MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

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Recognized by Dental Council of India
Chalakkara, P.O. Pallor, Mahe-673 310
U.T. of Puducherry. Ph : 0490 2337765

2.5.4: The Institution provides opportunities to students for midcourse improvement of performance through specific interventions Opportunities provided to students for midcourse improvement of performance through:

1.Timely administration of CIE

2.On time assessment and feedback

3.Makeup assignments/tests

4.Remedial teaching/support

INDEX SHEET

ANIL MELATH

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CERTIFICATE OF THE HEAD OF THE INSTITUTION

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Dr.ANIL MELATH, MDS.,

PRINCIPAL

TO WHOMSOEVER IT MAY CONCERN

This is to certify that our Institution provides opportunities to students for midcourse improvement of performance through specific interventions Opportunities provided to students for midcourse improvement details are given:

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RE-TEST AND ANSWER SHEETS

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Ref. No: MINDS.P.P/100123/01

Date: 10.01.2023

CIRCULAR

This is to inform that Slow Learners of the III[rd] Internal Examination of IR Batch has to attend Betterment Examination as per the Time Table.

Question Paper to be submitted through Email: examwingminds@mahedentalcollege.org on or before 14.01.2023.

Date	Day	Final BDS	Third BDS	Second BDS
16.01.2023	Monday	Public Health Dentistry		General pathology
17.01.2023	Tuesday	Periodontics		Microbiology
18.01.2023	Wednesday	Orthodontics		Pharmacology
19.01.2023	Thursday	Oral Medicine and Radiology		Dental Material
20.01.2023	Friday	Oral Surgery	Oral Pathology	
21.01.2023	Saturday	Conservative Dentistry		
24.01.2023	Tuesday		General Medicine	
25.01.2023	Wednesday		General Surgery	

❖ *Mark list of the same should be submitted at Exam Wing on or before 30.01.2023*

Dr. Anil Melath,
Principal
Principal
Mahe Institute of Dental Sciences & Hospital
MAHE

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Chairman
Vice Principal
Concerned Dept's
MINDS Nest
Exam Wing
IQAC

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Ref. No: MINDS.P.O/120123/01

Date: 12.01.2023

CIRCULAR

BETTERMENT EXAMINATION – IR BATCH – JAN - 2023
INVIGILATION DUTY

Date	Year	Subject	PG LIBRARY	
			8 to 9.30	9.30 to 11
16.01.2023	Final Year	PHD	Dr. Mridhul	Dr. Moonas Jahan
	Second Year	General Pathology		
17.01.2023	Final Year	Periodontics	Dr. Ashwin A	Dr. Haswini M
	Second Year	Microbiology		
18.01.2023	Second Year	Pharmacology	Dr. Aravind Haridas	Dr. Rugma Kannan
19.01.2023	Final Year	OMR	Dr Lino Paul	Dr. Athul Prakash
	Second Year	Dental Material		
20.01.2023	Final Year	OMFS	Mrs. Sona Valsaraj	Mr. Giresh K
	Third Year	Oral Pathology		
21.01.2023	Final Year	Conservative Dentistry	Dr. Megha	Mr. Rahmathulla

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DEPARTMENT OF PERIODONTICS
MARKLIST OF IMPROVEMENT EXAM - FINAL YEAR IR BATCH 2022-2023
17-1-23

SLNO	NAME OF STUDENT	MCQ(25)	THEORY(45)	GRAND TOTAL (70)
1.	ANAGHA C P	15	14	29
2.	ASWATHY P R	12	10	22
3.	NIKHITHA	11	16	27
4.	PRISCILLA MERCY B	13	12	25
5.	R RAMANA	15	19	34
6.	SALMAN UL FARZI	15	20	35

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DEPARTMENT OF PERIODONTICS

MARKLIST OF IMPROVEMENT EXAM - FINAL YEAR REGULAR BATCH- AUGUST 2022

02-08-22

SLNO	NAME OF STUDENT	THEORY(100)
1.	ABHINAV SEKAR C	15
2.	ADITHYA NARAYANAN S	23
3.	BENIL PAULOSE	13
4.	ESHA BARKAVIE	35
5.	JOE JOSE	23
6.	ATHUL V	07
7.	RAMEESA ISMAIL	02

R. Ramana
18D50249

15/25

DEPT OF PERIODONTICS
MINDS, MAHE, FINAL BDS–IR BATCH
IMPROVEMENT EXAMINATION (January 2023)
MCQS (1 MARK EACH) - DURATION 30 MINS

1. Coatings of developmental origin include all, except
(a) Reduced enamel epithelium (b) Coronal cementum
(c) Dental cuticle (d) Junctional epithelium

2. Ramjford teeth includes
(a) 16, 21, 24, 36, 41, 44 (b) 16, 36, 46, 26
(c) 21, 31, 41, 11 (d) 16, 26, 36, 46, 21, 41

3. P.gingivalis, B.forsythus, T.denticola, often associated with periodontal disease, are collectively referred to as
(a) Red complex (b) Green complex
(c) Orange complex (d) Yellow complex

4. Mast cells are important in
(a) Acute inflammation (b) Chronic inflammation
(c) Immediate inflammation (d) All of the above

5. The microorganisms that increases significantly during pregnancy is
(a) P. Intermedia (c) P. Loeschii
(b) P. Gingivalis (d) A. Israelii

6. Spontaneous bleeding from gingival occurs in all, except
(a). ANUG (b) HIV Periodontitis
(c) Leukemia (d) Atrophic gingivitis

7. The preponderant immunoglobulin found in saliva is
(a) IgA (c) IgM
(b) IgG (d) IgE

8. Gingival enlargement in pregnancy is called
(a) Angiogranuloma (b) Peripheral giant cell granuloma
(c) Central giant cell granuloma (d) Fibroma

9. Pseudo pocket refers to
(a) Suprabony pocket (b) Infrabony pocket
(c) Gingival pocket (d) Periodontal pocket

10. Kirkland knife is commonly used for
(a) Electrosurgery (b) Gingivectomy
(c) Osteoplasty (d) Curettage

11 The most effective and stable grasp for all periodontal instruments is
(a) Palm and thumb grasp (b) Modified pen grasp
(c) Standard pen grasp (d) None of the above

12. Brushing technique recommended for areas with progressing gingival recession is
(a) Charter's method (c) Bass method
(b) Modified Stillman method (d) Fones method

13. Sub-antimicrobial dose of doxycycline is
(a) 100 mg (b) 50 mg
(c) 20 mg (d) 10 mg

14. Internal bevel gingivectomy refers to
(a) Undisplaced flap (b) Modified widman flap
(c) Apically displaced flap (d) Envelope flap

15. Reshaping the bone without removing tooth supporting bone is
(a) Osteoplasty (c) Ostectomy
(b) Vestibuloplasty (d) Odontoplasty

16. All are bio.degradable membranes, except for
(a) Atrisorb (c) Poly glactin 910
(b) BioGuide (d) Goretex

17. Cul-de-Sac feature is present in which stage of furcation Involvement
(a) Grade I (c) Grade III
(b) Grade II (d) Grade IV

18. The maintenance phase of periodontal treatment starts immediately after the completion of
(a) Phase 1 therapy (c) Phase 3 therapy
(b) Phase 2 therapy (d) Phase 4 therapy

19. In AIDS, most profoundly affected cells of the immune system are
(a) B Lymphocytes (b) T Lymphocytes
(c) Monocytes (d) Macrophages

20. Papillon - Lefevre syndrome is characterized by all, EXCEPT
(a) Pre-pubertal periodontitis (c) Mental deficiency
(b) Hyper_keratotic skin lesions (d) Calcification of dura

21. Radiographic sign of trauma from occlusion includes all, EXCEPT
(a) Vertical bone loss (b) Horizontal bone loss
(c) Root resorption (d) Radiolucense and condensation of alveolar bone

22. The dominant microorganism in root surface caries is
(a) Actinomycesviscosus (b) S. Mutans
(c) S. Sanguis (d) A. Israelii

23. Dermatological condition which account for over 95% of desquamative gingivitis is
(a) Lichen planus (c) SLE
(b) Erythema multifornie (d) Pemphigus vulgaris

24. Pericoronitis occurs most commonly in
(a) Mandibular third molars (c) Maxillary canine
(b) Maxillary third molars (d) Mandibular canine

25. Linear gingival erythema is most commonly associated with
(a) Bismuth intoxication (b) Stomatitis medicamentosa
(c) AIDS (d) Aplastic Anemia

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MAHE INSTITUTE OF DENTAL SCIENCES & HOSPITAL

CHALAKKARA, MAHE

U. T. Of PUDUCHERRY - PIN 673 333

INTERNAL ASSESSMENT BOOK

SUBJECT: Periodontics

Tick Questions Attempted :

Q_1 ☐ Q_2 ☐ Q_3 ☐ Q_4 ☐ Q_5 ☐ Q_6 ☐ Q_7 ☐ Q_8 ☐

Q_1	2 / 10	Q_5	0 / 5
Q_2	1 / 10	Q_6	1 / 5
Q_3	0 / 5	Q_7	6 / 5
Q_4	√ / 5	Q_8	0 / 5

9 + 16

8 + 6

No. of Additional Sheets used. ☐

TOTAL 23 / 45

Total in Words Twenty Three

Evaluated by: Dr. Arjun M.R

Name of the candidate: Joe Jose

Reg. No: 18DS0231

Signature

Date: 2/08/21

Signature of Invigilator

10) TFO (Trauma from occlusion):

The world health organisation defined TFO as the pressure exerted on the periodontal ligament of a teeth from the opposing jaws. It can be:

- Acute trauma from occlusion
- Chronic trauma from occlusion

It is also further classified as:

- Primary TFO
- Secondary TFO

The trauma from occlusion occurs mainly due to the pressure exerted on the periodontal ligament.

Clinical findings

- Loosening of teeth
- Malocclusion
- Pain
- Migration of teeth etc.

Ex Trauma from occlusion:

It is a sudden injury to periodontal ligament because of forces on any part of

hard objects. E.g. exam cases.

Chronic trauma from occlusion: It occurs in

· Faulty restoration

· Orthotreatment

· Maloccluded teeth

· High points on restoration.

If left unobserved for longer period may cause force or pressure in adjacent teeth leading to damage of periodontal ligame
Chronic trauma from occlusion is seen i long standing cases.

Management:

Remove pressure stimuli

Manage high points on restoration

In some cases patient complains of pain.

Stages

Stage 1: Injury

Stage 2: Repair

Stage 3: Remodelling

Stage 1: Injury

In this stage abnormal occlusal forces cause injury to the periodontal ligament lining the teeth. Continuous pressure causes tear in lining of periodontal ligament, PDL holds the teeth onto the alveolar bone any damage to PDL results in loosening of teeth from socket

Stage 2: Repair

It is impossible to repair same amount of periodontal ligament lost. Only mild amount of pdl is replaced called "buttressing of ligamen Horizontal forces can be leading to osteoclast and osteoblastic activity on one and same teeth. So when continuous pressure applied degeneration occurs. Buttress region shows unflammed gingival tissue, bleeding on proben etc so can be easily differentiated.

Stage 3: Remodelling

It is last and final step in which bone is remodelled back to its initial form

bring back to initial form

9. Resective osseous surgery is the procedu for surgical removal of infected bone Also reffred as amputation/Resective procedure surgical removal of bone is called osteotomy

For proper vision of bone;

1) Raising the flap or flap surgery is the initial method for observing und bony structures.

For flap raisement,

(1) Internal beveling

It is the initial step in which incision is 2mm from marginal gingiva. The flap is raised little bit

(11) Crevicular incision:

In this further apical movement of instrument is done till flap properly raised.

(111) Interdental incision: In this technique incisi is made in the interdental papilla and flap is raised.

These are the three horizontal incisions

Vertical incision

After horizontal incision vertical incision made to reduce pressure on the sight and proper flap displacement

Methods used:

Modified Widmans technique

undisplace flap

Apically displacement flap.

Osteoplasty is defined as shaving of the infected bony.

Once alveolar bone becomes visible thro flap displacement amputation / resection of infected bone begings.

step 2: Horizontal and Vertical bone incision. Removal of bone is only done with 2mm of normal bone kept intact for regeneration. Regeneration of bone is through osteoblastic activity.

step 3: Grafting is done in the resected a from bone resected from pelvic or fibular bone.

step 4: Packing resective site with medic

step 5: Suturing of incision and leavi it for healing.

7. Gingival inflammation
   * Chronic
   * Acute

Drug induced gingival overgrowth
   * Phenytoin
   * Calcium channel blockers
   * Anticonvulsants.

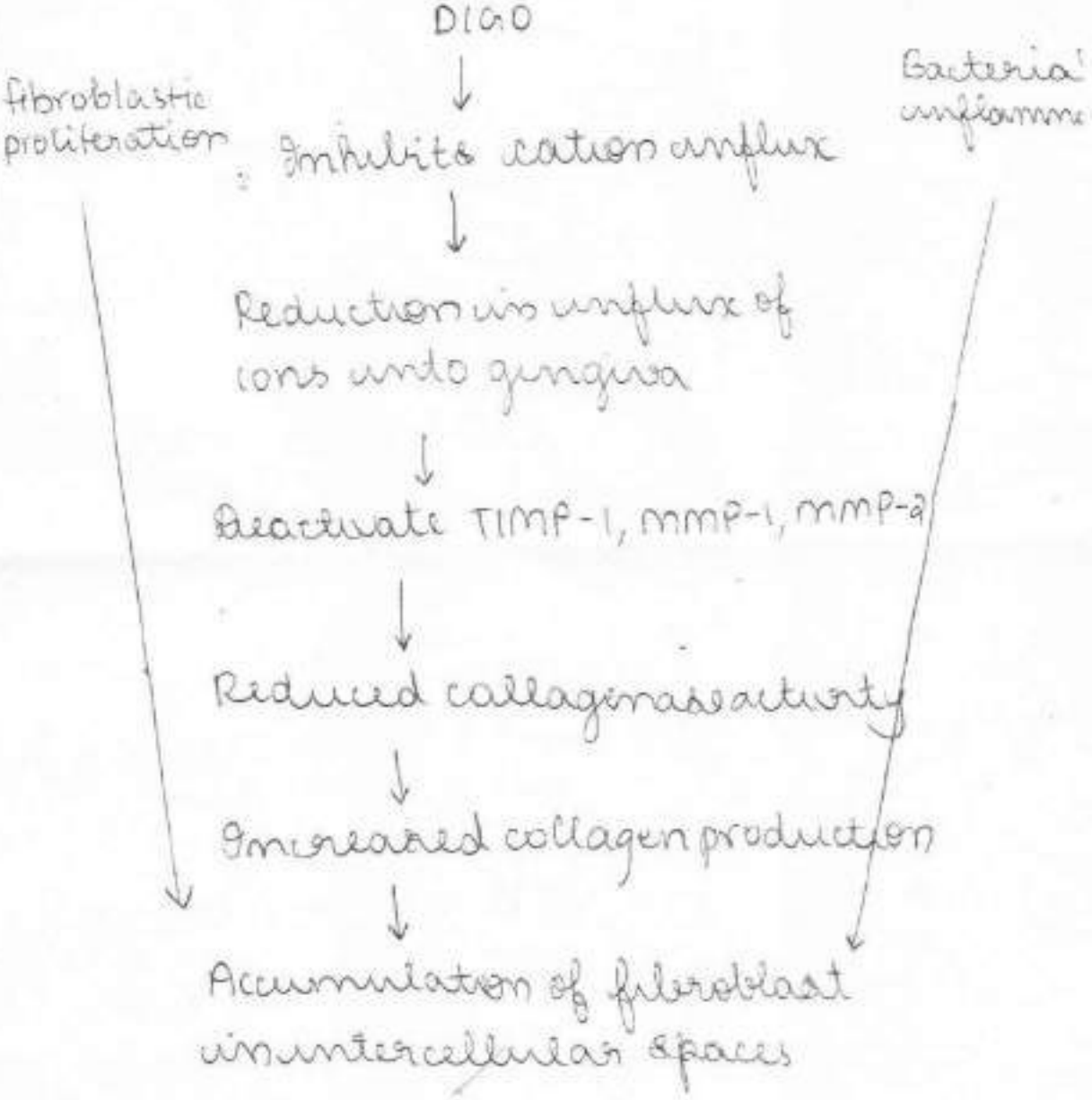
Tumour induced gingival overgrowth
   * Benign
   * Malignent

Enlargement due to systemic diseases:
   Leukemia.
   Vitamin c deficiency
   Puberty
   Pregnancy etc.

According to location:
Localised
Generalised
Combined

DIGO (Drug induced gingival Overgrowth)

Mechanism of action



Grade 0 : No gingival enlargement
Grade 1 : Mild gingival enlargement
Grade 2 : Moderate gingival enlargement
Grade 3 : Severe gingival enlargement

1999 classification

Grade 0 : No gingival overgrowth. No radiographic findings.

Grade 1 : Gingival overgrowth present but only slightly. Periodontal pocket about 3mm depth. Mild or no radiographic finding

Grade 2 : Periodontal pocket depth more than 3mm present. Gingival overgrowth present. Bleeding on probing seen. Radiolucencies seen on radiograph.

Grade 3 : Radiolucencies with severe bone loss as seen. Periodontal pocket depth of 6mm present. Gingival overgrowth covering cervical portion of teeth.

Grade 4 : All features same as Grade 3. More than 6mm pocket and Gingival overgrowth cover teeth fully.

2. Functions of periodontal ligaments:

- It function in holding teeth in position
- The periodontal ligaments lines the root and holds root to the alveolar processes.
- It acts as a shock absorber by spread equally throughout root surface.
- It holds tooth from dislodgement or tipping forces.

- Cementum and PDL together forms a stronger network which prevent tooth mobility or dislodgement.
- Damage to PDL can lead to tooth mobility.
- It has vertical and horizontal lines.

1. Gingiva comprises of 3 parts:
Marginal gingiva
Attatched gingiva
unattatched/free gingiva
Macroscopic finding:
A healthy gingiva consists of a marginal gingiva lining margins of teeth in a collar like fashion while attached gingiva extends from mucogingival junction upto free gingival margin. Unattatched gingiva is the free gingiva.

In case of gingivitis and periodontitis abnormalities in normal structure of gingiva is seen.

Bluish-red colour is seen in case of periodontitis. Aggressive periodontitis shows craters in papilla

Localised juvenile Periodontitis

↓

Localised periodontitis

↓

Generalised periodontis

↓

Generalised juvenile periodontitis

↓

Aggressive periodontitis.

Bleeding is also observed.

* Normal gingiva is pale pink in col
Stippling may or may not present,
Scalloped / knief-edged / blunt end

Periodontitis is observed commonly in fema
compared to males. Seen in individuals abov
20 years of age. ??

Gingival sulcus is a V- shaped groove a
the junction of crown and root. Periodon
pockets is calculated by measuring
depth to which probe or WHO probe pene
If a depth of more than 3mm penetrat
present it is indicative of gingival
pocket. Bleeding point is point of conce

Any apical migration of gingiva leads t
gingival recession. Furcation involvement
is seen in bifurcated and trifurcated t
where accumulation of bacteria in furc
can lead to bone resorption in that reg

4. Alveolar bone: It is made up of calcium and phosphate. These are the bones covering t root surface and responsible for holdin teeth in position in the socket.

5. Needle aspiration

6. Plaque hypertrophis: It can occur infrabony/ supra bony. It is due to presence of gram positive aerobic bacteria which is later transformed to gram-negative anaero. It is the thin biofilm formed on tooth surface.

Treatment: Scaling
Curretage
Usage of Hexidine mouthwash
Proper brushing technique

The accumulated plaque cause infection in the gingiva.

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INTERNAL ASSESSMENT BOOK
SUBJECT: periodontics

Tick Questions Attempted :
Q_1 ☑ Q_2 ☑ Q_3 ☑ Q_4 ☐ Q_5 ☑ Q_6 ☑ Q_7 ☑ Q_8 ☑

Q_1	4½ / 10	Q_5	/ 5
Q_2	6 / 10	Q_6	2 / 5
Q_3	1 / 5	Q_7	2½ / 5
Q_4	/ 5	Q_8	2 / 5
TOTAL	19		/ 45

20

No. of Additional Sheets used.
17

Total in Words: Nineteen

Evaluated by: Dr Nandita

Name of the candidate: R. Ramana

Reg. No: 18DS0249

Signature: final

Date: 17/01/23

Signature of Invigilator

SECTION I - A

ESSAY:

1. Trauma from occlusion:

Definition: TOF is defined as the force exerted from occlusion that exceeds the adaptability of periodontal tissue.

Classification:

Based on cause

Primary TFO

Secondary TFO

Primary TFO: The force exerted that cause sudden impact of teeth which leads to external wear of teeth.

Clinical features:

Healthy periodontium ↑ from

occlusal wear

- change in occlusion.

Causes:

- due to biting a hard object
- Restorative or prosthodontic rehabilitation.

Secondary:

Refers to new occlusion that exceeds the limit and causes occlusal faults

Clinical features:

- the tooth goes apically into the alveolar bone.

- occlusal faults
- prosthetic rehabilitation causes trauma
- changes in occlusion
- food lodgement in the interdental area

Causes:

- due to the restoration
- due to prosthetic rehabilitation
- due to biting of hard object

Based on onset:

* Acute TFC
* chronic TFC

Acute:

A sudden impact of force exerted from a occlusion that abrupt damage to the periodontal tissue & teeth.

Clinical features

- occlusal facets
- occlusion change
- bone destruction

Causes:

- Sudden bite of heavy objects
- occlusal load
- Restorative changes
- Improper prosthetic restoration

Chronic -

The occlusal forces exerted causes a removal in period of time causes changes in occlusal and changes in periodontal tissues.

Clinical features:

- occlusal wear off
- occlusal facet
- occlusal changes

Teeth gets worn out vertically

Pulp horn

Clinical features

Cementum:

Cemental Area

Root: Root resorption seen

Other R/F

Stages of TFC:

- Injury
- Repair and remodelling
- Adaptability = Adaptive remodelling

Injury

Due to the force exerted by from excessive the surrounding tissue gets damaged.

It causes injury to the bone and cause fibrous destruction.

Repair and Remodelling

After destruction of bone, it is replaced by fibrous bony trabeculae.

- That is called bone formation

Adaptability.

Above the bone, layer of tissue formation with high vascularity

Connective tissue formation with high blood supply.

2) Periodontal pocket:

Definition:

Pathological deepening of gingival sulcus is called periodontal pocket. - Carranza.

Classification:

Based on activity:

Active pocket

Inactive pocket

Based on tissue formation

- Fibrous pocket
- Edematous pocket

Explain

Based on nature:

- Pseudo / Gingival pocket
- True / periodontal pocket

Based on Attachment:

Infrabony / ~~Supracrestal~~ Subcrestal

Suprabony / Supracrestal.

Pathogenesis of periodontal pocket:

- Bacterial colonization
- Inflammatory changes
- Neutrophil infiltrate
-
- Tissue destruction
- pocket formation

Bacterial colonization:

In this stage colonization of bacteria occurs in the gingival tissue.

Gram positive bacteria accumulate on supragingival calculus.

Inflammatory changes of tissue

After that it passes into subgingival calculus causes inflammation to tissue

The collagen gets inflammed.

- Formation of
Finger like projection in the base of sulcus. attachment loss is happened

Neutrophil :

- Neutrophil in the gingival tissue surrounds the bacteria.

- phagocytosis occur

- the collagen becomes more inflammed.

Tissue destruction:

→ The bundles of collagen gets destructed by ~~other~~ enzyme collagenase. lysozyme.

→ The tissue gets destructed

pocket formation:

The loss of attachment occured, the sulcus deepened into ~~base~~ lower

Bacterial colonization

Inflammatory changes

Neutrophil

Tissue destruction

Pocket formation.

Section - B

3) plaque hypothesis

- Specific plaque hypothesis
- Non-specific plaque hypothesis
- Ecologic hypothesis
- Keystone plaque hypothesis.

Specific plaque hypothesis:

- P. gingivalis causes plaque formation in the tooth surface.
- layer of pellicles formation occur and degenerate into plaque.
- Specific ~~organism~~ microorganism causing plaque formation.

Non-specific plaque hypothesis:

P. gingivalis, P. loescheii, Actinomyces all

microorganism involved in this hypothesis.

All microorganism together ~~cause~~ leads the formation of plaque.

Keystone

6) Mesin's classification:

- used for prognosis and treatment plan for periodontal disease.

Class	Maintenance	Treatment	Recall
First year	good oral hygiene	1-2 / 3	Routine
class-A	Excellent oral hygiene with no factor of - No complicated prosthesis - No bone loss & no	Reshaping- scaling & root planning	

	50-1 per cent bone remaining - No periodontal pocket - Mild calculus		6-months
Class B	good oral hygiene with factor of - Heavy calculus - complicated prosthesis - pocket formation (periodontal pocket) - loss of 50% of bone remaining	- Scaling & root planing - maintainance good oral hygiene.	3-4 mont
class C	poor oral hygiene with factors of - Heavy calculus - complicated prosthesis - periodontal pocket - loss of more than 50% of bone remaining.	- Scaling & root planing - Gingivectomy with curettage	1-2 months

7) Theories of calculus formation:

- dental plaque bacteria
- protein precipitation
- loss of Carbondioxide
- increased pH of saliva
- precipitation of calcium salts
- calculus formation.

* Inhibition theory
* Transformation theory
* Bacterial theory
* Enzymatic theory

Inhibition theory

In this theory the bacteria cause plaque formation. the microorganism inhibit the activity of cells a

causes formation calculus.

Transformation theory:

plaque → calculus.

In plaque formation,

plaque bacteria cause precipitation,

precipitation of calculus and form calculus.

Bacterial theory:

The plaque bacteria

- precipitation of calcium
- increase the pH of saliva
- tend to formation of calculus.

Enzymatic theory:

Enzymes leads to formation

of ~~the~~ calculus.

5

Melcher's concept:

It is about the development of guided tissue degeneration in 1976.

For different classification of cells & formation.

For - epithelial cell

- cell derived from gingival connective tissue
- cell derived from bone
- cell derived from PDL [periodontal ligament].

Explain the concept?

Guided tissue Regeneration used for.

→ furcation involvement

class I

class II

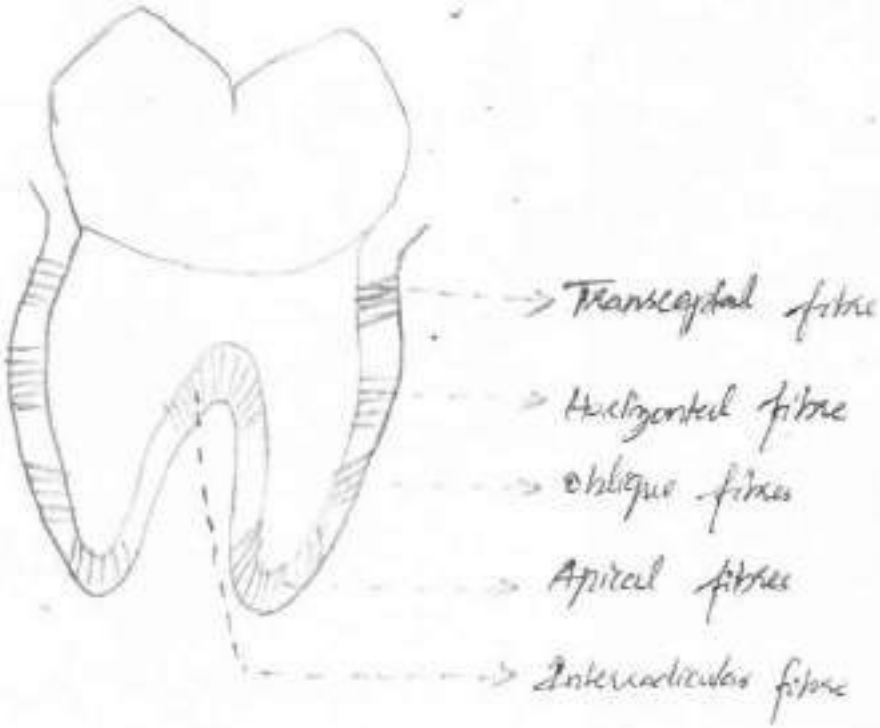
→ In case of gingival recession

→ 5mm of periodontal pocket.

8 Periodontal fibres:

Accessory fibres:

- Interradicular fibres
- Apical fibres
- Horizontal fibres
- oblique fibres
- Transeptal fibres



Interradicular fibre -

present in the interradicular of multirooted teeth.

Apical fibres :

present in the apical portion of root

Oblique :

present above the apical fibre and obliquely arranged towards apically

Horizontal fibres :

- present above the oblique and below the Transeptal fibres

-

~~Heri~~

Transeptal :

- present at CEJ of teeth.
- It provide strength between the teeth
- Interdental strengthen the teeth

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