ sacral bones, long bones are enlarged.

Dwarfism is reduced size, due to deficiency of the pituitary hormone.

(1½)

Osteoporosis

Rickets

Osteomalia

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Anjali Kaushik Reg. No. : 08

Class : III rd BDS Subject : General surgery Date : 26/4/19

SECTION

10 Mark

1) Write in detail abt pleomorphic adenoma, clinical signs & symptoms & management.

5 Marks

2) Non Hodgkin lymphoma.
3) Types of haemorrhage.
4) Thyrotoxicosis.
5) Mumps.

2 Marks

6) Lymph nodes in head & neck.
8) Stenson's duct.
9) Sialolith.
10) Facial nerve & its branches.
7) Frey's syndrome.

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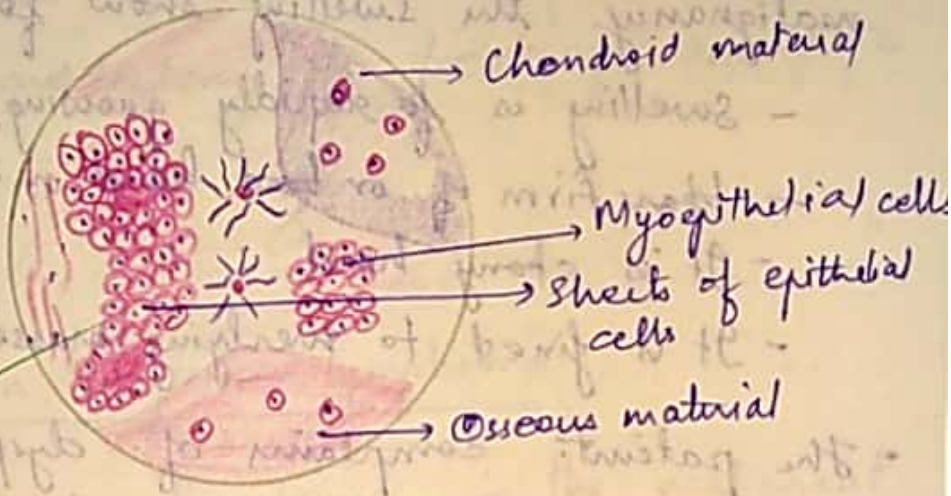
Ans:1) Pleomorphic Adenoma

- Pleomorphic adenoma is a epithelial tumor.
- Pleomorphic adenoma is a common salivary gland tumor.
- It is also called mixed tumor or enclavoma.
- Pleomorphic adenoma is a benign salivary gland tumor.
- Pleomorphic adenoma commonly occur on palate.

Pathology :

- Pleomorphic adenoma ∞ histologically consists of
  - Epithelial cells
  - Myoepithelial cells.
  - Pseudocartilage.
  - Mucoid material.
  - fibrous tissue
  - osseous material.
- Epithelial cells proliferates in the form of sheets & cords. These are arranged in acini or cords.
- Myoepithelials cells proliferate in the form of sheets. Myoepithelial cells are the spindle cells.
- Pleomorphic adenoma consists of mucoid material & osseous material.
  - It has pseodocartilages.
  - It also consists of fibrous tissue.



- Clinical features :

- Pleomorphic adenoma most commonly occur on palate.
- It may also occur on buccal mucosa, lips etc.
- It clinically presents as painless swelling.
- The swelling is usually slow growing.
- The swelling is :-
  - Painless
  - Slow growing.
  - Occur in front, below & behind of the tragus of ear.
  - The ear lobule appears as raised.
  - The retromandibular groove is obliterated.
- The overlying skin appears to be stretched and is shiny.
- The swelling is not fixed to skin or masseter.

- If the pleomorphic adenoma transform into malignancy the swelling show following characteristic
  - swelling is rapidly growing.
  - It is firm or hard in consistency.
  - It is stony hard.
  - It is fixed to overlying masseter.

- The patient complains of dysphagia.
- The salivary secretion is reduced.
- The patient have a xerostomia.
- The recurrent rate is high, so we need only superficial parodectomy.

~~Management~~

- In severe cases it causes facial nerve palsy.
- Patient feel difficult in opening of mouth.

- Management:
- For benign pleomorphic adenoma, we do superficial parodectomy.
- Superficial parodectomy is done to:
  - Prevent any injury to the facial nerve
  - To prevent facial nerve.

- In case of malignant pleomorphic adenoma, we conduct radical parodectomy.

• Enucleation is contraindicated as the recurrent rate is high.
• So we do parodectomy to treat pleomorphic adenoma.

8

Ans 2) ~~the~~ Non Hodgkin's lymphoma

Non hodgkin's lymphoma is the malignant neoplasm of lymphoreticular system.

~~Cause~~
Etiology :

i) Age & Sex:
- Small lymphocytic lymphoma - elderly people.
- Follicular lymphoma - mid age adult.
- Burkitt's lymphoma - children & young adult.

Classification:

i) Low grade :-
- Small lymphocytic lymphoma.

ii) Intermediat grade :-
- Follicular small cell lymphoma.

iii) High grade :-
- Large cell follicular lymphoma.
- Burkitt's lymphoma.

• Clinical classification:
- T-cell lymphoma
- B-cell lymphoma

• Clinical features:
- It mainly occur in elderly people.
- It mainly occur in males.
- Generalised lymphadenopathy present.
- ~~It~~ The lymph nodes are enlarged & show matting.
- ~~Intermediate~~
- Intermittent fever is present
- Skin rashes may occur.

• Management:
• ~~I~~ Investigation:
- complete blood picture.
• ~~E~~ Routine urine examination:- Blood uric acid levels are ↑sed in case of non-hodgkin lymphoma.
• Chest x-ray.
• ~~Ado~~ Abdomen CT scan.
• laryngoscopy.

• Treatment:-
The type of treatment depends on the degree & grade of lymphoma.

- Chemotherapy is used:-
  drugs used are :- CHOP &
  eh cyclophosphamide.

- Radiotherapy can be done. 4

Ans. 3) Types of haemorrhage

I) Depending on the nature of vessels involved:-

a) Arterial haemorrhage:-
- Bright red in color.
- It jets out
- Palpitations can be seen.
- It can easily controlled.

b) Venous haemorrhage:
- Dark red in color.
- Never jets out but oozes out.
- Cannot be controlled.

c) Capillary haemorrhage:
- Red in color.
- Slowly oozes out.

II) Depending on the timing of haemorrhage:-

a) Primary haemorrhage:-
It occurs at the time of surgery.

b) Reactionary haemorrhage:-
- Occurs after 6-8 hrs of surgery.

Cause :- Hypertension
- Sneezing.
- Coughing.
- Retching.

~~Example :- Superior thyroid artery~~ ~~show reactn~~

c) Secondary haemorrhage:
- Occurs after few days of surgery.
- It is due to infection which eats ~~away~~ away the suture material causes sloughing of vessel walls.

III) Depending on the Duration of haemorrhage:
a) Acute haemorrhage:- occurs immediately after injury.
Eg: ~~Occurs~~ Oesophageal variceal bleeding due to portal hypertension.

b) Chronic haemorrhage:-
occurs over a period of time.

Eg:- Haemorrhoids / piles or chronic duodenal ulcer.

IV) Depending on nature of bleeding :-
a) External bleeding :
eg: Epistaxis
b) Internal bleeding.
eg:- Splenic injury.

Ans. 4) Thyrotoxicosis :-

Thyrotoxicosis is a complex disorder due to increased levels of Thyroxine hormones. and it manifests clinically all the signs & symptoms of body - It commonly occurs in female.

Causes :-

i) Primary thyrotoxicosis :- (Graves disease, Ep Ephtholmous goitre)

ii) Secondary thyrotoxicosis :- secondary in MNG.

iii) ~~Other~~ ~~Solid~~ Toxic solitary nodule.

iv) Other causes :-

a) Thyrotoxicosis factitia Due to overdosage of thyroxine.

b) Jod-Basedow's thyrotoxicosis :- Iodine induced thyrotoxicosis.

c) Initial stage of thyroditis.

d) Neonatal thyrotoxicosis.

Clinical signs :-

- Uniform swelling of neck.
- Eye prominance.
- Irritability.
- Tremors
- Restlessness.
- Excitability.

i) Neck signs:-
- Uniformly enlarged.
- Surface is smooth
- Warm to palpate - vascular nature of gland.
- Soft in consistency.
- Bruits are heard - on auscultation.

ii) ~~CVS signs~~ : CNS signs: -
- Tremors when tongue is protruded.
- Tremors on outstretched hands.
- Hyperkinetic movements.

iii) & CVS signs: -
- Pulse is raised : Tachycardia.
- Palpitations & extrasystoles.

~~iv~~ IV) ± Myopathy: -
weakness of limbs.

~~iv~~ V) ± Myxedema: -
- Non pitting edema.
- Clubbing.
- Hand skin moist & hard.

Management:-
Treatment:
Chemotherapy.
- Sodium perchlorate.
- Carbamazine.
- Propranalol.

Any. 5) Mumps :-

- Mumps is a viral infection.
- It is also called as acute parotitis.
- Acute parotitis is the acute inflammation of the parotid gland, due to bacterial or non bacterial cause.
- It can be unilateral or bilateral.

Causes :-

- Viral infection :
  Mump. virus ~~cause~~ is the most common cause of acute parotitis.
- Bacterial infection
- Used salivary secretion due to :-
  - Poor oral hygiene
  - Poor hydration.
  - Enteric fever
  - Post operative period.

Clinical features :

- The patient show swelling of parotid gland in the post operative periods. The swelling is ~~f~~ with pain & high fever with chills & rigors. It indicate that it is parotid abscess.
- Parotid swelling is due to inflammation. The swelling is covered by parotid fascia, so it take up the shape of parotid.
- Mumps most commonly occur in children.

- Management:

i) Conservative line management :-
when there is no abscess, the swelling is in the stage of cellulitis, conservative line of management is used.

- Maintain good oral hygiene, used of mouth washes with potassium permanganate.
- Maintain good hydration.
- Use of antibiotics against staphylococcus aureus like cloxacillin.

ii) Surgerical treatment :-
when there is pus formation we have to use surgical method in order to drain the pus. It is done under general anaesthesia.
- Vertical incision is made in front of tragus & blunt haemostat is used in order to prevent the facial nerve.

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Name : Anjali Reg. No. : 08

Class : IIIrd BDS Subject : General surgery Date : 20/4/17

SECTION

Ans 8) Stenson's duct :-

- Stenson's duct is the duct of major salivary gland i.e. parotid gland.
- The secretion of it is mucous.
- Stenson's duct usually opens near the maxillary 1st & 2nd molar.

Ans. 6) Lymph nodes of head & neck:

- Occipital lymph node.
- Post auricular lymph node
- Pre auricular lymph node
- Submandibular lymph node
- ~~Parotid lymph node.~~
- Sublingual lymph node.
- & Deep cervical lymph node.
  - Submental lymph node.
  - Jugulodigastric lymph node.

Ans. 9) Sialolith :-

- Sialolith is a condition in which there is deposition of calcified material in the salivary duct. which cause the obstruction in salivary duct & prevent the secretion the saliva.

- It causes xerostomia & pain.
- It causes pain when the patient eats.

Ans-10) Facial nerve & its branches :-

Facial nerve is a motor nerve. It is divided in 5 branches.

i) Temporal branch.
ii) Zygomatic branch.
iii) Buccal branch.
iv) Marginal mandibular branch.
v) Cervical nerve.

~~Ans-11) Frey's syndrome~~ :-

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Simran Naik Reg. No. 1800104

Class : III BDS Subject : General Medicine Date : 23/08/2021

SECTION

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① Hypertension is defined as one increase in blood pressure due to increased arterial pressure that affects the functionality of the target organ.

→ ~~Path~~

	Systolic	Diastolic
Pre-hypertension	< ~~80~~ 120 mmHg	< 80 mmHg
Stage 2 hypertension	120 - 140 mmHg	80 - 99
Stage II hypertension	> 140 mmHg	> 100 mmHg
Hypertension	80 mmHg	120 mmHg

→ causes :

It can be caused due to :

- familial : it can run in family.

~~← Malignant~~

- reason can be unknown
- anxiety, depression
- Alcoholism
- cardiac problems : Myocardial Infarction.
- Pulmonary dysfunction
- ~~Hypoalbumin~~ Nephrotic syndrome.
- Wilson's disease.
- smoking

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clinical features are:
- fatigue
- anorexia
- dizziness
- pale skin
- pale tongue
- increased secondary infection
- nausea:
- heavy breathing.
- sweating.

→ Investigations:
- thorough history must be taken
- physical examination:
  during this the patients B.P might be more than 180/80 mm/Hg
  the machine used for this is sphygmomanometer.
- look for any underlying disease.
- resulting examination must be done like urine, Blood etc.
- ECG can be ~~performed~~ checked.

→ Treatment

~~General measures~~ Non pharmacological method:
- salt must be reduced in diet.
- oily food must be reduced.
- lifestyle must be change.
- increased protein diet must be included.
- exercise
- yoga
- walk
- drink more water.
- drugs metabolized in the liver must be prevented
- smoking .. etc..

Pharmacological method :

→ Diuretics :

① Thiazides : chlorothiazides
hydrochlorothiazides

② loop diuretics : furosemide
torsemide

③ potassium sparing diuretics : amitriptyline

other drugs like spironolactone can also be given

→ antihypertensive drugs like :

① ACE inhibitors : captopril
Analpril
telmisartan
lorsatan

② calcium channel blockers : Nifedipine
Amlodipine

③ Nitrates

④ digitalis, digoxin → for cardiac related like myocardial infarction

⑤ anti thyroid drugs

⑥ β - blockers : propanolol

⑦ α - β blockers : labetalol

② Diabetic ketoacidosis.

It is an emergency condition of type 1 DM.

① Random blood glucose levels ≥ 200 mg/dl.

② Post prandial blood glucose levels

③ Fasting blood glucose levels.

~~Clinical features:~~

~~- In this condition there is increased ketone bodies in urine.~~

~~- Inabth~~

In diabetic ketoacidosis:

when the glucose storage gets used up completely the fat gets used up which gets converted into ketone and does not get used up or enter the cycle.

So accumulation of ketone bodies leads to this condition.

→ CF:

- persistence of ketone bodies in urine.
- ketonuria is seen
- many complications are seen.
- signs and symptoms
  - fatigue
  - bleeding
  - Healing is inadequate
  - Nausea
  - photophobia
  - ~~so~~ dizziness
  - swelling of feet.
  - confusion
  - increased thirst

In extreme cases → coma and death.

→ Investigations:

- Blood glucose levels must be check
  there is increased in blood glucose level.

Urine examination:

Ketone bodies are present.

- Presence of systemic infection can also be checked.

→ Treatment:

- ~~Antidiabetic~~ In emergency condition: Patient is hospitalized and given i.v.

- ~~To~~ Anti diabetic drugs:

  Repaglinide

  Sulfonylureas

  Metformin etc.. can be given

- To prevent secondary infection → Antibiotic prophylaxis can be given.

~~→ Diet control~~

Non-pharmacological:

- change in lifestyle
- decreased sugar intake
- walking, yoga etc..

6½

SHORT ESSAY

③ Ascites :

It is defined as the accumulation of fluid in the peritoneal cavity.

→ causes :

① because of inflammation → increase in the capillary permeability → that allows the fluid to escape into the ~~the~~ tissue space.

② this leads to decrease the reabsorption of fluids.

③ venous obstruction and lymphatic drainage can also cause ascites.

→ clinical features :

- hepatic encephalopathy
- due to the fluid accumulation the diaphragm is pushed which can lead to tachypnoea and orthopnea.
- shift of the cardiac apex.
- on percussion resonating sound due to fluid accumulation.
- ~~the~~ cardiac dullness is seen.
- cardiac murmurs are heard.
- fluid thrill etc.
- person is weak, fatigue, nausea, headache etc.
- abdominal distention with or without pain.

3

→ Investigation :

- Imaging : to see the peritoneal cavity
- fluid examination
- Blood examination
- check for oesophageal varices
- laparoscopy etc.

4) Typhoid fever:

Typhoid fever is caused by one organism Salmonella typhi.

there are three types Salmonella typhi A
Salmonella typi B.
Salmonella typhie C.

mode of transmission: through stool.

→ clinical features:

- person has diffecdic fever
- person looks pale.
- fatigue
- tiredness
- pale skin
- difficulty in eating.
- malnutrition.
- cough
- rashes are seen.

→ investigations:

~~5) sputum: it is mainly~~

① stool culture: one organism is mainly found in ~~blo~~ stool.

② appearance in blood is after few months.

③ bacterial culture: gram negative organism.

④ Widal test: formation of ~~one~~ in one bottom of button
one test tube.

⑤ routine examination of blood, stool, and urine can be done.

⑥ to check for one organism → we can check under one electron microscope.

Treatment :

- Antibiotic prophylaxis.
- Antibiotics like metronidazole, cephalosporins, & Nitroimidazole etc.. can be given.
- keep your surroundings clean.
- Hygiene
- use antiseptics to clean floors etc..

→ complications :

- secondary infection
- cardiac problems
- pulmonary problems
- Renal problems
- diarrhoea ..

etc..

3/12

⑤ Hypothyroidism :

- Hypothyroidism is a condition when the thyroid level is decreased
- can be seen in any age group

causes : it can be familial.
decrease in the production or abnormality in the formation of thyroid hormone.

- clinical features :
- loss of apetite
- weight loss
- ~~tired~~ fatigue
- Irritability
- nausea
- vomiting
- constipation
- pale skin

- menstrual problems
- anaemia etc..

investigations:

- thyroid level test:
  ~~TSH T4 T3~~
  levels of thyroid stimulating hormone must be checked.
- Blood examination:
  shows reduced RBC count
  ~~Hb~~
  → TS_3 & TS_4 levels should be checked.
  → Routine examination.

3

Treatment:

- proper diet.
- reduced salt intake
- Routine check up
- ~~hypertension~~, ~~BP~~
- drugs that helps in increasing thyroid levels..
  etc..
- potassium and sodium supplements
- vitamin supplements.

complications:

Immunity is reduced that leads to secondary infection.

6) tetany

tetany → it is a condition of muscle spasm, where the muscle becomes rigid
- this leads to restriction in movements of the body

~~If~~ pathogenesis:

~~When~~ the muscle takes time to relax in one cycle.

actin and myosin filaments

may go and bind and then take time to relax.

→ clinical features :
- muscle spasam
- difficulty in walking
- difficulty in writing
- difficulty in holding things
- body ache
- fatigue
- weakness

→ treatment :
muscle relaxants : succinyl colchine
d-tmc
decuronium

vitamin supplements
calcium supplements
physiotherapy
pain relievs → NSAIDS
&
corticosteroids
etc..

2

④ Anaphylactic shock :
- It is a type 1 hyper sensitivity reaction

pathogenesis :

Allergen → Antigen

- ones happens due to allergy.

Types of allergens: fish
pollen dust
crustacean
fragrance
etc...

- these allergens can aggravate the Anaphylactic shock.

~~Allergens → binds to the mast cell : base of~~

pathogenesis:

we see 3 stages:

stage of sensitization
stage of latency
shocking stage

Allergens binds to mast cells and produces antibodies. ques is normal but aggravated form of antigen antibody complex

Clinical features:

- difficulty in breathing
- can loose the consciousness
- sweating
- irritability etc.

treatment:

① maintain Airway. Breathing, circulation
② ~~Not~~ give Intra venous saline.
③ Adrenaline
④ Salbutamol → Bronchodilators.
⑤ Antihistamines

etc...

⑧ Haemolytic Anaemia:

In this there is increased ~~the~~ in the lysis of RBC.

It can happen due ~~to~~ to:

increased bleeding

Splenomegaly

thalassemia

etc...

Investigations:

- the RBC's blood count is increased
- MCV, MCH, MCHC all are increased
- Platellete count increased due to abnormal bleeding
- leukocytes count increased in cases of secondary infection.
- Fe level increased.
- they appear as microcytic cells.

Treatment:

2 Blood transfusion.

④ Depression:

~~one of the most~~ A psychological state of a person.

- can be due to ~~fast~~ social problems. like parental pressure, peer pressure. failure in life. trauma etc..
- the person in such cases has frequent anxiety, palpitation, increased sweating. does not talk to anyone. crying and can have

suicidal thoughts as well.

Treatment:

Non pharmacological:

- counselling
- family support
- peer support
- undulging them in hobby etc.

pharmacological:

- Anti depressant:
  - tricyclic antidepressants
  - MAO inhibitors
  - pindine
  - chlorpromazine
  - etc.

3

⑩ Migraine:

severe form of headache ✓

- migraine can be classical type
- It can be associated with an underlying cause or not.

→ ~~traits~~ clinical features:

- throbbing kind of headache
- blurring of vision ✓
- fatigue
- nausea
- vomiting.

→ migraine is episodic.
→ It can last for days.

→ Etiology:
can be familial.

(10) Prodromal symptoms may be seen before the onset. They can't tolerate loud music and bright light. pain increase in sun.

Treatment:

- symptomatic relief can be given.
- ~~beta blocke dulsept~~ Barbiturates can be given
  NSAIDS can be given.
  chloropromazide etc can be given.

3

(11) Pulmonary oedema
hypoproteinaemia
Renal infections. 1
Hepatomegaly

(12) Rifampicin
Ethambutol 2
Pyrizanamide

(13) Phenytoin 2
Sodium valproate
Carbamazepine

(14) - increase protein content. 1
- ketone bodies
- crystal bodies.

1

(15) - kala azar
- ~~#~~ Anaemia.

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SECTION

46/70

LONG ESSAY :-

1.) When the electrons decelerates or its stoppage takes place, there is the production of photons.

X-ray tube is the heart of the x-ray machine, and it helps in the production of x-ray.

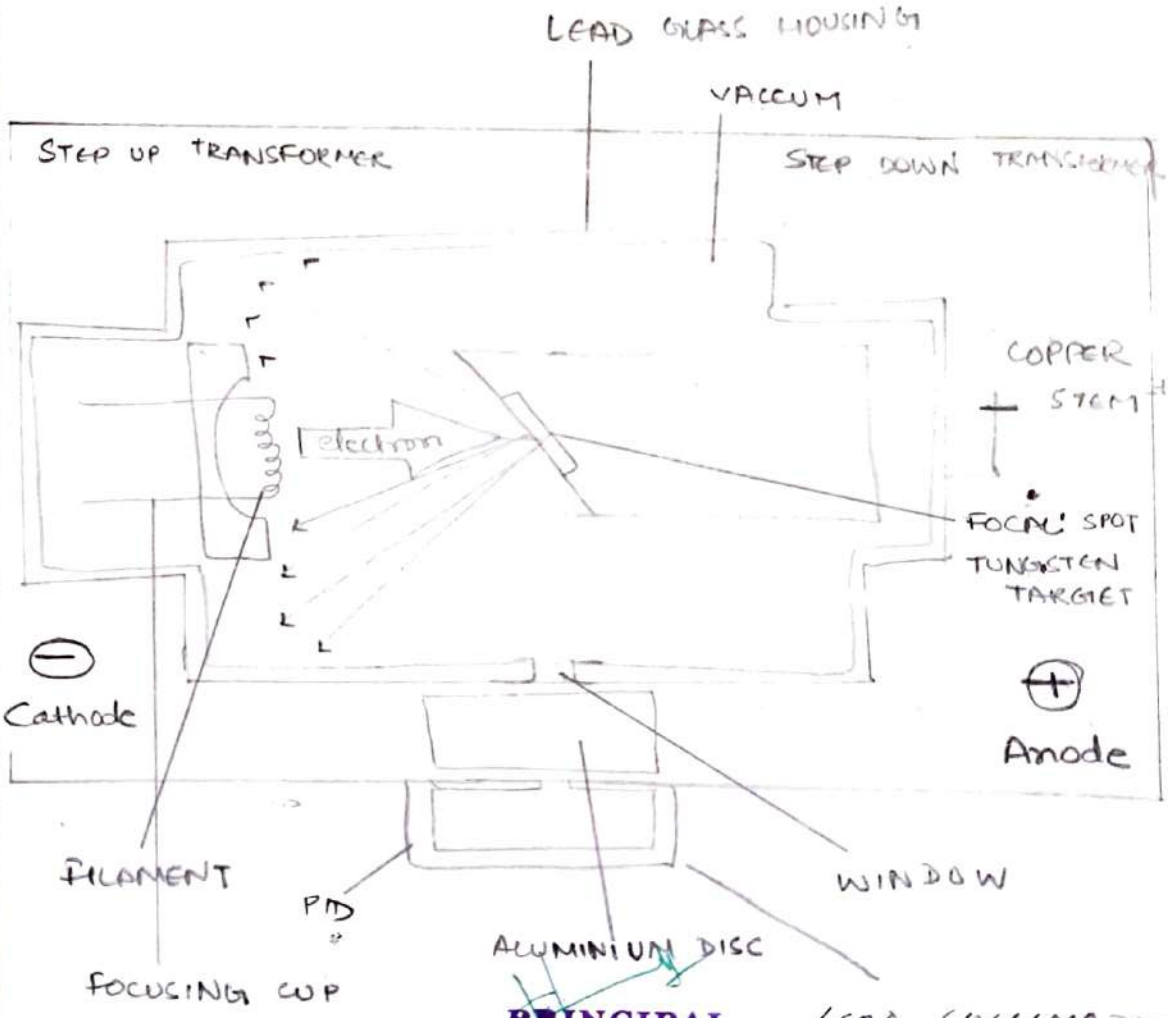

Fig : X-RAY TUBE

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The ~~component~~ of the x-ray are :-

1) lead glass ~~flowing~~

ii)

The component of the x-ray are :

(1) Leaded glass ~~flowing~~ housing

(2) ~~Posth~~ Negatively charged cathode

(3) Positively charged anode

Leaded glass ~~flowing~~ housing :-

- This prevents the x-rays to denote its all direction (or escape the x-ray in all direction).
- x-ray tube consist of the window, that window exist the x-ray & pass it through, lead collimator, PID & aluminium disc.

Negatively charged cathode :

& components :

(i) filament

(ii) focusing cup

Its aims is to produce electrons,

Filaments - filaments gets heated up and release of electrons takes place.

focusing cup - It directs the focusing of the x-ray in a particular direction.

Positively charged anode :

It consists of :

(i) Tungsten target - Its aims is to release the photon from the electrons.

(ii) copper stem - the heat produced during the conversion of photon is exit from conduction and the oil in the x-ray tube takes it.

Transformers :

Its function is to maintain the voltage in the x-ray tube.

(1) step up transformer
(2) step down transformer
(3) Autotransformer.

↓

It is used for minor fluctuation that takes place.

Step up transformer - It increases the voltage from 110 - 220 V to 65,000 to 100,000 .

Step down transformer - It decreases the electric voltage from 110 - 220 V to 3-5 V.

* Timer

Timer completes the circuit with step up transformer.

It controls the time for high voltage current to go.

* Tube rating

* Duty cycle

It determines the frequency of the exposure time.

The circuit can be :

(i) High voltage circuit

(ii) Low voltage circuit

(4) PRODUCTION OF X-RAYS :

Once the X-ray ~~tube~~ machine is switched on, the current passes through the control

panel from the wall outlet.

2. Current reaches the x-ray tube, which in turn goes to filament (negatively charged catrode), there the voltage reduction takes place to 3-5 V.

3. The filament gets heated up & generates electrons.
The electrons remains in its cloud state, until the voltage of the current is reversed.

4. The focusing cup helps to beam the electron in a direction.

5. Electron enters the anode, hits the tungsten target and release x-ray photons from the

3. The filaments gets heated up and there takes a phenomena called as thermionic emission.
thermionic emission converts the x-ray energy into the electrons i.e in 3-5 v voltage.
the electrons remains in the cloud state, until the voltage of current is reversed.

4. focusing cup helps to beam the electron in a particular direction.

5. Electrons ~~hits~~ enters the anode, hits the tungsten target and there the conversion of electrons to the x-ray photons takes place.

6. Heat is generated while the procedure takes place, heat is emitted by the copper stem by conduction. The insulating oil absorbs the heat.

7. X-rays can be scattered, lead glass housing is used to prevents the escape of the x-ray. It then, passes through the aluminium disc, lead collimator and PID.

There are two methods:

(1) Bremshtalung x-ray
(2) Characteristic x-ray

Bremshtalung x-ray rationale is when there is deceleration or stoppage of the electron, there is the production of photon.

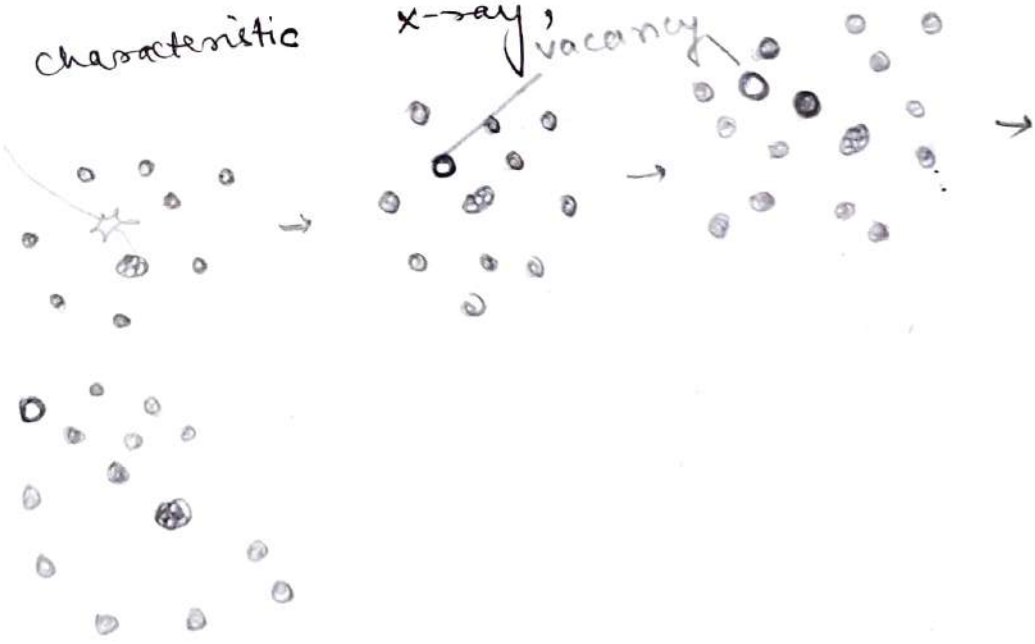
Two cases can take place,

(i) If the electrons ~~the b r~~ hit the nucleus
(ii) Electrons passing nearby nucleus.

If the electrons hit the nucleus, the total of the kinetic energy will be produced as photons.

If the electrons passes near by the nucleus, the kinetic energy will be minimal and ~~passes the~~ releases photons.

In characteristic x-ray, vacancy



(2)

LONG ESSAY :

Anemia is defined as decrease in the number of red blood cell ~~in~~ count in the blood, leads to anemia.

It can be due to :

① Blood loss
- Blood loss during menstrual cycle or due to gastric ulcer.
- It can be due to major surgeries.
- trauma
- clotting disorder
- Bleeding disorders

Anemia can be classified as :-

Morphology :

(i) Microcytic hypochromic
(ii) Macrocytic normochromic
(iii) Normocytic Normochromic

Based on the reticulocyte :

(i) Based on the reticulocyte production more than 2.5-

(ii) Based on the reticulocyte production less

than 2°.

Anemia can also be classified as:

Iron deficiency anemia
Megaloblastic anemia
Pernicious anemia

Aplastic anemia
- Primary
- Secondary

Iron deficiency anemia: Iron deficiency anemia is a common type of anemia which occurs due to:

(i) Blood loss
(ii) Decrease absorption
(iii) Increased demand of the body.

→

~~Tingling sensation~~

(2) Loosening of the teeth : Teeth begins to loosen when there is the deficiency of iron in the blood.

(2.) Glossitis :

There will be inflammation of tongue.

Tongue looks beefy red in colour.

Severe pain occurs in the tongue.

(3.) Bald tongue :

- Bald tongue is also known as atrophy of the tongue.
- Tongue looks beefy red.
- Loss of papillary projection occurs in the tongue.

(4.) Cracking of the lips : As a result of iron deficiency anemia, it will lead to cracking of the lip.

Lips becomes painful.

(5.) Angular cheilitis :

- Presence of fissuring or crack in the corner of the mouth.
- Angular cheilitis occurs in the person of adult age.
- more common in females.
- It is painful.

(6.) Burning sensation of the tongue

(7.) Itching of the tongue.

There is the loss of papilla in the tongue.
tongue appears red and hence the itching and burning sensation to the tongue.

(8.) Anaemia : Decrease in saliva results because of iron deficiency anemia.

The iron deficiency anemia can be treated by :

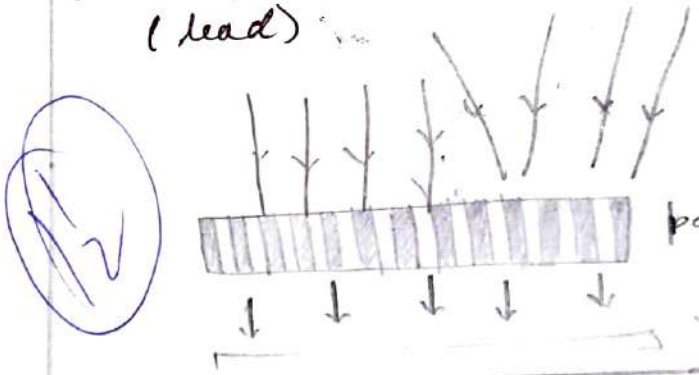
Iron therapy : Ferrous sulphate 300 mg three times a day.

Parenteral therapy : ferrous gluconate

SHORT ANSWERS :

11) Grids

When the x-ray photon is pass, as in compton scattering, x-rays gets scattered in other direction.
This lead to fog on the film & less better image contrast and clearence.
Grid is used so that the ~~rays~~ all the rays focuses on the film so that, there is reduction of the white lead lines and scattered rays.
It consist of ~~radio~~ alternating strips of radiopaque (lead) and radiolucent (plastic) lines.



12) Mental foramen is present on the external surface of the anterior surface of mandible.
Mental foramen can be seen on the radiograph.
When, the radiographs of anteriors (periapical radiography) occur, it is seen.

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SECTION

14 present as a radiolucent area.

through the mental foramen, mental nerve passes.

13. Latent image

Latent image is an invisible image which is formed in the x-ray film when the photons are generated. These image becomes visible on chemical processing.

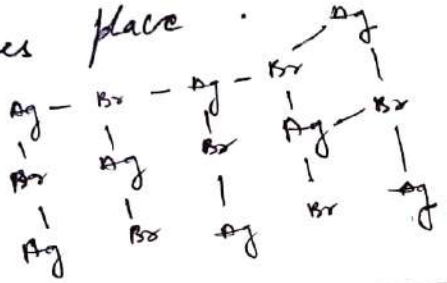
When the x-ray ~~rays~~ are produced, radiation energy ~~are stored~~ from the x-ray exposure is stored.

Based on the object, the density of the stored energy is different.

These stored energy forms a pattern and forms a image on the radiographic film.

when the x-ray photons hit the surface, it will convert the silver halide crystal into silver metallic grains.

And, hence the latent image formation takes place.



4. Macrodontia — Development anomaly of teeth, where there is increase in the size of the tooth than the normal size.

Macrodontia can be:

(i) True Macrodontia

(ii) ~~Pseudo~~ false Macrodontia

~~M~~acrodontia, if the tooth appears to be larger, because the other teeth in the arch is smaller, or the patient jaw is smaller. It is called as ~~true~~ false macrodontia.

If the ~~tooth~~ is actually larger or compared to other, true macrodontia.

It can either be :

(i) Generalized
(ii) Specific to single tooth or other.

1

---

15. IMPORTANCE OF PERSONAL HISTORY

- In the case history, we ask for the personal history of the patient to know the status of the patient.
- In the personal history, we ask whether the patient is married or not
- Sleep / wake cycle of the patient
- Brushing times, duration, methods.
- Any habits : Smoking, drinking etc. or, thumb sucking, tongue thrusting etc.
- By personal history, we know get the patient's personal habits.

11/2

Q.7 :

Intraoral x-ray film is used to detect several organs like the hard tissue, periodontal space and alveolar crest of bone.

Intra Oral x-ray films :

Buss Lee
[illegible] : large

(i) Bite wing radiographs.
(ii) Periapical radiographs
  (a) Paralleling technique
  (b) Bisecting cone angle technique.

(iii) Occlusal radiographs
  (a) maxillary occlusal radiograph
  (b) Mandibular occlusal radiograph

In each,
(i) Topographic occlusal radiograph
(ii) Lateral occlusal radiograph
(iii) Pediatric occlusal radiograph

In mandible,
(i) Cross-sectional radiographs
(ii) Lateral occlusal radiograph
(iii) Pediatric occlusal radiograph

Intra Oral Localized :

Right angle technique
Tube cone technique / Clark's rule
Buccal view technique
Stereoscopy

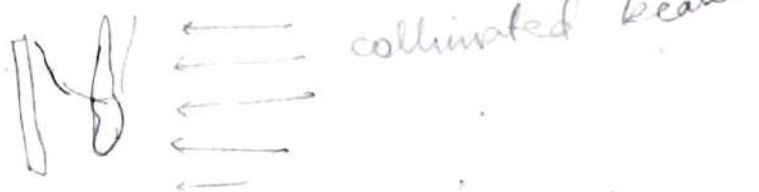
~~for~~ the ~~par~~ Bisecting angle technique ;

- the film is placed as close as to the lingual portion of the tooth.
- it rests in the floor of the palate.
- Imaginary line is drawen directing the angle and dividing ~~two~~ both triangle into congruent angles.

Paralleling technique :

This technique is more advance than the Bisecting angle technique.

x-ray beam central x-ray should be parallel to the long axis of the tooth and the film.



Occlusal radiograph - it is used to produce maximum details of maxillary and mandibular.

Radiographic film 57 × 76 is used.

Bitewing radiograph : This is used to evaluate the initial lesion by the x ray perpendibular to the film.

Bite blocks are used, as there bite blocks comes with the special film holder.

Bitewing radiograph we use for :

~~Trap~~ ~~to see the view~~

Indications :

Incipient inter-proximal caries

secondary caries

to see maxillary & mandible is same ways.

etc.

- To check for the retained root teeth, impacted teeth, fractured teeth, we see :

① Buccal view technique

- Two radiographs should be taken - one of the normal x-ray (perpendicular) and normal angle.

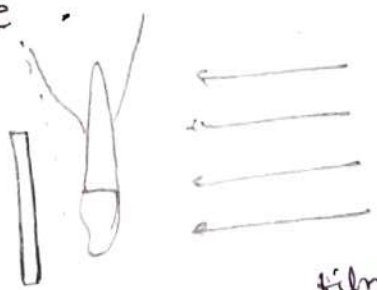
- Second radiograph should be of ~~diff~~ from different angulation.
- Then, we should study the image. If both the angles is in same direction.
  - lingual
- then the angle is in opposite direction, buccal.
- This we determine by SLOB.

---

8. Paralleling technique

Paralleling technique is an technique of periapical radiograph which rationale as the X-ray should be parallel to the ~~tooth~~ and to the film.

It is more advance than angle bisecting technique.



Here, in this ~~tooth~~ film is placed parallel to the long axis of the tooth.

this gives the image contrast and quality better.

Advantage of paralleling techniques are :-

(i) There will not be elongation of image.
(ii) No foreshorting because of vertical angulation.
(iii) No overlapping because of error in horizontal angulation.
(iv) No distortion
(v) Image will have less magnification.
(vi) Better contrast & detailed image of teeth.
(vii) no cone cut.

Q. PROPERTIES OF X-RAY ARE :—

(i) X-ray is a wave packet of energy at electromagnetic radiation at the atomic level.
(ii) X-ray donot have charge and mass.
(iii) X-ray have the dualistic behavior — wave and particle
(iv) X-ray have penetrating power.
(v) X-ray can be absorbed by matter.

(vi) X-ray have phosphorescence -

(vii) X-ray with shorter wavelength have a more penetrating power whereas, with longer wavelength have less penetrating power.

(viii) frequency is increased in X-ray ?

(ix) Intensity follows inverse square law.

$$I \propto \frac{1}{d}$$

$$\frac{I_1}{I_2} = \left(\frac{d_2}{d_1}\right)^2$$

(x) X-ray produces biological effect in the living of an individual. ?

(xi) X-ray requires no propogation ?. 1½

(3.) Taurodontism

- It is a developmental anomaly affecting tooth where the tooth appears larger and fracture of the tooth take place.

- 'bull like tooth'.

C/F : It occurs both in maxillary & mandibular dentition
- It occur both in deciduous and permanent dentition.
- It leads to overlapping of the tooth.
- Trismus.

1½

Treatment : Extraction of the tooth

Q.
4.) Oral sepsis :-

Enamel caries
↓
Dental caries
↓
Acute — Pulpitis — chronic
↓
Apical periodontitis
↓ ↓
Periapical → Periapical granuloma
↓
Periapical cyst
↓
Osteomyelitis
↓
Periostitis → abscess
Cellulitis

Q. 10) Hemophilia

Hemophilia ~~occ~~ is the anomaly which occurs because of the clotting disorder.

There are three types of haemophilia.

Haemophilia A
Hemophilia B
Hemophilia C

Haemophilia A occurs because of the deficiency of clotting factor VIII.

Haemophilia B occurs due to the deficiency of clotting factor IX.

Haemophilia C occurs due to the deficiency of clotting factor XI.

Clinical features :

- Fever, malaise, loss of weight, headache takes place.
- This occurs in the ~~adult~~ older patient, but adults and the childrens are also affected.

• Haemophilia leads to :-
uncontrolled bleeding when trauma
uncontrolled bleeding when extraction.

Haemophilia treatment :

It should be ~~co~~ checked by clotting test and it should be corrected by :
Replacing the factor.

(2)

(5.) Dark Radiographs :

Dark radiograph is a radiograph which occurs dark because of more exposure of the developer.

As, developer consists of Developing agent, preservative, Activator & restrainer.

(i) Lighting - Dark radiograph is an outcome of improper lighting or the light present in the x-ray processing room.

- x-ray ~~lighting shor~~ gate should be tight, and magnetic gate so that it prevents the light source to enter the x-ray processing room.

Safe lighting : The bulb of 15 watt is used in the x-ray processing room, so that the operator can operate ~~and case~~ in ~~non~~ optimal intensity of light.

the safelight should be present 4 feet to the distance of the object ~~for~~

12

IMPORTANCE OF MEDICAL HISTORY

6.

- In the case history, medical history is as important to the patient so that we can easily diagnose the case.
- In medical history, we ask the patient if any systemic disease or disorder, duration of that and the medication if taken any.
- eg: ~~Eg~~ Several treatment is not suitable for the patient if undergoing any systemic problem. eg: Patient with hypertension should not be taken directly for scaling.
- Certain care and precautions should be taken handling the patient.
- we also get to know, with which substance or drugs the patient is allergic to.
- we gets to know about the patient concerns or patient's attitude towards his / her health.
- Recording the patient's medical history gives overall knowledge of the patient himself, his attitude, his/her disorders, her/his problems and helps in proper treatment of the patient.

13

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Long Essay. **SECTION**

2. Epidemiology.

Epidemiology is a study of distribution and determinants of the health related event / state within the particular population and it's application is to control the diseases.

Epidemiological studies can be classified into different categories.

* Observational studies.
* Experimental studies.
* Analytical studies.

45½/70

8½

→ Disruptive observational studies are studied based on different concepts.

→ Defining the population to study.
→ Defing the disease
→ Defining the disease based on ① Time
② place
③ person.
→ Measurement of disease.

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→ compare with known Endices
→ Giving Hypothesis

* To study about disease, and to define study based on Time, again further classified.
→ Short-term study / variations.
→ Periodic variations
→ Long-term variations.

* In Shat-term variations.
Epidemic Spread. ① common Source variation.
② propagated variations.
1. People - People
2. Animal - People
3. Anthroped - People
③ Multiple Source variation.

* Periodic variations.
* Long-term variations
* Based on place, to define disease, we have → international variations.
→ national variations.
→ Rural - urban.
→ Local variation.
→ Migrant study.
→ Migrant Local study.

* Based on person, to define disease with person factors like age, Sex, Gender, occupation, Economical status, knowledge Everything is considered and studied over a period of time.

→ other studies are
→ Randamised community trial. (RCT)
→ community Trial.

→ cohort - study.
→ case - control study.
→ Ecological study.

Epidemiological Triad.

Epidemiological triad is consist of three parts.
→ Agent Factors.
→ Host Factors.
→ Environmental Factors.

Host Factors.

→ when considering host Factors, Age, Sex, occupation, Socio-Economical status, Marital status, physical status, knowledge all this points are considered and may affect the studies at any point of time of study.

Agent Factors.

Agents Factors defers from various agents to agents. As basic agent Factors in epidemiological triad are Resistance, Resilence, cummulity of agent and other factors. conditions etc.

Environment Factors.

→ Environmental factors are very important for succesful studies as availability of Resources, Duration and Severity of illness, Diet and nutrition, time and duration of studies are considered in the Studies.

SHORT ESSAY.

3. principles of Health Education.

1. Interest.
2. participation.
3. known to unknown.
4. Comprehensive.
5. Reinforcement.
6. Learning by doing.
7. Credibility.
8. Seed, Seewage, soil
9. Feed back.
10. Leadership.

Interest.

→ For the success of health Education the community interest is very important.

→ To promote health Education, the leader must know about the culture and behaviour of the community and program should include that particular communities interest.

→ participation and Interest of community depends upon the community own decision.

→ Organisation (or) one must keening study of the community interest before the planning of program.

participation.

→ Community participation is very important in promoting Health Education.

→ As a community dentist (or) from the organisation, they can make the program more interesting and Exciting to make people participate.

→ Leader should explain in their own language along with their interest to get active participation.

known to unknown.

→ Always start with known (or) familiar topics (or) information when you promoting public health.

→ The topic should be known by community, communicate with the known context and then promote unknown information linking the known information to community.

Leadership

→ For Succesfully promoting the public health, the leader must be aware of all possible culture, behaviour, Interest, Economical status, knowledge, cultural values, - Local knowledge of Language of the community. The Leader / Speaker should also follow the protocol of the Studies before conducting the programme.

4. What is solid waste?
Write the details of Bangalore method of waste disposal.

Solid waste.

Solid waste is the daily used and food waste of daily routine from house and industries which includes plastic, paper and all solid mass waste.

Bangalore method of waste disposal.

There are many ways of waste disposal like →

→ Dumping.
→ compacting.
→ Encineration.
→ Manual pits.
→ Burial. etc.

→ Bangalore method of waste disposal the name, because it was first implemented in Bangalore.

→ Due to High population density and traffic in cities like Banglore, the daily solid waste is increased and no space is available for the Disposal.

→ All the solid waste from the Bangalore city is taken outside the city limits and their the procedure is carried.

→ The large pits are duged of 15-20 meters wide and 10-15 meter deep pit of 30-35 meter

Bread pits are dugged and then 6inch of solid waste is dumped into the pit and filled up with 2 inch the earth (or) soil.

→ Again 6inch of solid waste over that 2-3 inch of earth. This is carried graudually and the outer layer 2 meter above the ground level the earth or soil is covered and left for Degradation.

→ Due to level formation of soil and solid waste, the heat is generated in 4-6 days.

→ This generated heat is formed inside the ground level and stays for 4-6 weeks.

→ In this time, the solid waste is decomposed and mixed into the Ground.

→ This ~~the~~ technique of waste disposal is practiced in many big cities now days.

-4-

5. clinical steps in pit and Fissure Sealent placement.

→ Pit and Fissure Sealent placement is indicated in deep occlusal pits and Fissures.

→ when oral Hygeine is poor and who are prone to dental caries.

→ clinical steps in pit and Fissure Sealent placement are:

Application / placement of Rubber-dam.

↓

Isolate the area of application.

↓

Scaling as oral prophylaxis.

↓

Removal of ~~Superficial~~ soft caries from pits and Fissures.

↓

Application of Etchant.

↓

After 30secs, dry and clean.

↓

Application of Bonding agent.

↓

curing of Bonding agent.

↓

Application of pit and Fissure Sealent and cure it with a. UV light source.

↓

Recalled patient for Evaluation after 6months.

Public Health Dentist	Private Dental practitioner.
⊛ public health dentist is a salaried employee, who is accountable to he's (or) her immediate supervisor and :- Tax payer.	⊛ Private dental practitioner is a daily money based and he's (or) her money income will completely depends on own practice.
⊛ He works under a organisation who provides public health programme which is governed by government (or) Non-Government organisations.	⊛ He/she works in their own practicing place and decisions taken by themselfs.
⊛ Decisions are taken by Governing persons before the program operation.	⊛ Here Dentist make their own decision about the treatment (or) treatment plan based on the frame work of dental practice and the Dentist and patient relationship
⊛ He carries home, a low salary compare to private dentist but avails benefits like pension plan, Insurance Sick holidays, paid holidays.	⊛ He carries home, a high salary but doesn't avail any benefits like pension plan, Insurance, He can buy insurance on his own.
⊛ usually public health dentist will goto the community.	⊛ patient comes to doctors with one significant complain.
⊛ Group of people are treated by program	⊛ treats only one patient at time and particular appointments.
⊛ public health dentist will be travelling different communities for programs	⊛ Here, dentist is confined to his service area (or) practice area.

- 4½

⊛ public health Dentist works in association with NGO to promote health awareness to communities.	⊛ Dentist can motivate patients about oral Hygeine & health but one at a time.
⊛ many people are treated at once.	⊛ only one person is treated at particular time.
⊛ Here, public health dentist tries to minimise the disease.	⊛ Here, the possible outcome dentist wants to get is succesful treatment.

Few termonologies differ from publichealth and private dentist.

Examination.	Survey.
Diagnosis.	Analysis.
Treatment planning	program planning.
Treatment.	program operation.
Evaluation.	Interpretation.
payment for service.	Funding.

10. Indications and contra indications of pit and Fissure Sealent.

Indications.

⊛ Deep pit and Fissures on occlusal Surface.

⊛ patient who are pron for dental caries.

⊛ Growing children with more etiological factors causing decay.

⊛ poor oral Hygeine with pits and Fissures.

⊛ Growing School children who are more pron to caries.

Contra indications

(1) Open caries, (2) deep dentinal caries
(3) caries in proximal wall which include pulpal involvement.
(4) In case of pain.
(5) presence of any tumour, cyst.
(6) patient shows allergic to composite.
(7) poor oral hygeine.
(8) un-cooperative patients (or children.

9. Duties of dentist towards a patient and towards another dentist.

Duties and Responsibilities of dentist towards patients.

→ Dentist should properly consider patient chief complain.
→ Dentist primary concern of treatment should be addressing the chief complain.
→ should explain the diagnosis, treatment plans and the fee for treatment before the any procedure
→ Should follow Frame work of dental practice before treating patient.
→ consent form should be taken from patient before any treatment.
→ Dentist should address any problem of patient all the time.
→ should not treat patient with economic status of patient.
→ Should not consider Gender disparity.
→ Dentist should respect the behavioural and culture values of patient.

Duties of dentist towards another dentist

→ Dentist should never suggest the care to other dentist with out prior knowledge.
→ Seak for suggestion, when in doubt.
→ Consider the treatment and case sheet done by previous dentist.
→ Consider medical ethnics when over another dentist.

6. Define primary health care.

primary health care is place of immediate access (or) prevalence whenever their is a initial sign of illness and for emergency primary treatment.

Principle of primary Health care.

→ Support the individual to seek help for any illness in initial stage.
→ Available all the times.
→ Quickly communicatble and minimal distance from living area.
→ This accountable for the Governing Committee.
→ provide primary treatment in emergency.
→ To treatment minimal treatments aids.
→ Consider cultural and economic status of Local community.
→ value for the behaviour consideration of the Community
→ Provide primary health care kits and support to the Community.

SHORT ANSWERS

12. Etiological Factors of oral cancer.

→ Tobacco consumption.
→ Excessive alcohol consumption.
→ Genetic.
→ Vigrous Exposure to Radiation.
→ Trauma induced Malignancy.
→ Betel nut (quid) chewing.
→ Bad oral Habits and Hygiene. 2

13. Any 4 mass media tools.

→ Visual aids.
→ Audio aids.
→ Audio visual aids.
→ Radio, Television., Newspapers, magazine posters, placards etc. 2

14. ASKOV School dental program.

This is the program initiated to treat School dental children and support and promote oral Hygiene awareness among the School children. 2

15. Local Dias and Anganwadi workers.

→ Anganwadi workers are elected/ appoints persons in Rural area who take care of children, about their diet and nutrition also pregnant women. motivates them for proper nutrition and child care 2

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : HEMAVATI. ROOGI Reg. No. : 16D1619

Class : IV B.D.S Subject : ORAL AND MAXILLO FACIAL SURGERY Date : 2/3/2020

SECTION

44/70 44

LONG ESSAY

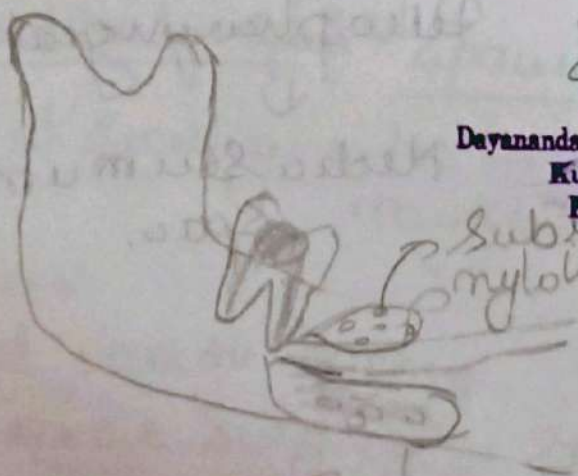
(1) Spread of infection from mandibular 1st molar.

⇒ Infection spreading to Submandibular Either Sublingual spaces.

⇒ The infection spreading also depend upon the root level attachment to mylohyoid muscle.

⇒ If the root attachment superior to mylohyoid muscle then the Sublingual facial space infection occur.

⇒ If the root attachment inferior to mylohyoid muscle then the Submandibular facial space infection occur.



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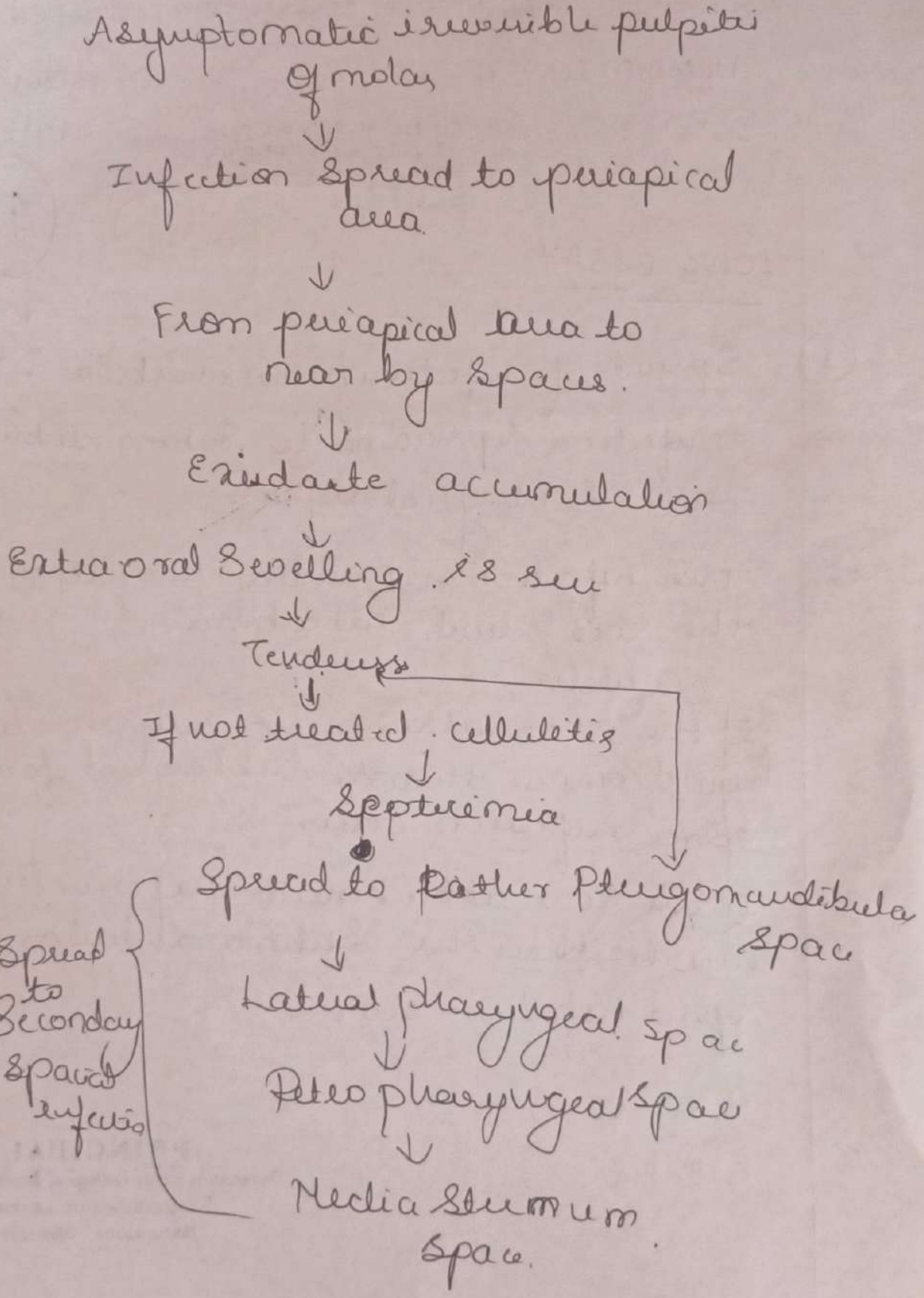
Submandibular facial infection



Submandebular.

Sublingual facial Space infection

↓

Asymptomatic If the root lwd attachment is Superior to Mandibular I st molar.

↓

Asymptomatic irreversible pulpitis

↓

Infection Spread to periapical area

↓

If not treated

↓

Then Spread to Sublingual Space.

↓

Inflamatory Exudate accumulation

↓

Intraoral Swelling in the floor of mouth is seen.

↓

Tenderness

↓

If not treated cellulitis

↓

Septicimia

Spread to adjacent facial Space lied Submandibular or to lateral pharyngeal then to Retropharyngeal and last to Mediastinum

Submandibular Space facial Space infection CIF

⇒ Extraoral Swelling on the lower border of mandible

⇒ Tenderness

⇒ Limited mouth opening

⇒ Skin above Swelling is Stretched over, and Shiney.

Management
Incision & Drainage.

-> The Incision is done 2mm away from lower Border of mandible and with the sinus forceps the incision is enlarged & loculi are break.
-> Adjuvant therapy
-> Antibiotics are prescribed for both anaerobic & aerobic microorganism.
-> Metronidazole is given

Sublingual facial Space infection 4F

-> Intraoral Swelling is seen
-> uplift of tongue seen.
-> Difficulty while swallowing and difficulty in breathing

Management

-> Incision & Drainage.
-> Incision is given below the tongue.

Ludwig's Angina Management

Ludwig's Angina: The inflammation of the 3 facial Infection seen of bilateral. Submandibular infection, Sublingual infection. Submental infection.

Management
The Emergency incision & Drainage is done. As due to this the fall back of tongue occur and lead to Breathing difficulty and lead to death of patient

⇒ The incision is given by Blade No. 11 either in lower border of the mandible 2cm away from it to preserve the facial artery structure.

→ The Sims forcep is inserted and incision is made open and locule are break.

⇒ Then the drainage is done.

→ Adjuvant Antibiotic therapy is given.

⇒ i.e Metronidazole antibiotic is provided

→ Proper hydration therapy is done.

→ Patient airway is maintained.

---

(2) TMJ Ankylosis :- The fusion of condylar head of mandible to articular temporal fossa due to replacement of articulating disc by the bone calcified mass.

Etiology

⇒ At Birth due to forcep delivery this can cause TMJ ankylosis

⇒ Due to infection from the viral or Bacterial infection

⇒ Due to trauma

⇒ Due to Systemic Rheumatoid arthritis.

→ Due to joint degenerative

→ Due to post surgical complication

→ Recurrence chances are seen

⇒ Due to congenital.

→ Due to hereditary

→ Due to ⊕

<u>Pathogenesis</u>

→ Trauma

↓

The Blood vessel rupture in the articular disc

↓

Hemorrhage

↓

The Blood Clot formation is seen

↓

After that fibrinogen produce collagen fiber.

↓

Collagen fiber accumulation seen

↓

Then these fiber are replaced by the calcified structures.

↓

Bony Ankylosis is seen.

<u>Clinical features</u>

→ Because of Bilateral TMJ ankylosis Bird like face appearance is seen

→ The Both side Antigonial notch is seen

→ The mouth & throat distance decrease

→ Anterior open bite

→ Difficulty while opening mouth

→ Diffuulty in Speaking. Diffuulty in mastication

→ Poor oral hygiene maintainance

→ Periodontal problem. caries is more.

→ Angle Malocclusion is seen.

Diagnostic Investigation

1. Complete Blood Count
2. Orthopantomogram
3. CT Scan
4. Computed beam computed tomography Scan

Managemt

→ Kabani protocal for managemt of Bilateral ankylosis

1. Coronoidectomy done Bilaterally.
2. Gap arthroplasty
3. Arthroplastic material filled in gap arthroplasty
4. Postoperative aggressive physiotherapy for next 6month.
5. After the dislocation complete healing condylar Surgery performed

For Condylectomy

→ Here Bu Bilateral Ankylosis Bothe the condyle are removed then the metallic or acrylic artificial condyl is replaced

Gap arthoplasty

→ The - Gap is created btwn. the condylar head & temporal fossa.

→ Then gap filled with graft materials

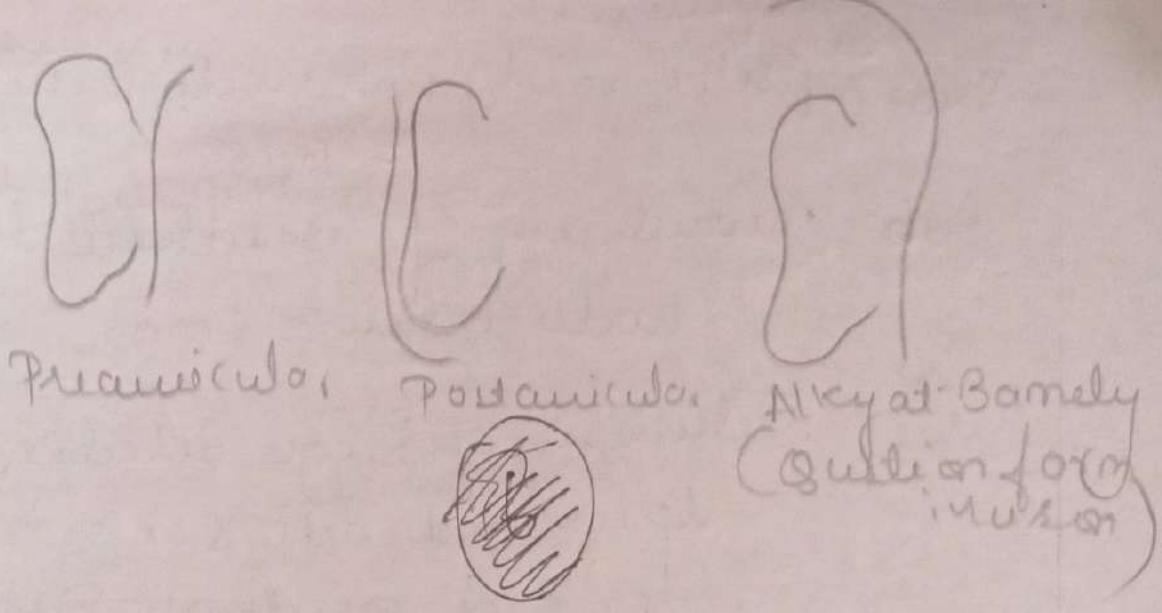
---

like Autogenous or Allogenous
↳ Costochondral rib graft ↳ Metallic ↳ Acrylic
↳ from pelvic bone
↳ Temporalis muscle, temporal fascia, Cast

* In this, the recurrence chance is more if the aggressive physiotherapy not done properly or maintained

* The Incision made either in
- Preauricular
- Post auricular
- Alkyat Bramhy incision ⇒ Here the Question mark kind of incision is done. front of Ear when the incision is done give us a way to prevent internal maxillary artery the incision arise front of Ear and Extend above auricle into temporal region

⇒ Here the temporal muscle is used for graft Because of rich Blood supply i.e. Superficial temporal artery



Short Essay

3

(1) TNM Staging

T indicate for Tumour
N indicate for Node i.e Lymph nodes
M indicate for Metastasis

T_X → Tumour Cannot be assessed
Tis → Tumour Carcinoma in Site
T_1 → Tumour Enlarged not more than 2 cm
T_2 → Tumor Enlarged Between 2-4 cm
T_3 → Tumor Enlarged more than 4 cm

M_X → Metasis Cannot
N_X - Lymph nodes cannot be assessed
NO - No Nodal involvement
N_1 → Metastasis of Ipsilateral lymph node enlarged less than 3cm

N_{2a} → Single Ipsilateral lymph node involved Metastizing Between 3-6cm

N_{2b} → Metastizing of multiple ipsilateral Bilateral lymph nodes Between 3-6cm.

N_{2c} → Metastizing of Single Bilateral lymph node Betw 3-6cm

N_3 → Metastizing of multiple Bilateral lymph node more than 6cm.

M_x → Metastatizing Canot be assessed

M_0 → No Metastatic involvement

M_1 → local invasion is seen

M_2 → Distant invasion is seen.

Stage I → T_1, N_0, M_0.

Stage II → T_1, N_1, M_0, $T_2 N_0 M_0$,

Stage III → T_1, N_1, M_1 or T_2 N_0, M_0 $T_2 N_1 M_1$,

Stage IV → T_3 Any N with M_2.

② CSF Rhinorrhea

→ The Complication which Occur due to trauma.

→ were the cerebro Spinal fluid which present around Brain in the cranium

- Due to fracture of frontal region or any head injury or
- or due to the Le Fort III fracture the leak of CSF from the nose is seen.
- Here the fracture of the Base of skull along with fracture of Sphenoid & ethmoid bone result in leak of CSF from nose (3)

Investigation

- Here this can be differentiated from the nasal secretion by the halo sign formation of cerebrospinal fluid.

---

(3) AOT

- Adenomatoid odontogenic tumour.
- Tumour is occurs from the odontogenic origin
- The tumour are from the epithelium organ or remnants of epithelium (3)
- Clinical feature
- Most commonly seen in Male
- Most seen in predicted age is the younger age below - 30 year of age.
- The most commonly seen in Maxilla than Mandible

Seen in mandible as well

The swelling is seen which result in facial asymmetry

The patient may complain of pain

No overstretched skin over the swelling

Investigation

(1) Complete Blood cell count

(2) OPG

(3) CT Scan

(4) CBCT.

(5) MRI

(6) Biopsy.

Management

Surgical Excision is done

In Maxillary the incision is given side of the lateral side of the nose. & then continued to the side of ala of tragus & then to the lip upper vermilion border of. This incision is given for the esthetic concern

In Mandibular ↳ Submandibular

Radical Neck dissection is done.

If to assess the nodal involvement the Biopsy is done.

Cytology of Nodes of is done

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

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Class : IV B.D.S Subject : ORAL AND MAXILLO - FACIAL SURGERY Date : 2/3/20

SECTION

(4) Oro Antral fistula. 2½

→ The communication between the oral cavity & the Maxillary sinus is called oro antral fistula.

Etiology

- During Extraction of the long rooted canine from the socket the if an abnormal force applied then the communication is created at the root apex to Maxillary sinus
- During Extraction if the roots are pushed toward the Maxillary antrum floor then the communication can occur.
- During any Surgical procedure if there is any sinus lift procedure is not sutured well then the communication is created.

Due to any infection from the canine spread to Maxillary Sinus due to that fistula is occured.

Clinical features

- The patient may complain of pain
- Heaviness in the midface region
- Pus discharge from the fistula opening in mouth
- The grossly decayed tooth present or seen
- The left root piece may seen.

Management

- If the infection occured then the Drainage is done
- Patient kept on adjuvant Antibiotic therapy
- Then the closure of the Oroantral fistula done Surgically.

(5) ABCDE in Trauma.

In trana in the first 30 minute is considerd as golden hour in emergency condition. there the A indicate Airway.

B indicate Breathing

(3) C indicate Circulatory

D indicate Disorientation

E indicate Exposure.

- The Airway is well maintained for the Patient to Breath like in trana. in midface structure the tongue fall back will be seen so digitally giving the tongue out is done

- If the denture or any Broken piece of any Bone. Sewading Structure is Blocking pathway of oropharynx then those are Removed from hand

- ~~The position of the patient is maintaind well the head is made to keep below tilted below the and the~~ legs are raise

- If the Blood or any discharge Blocking then the Surgically ~~trach~~ tracheo Stomy or Endotracheal tube insted.

Breathing

- The Ventilator ~~are~~ maintained room.
the pulse oximetry is placed to check the Saturation of oxygen level in the Body.
- The oxygen is Supplied Externally.
- Here the oxygens. CO_2 Saturation is checked. PO_2 & PCO_2.

Circulatory

→ Here ~~the~~ If the Blood Hemorrhage is more due to trauma to ~~the Big~~ main organ due to rupture of Blood vessel.
→ First the Bleeding is stopped.
- like in ~~Br~~ Head injury due to high rich Blood Supply in Scalp.
- or due to rupture of phrenic & Splenic ~~Art~~ Blood vessel.
- ~~Ex~~ If no trauma due to any Syncope. Here the patient position is maintained in the patient head is placed tilly below level of heart. and the legs are raised.
- That leads to more the Blood flow to Brain & to heart.

Disorientation

→ Patient is assed for the response to the question or to any Situation

Exposure

(6) Classification of Middle third facial fracture

(1) Lefort I
(2) Lefort II
(3) Lefort III

3

In lefort I fracture :- The alveolar process fracture of Maxilla is seen. Here the palatine Bone fracture seen.

Here the lefort III the : mobilization of the Maxilla is seen.

Here the

Lefort II

- Here the fracture line at the ~~Side~~ lateral Side of nose to the lateral the lateral part of the Eye.
- Here the fracture in pyramidal Shape.

Lefort III → The fracture - three lev... from the (lateral per) orbit to the zygomatic buttess.

Short Answer

(1.) Color coding for waste disposal
→ Red color indicate Disposal of Blood related cotton or gauze piece
→ Green color indicate disposal of any surgical materials. (1)
→ Blue color indicate disposal of the Syringe material, Needle matrial.

(2.) Methods of retraction
(1) By Elevator forceps (1½)
(2) By hollenback retractor
(3) By Alley's forceps.

(3) Syncope: The irreversible loss of conscious of patient due to low level O_2 supply to the Brain

- when The oxygen supply to Brain decreased Syncope Occur.

Syncope due to

↳ Vasovagal

↳ Headhand.

↳ Ischemic heart conditn.

↳ Brain injury

(1)

(4) Dry socket: The dislodgement of the ~~clot~~ formed clot from the extracted clot lead to dry socket formation which is painful and the ~~e~~ malodor come from Dry socket.

(1/2)

~~(4) Akinosi technique~~

(5) Vazirani Akinosi technique (1 1/2)

* Here the technique given for injection of Inferior Alveolar Nerve Block. ie Mandibular nerve Block.

* Indicated - ~~or~~

- when Patient having limited mouth opening

Patient asked to Bite and the injection is given at the ~~above~~ level of Maxillary molars.

(6) I&D

Incision → In any Surgical procedure The cut which is made though. Blade Either by number 11 or 15 on the Skin is called Incision

Incision type → Vertical
↳ Horizontal (1)
↳ Plus type sign.

→ Horizontal incision is given in the Submandibular incision

→ Plus type given in lipoma pt. Easy to break the lobules.

Drainage

⇒ The method to take out the inflammatory Exudate or the fluids which is accumulated in the pathological cavity by incision.

← Drainage is done that removal the focal infection & Relieve the pain & symptoms of patient.

← When the infection is seen the incision Drainage is performed.

---

(7) Theories of local anesthesia. (1)
↳ Membrane Expansion theory
↳ Specific receptor theory
↳ Calcium displacement theory
↳ Acetylcholine theory.

8) Marx theory

Marx theory purpound for the osteoradionecrosis condition were the hypoperfusion, hypocellular, hypooxygen leads to necrosis of the tissue exposed radio X-rays (1)

---

9) SABE Prophylaxis

Subacute Bacterial Endocarditis prophylaxis

→ when the prophylaxis given to person the Endocarditis By the Bacterial invasion

→ As due to in child hood if any throat infection occur or any infection occurs the antibiotics are given which are Amoxycillin.
Tablet 10 or Metronidazole.

(1)

→ That person or any tooth infection occur then the chances like Septicaemia is seen so the tooth infection is cured by giving antibiotics therapy.

---

10) CT Scan ⊖ Computed tomography Scan. for the Bone lesion or any Bony invasion from the Malignancy, or to see the fracture of Bone.

(1)

PET Scan → Positron Emitting tomography Scan.

→ If in case of Sailolithis the positron will go.

→ If in case to find the Malignancy or Metastic condition PET is advised.

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Sowran Naik Reg. No. 1800104

Class : IV BDS Subject : Endodontics Date : 20/6/2022

SECTION

46/70 dk 21/6/22

LONG ESSAYS.

① Working length is defined as the length from coronal aspect of pulp chamber till the apical portion where the obturation must be done.

- It is usually till the minor constriction.
- 2 types

Radiographic method

- Best's method
- Bretman's method
- Ingle's method
- Grossman's method
- Weine method
- Kuttler's method
- Radiographic grid
- Subtraction radiography
- Neoradiography.
- Endometric probing.

Non radiographic method

- Tactile sensation
- Electric apex locator.

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→ Ingle's method:

~~One master file is selected by~~

A preoperative radiograph is taken

↓

on one radiograph, keep one file & measure the ~~canal~~ length

↓

measure it on the endometric gauge and adjust the stopper.

↓

when insert it into a canal

↓

take a radiograph & check it

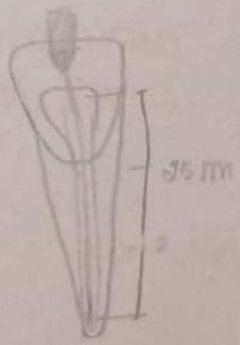
↓

if one file is ~~large~~ longer or shorter redo it or cut it and adjust it accordingly.

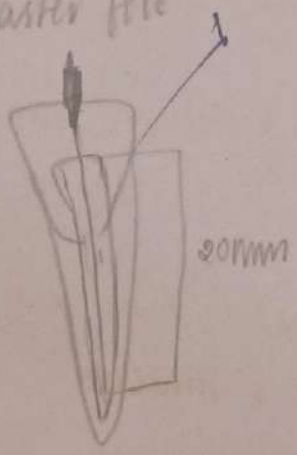
↓

if one cone is fine, one master file should be 1mm less than that length of

advantage: Accuracy.
objective



master file



② obturation is done ~~after~~ ~~then~~ till the working length that is determined

- Working length determination ⟶ cleaning & shaping ⟶ obturation
- obturation techniques.
  - cold technique
    lateral condensation technique
  - Heat method
    vertical compaction technique
    vertical / lateral ~~compaction~~ condensation technique
    B system : wave condensation technique
    checafo technique
    M.C. Spaden technique
    Calaman.
  - Thermoplasticize technique
    obtura II
    core material ~~techn~~
- obturation using silver points.

→ LATERAL CONDENSATION TECHNIQUE: It's a cold obturation technique.

~~In roots technique~~:

requirements:
- canals should be straight
- apical prawen should be constricted

technique:

① select one master cone
- ~~it should be placed~~ when you insert one cone you must feel a tug back.

② select a plugger:
- one plugger must be 1mm smaller than one actual size needed

→ ~~Rotate one~~ ~~it~~ apply sealants & medicaments and dry one canal using paper points

Apply sealers on the walls of dentine

↓

coat the GP with the sealer & place it in the root canal

↓

take ~~a~~ the selected plugger & condense it laterally

↓

this give us space for more GP cones

↓

selectively reduce the size of the GP, apply sealer & compact it laterally with selectively lesser size of pluggers

↓

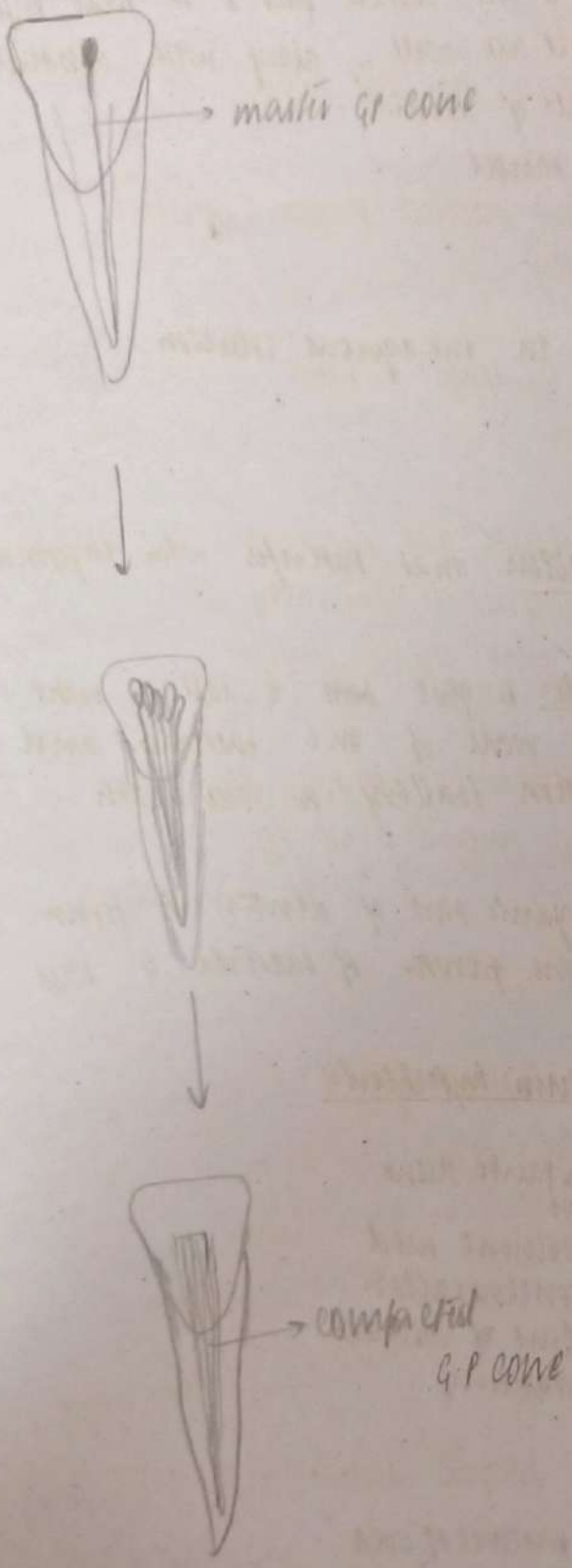
All the remaining GP ~~of~~ protruding coronally are ~~covered~~ sered off.

Advantage:

- good compacted GP
- materials do not flow to the periapical region
- accuracy

Disadvantage:

sealer : GP ratio is more
time consuming
doesn't seal off the accessory canals much
presence of voids



4] SHORT ESSAYS :

③ Sodium hypochlorite : used as 5% w/v

- It was first introduced in world war 2 to treat infection
- It has sporicidal effect as well, along with dissolution of one ~~to dissolve~~ walls of dentin
- debridement of root canal.

*

Mechanism :

It exists in 2 forms in the aqueous solution

- hypochlorous
- hypochlorite

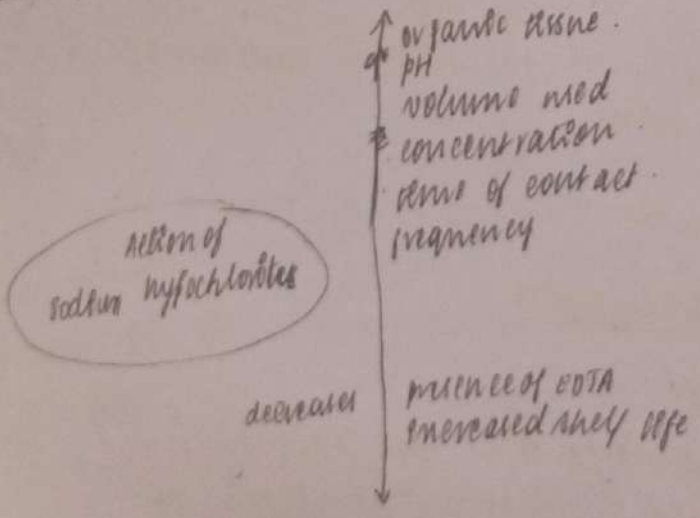
(5)

① It leads to saponification reaction that interfers with enzymatic action of the bacteria

② It combines with amino acids to give ~~base~~ & salt & water. This reacts with the cell wall of the bacteria and inhibits ~~the~~ it's metabolism leading to cell death.

③ hypochlorous combines with organic part of dentin to form chloramines that inhibits the growth of bacteria & kills it.

Factors effecting the action of sodium hypochlorite.



* Available in two forms → buffered : pH : 7.0
→ unbuffered : ph : 11.0

→ Advantages :
- helps in removal of necrotic pulpal tissue.
- debridement of the canal.
- bactericidal effect
- preparation can be stored.
- economical
- biocompatible
- Non toxic

→ Its advantage
- bad odour
- bad taste
- caustic
- If the solution ~~gets~~ goes on the periapical region it can lead to inflammation
: tooth discolouration.
- burning sensation when comes in contact with gingiva.

④ Calcium hydroxide :
- calcium hydroxide is a strong base
- it is one most wide used intracanal medicament in root canal procedure.

→ ~~It has most~~ It's function

② ~~Physiological~~ mechanical barrier
It acts as a physical barrier by
ⓐ prevention one microorganisms from travelling corona - apically
ⓑ prevents one entry of microorganisms from one periamen to canal.
ⓒ occupies one space & prevents one bacterial multiplication leading to death.

(3)

B] Biological function:

- has bacteriostatic action.
- neutralizes the toxins produced as it is a base.

C] Clinical function:

- debridement of debris.
- removal of smear layer.
- It has substantivity.
- Reacts with the organic component of the dentin & helps in remineralization.
- helps in healing.

~~Advt~~:

- It is used for mainly the already present infection.
- help in healing.
- It is biocompatible.
- economic.

⑤ phoenix abscess :

An abscess is a pus filled cavity.

C/F :

① history & C/F . severe pain , ~~severe cavity~~ caries .
swelling
sinus fistula
pus discharge
erythematous .

② diagnosis :

percussion : tender on percussion (negative) .

radiographically : widening of periodontal ligament space .
severe caries .
loss of lamina dura .
ill defined radiolucency at the root apex .

3½

Histologically : presence of neutrophils, pus cells, sulphur granules etc .

differential ~~provisional~~ diagnosis : chronic alveolar abscess
periapical cyst .
periapical granuloma .

Final diagnosis : Acute exacerbation of chronic alveolar abscess or phoenix abscess .

Treatment : pus drainage followed by ~~odonto~~ endodontic treatment followed by crown placement .

⑥ Standardization of root canal instruments :

- The instruments are numbered from 10 - 100 , each indicating the ~~size of the root~~ 1/100 th millimeter of the tip .
- The size increase by 5 upto 60 . eg. ~~10, 15~~ 10, 15, 25, 30 ..
upto 60 .
& then increases by 10 from 60 , 70, 80, 90, 100 .
Now it is added upto 140 .

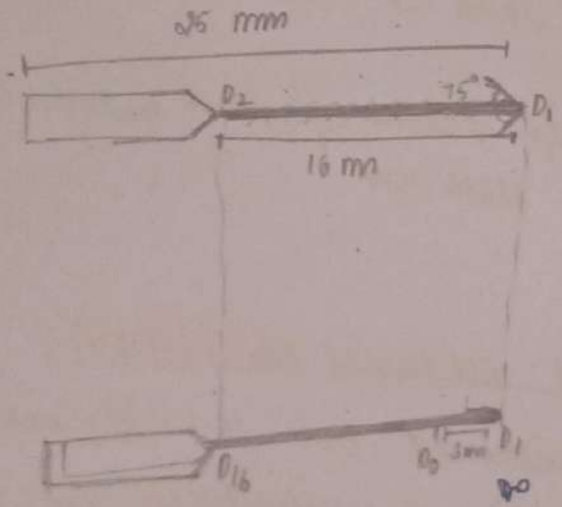
4

- The instruments are available in different sizes like ~~12~~ 21, 25, 28, ~~12~~ etc .

- the tip angle is ± 75°
- the working end, that is D_1 to D_2 is 16 mm, with D_2 being 0.32 mm greater than D_1 with taper of 0.02 mm.
- ~~the instruments are colour coded~~
- the instruments are colour coded for easier identification like (purple, grey, yellow black) etc.. according to their size.

→ Newer additions :

- there is a D_0 that is 3 mm apical to D_1 & D_2 is replaced as D_{16}
- there are greater taper cutting ends available like 0.01, 0.04, 0.06 etc.



⑧ Internal resorption	External resorption
- Not seen clinically	- you can see clinically
- radiographically seen.	- radiographically not well differentiated.
- causes: pulpal pathology or periapical pathology	causes: ~~gastric juices~~ → external: gastric juices, external: chemicals
- discolouration of teeth	- discolouration of teeth absent
- radiographically when you change one angle & take separative radiograph radiolucency is seen from all one side (2) (SLOB technique)	→ ~~teeth not seen from~~ resorption not appreciated from all one side
- ~~endodontic~~ pain	- sensitively
- haemorrhage	- no bleeding
- Endodontic treatment	- Conservative treatment

(10) Smear layer in endodontics:

- Smear layer consists of the debris & remnants of the dentin & the pulp with certain microorganisms.

- This smear layer is irrigated and cleaned before obturation.

- Smear layer is formed due to the mechanic preparation of the canal

- If extruded from the apical foramen it can lead to infection in the periapical region.

- If retained inside the canal, it can lead to infections.

- There are 2 schools of though about smear layer.

(14)

→ Some say that smear layer must be kept as it helps in bonding and also can form apical seal

→ The other theory is that the smear layer must be removed as they may harbour infection.
• may it problem while obturating.

→ smear layer

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Class : ..... Subject : ..... Date : .....

SECTION

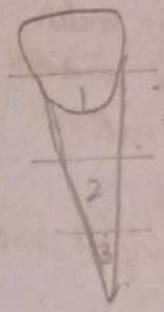
(a) Step back technique
[Histoscopic method]

~~apico~~

- apico-coronal preparation
- only hand instruments are used
- 1st apical portion is created, then ~~coronal portion~~ middle third, coronal third.
- one size of one instrument becomes progressively larger
- K files, Gg drills are used.

Types:
conventional technique.
modified step back technique

Step down technique
[crown down technique]



coronal apico technique.

- rotary instruments are also used.
- 1st coronal portion is made then ~~apical portion~~ middle third & ~~3a~~ in the last apical third.
- one size of one instruments becomes progressively smaller
- NI, K files, Gg drills, etc. are used.

Types: step down (conventional)
pressureless technique
balanced force technique
reversed balanced force technique

- Apical seal ~~already~~ established less chances of materials to go to the periapical region.
- less visualization.

<u>technique</u>: <u>phase I</u>:

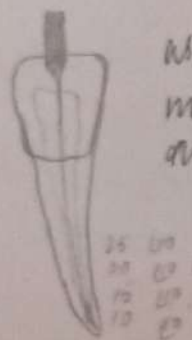
establish the patency (till working length)

↓

start with ~~...~~ # 10 file

↓

use the watch winding motion to ~~...~~ remove the dentin



↓

~~...~~ irrigate the canal

↓

do it till the file size becomes ~~30~~ # 30.

<u>phase II</u>:

<u>phase IIa</u>:

~~reduce the~~ come 1 mm above the working length & use the next file size

↓

~~...~~ use the file in watch-winding motion

<u>phase IIb</u>: used the GG drills to prepare the coronal portion of the canal

- apical seal established later. less chances of it extruding into the periapical region.
- more visualization

<u>technique</u>:

establish the patency of canal

↓

uses the GG drills for the preparation of ~~cano~~ coronal part of the canal in progressively small file.

① reduction in size of GG drills

↓

use K-flex file to prepare the canal with ~~...~~ reducing taper.

↓

~~...~~ to prepare the apical portion

↓

start with # 50 file & keep reducing the size of the file until we reach the working length.

<u>over use of GG drills</u>:

always recapitulate & irrigate the canal.

phase II b :

phase II b

always recapitulate & irrigate the canal.

very short answers :

(11) Pulp tester :

Electric pulp testers it has 2 electrodes one is attached to one surface of the tooth with the electrolyte other is attached to the lower of the patient to complete ~~making~~ circuit.

(1½) ~~that~~ If electric pulp testing is positive → pulp is vital.

It is better than other method as it is objective.

(12) Mineral trioxide aggregate :

(½) - It is a root canal sealer that is widely used.
- Biocompatible.

(13) RC prep:

~~[illegible]~~

- A paste form of EDTA
- consists of: EDTA & 15% aqeous solution with urea peroxide

(1½) increases surface tension
increases cleaning efficiency.

(14) Medicament: Ca(OH)2
can be used as intra canal medicament

(15) obturation:

~~[illegible]~~.

(1) - obt of which can be infected into one canal with a gun
- it is flowable.

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : MOBINFATIMA Reg. No. : 16D1633

Class : IV BDS Subject : PROSTHODONTICS Date : 3/12/19

48/70 B

SECTION

1) Jaw Relation :-

It is defined as any relation of mandible to the maxilla.

Classification of Jaw Relation :-

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① Orientation Jaw
② Vertical Jaw Relation
③ Horizontal Jaw Relation

Horizontal Jaw Relation :-

It is defined as anteroposterior relation of mandible to the maxilla

There are two types of in horizontal jaw relation

i) centric relation
ii) eccentric relation

Centric relation :- It is relationship of the mandible to the maxilla when the mandible is in its posterior most Position

Eccentric relation :- It is the relationship of mandible to the maxilla other than centric relation

Methods of recording horizontal Jaw Relation :-

① Physiological Method
   i) Tentative / intercuspal Jaw relation
   ii) Pressureless method
   iii) Pressure method

② Functional Method
   Needle point method

③ intraoral method
   intraoral method

④

Tentative / intercuspal Method :-

→ It is the physiological method of recording horizontal jaw relation.

→ In this method, the denture bases are used.

- Both the maxillary & mandibular denture bases with teeth arranged are used.

→ First the maxillary denture is placed inside the mouth of the patient.

→ Then mandibular denture is placed inside the mouth

→ Make sure the occlusal surfaces of the teeth are not touching each other.

→ Allowance is added b/w the occlusal surface of both upper & lower teeth to prevent the contact

→ Then the patient is asked to do the various mandibular movements like swallowing.

→ Once centric relation is recorded the dentures bases are removed from the mouth & placed on the secondary cast which are mounted on the articulator.

→ Then the allowance is removed from the occlusal surface of the teeth.

ii) Pressure less method to record the centric relation:-

i) Nick & Notch technique

ii) Stapler rim technique

Nick & notch technique :-

In nick & notch technique the nicle & notch are made in the maxilla & though it made in mandible

• In maxillary occlusal rim, a V shaped area of the wax is removed in the posterior region

• Both nick & notch are in V shape form.

• In nick the wax is removed throughout the occlusal rim

* In notch the wax is not removed completely
* Nick prevents the anteroposterior movement of the mandible
* Notch prevents the lateral movement of the mandible
* In mandibular occlusal rim trough is made 13mm & the wax is removed from the premolar area & it extend till the distal surface.
* After making nick & notch & trough the occlusal rims are placed inside the mouth.

To record the jaw relation we can use

i) ZOE impression paste

ii) Alu wax

→ ZOE is mixed on the glass slop.

→ Petrollium jelly is applied in the nick notch & trough area of the occlusal rim

→ ZOE paste is placed inside the trough & the patient is asked to close his mouth & swallow to get centric relation.

→ Before placing the denture bases the dentist should teach the patient to bring the his mandible in centric relation

i) Swallowing

ii) Relaxing

iii) Jerking

(iii) Pressure method:

→ In this method the mandibular occlusal rim height is increased

→ The maxillary occlusal rim is placed inside the mouth.

→ The mandibular occlusal rim is softened with blow torch & dipped in hot water

→ Then it is placed in the mouth & ask the patient to bite.

7

c) Posterior palatal seal area :-

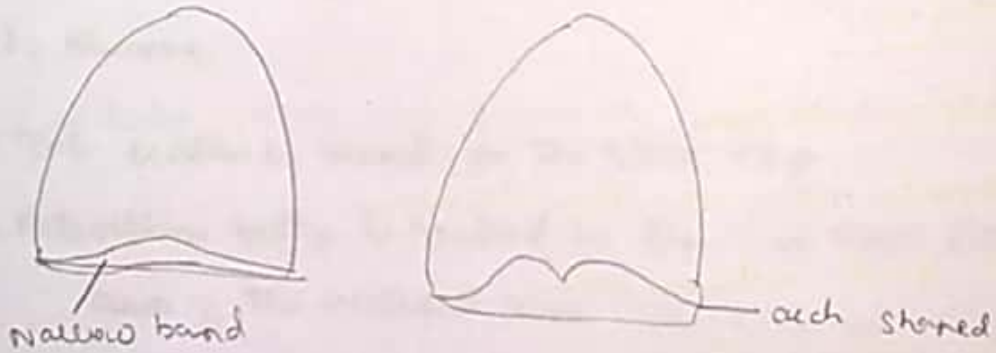
Def :- PPS is the soft tissue at or along the junction of hard & soft palate where pressure within the physiological limit can be applied which aids in retention & the denture

Type of PPS :-

i) Arch shape

ii) Narrow band shape

iii) Cupid bow shape.



Parts of Posterior palatal seal area :-

i) Pterygomaxillary seal

ii) Post palatal seal

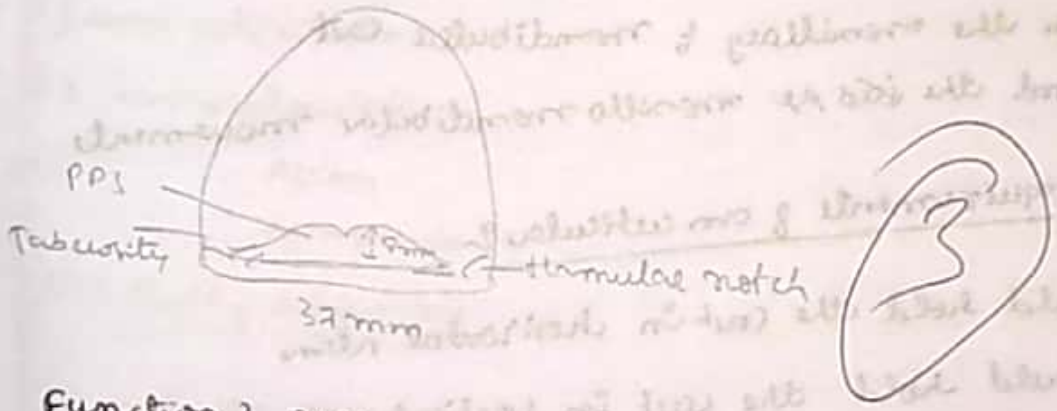
Pterygomaxillary seal is the area behind the hamular notch & abut 3-4 mm inside the mucogingival junction ie toward the palate

Post palatal seal:- Post palatal seal runs from one hamulus notch to another hamulus notch

→ The average of inter hamulus notch distance is 37.1 mm in males

→ In females inter hamulus notch distance is 35 mm.

→ The width of the PPS is 8 mm.



Function of PPS:

→ It aids in retention

→ compensates polymerization shrinkage

→ Prevents food accumulation

→ Prevents entry of air.

→ It is the limiting structure for maxillary denture

8) Articulators:-

These are the mechanical devices which are used to represents the maxillomandibular relation & Temporo-mandibular joint movements.

Purpose of an articulator:-

- To fix the maxillary & mandibular cast
- To record the [illegible] maxillo mandibular movements

Ideal requirements of an articulator:-

- It should hold the cast in horizontal plane
- It should hold the cast in vertical plane
- The distance b/w the cast should be fixed
- The movable parts should freely move
- The immovable parts should not move
- Easy to handle
- It should not be heavy

Uses of articulators

- It help in diagnosis of the TMJ
- Treatment plan planning
- Artificial teeth arrangement
- To study the cast & model
- Fabrication of the denture
- Repair of the denture

classification :

Based on theories :

i) Bonwill theory articular
ii) Spherical articulator
iii) Cone articulator

Based on adjustibility :

i) Non adjustable
ii) Semiadjustable
   - Arcon
   - Non arcon
iii) Fully adjustible

Based on movements :

i) Class I articulator :- only vertical movement
ii) Class II articulator :- Horizontal & vertical movement but
   - type a — doesn't accept the face bow
   - type b
   - type c
iii) Class III articulator :
   - Horizontal movement
   - vertical movement
   - Accepts the face bow

iv) Class IV : All 3 dimensional movements & accepts the face bow

Parts:

Upper member (triangular)

lower member (L shaped)

condylar guidance (Horizontal rod)

incisal guidance (Vertical rod)

incisal pin

Advantages:

1. Easily we can see the occlusion & lingual surface of the tooth
2. tongue, saliva are not the interfering factors
3. Reduces the chair time
4. Reduces the patient appointment
5. Patient cooperation is not needed

Disadvantages:

1. It does not give the exact record of TMJ
2. Corrosion can be seen in metallic articulators
3. If any problem are there then that problem will be seen in the final denture

10) Factors affecting Retention of the denture :-

Retention is the ability of the denture to resist the force against the path of insertion like gravitation force

→ Retention prevents vertical displacement of the denture

Factors affecting :

i) Physiological factor

Saliva

Adhesion

cohesion

Surface tension

ii) Mechanical factors :

undercuts

Magnets

denture adhesives

iii) Physical factors :

i) Size of the denture bearing area

ii) quality of denture bearing area

Physical factors :-

i) size of the denture bearing area :- size of the denture bearing is directly proportional to the retention of the denture

* Dentures with large denture bearing area have more retention when compared to dentures with less area.

ii) Quality of denture bearing area :-

Presence of flabby tissue will decrease the retention of the denture

Physiological factors :

i) Saliva :

- Saliva acts in retention of the denture. It forms a thin film b/w the tissue surface & the denture surface
- It creates negative pressure
- If the saliva is more viscous then retention is not good
- In case of xerostomia - tissue irritation & decreased retention can be seen.

ii) Adhesion : attraction b/w the dissimilar materials

A thin adhesive film layer is formed b/w the denture & the tissue surface which aids in retention

iii) cohesion : attraction b/w the similar materials

iv) surface tension : It form the suction b/w the denture & tissue surface

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Class : IV Subject : PROSTHO Date : 31/12/19

SECTION

Mechanical factors:

1) Undercuts : There are two types of undercuts

i) favourable → help in retention

ii) unfavourable → Do not enhance the retention

ii) magnets : magnets were used to enhance the retention of the denture

(4)

iii) denture adhesives : these are the materials which increases the retention of the denture.

⑥ Advantages of metallic denture base over Acrylic denture base

→ Metallic denture bases have more retention when compared to acrylic denture base. Because the thickness of acrylic denture should be 1.5 to 2mm.

But the metal metallic denture can be fabricated thinner than the acrylic

→ Maintain the temperature.

- Acrylic denture base are non conductor of heat
- Metallic ~~conduct~~ denture base maintain the heat
- Heat is conducted

→ Strength:

- Metallic denture base have more strength compared to acrylic
- Acrylic base gets easily broken.

→ Acrylic denture bases are weaker than the metallic denture base. It can occur due to the porosity of the material.

In metallic denture base no risk of porosity

→ Adaptation to the tissue surface is better in metallic denture base

- The only disadvantage is they are ~~aesthetically~~ inferior than the acrylic denture base

7

⑦ Anterior teeth selection:

- Anterior teeth selection is done based on the involves :-
  - i) Size
  - ii) Form
  - iii) color

Anterior teeth selection is done based on

i) Age :- In younger patients the color of the teeth is

Age, Sex

- ii) width of the face
- iii) Size of the nose
- iv) shape of the nose
- v) Deviation of the nasal septum
- vi) Distance b/w the eyes
- vii) color of the eye
- → color of the face
- → color of hair
- → color of skin
- → Facial profile
- → Facial form
- lip support

- Presentation photos
- Radio graphs
- Picture of close relatives
- Compare the family member teeth

- Based on muscular tone
- Size of the lips
- thickness of lips

- In younger patients the color of the teeth should be more whitish than old age patient. Because of exposure of dentin is more in old patient

* In females the angles are more rounded than male
* In male the canine are more prominent.

Squint test:

- It is used for shade selection of the artificial teeth.
- In this test the dentist should close of his eyes partially & observe under the natural sun light & check the complexion of the patients face.

3) Residual ridge resorption:-

It is the amount of bone resorption take place in the maxillary & mandibular arches

Causes:

- Prolonged period of edentulism
- Muscular factors
- Health status

  In case of diabetes the bone resorption is more when compared to the normal person

- It can also occur due to the dentures. Prolonged use of dentures can increase the resorption of the bone
- In case of any bone diseases resorption is more
- ~~At the age~~
- Age factors: At the age increase bone resorption also increases.

Classification of ridge resorption:-

Class I : No resorption

Class II : Moderate resorption (Bone resorption less than 1/3rd of the height of bone)

Class III : Severe resorption (More than 2/3rd of bone is resorbed)

It is seen in case of ~~libe~~ diabetes

Features Features:-

→ Decreased vertical dimension
→ the lips will the collapse
→ Wrinkles on around the mouth & cheek
→ Difficulty in taking retention impression
→ The lower facial height decreases
→ Decreased or no retention of the denture.

2 Prevention:-

→ Avoid wearing of the denture during night
→ The patient has to take Keep to change the denture periodically.
→ The patient should not used the denture for very long time
→ control of diabetes

9) Balanced occlusion:

Balanced occlusion is defined as the occlusion formed by the upper & lower occlusal surfaces of the upper & lower teeth both in right & left side & also anteriorly & posteriorly - only in both centric & eccentric occlusion / relation of the teeth.

Types of Balanced occlusion

(i) Unilateral Balanced occlusion
(ii) Bilateral Balanced occlusion
(iii) Anterior Balanced occlusion
(iv) Posterior balanced occlusion

Features of balanced occlusion:

- All the contacting surface of the both upper & lower teeth should occlude properly
- There should be no interference in occlusion
- There should be any vertical / working occlusion
- In rest position the teeth should occlude in centric relation

Significance of Balanced occlusion:

- Balanced occlusion should be maintained in artificial teeth
- Balanced occlusion provides neutral zone
- It helps in proper occlusion (biting) of the food
- If the balanced occlusion is not maintained then will be stress to the muscle

& more pressure will be applied on the oral structures

b It maintains the proper overjet & overbite.

c The muscle & lip & other structures are relaxed in this occlusion

If there is no balanced occlusion —

→ Difficulty in swallowing because the centric relation is not maintained

→ The muscle are not relaxed

→ TMJ associated problems

→ Improper occlusion has the opposing teeth.

(11) Neutral zone:

- Neutral zone is the space bw the teeth & gum on one side & cheeks on the other side
- It should be maintained in case of complete denture because it maintains the cheek support & fullness.
  - a. If the space bw the cheek & the teeth is more then cheek support will be lost
  - b. If the teeth are very close to the cheek / less neutral space then cheekbite can occure

(12) Bennet movement & Bennet shift

Bennet movement: It is the bodily lateral shift or tilt condyle along with the condylar guidance

Bennet movement: It is the bodily lateral movement of the condyle along with the condylar guidance in lateral mandibular movement

Bennet shift: lateral tipping / tilting of the condyle during lateral mandibular movement

(13) Selective pressure technique :-

It is type of impression technique in which pressure is applied on particular area while taking impression & few areas where pressure is not applied are relieving areas

Eg :- incisive papilla
2nd palatine raphae

It is the combination of both mucostatic & muco compressive impression technique.

impression material used are : ZOE
low viscosity elastomer

(14) Stress bearing area in maxilla :-

Primary stress bearing area :- Posterior slope of residual alveolar ridge
Hard palate

Secondary stress bearing area :-
Rugae
Maxillary tuberosity

(2)

Mandible :-

Mental foramen
Genial tubercle
Mylohyoid ridge
Buccal shelf area
residual alveolar ridge
Retro molar pad

(15) Types of denture teeth :

i) acrylic teeth
ii) Metallic teeth
iii) Gold Occlusal
iv) Porcelain teeth
v) Special form of teeth
   eg: gold occlusion

→ i) anatomic : 30° cuspal angulation (cusp teeth)
ii) Non anatomic 0° angulation (cusp less teeth)
iii) Semianatomic teeth (0 - 15° cuspal angulation)

(4) Advantages & Disadvantages of immediate denture:-

Advantages:

- Immediately after the extraction the denture can be given
- The oral structure like alveolar bone, vertical height is preserved
- Psychological benefit
- esthetic
- Functionally useful
- we can maintain function, form & stability of the patient
- Resorption of the bone is prevented
- Musculature is maintained
- Immediate denture is useful for the preparation of the final RP denture
- we can do the correction in final denture
- More time for the fabrication of final denture
- It can be relined and rebased

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Class : 4 Subject : Prostho Date : 3/12/19

SECTION

Disadvantage of immediate denture :

1) economically it not accepted by few patients
2) Geriatric patient in whom it is difficult to do the whole procedure again for the fabrication of CD
3) Patient who are not willing
4) very old patients
5) mentally compromised patient

3

① Treatment planning in complete denture :

Treatment planning in complete denture is based on case history taking, clinical examination, Radiographic evaluation is done

Depending on the case the procedure can be

→ 5 visit procedure

→ 7 visit procedure

→ 9 visit procedure

Treatment planning involves :-

i) History taking :-

ii) medical history, past dental history, reason & tooth loss all these are recorded

ii) clinical examination :-

examination of the hard tissue & soft tissue is done

iii) Radiographic evaluation :-

Presence & any retained tooth, cyst, tumor, bony incule, ton has to be checked

→ B) Primary impression / Diagnostic impression is taken
→ Diagnostic cast is poured.
→ examination of the diagnostic cast
→ surveying
→

Treatment plan of in CD is based on

i) Patients expectation
ii) Previous denture
iii) State of the current denture
iv) Mental attitude of the patient towards the denture treatment
v) condition of the current denture
vi) Pre extraction records
vii) Radiographs
viii) Picture of the patient before the extraction of teeth
ix Age of the patient
x Sex of the patient

→ condition of the residual alveolar ridge
→ Health status
→ Nutrition
→ underlying disease
① Bone diseases

② cardiac disorder

③ endocrinal disorder

④ Joint disease

⑤ Metabolic diseases

⑥ Presence of any pathology, cyst, tumor, tori etc

→ Economic status of the patient

① Patients expectation :-

- In young patient esthetic is more important.
- In old patient function is more imp than esthetics

② Previous denture!

→ If the patient was happy or not with the previous denture

→ Any modification the patient wants.

→ If the patient was satisfied by the denture or if not why?

The Reason should be asked so that it can be corrected.

③ condition of the current denture!

→ condition of the current denture should be checked

If it is ill fitting

Retention is loss

→ Reason for getting the new denture

④ Mental attitude of patient :-

→ If the patient is forcefully ready for the treatment by the family members & friends

For such case it is very difficult to manage the patient

Based on mental attitude patients are classified into

* Cooperative
* Hysteric
* Indifferent
* Reasonable

⑤ Economic status of the patient :-

Patient from higher socio economic status are more concerned about their esthetics

Patient from low socioeconomic status are less concerned about their esthetics

⑥ Pre-extraction records, Radiograph & photos :-

Pre-extraction records, & photographs helps in radiographs help in selection of teeth, color of teeth etc

⑦ Age & sex of the patient :-

Female patients are more concerned about their esthetics than male patient

(8) condition of the residual ridge :-

Amount of resorption of bone

(9) underlying diseases :-

→ Removal of the cyst, tumor & root

→ Pre prosthetic surgical should be carried out

Frenectomy

Excision of bony spicule

Flabby tissue removal

extraction of retained tooth, root stump

→ TMJ disorder :-

care must be taking while taking the impression & during jaw movement

→ endocrinal disorders :-

Bone resorption is more in DM.

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Shashth Adavi Reg. No. 19D0099

Class : IV BDS Subject : Pedodontics Date : 06/01/2023

SECTION

40/70

Q1)

Ans:- Normal occlusion is defined as the normal, bilateral, continuous contact of the maxillary and mandibular teeth, in both centric and eccentric position.

→ It is characterised by the normal, comfortable and harmonious relationship between the teeth, paraoral structures, and oral musculature.

→ Normal occlusion is essential in keeping, and maintaining oral health.

→ In cases of malocclusion, (deviation from normal occlusion),

it predisposes the patient to many various ailments and conditions

→ Uneven crowding can make various teeth surfaces much harder to clean, thus increasing the risk of food impaction and dental caries

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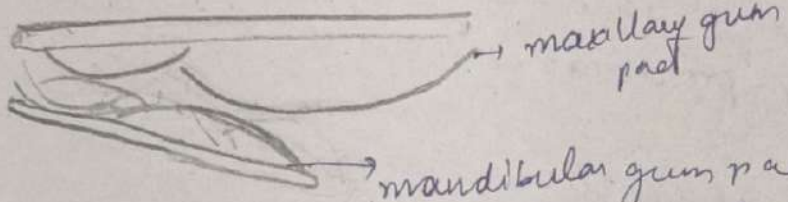
Development of normal occlusion

Birth - emphasis of deciduous teeth

→ The oral cavity of the infant is very different from the oral cavity of the adult.

→ In infants with maxillary and mandibular gum pads, there exists a transient malocclusion known as INFANT OPEN BITE



In this, the maxillary gum pad is extended a bit more than mandibular gum pad, creating an artificial open bite

This is transient in nature, and corrects itself with age, with no need of intervention.

With the emphasis of the deciduous incisors, the question of overjet and overbite comes into view.

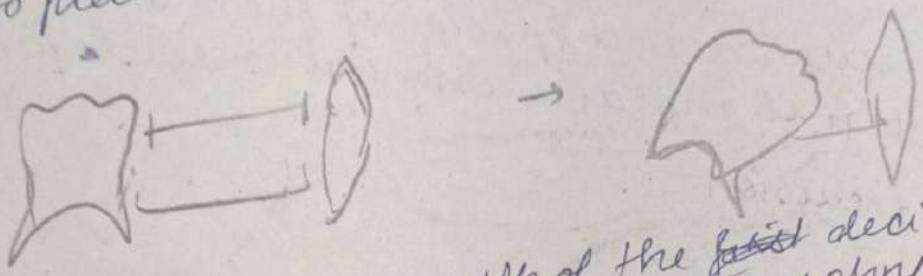
The ideal overjet and overbite

ERUPTION OF FIRST PERMANENT MOLAR

→ The mandibular first molars are usually the first to be exfoliated from deciduous dentition. at around 6 yrs

→ The subsequent space created is essential in the development of normal occlusion in late life.

→ The use of space maintainers may be indicated to prevent the mesial shift of the other molars

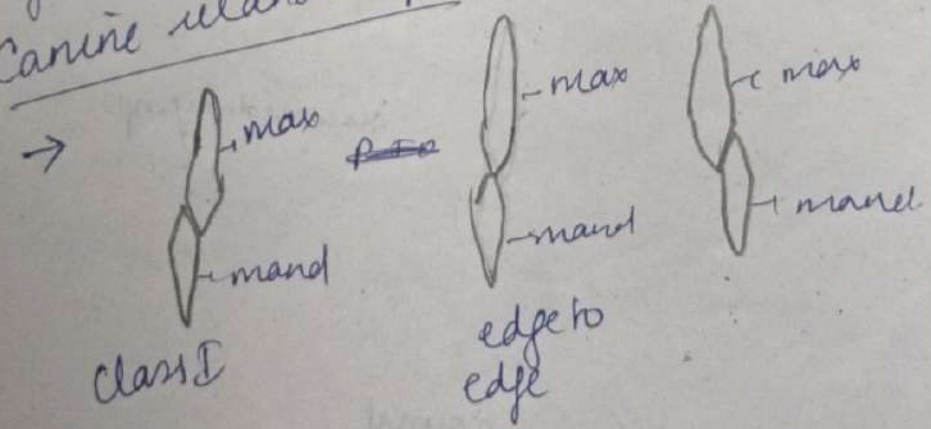


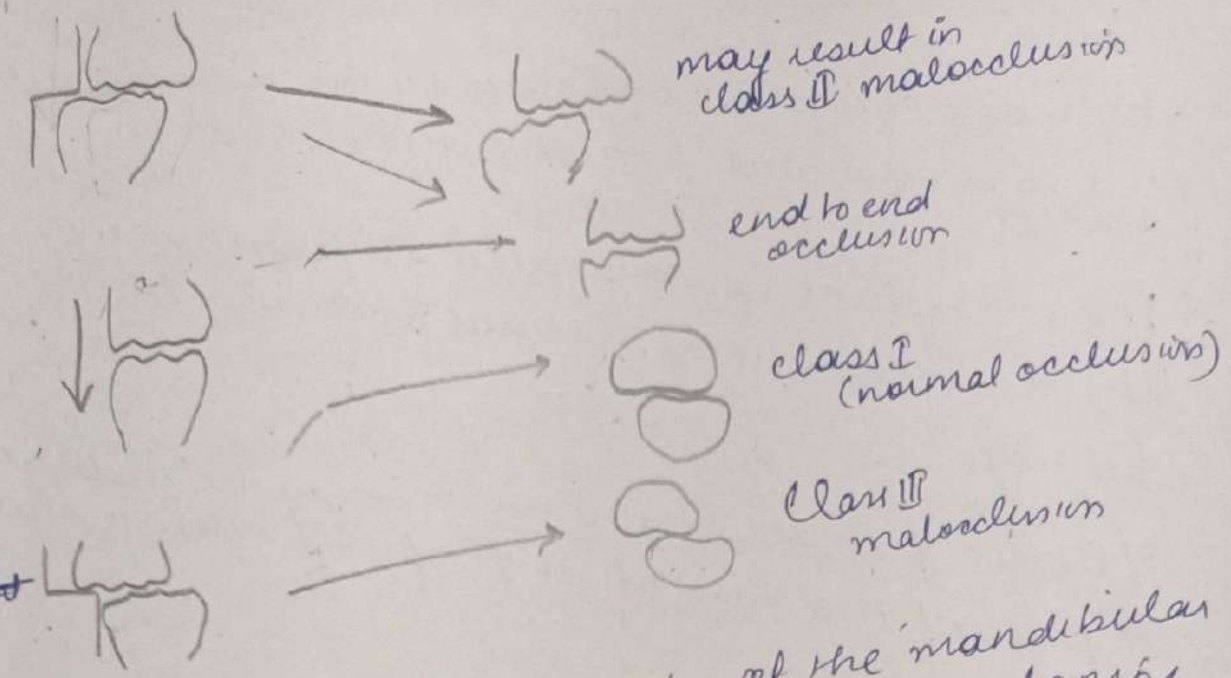
→ The mesiodistal width of the first deciduous first molar is greater than the erupting premolars replacing it

The leftover space created is called the Leeway space of Nance

→ The creation of Flush terminal plane, mesial and distal step → also essential in future occlusion

Canine relationship



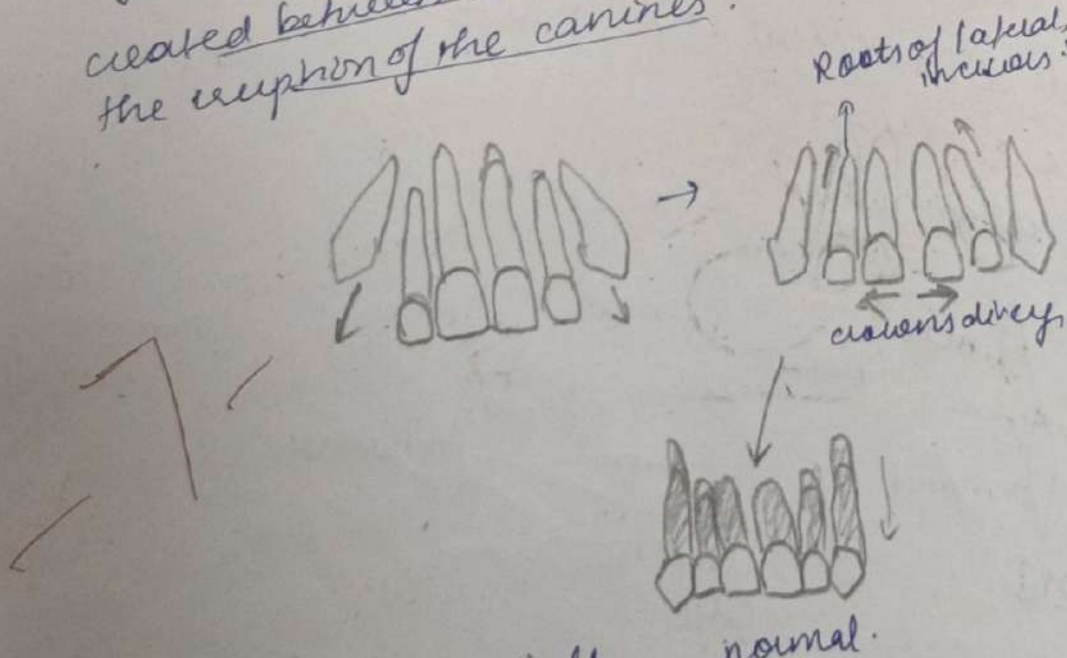


Thus, the eruption and spacing of the mandibular permanent first molar is essential to developing normal occlusion

UGLY DUCKLING STAGE

→ This is a transient malocclusion, that nonetheless has significant aesthetic and psychological effects on the child.

In this, a temporary midline diastema is created between the maxillary incisors due to the eruption of the canines.



It resolves by itself

(Q2)

Ans)

→ Behaviour can be defined as the external manifestation and appearance and means of interaction of an individual with his/her surroundings.

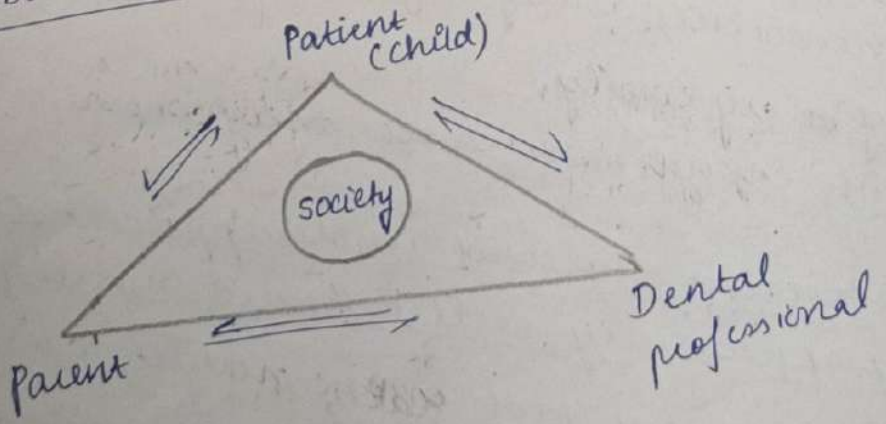
→ It is primarily a social, sociological phenomenon, may not have to do entirely with internal psyche and psychological state of the patient.

→ Behaviours can be learned, and inculcated during the events of an individual's lifetime

→ In a clinical setup, the dental professional comes across many types of behaviours in a patient.

→ In children, these behaviours may be an indication towards the parenting style of the parent, and the child's interaction with society

PAEDODONTIC TRIANGLE



According to this there are various types of behaviours seen in children,

Some can be conducive or beneficial to dental treatment, and some can be a hindrance

According to parenting style, behaviours are classified into →

(1) Warm, caring parents (mothers), who give the child adequate freedom, chance to explore and learn.

→ produce remarkably well adjusted, calm, curious children.

→ children will have curiosity towards the treatment, and will ask questions, but will mostly remain calm and sensible throughout the course of the treatment.

→ ideal patients for treatment

(2) overbearing, overprotective, overanxious parents

→ produce children who behave in a very scared, overanxious, fearful manner

→ These children have no confidence to say things for themselves, always refer to parents for help

→ May cry easily,

→ with enough assurance, may consent for treatment

(3) Emotionally neglected, underappreciated children may appear very well behaved initially, but may prove problematic nature later on. May cry easily, may create scenes to draw attention to oneself.

(4) Victims of child abuse

→ may show characteristic STOIC behaviour
→ may appear cold, detached, unemotional and sullen
→ will comply with instructions out of fear of the ~~parent~~ parent.
→ May cry easily out of fear of consequences of not complying with instructions.

(5) Authoritarian parenting styles → produce children with aggressive, fearful children who may fear disciplinary action.
→ with enough love and care → may comply with treatment

(6) overindulgent parenting style → may produce spoilt, bratty, uncooperative children
→ These children may not know ~~to~~ how to behave in a clinical setup, and may throw severe temper tantrums on being ~~denied~~ denied things.

NON PHARMACOLOGICAL BEHAVIOUR MANAGEMENT

→ [1] Both parent and child have to be treated with respect and care in the clinic.
First appointments may create a lasting impression, so care should be taken.
[2] In nonpharmacological behaviour management, the importance of clear honest COMMUNICATION is indicated.

(3) In communicating with ~~children~~, the parents the communication should be clear, and honest so as to assuage any feelings of discomfort or fear.

(4) open communication as to the wishes of the child and parent is essential

(5) In talking with children, the use of 'EUPHEMISMS' is highly indicated.

This does not necessarily mean baby talk but putting complex or scary terms in simple child friendly language.

→ one should talk at the level of the age of the child, an eight year old must not be spoken to as a three year old, and vice versa

eg. Acetor → whistling willy
Fluoridegel → cavity fighter
injection → mosquito bite.

(6) The following of the Tell show Do method is also indicated

→ In this method,

[1] The child is first told about the procedure and how it normally goes, like a story

[2] Then the child is shown the different instruments and implements used in the procedure, and perhaps shown the procedure done on someone else

The child may be allowed to interact with the instruments in a controlled, safe manner

[3] Finally, the procedure is Done on the child.

5

(Q3)

Ans) ECC → Early childhood caries is a disease of primary dentition.

→ caries defined as the presence of one or more [1] Decayed, [2] Filled, or [3] missing teeth in a child below the age of 71 months [6 years].

→ Management of ECC

→ Prevention

→ As stated many times → prevention is better than cure.

. In early childhood caries the prevention methods, and management methods may differ ~~as~~ based on the background of the child

→ (1) At risk communities should be the prime target of preventive methods against ECC

These may include

(1) people of low socioeconomic background, who have no awareness of condi

(2) Working parents who do not pay attention to the diet; dietary needs of the child.

In this way

Management of ECC

Parents
- should be educated about early childhood caries
- importance of dentistry, dental care and the dental home
- convince parents for thorough observation, follow ups.

Child
- should be educated in own terms, ~~(term~~ of the importance of oral health, maintaining oral hygiene
- Told about brushing, brushing methods etc
- importance of follow up visits

Social / community
- The importance of public health measures like water fluoridation
- other health measures
- importance of the pedodontist in preventive care

In treatment of early childhood caries

→ depending on the depth and nature of the caries lesion / lesions, various treatment modalities used

→ (1) Restoration → GIC or other
(2) Pit fissure sealant
(3) Root canal or pulpotomy / pulpectomy

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

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Class : IV BDS Subject : Pedodontics Date : 6/1/23

SECTION

(Q4)

Ans) ① Social learning theory is a behavioural theory of child psychology and development

② It was given by Albert Bandura

③ It states that a child's personality and behaviours are learnt by observation and imitation of the child's surroundings

④ In this, the presence of a model is of prime importance.

⑤ Bandura diminished the role of psycho analysis and hidden drives, to show that behaviour is mainly a learned, sociological phenomenon

⑥ In the social learning theory, behaviours and actions are demonstrated by certain models of in society, learned, imitated

⑦ In this theory, certain role models have prime importance, their behaviours are learned and imitated.

eg. certain attractive, dashing action heroes in movies may serve as role models for children. These children then learn, and copy these behaviours.

In other scenarios, attractive, trustworthy actors/stars may serve as role models in advertisements as well, convincing the child to buy the product

In dental set up, the presence of role models, like perhaps an older sibling who undergoes the procedure before the child, may influence the behaviour of the child during the procedure.
- If sibling is crying → child will also cry
- If sibling is cooperative → child will be cooperative

Q5)

Ans)

Affected dentin	Infected dentin
(1) It is the part of the dentin which has not primarily been attacked by the microorganism, but is affected by the attack	(1) It is the part of the dentin which has been primarily attacked by microorganisms.
(2) Has low non bacterial load.	(2) There is presence of bacteria in these lesions
(3) Is light brown in colour	(3) Is darker, blackish in colour

(4) collagen has not been irreversibly denatured	(4) collagen has been irreversibly denatured
(5) can be remineralised	(5) cannot be remineralised
(6) In conservative preparations, can be spared.	(6) must be completely excavated

Q6) 3

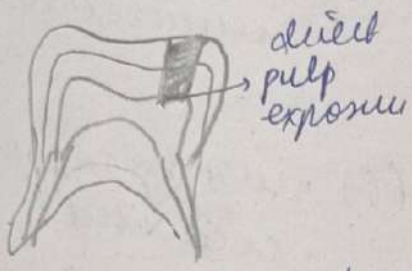
Ans)

Direct pulp capping	Indirect pulp capping
(1) In this procedure, caries has extended ~~all~~ the way deeply into the dentin	(1) In this procedure caries has also extended deeply into dentin
(2) Cavity preparation has extended very deeply as well, and there is ~~fear~~ pulp exposure (pinpoint)	(2) cavity preparation has extended deep into dentin, and there is fear of pulp exposure However pulp has not been exposed yet
(3) In this case, cavity preparation is stopped, and the cavity is restored with restorative material like Dycal ($Ca(OH)_2$), MTA.	(3) In this case, the remaining dentin is left untouched, and cavity is restored with $Ca(OH)_2$ and other medicaments. Patient recalled after 3-4 months, after sch as dentin is formed

(4) Doesn't rely on tertiary dentin formation.

(4) Relies on tertiary dentin formation

(5)



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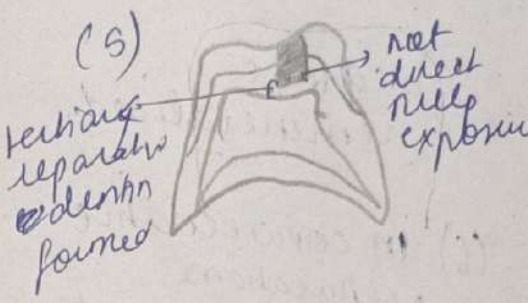


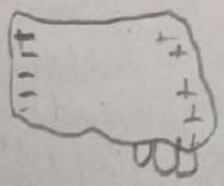
(6) Failure of restoration → pain for patient

(6)

(7)

Ans) ① The maxilla is one of the prime bones that undergo bone changes.

② postnatally, the size of the maxilla increases immensely, due to resorption and deposition of bone



③ The primary changes in the maxillary are seen due to the displacement and drift of maxilla

④

④ Displacement divided into

① Primary displacement
→ Due to changes in the maxilla itself, due to resorption and deposition of bone
→ This mainly maxilla grow forwards

② Secondary displacement
This is due to changes in the cranial base due to resorption and deposition of bone
→ This cranial pressure pushes the maxilla forward

⑤ Fusion and development of palate

→ Before late adolescence / adulthood, the show palatal sutures have not yet fused.
Fusion of palatal suture occurs at adulthood

In dentistry, clinical application

→ Certain appliances in orthodontics must be given before the age of adulthood for maximal effective results. While maxilla is still growing

eg. Rapid Maxillary palatal expansion can only be carried out before fusion of palatal suture, so should not be prescribed for adults

Habit fixing, breaking appliances

-3-

(Q8)

Ans)

Importance of dental home

(1) The dental home is ~~the~~ an institution achieved by the joint cooperation of the parents, family members, ~~and~~ child, and pedodontist.

(2) It includes the ever present honest, joint communication, and efforts of the parents; child, and pedodontist

(3) Its significance cannot be denied in providing

(1) Early, prompt intervention in the resolution of oral health issues

(2) Spreading of oral health awareness, and knowledge

(3) Establishing trust, and open communication between the pedodontist, and patient

(4) proper surveying of the overall development of the child.

2

(Q4)

Ans)

① Serial extraction is a procedure which involves the extraction of one or more primary and permanent teeth, so as to facilitate the development of optimal occlusion and/or minimise or eliminate the treatment time for orthodontic procedures

→ ② Most commonly involves extraction of
- deciduous molars, and permanent first premolars

③ 4 methods

[1] Tweed's method → D-C-4.

→ In this method, primary molar is extracted first
↓ after 4-10 months
deciduous canine extracted
↓
permanent first premolar extracted

[2] Dewey's method → C-D-4

→ First primary canine is extracted
↓
then primary first molar
↓
then permanent first premolar is extracted

[3] Nanci method → based of Tuller's method
→ D-4-C

First permanent molar is extracted
↓
Then permanent premolar
↓
primary canine

[4] Bolton's method → four step process
B-C-D-4

(1) First deciduous lateral incisor extracted
(2) Then deciduous canine
(3) Then deciduous first molar
(4) Then permanent first premolar

-4

Q10)

Ans) Tooth numbering systems are various methods of classifying ~~various~~ and numbering the teeth in dental cavity.

Various systems exist, such as

(1) Zsigmondy palmer system

Shreshth Adavi 19D0099, Pedodontics 6/1/23

① Permanent dentition

→

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8

Primary dentition

E D C B A	A B C D E
E D C B A	A B C D E

primarily a visual system
eg. LA → upper right deciduous central incisor

[2] FDI system → Federation Dentaire Internationale most accepted internationally in Europe

Each quadrant assigned a number

permanent

18 17 16 15 14 13 12 11	21 22 23 24 25 26 27 28
48 47 46 45 44 43 42 41	31 32 33 34 35 36 37 38

~~primary~~

55 54 53 52 51	

primary

55 54 53 52 51	61 62 63 64 65
85 84 83 82 81	71 72 73 74 75

• ADA system → American dental association system
→ most followed in america

Q10)

Ans) Pedodontics is the branch of dentistry ~~and~~ to
address the oral health concerns of ~~infants~~ individuals
from birth till the age of 15.

Q12)

Ans) ① Dental neglect → It is the intentional or unintentional
absence of care (neglect) to the oral health needs of
children/minors by a parent/authority figure
eg. Ignorance or lack of care shown to caries,
caries in young children

② constitutes child abuse

(Q13)

Ans) Oedipus complex

→ (1) Given by sigmund freud
(2) Based on the story of Oedipus, King of Thebes
(3) Occurs during phallic stage of development
(4) States that young boys start to be enemies of their father, and start to love or be sexually attached to their mothers

1½

(Q14)

Ans) Natal teeth → teeth present at birth

Neonatal

1/2

(Q15)

Ans) Type 1 GIC → luting
Type 2 → restorative
Type 3 → lining
Type 5 → antimicrobial agent
Type 6 → core buildup
Type 8 → used for ART
Type 9 → used for geriatric, paediatric patients

1

4

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I Internal Assessment 51½ = 52 / 75 Atika Ifath 15

Sub: Periodontology IV BDS

17D1605

23-02-2021.

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Long Essay.

1) The Principles of Periodontal Instrumentation are as follows.

1) Patient's and Operator's position - Accessibility
2) ~~Right~~ Visibility, Illumination and ~~Accessibility~~ Retraction
3) Maintaining a Clean field
4) Instrument Stabilisation - Instrument grasps and finger rests.
5) Instrument Activation - Adaptation, Angulation

* Patient's and Operator's position

* > Operator's position should provide proper accessibility to the region of working.
> Operator's foot should be parallel to the floor and the elbow of the working hand should be at the level of patient's shoulder level.

- Operator's back should be rested properly and Operator should not bend more towards the patient.
- Operator's position for right handed person for working on the third Quadrant 9'o clock position
- For working of lower Anteriors and Maxillary palatal aspect and lingual aspect 12'o clock position or 11'o clock position is more recommended.
- The patient's position is usually supine with the head rested on the head rest and the shoulder level of the patient is near to the elbow level of the operator.

* Visibility, Illumination and Retraction

- Proper visibility of the working area is a necessary factor.
- Proper Illumination to the accusible area is needed.
- Light dim illumination should not be used.
- Dark, strong illumination to the accusible area plays an important role in case of working.

* Retraction

> The area to be accessed should be made accessible by retracting the adjacent tissues.

> Retraction can be done using mouth mirrors, finger can also be used to retract the oral mucosa.

> Retractors can also be used.

> They provide easy accessibility and working on the patients.

* Maintaining a Clean field.

> The area around the working should be cleaned and maintained properly.

> The working area should be disinfected and cleaned before and after working.

> Instruments used should be sterilised in the Autoclave.

> The sterilised instruments should be used.

> Suction tip should be cleaned and changed after the use of each and every patient.

> The cotton should also be sterilised and the waste should be discarded properly in the discarding area.

* Instrument Stabilisation.

→ Instrument grasps :-

Proper grasping of Instrument is necessary for proper stabilisation of the instrument.

* There 3 grasps

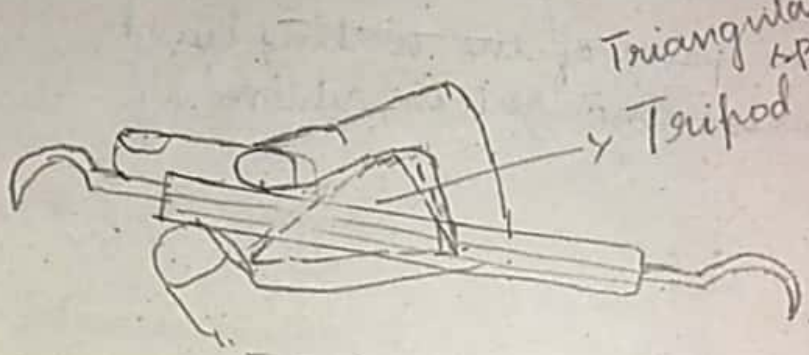
- → Standard Pen grasp
- → Modified Pen grasp
- → Palm & thumb grasp.

* The most commonly used grasp for Instrument Stabilisation is Modified Pen grasp.

> The Instrument is held like a pen, o where the pad of the middle finger next to the nail rests on the instrument and the index finger is bent at the second joint and placed on the same side.

> The thumb is placed in between the index finger and middle finger on the opposite side which forms a triangular space and gives a tripod effect.

> This tripod effect gives proper stabilisation of the instrument



Modified Pen Grasp

* Palm and thumb grasp

- It is not used and recommended for periodontal procedures
- The instrument is held in palm and the thumb resting the shank.

* Finger rests.

- Extraoral fulcrums
  - Palm up fulcrum
  - Palm down fulcrum
- Intraoral finger rests
  - Conventional finger rest
  - Cross-Arch
  - Opposite Arch
  - finger-on finger.

* Extraoral fulcrums.

→ Palm up fulcrum - In this, the palm of the working hand faces up and rest is achieved on the overlying skin of the mandible.

→ Palm down fulcrum

In this, the palm of the working hand faces downwards and rest is achieved.

* Finger rests

→ Conventional - The finger rest is adapted on the adjacent tooth of the working tooth.

→ Cross-arch - The finger rest is taken on the opposite side of the same arch.

→ Opposite arch - The finger rests on the opposite arch of the working arch.
- If working on Maxilla, finger rest is on Mandible.

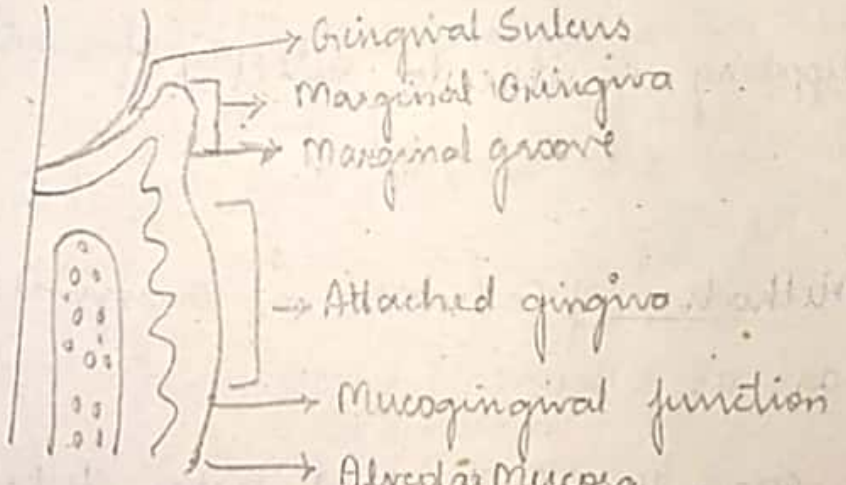
→ finger on finger - The finger rests i.e., non-working hand is utilised as finger rest on the working tooth.

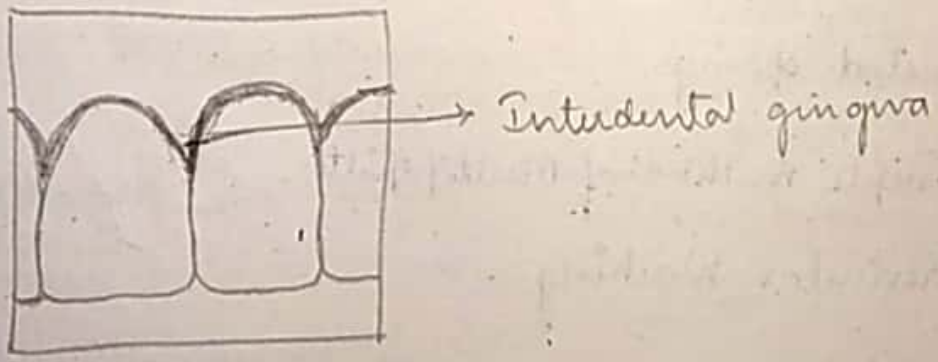
(9)

Short Essay.

6) Parts of Gingiva are as follows

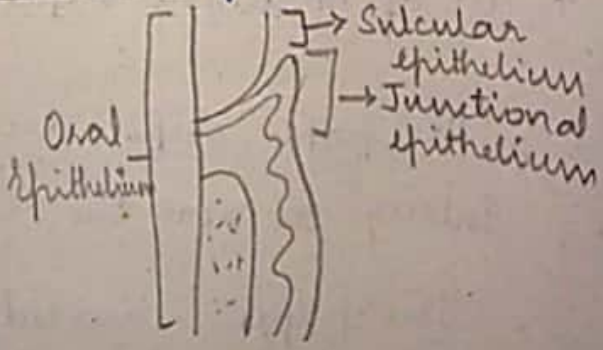
- Marginal gingiva
- Attached gingiva
- Interdental gingiva





* Types of gingival Epithelium are as follows:

- Oral Epithelium
- Sulcular Epithelium
- Junctional Epithelium



* Surface texture of the gingiva

- The surface of the gingiva is usually smooth
- Usually Stippling is seen on the Attached gingiva in a healthy gingiva.
- Orange Peel Appearance on the gingiva indicates the presence of Stippling. (A)
- Stippling is due to rete pegs formation.

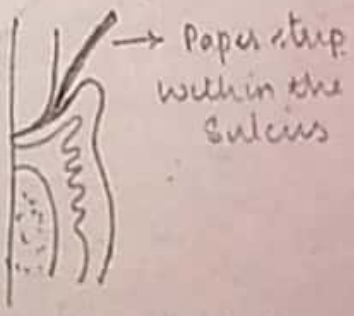
9> Methods of Collection of Gingival Crevicular fluid are as follows:

1> Use of Absorbent paper strips

2> Twisted springs

3> Sample method of Multipipette

4> Crevicular Washing.



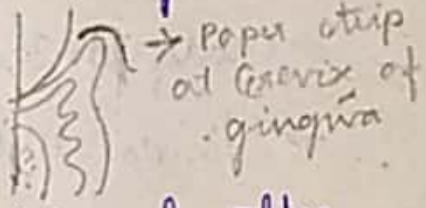
* Use of Absorbent Paper Strips

- The paper strips are inserted within the gingival Sulcus or near the crevix of the gingiva.
- The paper inserted causes some local irritation

to the Sulcus which promotes the release of fluid by itself.

* Twisted springs

The twisted springs are inserted near the gingival Crevix and the amount of fluid collected is measured by weighing the twisted springs.



* Sample method of Multipipette.

The gingival Crevicular fluid is collected by the pipette by Capillary tubes.
These Capillary tubes collected the GCF in it.

* Crevicular Washing

> In this method, two syringes are used in which the two syringes are placed one above the another.
> One syringe is directed towards the gingival Sulcus and collects the fluid.

4

* Clinical Significance of GCF.

> Gingival Crevicular fluid is an important parameter in the Clinical diagnosis.
> Contents of GCF reveals the bacterial infection caused by which organisms.

10) Enumerate types of Brushing technique.

> The types of Brushing technique are as follows:

→ Bass technique
→ Modified Bass technique
→ Stillman's technique
→ Modified Stillman's technique
→ Fone's Method.
→ Scrub Method
→ Charter's method
→ Circular Method.

* Modified Bass technique of Brushing.

> This technique involves vibratory and circular motion along with the sweeping motion.

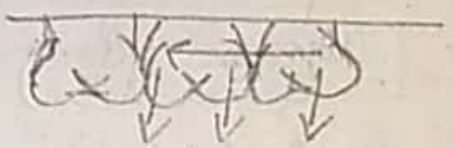
> The bristles of brush is held at 45° at the gingival margin

> Then the brush is moved in backward & forth motion and then circular motion along with the sweeping down motion

> 3 tooth surfaces are brushed at once starting from the posterior tooth of one quadrant following the

anterior tooth of the same Quadrant and then corresponding to the other Quadrant.

- Each motion is used, combining all 3 motions i.e., vibratory, Circular and Sweeping.
- 20 Strokes are made along each segment.



← Vibratory
↓ - Sweeping

- On Anterior lingual Side, the bristles are held parallel to the long axis of the tooth and Head of tuft is pressed against the tooth.
- By following, all this steps, proper ~~to~~ cleaning of the tooth surface is done.

(4½)

8) The 2 types of Calculus are as follows:

→ Supragingival Calculus

→ Subgingival Calculus.

* Difference b/w the Supra & Subgingival Calculus are as follows:

Supragingival Calculus	Subgingival Calculus
> The Calculus present on the tooth surface above the marginal gingiva is called Supragingival Calculus	> The Calculus present below the tooth surface i.e, marginal gingiva is called Subgingival Calculus.
	
> It is usually Yellowish-white in Colour	> It is usually brownish black in colour.
> It can be removed by using Scalers	> It can be removed by using Curettes.
> It does not contain Gingival Crevicular fluid	> It contains Gingival Crevicular fluid.

* Supragingival Calculus is formed by the hydroxyapatite crystals, Saliva, plaque, microorganisms like Actinomyces.

4.) Age Changes seen in Alveolar bone are as follows:-

> As age increases, severly changes in the alveolar bone takes place.
> There is decreased fibroblasts formation. } Decreased PDL fibres
> There is decreased mucopolysaccharide formation } PDL fibres
> There is ~~reduction~~ increased reduction of residual ridge resorption.
> The alveolar bone surface becomes uneven and altered surface is seen.
> There is decreased Osteoporotic Changes takes place.
> There is increased mobility of tooth.
> There is increased gingival recession and increased bone loss.
> There is decreased resistance to withstand the masticatory forces and occlusal forces
> There is flattening of the alveolar bone seen as age changes i.e., as ~~age~~ in older patients.

(3)

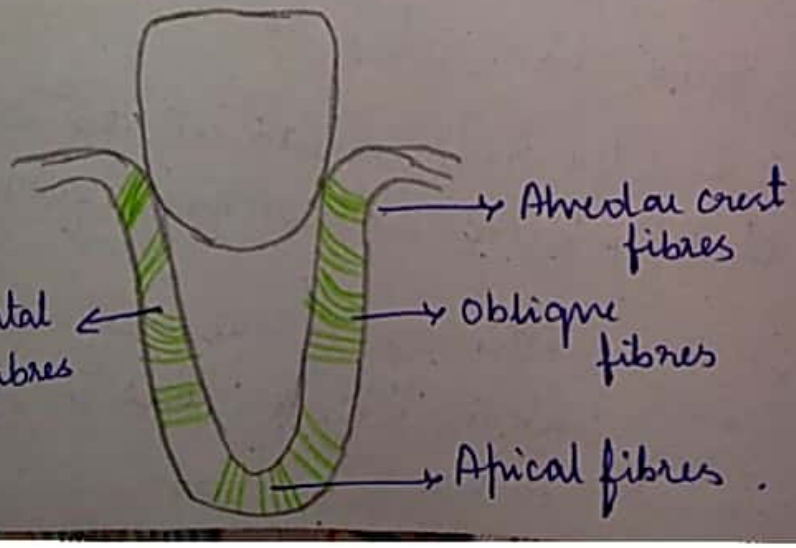
5) Functions of Periodontal ligament are as follows

- Physical function
- Nutritional and Sensory function
- Formative and remodelling function.

* Physical function

The PDL performs physical function as follows:

- Attachment of the tooth to the bone
- Soft tissue 'casing' to prevent the injury by mechanical forces
- Shock resorbtion
- Resistance of the forces produced
- Transfer of the occlusal forces to the Alveolar bone which provides tension in the Alveolar bone.



* Formative and remodelling function

> The PDL fibres have, paraphysical function such as Mastication, occlusion. to withstand the forces of

> There is progressive formation of fibroblasts and ~~resorption~~ remodelling takes place.

> There is remodelling of the fibroblasts and the new ones are formed and the old ones are collapsed.

> PDL has an important role in formative and remodelling of fibroblasts.

* Nutritional and sensory function.

> The PDL fibres have rich vascular supply and enriched with the nutrients.

> The nutrient supply to the PDL fibres is via blood vessels.

> There is enriched nutritional supply.

> PDL fibres provide sensory function such as tactile, pain, sensation is produced, which is produced through the myelin sheath.

> A single myelin sheath produces 4 different sensory responses.

4½

4) Local & Systemic causes of Gingival bleeding

→

Local

→ Trauma to the gingiva

→ Wrong & Harsh brushing

→ drug induced inflamation i.e., Phenytoin, Cyclosporin

Systemic

→ Scurvy

→ Vit C deficiency.

→ Chronic Periodontitis

* Clinical Significance of Bleeding on probing

> Generally, Bleeding on probing is seen in Chronic gingivitis, Chronic Periodontitis.

> Bleeding on probing occurs normally for 3-4 seconds but when there is any associated disease or infection of the gingiva and periodontium, there is excessive bleeding on probing.

3) Effects of Smoking on gingival & Periodontal diseases are as follows:

- Increased Inflamation of gingiva
- Increased pocket depth
- There is increased bone loss.
- There is increased gingival recession.
- Increased deposition of exudate or fluid in the gingival tissue.
- loss of Stippling
- Periodontal pocket formation
- Loss of Attachment.

* Effects of Non-Surgical & Surgical periodontal treatment.

- No improvement of the gingival status and Periodontal Status is seen.
- There is no reduction in the inflamation
- Prognosis of treatment is reduced
- Continous loss of residual bone is seen.

(3)

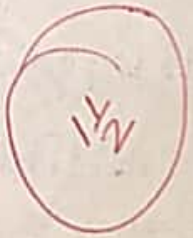
Short Answers

11> 4 Conditions Causing desquamative gingivitis

→ Scleroderma
→ Lupus Erythematosis
→ Pemphigus.
→ Erythema Multiforme.

14. 4 different finger rests are as follows:

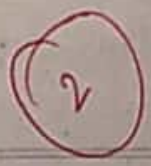
→ Conventional finger rest
→ Cross arch finger rest
→ Opposite Arch finger rest
→ Finger on finger rest



* Opposite Arch finger rest is used to do hand Scaling in Upper right posterior Palatal regions.

15.> Sickle Scalers are used for Scaling of Supra-gingival calculus.

> Gracey's Curette is used for root-planing in a pocket > 6mm depth.

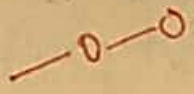


12) Stages of Gingival inflamation

Stage 0 - Marginal Gingivitis

Stage 1 - Chronic Gingivitis

Stge 2 - Chronic Periodontitis



* Chronic Gingivitis - Diagnosis -

---

13) Clinical Significance of Non-Specific Plaque hypothesis is that we still use this non-specific Plaque hypothesis theory therapeutically. though it is not accepted,

- There is plaque accumulation takes place in any age. (2)

Long Essay.

2) Acute Gingival Infections are as follows:

- Acute necrotising Ulcerative Gingivitis
- Herpetic Fibromatosis Gingivae
- Pericoronitis.

* Acute necrotising Ulcerative Gingivitis

> It is an acute gingival inflamation caused by the fusiform bacteria, spirochetes.

> It is also called as Vincent's Angina, Oral thrush.

* Fibromatosis Gingivae

> It is an herpetic fibromatosis gingivae caused by the HSV-1.

> There is fibrosis of gingiva that takes place.

* Pericoronitis

> It is the Acute infection caused at the operculum region.

> Food Accumulation and debris formation leads to the infection.

* Pericoronitis.

It is an acute infection caused in the region of Operculum.

* Etiology

> It is due to debris accumulation or food accumulation beneath the Operculum.

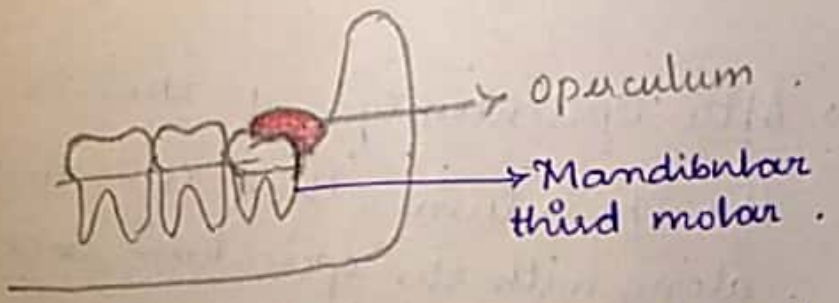
* Clinical features

Age - It is commonly seen in the adults

Sex - It can affect both male and females.

> It commonly occurs in the mandibular third molar region where the molar is partially erupted.

> The flap covering the tooth is called Operculum.



> As there is food accumulation or nut trapped within the Operculum, there is infection in that region.

> The Operculum is enlarged by the fluid or exudate formed in the flap.

- Patient has severe pain in the jaw and swelling is present.
- Pain can be present in the tonsillar region, ear region.
- There is trismus commonly seen.
- There is difficulty in Chewing, Mastication and speech.
- The major complication of Pericoronitis is the spread of infection to the tonsillar region, and other regions.
- There is Occlusal trauma commonly seen.

* Management.

- The flap overlying the tooth is surgically excised i.e., Operculectomy is done.
- After Operculomty, if there is again growth of the Operculum, then the tooth is extracted along with the operculum is excised.
- Antibiotics such as Amox 500 mg, thrice daily is given for 10 days.
- Analgesics such as NSAID's and paracetamol are prescribed.

> Patient is again recalled after 9 months for check-up.

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FIRST / SECOND / THIRD INTERNAL ASSESSMENT EXAMINATION

Name : Manu. K Reg. No. : 17D1627

Class : IV BDS Subject : orthodontics Date : 16-2-22

SECTION

46½
70

① Growth

Toddler defines growth as increase in size.

development

It is defined as progressive towards maturity.

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Prenatal growth of mandible.

> In 4 week of intrauterine the embryo bulges ventrally to grow forebrain.

> Below the Bulge depression is present. the depression is called as Stomodeum.

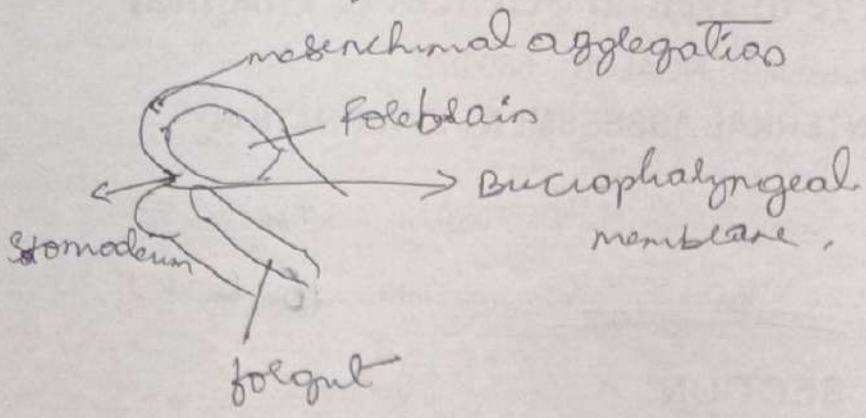
> The Stomodeum lined by buccopharyngeal membrane which separate the foregut oropharyngeal

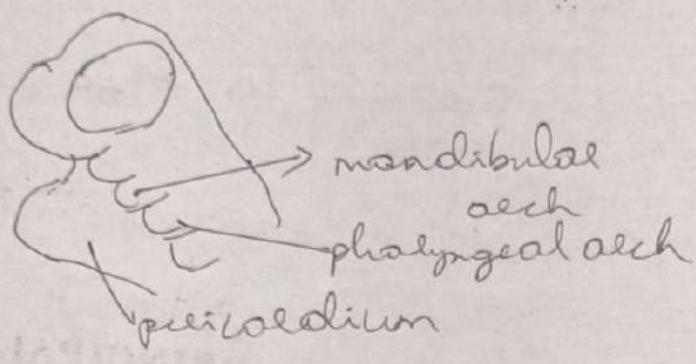
> Then pharyngeal arch formation takes. The pharyngeal arches give rise to neural components, skeletal components, connective tissue components, etc

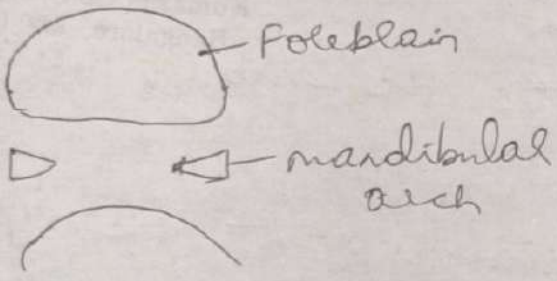
> The 1st pharyngeal arch is called mandibular arch and second is hyoid arch.

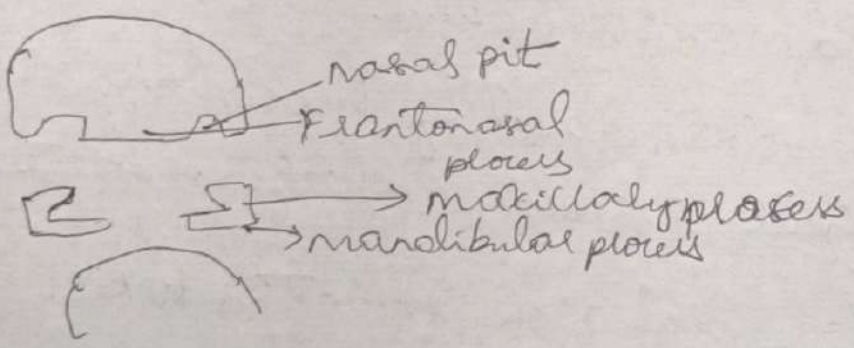
> The mandibular arch gives ventro lateral maxillary process. the mandibular arch is called as mandibular process

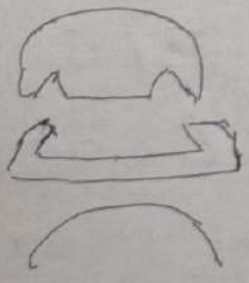
> mesoderm of forebrain gives frontonasal process.





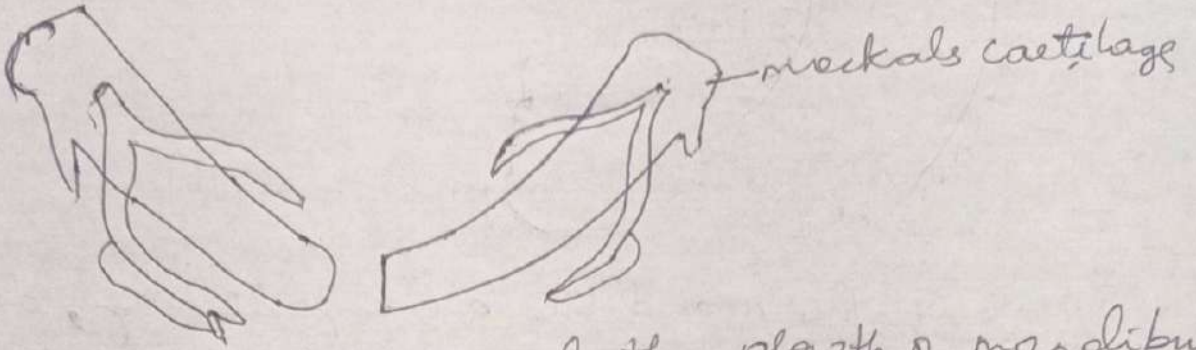






> Fusion of Two mandibular process from lower lip and lower jaw.

meckals cartilage.

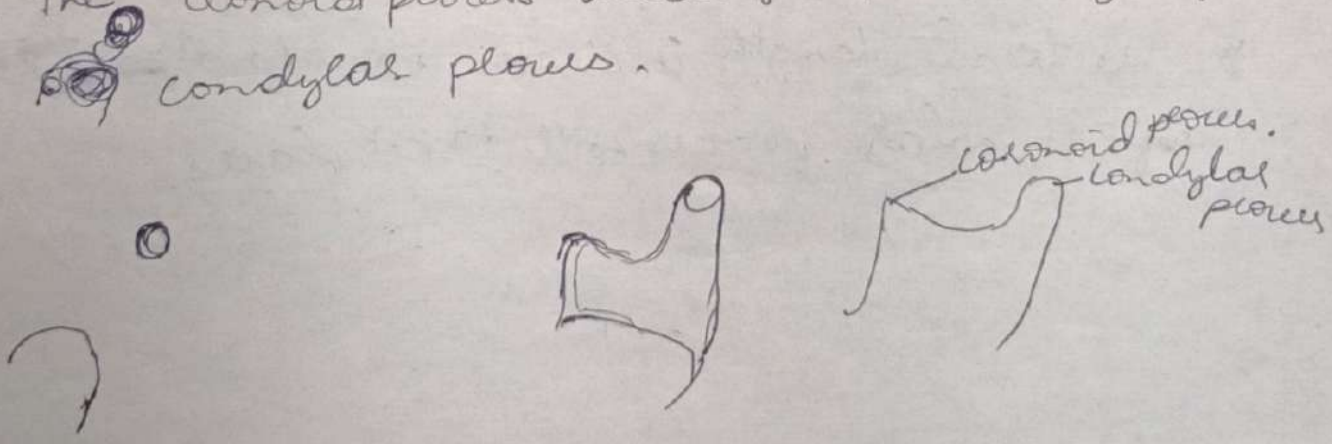


> meckals cartilage guide the growth of mandibule.
> The growth starts between the division of nerves.
> The meckals cartilage also forms
  > malleus & Incus
  > Spine of Sphenoid
  > ~~Sphen~~ pterygo-spheroid ligament.
  > ligament of mental.

condylar process.

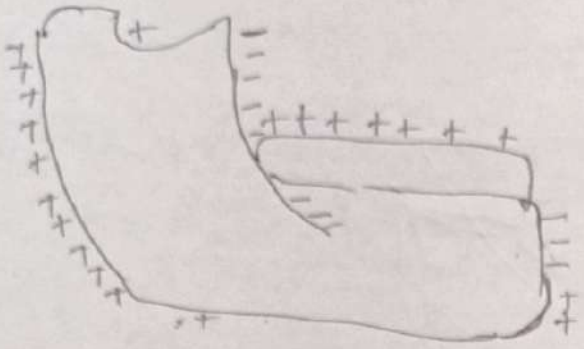
> It develop from mesenchymal condensation than fuses with body of mandible.

> The coronoid process arises from cartilage of condylar process.



Postnatal growth of mandible - growth takes by two process deposition & resorption

> ramus of the mandible.



* ramus of the mandible grows posteriorly, deposition takes place at posterior border and resorption on anterior border.

Reasons for posterior growth

> TO accomodate the muscle of mastication

> TO give space of tooth

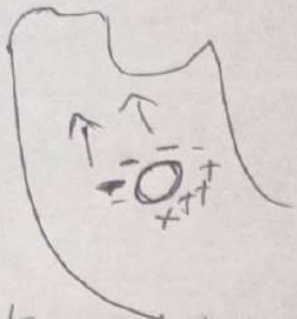
* posterior growth of the ramus of mandible, mandible moves forward and downward.

Body of the mandible

*. deposition takes place posteriorly and in anterior region resorption on upper region. deposition on lower region

* vertical length increases due to deposition of alveolar process will takes places.

> lingual tuberosity



* usually lingual tuberosity present between the body of mandible of canines of mandible.

> chin of mandible.

* usually chin is not prominent in child, it will become prominent.

> Condylar process

6/12

* growth of the condylar process grows posteriorly

> coronoid process

* it follows V - principle of growth pattern.

② Diagnostic aids in orthodontics classified as

ⓐ essential diagnostic aids

ⓑ supplemental Diagnostic aids

ⓐ essential Diagnostic aids

1. Case history
2. Case examination
3. Study model
4. Simple radiograph
   - ⓐ periapical radiograph
   - ⓑ Bitewing radiograph
   - ⓒ panoramic radiograph
5. facial photograph
   - ⓐ sagittal
   - ⓑ extraoral

ⓑ supplemental Diagnostic aids

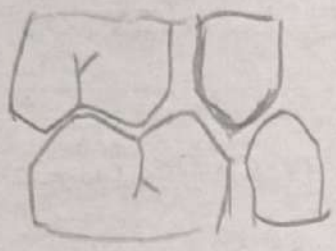
> Cone Beam computated Tomography (CBCT)
> orchisal radiograph
> CT

Study models

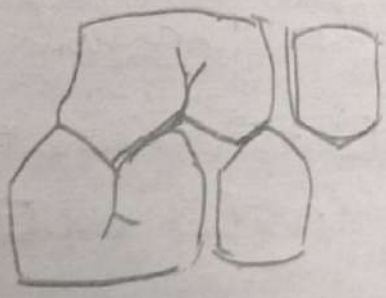
> It help in treatment plan.
> we can seen the teeths from lingually, which is difficult in patient mouth.

(3). Angle's classification of malocclusion

(a) class I :- In class I Angle's classification of malocclusion, maxillary mesiobuccal cusp of permanent first molar occludes with buccal groove of mandibular first molar



(b) class II - In class II angle's classification of malocclusion, maxillary permanent first molar disto-buccal cusp occludes with buccal groove of mandibular permanent first molar.



In class II Two types are there

① division I

② division II

(a) division I - class II malocclusion with proclined anterior incisors,

(b) division II - class II malocclusion with retroclined central incisors.

Subdivision class II - It means one side class II malocclusion and another side class I malocclusion relation

(c) class III. = In class III malocclusion the mandibular first permanent molar mesiobuccal cusp occludes in the interdental space present b/w mandibular permanent first and second molar.

Drawbacks of Angle's classification

(1) Angle's considered only antero-posterior plane not considered other Transverse & Vertical plane.

(2) Angle's considered First permanent molar as a fixed point in the skull.

(3) In the case of extracted first molar - Angle's classification cannot be used.

(4) In primary dentition Angle's classification cannot be used.

(5) He does not considered crowding, rotation spacing

(4) tongue thrust habit
> habit is a constant @ fixed practice by frequent repetition

etiology
> persistent infantile swallowing
> Genetic
> maturational
>

classification
(1) No - deformed thrusting
(2) Anterior - deformed thrusting
> Anterior open bite
> posterior cross bite
(3) lateral - deformed thrusting
> posterior cross bite
> posterior open bite
(4) Both Anterior - lateral deformed thrusting

clinical features of tongue thrust habit
- open bite
- over bite is reduced.
- over jet Increased.
- Rotated teeth
- posterior cross bite
- loss of mesio distal & labiolingual angulation
- proclination of the incisors

(4)

Managment

> Tongue crib is given to the patient : Cease the habit of the patient
> Tongue spike can be given
> Removal and fixed applaices are given
> Vertical crib can be given

⑤ pleasure tension theory

It is theory of ~~the~~ tooth movement. In which the movement of tooth occurs due to pleasure and tension,

> The pleasure created in the direction of tooth causes the compression of periodontal membrane. due to pleasure. Increases the vasculality,
> due to increase in vasculality. fibroblast and osteoclast move towards the compressed periodontal membrane
> osteoclast occupy the lamina. it causes the resorption of Alveolar plate,
> The bony trabecular will be perpendicular the tooth movement. after applying pleasure the bony trabecular will be parallel to the direction of force,

Diagram 7b

> In the opposite direction of tooth movement create tension in the periodontal membrane, which causes the stretching of PDL fibers,

> In tension area also vascularity increases and migration of osteoblast and fibroblast takes place

> osteoblast deposite the osteoid, it leads deposition of bone. (4)

(6) Andrew's Six Key of occlusion

(1) class I molar relation

(2) correct mesio-distal angulation

(3) correct labia-lingual inclination

(4) absence of crowding

(5) Tight contact

(6) Flat curve of spee

(1) class I molar relation.

> In this maxillary permanent first molar mesiobuccal cusp occludes with buccal groove of the mandibular first permanent molar. meridinonal cusp occludes with central fossa of mandibular first molar.

(2) Correct mesio-distal angulation.
> There is no mesially & distally tipping of tooth

(3) Correct labio-lingual inclination
> There is no increase in inclination it should be is 2mm overjet & 2mm overbite

(4) Absence crowding
> due to discrepancy between arch length and tooth material causes crowding.

(5) Tight contact
> Tight contact should be there. there no space should be present.

(6) Curve of Spee
> In antero-posterior occlusal plane, drawn from the molar passes through buccal cusp of cuspids.

Diagram 76

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Class : IV BDS Subject : Ortho Date : 16-2-21

SECTION

(7) Bolton's analysis,

Bolton's analysis help to see the discrepancy between mandibular and maxillary arch.

> Sum of maxilla 12.
* Sum of the mesiodistal width of 12 teeths of maxilla

> Sum of mandible 12
* Sum of the mesiodistal width of 12 teeths of mandible

> Sum of maxilla 6
* sum of the mesiodistal width of maxillary anterior teeth

> Sum of mandible 6
* Sum of the mesiodistal width of the mandible anterior teeth.

4

overall ratio = $\frac{\text{sum of mandibular 12} \times 100}{\text{sum of maxillary 12.}}$

maxillary ratio = $\frac{\text{sum of mandibular 12} \times 100}{99.6}$

mandibular ratio = $\frac{\text{sum of maxillary 12} \times 99.6}{100}$

For anterior ratio

overall ratio = $\frac{\text{sum of mandibular 6} \times 100}{\text{sum of mandibular 6.}}$

maxillary anterior ratio = $\frac{\text{sum of mandibular 6} \times 74.2}{100}$

mandibular anterior ratio = $\frac{\text{sum of maxillary 6} \times 100}{74.2}$

(8) Trajectories of force.

The thickness of bony trabeculae increase in stress area.

> Beigrias conducted a experiment in which the pins are placed on to the skull, after deleing of the skull the stress line will appear to see the natural stress line

In maxilla

(1) Fronto-nasal buttress

(2) malar - zygomatic buttress

(3) pterygoid buttress.

(1) Fronto-nasal buttress

In Fronto-nasal buttress begins from central incisor, lateral incisor and canine, passes the pericfoem appartus and nasal fossa. reaches to frontal bone.

(2) mala - zygomatic buttress.

It begins from the lower orbital ridges. reaches to zygomatic bone, then reaches to skull bone.

(3) pterygoid buttress

It begins from lateral wall of orbite reaches to base of skull.

3/12

In mandible.

horizontal buttress starts from coronoid process reaches to other side

> lower border of mandible, genial tubercle, mental protuberance

> Vertical buttress starts from molar roots reaches to inferior border of mandible

In maxilla

(1) Fronto-nasal buttress

(2) Malar - zygomatic buttress

(3) pterygoid buttress.

(1) Fronto-nasal buttress

In Fronto-nasal buttress begins from central incisor, lateral incisor and canine, passes the pericfoem appartus and nasal fossa. reaches to frontal bone.

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It begins from the lower orbital ridges. reaches to zygomatic bone, then reaches to skull base.

(3) pterygoid buttress

It begins from lateral wall of orbite reaches to base of skull.

3/12

In mandible.

horizontal buttress starts from coronoid process reaches to other side

> lower boulder of mandible, genial tubercle, mental protuberance

> Vertical buttress starts from molar roots reaches to inferior boulder of mandible

(10) Functional matrix Hypothesis.

craniofacial components

- Skeletal unit
  - musculoskeletal unit
  - microskeletal unit
- Functional matrix (non skeletal unit)
  - periosteal matrix
  - capsular matrix
    - neuromuscular matrix
    - oronasal matrix

+ St a theory of growth.

* In Functional matrix he also include genetic theory and cultural theory

* Skeletal unit :- The skeletal @ craniofacial component performs same function are called skeletal unit.

* maxilla & mandible are microskeletal unit it is made up of several bone, example mandible & made up of body of mandible, mental bone, ramus condyle & coronoid process.

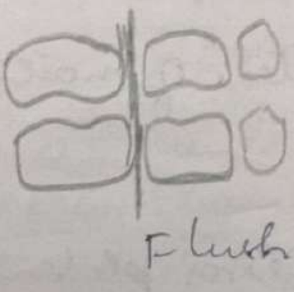
* cranial vault is musculoskeletal which perform same function adjacent to the microskeletal unit.

* periosteal matrix - directly & actively related to the skeletal unit.

* Capsular matrix - it is indirectly and passively related to the skeletal unit
* neurocranial capsular matrix to envelope the brain, Example, dura matter, skin
* orofacial capsular matrix like skin mucosa
* capsular matrix envelop the functional matrix and skeletal unit.

(11) Jackson's triad
> structural balance
> esthetic harmony
> Functional efficiency

(12) Flush terminal plane
The Flush terminal plane is seen in primary dentition, maxillary 2nd molar & mandibular second molar are in same plane



Flush terminal plane

(13) Tweed's triangle

In Tweed analysis of cephalometric

(14) Facial profile.

(1) Straight

(2) Concave - class II division I

(3) Convex. - class III

Facial divergence -

(a) anterior divergence

(b) posterior divergence

(15) Incisor classification.

class I - mandibular incisors present exactly below the cingulum plateau of maxillary incisors

class II - mandibular incisors present behind the cingulum plateau of maxillary incisors

class III - mandibular incisors present labially to the maxillary incisors

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