D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune 412105
Affiliated to Maharashtra University of Health Sciences, Nashik
Recognized by Dental Council of India



SELF STUDY REPORT (CYCLE 1) 2018-2023

Criteria 2: Teaching- Learning and Evaluation

Key Indicator 2.5 : Evaluation process and Reforms

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

Retest & Answer sheets

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BIOCHEMISTRY AND GENERAL PHYSIOLOGY

Ist BDS regular batch 2022-2023

Circular for additional exam

Students who have missed any of the internal exam are required to attempt additional exam

Subject : Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- Report 15 minutes prior to start of examination
- Confirm syllabus for the examination from Biochem department
- Follow the specific instruction (if any) of the Biochemistry department regarding the examination

Date	Subject	Time	
		Theory	Practical
11/12/23	PHy Bio	9am to 12am	12:30 pm to 3:30 pm

HOD

Dept. Of Phy - Bio

Aawlika

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

LINGARAJ SHIGLI ANAND

Digitally signed by LINGARAJ SHIGLI ANAND
Date: 2024.06.27 15:49:17 +05'30'

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2022-23

Result of Additional Examination 60 marks

Roll No.	Name of Student	Theory			Practical	Out of 3		Student's Signature
		A+B+C (50)	Viva (10)	Total (60)	Total (60)	Theory	Practical	
21	Dhanage Akanksha	23	5	28	40	1.4	2	
25	Ghodke Gayatri				35		1.8	
40	Sumati Kolhe	21.5	3	24.5	30	1.2	1.5	
64	Raut Sakshi	33	5	38		2		

HOD Physiology

HOD Biochemistry

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411052

Batch 2022-23

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH-[redacted] 22-23

Attendance Sheet Additional Examination

Roll No.	Name of Student	Theory	Practical
21	Dhanage Akanksha	P	P
25	Ghodke Gayatri	P	P
40	Sumati Kolhe	P	P
64	Raut Sakshi	P	P

HOD Biochemistry

HEAD OF THE BIOCHEMISTRY.
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D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune - 412105

First BDS (2022-23)

Additional Internal Assessment Examination

Subject: Physiology and Biochemistry
Total Marks: 60

Date: 11/12/2023
Time: 3 hrs (Section A + B + C)

Instructions:

- All questions are compulsory
- Use **blue / black ball point pen only**
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- Draw diagrams wherever necessary
- Write section B and section C in one answer book

Section A

Q. 1 MCQ (separate question paper) 1X10=**10**

Section B

Q. 2 Short answer questions. (ANY FIVE) **(5x3=15M)**

a) Sympathetic alarm reaction
b) Myopia
c) Functions of cerebellum
d) Reflex action and its properties
e) Pain pathway
f) Functions of middle ear

Q. 3 Describe vegetative functions of hypothalamus

OR

Draw and label lateral view of cerebral hemisphere.

Describe functions of different lobes of cerebrum. **(10M)**

Section C

Q. 4. Short answer questions (ANY FIVE) **(5x3=15M)**

a) Explain the diagnostic importance of Enzymes and Isoenzymes
b) Significance of HMP shunt
c) Features of Genetic Code
d) Functions of Phosphorus
e) Transamination
f) Functions of Vitamin C

Q. 5. LAQ: -

Describe the Sources, RDA, active forms, biochemical functions and deficiency manifestation of Vitamin D **(10 M)**

OR

Describe glycolysis and explain its energetics. Add a note on the Rapaport Leubering Cycle. **(10 M)**

==========XXXXXXX==========

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PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune - 412105

First BDS (2022-23)

Additional Internal Assessment Examination- MCQs

Subject: Physiology and Biochemistry
Total Marks: 80

Date: 11/12/2023
Time: 3 hrs (Section A + B + C)

Instructions:

- First **15 minutes** for section A (MCQs)
- All questions are compulsory and each question carries **one** mark
- Use **blue / black ball point pen only**
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- In the answer sheet, darken appropriate empty circle, below the question number **once** only.
- **Zero marks** will be given **for the double attempt** in any form for one question.
- **If any candidate desires not to attempt any MCQ, then the candidate shall strike out all options for that MCQ, failing which it shall be treated as 'Unfair Means'**

Section A: 20 Marks

Multiple Choice Questions

1. T wave of ECG is due to:
   a. Atrial depolarization
   b. Atrial repolarization
   c. Ventricular depolarization
   d. Ventricular repolarization

2. B- lymphocytes are responsible for:
   a. Cellular immunity
   b. Humoral immunity
   c. Phagocytosis
   d. Anti-allergic action

3. Voluntary control on defecation develops at the age of:
   a. 5 years
   b. 12 years
   c. 3 years
   d. 18 months

4. Ramp signals are generated by:
   a. Apneustic center
   b. Pneumotaxic center
   c. VRGN
   d. DRGN

5. Absorption of glucose from intestine is an example of:
   a. Simple diffusion
   b. Carrier mediated diffusion
   c. Primary active transport
   d. Co-transport

6. Trypsinogen is activated by:
   a. Bile
   b. HCl
   c. CCK
   d. Enterokinase

7. Plateau potential is seen in:
   a. Skeletal muscle
   b. Cardiac muscle
   c. Myelinated nerve
   d. SA node cells

8. Normal coronary blood flow is
   a. 250 ml/min
   b. 700 ml/min
   c. 1300 ml/min
   d. 5 lit /min

9. Normal serum calcium level is:
a. 1-2 mg% b. 9-11 mg% c. 20-30 mg% d. 80-120 mg%

10. Oxytocin secretion is regulated by:
a. Neuro-endocrine reflex b. Chemoreceptors c. Osmoreceptors
d. Negative feedback mechanism

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

of the Student Akanksha Vasant Dhenge

of the Examination 2nd internal Assessment (Additional Class) 1st year

ect Biochem

No. 21 Date

Pledge

re declare that I have gone ugh the instruction given ve & pledge to abide by them.

Signature of Candidate

CKJ

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
Section											
Marks obtained in Section A	9										9
Marks obtained in Section B											
Marks obtained in Section C			7	7							14
Grand Total											23

Theory Viva = 05/10

Seen & No. Complaint

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section A

125 / min

09/10

pneumonia

chemoreceptors

Bile

stomatomeotrans

Hydrolase

Glucose 6-phosphatase

cholesterol

Alanine

Tyrosine

1 Grave's disease :-

Grave's disease is an immune system disorders that results in the overproduction of thyroid hormones ie. hyperthyroidism

- Although a number of disorders results in hyperthyroidism Grave's disease is a common cause
- Thyroid hormones affect many body system So signs & symtoms of grave's disease can be wide range
- characteristics :- excessive weight loss, eyeball protuberance

1

(2) Digestion :- The intestine is responsible for breaking down food into smaller molecules that can be absorbed into blood stream

Absorption :- The intestine absorbs, the nutrients from the digested food and transport them to liver

2

elimination :- The intestine also elimites waste products from the body including undigested food

Maintaining electrolyte balance :- The intetine helps to maintain electrolyte balance

3) Respiration is the act or process of breathi
Breathing involiantary process that exchang
oxygen and CO_2
(i) Two process
(I) Inhalation
(II) exhalation
- inhale O_2 and exhale CO_2

- inhale is the action of inhaling in

- Exhalation is the action of exhal

- Diaphargm contracts and flantens by moving down

Diaphargm rela and become dome shaped

- Extenal intercostal muscles contract

Extenal intesco muscles relax

(A) Hypothalamic signals to produce CRH

Hypothalamus

paraventricular nucleus

Arcute nucleus

CRH

Anterior pituitary

ACTH

Adrenal cortex

-ve feedback of CRH releas

cortisol

LAQ)

Q3) ↓ serum calcium

↓

↑ PTH secretion

↓

↓ Renal excretion of calcium

↑ intestinal absorption of calcium

↓

↑ Release of calcium from bone

↓

↑ serum

↓ serum calcium

↓

↑ Activation of Vit D

↓

↑ intestinal absorption of calcium

↑ Release of ca+ from bone

↓

↑ serum calcium

=

↑ serum calcium

↓

↓ PTH secretion

↓

↑ Renal excretion of Ca

↓

↓ absorbtion of Ca

↓

↑ Release of calcium from bone

↓

↓ Serum calcium

- A calcium blood test measures amount of calcium in your blood
- Hypocalcemia : Amount of blood calcium level low than normal range (7-55mg/dl)
- ~~eg~~. Hypoglycemia is treated by Intravenous calcium gluconate, oral calcium and vit D supplement
- symtoms :- tetany, seizures
-

(2) Hypercalcemia :- blood calcium level is more than normal range
symtoms :- pain, nausea, vomiting
treatment :- administration of intravenous isotonic saline,

01/10

D Y PATIL GROUP

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Name of Student _____

Examination _____ Subject _____

Class _____ Date _____ Roll No. _____

Supplement No. _____ Invigilator's Sign. _____

Oxidative phosphorylation is the process by which energy stored in NADH and $FADH_2$ is used to produce ATP

inhibitors :-

complex I = Rotenone

complex II = carboxin

complex III = Antimycin A

complex IV = cyanide, Azide

#uncouplers

- 2,3 dinitrophenol
- Dinitrocresol
- pentachlorophenol

uncouplers can be defined as A substance that uncouples phosphorylation of ADP from electron transfer

d) significance of HMP shunt

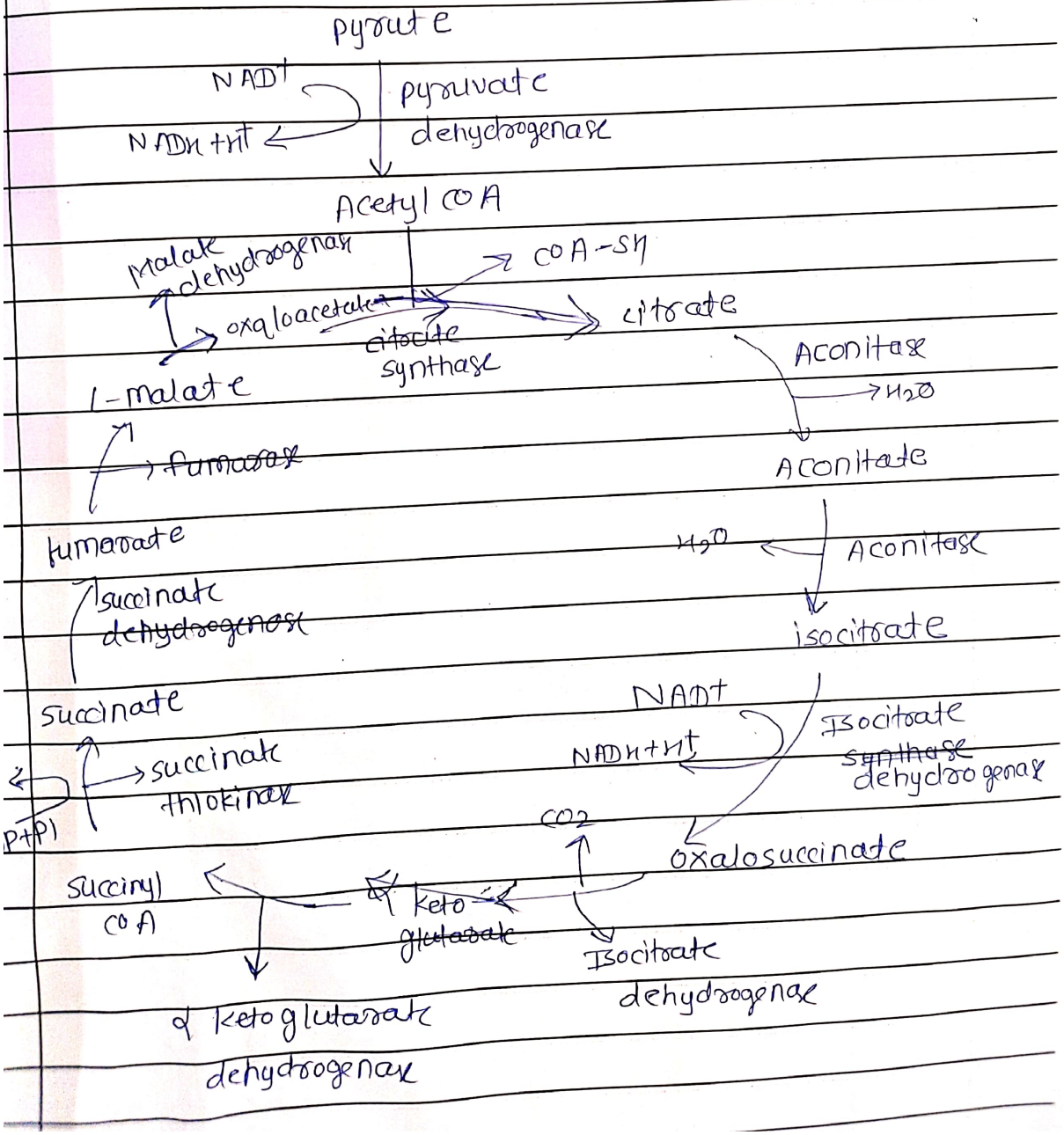
- HMP shunt pathway is also known as pento phosphate pathway
- In Hexose, monophosphate pathway in which oxidn of glucose 6 phosphate take place to produ pentose
- Alternative pathway for utilization of glucose
- Does not generate ATP
- occurs in liver, adrenal cortex
- Help in synthesis of Ribose 5-phosphate
- Hexose ⟶ pentose
  ↓
  are used for the synthesis of nucleic acids (RNA & DNA)

③ Fattly liver refers to the deposition of excess triglycerides in liver cells
- The normal conn of lipids in liver is around 5%.
- liver is not storge organ for fat
- bz of deposition of fat in liver = fatty liver
- Excessive syn of fatty acid from glucose
- toxic injury to liver
- increased oxidn of fat by hepatic cells

LAQ

TCA - TCA cycle is also called citric acid cycle or tricarboxylic acid cycle

- is the most important pathway for the energy supplied to the body
- About 65 - 70 % of the ATP is synthesized in kreb's cycle
- citric acid cycle essential involves the oxidn of acetyl CoA to CO_2 and H_2O



Energetics of TCA cycle

- No of ATP generated by oxidⁿ of 3 NADH = 9
- No of ATP generated by oxidⁿ of FADH = 2
- No of ATP generated from GTP = 1

∴ Total ATP from 1 molecule of Acetyl CoA = 12

I st BDS Biochemistry Practical Exam

1) Perform the tests on the given Maltose solution. (20 Marks)

2) Perform the tests on the given Glucose solution. (10Marks)

Class

Object Biochem practical phy (Additional) 20 = 40

Roll No. 21 Date 60

Students Signature Bio 20/30 + 20/30 "Seen No. Complaint" Swaika

Test	observation	Inference
Maltose		
Molisch's test	purple ring	General taste for
	at the junction	carbohydrates
2ml 0.5 + 2drops	of two fluids	- conc H_2SO_4 dehydrates
of 1% alcoholic		the sugar to form
α napthal soln		furfural which reacts
. Add 2ml		with α napthol to
of conc H_2SO_4		give purple coloured
		ring
Benedicts test	colour of PPT	It is very sensitive test
5ml Benedicts		sodium citrate prevents
reagent + 8		precipitation of cupric
drops of 0.5		hydroxide . sodium
Boil for 2min		carbonate is a weak
		alkali

)	Molisch's test	purple ring.	general test for all carbohydra
	2ml 0.5 + 2 drops of 1% α naptho		- con H_2SO_4 dehy sugar to form Furfural wh react with nap to form purple coloured ring
	- Add H_2SO_4		
②	Fehlings test	Red precipitate	$CuSO_4$ and KOH react to form $Cu(OH)_2$. of Cu from the reage is reduced by sugar to form Cu_2O
	2ml Fehlings reagent		
	+ 2ml 0.5		
	mix & Boil		
	Benedicts test	colour ppt	Sodium citrate prevent precipit of cupric hy ch
	5 ml of Benedicts reagent + 8 drop of 0.5 - Boil		

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

lame of the Student Sumati Rajesh Kalhe.

lame of the Examination IInd Internal Assessment (Additional) Class first year

ubject Biochemistry.

oll No. 40. Date

Pledge

here declare that I have gone hrough the instruction given bove & pledge to abide by them.

Sumati k

Signature of Candidate

CNJ

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	5										05.0
Marks obtained in Section B		7	6								13.0
Marks obtained in Section C				4½ 2							6.5
Grand Total											24.5

Section A

1) b) 125 ml/min ✓

2) b) Respiratory Distress Syndrome ✓

3) c) Chemoreceptors ✓

4) c) Bile ✓

5) a) Somatomedins ✓

6) c) Hydrolases ✗

7) b) Glucose - 6 - phosphatase ✗

8) d) Cholesterol ✗

9) b) Alanine ✗

10) c) Tyrosine ✗

Section B

→ ?.

→ ?

Functions of large intestine.

There are 5 functions.

1. Absorptive function = large intestine leads to the absorption of various substance such as water, electrolytes, organic substance like glucose, alcohol and ~~H2O~~ drugs like anesthetic agents, steroids.
2. Secretory function = large intestine secrets ~~heavy~~ metals like mucin and inorganic substances like chlorides and bicarbonates.
3. Excretory function = large intestine excretes heavy metals like mercury, lead, bismuth and arsenic through feces.
4. Synthetic function: The bacteria flora of large intestine forms the folic acid, vitamins B12 and vitamin K. By this large intestine contributes in erythropoietic activity as well as blood clotting mechanism.
5. Formation of feces: After the absorption of nutrients, water & other substances, the unwanted substance in the large intestine form feces.

c) Act of Respiration.

→ External Respiration - means the Uptake of O_2.
Internal Respiration - means the O_2 and CO_2 exchange.

1. Pulminary ventilation.
2. diffusion of O_2 and CO_2 between the alvedi & blood.
3. perfusion - of lungs with blood.
4. transport of O_2 and CO_2 in the blood.

ed) → ?

Ans: Juxtaglomerular apparatus also known as the juxaglomerular complex.

- It is a structure in the kidney that regulates the function of each nephron, the functional units of the kidney.
- Renin is produced by juxtaglomerular cell also known as granular cells.
- These cells are similar to epithelium cells.
- This are located in the tunic media of the afferent arterioles.

2. Decreases in renel perfusion.
2. Decrease in NaCl concentration.
2. Stimulation of the beta-1 adrenergic recepto
2. The juxtaglomerular cells secrete renin in ...

→ ?

Pharyngeal Phase of deglutition

During this phase laryngeal vestibule closes due to movement of epiglottis.

This phase is involuntary in character.

During this the food is pused from the oropharynx to lower part of laryngopharynx.

Constrictors of pharynx move upward and forward and propel bolus through pharynx by contractions.

Stimultaneously upper esophageal sphincter opens and bolus enter esophagus.

2

Q3) ⟶ ?

Ans: Composition of Salivary secretion

- Saliva contains 99% of water, and organic and inorganic substances
- Inorganic contents of saliva
  - Calcium and phosphate
  - Fluoride
  - Hydrogen Carbonate
  - Thiocyanate
- Organic Contents of Saliva
  - Amylase
  - Proline - rich proteins
  - Mucins
  - Histatins
  - Lysozyme
  - Lingual lipase

- Functions of Saliva

1) Cleaning of mouth - Saliva is watery it produces a flushing action on the teeth which helps in removing the food debris as well as non-adherent forms of bacteria which collects over the teeth
2) Antimicrobial function - Saliva consists of various components which produce antimicrobial activity. The componets are lysozyme, lactoferrin, histatins and salivary peroxidases

3) Lubrication and deglutition = Saliva provides lubrication to oral tissue by mucus and various other glycoproteins which help in formation of bolus which can easily slide into the oesophagus.

) Taste - Saliva dissolves the food substances so that they can be perceived by the receptors.

) Excretion - Many substances from blood reaches saliva and saliva is considered as the route of excretion.

Mineralization - Tooth surface is always coated with saliva.

Digestive function - Saliva consists of digestive enzyme such as amylase and lipase. These enzyme causes start digestion of food from oral cavity.

Buffering function - Saliva consists of bicarbonate ions which neutralize the acids.

Section C

a) ⟶ ?

Ans: Oxidative Phosphorylation is a cellular process that harness the reduction of oxygen to generate high energy phosphate bonds in the form of ATP.

A metabolic pathway of generating ATP molecule by phosphorylation.

b) ⟶ ?

Ans: Enzymes regulate the metabolism of living beings.

- The concentration of the enzyme and substrate, temperature, pH and the presence of inhibitors, enzyme concentration

a) PH - Each enzyme has an optimum pH range. Changing the PH outside of this range will slow enzyme activity. Extreme PH values can cause enzymes to denature.

b) Temperature - Raising temperature generally speeds up a reaction and lowering temperature slow down a reaction.

c) Enzyme Concentration - Increasing enzyme concentration will speed up the reaction, as long as there is substrate available to bind to.

Substrate Concentration: Increasing substrate concentration also increases the rate of reaction, to certain point.

→

fatty liver.
Hepatic steatosis
Fatty liver means excess fat in liver cells
It often results from factors like obesity, insulin resistance, or excessive alcohol consumption 1/2
Life style changes, such as a healthy diet and exercise, are key in managing and preventing fatty liver.
leading to inflammation and liver damage.

→ ?

Hexo monophosphate shunt
HMP shunt is unique in generating two important products i.e ① Pentose
Needed for Biosynthetic ② NADPH 1/2
reactions and other functions

Importance of pentose

In HMP shunt, Hexose are converted into pentose the most imporatan is
ribulose - 5 - phosphate

- Useful for synthesis of many nucleotides.

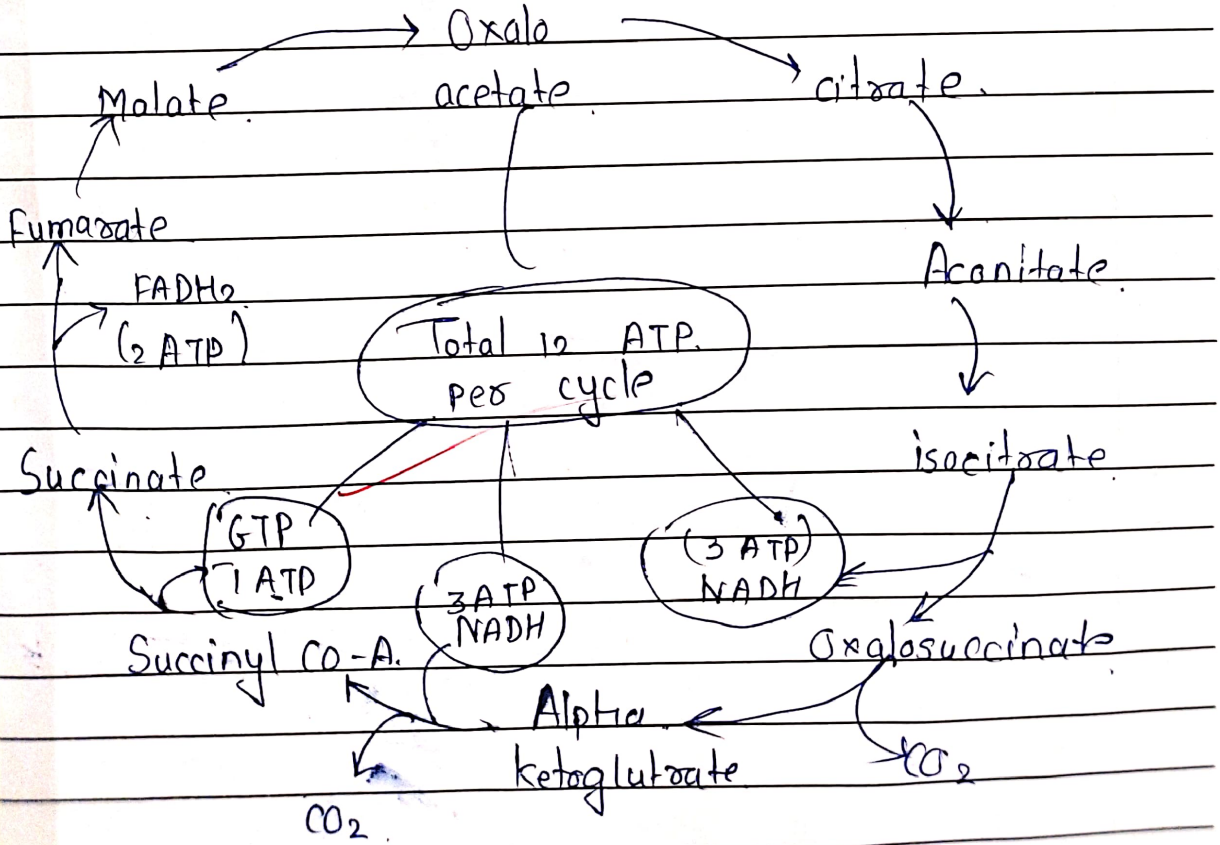
Importance of NADPH.

- NADPH is required for reductive Biosynthesis of fatty acid and steriods.
- So HMP shunt is more active in tissue, concered with lipogenesis
  eg: Adipose tissue, liver, etc..
- NADPH is used in the synthesis of certain amino acids involving enzymes glutamate dehydrogenase.
- There is a continuous production of H_2O_2 in the living cells. → which can chemically damage unsaturate lipids proteins and DNA.

→

Also known as a citric acid cycle or tricarboxylic acid cycle.
It is the most important metabolic pathway for the energy supply to the body.
Citric acid cycle is the final common oxidative pathway for carbohydrate, fats and amino acids.
Formation of citric acid
Formation of isocitrate
Formation of Succinyl-CoA
Formation of Succinate
Formation of fumarate

2



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

ame of the Student Sumati Rajesh kalhe

ame of the Examination 1st internal Assessment (Additional) Class first year

ubject Biochemistry

oll No. 40. Date $\frac{15+15}{60} = \frac{30}{60}$

tudents Signature Sumatik "Seen No. complaint"

I BDS- Biochemistry Practical Exam T.N. (31)

1. Write physical characteristics and perform the tests to detect the normal organic constituents of given urine sample. (20 Marks)

2. Perform the 3 tests on the given Fructose solution. (10 Marks)

1) Jaffe's test (creatinine) 3 ml urine sample + 1 ml alkaline picrate solution	Orange colour.	Creatinin reacts with picric acid in alkaline medium to form orange coloured creatinin picrate.
2) Specific Urease Test (Urea) 3 ml urine + drop of phenol red indicator & 1 ml of buffer sol^n (pH 8.4) The sol^n becomes faint yellowish.	yellowish to pink red colour.	Urea is hydrolyzed by urease enzyme to form ammonia and CO_2 which makes the solution alkaline.

3) Tests for uric acid.		
a) Benedict's Uric Acid Test 3 ml of urine + 3 drops of Benedict's Uric and reagent and a pinch of Na_2CO_3 powder Mix	Blue colour	In alkalin solution, Phosphotungstic acid present in Benedict's uric acid reagent is reduced by uric acid
b) Schiff's Test (uric acid) 2-3 drops of $AgNO_3$ sol^n on ordinary filter paper, Add 2 drops of Urine Sample	Black spot develop on filter paper	Silver nitrate is reduced to metallic silve by uric acid.
4) Hippuric acid. Ferric chloride Test 2 ml of urine + 2-4 drops of $FeCl_3$ and 1-2 drops of 5% NaOH.	Cream colourel precipitate	Hippuric acid reacts with $FeCl_3$ in an alkaline medium to form cream C.P insoluble salt of ferric hippurate
5) Test for Ethered Sulphates 5 ml urine, 8-10 drops of 10% acetic acid	Turbidity.	After adding BaCl, inorganic Sulphate in urine get precipitate.

Fructose

Test	Observation	Interence
Molisch's Test Test - 2 ml 0.5 + 2 drops of 1% alcoholic α napthol sol" Mix. Add 2 ml conc H_2SO_4 slowly from the side of the test tube Control = 2 ml H_2O + 2 drops 1% alcoholic α napthol	Purple ring at the junction of 2 fluids.	It is a general test for Carbohydrates
Fehlings Test 2 ml Fehlings regent (1 ml of of Fehling A + 1 ml of Fehling B) + 2 ml of 0.5 mix & Boil	Red precipitate	Fehlings A & B solution are kept seperately to pr deterioration. Na-k tartare is added in the reag
Benedict's Test Take 5 ml B.R Add 8 drops of 0.5 Boil for 2 min. Cool & Observe the colour of precipitate	Colour of ppt and sugar conc. green ppt. 0.5 to 1% (+) yellow ppt 1 to 1.5% (++)	It is a very sens test, Sodium citr prevents precip of cupric hydro Sodium Carbonate is a weak alka

Ist BDS regular batch 2021-2022

Circular for additional exam

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- Confirm syllabus for the examination from Pharmacology department
- Follow the specific instruction (if any) of the Pharmacology department regarding the examination

Date	Subject	Time	
		Theory	Practical
9/12/22	PHy Bio	9am to 12am	12:30 pm to 3:30 pm

HOD

Dept. Of Phy - Bio

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL,
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

Roll No :

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2021-2022

Additional Internal Assessment Examination

Subject: Physiology and Biochemistry | Date: 9/ 12 / 2022

Total Marks: 60 | Time: 3 hours (Section A+B+C)

Instructions:

- First **30 minutes** for section A (MCQs)
- All questions are compulsory and each question carries **one** mark
- Use **blue / black ball point pen only**
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- In the answer sheet, darken appropriate empty circle, below the question number **once** only.
- **Zero marks** will be given **for the double attempt** in any form for one question.
- **If any candidate desires not to attempt any MCQ, then the candidate shall strike out all options for that MCQ, failing which it shall be treated as 'Unfair Means'**

Section A

Q. 1. Multiple Choice Questions 1X10=10

1. First heart sound is best heard in
   a) Aortic area b) Mitral area c) Pulmonary area d) All of the above

2. Transport of sodium and glucose is an example of
   a) Antiport b) Symport c) Uniport d) Diffusion

3. The morphological picture in iron deficiency anemia is
   a) Macrocytic & normochromic b) Microcytic & hypochromic
   c) Normocytic & normochromic d) Macrocytic & hypochromic

4. Myopia can be corrected by using
   a) Biconcave lens b) Biconvex lens
   c) Bifocal lens d) Cylindrical lens

5. The pain sensation is carried by
   a) Dorsal column pathway b) Spinocerebellar pathway

c) Corticospinal tract d) Spino-thalamic tract

6. All of the following are antioxidant vitamins EXCEPT-
a) Ascorbic acid b) α-Tocopherol c) β- carotene d) Calcitriol

7. Which of the following is a non-essential amino acid?
a) Threonine b) Methionine c) Cysteine d) Valine

8. The intermediate of the TCA cycle that is involved in Heme synthesis is
a) Acetyl CoA b) Succinyl Co A c) Succinate d) Oxaloacetate

9. Which of the following statements about cholesterol is NOT TRUE -
a) Nuts are a good source b) acts as parent sterol in the body c) has one OH group
d) Excreted through bile.

10. The phospholipid possessing antigenic properties is-
a) Lecithin b) Cardiolipin c) Cephalin d) Plasmalogens

OOOOOOOXXXXXXXOOOOOOO

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune - 412105

First BDS (2021-22)

Additional Internal Assessment Examination

Subject: Physiology and Biochemistry
Total Marks: 60

Date: 9/12/2023
Time: 3 hrs (Section A + B + C)

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- Draw diagrams wherever necessary
- Write section B and section C in one answer book

Section A

Q. 1 MCQ (separate question paper) 1X10=**10**

Section B

Q. 2 Short answer questions. (ANY FIVE) **(5x3=15M)**

a) Sympathetic alarm reaction
b) Myopia
c) Functions of cerebellum
d) Reflex action and its properties
e) Pain pathway
f) Functions of middle ear

Q. 3 Describe vegetative functions of hypothalamus

OR

Draw and label lateral view of cerebral hemisphere.

Describe functions of different lobes of cerebrum. **(10M)**

Section C

Q. 4. Short answer questions (ANY FIVE) **(5x3=15M)**

a) Explain the diagnostic importance of Enzymes and Isoenzymes
b) Significance of HMP shunt
c) Features of Genetic Code
d) Functions of Phosphorus
e) Transamination
f) Functions of Vitamin C

Q. 5. LAQ: -

Describe the Sources, RDA, active forms, biochemical functions and deficiency manifestation of Vitamin D **(10 M)**

OR

Describe glycolysis and explain its energetics. Add a note on the Rapaport Leubering Cycle. **(10 M)**

==========XXXXXXX==========

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PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT
D Y PATIL DENTAL SCHOOL
D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2021-22
Result of Additional Examination

Roll No.	Name of Student	Theory		Practical		Student's Signature
		Total (60)	Out of 3	Total (60)	Out of 3	
10	Bhushan Bhore	28.5	1.4	50	2.5	Bhushan

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI(BK.) LOHEGAON,
PUNE

Hod of Bio Phy

Attendance Sheet Batch 21-22

Additional Theory & Practical Exam

Roll No.	Name Of the Student	Theory	Practical
10	Bhore Bhushan	P	P

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (●) (D)

SEAT NO. IN WORDS	10
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Internal Exam.
SUBJECT	Biochemistry.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

4/10

SEAT NUMBER

			1	0
1	1	1	●	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	●

QUESTION BOOKLET VERSION NO.

A	1	1	1
B	2	2	2
D	3	3	3
G	4	4	4
M	5	5	5
N	6	6	6
P	7	7	7
S	8	8	8
U	9	9	9
	0	0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Bhote Bhushan

Name of the Examination Additional Internal Exam Class

Subject

Roll No. 10. Date 9/12/2022.

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	4	1									4
Marks obtained in Section B		9	–								9
Marks obtained in Section C				6	9						15
Grand Total											28

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q2.

b. Myopia.

a). Is a common condition diagnosed before Aged 20

- It is called Near sightedness
- It affects your distant vision, you can see objects that are near but you have trouble viewing objects that are farther away.
- Treatments: glasses, contact lenses or surgery

e) functions of cerebellum.

- Cerebellum is responsible for co-ordinating movement & balance
- Help the body to learn movements
- Contributing to speech & language processing.
- Co-ordinating eye movements
- Keep your body upright & steady.

f) functions of middle ear.

- Transmit the sound waves from external environment to inner ear.
- Detects, transmits & transduces sound.
- Maintains a sense of balance.

4. HMP Shunt Pathway.

It is hexose monophosphate pathway.
- Also known as pentosephosphate pathway.
- Create products essential in the body for many reasons.
- Alternative pathway to glycolysis & is used to produce ribose - 5 - phosphate & nicotinamide adenine dinucleotide phosphate (NADPH).
- Enzyme or cofactor deficiencies can have potentially fatal implications on the affected patients.

Vitamin C functions.
- Coenzyme forms
- Ascorbic acid (reduced form).
- Dehydro ascorbic acid (oxidized form)
- Involves reversible oxidation-reduction reactions.
- Interconversion of ascorbic acid to dehydro ascorbic acid.
- Collagen formation.

Qs. Vitamin D.

Vitamin D1 - lumisterol.
Vitamin D2 - ergocalciferol.
Vitamin D3 - cholecalciferol.

Sources: derived from plants & irradiated yeast and fungi.
fatty fish liver oils, egg yolk

functions:

- Regulates calcium & phosphorous levels in the blood
- Promotes bone formation & mineralization
- Inhibits parathyroid hormone.
- Affects immune system

(*) Deficiency.

- Rickets.
  → incomplete mineralization.
  Plasma level of calcitriol decreased.
  In children, bone deformities

- Osteomalacia.
  adult rickets.
  → Bone demineralization.

- Renal rickets. (renal osteodystrophy)
  Due to decreased synthesis of calcitriol in kidney.

RDA:
female pregnancy lactation.

0 - 12 months	400 IU
1 - 18 yrs	600 IU
51 - 70 yr.	600 IU
>70 yrs	800 IU.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Bhushan Bhore.

Name of the Examination Additional Internal Exam Class

Subject Physiology. Pral.

Roll No. 10.

Date

Students Signature Bhore.

"Seen No. Complaint" Bhore

Center name: D.Y. PATIL DENTAL SCHOOL, PUNE

Sr. No.	Title of Head / Experiment	Practical Marks (30)	Viva Marks (20)
1	Haematology (30)	21	
2	Biochemistry (30)	19	
3	Clinical Physiology (20)	10	
4	Physiology Journal & Commu. Skill (2.5+2.5)		
5	Biochemistry Journal & Commu. Skill (2.5+2.5)		
	Theory Viva		
6	Physiology (10)		2.0
7	Biochemistry (10)		2.5
	Total	50	4.5

Q1. RBC count.

x_1

11	9	8	3
5	5	5	1
0	3	5	6
3	9	11	5

x_2

9	10	2	3
4	7	5	1
13	14	9	5
1	1	1	1

5	8	7	6
11	10	9	5
1	6	9	0
14	18	1	4

x_5

8	7	6	5
11	19	16	7
19	3	10	11
3	2	1	1

x_4

1	1	1	1
10	1	9	1
14	10	2	3
5	6	10	1

x_3

$x = x_1 + x_2 + x_3 + x_4 + x_5$

$x = 89 + 86 + 76 + 118 + 124$

$x = 493$

Total RBC count = $x \times 10{,}000$ millions/cumm

$= 493 \times 10000$ millions/cumm

$= 4930000$ millions/cumm

Q2. Write pulse rate. Age: 20
Sex: Male.

Normal Range: 72 beat/min.

My Pulse rate: 80 beat/min.

Rate per min → 80 beat/min
Rhythm → regularly
Volume → Normal.
force → Normal
Tension → Normal
Condition of vessel. → Elastic.
Equality of both side → Normal
Pulse at other site → temporal, branchials.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Bhushan Bhore.

Name of the Examination Additional Internal Exam Class

Subject Biochemistry.

Roll No. 10 Date

Students Signature Bhushan. "Seen No. Complaint" Bhushan

I st BDS Biochemistry Practical Exam T.N. 33

1) Perform the tests on the given Glucose solution. (20 Marks)

2) Perform the tests for precipitation reactions of Proteins. (10Marks)

Q1)	Test.	Observation	Inference.
	① Molisch's test.		
	0.5 + 2 drops	Purple Ring.	General test for carbohydrates.
	α - naphthol.		
	Mix. + H_2SO_4.		
	② Fehling Test.		
	Fehling A +	Red ppt.	Keep separate prevent deterioration
	Fehling B. + 0.5		
	Mix & Boil.		
	③ Benedict's Test.		
	Benedict's reagent	Green ppt.	Sensitive
	+ 0.5.	(0.5 to 1)	test.
	Boil for 2 minute.		Sod. citrate
	Composition.	Yellow	prevents
	$CuSO_4$.	(1 to 1.5)	precipitation

Test	Observation	Inference
Na_2CO_3, Sodium citrate.	Orange ppt (1.5 to 2)	Of cupric Used for detection of reducing sugar in urine.
	Brick red ppt (2 or more)	
(4) Barfoed's test. Barfoed's reagent + 0.5 Boil for 2 minutes. Allow to cool.	Scanty red ppt.	This test distinguished between monosac & disaccharides.

Q2. Precipitation of Proteins.

Test.	Observation
(1) Heller's test. Conc. HNO_3 + 1ml O.S.	White ring at junction.
(2) By Heavy metal salts. 2ml O.S + 2 drops of 2% Sod. carbonate + lead acetate.	White ppt.
(3) By Alkaloidal reagents. 1) 5 drops of O.S + 2ml Sulpho Salicyelic acid	White ppt.
2) 3ml of O.S + 5 drops of TCA.	White ppt.
(4) By Alcohol. O.S + Absolute alcohol.	White ppt.

⑤ By Ammonium Sulphate. 3ml 0.S + Sodium ammonium sulphate powder. gets saturated.	White ppt.	Conc. salt solr causes precipitation of protein by dehydration

Ist BDS regular batch 2020-2021

Circular for additional exam

Students who have missed any of the internal exam are required to attempt additional exam

Subject : Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- Report 15 minutes prior to start of examination
- Confirm syllabus for the examination from Biochemistry department
- Follow the specific instruction (if any) of the Biochemistry department regarding the examination

Date	Subject	Time	
		Theory	Practical
14/12/21	PHy Bio	9am to 12am	12:30 pm to 3:30 pm

HOD

Dept. Of Phy - Bio

AD OF DEPT. OF BIOCHEMISTRY.
Y.PATIL DENTAL SCHOOL
.Y.PATIL KNOWLEDGE CITY,
IA CHAROLI (BK.) LOHEGAON,
UNE : 411102

Attendance I BDS

Additional Exam (Bio)

14-12-2021

Roll No	NAME	SIGN	EXAM ABSENT FOR
77	Vaishnavi Anand Samal	Vaishnavi	3rd interna
91	Rutika Satish Tupe	Rtupe	3rd Internal
42	Siddhi Ravindra Kedare	Siddhi	3rd interna
36	Richi Jain	Richi	2nd internal
83	Yugal vinod Shende	Y.Vshende	2nd internal
89	Shubhangi manohar kalyankar	Shubhangi	2nd interna
54	Anvita Pralhad Nawale	Anvita	2nd internal
66	Roshan Bhausaheb patil	Rpatil	1st internal.
72	Asmita Arun Ranvir	Asmita	2nd internal

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune - 412105

First BDS (2020-2021Batch)

Additional Internal Assessment Examination

)ject: Physiology and Biochemistry Date: 14/12/21

al Marks: 60 Time: 2 hrs 30 minutes (Section A + B + C)

tructions:

All questions are compulsory

Use **blue / black ball point pen only**

Figures to the right indicate full marks

Do not write anything on question paper, it will be treated as copy.

Draw diagrams wherever necessary

Write section B and section C in one answer book

Section A

1. M. C. Q. (separate question paper) 1X20=**20**

Section B

2. Answer the following. 3X4=**12**

a) Enumerate hormones secreted by Pancreas. Describe the physiological actions of Insulin

b) Classify WBCs. Describe the functions of Eosinophils

c) Describe the functions of Saliva

d) Enumerate the properties of synapse and describe any 2.

3. LAQ 1X8=8

fine Cardiac cycle (**1**) Mention the phases (**1**) Describe Ventricular events letail (**4**) Discuss the pressure volume changes in the ventricle (**2**)

(P.T.O.)

Section C

4. Answer the following 3X4=12

a) Explain any 3 factors affecting rate of Enzyme action
b) Enumerate the functions of Fluorine and Iodine
c) Give an Outline of TCA cycle
d) Explain Fatty Liver

5. Explain the process of glycolysis and add a note on its energetics 1X8 =8

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PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2020-21

Result of Additional Examination 60 marks

Roll No.	Name of Student	Theory			Practical	Out of 3		Student's Signature
		A+B+C (50)	Viva (10)	Total (60)	Total (60)	Theory	Practical	
36	Jain Richi	24.5	6.5	31	28	1.55	1.40	Richi.
39	K Shubhangi	25	4.5	29.5	27	1.48	1.35	
54	Nawale Anvita	30	5	35	32	1.75	1.60	
66	Patil Roshan	22.5	5	27.5	35	1.38	1.75	
72	Ranvir Asmita	26.5	5.5	32	33	1.60	1.65	
83	Shende Yugal	18.5	6	24.5	31	1.23	1.55	

FIRST BDS – BATCH 2020-21

Result of Additional Examination 80 marks

Roll No.	Name of Student	Theory			Practical	Out of 4		Student's Signature
		A+B+C (60)	Viva (20)	Total (80)	Total (80)	Theory	Practical	
42	Kedare Siddhi	18.5	7	25.5	38	1.28	~~1.90~~	Siddhi
77	Samal Vaishnavi	25.5	7	32.5	40	1.63	2.00	Vaishnavi
91	Tupe Rutika	27.5	7	34.5	33	1.73	1.65	

HOD Physiology

HOD Biochemistry

Roll No: 39

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2020-21

Additional Internal Assessment Examination

Subject: Physiology and Biochemistry | Date: 14/ 12 / 2021

Total Marks: 50 | Time: 2 hours (Section A+B+C)

Instructions:

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Section A

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3. The morphological picture in iron deficiency anemia is
   a) Macrocytic & normochromic b) Microcytic & hypochromic
   c) Normocytic & normochromic d) Macrocytic & hypochromic

4. Myopia can be corrected by using
   a) Biconcave lens b) Biconvex lens
   c) Bifocal lens d) Cylindrical lens

5. The pain sensation is carried by
   a) Dorsal column pathway b) Spinocerebellar pathway
   c) Corticospinal tract d) Spino-thalamic tract

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X)(B)(C)(●) RIGHT (A)(B)(●)(D)

SEAT NO. IN WORDS	Thirty Nine.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Internal Examination (2nd internal)
SUBJECT	Physiology - Biochemistry
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	3	9

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1		●		
2		●		
3				●
4	●			
5			●	
6				●
7		●		
8		●		
9			●	
10	●			
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25				
26				
27				
28				
29				
30				

Seen and No. Complaint

Candidate's Signature

5/10

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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3) Every Answer Should Be Started On A New Page.

N.B. Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior / Junior Supervisor Or Who Is Rude Or Disobedient Is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Shubhangi manohar kalyankar

Name of the Examination Additional Internal examination (2nd internal) Class IST YR

Subject Physiology - Biochemistry

Roll No. 39 Date 14-12-21.

Pledge

I hereby declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Number of answer Sheets	Main	Supplements	Total
	1		

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	5										5
Marks obtained in Section B		7.5	1.5								9
Marks obtianed in Section C				4	7						11
Grand Total											25

Seen & No. Complaint

Section B

Q. 2. SAQ

a) ⟶ ?

→ Pancreas is a leaf shaped gland pres in the 'C' shape curve of duodenum.

- Pancreas is a mixed gland i.e. both

Exocrine | endocrine

- • Exocrine : gland secrete there secretion through the duct. known as pancreatic duct.
- Pancreas secrete pancreatic ~~hormone~~ Juic through the pancreatic duct.
- • endocrine : gland secrete their secretion directly into the blood instead of duct.
- Pancrease having ~~sep~~ special types of cell group o knows as Iiets of Langerhans

~~Secrete~~ It having following cells and secrete the respective hormone

1. ⟶ α cells : secrete glycogen
2. ⟶ β-cells : secrete Insulin
3. ⟶ P.P cells : (pancreatic polypeptidase.)
4. ⟶ δ cells : somatostatin

D.Y. PATIL GROUP

- Physiological action of Insulin :

- Insulin is secreted by the β-cells present in pancreas.
- Insulin works to regulate the glucose level of the body.
- In ~~Diabetic Condition~~ i.e. (high ~~body~~ glucose condition.) secretion of Insulin takes place and it minimise the glucose level of blood. by the process of

↓

glycogenesis.

↓

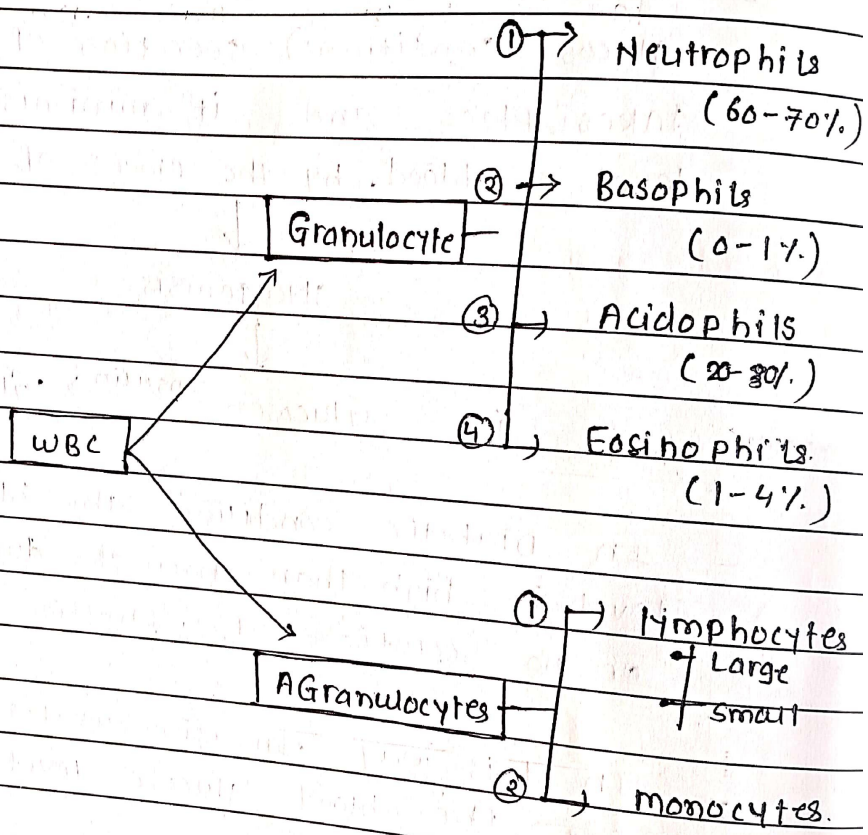
i.e. Glucose $\xrightarrow{\text{Insulin}}$ Glycogen.

- In Diabetic condition the blood glucose level. is high than normal due to less or no secretion of Insulin hormone.
- In this way Insulin works in maintaining the blood glucose level.

b) → ?

→ WBC : (white blood cells.)

- WBC are also called as leucocytes.
- WBC is classify as follows. :



- Eosinophils :→
  - Eosinophils is the type of WBC.
  - It is in (1-4%) in count
  - These cells get activated in allergic condition.
  - Helps in minimize the respective allergy and infection.

- when the amount or count of Eosinophils are increase than the normal level then the condition is known as Eosinophilia.

- In allergic condition like pollen etc. these cells get activated and minimise the infection.

c) ——→ ?

→ — Saliva is the secretion of the salivary glands like parotid, sublingual and submandibular gland.

— saliva is present in oral cavity / Buccal cavity in large amount.

• Functions of saliva :

1) It helps in deglution of food and formation of bolus

2) ~~Avoid~~ ~~tub~~ Helps in lubrication while swallowing the food.

3) Keep oral cavity moist.

4) Having Anti-microbial activity :→ Saliva having enzyme lysozyme which helps to kill any foregin body that i.e. having anti-mirobrial activity.

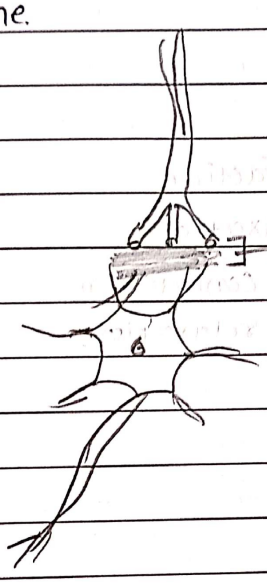
5) Salivary amylase :→ enzyme present in saliva.
— ~~helps~~ Initiation of the diagestion is start in oral cavity with help of this enzyme.

• Carbohydrate — salivary amylase → breakdown 30%

d) →

- Synapse :-

→ It is the spese present betwen the axone of 1 neuron and body of another neurone.



1.5

→ synapse ~~is~~ ~~of~~ types

1) Chemical synapse
2) ~~end~~ end to end synapse.

1) Chemical synapse

→ In this type of synapse, the axone of one neurone secrete certein chemical i.e. (Acetyl choline) → which acts on the body of another neuron and opens the channels present on the surface of it

→ Through this channel neurotramitter transmits there impulse from 1 neuron to another neuron

Q.3. LAQ

- Cardiac cycle → circulation of total amount of blood present in body in 1 min. it is called as cardiac cycle.

1.5

- Phases
  1) Atrial contraction
  2) Atrial relaxation.
  3) ventricular contraction
  4) ventricular relaxation.

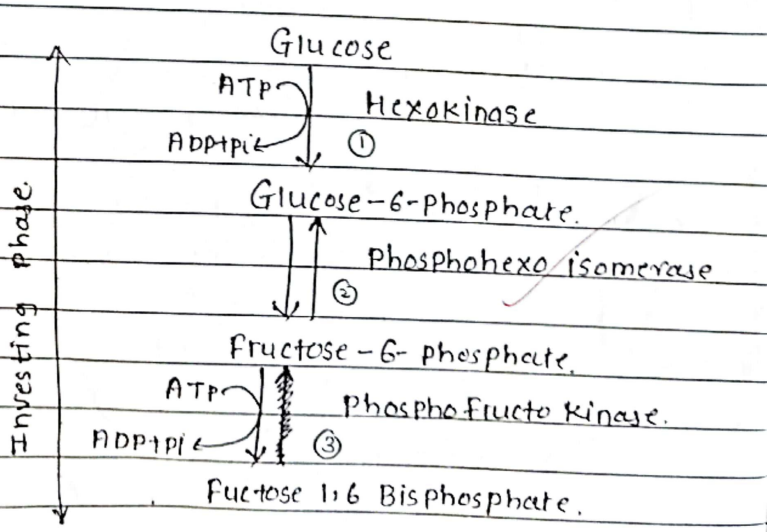
Section C

Q.5 ANS

→ glycolysis : glycolysis is the syst process in which glucose is breake down into pyruvate

- glycolysis is occors in all cells
- It is takes place in the cytosol of the cell.
- glycolysis is divided into 2 phases :
  - ① Investing Phase
  - ② preparatory Phase.
- process of glycolysis are as follows :

glycolysis



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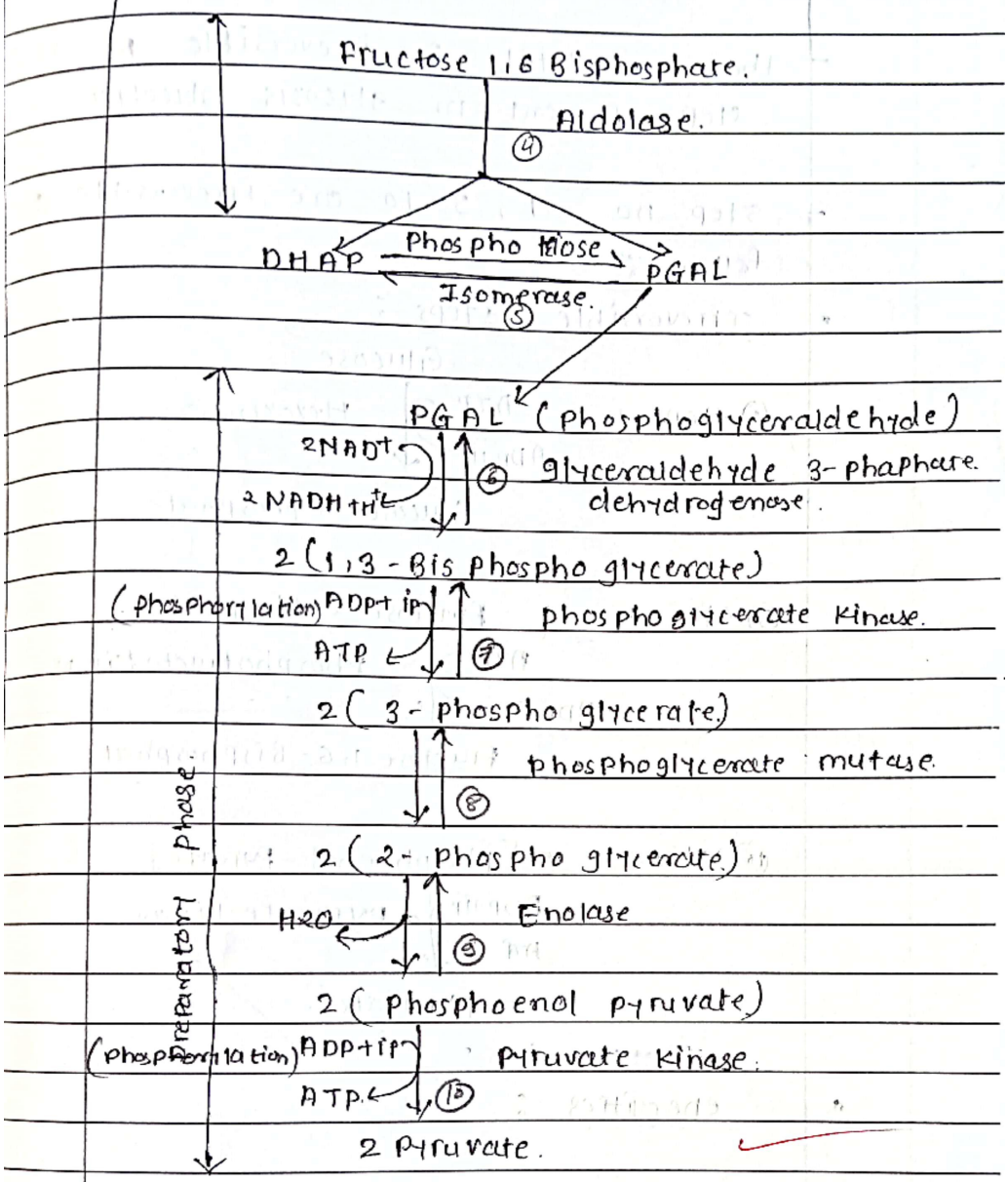

→ glycolysis having 2 phases :

① Investing phase → because the molecule of ATP get invested into this proces.

② Preparatory phase → because here, formation of ATP takes place by phosphorylation.

- There are total 3 irreversible process / steps present in ~~glycosis~~ glycolysis.

- Step no. 1, 3, 10 are irreversible are follows :

• Irreversible steps :

① step → Glucose
ATP → Hexokinase
ADP+iP
Glucose-6-phosphate

③ step → Fructose-6-Phosphate
ATP → Phosphofructokinase.
ADP+iP
Fructose 1,6-Bisphosphate

⑩ step → 2 [Phosphoenol Pyruvate]
ADP+iP → Pyruvate kinase.
ATP
2 pyruvate

• energitics :

- There are total 10 molecules of ATP form in preparatory phase of glycoly

- But 2 molecules get invest in investing phase.

- ~~Here~~ Hence, (10-2) = 8

- Net gain of ATP

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Examination _____ Subject _____

Class _____ Date _____ Roll No. _____

Supplement No. _____ Invigilator's Sign. _____

Energies :)

7

Steps	Total ATP.
• Investing phase	
① Glucose → glucose 6-phosphate.	− 1 ATP
② Fructose 6-phosphate ⇌ Fructose 1,6 Bisphosphate	− 1 ATP
• Preparatory Phase.	2 NADH
③ 2PGAL ⇌ 2(1,3-Bis phosphoglycerate)	2 × 3 = 6 ATP.
	+
④ (1,3-Bis) phosphoglycerate ⇌ 2(3-phosphoglycerate)	2 ATP
	+
⑤ 2-phospho glycerate ⇌ 2 phospho-enol pyruvate	2 ATP.
	10 ATP
	− 2 ATP
	8 ATP

→ So, Net gain of ATP in aerobic glycolysis is 8 ATP

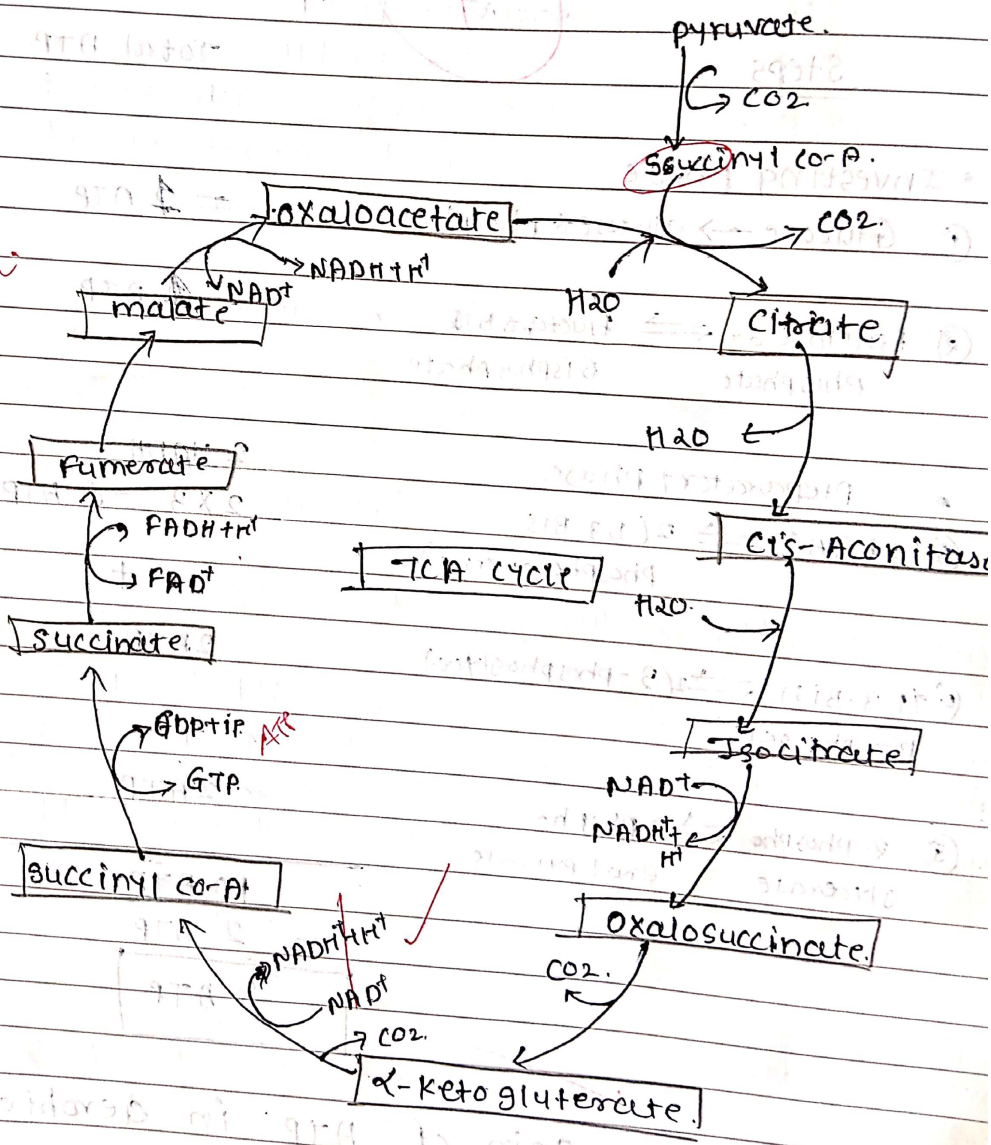
anaerobic ?

Q.4. SAQ

c) → ?

→ TCA cycle is also known as citric acid or krebs cycle.

- It is occurs in mitochondrial matrix.
- Outline of TCA cycle :-)



9) → ?

→ • Factors affecting action of enzyme :-)

1) Temperature :
2) PH concentration
3) Concentration of substrate.

1) Temperature :-

— the rate of enzyme action is affect by temperature.

— If we increase temperature the enzyme action rate get decreased.

Graphs Ex.

— Temperature ∝ $\frac{1}{\text{rate of enzyme action}}$

2) PH concentration :-)

— enzymes are active at high PH i.e. (low H^+ ion concentration)

— If ↑ PH concentration → rate of action of enz

— If ↓ PH / ↑ H^+ concentration → enzyme become non-fu

PH ∝ enzyme action (rate)

3) Concentration of substrate :-)

— Concentration of substrate matter in re of enzyme action

— If more quantity of substrate present keep enzyme concentration same it more time to give respective product.

Concentration of ∝ $\frac{1}{\text{rate of action}}$

2

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

me of the Student Shubhangi manohar kalyankar

me of the Examination Additional internal examination (2nd internal) Class Ist yr.

bject Physiology

ll No. 39 Date 14-12-21

idents Signature [signature] "Seen No. Complaint" [signature]

Center name: D.Y. PATIL DENTAL SCHOOL, PUNE

Sr. No.	Title of Head / Experiment	Practical Marks (80)	Viva Marks (20)
1	Haematology (30)	11	
2	Biochemistry (30)	12	
3	Clinical Physiology (20)	4	
4	Physiology Journal & Commu Skill (2.5+2.5)		
5	Biochemistry Journal & Commu. Skill (2.5+2.5)		
	Theory Viva		
6	Physiology (10)		3
7	Biochemistry (10)		1.5
	Total		

Haematology

observation :-

Hb ~~content~~ count 13 gm / 100 ml

O_2 carrying capacity 13 X 1.34 ml / 100 ml

= 17.42 ml / 100 ml

Iron content 13 X 3.34 mg / 100 ml.

= 43.4 mg / 100 ml

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- Clinical :-)

Record blood pressure in sitting position

- sex of subject → Female.
- age of subject → 19
- Systolic BP → 107
- Diastolic BP → 75

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Practical / Clinical Examination Answer Book

Examination

Q. 1 → 8
Q. 2 → 4
Total → 12/30 Dated →

Sr. No.

Name of the Student Shubhangi manohar kalyankar

Name of the Examination : Additional Internal examination (2nd internal.) Class

Subject Biochemistry

Roll No. 89 Date 14-12-21.

Students Signature [signature] "Seen No. Complaint" [signature]

(4)

I BDS- Biochemistry Practical Exam T. N. (4)

1. Estimate the total protein content in the given serum sample. (20 Marks)

2. Perform the 3 tests on the given sucrose solution. ~~5 ml of 2 drops of~~ (10 Marks)

Solution reacts with the peptide bond Of protein and gives Blue colour to the sample.

Normal ranges

Total protein present → 6-8 gm / 100 ml.

Albumin amount present → 1.8 - 3.6 gm / 100 ml

Count of Globulin → 1.2 - 2 gm / 100 ml

A : G → 1.2 / 2 gm / 100 ml.

	A
S	0.21
ET	0.16
B	0.07

Total serum protein content = $\frac{A \text{ of } T - A \text{ of } B}{A \text{ of } S - A \text{ of } B} \times 10$

$= \frac{0.16 - 0.07}{0.21 - 0.07} \times 10$

$= \frac{0.09}{0.14} \times 10$

$= \frac{90}{14} = 6.6 \text{ gm/l}$

Total serum protein content = 6.6 gm/l

- clinical :-

1) Hyperprotenemia :- Increase in the count of protei than the normal level.
- cause due to high intake of protein in diate.

2) Hypoprotenemia :- Decrease in the count of prote than normal level.
- It is due to low intake of protein in diate the sufficient level.

3) nal nutrition in children → causin
Kwashiorkor

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Q(2)

Process.	Observation	Inference
(1) Molish's test.		
(2) Add 2ml of 0.5 + 2 drops of 1%. α- napthol solution + 2ml of conc. H_2SO_4 From the side of taste tube	purple coloured ring form.	Conc. H_2SO_4 rects with sucrose and form furfural. which reacts with α- napthol solution and gives purple coloured ring.
(3) Take 2ml of fehling solution. (fehling A + fehling B) + 2ml of fructose. Boil for 2 min.		
(4) Inversion test.		

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PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2020-21

Additional Internal Assessment Examination

Subject: Physiology and Biochemistry | Date: 14/ 12 / 2021

Total Marks: 50 | Time: 2 hours (Section A+B+C)

Instructions:

- First **30 minutes** for section A (MCQs)
- All questions are compulsory and each question carries **one** mark
- Use **blue / black ball point pen only**
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- In the answer sheet, darken appropriate empty circle, below the question number **once** only.
- **Zero marks** will be given **for the double attempt** in any form for one question.
- **If any candidate desires not to attempt any MCQ, then the candidate shall strike out all options for that MCQ, failing which it shall be treated as 'Unfair Means'**

Section A

Q. 1. Multiple Choice Questions 1X10=10

1. First heart sound is best heard in
   a) Aortic area b) Mitral area c) Pulmonary area d) All of the above

2. Transport of sodium and glucose is an example of
   a) Antiport b) Symport c) Uniport d) Diffusion

3. The morphological picture in iron deficiency anemia is
   a) Macrocytic & normochromic b) Microcytic & hypochromic
   c) Normocytic & normochromic d) Macrocytic & hypochromic

4. Myopia can be corrected by using
   a) Biconcave lens b) Biconvex lens
   c) Bifocal lens d) Cylindrical lens

5. The pain sensation is carried by
   a) Dorsal column pathway b) Spinocerebellar pathway
   c) Corticospinal tract d) Spino-thalamic tract

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5/10

Examiner Name & Signature

6. The Lipoprotein which transports dietary lipids to the systemic circulation is-
   a) VLDL b) LDL c) HDL d) Chylomicrons

7. Which of the following is an essential amino acid?
   a) Threonine b) Tyrosine c) Cysteine d) Glycine

8. The hormone involved in regulation of Water and electrolyte Balance is -
   a) Insulin b) ADH c) LSH d) GH

9. Which of the following statements about cholesterol is NOT TRUE -
   a) Nuts are a good source b) acts as parent sterol in the body c) has one OH group
   d) Excreted through bile.

10. In the process of protein denaturation, which bond remains undisturbed?
    a) Hydrogen bond b) peptide bond c) disulphide bond d) Ionic bond

OOOOOOOXXXXXXXOOOOOOO

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do Not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) ●	(A) (B) ● (D)

SEAT NO. IN WORDS	Sixty - six
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional internal Assesment examination.
SUBJECT	Biot' physiology and Biochemistry.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Bande
Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	6	6

QUESTION BOOKLET VERSION NO.

A	1	1	1
B	2	2	2
D	3	3	3
G	4	4	4
M	5	5	5
N	6	6	6
P	7	7	7
S	8	8	8
U	9	9	9
	0	0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
✓1	A	**B**	C	D	11	A	B	C	D	21	A	B	C	D
✗2	A	B	**C**	D	12	A	B	C	D	22	A	B	C	D
✓3	A	**B**	C	D	13	A	B	C	D	23	A	B	C	D
✗4	A	**B**	C	D	14	A	B	C	D	24	A	B	C	D
✓5	A	B	C	**D**	15	A	B	C	D	25	A	B	C	D
✓6	A	B	C	**D**	16	A	B	C	D	26	A	B	C	D
✗7	A	B	C	**D**	17	A	B	C	D	27	A	B	C	D
✓8	A	**B**	C	D	18	A	B	C	D	28	A	B	C	D
✗9	A	B	**C**	D	19	A	B	C	D	29	A	B	C	D
✗10	A	B	**C**	D	20	A	B	C	D	30	A	B	C	D

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Candidate's Signature

5/10

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Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior / Junior Supervisor Or Who Is Rude Or Disobedient Is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

me of the Student Roshan Bhausaheb patil

me of the Examination Additional internal assesment Class Bds 1st yr.

ject physiology and biochemistry.

No. 66. Date 14/12/2021.

Number of Answer Sheets	Main	Supplements	Total
	1	1	2

Pledge

eby declare that I have gone igh the instruction given e & pledge to abide by them.

Apatil.

ignature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / on	1	2	3	4	5	6	7	8	9	10	Total
obtained in Section A	05										05
obtained in Section B		5.5	6								11.5
obtianed in Section C				3	3						6
Total											22.5

n & No. Complaint

Apatil.

Dande

anl

1.2

a) Enumerate Hormones secreted by pancreas. Describe the physiological action of Insulin.

→

pancreas are mixed type of gland
It ~~secrete both~~ is endocrine as well as exocrine gland.

exocrine part secrete – pancreatic Amylose which digest starch.

endocrine part secrete 3 Hormones.
1) glucagon 2) Insulin 3)

glucagon:- secreted by ∝ cells of pancreas which are located in islets of Longerhons of tail of pancreas. It increases blood glucose level.

Insulin:- secreted by β cells of islets of Longerhons which decreases the blood glucose level.

h-cells secreted Hormone which controlled Secretion of Both ∝ and β cells.

Insulin – physiological action

Insulin promotes glycolysis, glycogenolysis.
Insulin decreases gluconeogenesis.
Insulin decrease blood

deficiency of insulin Hormone causes a disease known as diabetes mellitus.

It has two types

① Insulin dependent

② Insulin independent

Type I

- causes due to low or poor secretion of insulin
- Mostly seen in childems with age of 10–18 yrs.

Type 2

- causes due to no activity of insulin on target cell
- or target cell does not give Response to insulin
- Most common observe in population
- more than 80% people suffer from this disease
- causes due to obesity, genetical abnormality, inherited characters, defective genes etc.

b) WBC classification and Eosinophils functions.

→

WBC = White blood cells (Nocrocytes)
Normal count = 6000–11000 /cumm of blood.

WBC

Granulocytes Agranulocytes.

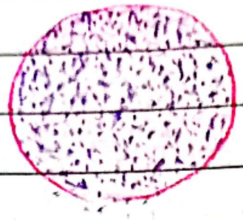
Two types of WBC
① granulocytes – granules present in cytoplasm.

② Agranulocytes – granules absent in cytoplasm of cell.

granulocyte	Agranulocyte
Neutrophilss (60-80%)	Monocytes (2-8%)
Basophils (0-1%)	lymphocytes (20-40%)
eosinophils. (1-4%)	Large lymphocytes, Small lymphocytes.

Neutrophils – Most aboundant WBC, mostly Macrophages destroy foreign particles such as bacteria, viruses etc. They are multilobed.

Basophils :– Their percentage is very low about ~~(1-4%)~~ 0-1%) Their are No. of granules present on the cytoplasm of Basophils.



Basophils.

Monocytes

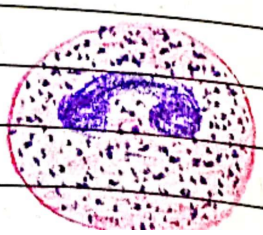
- percentage 2-8%.
- Macrophagic in nature.
- Agranulocyte.
- No increase in bacterial infection.

lymphocyte

- 20-40%.
- 2nd large count of WBC in Blood.
- provide immunity.

Eosinophils.

- granulocytes.
- percentage 1-4%.
- Acidic granules are present.
- No increase in Allergic conditions.
- Two lobes are present in Nucleus.



Function of saliva

pH of saliva is 6-7.5
Saliva contains lysoenzymes which are bacteriocydal in nature.
entry of Bacteria through food is prevented by the action of lysozymes in saliva.
saliva contain enzyme known as salivary amylase which help in digestion of starch in the mouth.
Saliva prevent dryness of mouth.
~~deglutition~~ d saliva helps in deglutition of food bolus.
cleansing action of mouth.
Saliva contain phosphate which provide mineralization of enamel to the teeth.
food debris present in tooth are Removed with the help of saliva.
certain drugs are dissolved in saliva.
Taste sensation for certain taste done when they are substance or food particles dissolve in saliva.

1.5

Q.3. Cardiac cycle

→ cyclic ~~cyclic~~ cyclic events occur in heart during contraction and Relaxation of heart known as cardiac cycle.

Arterial contraction (0.1) sec.
Arterial Relaxation (0.7) sec.

ventricular contraction (0.7 sec)
ventricular Relaxation (0.1 sec).

Arterial contraction.

- Impulse generated from the Sino artorial node
- pass ~~through~~ to Rio left atrium, Right ventricle by various fibres.
- Arterial contraction causes Atrio-ventricular value cause lubb sound
- due to venous Return artorium filled with the blood. (deoxygenated)
-

Artorial Relaxation

- Arterial Relaxation causes opening of at artorio-ventricular value to passed blood from atrium ventricles.

2

Ventricular contraction

① Isovolumetric contraction
② Rapid ejection phase
③ Slow ejection phase.

Isovolumetric contraction

- It occurs when the both inlet and outlet valves are closed
- atrium pour blood into ventricle and close the value and the semilunar valves are closed

so blood stay for sec in ventricles with Rising pressure, there is no change in volum so called as Isovolumetric.

Rapid ejection phase

~~All~~ blood from the ventricles forcefully ~~propll~~ propelled out from ventricle known as Rapid ejection phase. It occurs due to High blood pressure from atrium.

Slow ejection phase

Due to decrease in pressure, blood propelled out from heart is minimized known as slow ejection phase.

Q.4.

a) Enzymes

- Biological catalyst which enhance the rate of Reaction and decrease the activation energy.

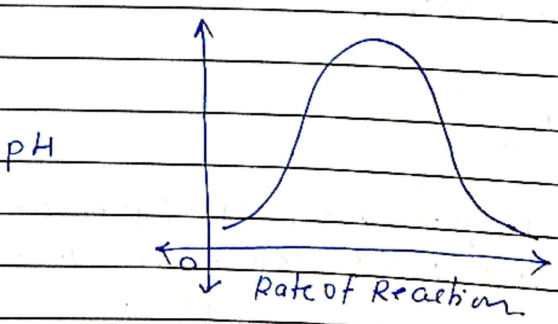
Factors affecting enzyme activity.

1. pH.
2. Temp.
3. product concentration.
4. Conc. of enzyme.
5. conc. of product.

pH :-

- enzyme are activated or do normal ~~activ~~ a at pH Range of 6-8.
- below than 6 and greater than 8 enzym activity inhibited.
- Bell-shaped graph observed.

1.5



Examples.

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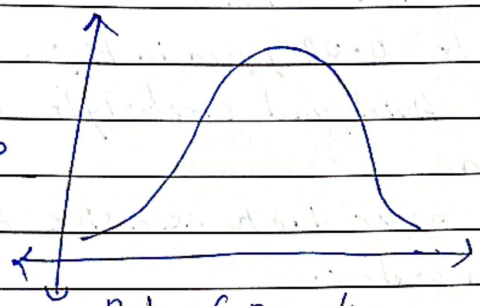
(2) Temp :-

- enzyme activity Normal at temp range of 25 to 40 °c.
- above 40 °c enzyme tends to denaturate
- Bell-shaped graph is observed



(3) product concentration :-

increase in product concentration decrease the enzyme activity, so that product are removed as possible as they formed.

) enzyme concentration :-

- enzyme concentration is increased then Rate of Reaction is increased Rapidly.

) Substrate concentration

- substrate concentration $\propto \frac{1}{\text{Rate of Reaction}}$

b) Enumerate the function of fluorine and Iodine.

→

Flourine

- is essential for the tooth formation?
- Flourine provided through water.
- Requirement is al- 1%.
- or 0.002 ppm to 0.08 ppm in H_2O.
- Normal body fluid and electrolyte blancing done by Flourine
- Teeth moulting occur due to excessive Flourin take up in water.

Iodine

- Normal ~~Iodine level~~
- deficiency of Iodine causes goiter disease.
- Iodine Require for Regulating Blood pressu
- low level of I_2 in blood causes low Bp
- High level of I_2 in blood causes High Bp.
- ~~electrolyte~~ b
- I_2 exchange in tubular part of kidney for absorption of H_2O and other ions.
- Nacl in blood dissociate into Na+ and Cl^-
- Cl^- shift from blood to RBC for electrolyte balance called chloride shift.
- Not are useful in Nerve transmission.

D. Y. Patil Dental School, Charholi (Bk), Pune - 412105

Name of Student Roshan Bhausaheb patil

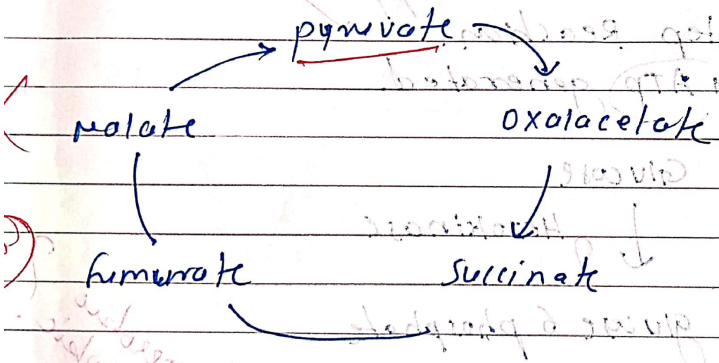
Examination Additional internal asses Subject physiology & Biochemistry.

Class 1st Bds. Date 14/12/21 Roll No. 66.

Supplement No. 1 Invigilator's Sign.

Outline of TCA

TCA = Tricarboxylic acid cycle.
or also known as kreb cycle.
occurs in mitochondrial matrix.
It start with oxaloacetate.
It produces the ATPs.
It is Amphibolic pathway
pyruvate enter the cycle as the end product of glycolysis.



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Sr. No.

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ubject physiology

oll No. 66 Date 14/12/2021

tudents Signature Rpatil. "Seen No. Complaint" Rpatil.

Center name: D.Y. PATIL DENTAL SCHOOL, P...

Sr. No.	Title of Head / Experiment	Practical Marks (50)	Viva Marks (25)
1	Haematology (30)	12	
2	Biochemistry (30)	18	
3	Clinical Physiology (20)	5	
4	Physiology Journal & Commu. Skill (2.5+2.5)		
5	Biochemistry Journal & Commu. Skill (2.5+2.5)		
	Theory Viva		
6	Physiology (10)		
7	Biochemistry (10)		3
	Total	35	3 5

GPC

WBC count.

Diluting Fluid :-

1) glacial Acetic acid :- To destroy cytoplasm of cell.

2) Methyl violet :- To stain the ~~sum~~ cells

3) distilled water.

	6	2	3	4		3	4	3	2	
43	2	3	1	1		5	4	5	2	
	4	3	3	4		5	2	5	2	51
	1	3	1	4		7	1	1	0	
	3	4	3	4		1	6	1	3	
51	5	3	4	1		3	4	6	1	42
	6	4	4	4		3	4	1	3	
	4	2	2	1		0	2	3	2	

Dilution Factor is 1:20 $\quad 43+51+51+42$

N is total No of WBC $= \frac{\cancel{20+22+25+25}}{4}$

$= \frac{\cancel{92}187}{4}$

$= \cancel{23}\ 46.5$

Total leukocyte count $= N \times 10 \times 20$

$= \cancel{23} \times 10 \times 20 \times 46.5$

$= \cancel{230} \times 20 \times 465$

$= 9300 \approx \cancel{4600}$ / cumm of blood.

Total leucocyte of my own blood is $\overset{9300}{\cancel{4600}}$ / cumm of blood.

Normal count:- 4000-11000 / cumm of blood.

Clinical physiology.

Record blood pressure of the given subject in sitting position.

Subject Name:- Shubhangi
Female Age:- 21

Systolic Blood pressure = 110 mm of Hg.
Diastolic Blood pressure = 70 mm of Hg.

Normal Range of Systolic/Diastolic pressure

= 120/80 mm of Hg.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

ime of the Student Roshan Bhausaheb patil

me of the Examination Additional internal assessment Class 1st BDS

bject Biochemistry

l No. 66 Date 15/12/2021.

dents Signature Patil. "Seen No. Complaint" Patil

Q.1 - 11

Q.2 - 07

(3)

I BDS- Biochemistry Practical Exam T.N (10)

1. Estimate the total protein content in the given serum sample. (20 Marks)

2. Perform the 3 tests on the given sucrose solution. (10 Marks)

Principle

bond between the ~~A~~ proteins (Amino acid) into NH_3 and CO_2.

Blank	B 5 ml Biuret + Normal Saline (1ml)
Standard	5ml Biuret + standard soln (1ml)
Test	5ml Biuret + diluted serum (1ml)

Soln	Absorbance
Base	0.07
standard	0.21
Test	0.16

Total protein content of serum:-

$$= \frac{A \text{ of } T - A \text{ of } B}{A \text{ of } S - A \text{ of } B} \times 100.$$

$$= \frac{0.16 - 0.07}{0.21 - 0.07} \times 100.$$

$$= \frac{0.09}{0.14} \times 100 = 6.42 \text{ mg/dl}.$$

∴ Total protein content in given serum sample is 6.42 mg/dl.

Total Serum protein = 6-8 mg/dl.
Albumin = 4-5 mg/dl
globulin = 1.8-3.6 mg/dl
A/G Ratio = 1.2-2

Clinical significance:-

1) Total serum protein increased during Heat, burn, shock etc.
2) Inflammation of pancreas occur when albumin content of body is decrease.
3) due to heavy loss of Albumin through urine cause glomerulonephritis, kidney disorders.
4) due to protein deficiency in children kwashiorker disease seen.
5) proteins has various functions such as coagulation, providing Immunity, etc.

Test	Observation	Inference
(1) Molisch test 2ml of os + 5-6 drop of α Napthanol + H_2SO_4 from side of test tube.	purple colour Ring observed b/w junction of two liquids.	H_2SO_4 dehydrate the g carbohydrate. common test for monosaccharide and disaccharide.
(2) Fehling test 2ml of 0.5 + 2ml of fehling solution f Boil.	Red colour observed	
(3) Benedict test 5ml of Benedict Reagent + 8 drop of os + 2+ Boil for 2 min.	green colour observed (0.5%) orange (++) Red (brick red) colour observed.	As the concentration of g sugar ↑ sep colour deepens.
(4) Seliwonff's test 2ml 0.5 + 2ml Seliwonff's Reagent	Scanty Red precipitate	differentiate b/t n glucose & fructose.

(5)	Barfoed test 2ml OS + 2ml of Barfoeds Reagent + Boil for 2 min	Red colour observed	Differentiate beth monosaccharide & disaccharide.

Dept. Of Physio & Biochemistry

D. Y. Patil Dental School Loheogao

Date : 1/6/2020

This is notify the students appearing for additional Exam in Phy –Bio that their online theory will be held on 13/6/20 at 9.30 am sharp and online practical exam will be held on 1.30 pm

Student Must be Present On time

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

Dept of Bio -Phy

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL
D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2019-20
Attendance Sheet

Roll No.	Name of Student	Theory 9:30 13/6/20	Practical 1:30 13/6/20
7	Bhatti Hardik	p	p
88	Sirsat Samrudhi	p	p

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2019-20

Result of Additional Examination

Roll No.	Name of Student	Theory		Practical		Student's Signature
		Total (60)	Out of 3	Total (60)	Out of 3	
7	Bhatti Hardik	39	1.95	43	2.15	
88	Sirsat Samrudhi	28	1.40	27	1.35	

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune - 412105

First BDS (2019-2020Batch)

Additional Internal Assessment Examination

Subject: Physiology and Biochemistry Date: 14/12/21 Total Marks: 60

Time: 2 hrs 30 minutes (Section A + B + C)

Instructions:

All questions are compulsory

Use **blue / black ball point pen only** Figures to the right indicate full marks

Do not write anything on question paper, it will be treated as copy.

Draw diagrams wherever necessary

Write section B and section C in one answer book

Section A

Q. 1. M. C. Q. (separate question paper) 1X20=20

Section B

Q. 2. Answer the following. 3X5=15

a) Hormonal control of lactation
b) Function Of Middle Year
c) Function Of Hypothalamus
d) Puberty
e) Function Of Middle Year
f) Function Of Saliva.

Q. 3. LAQ 1X10=**10**

Enumerate the hormones produced by throid gland (1 Mark)Describe the synthesis & regulation of thyroxine (3 marks) states its physiological actions(3 marks)
Adda note on hypothyroidism(3 Marks)

Q. 4. Answer the following 3X5=**15**

a) Significance Of HMP shunt
b) Competitive inhibiton of enzymes

c) Functions of Cholesterol
d) Transmethylation
e) Ketosis

Q. 5. Define B oxidation of Fatty Acids (1) Define the B oxidation of Palmitic Acid (5) Explain its energetics (4)

1X10 =**10**

Roll No:

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

Regular batch 2019-2020

Additional Exam

Subject: Physiology and Biochemistry | Date: 13/ 06/ 2020

Total Marks: 60/70 | Time: 2.30/ 3 hours (Section A+B+C)

Instructions:

- First **30 minutes** for section A (MCQs)
- All questions are compulsory and each question carries **one** mark
- Use **blue / black ball point pen only**
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- In the answer sheet, darken appropriate empty circle, below the question number **once** only.
- **Zero marks** will be given **for the double attempt** in any form for one question.
- **If any candidate desires not to attempt any MCQ, then the candidate shall strike out all options for that MCQ, failing which it shall be treated as 'Unfair Means'**

Section A

Q. 1. Multiple Choice Questions 1X20=**20**

1. The following is true about smooth muscle **EXCEPT**
   a) It is involuntary b) It can contract with external stimuli
   c) It is striated d) It is supplied by Autonomic Nervous System

2. First heart sound is best heard in
   a) Aortic area b) Mitral area c) Pulmonary area d) All of the above

3. Accessory muscles of respiration include all of the following **EXCEPT**
   a) Scaleni b) Sternocleidomastoid c) Internal intercostal d) Serratus anterior

4. Angiotensin I is converted to angiotensin II in
   a) Brain b) Liver c) Kidney d) Lungs

5. Pacinian corpuscles are the major receptors for
   a) Pressure b) Pain c) Itch d) Temperature

6. The Organ of Corti is present on
   a) Basilar membrane b) Reissner's membrane
   c) Tympanic membrane d) Tectorial membrane

7. The morphological picture in iron deficiency anemia is
   a) Macrocytic & normochromic b) Microcytic & hypochromic
   c) Normocytic & normochromic d) Macrocytic & hypochromic

8. Transport of sodium and glucose is an example of
   a) Antiport b) Symport c) Uniport d) Diffusion

9. The slowest part of conducting system of heart is
   a) SA node b) AV node c) Bundle of His d) Purkinje fibers

10. Countercurrent exchange mechanism
   a) Occurs in vasa recta b) Maintains medullary hyperosmolarity
   c) Possible due to the shape of vasa recta d) All of the above

11. Which Vitamin provides coenzyme for transamination reaction?
   a) Pyridoxine b) Niacin c) Riboflavin d) Biotin

12. Albinism is due to deficiency of
   a) Homogentisate Oxidase b) Tyrosinase
   c) Asparginase d) Phenylalanine Hydroxylase

13. During starvation, the first reserve nutrient to be depleted is:
   a) Glycogen b) Proteins c) Triglycerides d) Cholesterol

14. The transport form of Iron is:
   a) Hemosiderin b) Ferritin c) Ceruloplasmin d) Transferrin

15. Transamination of Oxaloacetate results in the formation of:
   a) Pyruvate b) Alanine c) Glutamine d) Aspartate

16. Which of the following sugar is present in the structure of nucleic acids:
   a) Triose b) Tetrose c) Pentose d) Hexose

17. The amino acid required for Heme synthesis is:
   a) Glutamic acid b) Cysteine c) Glycine d) Methionine

18. The most important buffer system regulating blood pH in the body is
   a) Phosphate buffer b) Protein buffer
   c) Hemoglobin buffer d) Bicarbonate buffer

19. Which of the following enzyme is diagnostic for Obstructive Jaundice?
   a) Lactate dehydrogenase b) Alkaline Phosphatase
   c) Creatine Kinase d) Aspartate transaminase

20. NADPH utilized for Fatty acid synthesis can be generated from:
   a) Glycolysis b) HMP Shunt c) β oxidation d) Uronic acid pathway

OOOOOOOXXXXXXXOOOOOOO

Roll No: 07

Subject: Physiology / Biochemistry.

Exam: Additional Internal Assessment.

Date: 13/06/2020

Time: 9:30-12:15

Email: hardik.bhatti572@gmail.com.

Student's Signature: Hardik Bhatti

	SAQ	LAQ	Total
Section A			
Section B			
Section C			
		Grand Total	

Biochem = 28/30 = 39/60

H.O.D. Signature

physio = 11/30

Section C

Q 4]

a] Glycogenesis:

Glycogenesis is the pathway for the formation of glycogen from glucose.

This process requires energy, supplied by ATP & uridine triphosphate.

It occurs in muscle & liver.

Glycogenolysis:

Glycogenolysis is the degredation of glycogen to glucose 6- phosphate & glucose in muscle and liver respectively.

Glycogenolysis is not the reverse of glycogenesis but is a seperate pathway.

Glycogenesis	Glycogenolysis
Glyco → Glycogen genesis → Creation	Glyco → glycogen lysis → decomposition
Synthesis of glycogen from glucose.	Breakdown of glycogen to glucose.

3

Name: Hardik Bhatti Roll No: 07

1) Trace Elements →

The Trace elements are minerals present in living tissues in small amount.
Some of them are known to be nutritionally essential others may be essential and the remaining are considered to be non essential.

The Trace elements are as follows:

i) Zinc (Zn)

ii) Copper (Cu)

iii) Selenium (Se)

iv) Chromium (Cr)

v) Cobalt (Co)

vi) Iodine (I)

vii) Manganese (Mn)

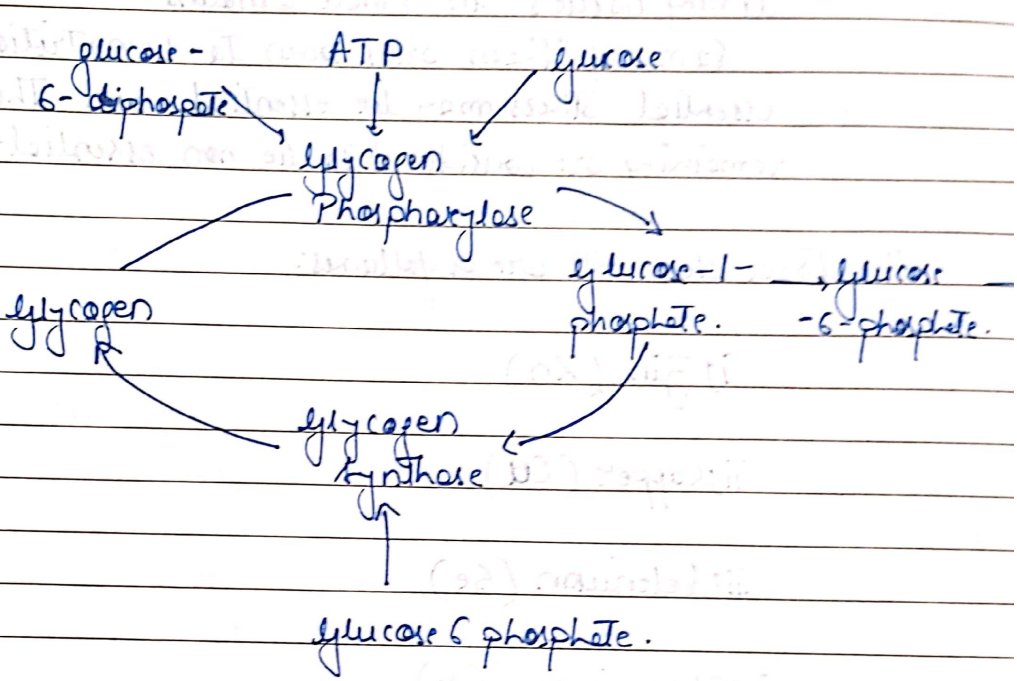
viii) Molybdenum (Mo)

Name: Hardik Bhatti Roll No: 07

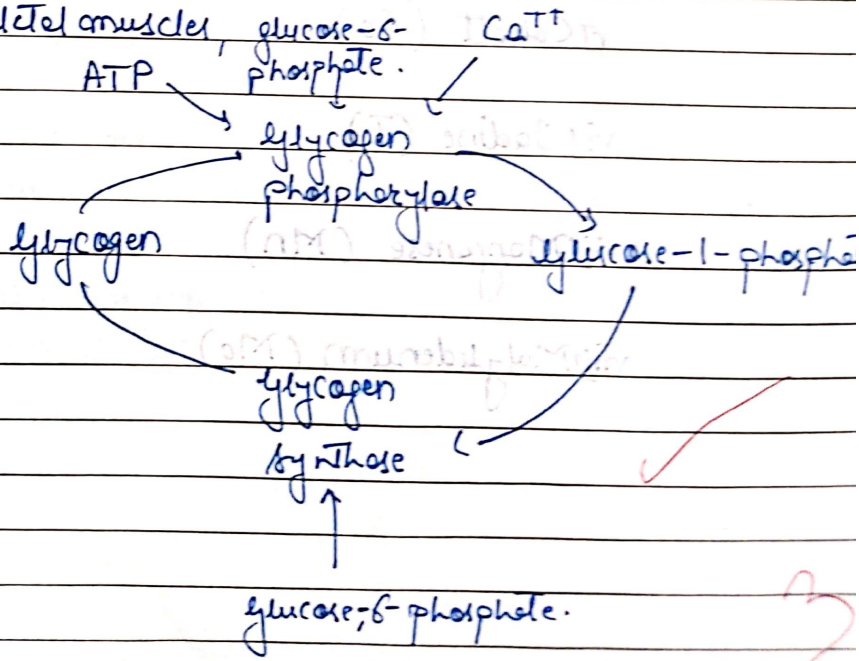
Q 47

Q]

In Liver,



In skeletal muscles,



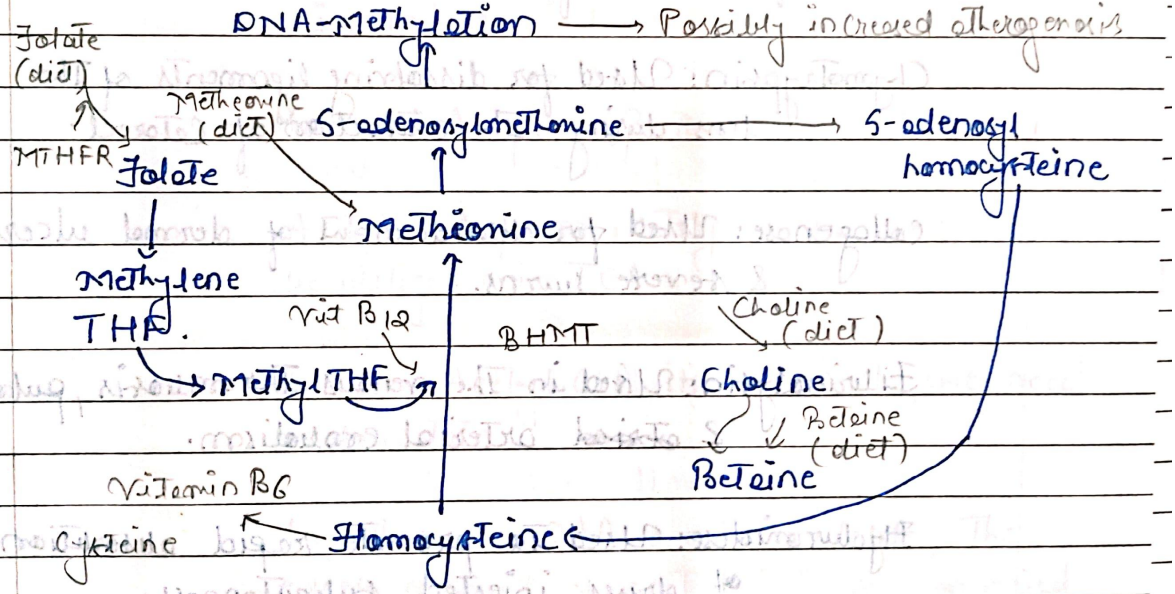
Name: Hardik Bhatti Roll No: 07

DATE

c) Transmethylation:

Transmethylation is a biologically important organic chemical reaction in which a methyl group is transferred from one compound to another.

Ex: Recovery of methionine from homocysteine.



Name: Hardik Bhatti Roll No: 07

d) Therapeutic application of enzyme:

Some enzymes are used in the treatment of some diseases of human being. For ex:

Bacterial Asparginase → Used in treatment of some types of leucemia.
Asparginase is necessary for formation of leukemic white cells.

Chymotrypsin: Used for dissolving ligaments of the lens during the extraction of cataract.

Collagenase: Used for debridement of dermal ulcers & severe burns.

Fibrinolysin: Used in the renous thrombosis, pulmo & ~~stroke~~ arterial embolism.

Hyaluronidase: Used to promote rapid distribution of drugs injected subcutaneously.

Lysozyme: Found in human tears & egg white. Used in infections of eye due to its antibacterial action.

Penicillinase: Used for treatment of people allergic to penicillin.

Rennin: Used for treatment of gastric achylia.

Name: Hardik Bhatti Roll No: 07

Trypsin: Used To clean the wounds by dissolving ~~pus~~ purulent material.
- Proteolytic enzyme

e] Ketosis:

Definition → Increased production / accumulation of ketone bodies in blood (ketonemia) resulting in increased excretion of ketone bodies in urine.

- Acetyl CoA from β oxidation enters TCA.
- Acetyl CoA from ketolysis also needs To be utilized via TCA.
- To burn Acetyl CoA in TCA cycle, we need oxaloacetate
- So, whenever OAA is not available, the excess amount of acetyl CoA is converted To ketone bodies.
- This leads To ketosis.

β-oxidation → Acetyl CoA ← ketolysis

Name: Hardik Bhatti Roll No: 07

Severe uncontrolled Diabetes → Insulin deficiency

Prolonged Starvation / Non dietry

↓

Increased mobilization of deposited fat.

↓

Lipolysis

↓

Free fatty acids

↓

Beta oxidation To provide energy.

↓

Leads To accumulation of Acetyl CoA

↓

Ketone Bodies.

Tests: Rothera's Test

Gerhardt's Test.

5]

Q) Biochemical functions of vitamin A are as follows:

- Vit. A is required for a variety of functions such as vision, cell differentiation & growth, mucus secretion, maintenance of epithelial cells.

- The role of vit. A in vision has been known through the studies of G. Wald.

Role in Vision:

The cyclic event occurs in the process of vision known as Rhodopsin Cycle.
Both rod & cone cells of retina contain photoreceptor pigments and it consists of vitamin A.
Rhodopsin or visual purple, the visual pigment of rod cells in the retine consists of 11-cis- retinal is ~~converted to~~ bound to protein opsin.

Colour vision → While the vision in dim light is mediated by rhodopsin, colour vision is mediated by Porphyropsin, Iodopsin & Cyanopsin, receptive red, green & blue colours respectively.

Cellular differentiation & Metabolic effect:

Retinoic Acid is an important regulator of gene expression especially during growth & development.
It is essential for normal gene expression during embryonic development such as differentiation in spermatogenesis.
It exert a number of metabolic effects on tissues.

Antioxident function:

β-carotene is an oxidant & may play a role in Trapping peroxy free radicals in tissue.
Anti Cancer Activity.
High Carotenoides are associated with decreased risk of Cardiovascular disease.

Nutritional Requirements:

The RDA of Vit. A. for adults is 800-1000 retinol equivalents.

Deficiency Manifestations:

Clinically, degenerative changes in eyes & skin are observed with Vit. A deficiency.

Effect on vision:

Night blindness (Nyctalopia):

- Loss of vision in night.
- Severe deficiency causes dryness of cornea & conjuctiva.
- Dark adaptation time is increased.
- Keratomalacia.
- Xerophthalmia.
- White opaque spots on cornea called as Bitot's spot.

Effects on skin:

- Keratinization of epithelial cells of skin
- Keratosis of hair follicles.
- Keratinization of respiratory tract & urinary tract causes infections.

4] Tyrosine is a precursor for synthesis of melanins & of epinephrine & norepinephrine.

Tyrosine Hydroxylase, on the pathway for synthesis of the pigment melanin from Tyrosine.

Phenylalanine —(Transaminase)→ Phenylpyruvate

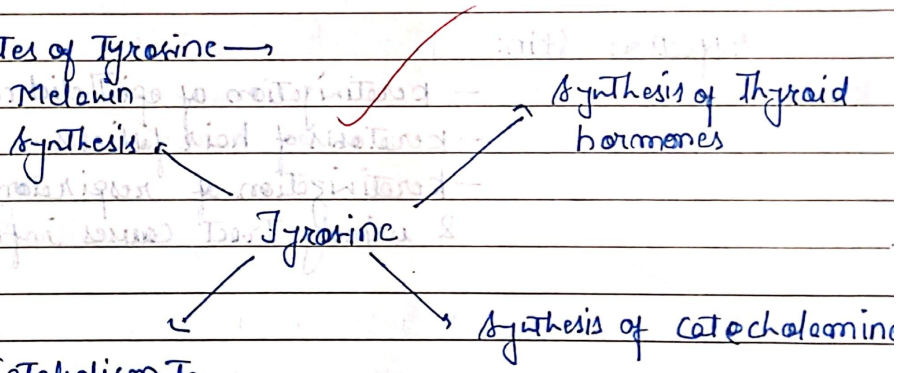
Phenylalanine hydroxylase — Deficient in phenylketonuria.

Tyrosine → Melanins

↓

Fumarate + Acetoacetate.

Fates of Tyrosine →



Intracellular partitioning of newly synthesized Tyrosine in mammalian liver.

If extracellular Tyrosine is low & phenylalanine is at a normal plasma level, Tyrosine use in protein synthesis takes precedence over Tyrosine degradation or export.

Roll No: 07

Subject: Physiology / Biochemistry.

Name of Exam: Additional Internal Assessment Practical

Date: 13/06/2020.

Time: 5:00 - 7:00

Email: hardik.bhatti572@gmail.com

Student's Sign: Hardik Bhatti.

Name: Hardik Rakul Bhatti. 22/45

H.O.D. Signature.

Hematology:

Microscopic experiment 1 - RBC Count.

a] Vol. of 1 ~~RBC~~ square:

The area of each corner square = 1 sq.mm

Volume of each corner square = 1 sq.mm × 1/10 mm

= 1/10 cu.mm.

b] Dilution for RBC counting is 20.

c] 1] Glacial Acetic Acid

Methyl Violet

Distilled water.

~~distilled~~ diluted

d] 1 cu. mm. of blood consists of N × 10 cells.

Dilution factor = 1:20.

No. of cells / cu. mm of ~~undiluted~~ undiluted blood

= N × 10 × 20

= 80/4 ... (given N = 80)

= 20 × 200

= 4000/cu.mm

Microscopic 3: D.L.C.

a] Monocytes → Phagocytosis of bacteria

Lymphocytes → Fights against bacteria, virus / Humoral immunity

Neutrophils → Phagocytosis of bacteria

Basophils → Secretes histamine, responsible for allergy

Eosinophils → engulf antigen - antibody complex.

b] Ideal smear shouldn't have air bubbles;
It should be well stained.

c] Mixture of eosin, methylene blue in alcohol & is usually diluted & buffered.

* Non-Microscopic 1: Haemoglobin.

a] Indirect Colourimetric Methods:
Tallquist's method.
Haldane's Method.
Cyanmethhemoglobin method.

b] Sahli's method is quite easy that when the blood is added to N/10 hydrochloric acid, the Hb present in RBCs is converted to acid hematin which is dark brown coloured compound.

c] In males, 15-17 g/100 ml of blood.
females, 13-14.5 g/100 ml of blood.

* Non-microscopic 2: Blood group.

a] My blood group is O Rh +ve.

I can donate blood to A+ve, B+ve, AB+ve and O+ve.
I can receive blood from O Rh +ve.

b] If an agglutinogen is present in the RBC, the corr agglutinin must be absent on plasma. If an agglutin is absent in RBC ~~on plasma~~, the corresponding agglutin m be present on plasma.

Non microscopic 3: BT, CT.

a] B.T.: By Duke's method.

C.T.: By Wright's method.

b] BT range → 2-5 mins
CT range → 3-8 mins.

c] In Thrombocytopenia purpura & vascular purpura. B.T. is prolonged.

d] Haemophilia, von Willebrand's disease C.T. is prolonged.

Clinical Physiology.

a] Pulse Examination

a] During exercise, your body may need upto dou of your cardiac output because your muscles n more oxygen when you exert yourself. There your heart beats faster leading to an increased pulse rate.

b] ~~Palpatory method~~ Tachycardia.

~~Auscultatory method~~. Bradycardia.

c] Anxiety, Aortic regurgitation, exercise, complete he block.
- Arrhythemia.

Blood Pressure Examination:

a] The reading is not normal.
The normal reading of B.P. is 120/80 mmHg as it is greater, it is hypertension.

b] Your heart starts to pump harder & faster to circulate blood to deliver oxygen to muscles leading to increased B.P.

c] Low B.P., which causes fainting or dizziness because brain doesn't receive enough blood.
Reading: 90/60 mmHg or lesser.

- Dehydration
- Septicemia (severe infection).

Roll No: 07

Total = 43/60

Subject: Biochemistry / Physiology.

Exam: Additional Internal Assessment Practical.

Date: 13/06/2020.

Time: 5:00 - 7:00

Email: hardik.bhatti572@gmail.com

Student's Sign: Hardik Bhatti.

Name: Hardik Rahul Bhatti

Questions		Total
1		
2		
3		
4		23
5		
6		
	Grand Total (Out of 35)	

H.O.D. Signature.

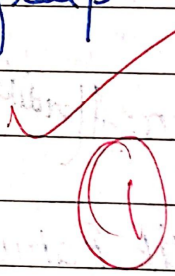
Q1]

1] Benedicts Test.

2] Sucrose is non-reducing disaccharide while lactose & malt are reducing.

3] When Benedicts reagent and reducing sugars are heated together, the solution changes its colour.

4] It identifies reducing sugars which have free ketone or aldehyde functional group.



1] Biuret Test.

2] Violet Colour.

3] The Test is +ve for any compound containing 2 or more peptide bonds.
The name of the Test is derived from non-protein organic compound 'Biuret' obtained by heating urea (it gives Test +ve).

4] The Biuret Test can be used to assess the concentration of proteins because peptide bonds occur with the same frequency per amino acid in the peptide.

Q3]

1] Specific Urease Test.

2] ~~Inorganic~~ → ~~Chloride~~ Urea → Ammonia
Carbon dioxide.

3] Pink Colour. (Magenta)

4] Urea is the product of decarboxylation of a.a.
Hydrolysis of urea produces ammonia & CO_2.
The formation of ammonia alkalinizes the medium & pH shift is detected by color change to phenol red from light orange at pH 6.8 to Magenta

Q5]

ii] Method used is Biuret method.

iii] When serum is treated with biuret reagent, the peptide bonds of protein react with cupric ions in alkaline medium to form a violet coloured complex. The absorbance of this complex is measured colorimetrically at 530 nm. A standard soln is also treated simultaneously & colour intensities are compared.

iii] Serum protein – 6.8 gm/dl of serum

Albumin – 4.5 gm/dl of serum.

iv] Albumin & globulin constitute the serum proteins, present in plasma, in addition the above 2, fibrinogen is present. Globulins are further characterised.

Albumin & globulins except 'γ' globulins are synthesised in liver.

Globulins are synthesized in reticuloendothelial cells. The serum proteins concentration is changed in various conditions.

* ↑ in serum protein called hyperproteinemia.

- Dehydration, burns, shocks are seen.

* ↓ in serum protein called hypoproteinemia.

- Leads to decrease of A/G ratio.

Page :
Date : / /

Section C

16/60

Answer the following

fates of glycine

Glycine is actively involved in the synthesis of many specialized products. cheme, purines, creatine.

Reawired for synthesis of serine and glucos

Involved in one-carbon metabolism

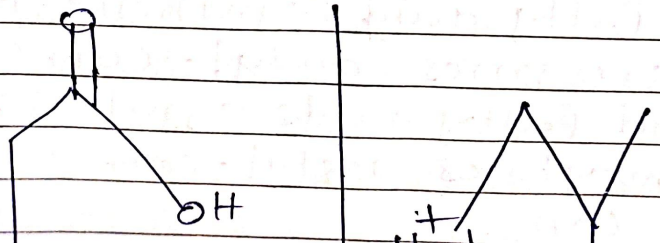
Glycine is the one-most abwdant amino acid normally excreted into urine (0.5 - 1.0 g/g (cratinine)

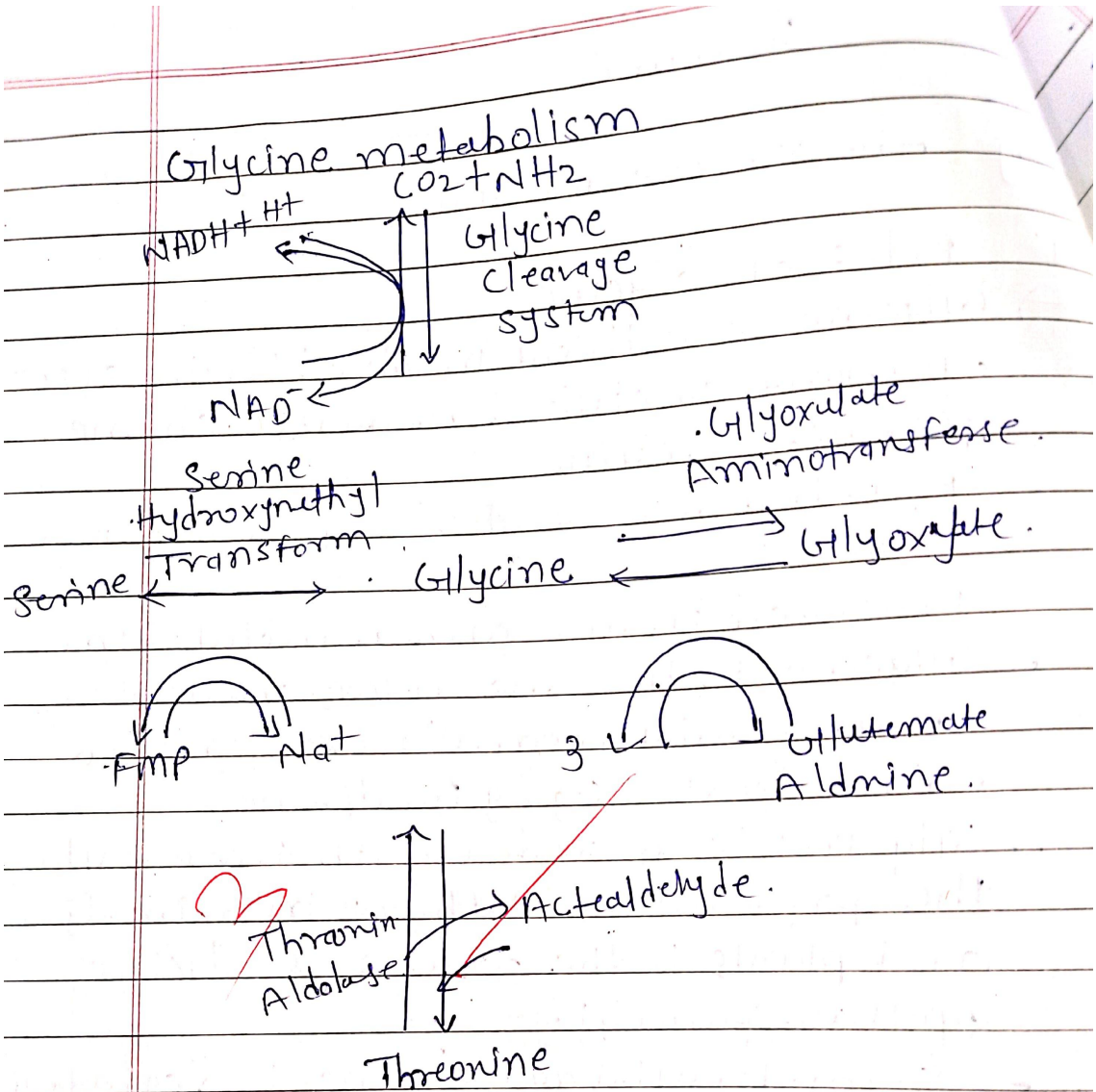
Glycine is degreded with three pathways the predominant pathway in animals and plants is the reverse of glycine synthase pathway.

- Second pathway, glycine is degraded in two steps. first step is reverse of glycine biosynthesis from serine with serine hydroxymethyl Transferse.

Third Pathway, glycine is converted to glyoxylate by D-amino acid oxides.

Glycine





b] Define De Novo synthesis of fatty a
Explain the structure of fatty acid
synthase complex

→ The synthesised fatty acids are use
for energy production through β-oxi
and lipid modification of proteins
- De Novo fatty acid synthesis involv
2 key enzymes, acetyl-CoA Carboxy
(ACC) and fatty acids synthase (FA
ACC Carboxylates acetyl-CoA to form

- Reaction is composed of numerous sequential reactions of acyl intermediates catalyzed by enzyme.

Glycosylate Hemoglobin.

→ Hemoglobin to which glycose is a bond is tested to monitor the long-term control of diabetes mellitus.

- The level of glycosylate hemoglobin is in red blood cells of with controlled diabetes mellitus.
- Glucose stays attached to hemoglobin for the life red blood cells (normally 120 days) level of glycosylated Hemoglobin the normal level for glycosylated Hemoglobin is less than 7%.
- Diabetics achieve levels but control aims to come close to it.
- Glycosylated Hemaloglobin is also known as glycohemoglobin or hemoglobin A1C

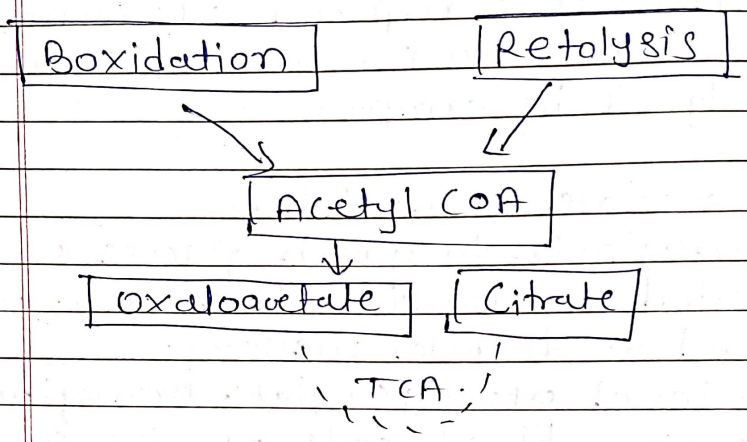
Ketosis.

→ Ketosis is a metabolic state characterize by elevated levels of ketone bodies in the blood of urine.

- Ketosis is a normal response to low glycose availability.
- Increased production / accumulation of ketone bodies in blood (ketonia) resulting in ↑ excretion of ketone bodies in urine (ketouria) called as ketosis.

Biochemical basis for ketosis -

Page :
Date : / /



- Acetyl COA form β oxidation enters TCA.
- Acetyl COA from ketolysis also needs to be utilised via TCA.
- TO burn acetyl COA in TCA cycle we need oxaloacetate.
- So whenever OAA is not available the excess amount of acetyl COA is converted to ketone bodies.

Ketosis : ketogenesis > ketolysis.

Severe uncontrolled Diabetes (Insulin deficiency ↓ Utilisation of Glu)

Prolonged starvation (Glu deficiency)

↓

Increased mobilization of deposited fat

↑ ↓ lipolysis

↑ free fatty acid

↓

↑ Beta oxidation to Boxidation

↓ TCA since OAA is spared for gluconeogenesis.

etone bodies

eatures:

Metabolic acidosis:

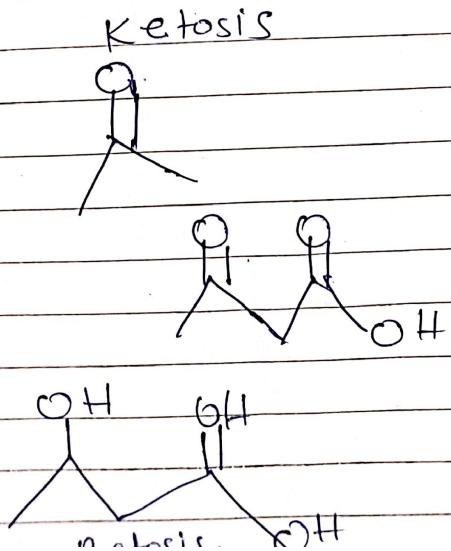
Acetoacetic acid and beta hydroxybutyric acid are strong acids ↑ in concentration in blood causes acidosis (↓ in blood pH)

↓ blood and H ions leads to ↓ in plasma bicarbonates (alkali Reserve) as they are exhausted in neutralizing the pH.

) fruity odor to breath of ketotic patents due to acetone.

) fruity odour to breath of ketotic patients due to acetone

Sever ketoacidosis —uncompensated→ coma → Death



Date : / /

e] Deficiency manifestation of ascorbi acid.

→ Vitamin C is also known as asorbi acid and ascorbate.

- It is a vitamin found as ascorbic found various foods and sold as dietary supplement.
- It is used to prevent and treat scurvy.
- Vitamin C is an essential nutrient involved in repair of tissue and the enzymatic production of crate neurotransitters.
- symptoms include fatigue, depressi and connective tissue defects.
- Eg - gingivitis, petechiae, rash. Internal bleeding, Imparied wour healing.

Roll No. 88.

SECTION - B

12/30

Answer the following :-

Functions of Surfactant and applied importance How it is related to COVID 19 Infection.

The Surfactant is a mixture of protein-Lipid Complexes made Up of mainly dipalmitoyl phosphatidyl choline (DPPC) lipid along with other Lipid. The Surfactant is produced by granular Pneumocytes - i.e - alveolar lining epithelial Type II Cells.

functions :-

Pulmonary Surfactant is essential for life as it lines the alveoli to lower Surface Tension, Preventing during breathing. Surfactant is enriched with a Unique Phospholipid, termed dipalmitoylphosphatidylcholine and four Surfactant associated protein, SP-A, SP-B, SP-C, SP-D.

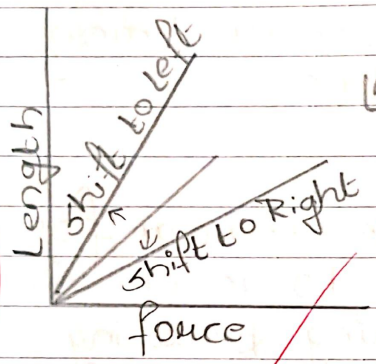
Thyroid Hormones they ↑ the Size & no. of Inclusion bodies in Type II alveolar lining epithelial Cells.

Glucocorticoids they accelerated the maturation of Surfactant.

Roll No - 88.

Applied :-

- Hyaline Membrane disease or Infant Respirator distress Syndrome (IRDS) :-
- IRDS is a serious disease of newborn due to deficiency of Surfactant.
- Surface tension in Lungs of Infant is very High, many areas in which alveoli are Collapsed (at electasis).



Elastic Limits
Normal
Less expansion

- IRDS is also Called hyaline membrane disea due to formation of Hyaline (a translucer Membrane form albuminous intrapulmonar fluid walls of alveoli & respiratory branchioles.

Related to COVID 19.

- Disruption of Surfactant activity is a hallmark of respiratory distres Syndrome in neonates and acute respiratory distress Syndrome in adult.
- Surfactant is standard therapy in neonatal RDS & provides Surfactant based therapy.

} Pharyngeal Phase of Deglutition:-

> the Upper esophageal Sphincter release during Pharyngeal phase of Swallowing and is pulled open by forward movement of hyoid Bone & Larynx.

- the PP is involuntary & totally reflexive, no Pharyngeal activity Until the reflex is Triggered.
- the Upper esophageal Sphincter relaxes during PP and pulled open by forward movement and Larynx.

Enumerate functions of hypothalamus. Explain any two in detail:-

Roll No - 88

- The thalamus is a great Sensory & integrating Centre for inputs relayi to Cerebral Cortex.
- Maintaing Conscious and altering responses of RAS.

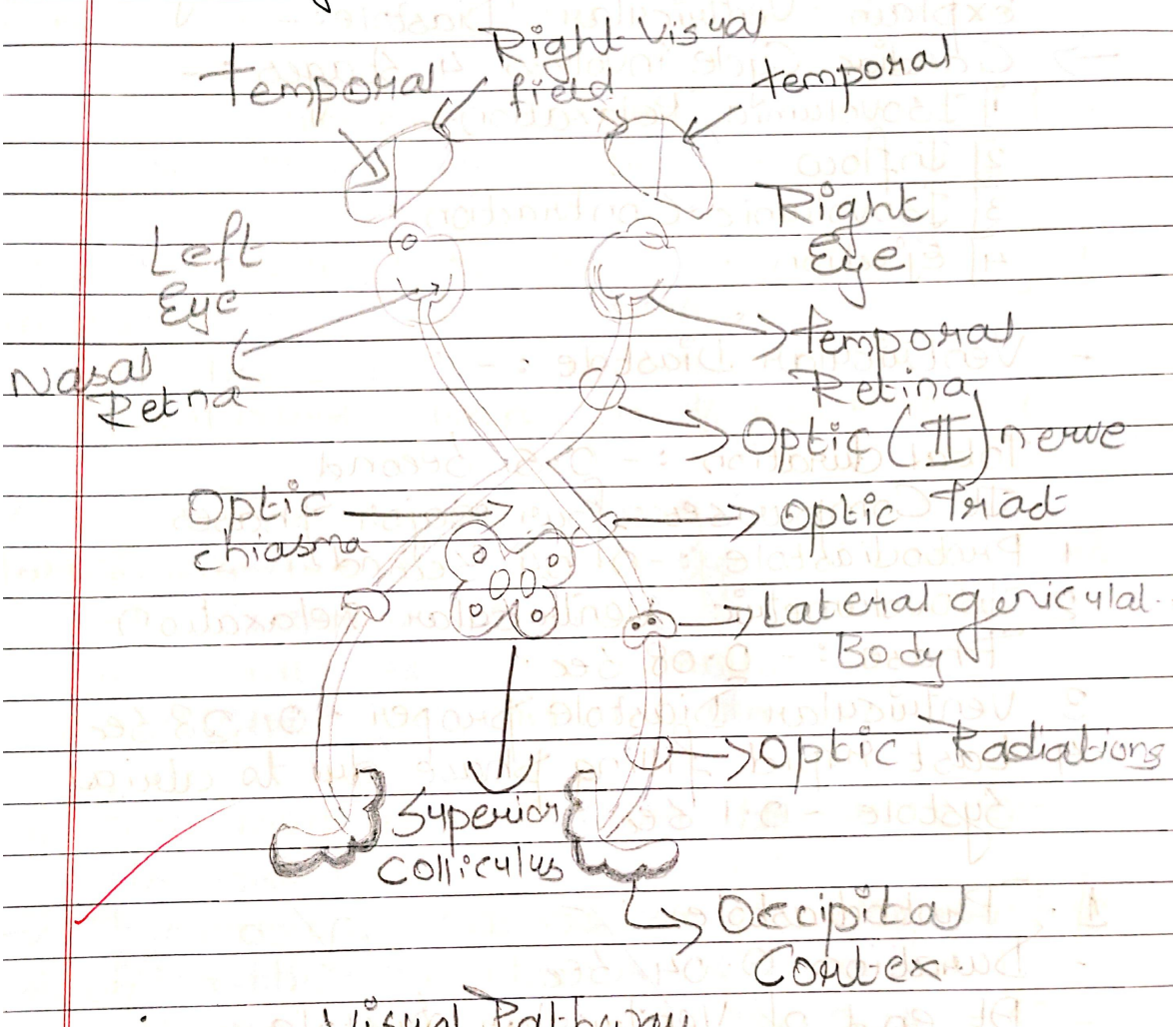
1] Regulation of Body Temperature:
The Hypothalamus plays an importa role in integrated Control of heat production and heat loss from the body.

2] Regulation of activity of anterior Pitu gland:-
The Hypothalamus regulates the activity of anterior Pituitary through releas of releasing factors & ~~A~~ factors into hypothalamus Portal System.

3] formation of posterior pituitary Hormone & regulation of Secreti The role of hypothalamus in the formation & release of posteri Pituitary Hormones.

Roll No 88

d] Draw a well labeled diagram of visual Pathway.



Visual Pathway

Roll No - 88

e] Enumerate phases of Cardiac Cycle:-
Explain Ventricular Diastole:-

→ Cardiac Cycle involves 4 stages :-
1] Isovolumic Relaxation
2] Inflow
3] Isovolumic Contraction.
4] Ejection.

- Ventricular Diastole :-

Total duration :- 0.5 Second
It Comparises four major phases
1 Protodiastole :- 0.04 Second
2 Isovolumetric Ventricular relaxation Phase :- 0.08 Sec.
3 Ventricular Diastole proper - 0.28 Sec.
4 Last rapid filling phase due to atrial Systole - 0.1 Sec.

1. Protodiastole :-
- Duration 0.04 Sec
- At end of Ventricular Systole, Ventricular pressure drops more rapidly.
- Arterial Pressure is better Sustained due to elastic recoil of Vessel wall.

2. Isovolumetric :-
- Duration - 0.08
- Begins after closure of Semilunar Valves.
- Intraventricular pressure continues to relax change in Volume.

3 Ventricular Diastole :-
- Opening of A-V Valves and for 0.1-0.12 Sec.
- Continued relaxation of Ventricles.

4 Last Rapid filling phase:
- It is due to atrial systole termination the Cardiac Cycle.

Q3. Describe Thyroid Gland :-

A] Enumerate the hormones produced by thyroid gland.

→ thyroid gland produces 3 Hormones
- Triiodothyronine also known as T3.
- Tetraiodothyronine, also known Called Thyroxine or T4.
- Calcitonin.

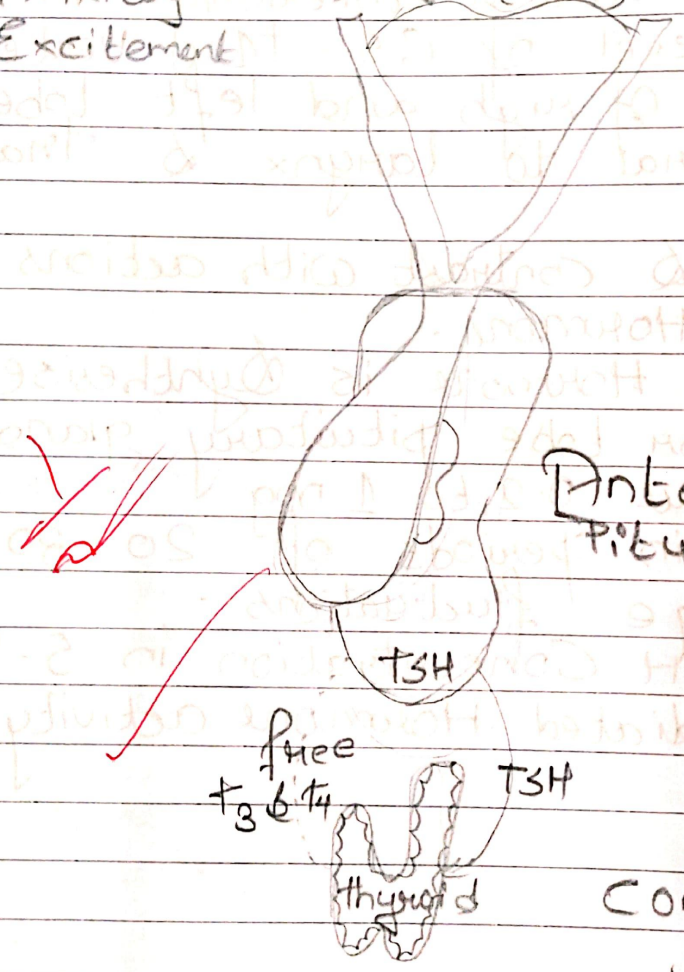
B] Synthesis actions & regulation of Thyroxine Hormone

Roll No-88

Thalamus

Warmth
Stress
Anxiety
Excitement

Exposure to cold Prolonged anxiety Prolonged excitement.



Control of TSH Secretion.

Additional II Internal Practical.

Roll No - 88
Name - Samrudhi Prithviraj Sirsat.
Subject - Biochemistry.
Date - 13-06-2020
Exam - II Internal Assessment Practical
Email - samrudhisirsat@gmail.com.
Student's Signature - Sirsat

bio + phy = 27/60.

Q1] Experiment :- 1.

1→ the given test is Benedicts Test.

2→ Property :-
If it changes Color to yellow, then 0.5 to 1.% Sugar is Present. If it changes to orange, then it means that 1 to 1.5 % Sugar is present. If Colour changes to red then 1.5 to 2.0 % Sugar is Present. If Colour changes to ~~red~~ tl brick red, it means that 2 percent Sugar is present in Solution.

3→ Principle :-
the presence of alkaline Sodium Carbonate Converts the Sugar into a Strong reducing agent Called enediols. when benedict reagent Solution & reducing Sugars are heated together / Solution changes its Colour to Orang red / brick red precipitate.

4→ Importance :-
Benedict's test is Used to test for Simp Carbohydrates. the benedict's test identifies reducing Sugars (monosaccha and Some Disaccharides), which have free Ketone or aldehyde functional grou

30.

Experiment - 2.

The given test is Molisch's test.

Observation :-
Molisch's test is a sensitive chemical test for presence of Carbohydrate, based on dehydration of the Carbohydrate by sulfuric acid or hydrochlorine acid to produce an aldehyde.
Purple Ring at function of two fluids
Green ring at function of two fluids.

Principle / Inferena :-
Principle :-
Molisch's test is a sensitive chemical test presence of Carbohydrates, dehydrates of Carbohydrate by sulfric acid.
Inference:-
It is general test for Carbohydrates.
Conc. H_2SO_4 dehydrates sugar to form furfural which reacts with α-naphthol to give purple coloured Ring.

Experiment - 4

Abnormal Constituents found in Urine are protein, glucose and acetone.

the given test is specific Urease test.

Urine is an aqueous solution of greater than 95% water. other Constituents include Urea, chloride, Sodium, potassium, Creatinine & inorganic & organic Compounds. Urea is a non - toxic molecule made of toxic amonia & Carbon dioxide.

Principle :-

Urea is the product of decarboxylation of amino acids. Hydrolysis of Urea produces ammonia & CO_2. the formation of ammonia alkalinizes the medium, and PH shift is detected by Colour change of phenol Red from light orange at PH 6.8 to PH 8.1.

It is a rapid & simple test detects presence of Urease in gastric

Experiment - 5:-

Estimate the Serum total protein Level is Kjeldahl Method.

Principle :-
Strong acid helps in digestion of food & that it releases Nitrogen.

Normal Ranges for Serum Protein;
Serum albumin :-
Serum Protein - 6 to 8 g /dL.
Serum albumin - 3.5 to 5.0 g/dL

3 → Normal Ranges for fasting BSL and PP.

fasting - 70 - 110 mg/dl of plasma.

Random / Post - Upto 140 mg/dl of plasma.

4 → Clinical Significance :-
the changes in blood Glucose level occur in various diseases

Blood Glucose level above normal Range is termed as Hyperglycemia.

It is observed in :-
1] Diabetes Mellitus
2] Hyperactivity of Pituitary, adrenal & Thyroid glands.

Blood Glucose level below normal Range (less than 40 mg/dl) is called as Hypoglycemia.

Hypoglycemia is harmful as Brain is affected.

Additional Physio Practical

Page Date Roll No - 88

16/30

Roll No :- 88
Name :- Samrudhi Prithviraj Sirsat
Subject :- Physiology
Exam :- II Internal Assessment Practical
Date :- 13-06-2020
Email - samrudhisirsat@gmail.com
Student's Signature - sirsat

Experiment 1 - WBC Count

Volume of one WBC Square
Large area is 1 x 1 mm & depth is 0.1 mm
Total are = 4 x 1 x 0.1
= 0.4 µL.

The total Vol. of pipette is 11 parts which one part in stem & 10 parts in Bulb.

Turk's fluid is a hematological stain (Crystal violet or aqueous methylene Blue) in 1-2 % acetic acid & distilled water.

Microscopy experiment 3 - DLC

Types of WBC:-

Monocytes - they have a longer life span than many white blood cells & help to break down bacteria.

Lymphocytes - they create antibodies to fight against bacteria, viruses &

other potentially harmful invaders.

Neutrophils :- they kill & digest bacte and fungi.

Basophils :- Are present in Bone Marrow they're found in many tissues throughout your body.

Eosinophils - this condition most of indicates a parasitic infection; allergic reaction or Cancer.

The dense body of smear takes up m of slide and there is a thin Co area which blends with feathered edge & dense body.

Contains of leishman's stain:-
It Consists of a mixture of eosi and methylene blue (a basic stain) diluted & buffered before use.
It stains the different component of blood in range of shades bet red & blue.

Non Microscopy :- Exp - 1

Methods for determination of Hb is Sahli's Method, Hemoglobincyanide Method.

Principle of Sahli's Method :-
The Sahli's method is based on Conv hemoglobin to acid hematin & Visually matching its Color against a Solid glass. Dilute hydrochloric acid is ad to a graduated Cylinder Containing a blood Sample Until Colour of dilu of glass standard.

Normal range Values of Haemoglobin in Males & females :-

Males :- 13.5 to 17.5 g/dL
females :- 12.0 to 15.5 g/dL.

Exp : 2 :-

Blood Group :-
Blood group is a presence and abs of antibodies and inherited antigen substances on surface of Red Cells (RBCs). These antigens may Proteins; Carbohydrates, glycop depending on blood group system.

whom Can donate & receive blood
If your blood type is A positiv you Can give to A+, AB+ you Co receive from A+, A-, O+, O-.

Landsteiner's Law :-
Landsteiner postulated that 2 d antigens (A & B) are found on surface of RBCs, & naturally o antibodies against these antig are found in plasma of Indivi

Page :
Date : / /

Exp - 3

1 → The Methods of bleeding time & clotting time performed by Duke's method.

2 → Normal range of Bleeding time :-
Bleeding time - Average 3 mins Range - 2.5 Minutes.
clotting time - Average 4 mins Range 3 - 8 minutes.

3 → Diseases that Cause Prolonged bleeding time include thrombocytopenia, disseminated intravascular Coagulation (DIC), Bernard Soulier disease & glanzmann's thrombasthenia.

4 → Hemophilia
Von - willebrand disease
Liver disease.

Pulse Examination :-

1 →

2 → Pulse the count of arterial pulse per minute is equivalent to measuring heart Rate the heard rate can be measured by listening to heart beat by auscultation, Using Stethoscope & Counting it for a minute.

The pulse pressure increase with exercise due to increased Stroke Volume, healthy values being Up to pulse pressures of about 100 mg Hg. As Systemic Vascular resistance drops during exercise. In healthy individuals Pulse Pressure will be normal within 11 Minutes.

Blood Pressure :-

→ Blood Pressure reading has a top No (Systolic) & bottom number (diastolic) Normal blood pressure is less than 120 over 80 (120/80).

Regular physical exercise makes your heart stronger. → stronger heart Can pump more blood with less effort. If your heart Can work less to pump, lowering your blood Pressure

Hypertension :-
Low blood pressure Can have Causes fainting or dizziness because brain doesn't receive enough blood. Hypertension is low blood pressure. Blood Pressure is the force of blood pushing against walls of arteries as heart pumps out blood Hypertension 140/90.

ons :- → Condition in which the force of

Ist BDS regular batch 2018-2019

Circular for additional exam

Students who have missed any of the internal exam are required to attempt additional exam

Subject : Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- Report 15 minutes prior to start of examination
- Confirm syllabus for the examination from Biochemistry department
- Follow the specific instruction (if any) of the Biochemistry department regarding the examination

Date	Subject	Time	
		Theory	Practical
15/4/19	PHy Bio	9am to 12am	12:30 pm to 3:30 pm

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAKOLI (BK.) LOHEGAON,
PUNE : 411062

HOD

Dept. Of Phy - Bio

Attendance Sheet Batch 18-19

Additional Theory & Practical Exa

Roll No.	Name Of the Student	Theory	Practical
7	Bardeskar Rutuja	p	p
49	Khatik Afiya	P	P
83	Rehma Tafheem	A	A
93	Tandale Tanvi	p	p
94	Tandel Saniya	p	p

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411062

Hod Of Phy - Bio

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune - 412105

First BDS (2018-2019 Batch)

Additional Internal Assessment Examination

ubject: Physiology and Biochemistry Date: 15/04/2019

otal Marks: 50 Time: 2 hrs (Section A + B +

)

structions:

All questions are compulsory

Use **blue / black ball point pen only**

Figures to the right indicate full marks

Do not write anything on question paper, it will be treated as copy.

Draw diagrams wherever necessary

Write section B and section C in one answer book

Section A

. 1. M. C. Q. (separate question paper) 1X10=**10**

Section B

. 2. Answer the following. 3X4=**12**

a) J-G Apparatus

b) Functions of middle ear

c) Hypoxia

d) Factors affecting cardiac output

. 3. LAQ 8X1=**8**

Enumerate the hormones produced by pituitary gland (2 marks).

Describe the actions & regulation of growth hormone (4 marks).

Add a note on applied aspect (2 marks).

Roll No:

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2018-19

Additional Internal Assessment Examination

Subject: Physiology and Biochemistry | Date: 15/ 04 / 2019

Total Marks: 50 | Time: 2 hours (Section A+B+C)

Instructions:

- First **30 minutes** for section A (MCQs)
- All questions are compulsory and each question carries **one** mark
- Use **blue / black ball point pen only**
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- In the answer sheet, darken appropriate empty circle, below the question number **once** only.
- **Zero marks** will be given **for the double attempt** in any form for one question.
- **If any candidate desires not to attempt any MCQ, then the candidate shall strike out all options for that MCQ, failing which it shall be treated as 'Unfair Means'**

Section A

. 1. Multiple Choice Questions 1X10=10

1. First heart sound is best heard in
   a) Aortic area b) Mitral area c) Pulmonary area d) All of the above

2. Transport of sodium and glucose is an example of
   a) Antiport b) Symport c) Uniport d) Diffusion

3. The morphological picture in iron deficiency anemia is
   a) Macrocytic & normochromic b) Microcytic & hypochromic
   c) Normocytic & normochromic d) Macrocytic & hypochromic

4. Myopia can be corrected by using
   a) Biconcave lens b) Biconvex lens
   c) Bifocal lens d) Cylindrical lens

5. The pain sensation is carried by
   a) Dorsal column pathway b) Spinocerebellar pathway
   c) Corticospinal tract d) Spino-thalamic tract

6. All of the following are antioxidant vitamins EXCEPT-
a) Ascorbic acid b) α-Tocopherol c) β- carotene d) Calcitriol

7. Which of the following is a non-essential amino acid?
a) Threonine b) Methionine c) Cysteine d) Valine

8. The intermediate of the TCA cycle that is involved in Heme synthesis is
a) Acetyl CoA b) Succinyl Co A c) Succinate d) Oxaloacetate

9. Which of the following statements about cholesterol is NOT TRUE -
a) Nuts are a good source b) acts as parent sterol in the body c) has one OH group
d) Excreted through bile.

10. The phospholipid possessing antigenic properties is-
a) Lecithin b) Cardiolipin c) Cephalin d) Plasmalogens

OOOOOOOXXXXXXXOOOOOOO

D Y PATIL GROUP

PHYSIOLOGY AND BIOCHEMISTRY DEPARTMENT

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk) via Lohegaon, Pune – 412105

FIRST BDS – BATCH 2018-19

Result of Additional Examination (April 2019)

Date: 15.4.19

Additional exam for 60 marks (Students who missed I & II internal exam)

Sr. No.	Roll No.	Name of Student	Theory			Practical				Out of 3		Student's Signature
			A+B+C (50)	Viva (10)	Total (60)	Hemat (20)	Clinical (10)	Biochem (30)	Total (60)	Theory	Practical	
1	7	Bardeskar Rutuja Appaso	13.5	4.5	18	11	7	15	33	0.90	1.65	
2	49	Khatik Aafiya Parveen	19	6	25	10	5	11	26	1.25	1.30	
3	83	Rahma Tafheem	Absent									
4	93	Tandale Tanvi Tushar	21	8	29	12	7	17	36	1.45	1.80	
5	94	Tandel Saniya Shailesh	12.5	2	14.5	9	5	6	20	0.73	1.00	

Additional exam for 80 marks (Students who missed III internal exam)

Sr. No.	Roll No.	Name of Student	Theory			Practical				Out of 3		Student's Signature
			A+B+C (60)	Viva (20)	Total (80)	Hemat (25)	Biochem (30)	Clinical (15)	Total (80)	Theory	Practical	
1	44	Kanade Sakshi Mahendra	Absent									

HOD Physiology

HEAD OF DEPT. PHYSIOLOGY,
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

HOD Biochemistry

HEAD OF DEPT. BIOCHEMISTRY.
D.Y.PATIL DENTAL SCHOOL
D.Y.PATIL KNOWLEDGE CITY,
VIA CHAROLI (BK.) LOHEGAON,
PUNE : 411102

D Y PATIL DENTAL SCHOOL

D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination Date - 15/4/2019

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	~~Kh~~ ~~Fourty~~ Nine.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	~~3rd Internal~~ Additional Internal exam.
SUBJECT	Biochem physiology.
PAPER	Biochem & Physiology

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1	1
B	B	2	2	2
D	D	3	3	3
G	G	4	4	4
M	M	5	5	5
N	N	6	6	6
P	P	7	7	7
S	S	8	8	8
U	U	9	9	9
		0	0	0

7/10

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

ame of the Student Khatik Aafiya Parveen

ame of the Examination _____ Class _____

bject _____

ll No. 49 Date 15/04/19

Pledge

here declare that I have gone rough the instruction given ove & pledge to abide by them.

AKhatik

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	7										7
Marks obtained in Section B		5	3								8
Marks obtained in Section C				5							5
Grand Total											19

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B.

Q 2)

a) J-G Apparatus:

The juxtra glomerular apparatus is a structure in the kidney that regulates the fuction in the of each nephron. The Nephron is the functional unit of kidney.
The juxtra glomerular apparatus is named because it is next to the glomerulus.
The juxtra glomerular apprates consist three ~~layer~~ cells.
1) Macula densa.
2) Juxtraglomerular cells.
3) extra glomerular mesangial cells.

Renin is produced by juxtraglomerular cells.
Stimulation of the beta-1 adrenergic receptor.
Decrease in renal perfusion pressure.
Decrease in NaCl concentration at the macula densa, often due to a decrease in glomerular filltration rate.

d) factors affecting cardiac output:

The following factors determined the cardiac output of a human heart:

- Venous Return.

This is the amount of blood that enters the heart through.

through the veins per minute.
After a certain time interval, the venous return becomes equal to the cardiac output.

- Force of Concentration -
The stroke volume and the cardiac output increased with the increase in the force of concentration

- Heart Rate.
The cardiac output increases with the increase in heart-rate.

- Blood volume.
when blood volume increases cardiac output increases.

- venous return -
venous return is controlled by many factors.
1) Frank - Starling mechanism.
2) mean systemic filling pressure.
3) tissue metabolism
4) thoracic pump.

Q.2) LAQ:

Hormones produced by pituitary gland-
- Growth Hormone
- Vassopresin
- oxitocin
- FSH and LH.

pituitary gland is covered by cavity sell tunica
There are two part of pituitary gland.
~~Neur~~ Anterior pituitary and posterior pituitary.
Anterior pituitary → Adenolypophysis
Neurolypophysis → Posterior pituitary.

Section C:-

Gluconeogenesis

Gluconeogenesis - Glucose is produced from non carbohydrate compound.

Glucose

Glucose 6 phosphatase ⟵ Hexokinase / Glucokinase.

Glucose- 6 phosphate

↓ Fructose 6 phosphatase.

Fructose 6 phosphate

↓

2 ⟵ Fructose 1,6 bisphosphate

↓

1, Glycerol phosphate → dihydroxy acetone.

↓ Glycerol → 2 dihydroxy acetone

↓

1, 3 Glycerol phosphate → 3 dihydroxy acetone.

↓

3 Glycerol phosphate.

c) Function of Calcium:

Calcium is the most abundant among the minerals in the body.

The total content of calcium in an adult man is about 1 to 1.5 kg.

As much as 99% of it is present in the bones and teeth.

3 A small fraction (1%) of the calcium bound outside the skeletal tissue, perform a wide variety of functions.

Muscle contraction
Nerve conduction
Hormone release and,
Blood coagulation.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

ne of the Student Khatik. Afiya Parveen

ne of the Examination Additional Internal exam Class

ject Biochemistry.

No. 49 Date

lents Signature Afkhatik "Seen No. Complaint" Afkhatik

I st BDS Biochemistry Practical Exam

rform the tests on the given Lactose solution. (20 Marks)

erform the tests on the given Glucose solution. (10Marks)

Test	Observation	Inference.
Molisch's Test 2ml 0.5 + 2 drops of 1% alcoholic α naphthol soln. Mix. add 2ml conc. H_2SO_4 slowly from the side of test tube.	purplering	General test for Carbohydrate. It's a general test for carbohydrate conc. H_2SO_4 dehydrate the sugar to form furfural which reacts with α-napthol.
Benedicts Test	Green ppt.	It is very sensitive

3)	Barfoed's Test 2 ml Barfoed reagent +2 ml of 5 Boil, for two minutes Allow it to cool.	Noppt	Distinguishing test betn monosaccharide and disaccharide

4) Osazone tst. for Lactose.

powder puff shaped osazone formed by lactose.

(2) Test for Glucose solution

1) Test	Observation	Inference.
(1) Molish's Test - 2 ml 0.5 + 2 drop of 1% alcoholic napthol soln. Mix. Add 2 ml conc. H_2SO_4 slowly from the side of test tube.	purple ring	It is general test for carbohyd conc. H_2SO_4 dehyd the sugar to form furfural which reacts with α- napthal to give purple coloured ring.

Fehling's Test

2 ml Fehling's reagent (1 ml of Fehling's A + 1 ml of Fehling's B).	Red ppt.	Fehling A + B soln are kept separately to prevent deterioration
2 ml 0.5 mixed + Boil.		Na-K tartarate is added in the reagent to prevent ppt^n of cupric hydroxide by forming slightly dissociated complex with cupric ions

Benedict Test -

Take 5 ml Benedict reagent.	Green ppt	very sensitive
8 drops of 0.5 Boil for 2 minute.	0.5 to 1% (+)	test
cool + observe colour		this test can
	Yellow ppt	be used
	1 to 1.5% (++)	for semiquan
		-titatively
	Orange ppt	-for detection
	1.5 to 2% (+++)	of reducing
		sugar in
	Brick red ppt.	urine.
	2 or more %	
	(++++)	

4) Barfoed test.

2ml Barfoed's reagent + 2ml 0.5 Boil, for two minute, Allow it for cool.	Brick red ppt	distinguish bet'n monosaccharide and disaccharide. The acidity make it create oxidizing agent.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Khatik Afiya Parveen.

of the Examination Additional Internal Exam. Class

:t Biochem and Physiology.

o. 49. Date

nts Signature Akhatik "Seen No. Complaint" Akhatik

Center name: D.Y. PATIL DENTAL SCHOOL, PUNE

r. No.	Title of Head / Experiment	Practical Marks (50)	Viva Marks (20)
1	Haematology (30)	10	
2	Biochemistry (30)	10	
3	Clinical Physiology (20)	05	
4	Physiology Journal & Commu. Skill (2.5+2.5)	—	
5	Biochemistry Journal & Commu. Skill (2.5+2.5)	—	
	Theory Viva		
6	Physiology (10)		3
7	Biochemistry (10)		3
	Total	26	06

(1) RBC. count on your own Blood.

Q1

11	9	8	5
5	5	5	1
0	3	5	6
3	9	11	5

Q2.

9	10	2	3
4	5	5	1
13	14	9	5
1	1	1	1

10

Q5

5	8	7	6
11	10	9	5
1	6	9	10
14	18	10	19

Q3

8	7	6	5
11	19	10	17
14	3	10	11
3	2	1	1

Q4

1	1	1	1
10	1	9	1
14	10	2	3
5	6	10	1

$$x = x_1 + x_2 + x_3 + x_4 + x_5$$

$$= 89 + 86 + 76 + 118 + 124$$

$$= 493$$

TLC $= x \times 10000$ million/cum

$= 493 \times 10,000$ million cum

$= 4930000$ million cum

② Normal pulse rate - 60-100 beat per minute.

It can varies depending on factors as age, fitness level, overall health.

factors affecting pulse rate are as follows.

1) Hormonal change
2) Medication & Stimulation
3) Body size & composition
4) Fitness level.
5) Age
6) physical activity.

Name :- Akanksha.

Age - 21 years.

pulse rate - 70 beats per minute.

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Internal Assessment Examination Date - 15/4/2019

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	93 Ninety three.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Internal Assessment
SUBJECT	Physiology and Biochemistry
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

5/10

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

ANSWERS

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

Seen and No. Complaint

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

ıme of the Student Tandale Tanvi Tushar

me of the Examination Additional Exam Class I st year

bject Biochemistry and Physiology

l No. 93 Date 15/4/2019

Pledge

ere declare that I have gone ough the instruction given ve & pledge to abide by them.

Tanvi

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / ction	1	2	3	4	5	6	7	8	9	10	Total
rks obtained in Section A	5										5
rks obtained in Section B		8	3								11
ks obtained in Section C				2	3						5
nd Total											21

een & No. Complaint

tudent's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Factors affecting cardiac output :

1) Heart Rate : The number of times the heart beats per minute influences cardiac output.

2) Stroke Volume : The amount of blood pumped by the heart in each heartbeat affects cardiac output.

3) Preload : The volume of blood in the ventricles before contraction impacts cardiac output

4) Afterload : The resistance the heart must overcome to eject blood affects cardiac output.

5) Contractility : The strength of the heart's contractions influences cardiac output.

3.

Hormones produced by pituitary gland :

1) Growth hormone or Somatotropin
2) Prolactin (PRL)
3) Thyroid - Stimulating Hormone (TSH)
4) Follicle - Stimulating Hormone (FSH)
5) Antidiuretic Hormone (ADH) or Vasopressin
6) Oxytocin
7) Lutenizing Hormone (LH)

Section C

Q.4.

b) Function of vitamin C

1) Acts as an Antioxidant: Helps protect cells from damage caused by free radicals and oxidative stress.

2) Collagen synthesis: Essential for the production of collagen a protein that supports skin, bones and connective tissues.

3) Immune function: Supports the immune system by enhancing the function of immune cells.

2 4) Iron Absorption: Helps the body absorb iron from plant-based sources improving iron levels in the body.

5) Neurotransmitter Synthesis: Plays a role in the production of neurotransmitters like serotonin, which can affect congnition.

Q5. 1) Sources of Vitamin A: Green leafy vegetables spinach, carrot tomato, peaches. Fish liver oil.

2

3 2) Biochemical functions and deficiency manifestations:

- Vision - Essential for the synthesis of rhodopsin a pigment in the retina that helps with low-light and colour vision.
- Cell growth and differentiation: Supports the growth and specialization of cells, crucial for normal development.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

me of the Student Tandale Tanvi

me of the Examination Additional Internal Exam Class

bject Physiology and Biochemistry

l No. 93 Date

dents Signature Tanvi "Seen No. Complaint" Tanvi

Center name: D.Y. PATIL DENTAL SCHOOL, PUNE			
Sr. No.	Title of Head / Experiment	Practical Marks (50)	Viva Marks (10)
1	Haematology (30)	12	
2	Biochemistry (30)	17	
3	~~Clinical Physiology (20)~~	07	
4	Physiology Journal & Commu. Skill (2.5+2.5)	—	
5	Biochemistry Journal & Commu. Skill (2.5+2.5)	—	
	Theory Viva		
6	Physiology (10)		4
7	~~Biochemistry (10)~~		4
	Total	36	8

Find out the Haemoglobin content of your own blood calculate the oxygen carrying capacity

Result

My blood haemoglobin is - 14 gm/dl

My oxygen carrying capacity = 14 X 1.34

= 18.76 gm/dl

Q.

Aim- Examine your own pulse at rest and after moderate exercise.

Observation

Name - Tanvi Tandale

Age - 19

Sex - Female

own pulse at exercise - 88 beats/min

own pulse at rest - 78 beats/min

Rhythm - Regular

Volume - Moderate

Tension - Moderate

Condition of vessel wall - soft and elastic

Equality of both wall - Equal on both side

Apex pulse correlation - 1:1

Sr. No.

the Student Tandale Tanvi

the Examination Additional Internal Exam Class

Biochemistry

93 Date

ts Signature Tanvi "Seen No. Complaint" Tanvi.

Q.1 – 10
Q.2 – 7
Total 17

	Blank	Standard	Test
) GOD-POD reagent	1 ml	1.0 ml	1.0 ml
Standard	–	10 µl/0.01 ml	–
) Plasma	–	–	10 µl/0.01 ml
) Distilled water	10 µl/0.01 ml	–	–

Observations -

	Absorbance
Blank (B)	0.01
Standard (S)	0.31
Test (T)	0.30

Calculation

$$\text{Blood glucose (mg/dl)} = \frac{A \text{ of } T - A \text{ of } B}{A \text{ of } S - A \text{ of } B} \times 100$$

$$= \frac{0.30 - 0.01}{0.31 - 0.01} \times 100$$

$$= \frac{0.29 \times 100}{0.3}$$

Blood glucose = 96.6 mg/dl of plasma

Normal Range -
Fasting: 70-110 mg/dl of Plasma
Random: upto 140 mg/dl

Q.2.

Test	Observation	Inference
1) Precipitation by strong mineral acids (Heller's test): 2ml of conc. HNO_3 + 1ml of O.S from side of test tube	White ring at junction	conc. minera like HNO_3, H cause denatu of proteins.
2) Precipitation by Alcohol: 3ml O.S + 1ml absolute alcohol	White ppt.	Alcohol dehydr leading to its precipitation
3) Precipitation by Ammonium sulphate: 3ml O.S + Solid ammonium sulphate powder till solution gets saturated	White precipitate	concentrated salt solution causes precipitation of proteins by dehydration.

GENERAL ANATOMY

1st BDS. BATCH (2018-19)

ADDITIONAL EXAM

General human Anatomy

Please note: All students who have missed the regular exam will need to give the additional exam

Date for theory exam: 12th Dec 2018

Time for theory exam: 9-11.30am

Date and Time for practical: 12th December 2018; 2.30pm

Please report 15 minutes before the scheduled time

No cell phones allowed

HOD Anatomy
DYPDS, Pune

General Human Anatomy

Attendance of Additional Exam

12th Dec 2018

Batch : 2018-19

Roll nos	Name	Theory	Practicals	Signature
7	Rutuja Bardeskar	P	P	
49	Afiya Khatik	P	P	
83	Rehma Tafheem	P	P	
93	Tanvi Tandale	P	P	

HOD Anatomy
DYPCS, Pune

ANATOMY DEPARTMENT
D Y PATIL DENTAL SCHOOL

FIRST BDS
Additional EXAM

Subject – General Human Anatomy
Date – 12/12/2018
Total Mark –60 **Total time – 2.30 hours(9am to 11.30 am)**

Instructions:
All questions are compulsory
Do not write anything on question paper
Use blue/ black ball point pen only
Draw neat well labelled diagrams wherever necessary
Figures to the right indicate full marks
Answer sections B and C in one answer booklet

SECTION A

Q1.) MCQ (separate sheet of Paper attached) ..... **(1x10=10)**

SECTION B

Q2.)
Write a note on the gross anatomy of the **parotid gland**. Add a note on its applied anatomy..... **(10)**

Q3.) Write short notes on ..... (5 X 3 = 15)

a. Superior mediastinum
b. Right atrium
c. Notocord
d. Sternocleidomastoid
e. Write a note on primitive streak

FIRST BDS ~~BATCH~~ 18-19

Additional Examination

Subject – Anatomy
Date
Total Mark – 60 **Total time – 2hours.30 minutes**

SECTION C

Q4.) Write a note 7th cranial nerve and applied anatomy.....**(10)**

Q5) Write short notes on ..... (5 X 3 = 15)

a. Broncho-pulmonary segments
b. Functional areas of brain
c. Strap muscles of neck
d. Nasopharynx
e. Epiphysis

SECTION A

General Human Anatomy 1st BDS

Additional exams. 12/12/2018

Q1) Multiple choice questions **1x10=10**

1. **Parathyroids develop from**
   a) 1st and 2nd endodermal pouches b) 2nd and 3rd endodermal pouches
   c) 3rd and 4th endodermal pouches d) 1st and 4th endodermal pouches
2. **Lateral pterygoid muscle causes all the following actions at TM joint except:**
   a) Depression of mandible b) Retraction of mandible c) Protraction of mandible
   d) Side to side chewing movement
3. **Articular cartilage is an example of:**
   a) Elastic cartilage b) Fibro cartilage c) Hyaline cartilage d) Costal cartilage
4. **Resorption of bone is a function of**
   a) Osteoblast b) Osteocyte c) Osteoclast d) Chondroblast
5. **Globular process of the inter-maxillary segment forms:**
   a) Philtrum of upper lip b) soft palate c) nasal septum d) Lateral wall of nose
6. **Otic ganglion supplies parasympathetic fibers to:**
   a) Parotid gland b) Submandibular gland c) lacrimal gland d) sublingual gland
7. **Neural crest derivatives include all except:**
   a) Dorsal root ganglia b) Sympathetic ganglia c) Parasympathetic ganglia d) adrenal cortex
8. **Lining epithelium of tongue develops from:**
   a) 1st, 2nd,3rd arches b) 2nd 3rd 4th arches c) 1st 3rd 4th arches d) 3rd, 4th, 6th arches
9. **All the following are branches of external carotid except:**
   a) Facial artery b) Inferior thyroid artery c) Lingual artery d) Occipital artery
10. **Which of the following is a diploid cell:**

a) Primary oocyte b) Sperm c) Secondary oocyte d) 1st polar body

Key Additional exam- 2018

1c

2b

3c

4c

5 a

6 a

7 d

8c

9b

10a

HOD Anatomy
DYPCS. Pune

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

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WRONG	RIGHT
(X) (B) (C) ●	(A) (B) ● (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Mahesh Apke

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Rutuja Bandekar

Name of the Examination _____ Class _____

Subject Anatomy

Roll No. 7 Date 24-12-2018

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	8										08
Marks obtained in Section B		9	8								17
Marks obtained in Section C				8	7						15
Grand Total											40

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B

Q2]

→

1. Major salivary gland are those which pour their secretion into the oral cavity via ducts
2. These are parotid, sub-mandibular and sub-lingual
3. Parotid is the largest of 3 paired salivary gland
4. shaped like an inverted triangle
5. 25 gms in weight

* Coverings

1. Inner true capsule :- fibrous stroma
2. outer false :- splitting of the investing layer of deep cervical fascia
3. The superficial lamella is thick and is attached to the zygomatic arch. It blends with the epimysium of the masseter muscle and is called parotid masseteric fascia
4. The deep lamella is thin, attached to the tympanic and styloid process. Part of it is thickened to form the stylomandibular ligament



Presenting parts

Apex
- directed downwards
- overlaps the post belly of digastric muscle
- structure passing :-
  1. cervical branch of facial nerve
  2. anterior division of retro-mandibular nerve
  3. formation of external jugular

Base

It is concave

related to the external acoustic meatus and the TMJ

structure passing :-

1. Temporal branch of facial nerve
2. superficial temporal vessel
3. auriculo temporal nerve

* surfaces

1. superficial surface

covered by :-

skin

superficial fascia

posterior fibre of platysma

Parotido - masseteric fascia

2. Antero - medial surface

deeply grooved by ramus of mandible

outer lip transmits branches of facial nerve

inner lip transmits maxillary artery

3. Postero - medial surface

Styloid process with styloid apparatus

Internal carotid artery enters carotid canal

Internal jugular vein

IX, X, XI, XII cranial nerve.

superficial to deep :-

1. facial nerve :-
   emerges from stylo mastoid foramen enters parotid gland through postero-medial surface. within the gland the nerve divides with tempoio-facial and cervico-facial which further divide to 5 major branch of facial nerve

2. Retro mandibular vein occupies the intermediate zone formed by the union of the superficial temporal ends by dividing into ant & post division

* Blood supply

- arterial supply → external carotid artery
- venous drainage → external jugular vein

* Nerve supply

- secretomotor both parasympathetic, sympathetic
- sympathetic is vasomotor

* Parasympathetic supply → otic ganglion.

Applied Anatomy

Inflammation of the parotid is painful due to unyielding nature of capsule

Inflammation occurs in mumps

Historical incision must be employed over the parotid gland to the facial nerve from injury

To differentiate a benign from malignant tumor of parotid involvement of facial nerve is checked

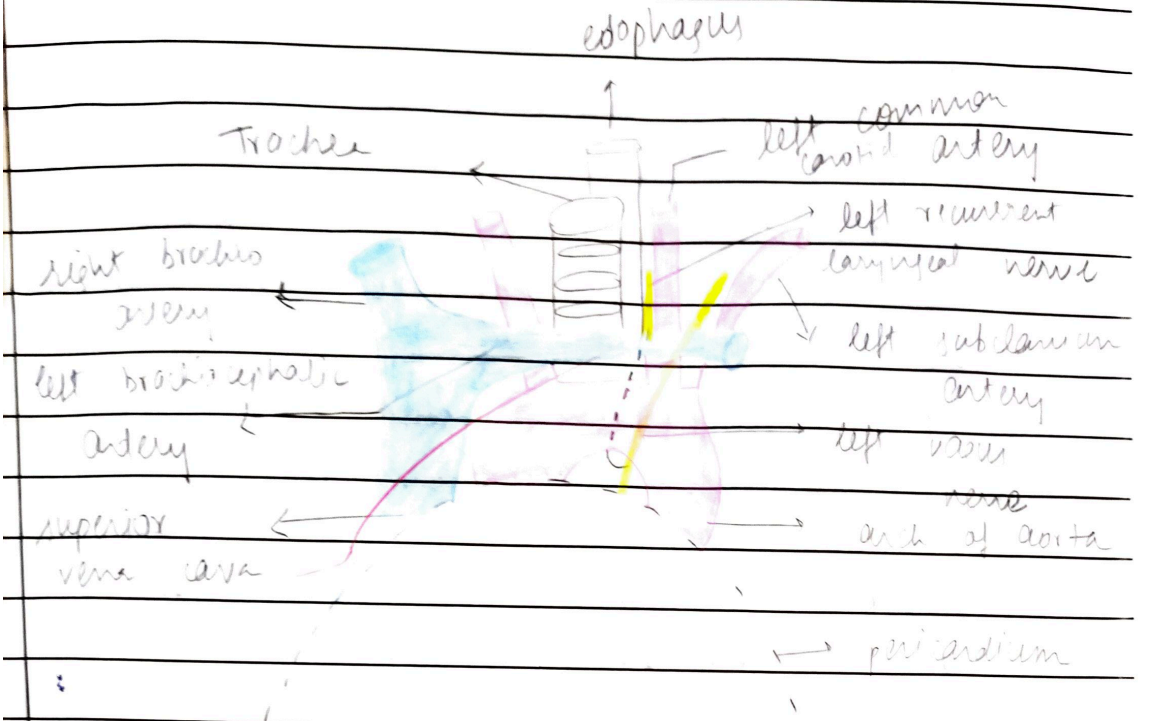
Q3.

a) superior mediastinum

→ bordered by

1. thoracic outlet superiorly
2. transverse thoracic plane and sternal angle inferiorly
3. medial border of pleural sacs laterally
4. $T_1 - T_4$ vertebral bodies superiorly

D Y PATIL GROUP



Contents

post to anterior

1. oesophagus
2. trachea
3. Arch of aorta and its 3 brs
1. Brachiocephalic artery
2. left common carotid artery
3. left subclavian artery

Nerves

1. Phrenic nerve rt & lt
2. Vagus nerve rt and lt
3. left recurrent laryngeal nerve
4. sympathetic trunk

b.] right atrium

- lies on the inferior costal surface of heart
- receives deoxygenated blood from the entire body through the SVC and the IVC
- it pumps this blood into the RV through tricuspid valve
- it has a main cavity, small chamber projecting to left like an ear. This is auricle.

* external features
- externally extending from the SVC to IVC lies the sulcus terminalis
- upper end related to SA node.

* Interior of right atrium
- smooth posterior and rough anterior
- appear like teeth of comb
- The rough part in the auricle is interlaced with muscular ridges

* openings

1. SVC
2. IVC
3. Tricuspid valve
4. Coronary sinus
5. Anterior cardiac vein.

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Supplement Sheet

Name of the Student _____

Name of the Examination _____ Class _____

Subject _____

Roll No. 7 _____ Date _____

Supplement No. 1 _____ Invigilator Signature _____

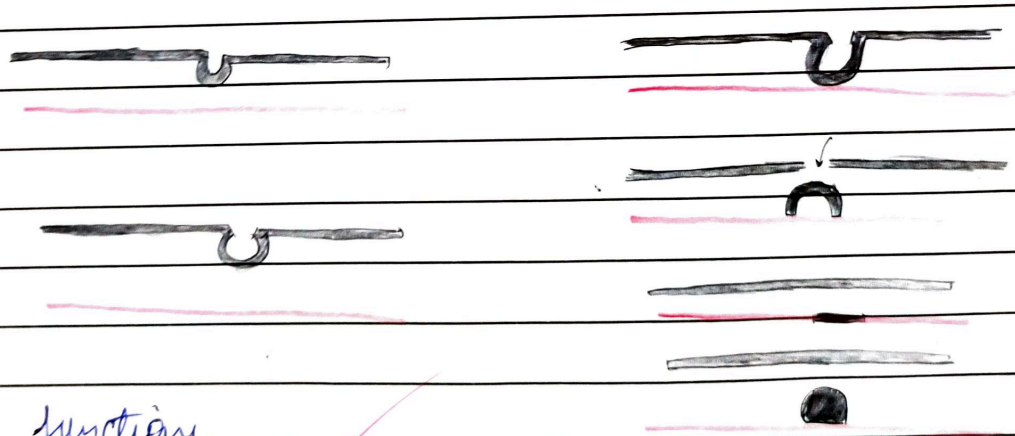
c. Notochord

initially solid chord of cells

later gets canalized

communication is the neurenteric canal

notocordal cells flatten to form notochordal plate



functions

forms axial support of disc

stimulates the overlying ectoderm to form neural plate.

fate
- disappears by 2nd month
- remnants
  - Nucleus pulposus
  - Apical ligament of dens.

2. sterno-cleido mastoid
→ extends obliquely across neck
- divides neck to ant & post

Origin
sternal head
- clavicular head
- muscle is cruciate muscle

Insertion
1. mastoid process
2. lateral 1/2 of superior nuchal line

Nerve supply
- Motor - spinal accessory nerve
- Proprioceptive sensation

Blood
Branches of
1. superior thyroid
2. occipital artery
3. supra scapular artery
4.

Relation

- superficial
  - skin
  - platysma
  - external jugular
  - great auricular vein

+ deep
  - lower zone
    - anterior jugular vein
    - carotid sheath
    - sternohyoid muscle

  Middle zone
  - carotid sheath
    - ansa cervicalis
    - phrenic nerve

  upper
  - Occipital artery
  - mastoid process
    - splenius capitis

  Applied :-
  - wry neck - shortening of muscle due extreme rotation

- spasmodic torticollis :- repeated painful contractions due to psychogenic cause

e. primitive streak

→ 1st sign of gastrulation

formed on surface of epiblastic layer at 3rd week

cells become flask shaped invaginate between epiblast and hypoblast

forms primitive pit & groove

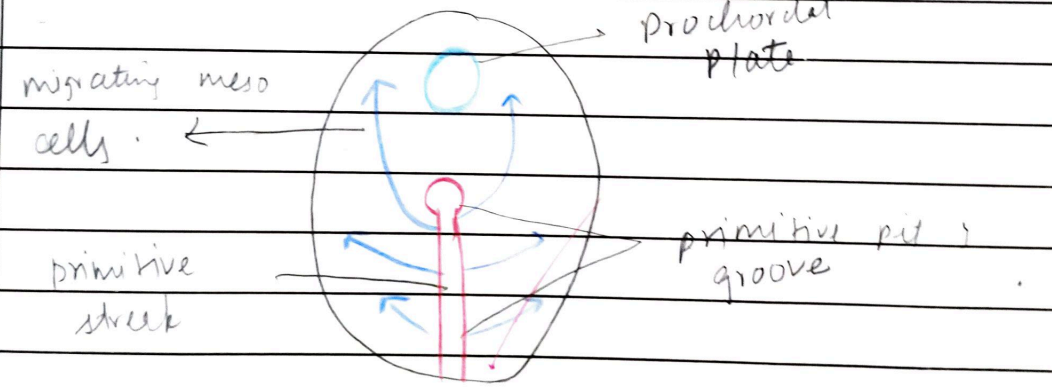
disappears at 4th week

if remnants are from sacrococcygeal teratoma

1 in 3 5000 birth

80:1 in female

contain tissue from germ layers



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Supplement Sheet

Name of the Student Rutuja Bandekar

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

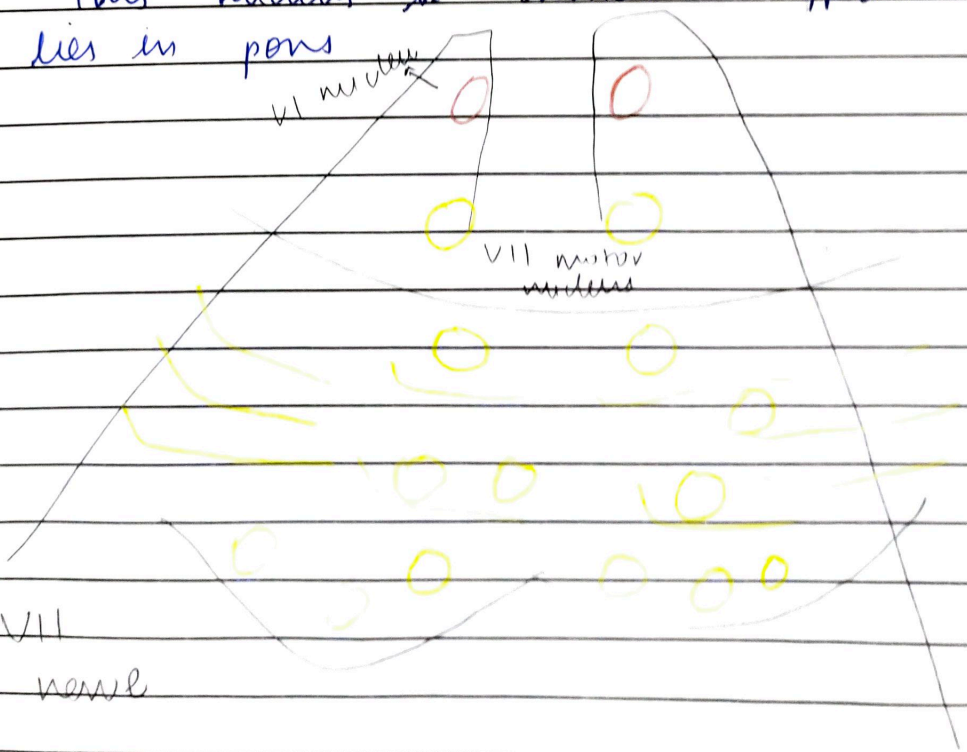
Supplement No. 2 Invigilator Signature _____

Section C

4. → facial nerve has 2 roots

1. Motor
2. sensory

Motor nucleus of facial nerve supplies the muscle developing. This nucleus is branchial efferent lies in pons



VII nerve

efferent from the motor nucleus VII

form the motor root of facial nerve
fibre course postero - medially and curve
around the 6th nerve nucleus
emerge at the cerebello pontine angle

* sensory root of facial nerve

These are pseudounipolar nucleus
The peripheral processes travel in the
chorda tympani nerve
The central processes travel in the
nervus intermedius

* Parasympathetic fibre

They are from
1. lacrimatory nucleus
2. superior salivatory nucleus
Both these nuclei are in the brain
stem. The fibre also run in the
nervous intermedius

* Parasympathetic supply to lacrimal gland

fibre travel in nervous intermedius
gives off as greater petrosal branch
joins sympathetic deep petrosal form
nidian nerve synapse pterygopalatine
ganglion. post ganglion travel maxillary

nerve give off in zygomatic branch - zygomatic to temporal branch - lacrimatory branch to the lacrimal gland

course of facial nerve

emerges at cerebello-pontine angle as 2 root

The 2 roots enter the internal acoustic meatus

At the outer end of the internal acoustic meatus

This enters facial canal

Before entering facial canal at the bend of nerve is the geniculate ganglion

The facial canal runs down the medial wall and then onto the posterior wall of the tympanic cavity to the stylomastoid foramen

+ Branches of facial nerve

within the internal acoustic meatus

Branches of the geniculate ganglion

Branches in tympanic cavity

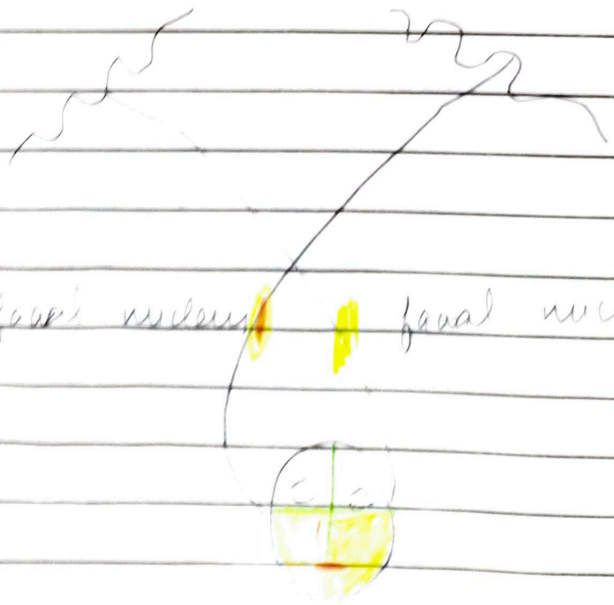
Extra cranial branches

Applied

lesions of VII nerve may be
intra cranial
1 supra nuclear
2 nuclear
3 Infra nucleus

Intra cranial supra nuclear lesions

due to the involvement of the cortico nuclear fib to the motor nucleus of facial nerve.
The contra lateral inferior quadrant is affected
The upper 2 quadrant are unaffected due to bilateral cortical representation of lower 2 quadrant



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Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ●

RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	
SUBJECT	ANATOMY
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Afjira Khatik

Name of the Examination _____ Class _____

Subject Anatomy

Roll No. 49 Date 24/12/18

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	8										08
Marks obtained in Section B		8	9								17
Marks obtained in Section C				8	7						15
Grand Total											40

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - B

Q2). Major salivary glands are those which pour their secretion into the oral cavity via ducts.

These are parotid, sub mandibular and sub lingual.

Parotid is largest of 3 salivary glands.

Each gland is shaped like an inverted pyramid.

25 gms in weight.

* Coverings :-

Inner true capsule - is the condensation of the fibrous stroma of the gland.

Outer false capsule - is formed by the splitting of the investing layer of the deep cervical fascia.

The superficial lamella is thick and is attached to zygomatic arch. It blends with epimysium of the masseter muscle and is called the parotid - masseteric fascia.

The deep lamella is thin, it is attached to the tympanic plate and styloid process and part of it is thickened to form the stylo mandibular ligament.

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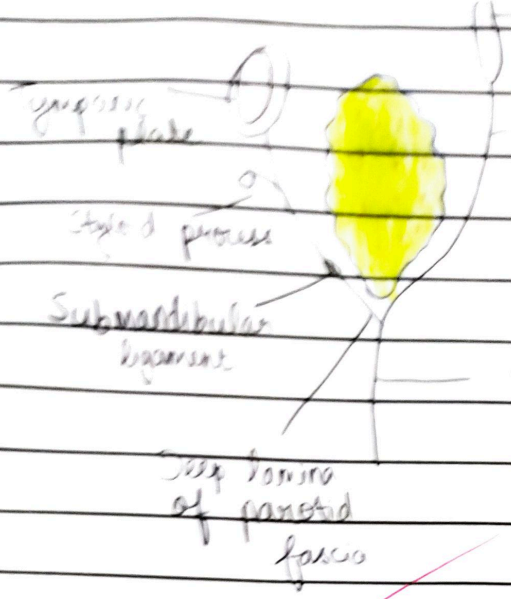

- Presenting parts

- Base
- Apex
- 3 surfaces - superficial, antero-medial and postero-medial.

Apex :-

- Directed downwards.
- Overlaps the posterior belly of digastric muscle.
- Structures passing through it include :-
  1) Cervical branch of facial nerve.
  2) Anterior division of retromandibular vein.
  3) Formation of the external jugular vein.

Base of Parotid :-

- It is concave.
- It is related to the external acoustic meatus and the temporo-mandibular joint.

- Structures passing through the base:-

1) Temporal branch of facial nerve.
2) Superficial temporal vesseles.
3) Auriculo temporal nerve.

* Surfaces of Parotid gland:-

- Superficial surface.
- Antero-medial surface.
- Postero-medial surface.

- Superfical surface:

It is covered by
- Skin
- Superficial fascia.
- ~~Super~~ Posterior fibres of platysma.
- Parotid group of lymph nodes.
- Great auricular nerve.

- Antero-medial surface

- Deeply grooved by ramus of mandible.
- ... related to the posterior border of the mandibular ramus with the masseter muscle attached to its outer side and the insertion of medial pterygoid on its inner side.
- Outer lip transmits the branches of the facial nerve.
- Inner lip transmits the maxillary artery.

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- Postero - medial surface.
- It is related to the mastoid process with the sternomastoid muscle and posterior belly of digastric.
- Styloid process with the styloid apparatus.
- Internal carotid artery as it enters the carotid canal.

* Structures passing through the gland :-

Superficial to deep:

1) Facial nerve is which emerges from the stylo-mastoid foramen and enters the parotid gland through its postero-medial surface.

2) Retro mandibular vein is in the intermediate zone.

3) External carotid artery - in the deepest zone.

* Stensens Duct

- 5 cm long. 3 mm wide
- Emerges from the anterior border of the gland between the upper and lower buccal nerves.
- Crosses the masseter muscle.

* Blood supply :-

- Arterial supply is by branches of external carotid artery.
- Venous drainage is into the external jugular vein.

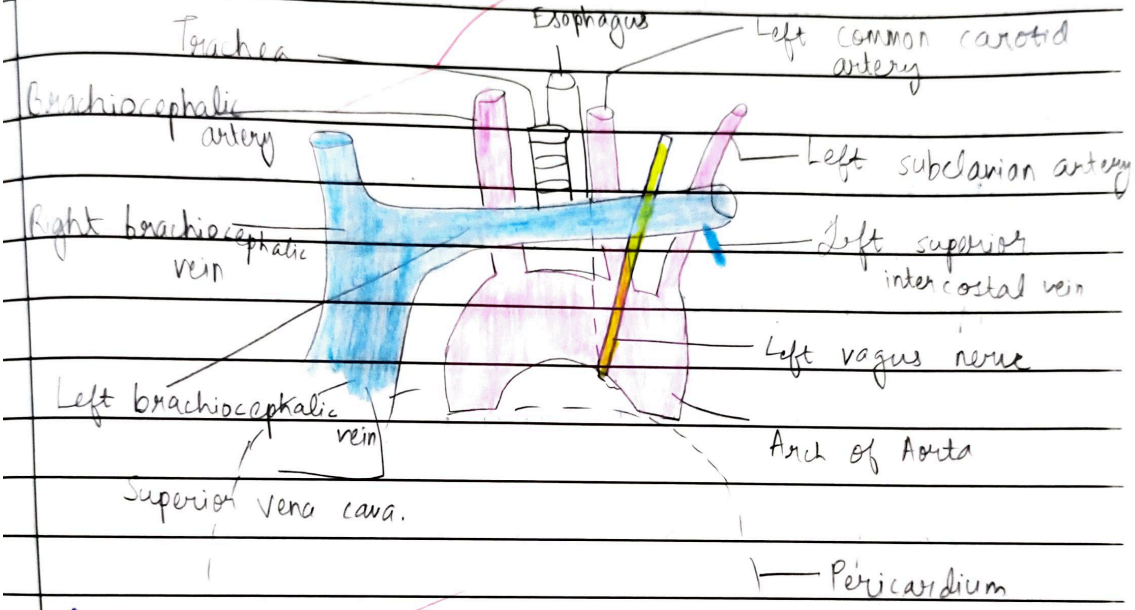
* Nerve supply :-

- Secretomotor fibres is by both parasympathetic and sympathetic.
- Parasympathetic supply - otic ganglion.

* Applied Anatomy :-

- inflammation of the parotid gland is painful due to unyeilding nature of its capsule.
- Inflammation occurs in mumps.
- Hilton's incision must be employed over the parotid gland to save the fascial nerve from injury.
- Frey's Syndrome or Auriculo temporal nerve syndrome : this is usually post operative or the patient gives a history of trauma in parotid region.
- Sialography is a radiological visualization of the parotid duct & its patency.

The Superior mediastinum - boundaries are :-
- thoracic outlet superiorly.
- transverse thoracic plane (the plane of Ludwig) or sternal angle inferiorly.
- medial border of the pleural sacs laterally.
- dorsal surface of the sternum anteriorly.
- T_1 & T_4 vertebral bodies posteriorly.



Contents :
From post. to ant.
- Esophagus
- Trachea.
- Arch of Aorta & its 3- branches
- Brachiocephalic veins
- Superior vena cava
- Remains of Thymus.

Nerves :-
- Phrenic nerves : rt & left.
- Vagus nerves.

Others :-
- Lymph nodes & Thoracic duct.

b) Right Atrium :-

- lies on the inter costal surface of heart.
- recives deoxygenated blood from the entire body through the SVC & IVC.
- It pumps this blood into the RV through tricuspid valve.
- It has a main cavity, small chamber projecting to left like an ear. This is auricle.

* External feature :

- externally extending from the SVC to IVC lies the sulcus terminally.
- upper end related to the SV node.

* Interior of right atrium.

Smooth posterior and rough anterior appear like teeth of comb.

- The rough part in the auricle is interlaced with muscular ridges.

* Openings :-

1) SVC
2) IVC
3) Tricuspid valve
4) Coronary sinus
5) Anterior cardiac vein.

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Supplement Sheet

Name of the Student Afia Khatik

Name of the Examination _____ Class _____

Subject Anatomy

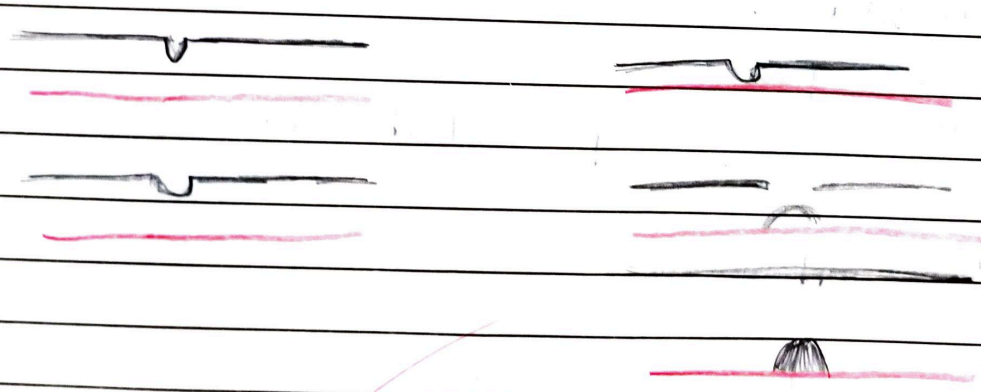
Roll No. 49

Date 24/12/18

Supplement No. _____ Invigilator Signature _____

C. Notocord

- Initially it is a solid cord of cells.
- Later it gets canalized = notocord canal.
- Cells in the floor of the canal fuse with the underlying hypoblastic cells. This breaks down establishing a communication b/w the amniotic cavity & yolk sac.
- Notocordal cells flaten to form notocordal plate.



Functions :-

- forms axial support of disc.
- stimulates the overlying ectoderm to form neural plate.

Take
· disappears by 1st mond

· Remenants :-
· nucleus pulposus
· Apical ligament of dens.

d) Sterno - cleido mastoid :
→ extends obliquely across notch.
· divides neck to anterior & post.

Origin :

· Sternal head.
· clavicular head
· muscle is cruciate muscle.

Insersion :
1) Mastoid process.
2) lateral 1/2 of superior nuchal line.

Nerve supply :

· Motor - spinal accesory nerve.
· Proprioceptive sensation.

Blood
Branches of
1) superior thyroid
2) Occipital artery
3) supra Scapular artery.

Relation :-

Superficial
- skin
- platysma
- external jugular
- great auricular vein

* deep
- lower zone
  - ant. jugular vein
  - carotid sheath.
  - sternohyoid muscle.

Middle zone.
- carotid sheath.
- ansa cervicalis
- phrenic nerve.

Upper
- occipital artery
- mastoid process
- splenius capitis.

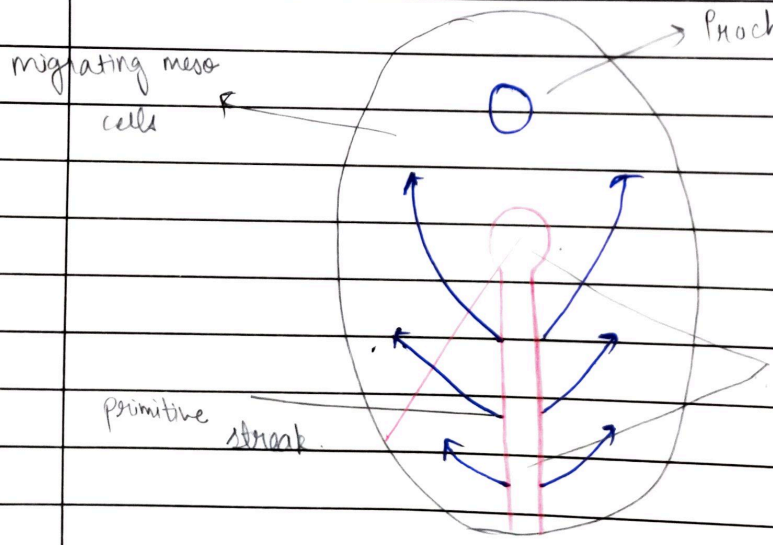
Applied :-

Wry neck - shortening of muscle due to extreme rotation.

Spasmodic torticollis - repeated painful cont.

e) Primitive streak

- 1st sign of gastrulation.
- formed on surface of epiblastic layer at 3rd week.
- cells become flask shaped invaginate. b/w epiblastic & hypoblast.
- forms primitive pit & groove.
- disappears at 4th week.
- If remenants are form sacrocygeal teratoma.
- 1 in 35000 birth.
- 80% in female.
- contain tissue from germ layers.



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Supplement Sheet

Name of the Student Afia Khatik

Name of the Examination _____ Class _____

Subject Anatomy

Roll No. 49 Date 24/12/18

Supplement No. _____ Invigilator Signature _____

Section - C

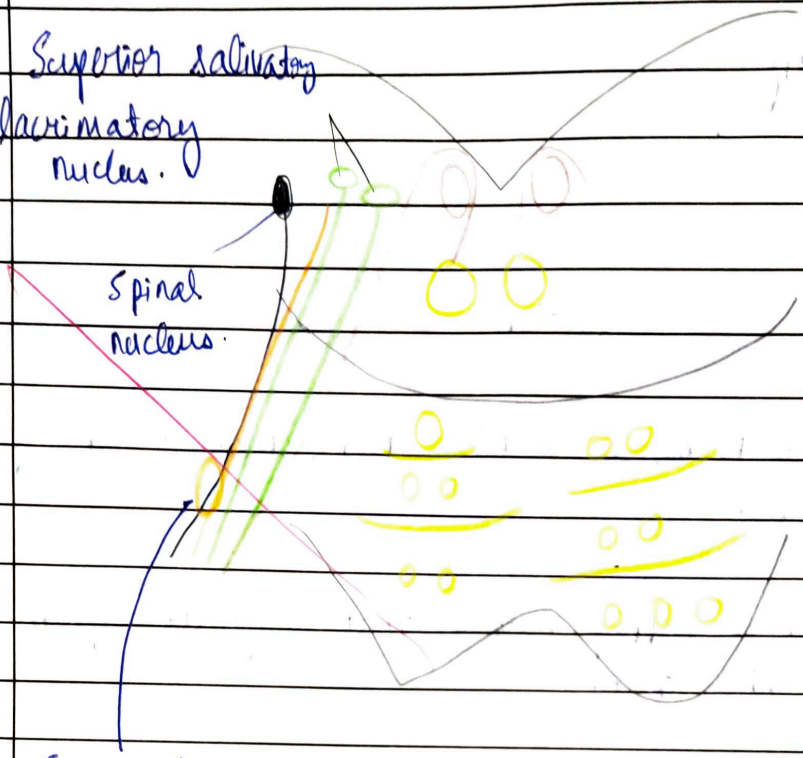
Q4) The facial nerve is a mixed nerve motor + sensory + secretomotor.

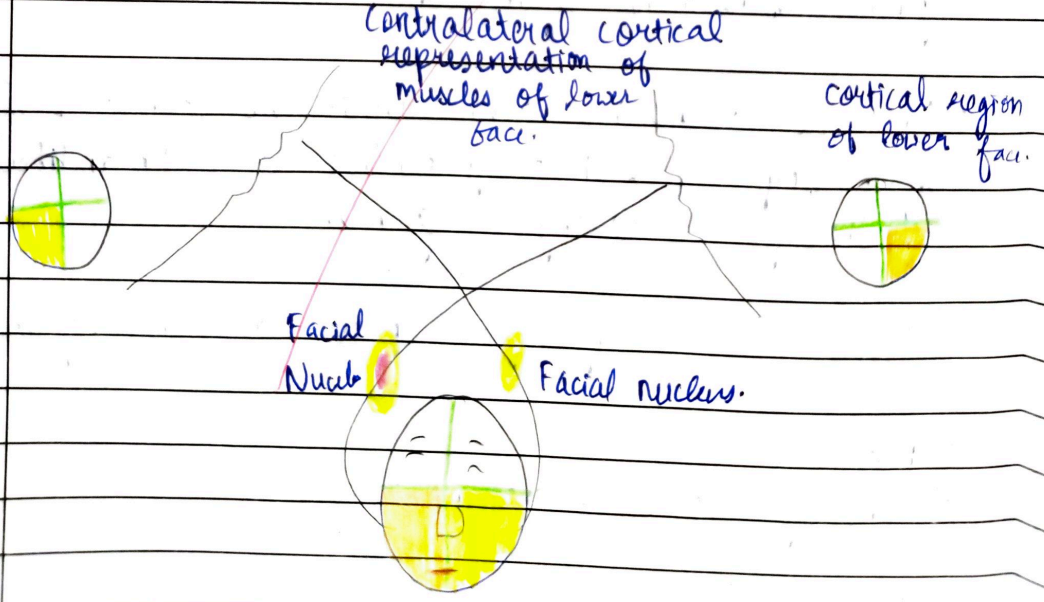
- Motor fibres supply muscle that originate from 2nd branchial arch.
- Its sensory interpart (nervus intermedius) carries taste fibres from anterior 2/3rd to tongue & general sensations from condo auricle.
- Nervous intermedius also carries secretomotor fibre from superior salivatory nucleus to submandibular salivary & sublingual glands.
- The 2 roots of facial nerve are as follows:

1) Motor
2) Sensory = Nervous intermedius.

- Sensory (taste)
- Sensory (general sensation)

- Parasympathetic secretomotor
- Parasympatetic (for lacrimal glands).





- Parasympatetic supply to lacrimal gland - VII nerve.

- Fibres from lacrimatory nucleus - travel in nervus intermedius given off as greater personal branch of VII nerve.

↓

Vidian nerve synopb.

- Applied Anatomy :-

Lesions of the VII nerve may be:

Intra - cranial
1) Supra nuclear
2) Nuclear
3) Infra nuclear

Cranial (as in fracture base of skull)

- Extra cranial.

- Infra cranial supra nuclear lesions

- due to the impo involvement of the contain nuclear fibre to the motor nucleus of facial nerve.

- The contra lateral inferior quadrant is affected.

- The upper 2 quadrant are unaffected due to bilateral cortical representation of lower 2 quadrants.

Q5)

a) Total no. of strap muscle :- 4.

- 2 superficial → omohyoid & sternohyoid.
- 2 deep → stero thyroid & thyrohyoid.

- Omohyoid :-

- has an inferior & superior belly.
- They attached to each other.
- Inferior lies at the upper end of scapula.
- superior is attached to the lower body of hyoid bone.

- sternohyoid :

- arises from the capsule of sternoclavicular joint.
- 2 muscle converge above.

- sternothyroid
- lies deep.
- arises from manubrium.
- ascends reach 2 muscle.

- Thyrohyoid :
- upward extension of sternothyroid.
- attached below oblique of thyroid cartilage.

Nerve supply :-

- Thyrohyoid → C_1 through hypoglossal nerve.
- others by C_2 & C_3 through ansa cervicalis.

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Supplement Sheet

Name of the Student _____

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Supplement No. _____ Invigilator Signature _____

Q5.

C.) Total no of strap muscle 4

2 superficial → omohyoid and sternohyoid

2 deep → sterno thyroid and thyrohyoid

Omohyoid

has an inferior and sup belly

They attached to each other

Inferior lies at upper end of scapula

superior is attached to the lower body hyoid bone

sternohyoid

arises from the capsule of sterno clavicular joint.

2 muscle converge above

sternothyroid
lies deep
arises from manubrium
ascends with 2 muscle

Thyrohyoid
upward extension of sternothyroid
attached below oblique of thyroid
cartilage

Nerve supply
Thyrohyoid → C1 through hypoglossal nerve
others by C2 & C3 through ansa cervicalis

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Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●)

RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Eighty three.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	
SUBJECT	Anatomy.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1			●		11					21				
2		●			12					22				
3			●		13					23				
4		●			14					24				
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6	●				16					26				
7				●	17					27				
8	●				18					28				
9		●			19					29				
10			●		20					30				

Seen and No. Complaint

Candidate's Signature

Mahind Aple

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.	

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

Name of the Student Rehma Tafheem.

Name of the Examination [redacted] Class 2nd yr

Subject Anatomy.

Roll No. 83 Date 24/12/18.

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	08										8
Marks obtained in Section B		07	09								16
Marks obtained in Section C				08	10						18
Grand Total											42

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

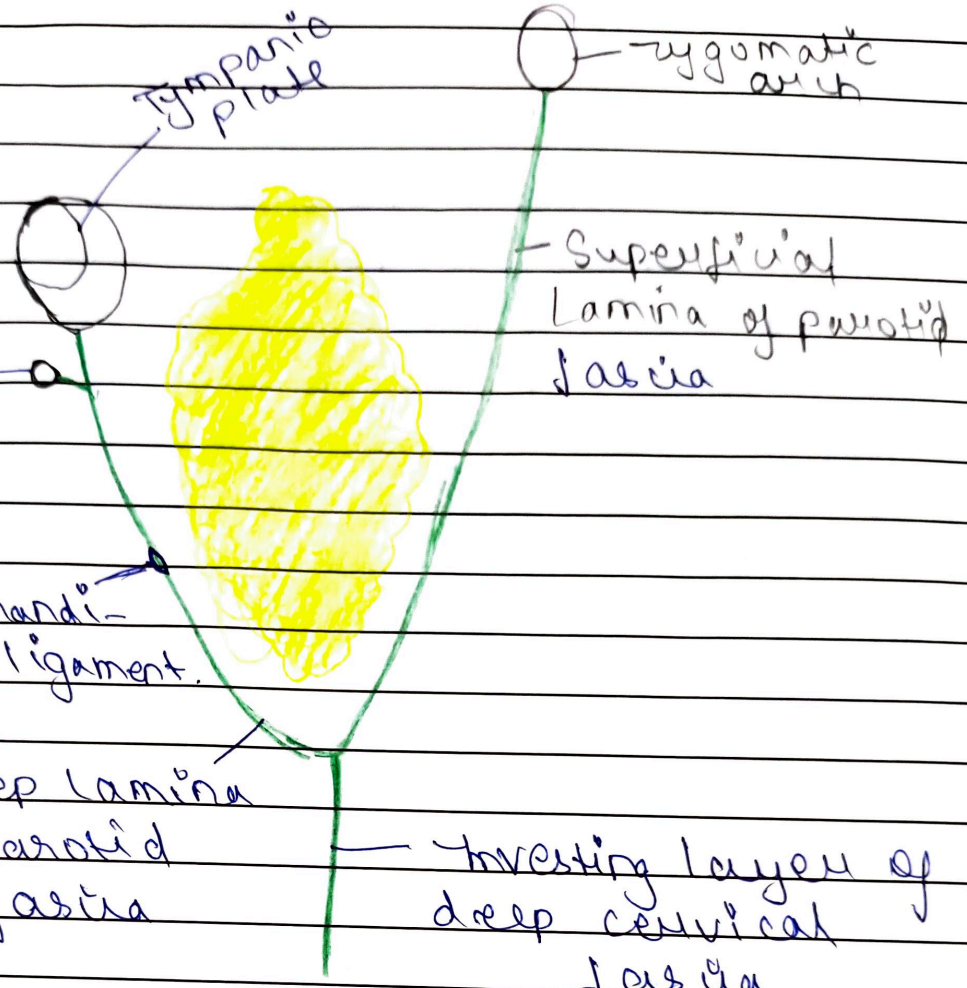
Name & Signature of IC / H.O.D.

Q2] Parotid Gland.

- Parotid Gland is largest of the 3rd paired salivary gland.
- Shaped like an inverted pyramid.
- 25 gms in wt.

Coverings

- Inner true capsule is condensation of fibrous stroma of gland.
- Outer false capsule is formed by splitting of investing layer of deep cervical fascia.
- Superficial lamella is thick and is attached to zygomatic arch.
- The deep lamella is thin, it is attached to tympanic plate and styloid process and part of it is thickened to form Stylo mandibular ligament.



Presenting parts.

- Base
- Apex
- 3 surfaces - Superficial, antero-medial and postero medial.

Apex

- Directed downwards
- Overlaps the post. belly of digastric muscle.
- Structure passing through it include
  1) Cervical branch of facial nerve
  2) Anterior div of retro-mandibular vein
  3) Formation of external jugular vein.

Base

- It is concave
- It is related to external acoustic meatus and temporo mandibular joint.
- Structure passing through base.
  1) Temporal branch of facial nerve
  2) Superficial temporal vessels.
  3) auriculo temporal nerve.

Surfaces

- Superficial
- Antero medial
- Postero medial.

Superficial

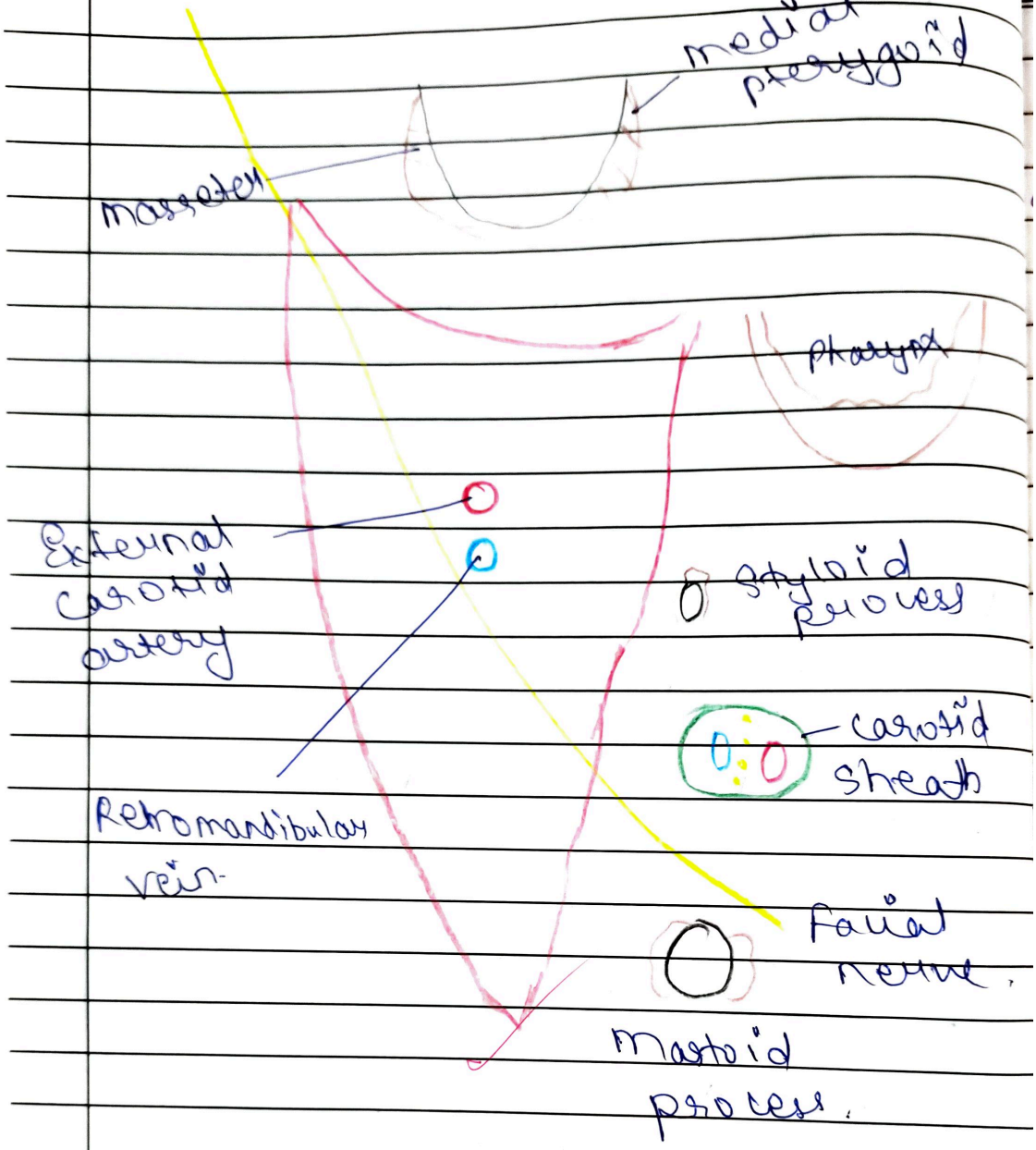
It is covered by
- Skin
- Superficial fascia
- Post fibres of platysma
- Parotido-masseteric fascia
- Great auricular nerve.

Antero medial

- Deeply grooved by ramus
- Related to post. border of mandibular ramus with masseter muscle
- Outer lip transmits branches of facial nerve
- Inner lip transmits maxillary artery.

Postero-Medial

- Related to mastoid process with sternomastoid muscle.
- Internal jugular vein
- IX, X, XI, XII cranial nerves
- Ext. carotid artery enters gland through this surface.



Applied Anatomy

- Hikons incision (transverse) must be employed to save facial nerve.
- Frey's syndrome or Auriculo-temporal nerve syndrome - this is usually post operative

- Sialography is radiological visualization of parotid duct.

Q3) Short Notes on.

a) Superior mediastinum

- It is bordered by.
- thoracic outlet superiorly
- transverse thoracic plane or sternal angle inferiorly
- medial border of pleural sac laterally.
- Dorsal surface of sternum anteriorly
- T1 to T4 vertebral bodies posteriorly.

Anterior mediastinum.

- Bordered by pericardium posteriorly
- Mediastinal pleura on either side laterally
- Sternum anteriorly.

Middle mediastinum

- Is part of superior mediastinum

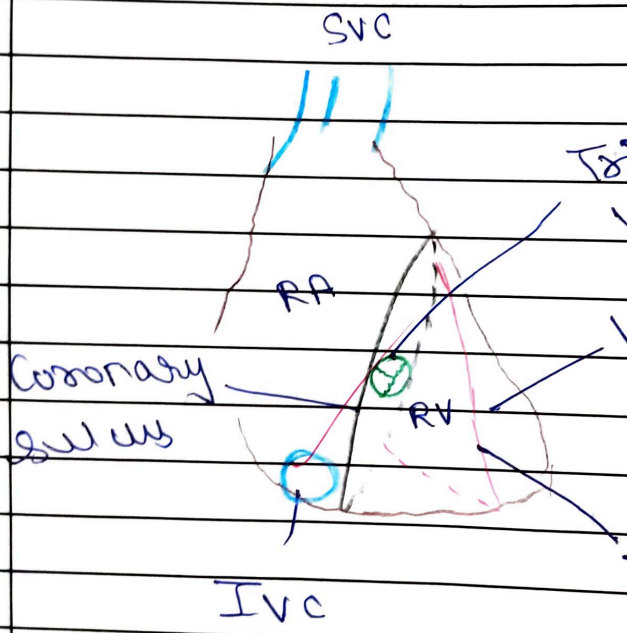
Posterior mediastinum

- Is part of superior mediastinum

Applied anatomy.

- Pretracheal fascia extends from neck into mediastinum & blends with pericardium. Thus injection in the neck between pretracheal can seep down into superior and into posterior mediastinum.

② Right atrium



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Supplement Sheet

Name of the Student Rehma Tajreen

Name of the Examination _____ Class _____

Subject _____

Roll No. 83 Date _____

Supplement No. 1 Invigilator Signature _____

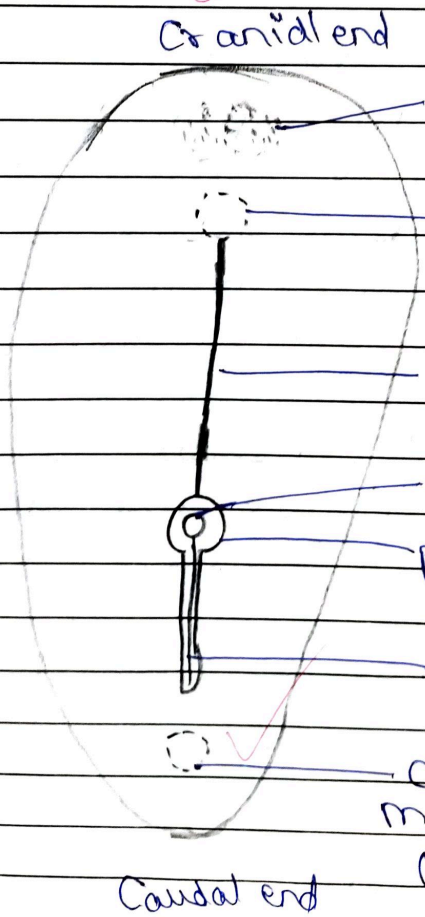
- It lies on sterno costal surface of heart
- It receives deoxygenated blood from entire body through SVC & IVC
- It pumps this blood into RV through tricuspid valve.
- It has main cavity, a small chamber projecting to left (lying on anterior surface and partly covering root of aorta) like an ear. This is auricle.
- The right atrium separated from right ventricle by art part of coronary sulcus
- Openings of Right Atrium

1) SVC
2) IVC
3) Tricuspid valve
4) Coronary sinus
5) Anterior Cardiac veins

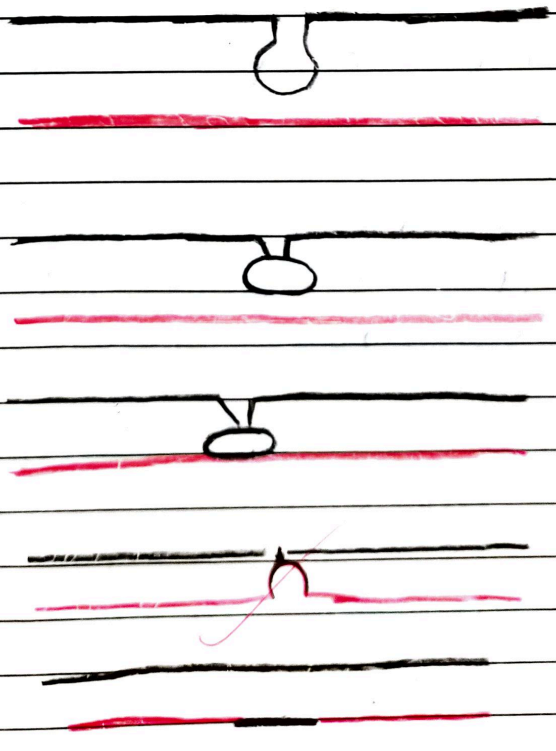
6) Venae cordis minimis / thebesian vein

(c) Notochord

- Proliferating cells of primitive knot migrate cranially to form the notochord.
- This develops on 17th day.
- Mid line cellular cord is formed.
- Extends from primitive knot to prechordal plate.



- Initially it is solid cord of cells. Later gets canalized = notochordal canal.
- Cells in floor of canal fuse with underlying hypoblastic cells. This breaks down establishing communication between amniotic cavity & yolk sac.
- This communication is neurenteric canal.
- This plate infolds longitudinally to form a flexible solid cord of cells which lies between ectoderm & endoderm in mid line.



(d) Sternocleidomastoid. Muscle

- Extends obliquely across neck.
- Divides neck into anterior and post triangles.
- The investing layer of deep cervical fascia splits to enclose muscle.

ORIGIN.

Two heads of origin.

1) Sternal head - is tendinous - arises from ant. surface of upper part of manubrium passes upward & laterally - crosses sterno-clavicular joint.
2) Clavicular head - fleshy arises from upper surface of medial 1/3rd of clavicle - ascends vertically.

Insertion

- Mastoid process
- Lateral 1/2 of sup Nuchal line.

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Supplement Sheet

Name of the Student Rehma Tayheem

Name of the Examination _____ Class _____

Subject _____

Roll No. 83 Date _____

Supplement No. 2 Invigilator Signature _____

(9) Primitive streak.

- First sign of gastrulation is the formation of primitive streak.
- Formed on surface of epiblastic layer in beginning of 3rd week IUL.
- Epiblastic cells proliferate & migrate towards median plane of the disc to form primitive streak.
- These cells become flask shaped & get detached to invaginate in between epiblast & hypoblast to form mesoderm.
- This results in formation of primitive pit & groove.
- The primitive streak actively form mesoderm till the early part of 4th week.
- It disappears by end 4th week.
- Its remnants persist as tumor sacrococcygeal teratoma.
- 1 in 35000 births

Section C

① 7th Cranial nerve.

Facial nerve is a mixed nerve.
Motor + Sensory + Secretomotor.

- Motor fibres supply muscles that originate from 2nd branchial arch.
- Its sensory counterpart (Nervus intermedius) carries taste fibres from ant 2/3rd of tongue & gen sensations from concha of auricle.
- Nervus intermedius also carries Secretomotor fibres from Superior salivatory nucleus to Submandibular, salivary & Sublingual glands.

Facial nerve 2 roots

1) Motor
2) Sensory = Nervus intermedius

- Sensory (taste)
- Sensory (general sensation)
- Parasym Secretomotor.
- Parasym (for lacrimal gland).

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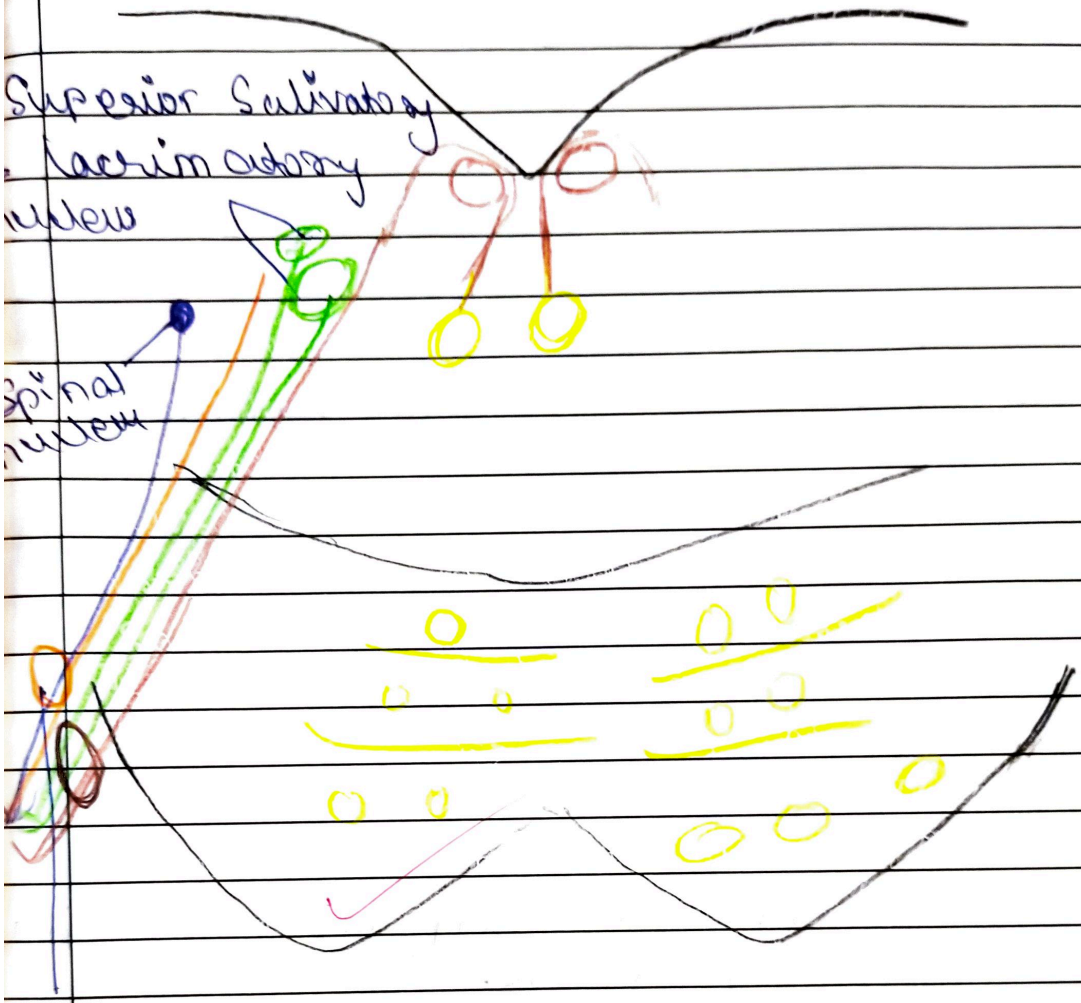
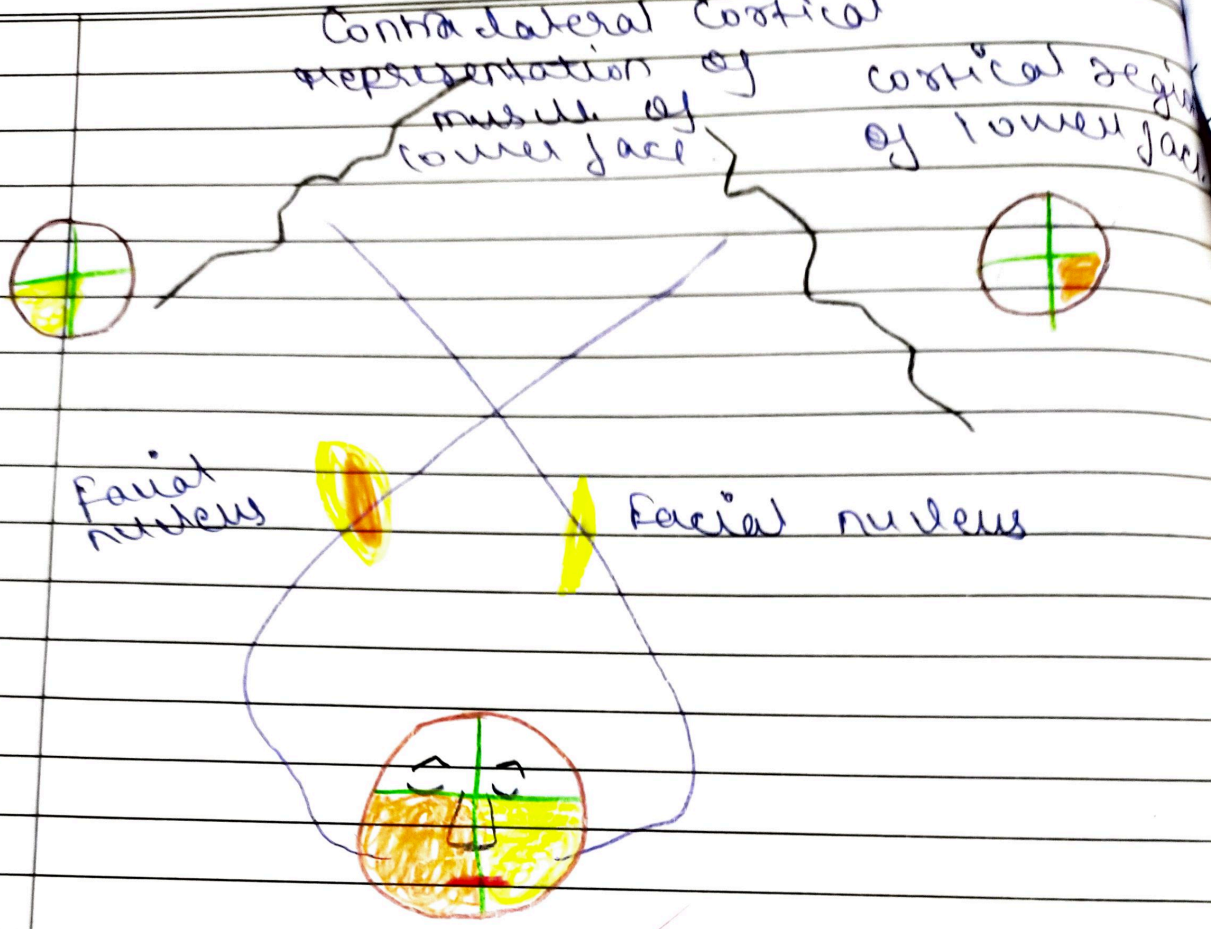


geniculate ganglion.



Parasympathetic supply to lacrimal gland - VII nerve.

Fibres from lacrimatory nucleus - travel in nervus intermedius given off as greater petrosal branch of VII nerve

↓

Vidian nerve. Synapse in

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Supplement Sheet

Name of the Student Rehma Tajreen

Name of the Examination _____ Class _____

Subject _____

Roll No. 83 Date _____

Supplement No. 3 Invigilator Signature _____

Q5] Short notes

a)- These are well defined functional, anatomic & surgical segments of lungs

- Each is aerated by tertiary bronchus
- Each is pyramidal in shape with its apex towards root of lungs.
- Each has its own tertiary bronchus segmental artery nerves & lymphatics
- Segmental veins drain adjacent bronchopulmonary segment & serve as surgical guide lines for demarching the segments.

Applied Anatomy

Bronchopulmonary seg

- Usually infections remain restricted to a segment.
- The most frequently infected segment is apical of inferior lobe on right side.

© These are 4 strap muscles.

2 Superficial - Omohyoid & Sternohyoid.

2 deep - Sternothyroid & thyrohyoid.

- Omohyoid
- has an inferior & superior belly.
- The superior belly separated muscular & carotid triangles.
- The inferior belly arises from upper border of scapula.

- Sternohyoid
- Arises from capsule of sterno-clavicular joint. & adjoining parts of manubrium & clavicle.
- Attached above to the lower body of hyoid bone.

DJ PAUL GROUP

Sternothyroid

- Lies deep to sternothyroid.
- Arises from manubrium below,
- Overlap lateral lobe of thyroid gland.

Thyrohyoid

- Is an upward extension of Sternothyroid.
- Attached below to obliaue line of thyroid cartilage.

⑥ Nasopharynx

- Also called epipharynx
- Situated behind nasal cavity.

Boundaris

- Anterior - deficient. It communicates with nasal cavity.
- Roof is continuous with posterior wall is supported by body of Sphenoid.
- Floor of pharynx is deficient.
- During swallowing this isthmus close by action of tensor & levator palati muscles.

- Nasopharyngeal tonsil

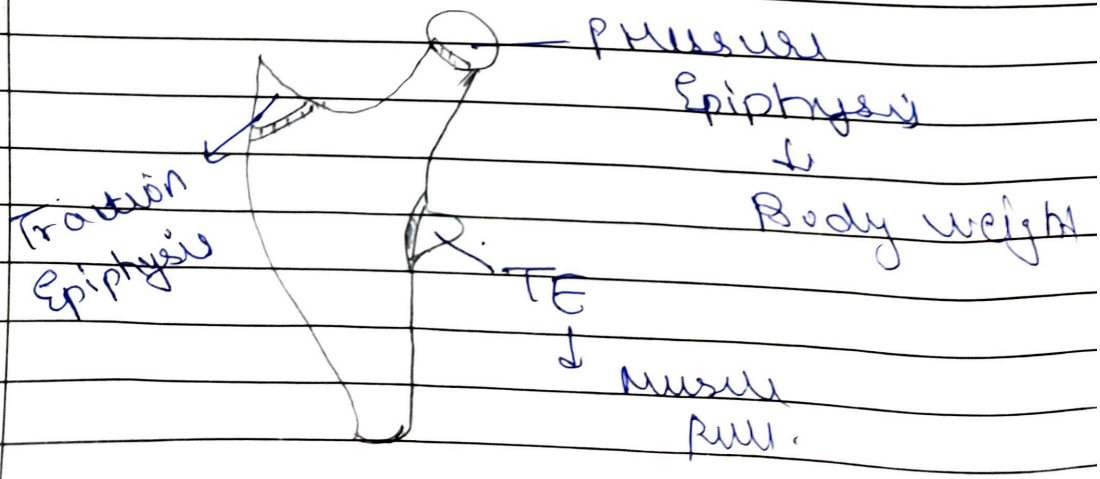
- Submucosal collection of lymphoid tissue at junction of roof & posterior wall.
- Projects downward as vertical mass.
- more prominent in children
- Atrophies in adults.
- when enlarged, as seen in young children called as adenoids.

(6) Epiphysis

- Forms ends of long bones.
- Ossifies by 2ec center of ossification

4 Types

- Pressure Epiphysis.
- Atavastic Epiphysis.
- Traction Epiphysis.
- Aberrant Epiphysis.



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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS Please Read The Instructions Carefully Before Writing

- Use BLACK PEN or BLUE PEN For Writing
- Darken ONE CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle, Your Answer Will Be Treated As Wrong.
- Do Not Make Any Stray Marks On The Answer Sheet.
- Rough Work Must Not Be Done On The Answer Sheet.
- Do not Fold The Answer Sheet

WRONG (A) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Ninety three.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	
SUBJECT	Anatomy.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

9 3

QUESTION BOOKLET VERSION NO.

A

ANSWERS

	A	B	C	D
1			●	
2		●		
3			●	
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Seen and No Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Tanvi Tandale.

Name of the Examination _____ Class _____

Subject _____

Roll No. 93 Date 24/12/2019

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	09										09
Marks obtained in Section B		08	09								17
Marks obtained in Section C				08	10						18
Grand Total											44

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q2 Parotid gland:

→ 1. Major salivary glands are those which pour their secreation into the oral cavity via ducts.
2. These are parotid, sub mandibular and sub lingual.
3. Each gland is shaped like an inverted pyramid.
4. 25 gms in weight.

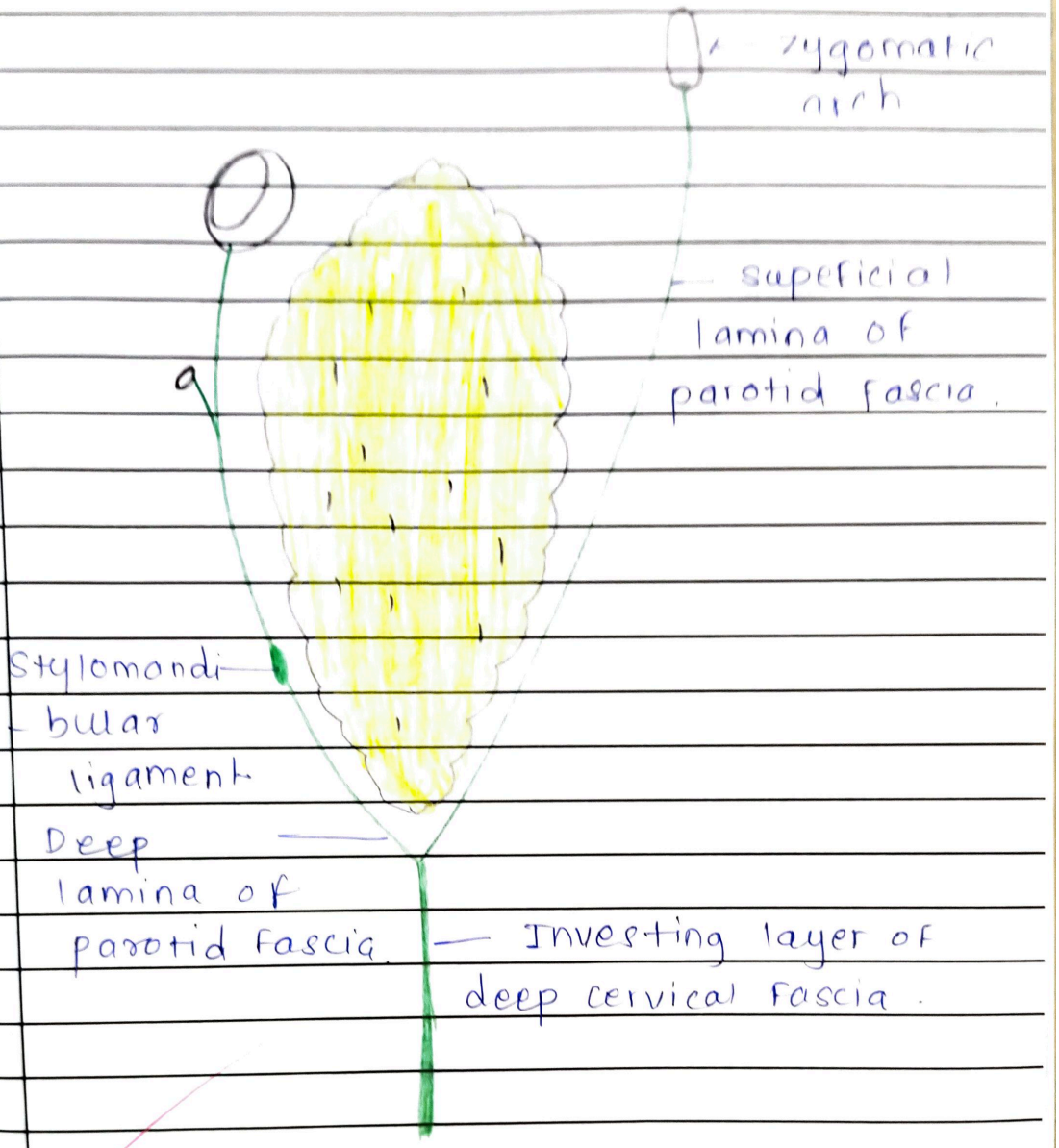
Coverings:

1. Inner true capsule is the condensation of the fibrous stroma of gland.
2. Outer False capsule is formed by the splitting of investing layer of deep fascia.
3. The superficial lamella is thick and attached to zygomatic arch. It blends with epimysium.
4. The deep lamella is thin, it is attached to tympanic plate.

Presenting parts:

1. Base
2. Apex.
3. 3-surfaces- superficial, antero-medial & postero-medial.

5. Apex directed towards downwards. Overlaps the posterior belly of digastric muscle.

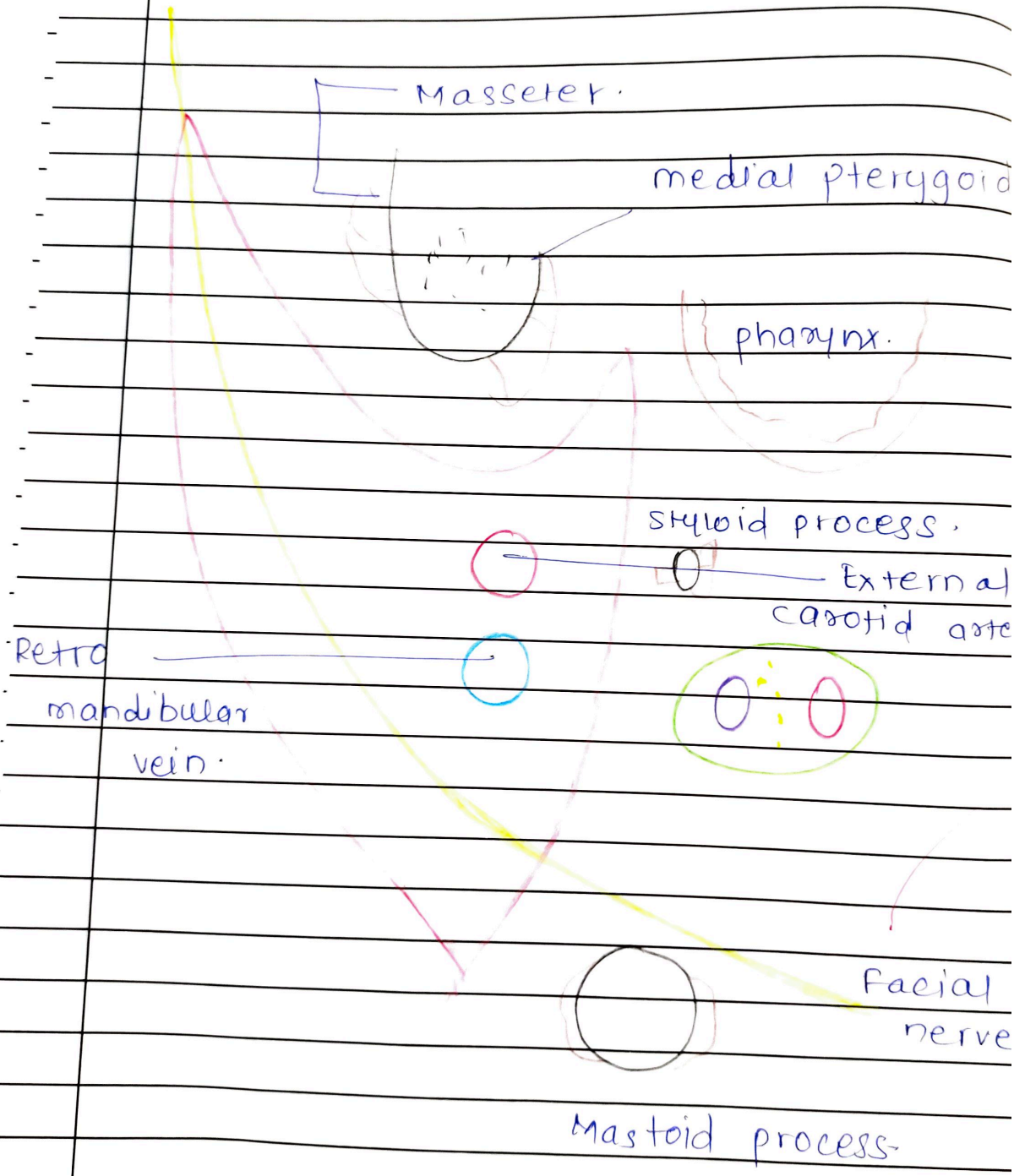


- Base of parotid gland

1. It is ~~conv~~ concave.
2. It is related to external acoustic meatous and temporo mandibular joint.
3. Structures passing through Base.
   (1) Temporal branch of Facial nerve.
   (2) superficial temporal vessel.

3. Auriculo temporal nerve.

It is related to the external acoustic meatus and temporo mandibular joint.



→ Applied Anatomy:

1. Inflammation of parotid gland is painful due to unyielding nature of its capsule.
2. Inflammation occurs in mumps.
3. Hiltons incision (transverse) must be employed over the parotid gland to save facial nerve.

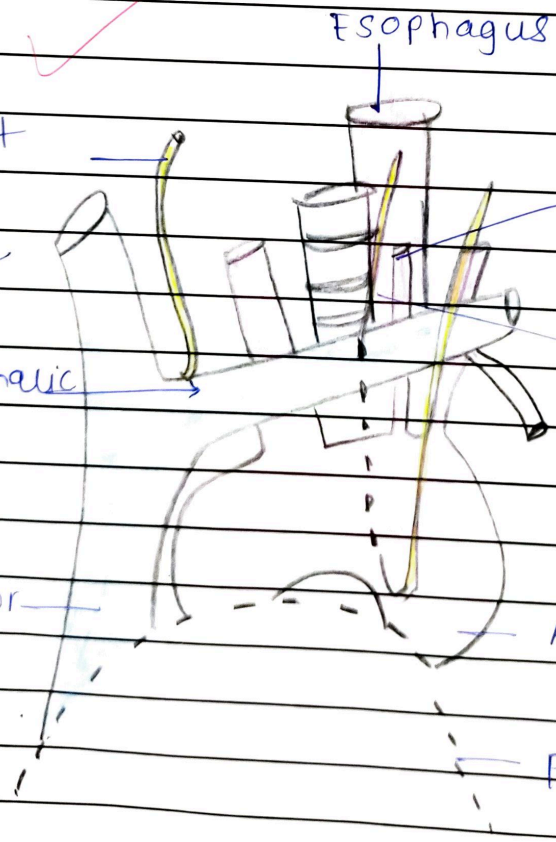
→ Frey's syndrome:

1. Frey's syndrome or Auriculo temporal nerve syndrome.: this is usually post operative or the patient gives history of trauma in parotid gland.
2. The injured ~~era~~ para sympathetic fibers and sympathetic fibers and sensory fibers of skin over the parotid region.
3. sialography is radiological visualizat of parotid duct & its patency.

Q.3. SAQ.

a) Superior Mediastinum.

It is bordered by the
- 1. Thoracic outlet superiorly
2. Transverse thoracic plane (the plane of Ludwig) or sternal angle inferiorly
3. medial border of the pleural sacs laterally.
4. dorsal surface of sternum anteriorly and
5. T1 to T4 vertebral bodies posteriorly



2) Right Atrium :

1. It lies on the sterno costal surface of the heart.
2. It recieves deoxygenated blood from the entire body through the SVC and IVC.
3. It pumps this blood into the RV through the tricuspid valve.
4. It has main cavity and small chamber projecting to the left like an ear. This is auricle.
5. The right atrium is seperated from the right ventricle by the anterior part of the coronary sulcus in which lies the right coronary artery and the small cardiac vein.

External Features of the right atrium →

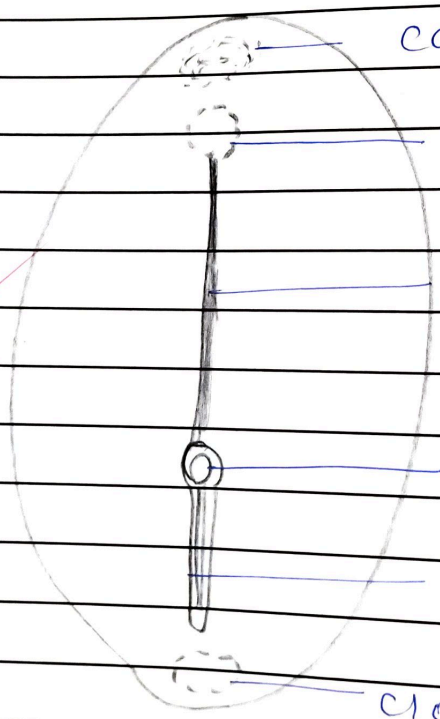
1. Externally extending from the SVC to the IVC lies the sulcus terminalis is related to the SA node which is pace maker of heart.
2. The sulcus terminalis correspond internally to crista terminalis.

(C8) Notocord :

→

1. proliferating cells of primitive kno
migrate cranially to form the notoc
2. This developes on 17 th day.
3 Mid line cellular cord is formed
4. Extends from the primitive knot
to the procordal plate.

Cranial End.



5. Initially it is solid cord of ce
6. Later it gets canalized = notocho
canal.
7. This communication is neurenteric
canal. This gets obliterated.
8. The notocordal cells flatten to f
notocordal plate.

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Name of the Student Tanvi Tandale.

Name of the Examination _____ Class _____

Subject _____

Roll No. 93. Date 24/12/19.

Supplement No. _____ Invigilator Signature _____

d) sternocleidomastoid.

1. Extends obliquely across the neck.
2. Divides the neck into anterior and posterior traingles.
3. The investing layer of deep cervical Fascia splits to enclose the muscle.

Origin:

Two heads of origin.

1. sternal head is tendinous - arises From the anterior surface of the upper part of manubrium - passes upward and literally crosses the sterno clavicular joint.
2. clavicular head - Fleshy - arises From the upper surface of the medial 1/3rd of clavicle - ascends vertically.

Insertion:

1. Mastoid process.
2. Lateral 1/2 of Superior nuchal line.

e) Primitive streak.

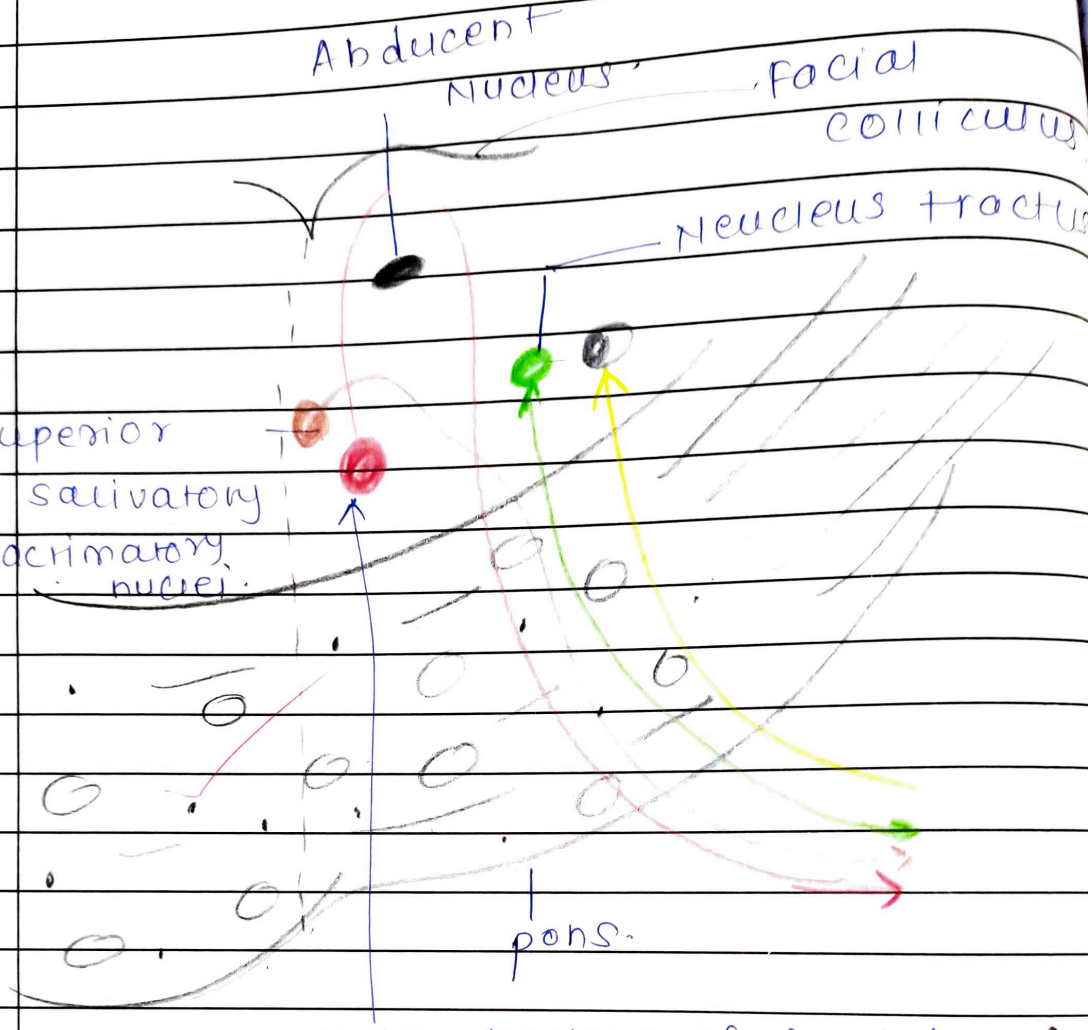
→

1. First sign of gastrulation in the Formation of primitive streak.
2. It is formed on the surface of the epiblastic layer in beginning of 3rd week of IUL.
3. The pla epiblastic cells proliferate and migrate towards the media plane of disc to form primitive str
4. These cells become Flask shaped and get detached to invaginate in between the epiblast and hypoblast to form mesoderm.
5. This results in formation of the primitive pit & groove.

7th cranial Nerve:

1. Facial nerve is mixed nerve motor + sensory + secretomotor.
2. Facial Nerve has 2 roots -
   (1) motor
   (2) sensory = nervus intermedius
3. sensory (taste).
4. sensory (general sensation).
5. parasympathetic secretomotor (for submandibular)
6. parasympathatic secretomotor.





6. This supplies the muscles developing from 2nd branchial arch.
7. Therefore this nucleus is branchial efferent.
8. It lies in the pons.
9. The neurons of the supper facial musculature.
10. The neurons of lower facial musculature recieve contralateral cortico bulbar innervation.

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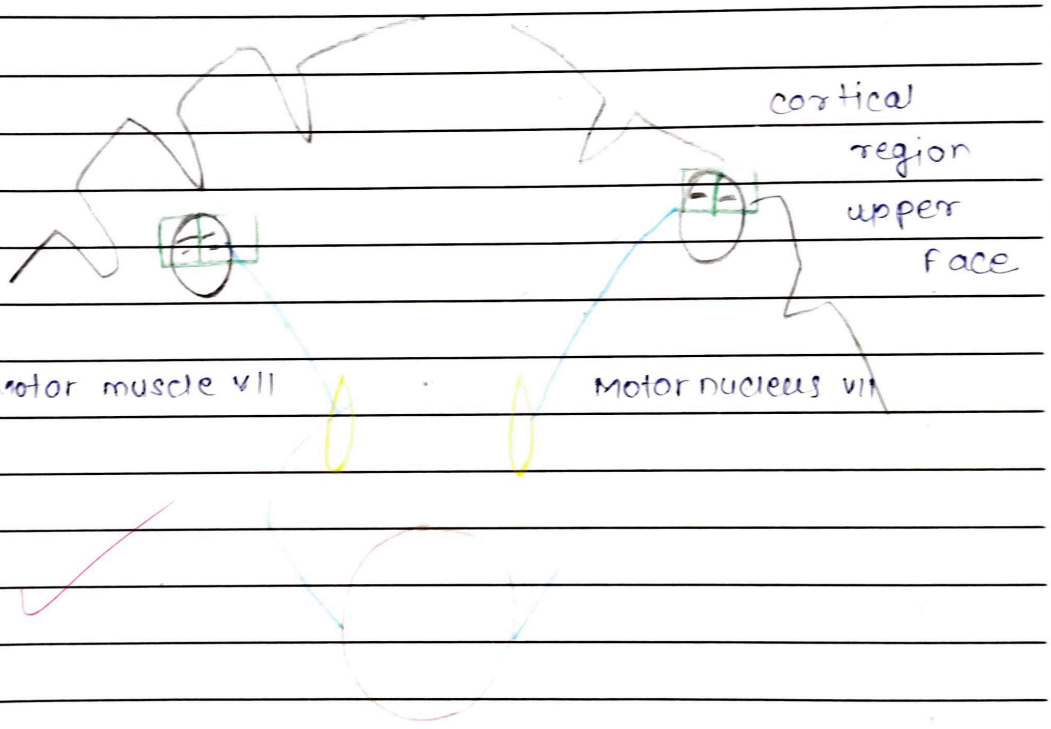

Applied Anatomy:

1) mandibular division of VII nerve passes down behind angle of mandible
2) Hilton's incision over the parotid gland.

Q.5 SAQ

a) Broncho. pulmonary segment.

→

1) These are well defined functional antomic & surgical segments of lungs.

2) Each is aiated by tertiary bronchus

3) Each is pyramid in shape with its apex towards the root of lungs.

4) Each has its own tertiary bronchost segmented artery nerves & lymphatics.

5) segmental veins drain adjacent to broncho-pulmonary segments - and serve as surgical guide lies for demarcating segments.

Applied Anatomy:

- usually infection remain restricted to segme
- The most frequenty infected segment is apical of inferior lobe.

strap muscle of neck:

1) Total number of strap muscles : 4.
2. Superficial strap muscles: omohyoid and sterno hyoid.
2 deep strap muslcles:
- sterno thyroid and thyrohyoid.

omohyoid :-
1) Has an iferior & superior belly.
2) The 2 bellies are attached to each other by an intermediate tendon which lies deep to sternocledomastoid.

sternohyoid:
1) Arises from capsule of sterno clavicular joint and the adjoining parts of the manubrium and clavicle.
2) The two muscles converse above.

sternothyroid:
1) Lies deep to the 1 sternothyroid.
2) Arises from the manubrium below.
3) Ascends with the 2 muscles diverging.

Thyrohyoid:
1) Is an upward extension of sternothyroid.
2) Attached below the oblique line of thyroid cartilage.
3) passes upwards superficial to thyroid membrane.

d) Nasopharynx:

→

1) Also called as epipharynx
2) situated behind nasal cavity.

Boundries of naso pharynx:

1) Anterior - deficient - It communicates the nasal cavity.
2) Roof is continous with the posterior wall and is supported by body of sphenoid.
3) Floor of nasopharynx is defficient. The nasopharynx communicated with the oro pharynx through the naso pharyngeal isthmus which is bound anteriorly by the soft palate.

features of Nasopharynx:

1) sub mucosal collection of lymphoid tissue at the junction of roof & post. wall.
2) more prominent in children.
3) Atrophies in adults.
4) when enlarged, as seen in young childern is called adenoids
- pharyngeal hypoplysis.
) This is collection of adeno hypophasel tissue in roof of the naso-pharynx. may be functional.

General Human Anatomy

Marks of Additional Exam

12th Dec 2018

Batch : 2018-19

Roll nos	Name	Theory	Practicals	Signature
7	Rutuja Bardeskar	40	33	
49	Afiya Khatik	40	39	
83	Rehma Tafheem	42	34	
93	Tanvi Tandale	44	40	

HOD Anatomy
DYPCS, Pune

1st BDS. BATCH (2019-20)

ADDITIONAL EXAM

General human Anatomy

Please note: All students who have missed the regular exam will need to give the additional exam

Date for theory exam: 24th Dec 2019

Time for theory exam: 9-11.30am

Date and Time for practical: 24th December 2019; 2.30pm

Please report 15 minutes before the scheduled time

No cell phones allowed

HOD Anatomy
DYPDS. Pune

General Human Anatomy

Attendance of Additional Exam

24h Dec 2019

Batch : 2019-20

Roll nos	Name	Theory	Practicals	Signature
7	Hardik Bhatti	P	P	Hardik
88	Sirsat Samruddhi	P	P	Sammrudhi

HOD Anatomy
DYPDS, Pune

ANATOMY DEPARTMENT
D Y PATIL DENTAL SCHOOL

FIRST BDS
Additional EXAM

Subject – General Human Anatomy
Date – 24/12/19
Total Mark –60 **Total time – 2.30 hours(9am to 11.30 am)**

Instructions:
All questions are compulsory
Do not write anything on question paper
Use blue/ black ball point pen only
Draw neat well labelled diagrams wherever necessary
Figures to the right indicate full marks
Answer sections B and C in one answer booklet

SECTION A

Q1.) MCQ (separate sheet of Paper attached) ..... **(1x10=10)**

SECTION B

Q2.)
Write a note on the cartilages and muscles of the larynx. Add a note on its applied anatomy..... **(10)**

Q3.) Write short notes on ..... (5 X 3 = 15)

a. Superior mediastinum
b. Broncho pulmonary segments
c. Decidua
d. Sternocleidomastoid
e. Write a note on primitive streak

P.T.O

FIRST BDS [illegible] BATCH ~~20~~ 19-20.

Additional Examination

Subject – Anatomy
Date
Total Mark – 60 **Total time – 2hours.30 minutes**

SECTION C

Q4.) Write a note 9th cranial nerve and applied anatomy.....**(10)**

Q5) Write short notes on ..... **(5 X 3 = 15)**

a. Broncho-pulmonary segments
b. Functional areas of brain
c. Strap muscles of neck
d. Nasopharynx
e. Epiphysis

SECTION A

24/Dec/2019

Q1) Multiple choice questions .....1x10=10

01. Following structures pass through formen ovale except:

a) Mandibular nerve b) middle meningeal artery c) Lesser petrosal nerve d) emissary vein

02. Following structures pass through superior orbital fissure except:

b) 3rd nerve b) 4th nerve c) 6th nerve d) maxillary nerve

03. Following parts of the brain are related to posterior cranial fossa except:

a) Cerebellar hemispheres b) parietal lobes of cerebral hemispheres c) occipital lobes of cerebral hemispheres d) brain stem

04. Laughing muscle is:

a) Zygomaticus major b) Zygomaticus minor c) Risorius d) Levator labi superiorus

05. Which of the following is dangerous layer of scalp:

a) Loose areolar tissue b) Galea aponeurotica c) connective tissue d) Pericranium

06. Which muscle produces vertical wrinkles

a) Procerus b) Corrugator supercili c) frontalis d) orbicularis occuli

07. Which nerve supplies muscles of facial expression

a) V nerve b) VI nerve c) VII nerve d) VIII nerve

08. Schindyllesis is an example of

a) suture b) Gomphosis c) Syndesmosis d) Sumphyses

09. Which cell is shed at ovulation

a) Primary oocyte b) Secondary oocyte c) ovum d) 2nd polar body

10. Zona pellucida disappears on which day after fertilization

a) 1st day b) 2nd day c) 5th day d) 8th day

Key Additional exam- 2019

1b

2d

3b

4a

5 a

6 b

7 c

8a

9b

10c

Manali Apte

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DYPCS, Pune

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) ●	(A) (B) ● (D)

SEAT NO. IN WORDS	Eighty Eight
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

8 8

QUESTION BOOKLET VERSION NO.

A

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student ~~Shrisath~~ Sammrudhi Sirsat

Name of the Examination _____ Class _____

Subject _____

Roll No. 88 Date 24/12/2019

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Number of Answer Sheets	Main	Supplements	Total
	1		

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	08										08
Marks obtained in Section B		08	08								16
Marks obtained in Section C				09	08						17
Grand Total											41

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q2. Section - B

Q:2 Cartilages of larynx

Unpaired	Paired
Thyroid - hyaline type	· Arytenoid - hyaline type
Circoid - hyaline type	· Cornicula elastic type
Epiglottis - elastic type	· Cuneiform type

Thyroid Cartilage

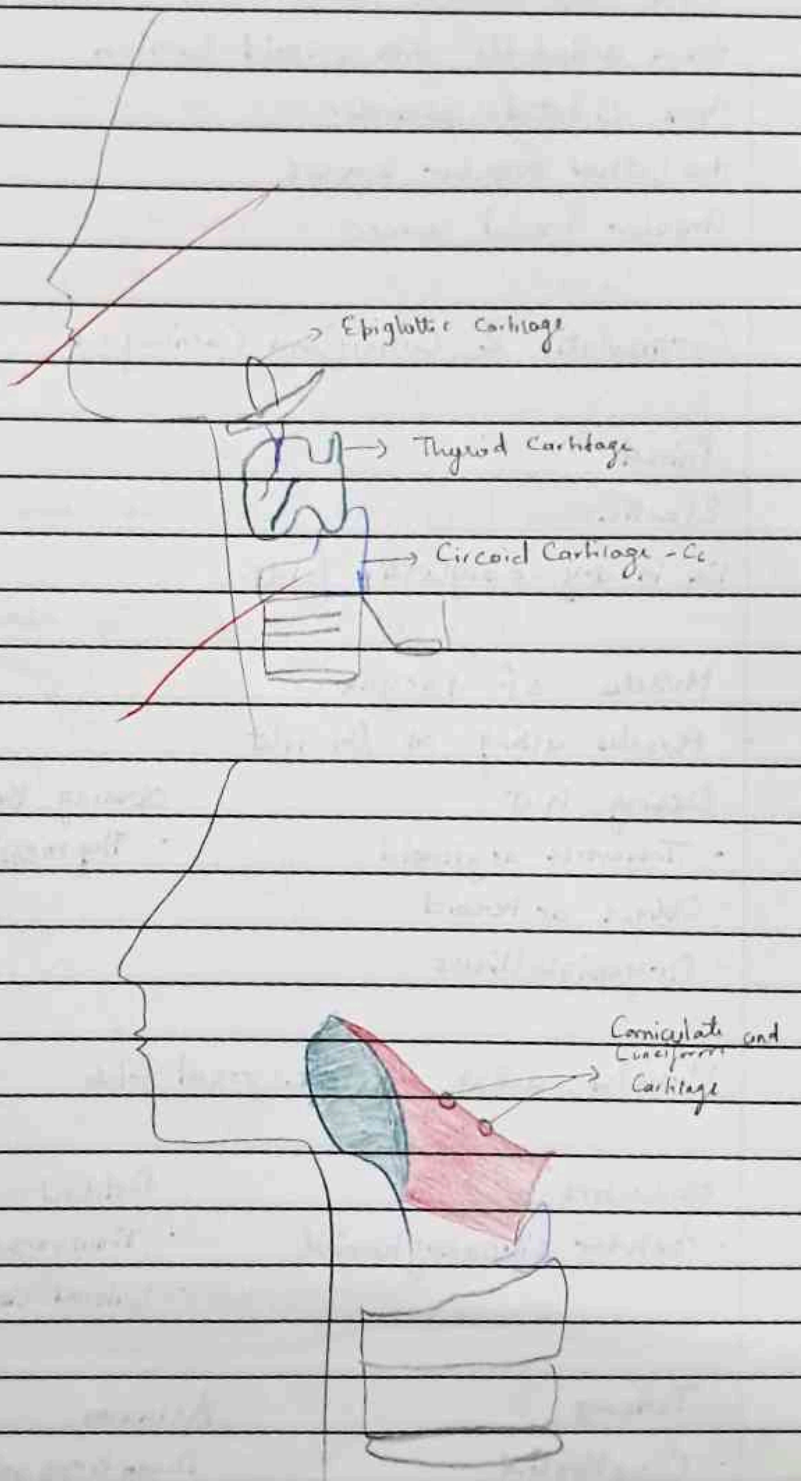
· Consists of 2 laminae that meet at thyroid angle
· To the thyroid angle internally is attached the stalk of epiglottis, the false & true vocal ligaments.
· The posterior border of Thyroid cartilage gives attachment to the conjoined tendon of stylo/palato/& salpingo pharyngeus muscles.
· The lower horn articulates with circoid cartilage to form the synovial thyro - circoid joint.
· The upper border gives attachment to thyro - hyoid membrane

Cricoid Cartilage.

· Signet ring shaped
· Complete Ring
· Posterior broad lamina

Anterior narrow arch

Joints = Crico-thyroid & Crico-arytenoid.



Arytenoid Cartilage

- Paired
- Pyramidal shaped
- Base articulates with cricoid lamina
- Apex directed upwards.
- Has lateral muscular process
- Anterior vocal process

Corniculate & Cuneiform Cartilages

- Paired
- Elastic
- lie in ary-epiglottic folds.

Muscles of larynx

- Muscles acting on the inlet

Closing inlet	Opening the inlet
- Transverse arytenoid	- Thyroepiglotticus
- Oblique arytenoid	
- Aryepiglotticus	

Muscles acting on True vocal folds

Abductors	Adductors
· Posterior cricoarytenoid	· Transverse
	· Lateral cricoarytenoid.

Tensors	Relaxors
· Cricothyroid	· Thyroarytenoid.

Nerve Supply

Motor

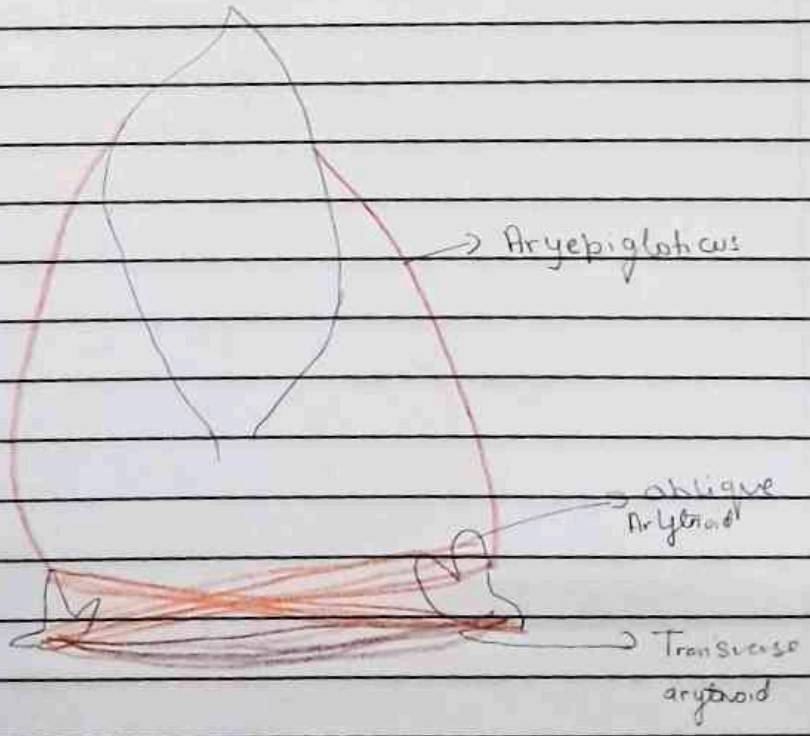
All the intrinsic muscles of larynx are supplied by recurrent laryngeal nerve except circothyroid muscles which is supplied by external laryngeal.

Transverse arytenoid ~~base~~ has a dual nerve supply; Recurrent laryngeal and internal laryngeal.

Sensory

Above vocal cords by internal laryngeal nerve

Below Vocal cords by recurrent laryngeal nerve.



Applied Anatomy

Injury to the recurrent laryngeal nerve results in cadaveric position of vocal cords

Phonation is not possible.
Breathing is difficult. Tracheostomy needs to be done

Injury to external laryngeal nerve leads to inability to produce high pitched voice.

Superior Mediastinum - boundaries

It is bordered by
Thoracic outlet superiorly
Transverse thoracic plane or sternal angle inferiorly
Medial border of pleural sacs laterally
dorsal surface of sternum anteriorly
T_1 to T_4 vertebral bodies posteriorly.

Contents

- Esophagus
- Trachea
- Arch of Aorta : and its 3 brs
1 - Brachiocephalic artery
2 - Left Common Carotid artery
3 - Left subclavian artery
- Brachiocephalic veins
- Superior vena cava
- Remains of Thymus

Nerves

- Phrenic nerves
- Vagus nerves
- Left recurrent laryngeal nerve.

b) Broncho pulmonary seg-

- These are well defined functional, anatomic & surgical segments of lungs
- Each is aerated by tertiary bronchus
- Each is pyramid in shape with its apex towards the root of lungs.
- Each has its own tertiary bronchust Segmental artery nerves & lymphatics

Segmental (pulmonary) veins drain adjacent broncho pulmonary segments. and serve as surgical guide lines for demarcating the segments

Applied Anatomy - Broncho pulmonary seg.

- Usually infections remain restricted to a segment
- The most frequently infected segment is the apical of inferior lobe on the right side.
- Knowledge of segments helps in postural drainage of lungs & segmental resections.
- Helps in intp. interpretations of bronchograms.

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Supplement Sheet

Name of the Student Sirsat Sammrudhi

Name of the Examination _____ Class _____

Subject _____

Roll No. 88 Date _____

Supplement No. 1 Invigilator Signature _____

c) Decidua

- Decidual reaction is cellular & vaswlar reaction of Uterine endometrium in response to progesterone.
- It is pre requisti of Implantation
- Decidua is shed at parturition
- The implantation occurs in decidua compactum.
- The decidua that covers the embryonic pole is called decidua basalis
- The decidua that covers abembrogric pole is called decidua Capsularis.

d) Sternocleidomastoid Muscle

- Extends obliquely across the neck
- Divides neck into anterior & posterior triangles
- The investing layer of deep cervical fascia splits to enclose the muscle

Origin

Two heads - is tendinous - arises from anterior surface of upper part of manubrium - passes upward & laterally - crosses the sternoclavicular joint.

2. Clavicular head - fleshy - arises from upper surface of medial 1/3rd of clavicle - ascends vertically

The muscle is a cruciate muscle

Insertion

1) Mastoid process

2) Lateral 1/2 of superior nuchal line.

Nerve Supply

- Motor - spinal accessory nerve
- Proprioceptive sensation

Primitive Streak

The first sign of gastrulation is formation of primitive streak.

It is formed on surface of epiblastic layer in begining of 3rd week IUL

The epiblastic cells proliferate & migrate towards median plane of disc to form primitive streak

These cells become flask shaped & get detached to invaginate in between epiblast & hypoblast to form the mesoderm.

This results in formation of primitive pit & groove.

Q4 Section - C

Q4. Glossopharyngeal Nerve.

Functional components

- Branchial efferent
- Branchial afferent
- General visceral efferent.

Branchial Efferent

- The 9th cranial nerve is the nerve of 3rd branchial arch.
- It supplies the Stylopharyngeus muscle that develops from 3rd Arch.

General visceral efferent - To Supply parotid

- The parasympathetic fibers from inferior salivary nucleus travel in the IX nerve
- These leave the IX nerve as tympanic
- This nerve enters tympanic cavity to form the tympanic plexus. It then leaves the cranial cavity through foramen ovale.
- The parasymphatetic fibers synapse in otic ganglion

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Supplement Sheet

Name of the Student: Sirsat Sammrudhi

Name of the Examination: _____ Class: _____

Subject: _____

Roll No.: 88 Date: _____

Supplement No.: 2 Invigilator Signature: _____

The post ganglion fibers travel with auriculo temporal nerve to parotid gland

Branchial afferent = Taste & general sensation from posterior 1/3rd of tongue

Cell bodies of these sensory fibers are pseudo-unipolar in inferior ganglion of IX cranial nerve.

Peripheral processes carry sensation from posterior 1/3rd of tongue, vallate papillae, soft palate & oropharynx

These sensations are for both taste & general sensation

The central processes travel with IX nerve.

The taste fibres end in nucleus of tractus solitarius.

The fibers carry general sensation end in spinal nucleus of trigeminal nerve.

Course

- The nerve emerges from medulla from groove behind olive in line with 10th & 11 cranial nerves
- Nerve leaves the skull through intermediate part of jugular foramen along with X & XI nerve
- It lies anterior to X & XI nerves in separate dural sheath.
- It leaves the carotid sheath along with Stylopharyngeus muscle
- It enters the pharynx b/w the superior & middle constrictors.

Branches :-

1) Tympanic branch - Supplies the mucosa of tympanic cavity, mastoid antrum.
2) Carotid branch - to carotid sinus & body
3) Pharyngeal branches - Pharyngeal branch of X and sympathetic fibers
4) Muscular branch to stylopharyngeus muscle.
5) Lingual, palatine & Tonsillar branches.

Lingual branch carries general & taste sensations from posterior 1/3 of tongue

Applied Anatomy

Isolated lesions of IX nerve are rare.
generally associated with lesions of X nerve

Lesions of IX nerve will lead ~~of~~ to loss of sensations from the posterior 1/3rd of tongue & loss of gag reflex & diffiulty in swallowing

Glosso pharyngeal neuralgia is rare It results in sudden paroxyms of pain in area of sensory ~~dist~~ distribution of IX nerve

4)

5)

c) Total number of strap muscles = 4
2 Superficial strap muscles = omohyoid & Sternohyoid.
2 deep strap muscles = Sterno thyroid & thyrohyoid

Omohyoid -
has inferior & superior belly
Inferior belly aries from upper border of scapula
The superior belly is attached to lower borden of body of hyoid bone.

Sternohyoid :-
Arieses from capsule of sterno clavicular joint & adjoining parts of manubrium & clavicle.

Attached above to lower border of body of hyoid bone

Sternothyroid

lies dwb to sternothyroid
Arises from manubrium below

Thyrohyoid

Is an upward extension of sternothyroid
Attached below to

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Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) ●	(A) (B) ● (D)

SEAT NO. IN WORDS	Seven
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

	5	6	0	7
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	●
8	8	8	8	8
9	9	9	9	9
●	0	1	●	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	Ⓐ	●	Ⓒ	Ⓓ	11	Ⓐ	Ⓑ	Ⓒ	Ⓓ	21	Ⓐ	Ⓑ	Ⓒ	Ⓓ
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6	Ⓐ	●	Ⓒ	Ⓓ	16	Ⓐ	Ⓑ	Ⓒ	Ⓓ	26	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7	Ⓐ	Ⓑ	●	Ⓓ	17	Ⓐ	Ⓑ	Ⓒ	Ⓓ	27	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8	●	Ⓑ	Ⓒ	Ⓓ	18	Ⓐ	Ⓑ	Ⓒ	Ⓓ	28	Ⓐ	Ⓑ	Ⓒ	Ⓓ
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10	Ⓐ	Ⓑ	●	Ⓓ	20	Ⓐ	Ⓑ	Ⓒ	Ⓓ	30	Ⓐ	Ⓑ	Ⓒ	Ⓓ

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

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Name of the Student Bhatti Hardik

Name of the Examination _____ Class _____

Subject _____

Roll No. 07 Date 24/12/2019

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	08										08
Marks obtained in Section B		07	09								16
Marks obtained in Section C				08	08						16
Grand Total											40

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Sec - B

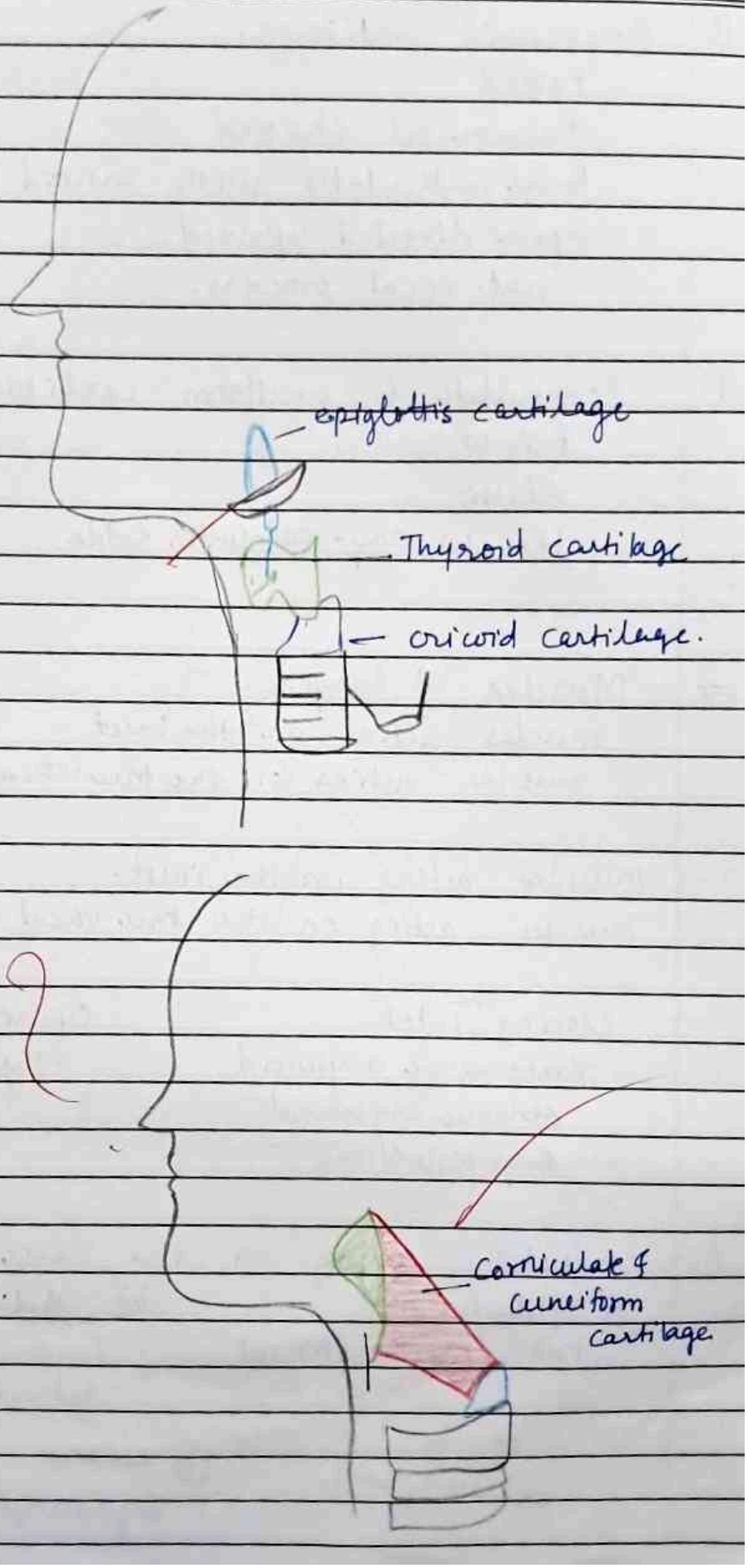
Q.2. LAQ.

→ Cartilages of the larynx.

unpaired	Paired
Thyroid - hyaline type	→ Arytenoid - hyaline type
Cricoid - hyaline type	- Corniculate elastic type
Epiglottis elastic type	→ cuneiform - elastic form

① → Thyroid cartilage -
consists of 2 laminae that meet at thyroid angle (90° in M, 120° in F)
→ epiglottis, false + true vocal ligaments attached internally.
→ post. border attachment - conjoined tendon of stylopalato & salpingopharangeus muscle
→ lower - cricoid cartilage
- upper border - thyro-hyoid memb.

② Cricoid cartilage :-
- signet ring shaped
complete ring
post. broad lamina
ant. narrow arch
joints - crico thyroid & crico arytenoid.


epiglottis cartilage
Thyroid cartilage
cricoid cartilage.
Corniculate &
cuneiform
cartilage.

③ Aryteroid cartilage.
Paired
Pyramidal shaped
Base articulates with cricoid lamina
apex directed upward.
ant. vocal process.

④ Corniculate & cuneiform cartilage
Paired
Elastic
lie in ary-epiglottic folds.

⇒ Muscles of larynx.
nuscles acting on the inlet
muscles acting on the true vocal cords.

→ muscles acting on the inlet.
muscles acting on the true vocal cords.

→ Closing the inlet
Transverse aryteroid
oblique aryteroid
Arye piglotticus

Opening the inlet
Thyroepiglottis

① muscles acting on the True vocal folds.
a) Abductors
Post. cricoaryteroid

b) Adductors
Transverse aryteroid.
lateral cricoaryteroid.

c) Tensors
cricothyroid

d) Relaxos
Thyroaryteroid.

Nerve supply -

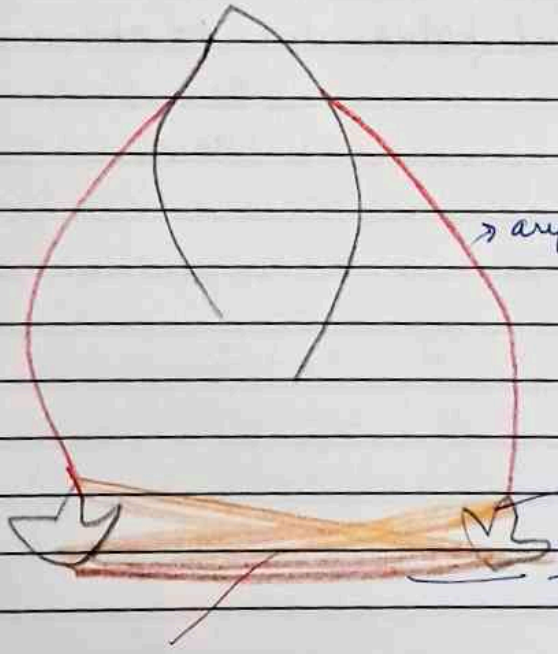
above the vocal cords - internal laryngeal N

below the vocal cords - recurrent laryngeal N.

Blood supply -

above the VC - superior laryngeal artery

below the VC - inf. laryngeal artery.



Applied anatomy:-

① Injury to recurrent laryngeal N - results cadaveric position of VC. they are para median position.
phonation not possible.
breathing is difficult.
Tracheostomy needs to be done.

② Injury to the ext. laryngeal N. leads to produce high pitch voice.

③ laryngeal oedema does not affect the true vocal folds. due to absence of submucosa

Superior mediastinum.

bordered by
thoracic outlet superiorly
transverse thoracic plane
medial border of pleural sacs laterally
dorsal surface of the sternum ant.
T_1 to T_4 vertebral bodies posteriorly.

Contents
Esophagus
Trachea.
Arch of aorta
1) Brachiocephalic artery
2) left comm. carotid artery
3) left subclavian artery.

Nerves -
Phrenic nerves - rt & lt
Vagus Nerves - rt & lt
left recurrent laryngeal nerve.
sympathetic trunk.

Others - lymph nodes &
Thoracic duct.

(b) Broncho pulmonary seg -

→ There are well defined functional, anatomical surgical segments of the lungs
→ Each is aerated by tertiary bronchus.
→ Each is pyramidal in shape with its apex towards the root of the lung
→ Each has its own tertiary bronchus + segmental artery + nerves & lymphatics.

→ Segmental veins drain adjacent bronch.opulm seg & serve as surgical guide lines for demarcating the seg.

★ Applied anatomy - Broncho pulm segm.
→ Usually infections remain restricted to seg.
→ most frequently infectly seg
→ knowledge of seg help. in postural drainag
→ Helps in interpretation of broncho grams.

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Supplement Sheet

Name of the Student Bhatti Hardik

Name of the Examination _____ Class _____

Subject _____

Roll No. 07 Date 24/12/2019

Supplement No. 01 Invigilator Signature _____

c) Decidua

Decidual reaction is the cellular & vascular reaction of uterine endometrium in response to progesterone

It is a pre requisite of implantation

decidua is shed at parturition.

The implantation occurs in the decidua compactum

The decidua that covers the embryonic pole is called decidua basalis

The decidua that covers the abembryonic pole called decidua capsularis.

d) sternocleido mastoid.

~~Origin~~ Extends obliquely across neck
The investing layer of deep cervical fascia splits to enclose the muscle.

→ Origin -
2 heads ① sternal head
② Clavicular head

The muscle is cruciate muscle

→ Insertion -
mastoid process
lateral 1/2 of the sup. nuchal line

→ Nerve supply - motor - spinal accessory nerve.
proprioceptive sensation by C_2, C_3

→ Action - ~~Below~~ unilatral. turns head to opp side
tilts the head towards the same sholder

Bilateral actn → protracts head.

above - raises thoracic cavage &
accessory muscle of respiration.

→ Blood supply - sup thyroid
occipital artery
supra scapular artery.

primitive steak.

1st sign of gastrulation is the formation of the primitive streak.
It is formed on the surface of epiblastic layer in beginning of the 3rd week IUL

→ Epiblastic cells proliferate & migrate towards median plane of the disc to form primitive streak.

→ These cells become flask shaped & get detached to invaginate in b/w the epiblast & hypoblast to form the mesoderm.

→ This results in the formation of primitive pit & groov

SE-C

Q.4:- 9th cranial Nerve.

Branchial efferent
Branchial afferent
Gen. visceral efferent
~~Branchial effer~~

① Gen. visceral efferent - to supply the paro gland.
parasympathetic fibers from the inferior salivatory nucleus travel in IX nerve.
→ these leave the IX Nerve as the tympanic
→ nerve enters the tympanic cavity.
→

② Branchial afferent - taste & general sensation from post 1/3rd of tongue.

Cell bodies are pseudo-unipolar in inferior ganglion of IX N.
→ both taste & gen sensations.
→ taste fibers end in to nucleus of tractus solitarius.

③ Course.
→ emerges from medulla.
→ leaves the skull through intermidiate part of jugular foramen
→ lies in the carotid sheath
→ leaves the carotid sheath along with stylopharyngeus muscles
→ enters the pharynx. b/w the superior & middle constrictors.

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Supplement Sheet

Name of the Student Bhatti Hardik

Name of the Examination _____ Class _____

Subject _____

Roll No. 07 Date 24/12/2019

Supplement No. 02 Invigilator Signature _____

(4) Branches -

→ Tympanic branch / Jacobson's Nerve.
supply tymp. cavity, mastoid antrum, eustherian tube.

→ Carotid branch

→ pharengeal branches.

→ Muscular branch to stylopharygeus muscle

→ lingual palatine & tonsillar branches.

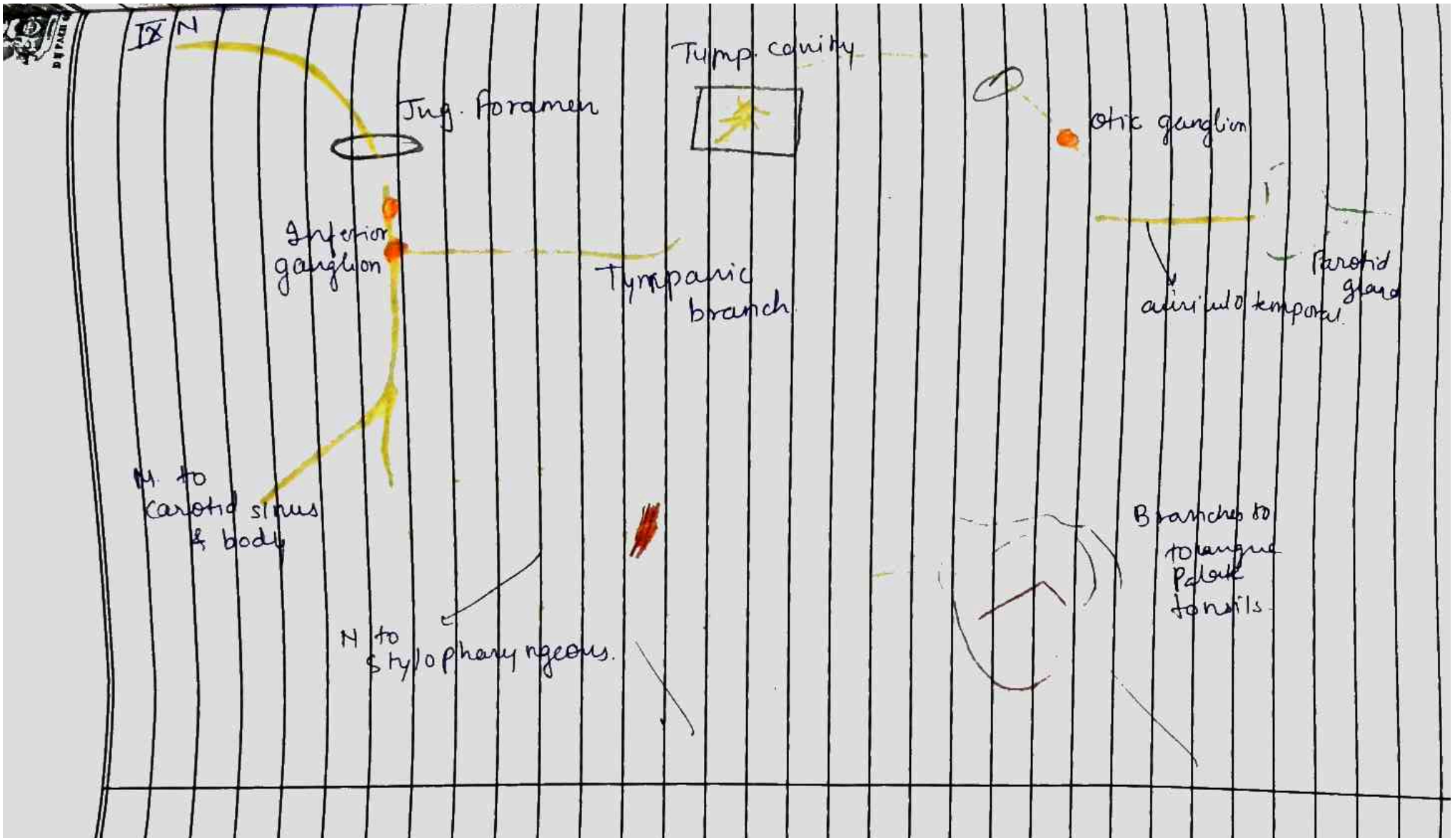
→ lingual branch → carry sensations from post 1/3rd of tongue.

(5) Applied Anatomy

→ isolated lesions of IX N are rare.
generally associated with lesions of X N.

→ lesions of IX N will lead to loss of sensations from the post 1/3rd of tongue.
loss of gag reflex & difficulty in swallowing

→ Glossopharyngeal neuralgia is rare. it results in sudden paroxysms of pain in the area of sensory distribution of IX N.


IX N
Jug. foramen
Tymp. cavity
otic ganglion
Inferior ganglion
Tympanic branch
auriculo temporal
Parotid gland
N. to carotid sinus & body
N to stylopharyngeous.
Branches to tongue palate tonsils

strap muscles of neck

Total no. of strap muscles 4
2 superficial - omohyoid
sternohyoid
2 deep - sternothyroid
thyrohyoid.

Omohyoid :- has inf & superior belly
→ inf belly arises from upper border of scapula.
→ sup. belly is attached to lower border of the body of hyoid bone.

sternohyoid :- arises from capsule of sterno clavicular joint & adjoining parts of manubrium.

Sternothyroid - → lies deep to sternothyroid
arises from manubrium below

Thyrohyoid - upward extension of sternothyroid
attached below oblique line of thyroid cartilage

General Human Anatomy

Marks of Additional Exam

24h Dec 2019

Batch : 2019-20

Roll nos	Name	Theory	Practicals	Signature
7	Hardik Bhatti	40	37	Hardik
88	Sirsat Samruddhi	41	33	Sammurudhi

HOD Anatomy
DYPCS. Pune

1st BDS. BATCH (2020-21)

ADDITIONAL EXAM

General human Anatomy

Please note: All students who have missed the regular exam will need to give the additional exam

Date for theory exam: 14th Dec 2020

Time for theory exam: 9-11.30am

Date and Time for practical: 14th December 2020; 2.30pm

Please report 15 minutes before the scheduled time

No cell phones allowed

HOD Anatomy
DYPCS

General Human Anatomy

Attendance of Additional Exam

14th Dec 2020

Batch : 2020-21

Roll nos	Name	Theory	Practicals	Signature
36	Richi Jain	P	P	Richi
54	Anvita Navale	P	P	Anvita
77	Vaishnavi Anand	P	P	

HOD Anatomy
DYPCS, Pune

ANATOMY DEPARTMENT
D Y PATIL DENTAL SCHOOL

FIRST BDS BATCH 20-21.
ADDITIONAL EXAM

Subject – General Human Anatomy
Date – 14/12/20
Total Mark –60 **Total time – 2hours.30 minutes(9am to 11.30 am)**

Instructions:
All questions are compulsory
Do not write anything on question paper
Use blue/ black ball point pen only
Draw neat well labelled diagrams wherever necessary
Figures to the right indicate full marks
Answer sections B and C in one answer booklet

SECTION A

Q1.) MCQ (separate sheet of Paper attached) ..... **(1x10=10)**

SECTION B

Q2.)
Write a note on the blood and nerve supply of the face. Add a note on its applied anatomy..... **(10)**

Q3.) Write short notes on ..... (5 X 3 = 15)

a. Sternocleidomastoid
b. Modiolus
c. Fibrous joints
d. Draw and label the sperm
e. Write a note on effects of fertilization

P.T.O

FIRST BDS BATCH 20-21

Additional Examination

Subject – Anatomy

Date

Total Mark – 60 **Total time – 2hours.30 minutes**

SECTION C

Q4.) Write a note on the scalp; layers, blood and nerve supply and applied anatomy..... **(10)**

Q5) Write short notes on ..... **(5 X 3 = 15)**

a. Classification of muscles
b. Blood supply of long bones
c. Draw and label a graafian follicle
d. Write a note on orbicularis occuli.
e. Capacitation

Ajeenkya DY Patil Dental School, Lohegaon
Additional exam; General Human Aantomy
SECTION A
Q1 (MCQ; 1x10=10)

01. Following structures pass through formen ovale except:
a. Mandibular nerve
b. Middle meningeal artery
c. Lesser petrosal nerve
d. Emissary vein

02. Parathyroids develop from
a. 1st and 2nd endodermal pouches
b. 2nd and 3rd endodermal pouches
c. 3rd and 4th endodermal pouches
d. 1st and 4th endodermal pouches

03. Lining epithelium of tongue develops from:
a. 1st, 2nd, 3rd arches
b. 2nd 3rd 4th arches
c. 1st 3rd 4th arches
d. 3rd, 4th, 6th arches

04. Lateral rectus is supplied by :
a) Abducent nerve
b) Oculomotor nerve
c) Trochlear nerve
d) Optic nerve

05. All the following are branches of external carotid except:
a) Facial artery
b) Inferior thyroid artery
c) Lingual artery
d) Occipital artery

06 .All the following statements are true for medial Pterygoid except:
a) Causes depression of mandible
b) Causes protraction of mandible
c) Is supplied by the main trunk of mandibular nerve
d) Develops from the 1st branchial arch

07. Which ligament is attached to the lingula of the mandible:
a) Pterygomandibular raphe
b) Lateral temporo mandibular ligament
c) Stylo mandibular ligament
d) Spheno mandibular ligament

08. Adenohypophysis or anterior pituitary develops from:

a. Ectoderm
b. Neuroectoderm
c. Mesoderm
d. Endoderm

09. All are true of the mesencephalic nucleus of trigeminal nerve except:

a. It is first order neurons
b. It receives proprioceptive sensations
c. It lies in the mid brain
d. It is motor to muscles of mastication

10. All are true of the parotid duct except

a. It pierces the masseter muscle
b. It opens opposite the 2nd maxillary molar
c. It is called Whartons duct
d. It is 5 cms long

Key Additional exam- 2020

1b

2c

3c

4a

5 b

6 a

7 d

8a

9d

10a

HOD Anatomy
DYPCS, Pune

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Thirty-Six
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Anatomy.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	3	6
1	1	1	1	1
2	2	2	2	2
3	3	3	●	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	●
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
●	●	●	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Mehmud Apte

Examiner Name & Signature

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Internal Assessment Examination

D Y PATIL GROUP

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Richi Jain

Name of the Examination Additional Exam. Class 1st year

Subject Anatomy

Roll No. 36. Date 14/12/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	9										9
Marks obtained in Section B		8	8								16
Marks obtained in Section C				8	7						15
Grand Total											40

Seen & No. Complaint

Student's Signature

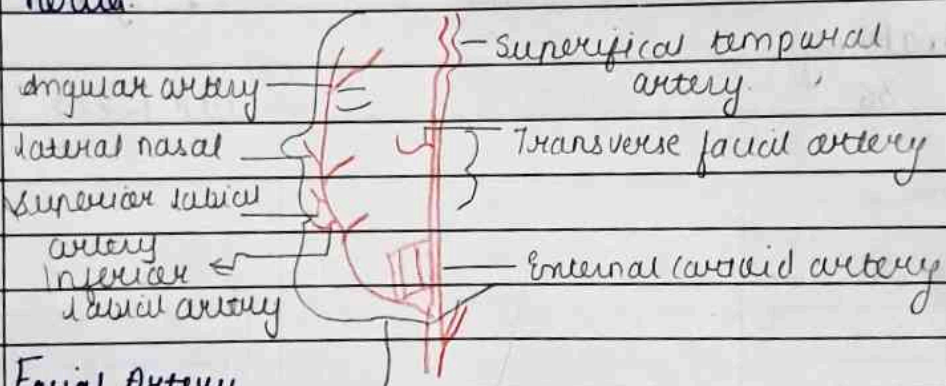
Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section-B

Q2)

Ans] Face is highly vascular.
Wounds on face heal fast.
Arterial Supply
→ Arteries Supply face are derived from
1) Facial artery
2) Transverse facial artery
3) Those accompanying cutaneous branch of trigeminal nerve.



Facial Artery
- Branch of external carotid artery
- Given off at the tip of the greater cornea of hyoid bone.
- It loops around the submandibular joint
- Here the facial artery vein lies behind the artery
- In the face it is tortus
- Its tortuosity prevents it from being torn by jaw movements.
- The artery lies 1.25 cm behind the angle of mouth
- It continues to ascend by the inside of the nose.
- Near the angle of eye it anastomoses with the dorsal nasal branch of the opthalmic artery

→ Branches of facial artery
1) Superior & inferior labial arteries to the upper & lower

lips that encircles the mouth & anastomes end to end with their fellow of the opposite side. that is why a cut lip bleeds from both ends

2) lateral nasal branch - to the ala forms and dorsum of nose.

3) a number of posterior un named branches.

- Transverse facial artery

1) It is a branch of superificial temporal artery

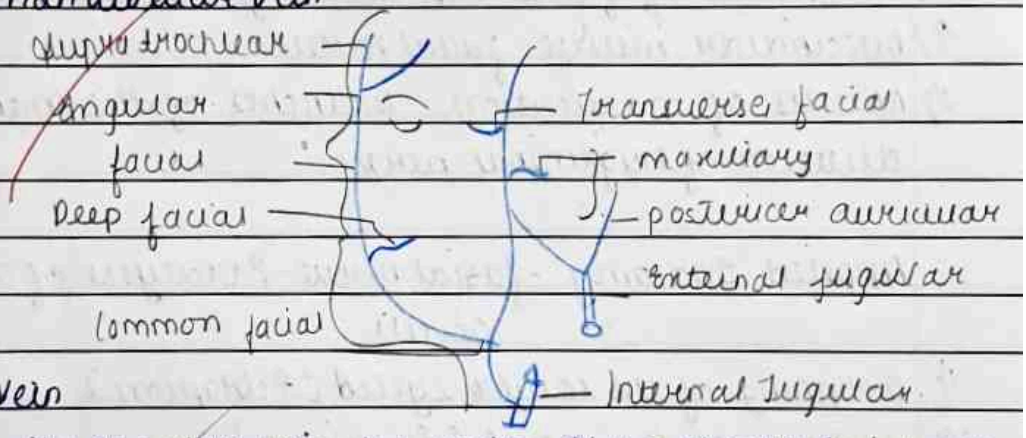
2) It emerges from the parotid gland.

3) It lies above the parotid gland.

- Venous drainage

- facial vein

- Retro mandibular vein



Facial vein

- Begins the angular vein by union of the supra trochlear and supra orbital vein.

- Runs down behind the facial artery

- Crosses the mandibular gland.

- that drains into intra jugular vein.

- Deep connections of the facial vein

1) through the angular vein - superior ophthalmic vein - cavernous venous sinus

2) Deep facial vein - pterygoid venous plexus - cavernous venous sinus.

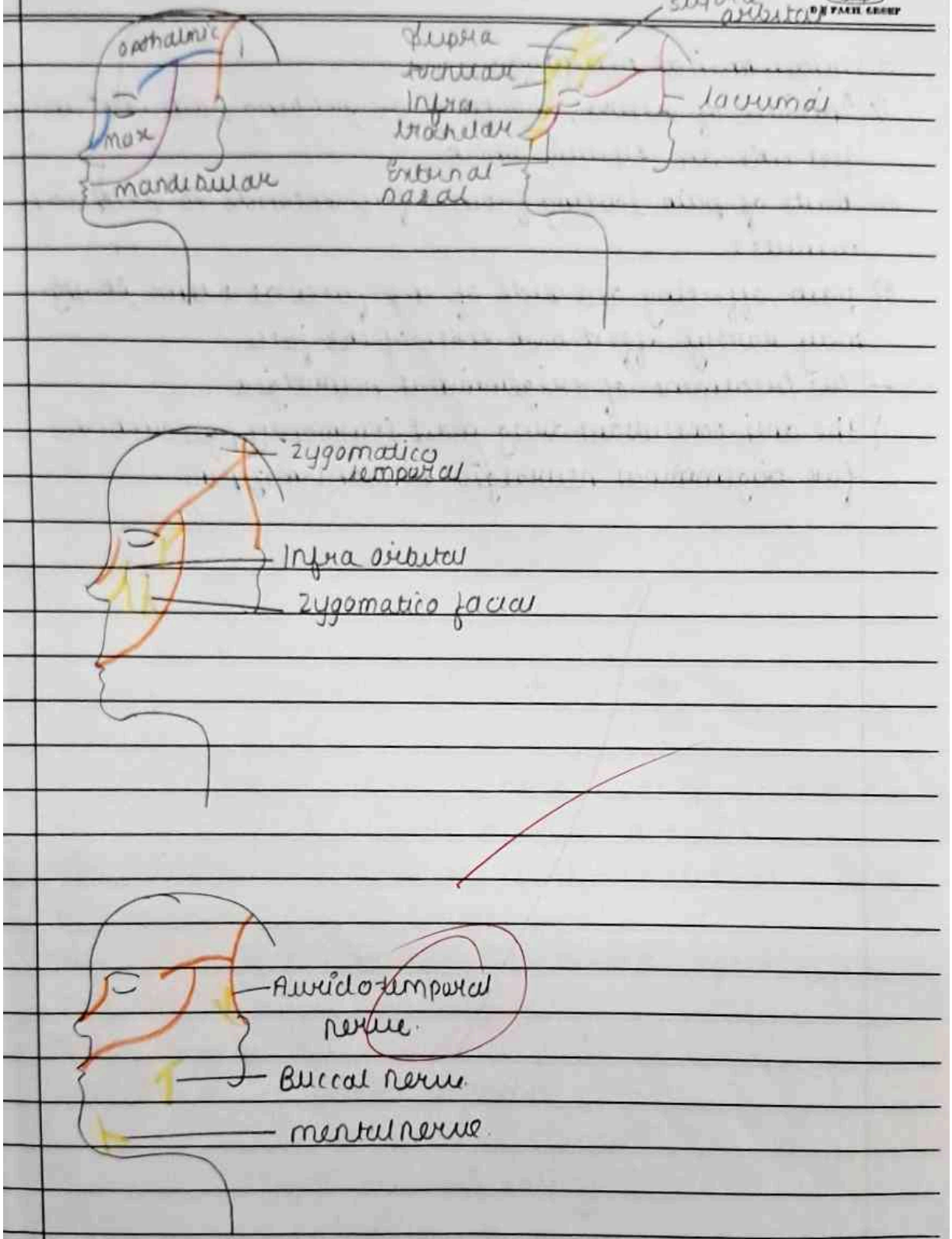
- Retro-mandibular vein.

- This is formed by the union of the superificial temp vein & the maxillary vein.
- It passes through the parotid gland.
- It divides into anterior and posterior divisions
- the anterior division unites the facial vein to form common facial vein
- the posterior division unites with the posterior auricular vein to form external jugular vein.

- Nerve supply of face
Motor nerves are to.
1) the muscle of facial expression - facial nerve.
2) Buccinator muscle - facial nerve
3) Muscles of mastication - branches of the mandibular division of trigeminal nerve

Applied Anatomy - facial nerve - Paralysis of orbicularis Oculi
1) Dropping of the lower eyelid (Ectropion)
2) Spilling of the tears (Epiphora).

Facial nerve → Facial tics are uncontrollable spasms in the face such as rapid eye blinking or nose scrunching.
- Although facial tics are usually involuntary they may be suspended temporarily
- A number of different disorders can cause facial tics


ophthalmic
max
mandibular
supra orbital
supra trochlear
infra trochlear
external nasal
lacrimal
zygomatico temporal
Infra orbital
zygomatico facial
Auriculo temporal nerve
Buccal nerve
mental nerve

- Trigeminal neuralgia

1) Episodes of severe, shooting or jabbing pain that m
feel like an electric shock

2) Bouts of pain lasting from a few seconds to several
minutes.

3) pain affecting one side of the face at a time, though
may rarely affect both sides of the face.

- (a) treatment of trigeminal neuralgia

1) the anti-convulsant drug most commonly prescribed
for trigeminal neuralgia is carbamazepine.

3]

a) Extends obliquely across the neck
- Divide the neck into anterior and posterior triangles
- The investing layer of deep cervical fascia splits to enclose the muscle
origin: Two heads of origin
i) Sternal head is tendinous arises from the anterior surface of the upper part of the manbrium - passes upward and laterally crosses the Sterno-clavicular joint
the muscle is a cruciate
- Insertion - Mastoid process
ii) lateral ½ of the superior nuchal line
Nerve supply
- Motor - spinal cord accessory nerve (C1-C6)
- Proprioceptive sensations by C2, C3
- Actions - Action from below
Unilateral action - turns the head to the opposite side and tilts the head towards the same shoulder.
Bilateral action - it flexes the cervical vertebral column & extends the atlanto occipital joint
Action from above - It raises the thoracic cage & is an accessory muscle of respiration.
- Blood supply
Branches of: Superior thyroid
Occipital artery
Supra scapular artery

Relations
Superifical - skin
Superficial fascia
platysma
Investing layer of deep cervical fascia

lower zone - sternoclavicular joint
sternohyoid muscle
sternothyroid muscle.
anterior jugular vein
carotid sheath.

middle zone - 1) Carotid sheath with its contents
2) ansa cervicalis (which is embedded in the anterior wall of carotid sheath)
3) cervical and brachial plexus.
4) phrenic nerve.

upper zone - Occipital artery
Mastoid process
Splenius capitis
longissimus capitis.

Applied anatomy
- why neck is - due to shortening of the muscles - may occur during labour due to extreme rotation of the head causing the muscles to stretch and suffer a vascular compromise.

b).
→ There are 3 types of joints.
1) Sutures
2) Gomphosis
3) Synarmosis

1) Sutures - these are fibrous joint
they are found only b/w skull bones.
they are immobile
they help in the growth of the skull to accomodate the growing brain.

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Supplement Sheet

Name of the Student Richi Jain

Name of the Examination _____ Class _____

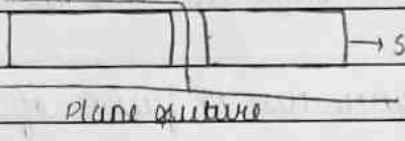
Subject Anatomy

Roll No. 36 Date _____

Supplement No. 01 Invigilator Signature _____

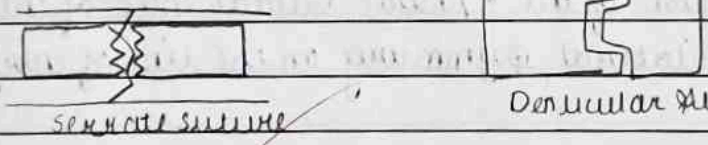
Types of Sutures

1) Plane Sutures



2) Serrate Sutures

3) Dentate Sutures



4) Squamous Suture



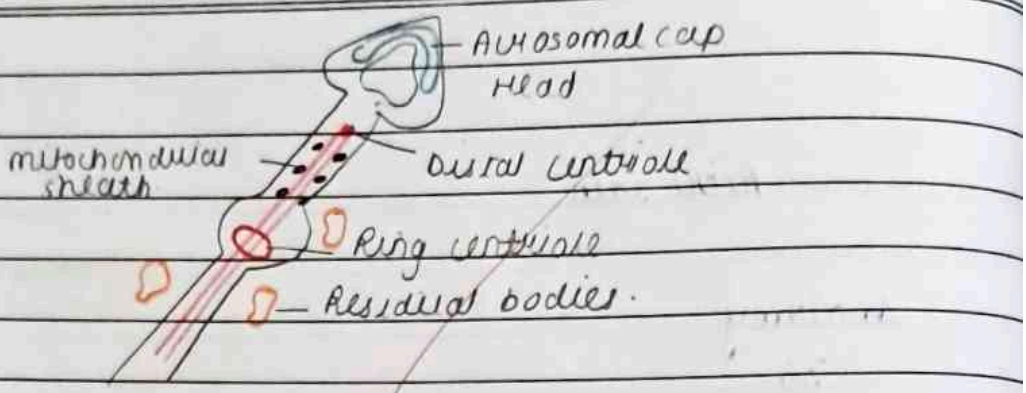
5) Schindylesis

- this a wedge in a groove type of suture
- Only one example- the human body = b/w the sphenoidal rostrum and the ala of the vomer bone.
- other fibrous joints in the body.

gomphosis

Syndesmosis

d)



e) Effect of fertilization

1) Completion of the 2nd meiotic division of the secondary oocyte to form the mature ovum & throw out the 2nd Polar body

2) Biparental inheritance due to fusion of the pro nuclei

3) Variation in the species due to crossing over during meiosis during maturation of the germ cells

4) Restruction of diploid number of chromosomes

5) Determination of the cephalo-caudal axis of the embryo and its bilateral symmetry on the line of entry of the sperm

6) Metabolic activation of the zygote to undergo cleavage.

Section C.

Scalp is the soft tissue of the cranium (skull cap)

Extent

- Antero-posterior extent from the supra orbital margin to the superior nuchal line
- Transverse extend from one zygomatic arch to the other.

Layers of scalp

Skin

Connective tissue

Aponeurosis

Loose areolar tissue

Periosteum

Skin

- Thick
- Hairy
- Numerous sweat and sebaceous gland.

Connective tissue

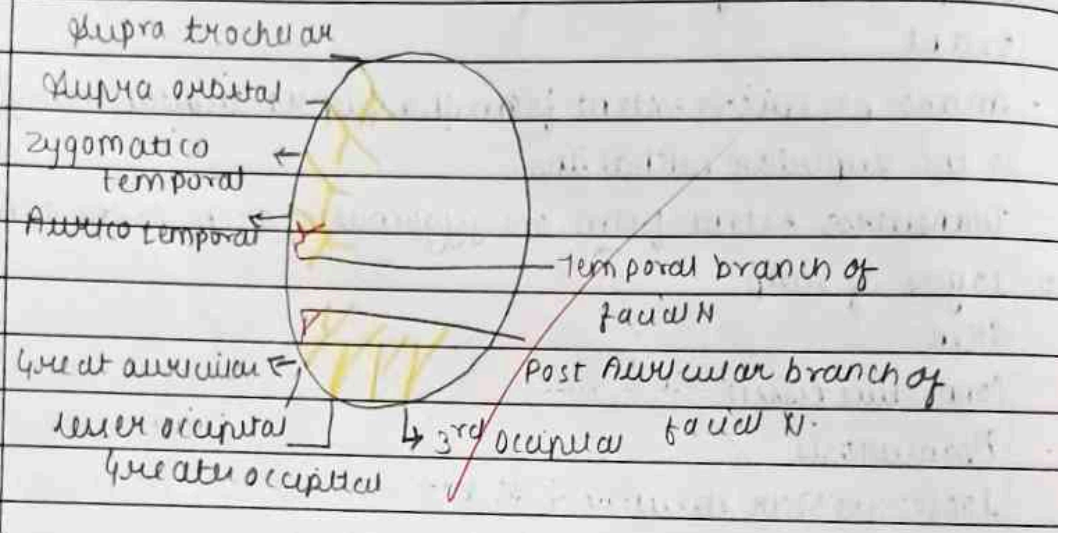
- Dense subcutaneous tissue
- Close network of fibro fatty tissue
- Contains large number of blood vessels & nerves
- The walls of the blood vessels & adherent to the fibrous network.

Aponeurosis

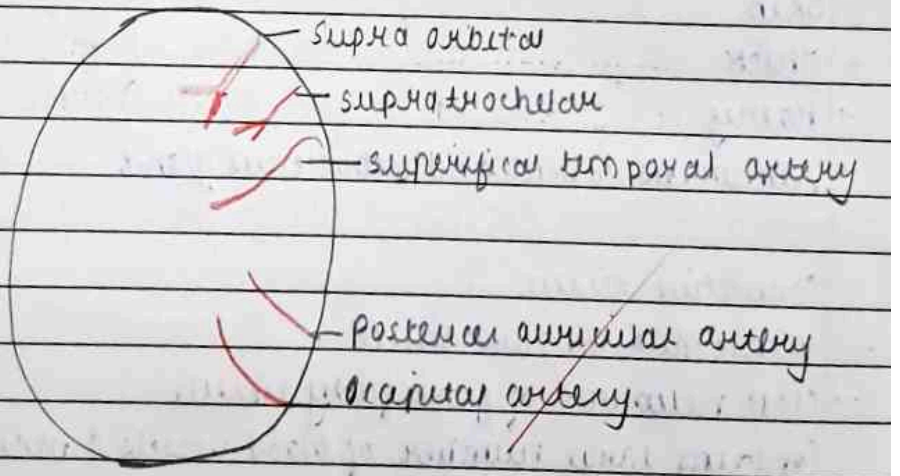
- This is the epicranial aponeurosis or Galea aponeurosis
- The frontal bellies take origin from the skin of the eyebrows region
- Muscle is supplied by the facial nerve.

nerve supply - scalp.

- 5 nerves in front of auricle (4 sensory, 1 motor)
- 5 nerves in behind of auricle (4 sensory, 1 motor).



Blood supply of scalp.



Applied anatomy

Skin is rich in sebaceous gland and therefore is a common site for sebaceous cysts

To stop such bleeding manual pressure needs to be applied against the underlying bone

Scalp has a rich nerve supply & wounds may bleed profusely but heal well.

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Supplement Sheet

Name of the Student Richi Jain

Name of the Examination _____ Class _____

Subject Anatomy.

Roll No. ~~37~~ 36. Date _____

Supplement No. 02 Invigilator Signature _____

Q5

b)

→ Periosteal vessels

↳ these are mostly branches of neighbouring muscular arteries therefore if large areas of bone is without any muscular attachment, there is poor periosteal blood supply and fracture of this bone take places.

- they are numerous
- they form a plexus in the periosteum
- they supply the outer 1/3rd of the compact bone of the shell.

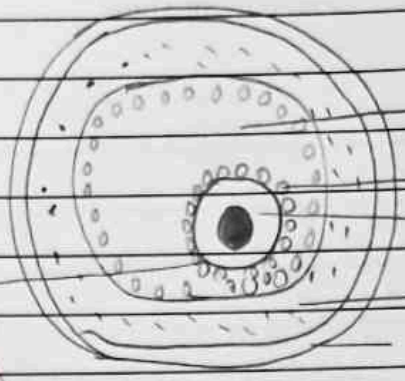
2) Metaphyseal arteries

- Also called juxta-epiphyseal arteries
- they are branches of the vascular plexus & around joints
- The vessels enter through small foramina around the line of capsular attachment

3) Epiphyseal arteries.

- they are branches of the vascular plexus around joints
- If epiphyseal cartilage is continuous with the articular cartilage these vessels have to pierce the epiphyseal cartilage but if the cartilages are discontinuous then the vessels directly enter the epiphyses

c)



d)

→ Freshly ejaculated sperms are incapable of fertilizing the oocyte

→ They need to undergo capacitation

→ This is the final maturation of the sperm

→ It takes place in female genital tract

→ Time = 7 hours.

→ This leads to the influx of calcium ions & greater activity of the sperm.

→ These wash away the seminal plasma proteins from the plasma membrane over lying the acrosomal cap.

→ It results from the detergent agent action of the secretion of the uterine glands.

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Internal Assessment Examination

SECTION A

Sr. No.

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WRONG	RIGHT
(X) (B) (C) (●)	(A) (B) (●) (D)

SEAT NO. IN WORDS	Fifty - Four
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Anatomy
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	5	4
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	●
5	5	5	●	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
●	●	●	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Mehaboob Ade

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Anvita Navale

Name of the Examination Additional Exam Class

Subject Anatomy

Roll No. 54 Date 14/12/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	9										09
Marks obtained in Section B		8	9								17
Marks obtained in Section C				9	7						16
Grand Total											42

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

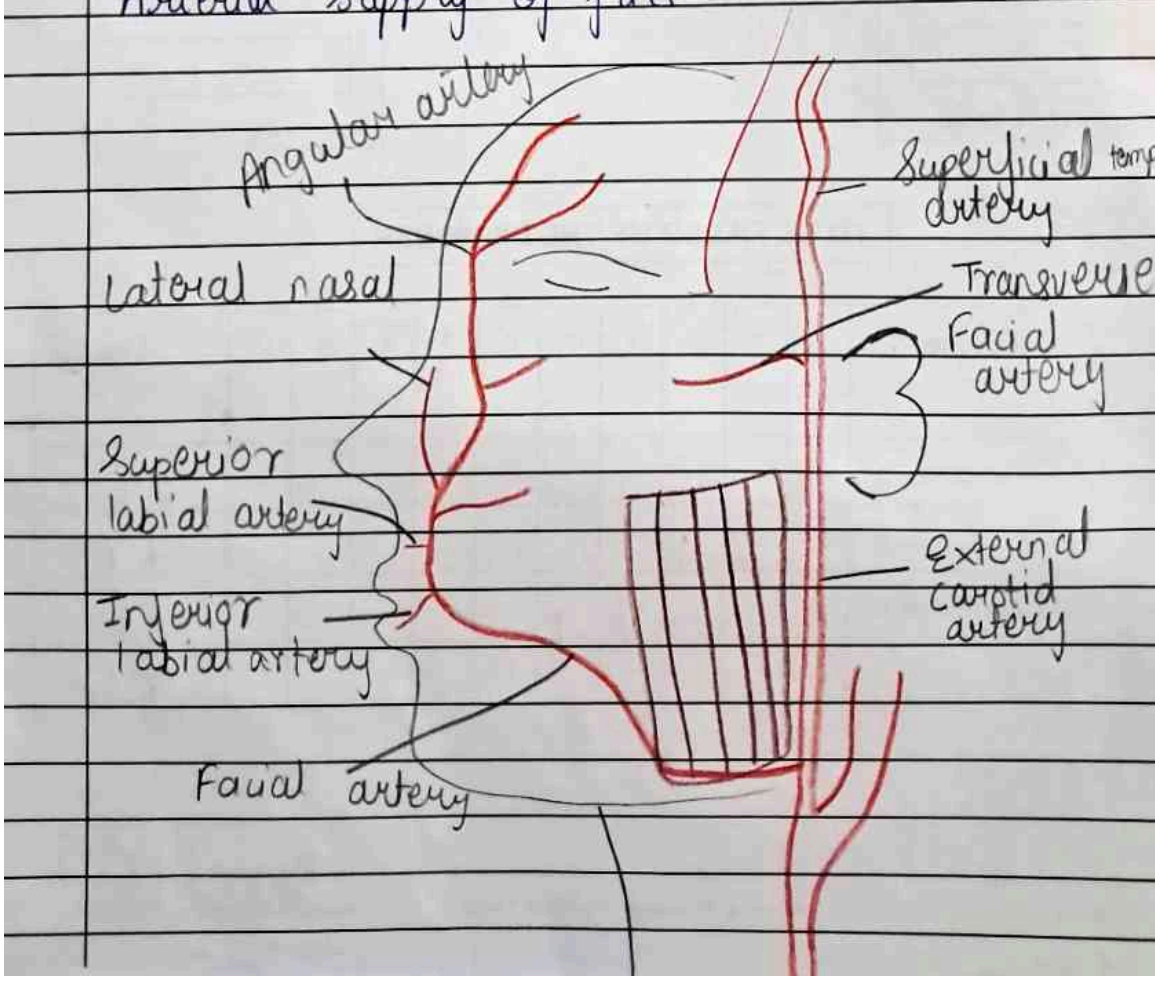
Section-B

b.2) Blood and nerve Supply of face.

Introduction:-
- Face is highly vascular
- Wounds on face heal fast

- Arterial Supply:-
Arteries Supplying face are derived from:-
1) Facial artery
2) Transverse facial artery.
3) Those accompanying cutaneous branches of trigeminal nerve.

- Arterial Supply of face

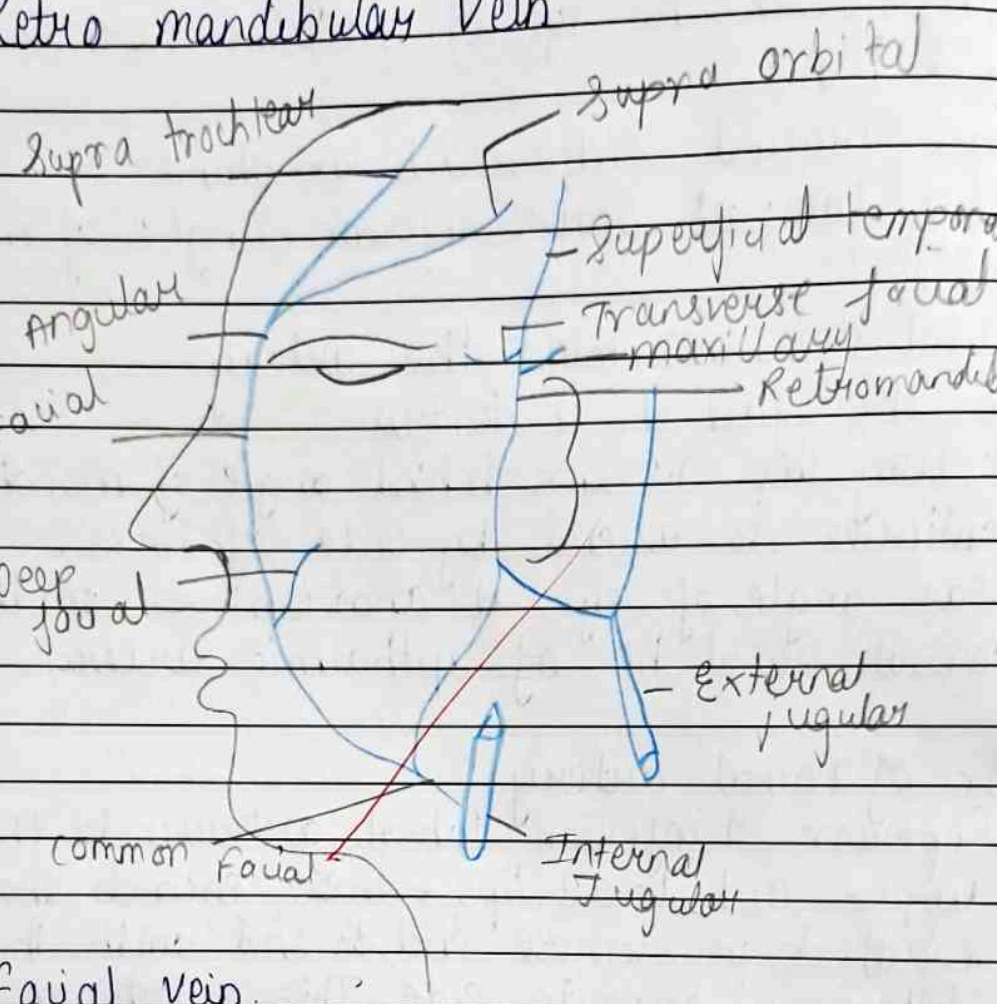


- Facial artery
- Br. of External carotid artery
- Given off at the tip of greater corner of hyoid bone.
- loops around Submandibular gland.
- Enters face at antero inferior angle of masseter muscle.
- Facial vein lies beind the artery
- In the face it is tortous.
- Artery lies 1.25 cms behind angle of mouth.
- Continues to ascend by side of nose.
- Near angle of eye it anastomoses with dorsal nasal br. of opthalmic artery.

- Br. of Facial artery.
1) Superior & inferior labial arteries to the upper and lower lips - these encircle the mouth & anastomose end to end with their fellows of opposite side. This is why a cut lips bleeds from both ends.
2) Lateral nasal br. - to the ala & dorsum of nose.
3) A no. of posterior un-named br.

- Transverse facial artery.
- Br. of Superficial temporal artery.
- Emerges from parotid gland.
- Lies above parotid duct.

- Venous drainage.
- Facial vein
- Retro mandibular Vein



- Facial vein.
- Begins as angular vein be union of the Supra trochlear & Supra orbital veins
- Runs down behind facial artery.
- Crosses Sub mandibular gland.
- Joins the ant. division of retro mandibular vein to form common facial vein.
- Drains into internal jugular vein.

* Deep connections of facial vein.
1) Through angular vein - Superior opthalmic vein - Cavernous venous sinus.
2) Deep facial vein - Pterygoid venous plexus - Cavernous venous sinus.

- Applied importance.
- Facial vein is devoid of valves
- If any Septic emboli from upper lip or lower part of the nose move in retrograde direction through deep facial vein it the ~~ve~~ Cavernous venous Sinus.

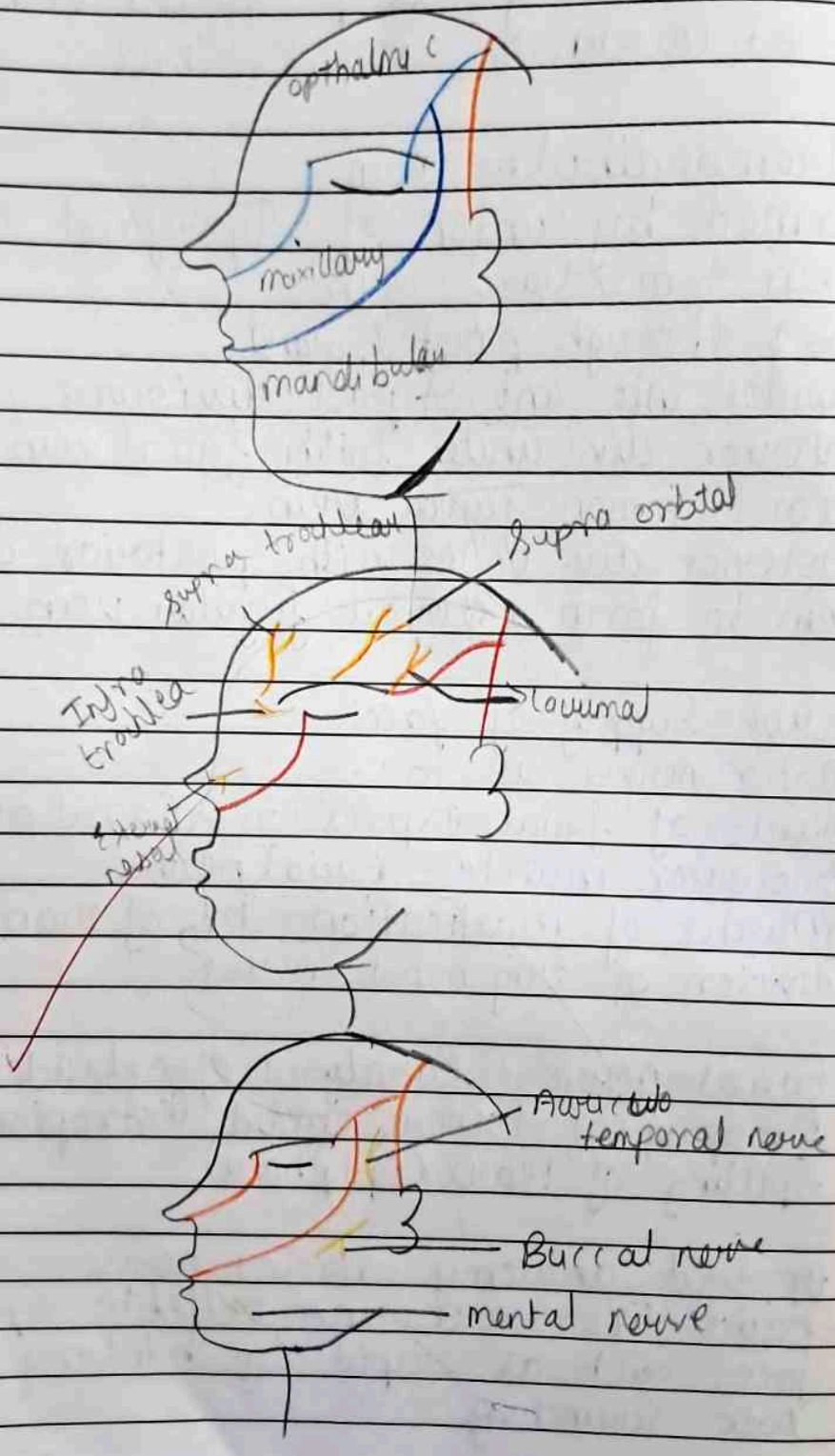
- Retromandibular vein.
- Formed by union of Superficial temporal vein & maxillary vein.
- Passes through parotid gland.
- divides into ant. & post. divisions
- Anterior div. unites with facial vein to form common facial vein.
- Posterior div. unites with posterior auricular vein to form external jugular vein.

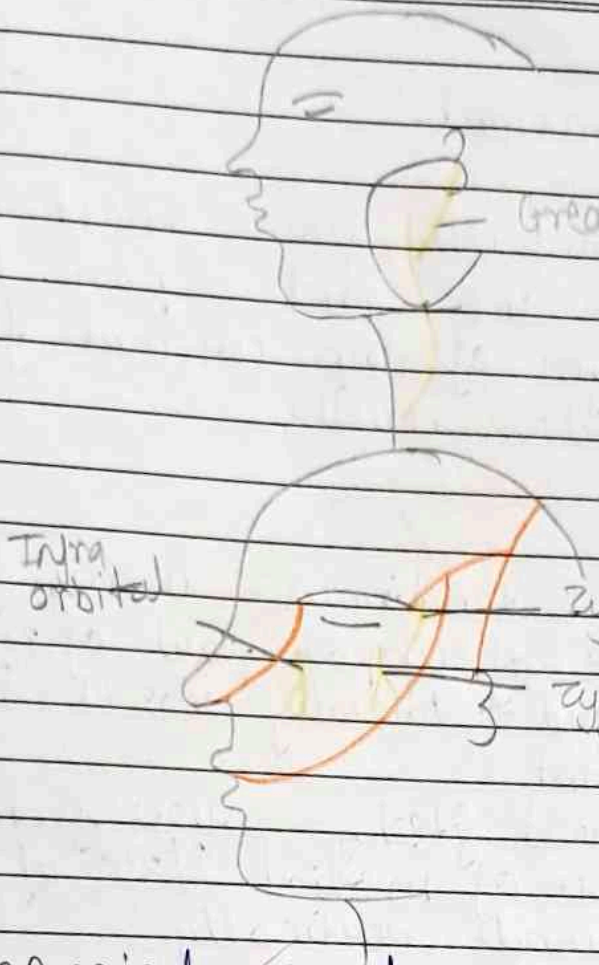
Nerve Supply of face
- Motor nerves are to:-
- Muscle of facial expression - Facial nerve
- Buccinator muscle - Facial nerve
- Muscles of mastication - br. of mandibular division of trigeminal nerve.

- Facial nerve - Paralysis of orbicularis oris.
1) Drooping of lower eyelid (Ectropion).
2) Spilling of tears (Epiphora).

Applied anatomy - Facial nerve.
- Facial tics - are uncontrollable spans in face, such as rapid eye blinking or nose Scrunching

- They are involuntary, they may be suppressed temporarily.
- Occur most often in children.
- More common in boys.





* Trigemminal neuralgia.
- Episodes of severe, shooting or jabbing pain that may feel like an electric shock.
- Bouts of pain lasting from a few seconds to several minutes
- Attacks of pain or triggered by things such as touching face, chewing, speaking.
- Pain in areas supplied by trigeminal nerve including teeth, cheek, jaw, gums.
- Pain affecting one side of face at a time.

- Treatment -
- Anti-convulsant drug most commonly prescribed for trigeminal neuralgia is Carbamazepine.
- Surgical treatment - Alcohol Blocks, Cryotherapy.

Q3)

a) Sternocleidomastoid.

Introduction:-

- Extends obliquely across neck.
- Divides neck into ant. & post. triangl
- Investing layer of deep cervical fascia Splits to enclose muscle.
- Origin -

Two heads:-

1) Sternal head - tendinous - arises from ant. surface of upper part of manubr
- passes upward & laterally crosses sterno clavicular joint.

2) Clavicular head fleshy - arises from the upper surface of medial 1/3rd of the clavicle ascends vertically.

- Insertion:-

1) Mastoid process.
2) lateral 1/2 of superior nuchal line.

- Nerve Supply:-
- Motor - Spinal accessory nerve
- Proprioceptive sensations by C2, C3.
- Blood Supply -

-Br. of :-

1) Superior thyroid
2) Occipital artery
3) Supra Scapular artery.

- Actions:- from below:-
- Unilateral action - turns head to opposite side & tilts head towards same shoulder.

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- Bilateral action - it flexes cervical vertebral column + extends atlanto occipital joint, helps while lifting the head from the pillow.
- Actions from above:
- Raises thoracic cage + is an accessory muscle of respiration.

* Relations -

- Superficial -

1) Skin
2) Superficial fascia.
3) Platysma
4) Investing layer of deep cervical fascia.
5) External jugular vein.
6) Transverse cervical cutaneous nerve.

* Deep relations :-

A) lower zone :-

1) Sternoclavicular joint.
2) Sternohyoid muscle.
3) Carotid sheath.

B) Middle zone.

1) Carotid sheath with its contents
2) Ansa cervicalis.
3) Cervical sympathetic chain.

4) Cervical & branchial plexus.
5) phrenic nerve.
C) Upper zone:-
1) Occipital artery.
2) Splenius capitis.
3) longissimus capitis.

* Applied anatomy
- Wry neck - shortening of the muscle
-occur during labours.
- Spasmodic torticollis - repeated pain
contraction of muscle.
- It may be due psychogenic causes o
due to cold exposure.

c) Fibrous joints
- These are of 3 types:-
1) Sutures
2) Gomphosis
3) Syndesmosis.

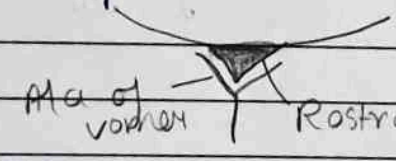
1) Sutures
- These are Fibrous Joints.
- Found only btw Skull bones.
- Are immobile.
- help in growth of skull to accomodate th
growing brain.
- obliterated blw 30-40 yrs of age.
- Types of Sutures:-
a) Plane Suture
- The 2 bones meet edge to edge.
Eg:- Palatine Suture.

Serrate Suture.
margins are serrated.
Eg:- Saggittal Sutures.

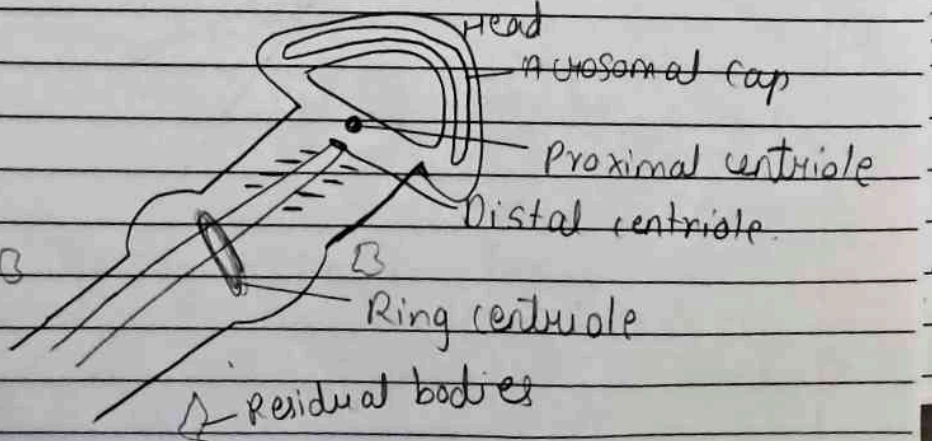
Dentate Suture.
Margins have tooth like process.
Eg:- Camboid Suture.

Squamous Suture:-
Margins of adjacent bones overlap.
Eg:- parieto temporal Suture.

Schindylesis.
It is a wedge in groove type of Suture.
Eg:- blw Sphenoidal rostrum & ala of vomer bone.



other fibrous joints in body include gomphosis (peg in socket type as seen blw the tooth & its bony socket) & Syndesmosis (typical Syndesmosis is inferior tibio fibular joint)



→ Effects of fertilization:-

1) Completion of 2nd meiotic division of secondary oocyte to form the matur ovum & throw out the 2nd polar b
2) Biparental inheritance due to fusion o pro nuclei.
3) Variation in species due to crossin over during meiosis during maturatio of germ cells.
4) Restoration of diploid no. of chromoso
5) Determination of cephalo-caudal axis embryo & its bilateral symmetry bas on line of entry of sperm.
6) Metabolic activation of zygote to underg cleavage.

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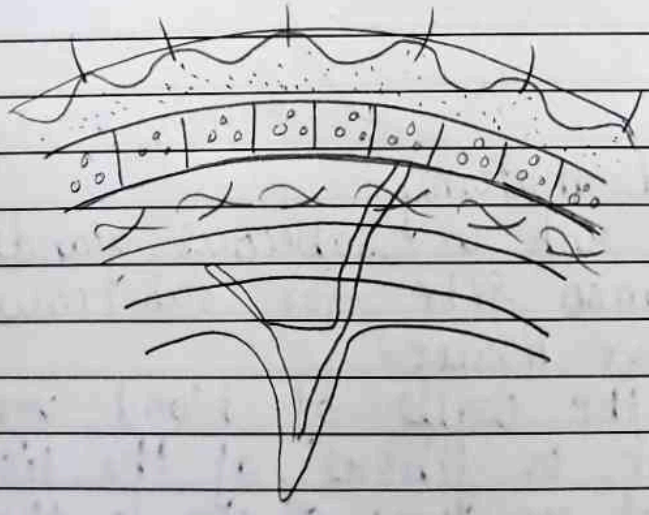
Section C.

Q.4) Scalp.

- Scalp is soft tissue cover of calvaria
- layers of scalp.

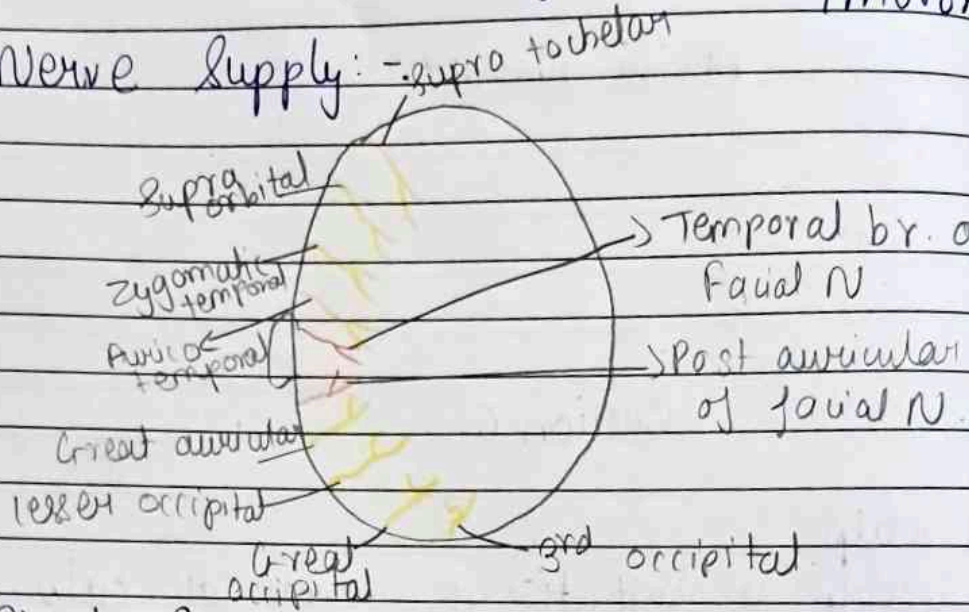
1 Skin
2 Connective Tissue
3 Apponeurosis
4 loose aerolar tissue
5 Pericarinum.



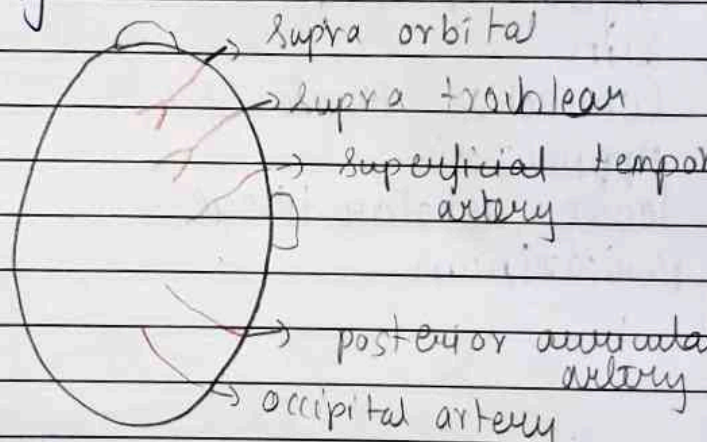
- Nerve Supply - Scalp.
- 5 nerves in front of auricle (4 sensory, 1 motor).

- 5 nerves in behind of auricle (4 Sens
1 motor

- Nerve Supply:-



Blood Supply:-



* Applied anatomy

1) Skin is rich in Sabecous glands & the is common site for Sabecous cysts

2) Connective Tissue.

- Since the walls of blood vessels are adherent to fibers of the tissues in case of rupture of vessels they are unable to retract leading to profuse bleeding.

- To stop it, manual pressure is appl

Scalp has rich nerve, supply & wounds may bleed profusely, but heal well.
Injury in scalp region might result in blood seeping beneath frontalis muscle — Black eye.
Cephalhaematom :-
Caput Succedaneum - can occur in newborn.

Q.5)

b) Blood Supply of long bones.

- Supplied by 4 sets of arteries.

1) Nutrient artery.
2) Periosteal artery
3) Metaphyseal artery
4) Epiphyseal artery.

1) Nutrient artery

- Grows in with periostal bud.
- Enters bone through nutrient forame
- Direction of foramen is always awa from growing end of bond.
- Artery is tortous before entering.
- Passing through compact bone it gi br. to haversian System.
- It supplies bone marrow & inner 2/3rd 2/3rd shaft

2) Periosteal vessels:-

- These are br. of mostly neighboring muscular arteries - therefore if large a of bone is without any muscular attachment.
- They are numerous.
- Supply 1/3rd outer of compact bone of sh

3) metaphyseal arteries.

- Also called juxta-epiphyseal arteries.
- Br. of vascular plexus around joints.

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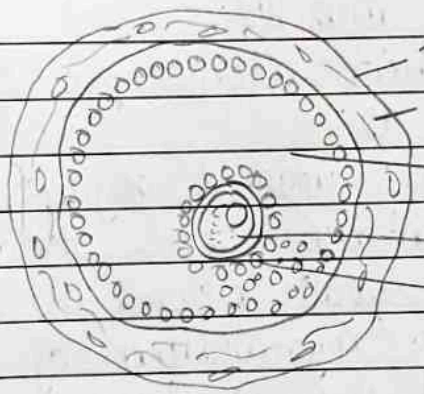
d) Epiphyseal arteries.
- They are br. of vascular plexus around joints.

e) Graafian follicle:-



f) Capacitation.
- Freshly ejaculated sperms are incapable of fertilizing the oocyte.
- They need to undergo capacitation.
- This is final maturation of sperm.
- It takes place in female genital tract.
- Time = 7 hours.
- It results from detergent action of the secretions of uterine glands.

- These wash away seminal plasma proteins from plasma membrane ov lying acrosomal cap.
- This leads to influx of calcium ions greater activity of sperm.

) Classification of muscles.
- Muscles can be classified depending on thei
) Microscopic structure
) Arrangement of fasciculli
) Principal action.
) Red and white fibers.

Classification of muscles:-
- According to their microscopic structure, mu are classified as:-
) Smooth :- Encircle internal organs, slow to re
) Striated :- Voluntary, cross striations. Suppl
) Skeletal :- by Somatic nerves. Get fatigued eas
) Cardiac:- Forms myocardium of heart. Is Striated & involuntary.

Classification of muscles
- According to arrangement of fasciculi
→ Parallel fasciculi
→ Oblique fasciculi
→ Spiral/twisted fasciculi.

- Parallel fasciculi - lie parallel to line of pull of muscle.
- Oblique fasciculi - are oblique to direction of pull.

Spiral fibers.
Eg:- pectoralis major
Eg:- Sternocleidomastoid.

Classification of Muscles
Muscles may be classified according to their prime action as:-
Flexors
Extensors
Abductors
Adductors
Supinators.
Pronators.

Classification of muscles.
1) Red fibers.
- Rich in myohaemoglobin, mitochondria, oxidative enzymes.
- Contract Slowly.
- Fatigue delayed.
2) White fibers:
- Poor in myohaemoglobin, mitochondria, oxidative enzymes.
- Rich in glycogen.
- Contract Fast.
- Get Fatigued easily.

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X)(B)(C)(●) RIGHT (A)(B)(●)(D)

SEAT NO. IN WORDS	Seventy Seven
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Anatomy Additional Exam.
SUBJECT	General Anatomy.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

7 7

QUESTION BOOKLET VERSION NO.

A

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

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Name of the Examination _____ Class First Year.

Subject Anatomy

Roll No. 77 Date 14/12/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	08										08
Marks obtained in Section B		10	10								20
Marks obtained in Section C				09	08						17
Grand Total											45

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B

Q2.]

Blood & nerve supply of Face.

Face is highly vascular.

Wounds on face heal fast

Arterial Supply- Arteries supply face are derived from 1.] Facial artery

2.] Transverse facial artery.

3.] Those accompanying cutaneous branches of trigeminal nerve.

Facial Artery
- Branches of external carotid artery.
- Given off at the tip of the greater cornua of hyoid bone.
- It loops around the submandibular gland.
- Enters the face at the antero inferior angle of masseter.
- Here the facial vein lies behind artery.
- Its tortuosity prevents it from being torn. By Jaw movements.
- The artery lies 1.25 cms behind the angle of mouth.
- It continues to ascend by the side of nose.
- Near the angle of the eye it anastomoses with the dorsal nasal branch of opthalmic artery.

Branches of facial artery.
- Superior & Inferior labial arteries to upper and lower lips. these encircle the mouth and anastomose end to end with their fellow of the opposite side. That is why a cut lip bleed from both side
- Lateral nasal branch to the ala and dorsum

of nose.
A number of part. unnamed branches.

Transverse of facial artery.
- Is a branch of superficial temporal artery
- It emerges from parotid gland.
- It lies above parotid duct.

Venous Drainage
Facial vein
Retro mandibular Vein

- Begins as the angular vein by union of the supra trochear and supra orbital veins.
- Run down behind facial artery.
- Crosses submandibular gland.
- Joins the ant-division of the retro mandibular vein to form the common facial vein.

Deep Connection of Facial Vein
Through the angular vein - superior opthalmic vein
Cavernous venous sinus.
Deep facial vein - Pterygoid venous plexus - Cavernous Venous sinus

Retro mandibular Vein

- This is formed by the union of superficial temp- vein and the maxillary vein
- It passes through parotid gland.
- It divides into ant & post. division.
- The ant division unite with facial vein to for common facial vein.
- The post. division unite with the post. auricular vein to form external Jugular vein

Nerve supply of face.

- Motor nerves are to:
- The muscle of facial expression - Facial nerve.
- Buccinator muscle - facial nerve.
- Muscles of mastication (on face) branches of mandibular division of trigeminal nerve.

Applied anatomy - facial nerve - Paralysis of Orbicularis Oculi.

Drooping of the lower eyelid (Ectropion) Spilling of the tears (Epiphora).

- Facial tics are uncomfortable spasm in the face such as rapid eye.
- Although facial tics are usually involuntary they may be suppressed temporarily.
- A number of different disorders cause facial tics.

Trigeminal neuralgia.

- Episodes of severe shooting or stabbing pain that may feel like an electric shock.
- Spontaneous muscle attacks of pain or triggered by things such as touching the face chewing speaking or brushing teeth.
- Pain affecting one side of the face at a time, though may rarely.

- Treatment of trigeminal neuralgia.
The anti-convulsant drug most commonly prescribed for trigeminal neuralgia. is carbamazepine.

Q3 a) Sternocleidomastoid.

- Extends obliquely across the neck.
- Divides the neck into ant. and post. triangles.

Origin Two heads of origin.

1. Sternal head is tendinous - arises from the ant. surface of the upper part of the manubrium passes upward and laterally.
2. Clavicular head - fleshy arises from upper surface of the medial 1/3rd of the clavicle ascends vertically.

Insertion - Mastoid process.
lateral 1/2 superior nuchal line.

Motor spinal accessory nerve I root value C1-C6
Proprioception sensation by C2, C3.

Actions.

Acting from below.

- Unilateral action - it turns the head to the opposite side and tilt the head towards

Bilateral action- it flexes the cervical vertebral column and extends the atlanto occipital joint therefore help to protect.

Acting from above.
It leaves thoracic cage and is an accessory muscle.

Blood supply → Branches of 1. Superior thyroid
2. Occipital artery
3. supra scapular artery.

Relations superficial- 1. Skin
2. Superficial fascia
3. Platysma.
4. Inverting layer of deep cervical fascia.
5. External jugular vein

Deep relation.
Lower zone-
1. Sternoclavicular joint.
2. Sternohyoid muscle.
3. Ant. Jugular vein
4. Carotid sheath

Middle zone.
1. carotid sheath with its contents.
2. Ansa cervicalis (which is embedded in ant. wall of carotid sheath)
3. Cervical sympathetic chain.
4. Cervical and brachial plexus.
5. Phrenic nerve.

upper zone.
1. Occipital artery.
2. Mastoid process.
3. Longissimus capitis

Applied Anatomy.

. Wry neck is due to shortening of the mus
may occur during labour due to extre
rotation of the head causing the muse
stretch and suffer a vascular compromis

C.] Fibrous Joint :- There are 3 types.

i Sutures

ii Gomphosis.

iii Syndesmosis

[i] Sutures

There are fibrous Joint

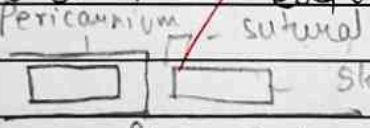
They are found only between skull bon

They are immobile

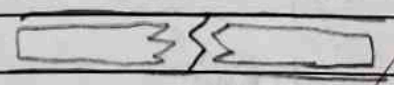
They help in growth of skull.

Types of Sutures - Plane Sutures.

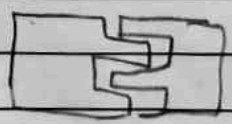
1) The 2 bones meet edge to edge Eg- Palatine



2) Serrate Sutures



3) Dentate Suture



4) Squamous Suture



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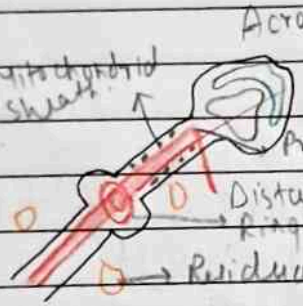
Other fibrous joints in body include.
Gomphosis
Syndesmosis

d.



e. Effect of Fertilisation

- Completion of the 2nd meiotic division of 2° oocyte to form the mature ovum and throw 2nd polar body.
- Bipaternal inheritance due to fusion of pronuclei.
- Restoration of diploid number of chromosomes.
- Determination of the cephalo-caudal axis of the embryo and its bilateral symmetry based on the line of entry of sperm.
- Metabolic activation of zygote to undergo cleavage.
- Variation in the species due to crossing over during meiosis during maturation of gametes

4.) Scalp is the soft tissue over the Calvarium.

Extent - Ant. and post. extent from the supra orbital margin to the superior nuchal line

Transverse extent - from one zygomatic a

Layers of scalp.

Skin . 2 thick, Hairy, Numerous Sweat & Sebac glan

Connective tissue

Aponeurosis

Loose Areolar tissue.

Pericranium.

connective tissue.

- Dense subcutaneous tissue.
- Close network of fibro fatty tissue.
- Connects the skin (lying over it) to the apon (lying below it). Therefore in case of fra

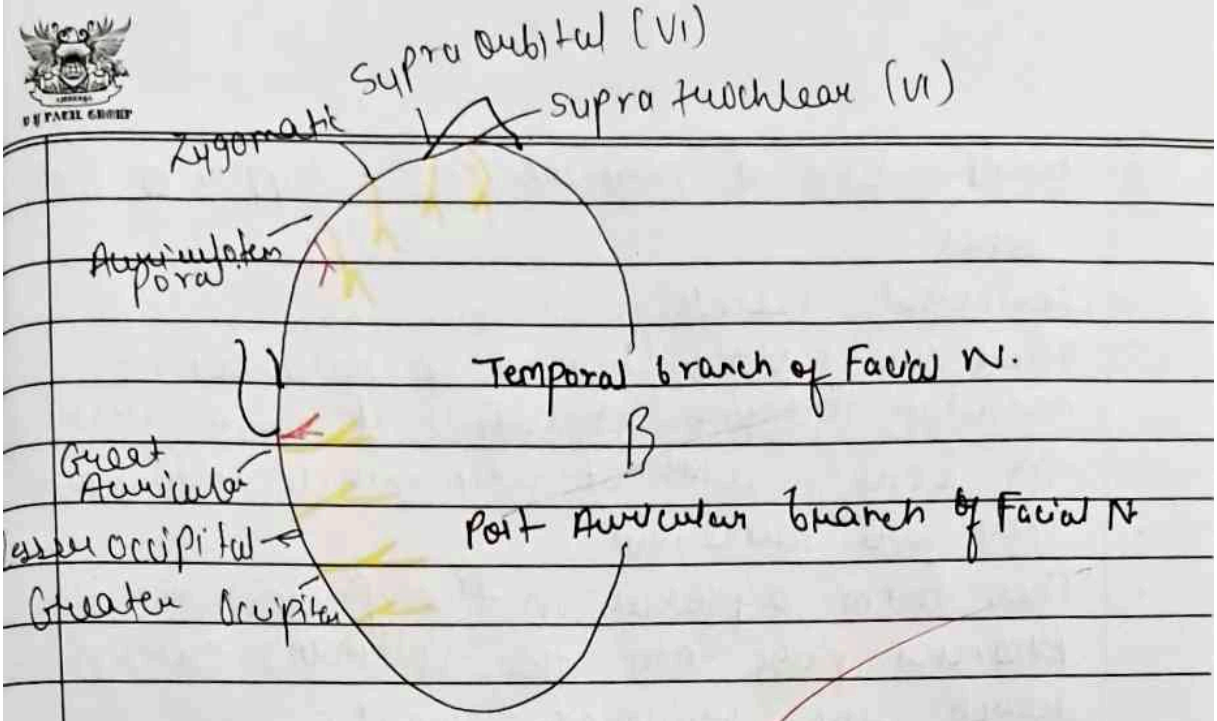
Aponeurosis

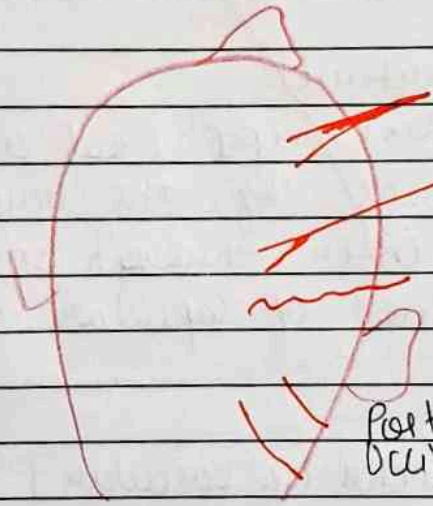
- This is the epicranial aponeurosis of Galae apo
- It is the aponeurosis for the insertion o the occipital and frontal bellies of occip frontalis muscle.
- ~~The frontal~~

Nerve supply - Scalp

8 nerves in front of auricle (4 sensory, 1 mo

5 nerves behind the auricle (4 sensory, 1 Motor





Applied Anatomy.

- Skin is rich in sebaceous glands and therefore is a common site for sebaceous cyst.
- In the connective tissue layer since the walls of the blood vessels are adherent to the fibers of the tissue.
- To stop such bleeding manual pressure needs to be applied against the underlying bone.

5 b. Classification of Nutrient Blood Supply of lon
bones

- Periosteal vessels
- These are mostly branches of neighbouring nutrient arteries - therefore if large areas the bone is without any muscle attachme
- They are numerous.
- They form a plexus in the Periosteum.
Branches pass into the Volkman's canal reach the Haversian canal.

Metaphyseal arteries
- Also called Juxta epiphyseal arteries.
- They are branches of the vascular plexus of
- The vessels enter through small foramin around the line of capsular attachment.

Epiphyseal
- They are branches of vascular plexus around
- If the epiphyseal cartilage is continuous w articular cartilage these vessels have to pie the epiphyseal cartilage (as in femur) but if the cartilage are discontinuous then vessels directly enter the epiphyses.

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Supplement Sheet

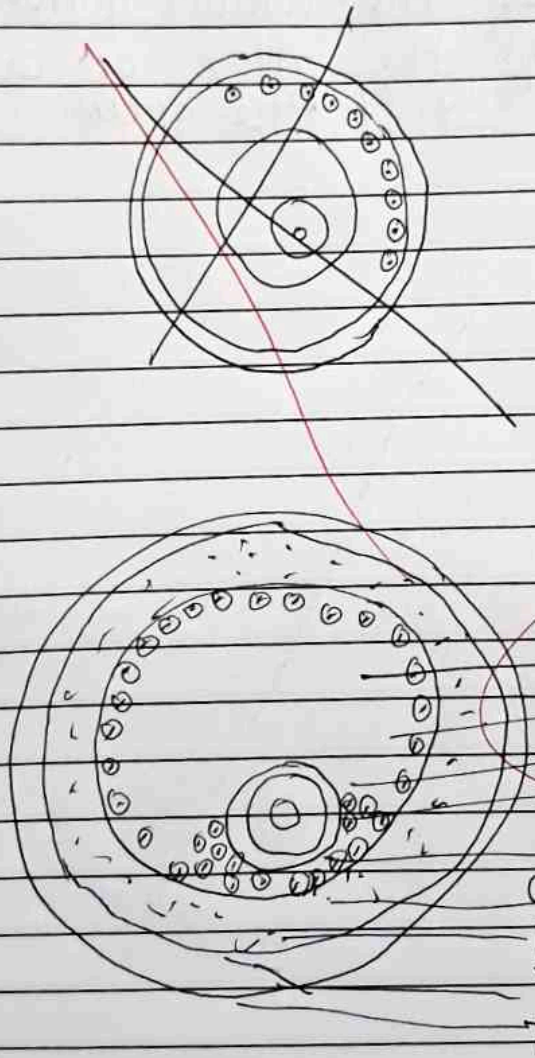
ame of the Student Vaishnavi Anand

ame of the Examination _____ Class First Year

bject Anatomy.

oll No. 77 Date 14/12/2020.

upplement No. _____ Invigilator Signature _____



General Human Anatomy

Marks of Additional Exam

14th Dec 2020

Batch : 2020-21

Roll nos	Name	Theory/60	Practicals/60	Signature
36	Richi Jain	40	35	Richi
54	Anvita Navale	42	31	Anvita
77	Vaishnavi Anand	45	36	

HOD Anatomy
DYPCS. Pune

1st BDS. BATCH (2021-22)

ADDITIONAL EXAM

General human Anatomy

Please note: All students who have missed the regular exam will need to give the additional exam

Date for theory exam: 13th Dec 2021

Time for theory exam: 9-11.30am

Date and Time for practical: 13th December 2021; 2.30pm

Please report 15 minutes before the scheduled time

No cell phones allowed

HOD Anatomy
DYPDS. Pune

General Human Anatomy

Attendance of Additional Exam

13th Dec 2021

Batch : 2021-22

Roll nos	Name	Theory	Practicals	Signature
10	Bhave Bhushan	P	P	Bhushan

Mahesh Apte

HOD Anatomy
DYPCS. Pune

HOD Anatomy
DYPCS, Pune

General Human Anatomy

Marks of Additional Exam

Batch :21-22

Dated: 13th Dec 2021

Roll nos	Name	Theory/60	Practicals	Signature
10	Bhave Bhushan	41	32	Bhushan

HOD Anatomy
DYPCS, Pune

ANATOMY DEPARTMENT
D Y PATIL DENTAL SCHOOL

FIRST BDS
ADDITIONAL EXAM

Subject – General Human Anatomy
Date – 13/12/21
Total Mark –60 **Total time – 2hours.30 minutes(9am to 11.30 am)**

Instructions:
All questions are compulsory
Do not write anything on question paper
Use blue/ black ball point pen only
Draw neat well labelled diagrams wherever necessary
Figures to the right indicate full marks
Answer sections B and C in one answer booklet

SECTION A

Q1.) MCQ (separate sheet of Paper attached) ..... **(1x10=10)**

SECTION B

Q2.)
Write a note on the gross anatomy of the thyroid gland. Add a note on its applied anatomy..... **(10)**

Q3.) Write short notes on ..... (5 X 3 = 15)

a. Enumerate the strap muscles. Add a note on their action and nerve supply.
b. Carotid sheath
c. Differences between right and left lungs
d. Write a note on decidua
e. Posterior relations of kidney

P.T.O

FIRST BDS 20[illegible] BATCH

Additional exam

Subject – Anatomy

Date

Total Mark – 60 **Total time – 2hours.30 minutes**

SECTION C

Q4.) Write a note on the trigeminal nerve; nuclei, course, branches, distribution, and applied anatomy.....**(10)**

Q5) Write short notes on ..... (5 X 3 = 15)

a. Notochord
b. Mesodermal derivatives of 1st branchial arch
c. Lateral Pterygoid muscle
d. Nerve supply and action of sterno cleido mastoid
e. Lateral relations of hyoglossus muscle

SECTION A

Q1) Multiple choice questions

.....1x10=10

01. Following structures pass through formen ovale except:

a) Mandibular nerve b) middle meningeal artery c) Lesser petrosal nerve d) emissary vein

02. Following structures pass through superior orbital fissure except:

b) 3rd nerve b) 4th nerve c) 6th nerve d) maxillary nerve

03. Following parts of the brain are related to posterior cranial fossa except:

a) Cerebellar hemispheres b) parietal lobes of cerebral hemispheres c) occipital lobes of cerebral hemispheres d) brain stem

04. Laughing muscle is:

a) Zygomaticus major b) Zygomaticus minor c) Risorius d) Levator labi superiorus

05. Which of the following is dangerous layer of scalp:

a) Loose areolar tissue b) Galea aponeurotica c) connective tissue d) Pericranium

06. Which muscle produces vertical wrinkles

a) Procerus b) Corrugator supercili c) frontalis d) orbicularis occuli

07. Which nerve supplies muscles of facial expression

a) V nerve b) VI nerve c) VII nerve d) VIII nerve

08. Schindyllesis is an example of

a) suture b) Gomphosis c) Syndesmosis d) Sumphyses

09. Which cell is shed at ovulation

a) Primary oocyte b) Secondary oocyte c) ovum d) 2nd polar body

10. Zona pellucida disappears on which day after fertilization

a) 1st day b) 2nd day c) 5th day d) 8th day

Key Additional exam- 2021

1b

2d

3b

4a

5 a

6 b

7 c

8a

9b

10c

HOD Anatomy
DYPCS, Pune

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) (●)	(A) (B) (●) (D)

SEAT NO. IN WORDS	Ten
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Anatomy Additional Exam
SUBJECT	GENERAL ANATOMY
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	1	0

QUESTION BOOKLET VERSION NO.

A

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Bhave Bhushan

Name of the Examination Additional Exam Class

Subject Anatomy

Roll No. 10 Date 13/12/2021

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Number of Answer Sheets	Main	Supplements	Total
	1	2	3

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	09										09
Marks obtained in Section B		08	08								16
Marks obtained in Section C				09	07						16
Grand Total											41

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

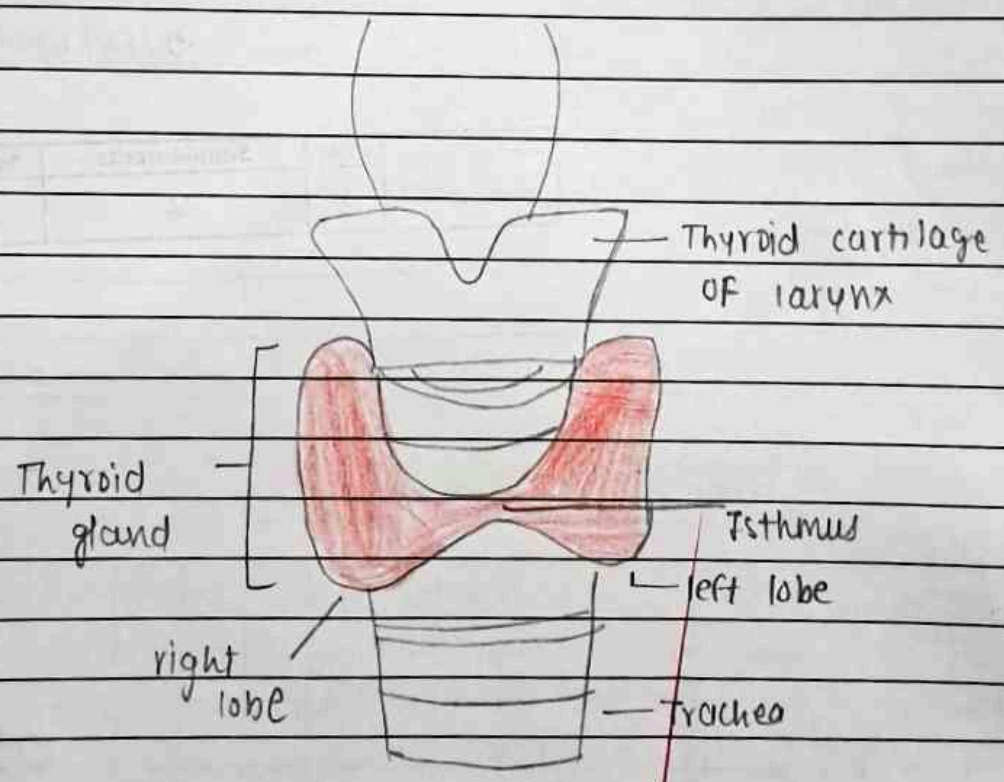
Name & Signature of IC / H.O.D.

Section B

Q2) Thyroid gland -

Introduction -

1) Highly vascular
2) ductless gland (endocrine)
3) 2 lobes connected by isthmus
4) lies on either side of trachea
5) vertebral levels C5, 6, 7, T1
6) special features -
   i) manufactures hormones & stores them



coverings -

Inner true capsule - formed by condensation of fibrous stroma of gland

Outer false capsule - derived from pre-tracheal fascia
It is thickened to form ligament of Berry which is attached to cricoid cartilage.

Presenting Parts -

1) 2 pear shaped lateral lobes (5 x 3 x 2 cm)
2) weight = 25 - 30 gms
3) Apex - directed upwards - upto oblique line of thyroid cartilage - sandwiched between sternothyroid muscle & inferior constrictor of pharynx.
4) Base - ~~directe~~. extends upto 5th & 6th tracheal rings

Surfaces -

1) Antero - lateral surface - (superficial) overlapped by strap muscles & also by sterno thyroid
2) Medial / deep surface -
   related to 2 tubes (pharynx & oesophagus)
   2 muscles (inferior constrictor & cricothyroid)
   2 nerves (external & recurrent laryngeal nerves)
3) Postero - lateral surface - related to carotid sheath & its content

Isthmus - Connects 2 lobes

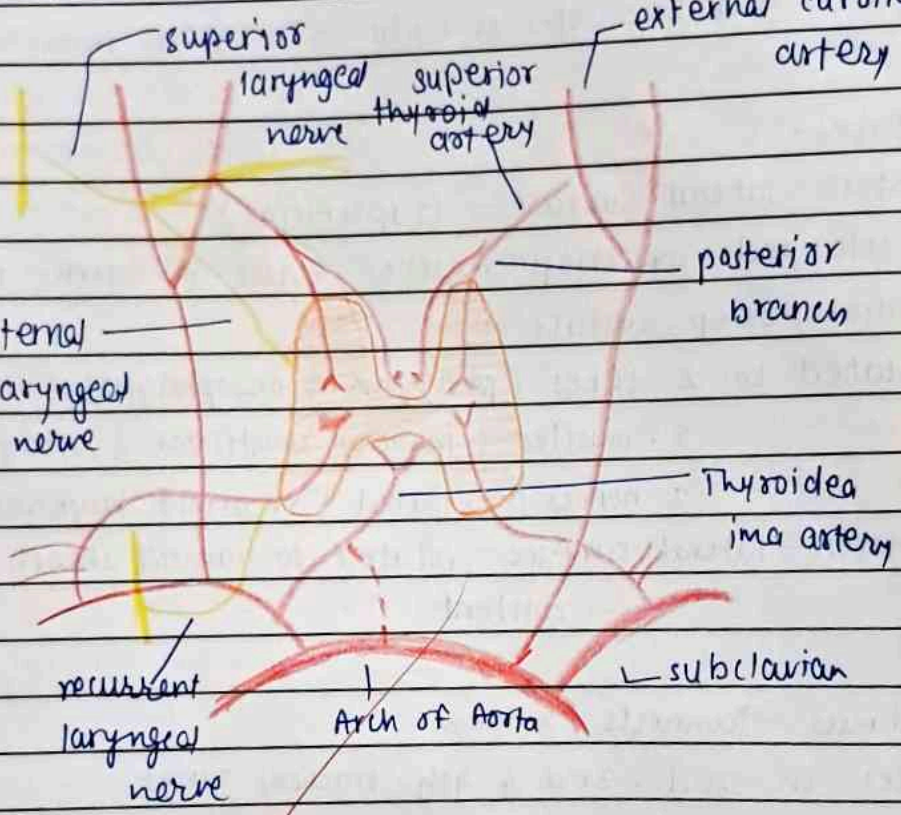
1) lies on 2nd, 3rd & 4th tracheal rings
2) 1.25 x 1.25 cms
4) anteriorly overlapped by strap muscles, anterior jugular vein, investing layer of deep cervical fascia
5) lower border is related to the inferior thyroid veins & thyroidea ima artery.

Blood Supply -

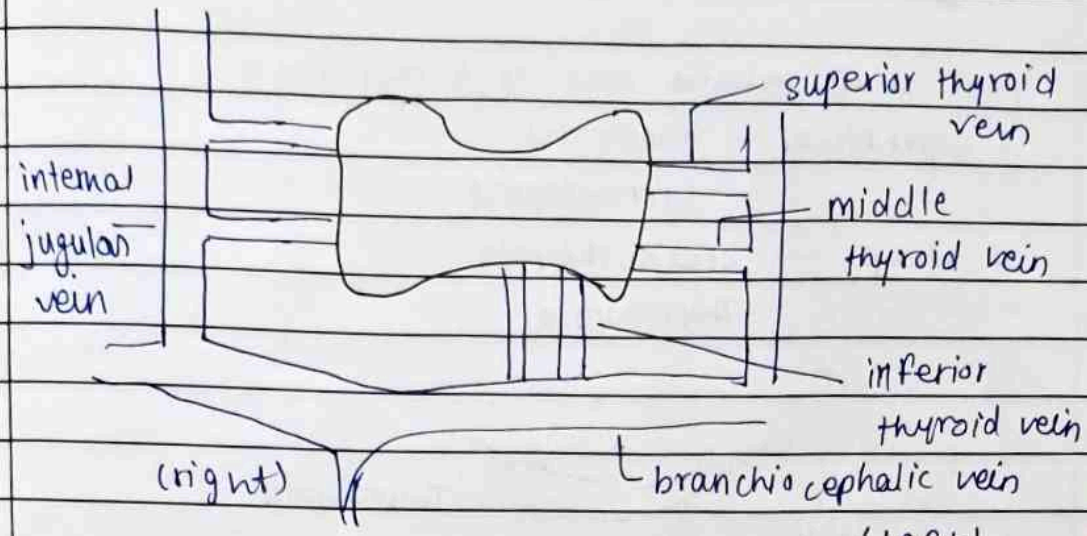
1) superior thyroid artery - first branch of external carotid artery. lies in close relation to ext. laryngeal artery.

2) Inferior thyroid artery - branch of thyrocervical trunk of subclavian artery.

3) Thyroidea ima artery - some times present direct branch of arch of aorta.
supplies isthmus.



Venous drainage
1) veins don't accompany arteries
2) venous plexus lies within true capsule
3) This plexus drains into superior, middle & inferior thyroid ~~vessel~~ veins
4) superior & middle thyroid veins both drain into jugular vein
5) inferior thyroid veins of both sides drain into left brachiocephalic vein
6) sometimes, Kochers Vein also present



Nerve supply -
parasympathetic → vagus
post ganglionic sympathetic supply → superior, middle & inferior cervical ganglion

Lymphatic drainage
extensive lymphatic network
drains into deep cervical group of lymph nodes.

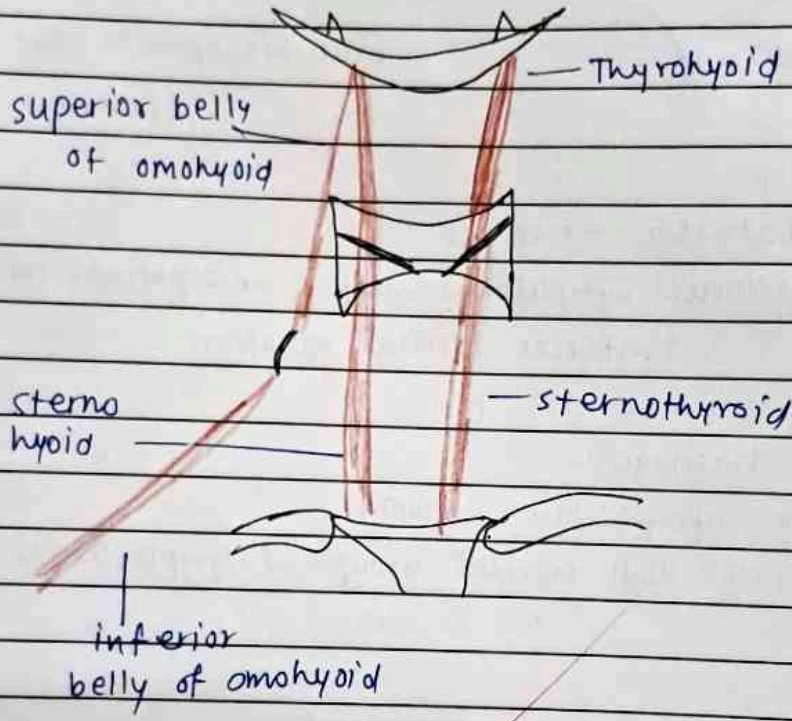
Applied
1) Goitre is enlarged thyroid gland.
Associated with hypo or hyperthyroidism
2) superior thyroid artery should be ligated close to upper pole to avoid damage to external laryngeal nerve during surgery
3) Inferior thyroid artery should be ligated away from lower pole to avoid damage to recurrent laryngeal nerve
4) Remove gland along with the true capsule to avoid bleeding from venous plexus

Q3)

a) Total strap muscles are 4 & they are -

2 superficial - Omohyoid
Sternohyoid

2 deep - sternothyroid
Thyrohyoid

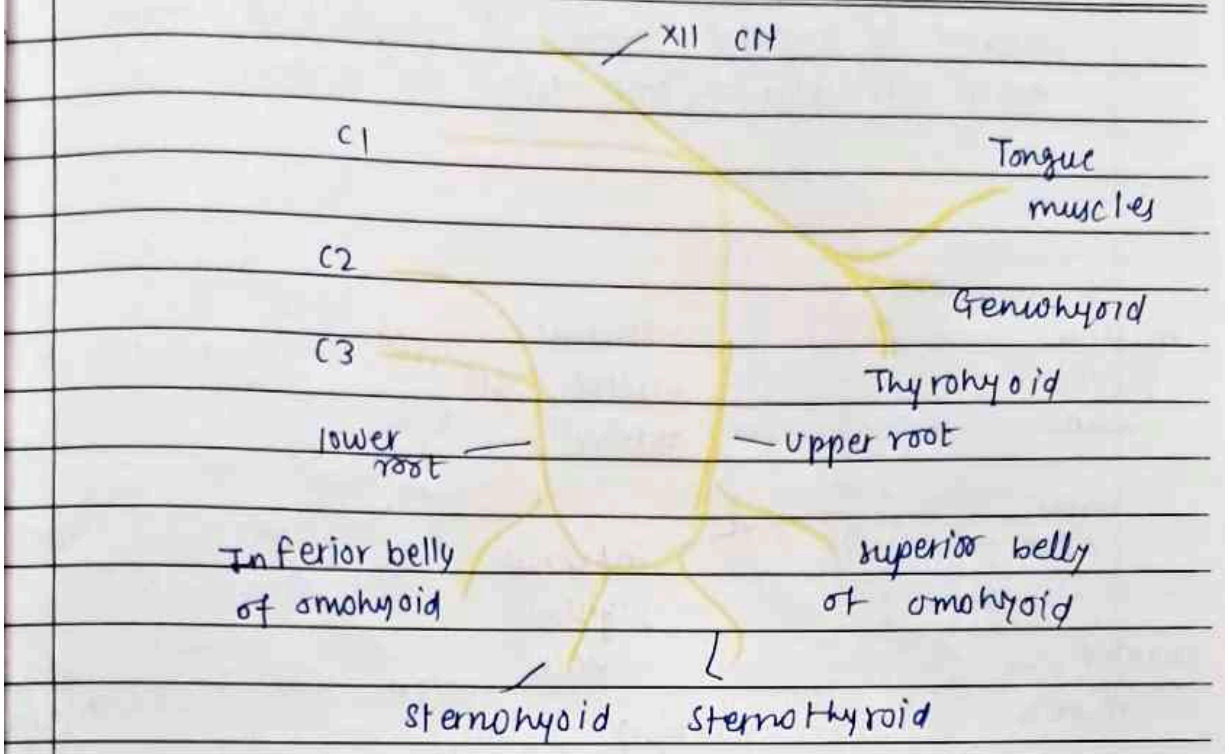


Action of Strap muscles -

1) While acting along with the supra hyoid muscles they stabilize the hyoid bone for movement of tongue & depression of mandible
2) While acting along they depress the hyoid bone & larynx

Nerve supply -

1) Thyrohyoid is supplied by C1 through the hypoglossal nerve
2) The other muscles are supplied by C2 & C3 through ansa cervicalis



b) Formation - carotid sheath is formed by the pre tracheal fascia anteriorly & pre vertebral fascia posteriorly

Extent - base of skull to root of neck

Contents -

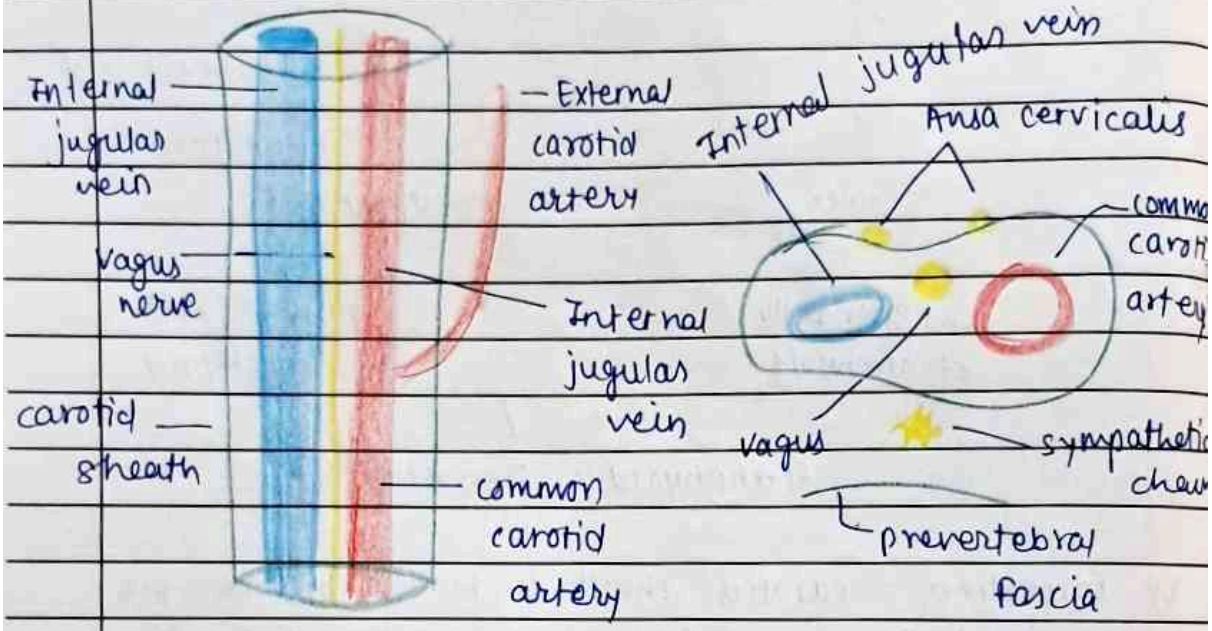
Near base of skull -

1) Internal jugular vein (laterally)
2) Internal carotid artery (medially)
3) IX, X, XI, XII CN

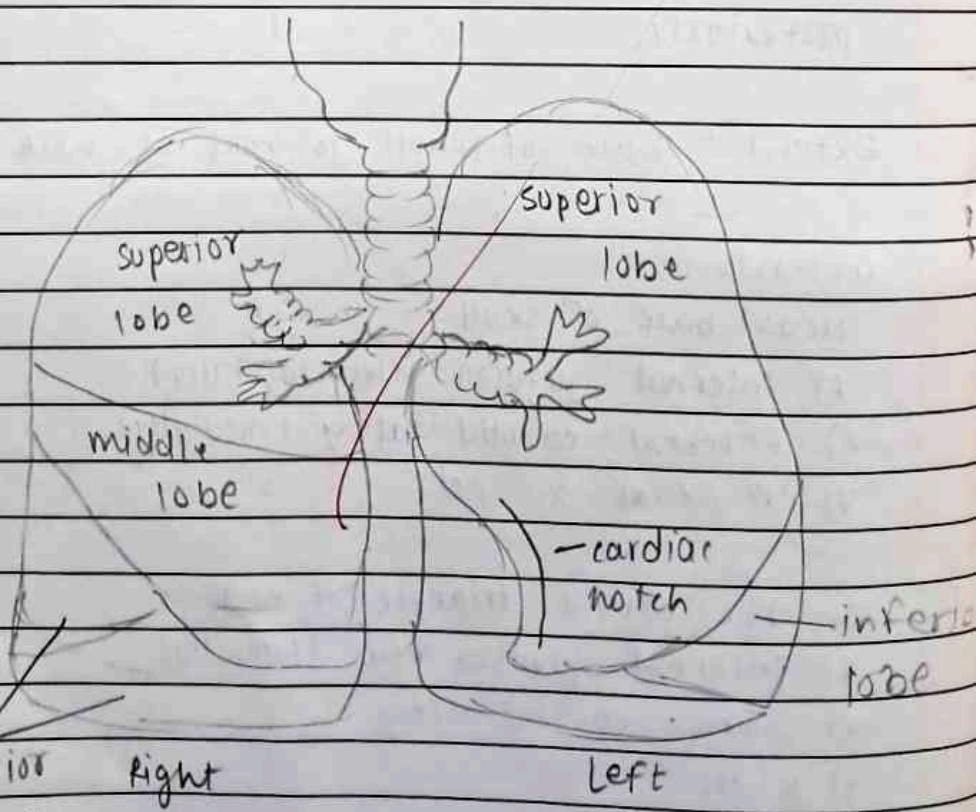
In the carotid triangle of neck

1) Internal jugular vein (laterally)
2) Common carotid artery
3) X CN

posterior to carotid sheath → sympathetic trunk
Ansa cervicalis → embedded in anterior wall



c)



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Supplement Sheet

Name of the Student Bhave Bhushan

Name of the Examination _____ Class _____

Subject _____

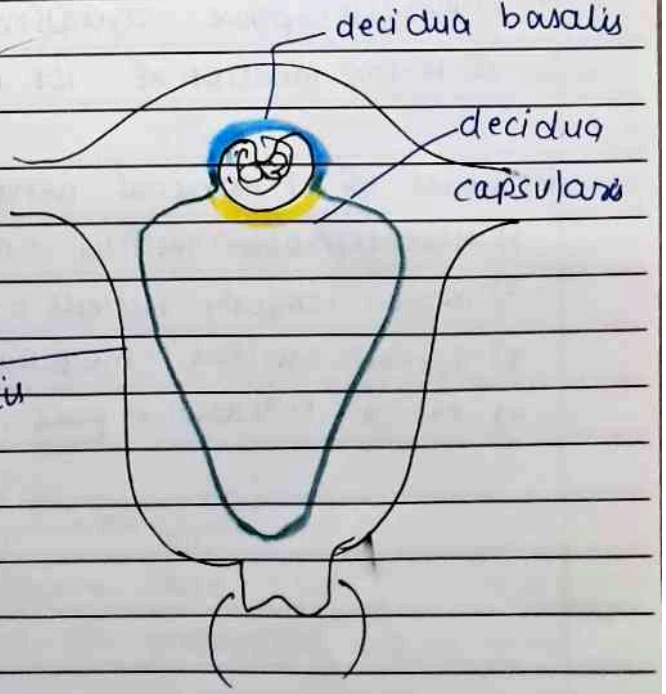
Roll No. 10 Date 13/12/21

Supplement No. (1) Invigilator Signature _____

	Right Lung	Left Lung
length	shorter	longer
width	wider	narrower
lobes	3 (upper, middle & lower)	2 (upper & lower)
fissures	oblique, horizontal	Oblique
cardiac notch	absent	present
Lingula	absent	present

d) Parts of decidua

1) decidua basalis
2) decidua capsularis
3) decidua parietalis



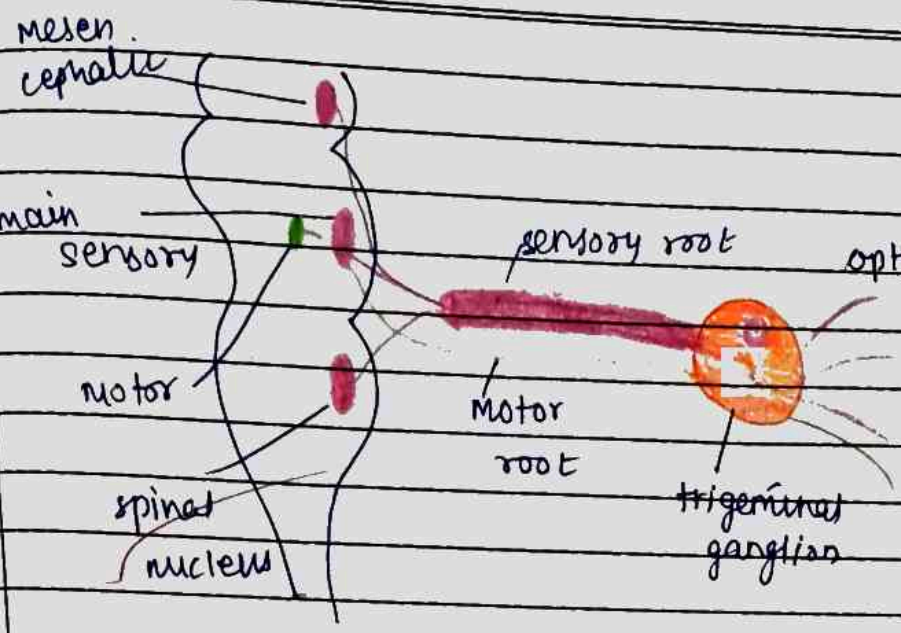
Decidua has 3 layers
1) Stratum compactum
2) Stratum spongiosum
3) Stratum basale

Significance -
1) provides an immunologically safe site for conceptus
2) protect maternal tissues from uncontrolled invasion of trophoblast
3) degenerating decidual cells at site of implantation provide nutrition for embryo

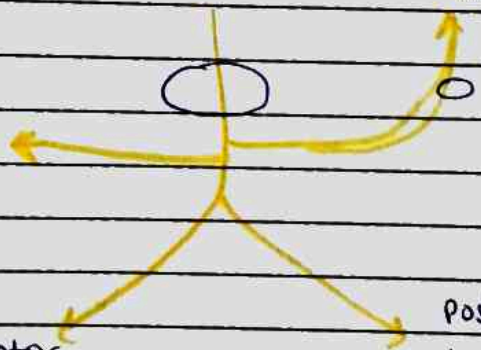
Q4) Trigeminal Nerve -
1) largest cranial nerve
2) Mixed

Functional components -
1) General sensations
2) Proprioceptive sensations
3) Motor muscles of 1st branchial arch

Nuclei of Trigeminal nerve
1) Mesencephalic nucleus - mid brain (1st order neuron)
2) Main sensory nucleus - medulla (2nd order)
3) Spinal nucleus - medulla (2nd order)
4) Motor nucleus - pons



Mandibular Nerve



Ant - motor
- Masseteric
- N to lateral pterygoid
- N to temporalis
- Buccal

Post - sensory
- Auriculo temporal nerve
- Inferior alveolar
- mylohyoid branch (motor)
- Lingual

Maxillary Nerve -

1) pure sensory nerve
2) passes through the rotandal canal
3) opens in pteryogopalatine fossa
4) forms sensory root of pteryogopalatine nerve

Opthalmic nerve

1) Lacrimal
- smallest of 3 branches
- receives lacrimatory fibers from zygomaticotemporal

2) frontal
- largest of 3 branches
- further divides into supra trochlear & supra orbita

3) Naso ciliary
- enters orbit through common tendinous ring along C III & IV CN
- gives long & short ciliary branches
- gives off infra trochlear nerve

Applied
1) Trigemminal Neuralgia
2) Neoplasms of maxillary sinus
3) frontal sinusitis

Q 5)

a) Notochord

1) Proliferating cells of primitive knot migrate cranially to form notochord
2) develops on 17th day
3) midline cellular cord is formed
4) extends from primitive knot to prochordal plate

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

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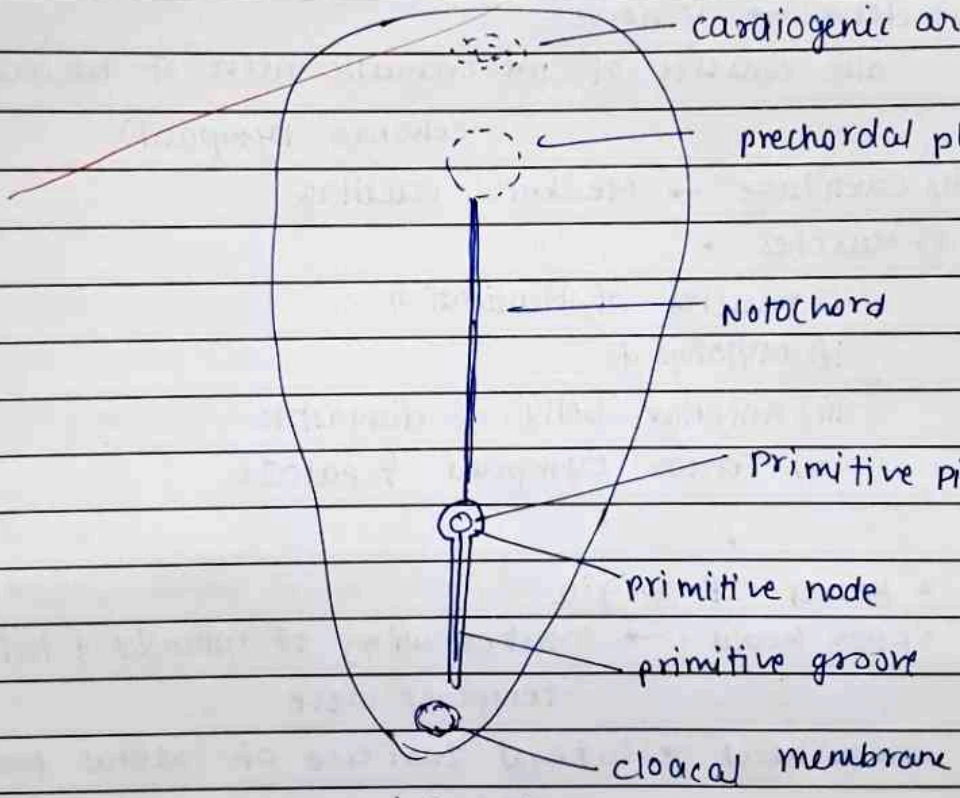

Functions

1) Forms axial support to disc
2) Stimulates overlying ectoderm to form neural plate

Fate

1) disappears by 2nd month

2) It include

Nucleus pulposus

Apical ligament of dens

2) 1) Bones → Malleus & Incus

2) Arteries → mostly disappear

Remnant → maxillary artery

3) Nerve → V nerve

also consists of pre trematic nerve of 1st arch (chorda tympani)

4) Cartilage → Meckel's cartilage

5) Muscles →

i) Muscles of Mastication

ii) Mylohyoid

iii) Anterior belly of diagastric

iv) Tensor tympani & palati

3) 2 heads of origin

upper head → greater wing of sphenoid & infra temporal crest

lower head → lateral surface of lateral pter plate

Insertion

i) pterygoid fossa

ii) Capsule of TMJ

iii) Intra articular capsule

Relations

superficial	deep
1) Masseter	1) Medial pterygoid - deep head
2) Temporalis	2) Mandibular nerve
3) Mandibular Ramus	
4) Maxillary artery	

Nerve supply → anterior division of mandibular nerve

Action →

both lateral pterygoid work together they depress the mandible.

4) Nerve supply -

Motor → spinal accessory nerve (C1-6)

Proprioceptive sensations by C2, C3

Actions -

1) Acting from below

Unilateral action - it turns the head to the opposite side & tilts the head towards the same shoulder

Bilateral action - it flexes the cervical vertebral column & extends atlanto occipital joint

2) Acting from below

Raises thoracic cage & is an accessory muscle of respiration

1st BDS. BATCH (2022-23)

ADDITIONAL EXAM

General human Anatomy

Please note: All students who have missed the regular exam will need to give the additional exam

Date for theory exam: 7th Dec 2022

Time for theory exam: 9-11.30am

Date and Time for practical: 7th December 2022; 2.30pm

Please report 15 minutes before the scheduled time

No cell phones allowed

HOD Anatomy
DYPDS, Pune

General Human Anatomy

Attendance of Additional Exam

7th Dec 2022

Batch : 2022-23

Roll nos	Name	Theory	Practicals	Signature
21	Akanksha Dhanage	P	P	
25	Gayatri Ghodke	P	P	Gayatri
40	Sumati Kolhe	P	P	
64	Sakshi Raut	P	P	

HOD Anatomy
DYPDS, Pune

SECTION A

General Human Anatomy 1st BDS

Additional exams. 7/12/22

Q1) Multiple choice questions **1x10=10**

1. **Parathyroids develop from**
   a) 1st and 2nd endodermal pouches b) 2nd and 3rd endodermal pouches
   c) 3rd and 4th endodermal pouches d) 1st and 4th endodermal pouches
2. **Lateral pterygoid muscle causes all the following actions at TM joint except:**
   a) Depression of mandible b) Retraction of mandible c) Protraction of mandible d) Side to side chewing movement
3. **Articular cartilage is an example of:**
   a) Elastic cartilage b) Fibro cartilage c) Hyaline cartilage d) Costal cartilage
4. **Resorption of bone is a function of**
   a) Osteoblast b) Osteocyte c) Osteoclast d) Chondroblast
5. **Globular process of the inter-maxillary segment forms:**
   a) Philtrum of upper lip b) soft palate c) nasal septum d) Lateral wall of nose
6. **Otic ganglion supplies parasympathetic fibers to:**
   a) Parotid gland b) Submandibular gland c) lacrimal gland d) sublingual gland
7. **Neural crest derivatives include all except:**
   a) Dorsal root ganglia b) Sympathetic ganglia c) Parasympathetic ganglia d) adrenal cortex
8. **Lining epithelium of tongue develops from:**
   a) 1st, 2nd,3rd arches b) 2nd 3rd 4th arches c) 1st 3rd 4th arches d) 3rd, 4th, 6th arches
9. **All the following are branches of external carotid except:**
   a) Facial artery b) Inferior thyroid artery c) Lingual artery d) Occipital artery
10. **Which of the following is a diploid cell:**

a) Primary oocyte b) Sperm c) Secondary oocyte d) 1st polar body

ANATOMY DEPARTMENT
D Y PATIL DENTAL SCHOOL

FIRST BDS
Additional EXAM

Subject – General Human Anatomy
Date – 7/12/22
Total Mark –60 **Total time – 2.30 hours (9am to 11.30 am)**

Instructions:
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Do not write anything on question paper
Use blue/ black ball point pen only
Draw neat well labelled diagrams wherever necessary
Figures to the right indicate full marks
Answer sections B and C in one answer booklet

SECTION A

Q1.) MCQ (separate sheet of Paper attached) ..... **(1x10=10)**

SECTION B

Q2.)
Write a note on the gross anatomy of the **parotid gland**. Add a note on its applied anatomy..... **(10)**

Q3.) Write short notes on ..... (5 X 3 = 15)

a. Superior mediastinum
b. Right atrium
c. Notocord
d. Sternocleidomastoid
e. Write a note on primitive streak

P.T.O

FIRST BDS [illegible] BATCH
Additional Examination

Subject – Anatomy
Date
Total Mark – 60 **Total time – 2hours.30 minutes**

SECTION C

Q4.) Write a note 7th cranial nerve and applied anatomy.....**(10)**

Q5) Write short notes on ..... (5 X 3 = 15)

a. Broncho-pulmonary segments
b. Functional areas of brain
c. Strap muscles of neck
d. Nasopharynx
e. Epiphysis

Key Additional exam- 2022

1c

2b

3c

4c

5 a

6 a

7 d

8c

9b

10a

HOD Anatomy
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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No.

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WRONG (X) (B) (C) ●

RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.	

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Sumati [redacted] Kolhe

Name of the Examination _____ Class 1st Year.

Subject Anatomy

Roll No. 40 Date 7/12/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Number of Answer Sheets	Main	Supplements	Total
	1		

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	10										10
Marks obtained in Section B		09	08								17
Marks obtained in Section C				08	08						16
Grand Total											43

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B

1) LAQ

Ans 1) Parotid is the largest of the 3 paired salivary glands.

2) Each gland is shaped like an inverted pyramid

3) It is 25 gms in weight.

4) Coverings.

4) Inner true capsule is the condensation of the fibrous stroma of the gland

5) outer false capsule is formed by the splitting of the investing layer of the deep cervical fascia.

6) The superficial lamella is thick and is attached to the zygomatic arch. It blends with epimysium of the masseter muscle and is called the parotid masseteric fascia

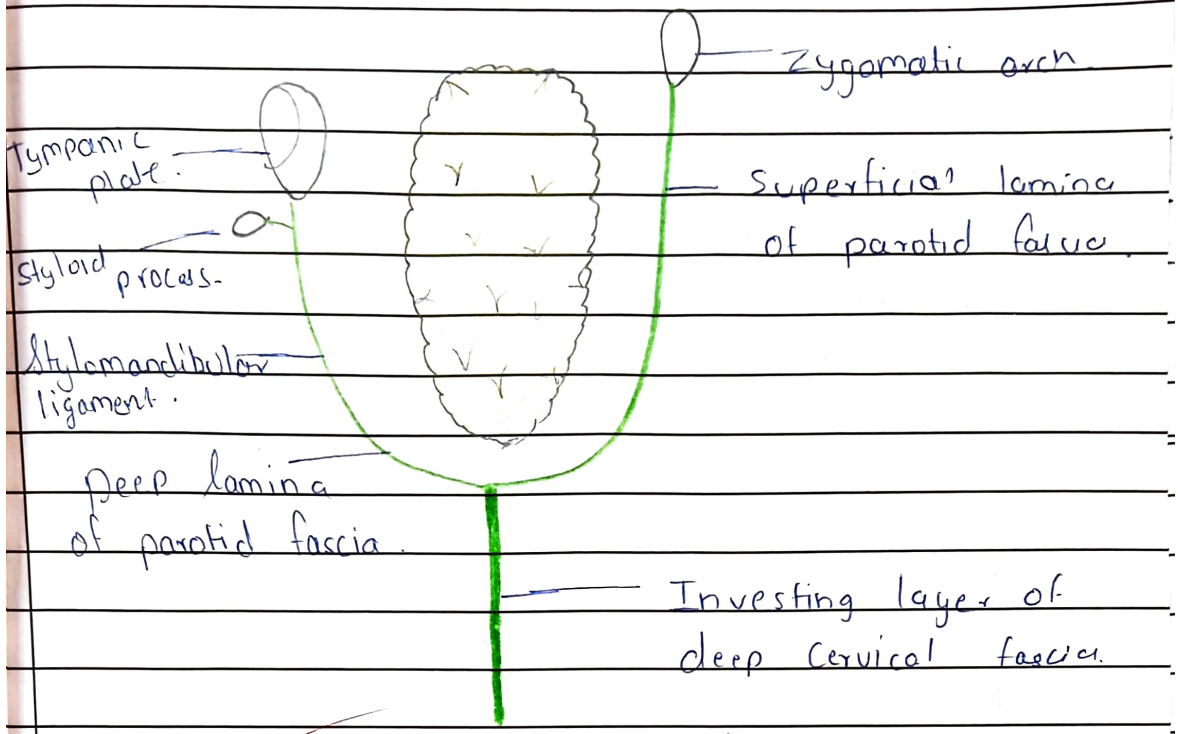
7) The deep lamellae is thin and it is attached to the tympanic plate and styloid process and a part of it is thickened to form the stylo-mandibular ligament

It is divided into 3 parts.

1) Base.

2) Apex.

3) 3 Surfaces - Superficial, antero-medial and postero-medial



Apex.

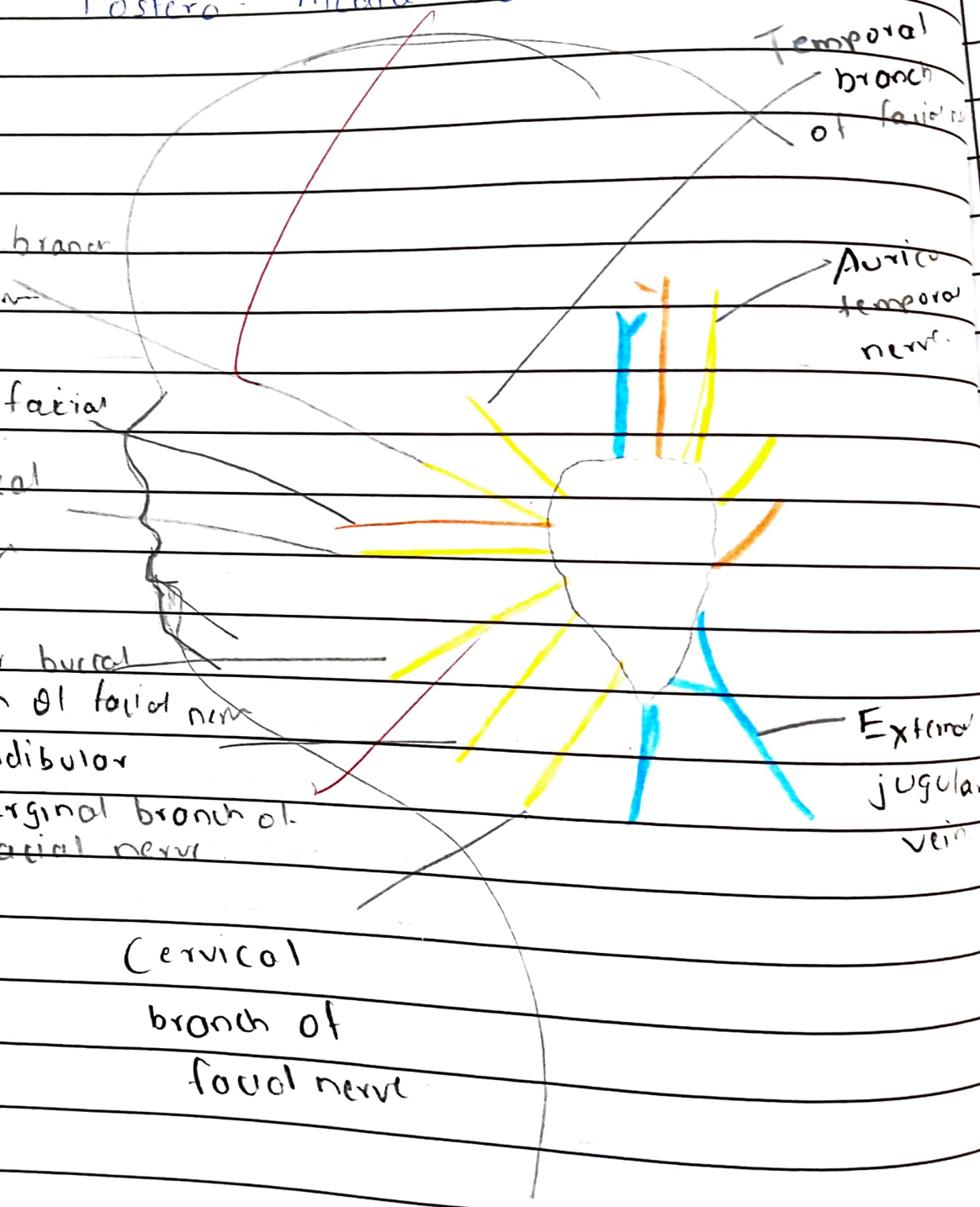
1) Directed Downwards.
2) overlaps the posterior belly of digastric muscle.
3) Structures passing through it include
   a) cervical branch of facial nerve.
   b) Anterior division of retromandibular vein.
   c) Formation of external jugular vein

Base of Parotid gland.

1) It is concave.
2) It is related to external acoustic meatus and the temporo-mandibular joint.
3) Structures passing through it are
   a) Temporal branch of facial nerve
   b) Superficial temporal vessles.

Surfaces of parotid

1) Superficial surface
2) Antero - medial surface
3) Postero - medial surface



Superficial or lateral surface.

- It is covered by -

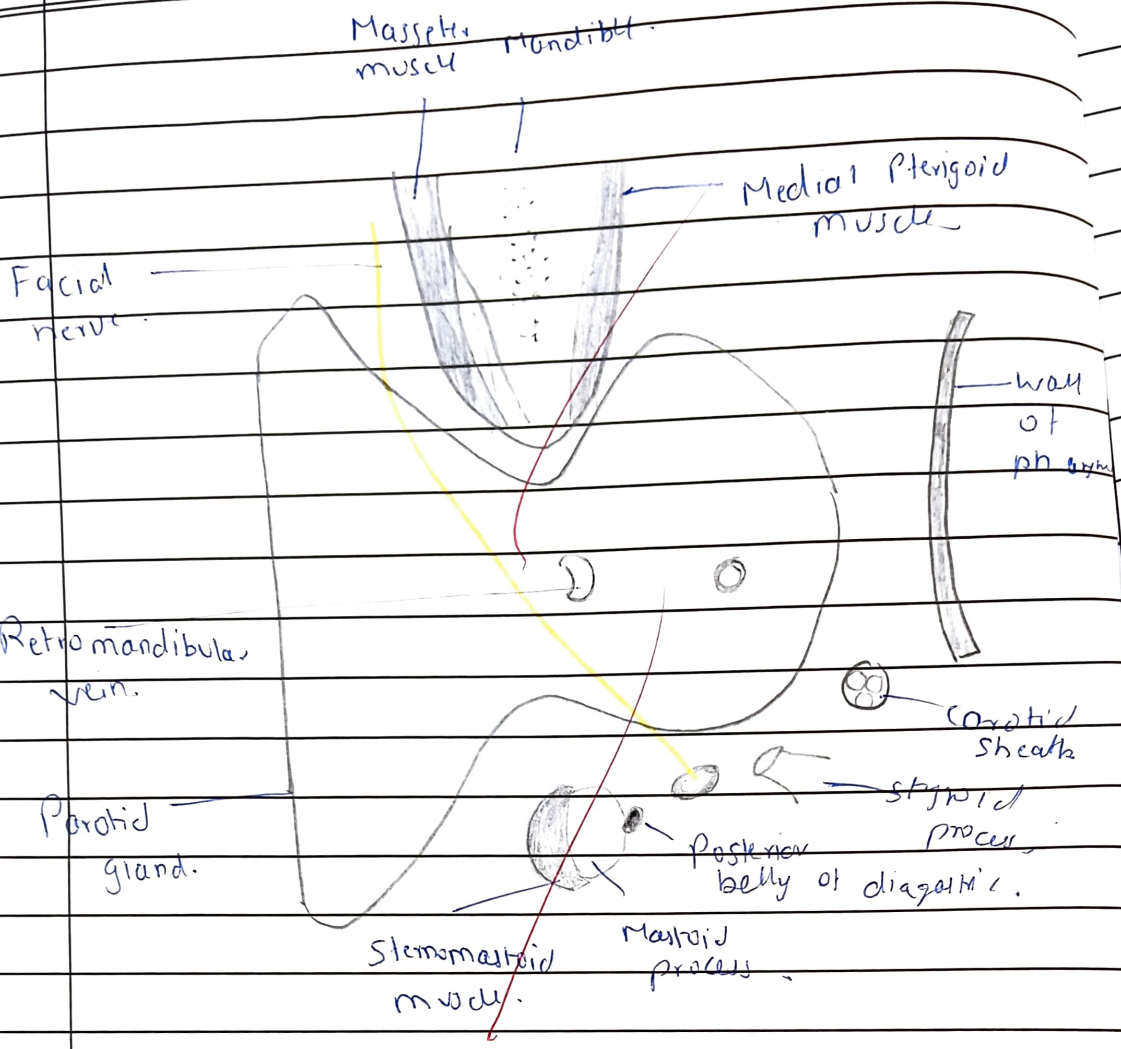
1) Skin.
2) Superficial fascia.
3) Posterior fibres of platysma.
4) Parotido massetric fascia.
5) Parotid group of lymph nodes
6) Greater auricular nerve.

Antero-medial surface.

- Deeply grooved by ramus of mandible.
- It is therefore related to the posterior border of the mandibular ramus with masseteric muscle attached to its outer side and the insertion of medial pterigoid is in its medial side
- Outer lip transmits the branches of facial nerve
- Inner lip transmits the maxillary artery

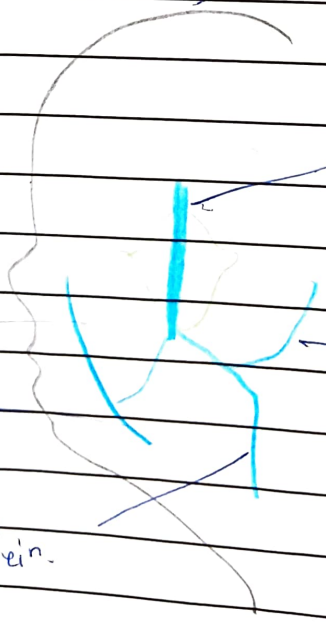
Postero-medial surface.

- It is related to mastoid process with sternomastoid muscle and posterior belly of digastric.
- Styloid process with styloid apparatus.
- Internal carotid artery as it enters carotid canal.
- IX, X, XI, XII cranial nerves
- External carotid artery enters the gland through this surface



Structures passing through the gland.

1) Facial nerve
2) Retromandibular vein.
3) External carotid artery



Blood supply -

1) Arterial supply is by branches of external carotid artery.
2) venous drainage is into the external jugular vein.

Nerve supply -

- Secretomotor fibres is by both parasympathetic and sympathetic.
- Sympathetic supply is also vasomotor.

Applied Anatomy

1) Inflammation of the parotid gland is painful due to unyielding nature of its capsule.
2) Inflammation occurs in mumps.
3) Hilton's incision (transverse) must be employed over the parotid gland to save the facial nerve from injury.
4) To differentiate benign from a malignant tumor of the parotid gland, involvement of facial nerve is checked.
5) Frey's syndrome or Auriculo temporal nerve syndrome: This is usually post operative or the patient gives a history of trauma in the parotid region.
6) Sialography is a radiological visualization of the parotid duct and its patency.

Q3 Write short note on -

a) Superior mediastinum.

Ans It is bordered by the -

- Thoracic outlet superiorly -
- Transverse thoracic plane, or sternal angle inferiorly.
- Medial border of the pleural sacs laterally -
- Dorsal surface of sternum anteriorly.
- T_1 to T_4 vertebral bodies posteriorly.

Contents of the superior Mediastinum
From posterior to anterior,

- Esophagus -
- Trachea.
- Arch of Aorta and its 3 branches
  1- Brachiocephalic artery.
  2- Left common carotid artery.
  3- Left sub-clavian artery.
- Brachiocephalic veins
- Superior vena cava.
- Remains of Thymus

Nerves

- Phrenic nerves - x2 right and left.
- Vagus nerves - right and left.
- Left recurrent laryngeal nerve
- Sympathetic trunk.

Supplement Sheet

Name of the Student _____

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Supplement No. _____ Invigilator Signature _____

b) Right atrium

Ans 1) It lies on sterno-costal surface of heart

2) It recieves deoxygenated blood from the entire body through the SVC and IVC.

3) It pumps blood into the RV through the tricuspid valve.

4) It is the main cavity and the small chamber projecting to the left like an ear. This is auricle

5) The right atrium is seperated by the right ventricle by the anterior part of coronary sulcus in which lies the right coronary artery and the small cardiac vein.

openings of right atrium.

1) SVC.
2) IVC
3) Tricuspid valve.
4) Coronary sinus.
5) Anterior cardiac veins
6) Venae cordis minimi / thebesian valve.

The smooth posterior part -

- The SVC opens at its upper end.
- The IVC is guarded by a rudimentary Eustachian valve opens at its lower end.
- The tricuspid valve gaurds the opening into the RV.
- Between the openings of IVC and tricuspid valve lies the opening of the Coronary sinus by a valve.
- The inter atrial septum presents a thumb print shaped depression called fossa ovalis.
- In fetal life, this is foramen ovale allowing the blood from RA to be pumped directly into the LA.

Notochord.

Ans 1) Proliferating cells of the primitive streak knot migrate cranially to form the notochord.

2) This develops on the 17th day.

3) Mid line cellular is formed.

4) Extends from the primitive knot to the prochordal plate.

5) Initially it is a solid cord of cells.

6) Later it gets canalized i.e notochord canal.

7) Cells in the floor of the canal gets fused with the underlying hypoblastic cells. This breaks down establishing communication between the amniotic cavity and Yolk sac.

8) This

This gets obliterated

Notochord cells flatten to form notochord plate. This plate infolds longitudinally to form a flexible solid cord of cells which lies between the ectoderm and endoderm in the midline.

Sternocleidomastoid.

1) Extends obliquely across neck.
2) Divides the neck into anterior and posterior triangles.
3) The investing layer of deep cervical fascia

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Internal Assessment Examination

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SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	
SUBJECT	Anatomy
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1	1
B	B	2	2	2
D	D	3	3	3
G	G	4	4	4
M	M	5	5	5
N	N	6	6	6
P	P	7	7	7
S	S	8	8	8
U	U	9	9	9
		0	0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	A	B	●	D	11	A	B	C	D	21	A	B	C	D
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8	A	B	●	D	18	A	B	C	D	28	A	B	C	D
9	A	●	C	D	19	A	B	C	D	29	A	B	C	D
10	A	B	●	D	20	A	B	C	D	30	A	B	C	D

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.	

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

Name of the Student Sakshi Raut

Name of the Examination _____ Class _____

Subject _____

Roll No. 624 Date 7/12/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Number of Answer Sheets	Main	Supplements	Total
	1		

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	09										09
Marks obtained in Section B		09	08								17
Marks obtained in Section C				08	08						16
Grand Total											42

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SECTION - B

Q.2)

Ans:> Parotid gland

- The parotid gland is one of the major salivary glands. It is the largest salivary gland of the three paired salivary glands.
- Each gland weighs about 25 gm and is shaped like an inverted pyramid.

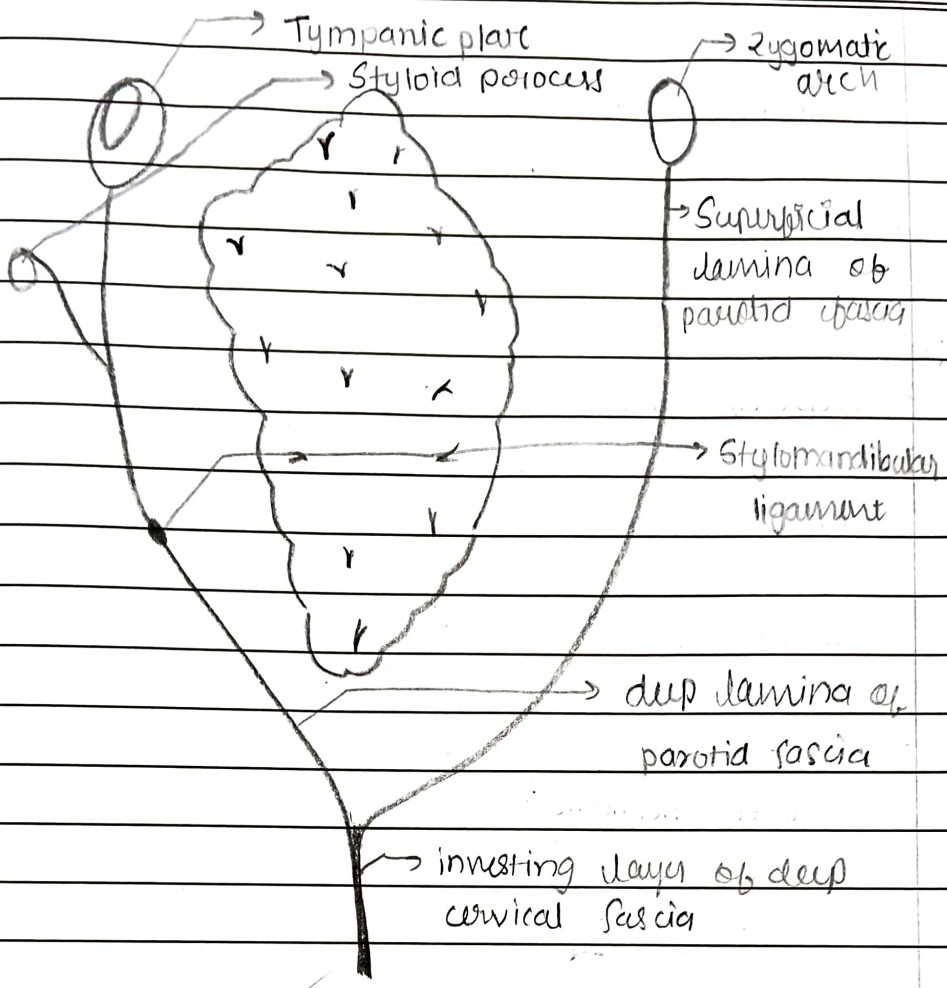
- Coverings:-

i) Inner true capsule
- it is the condensation of the fibrous stroma of the gland.

ii) Outer false capsule
- it is formed by the splitting of the investing layer of the deep cervical fascia.

iii) Parotido-masseteric fascia (superficial lamella)
- it blends with the epimysium of the masseteric muscle.

iv) Stylomandibular ligament (deep lamella)
- the deep lamella is thin, it is attached to the tympanic plate and styloid process and a part of it is thickened to form the stylo-mandibular ligament.



- Presenting parts of the parotid gland.

I. Apex
→ It is directed downwards
→ It overlaps the posterior belly of the digastric muscle.
→ Structures passing through it are-
(i) Cervical branch of facial nerve.
(ii) Anterior division of the retromandibular vein.
(iii) External jugular vein formation

II. Base
→ It is concave.
→ It is related to the external acoustic meatus and the temporomandibular joint.

→ Structures passing through it -

(i) Temporal branch of the facial nerve.

(ii) Superficial temporal vessels

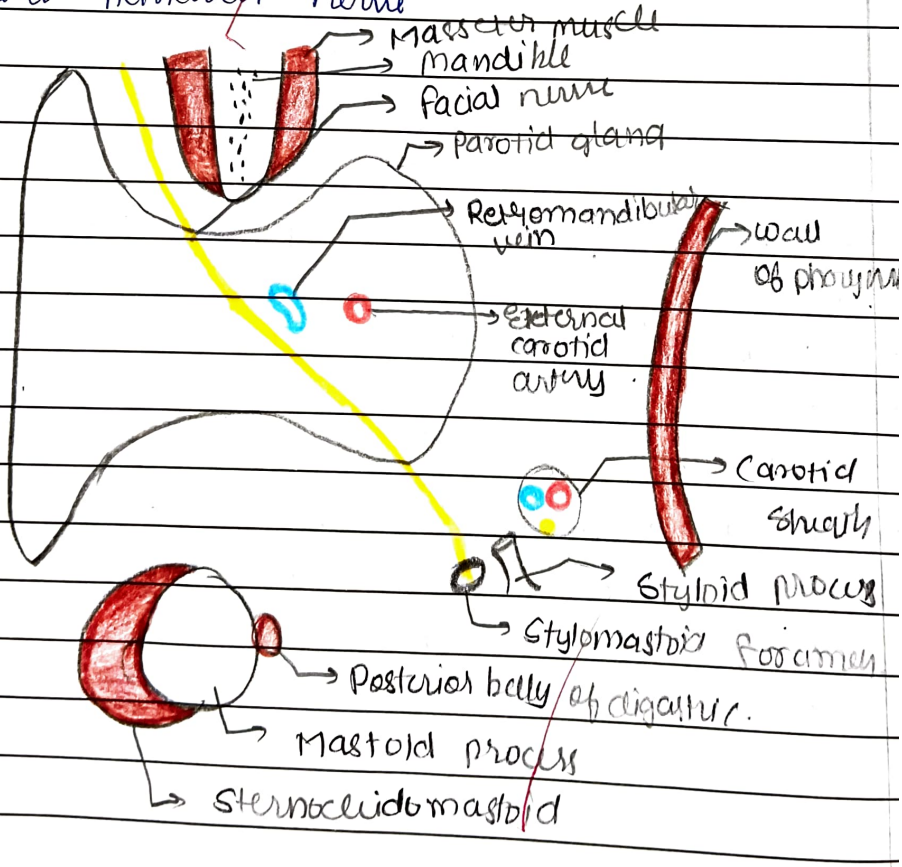
(iii) Auriculo-temporal nerve.

III. Surface.

▶ Superficial / lateral surface

→ It is covered by -

- Skin
- Superficial fascia
- Platysma
- Parotido-masseteric fascia.
- Parotid group of lymph nodes
- Great Auricular nerve



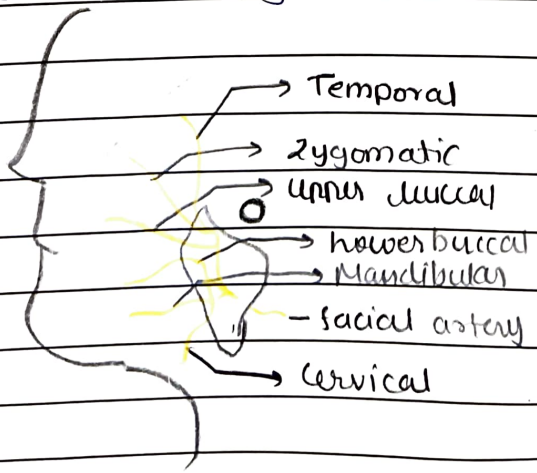
▶ Anteromedial surface.

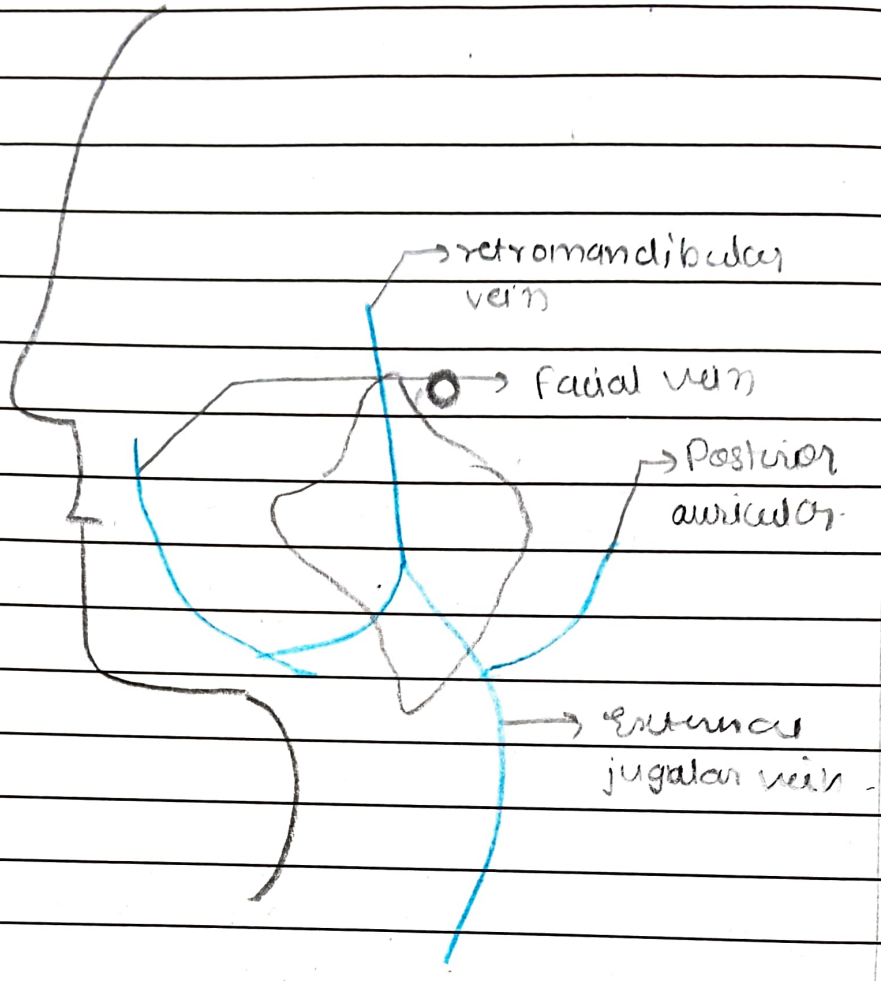
→ It is deeply grooved by the ramus of the mandible.

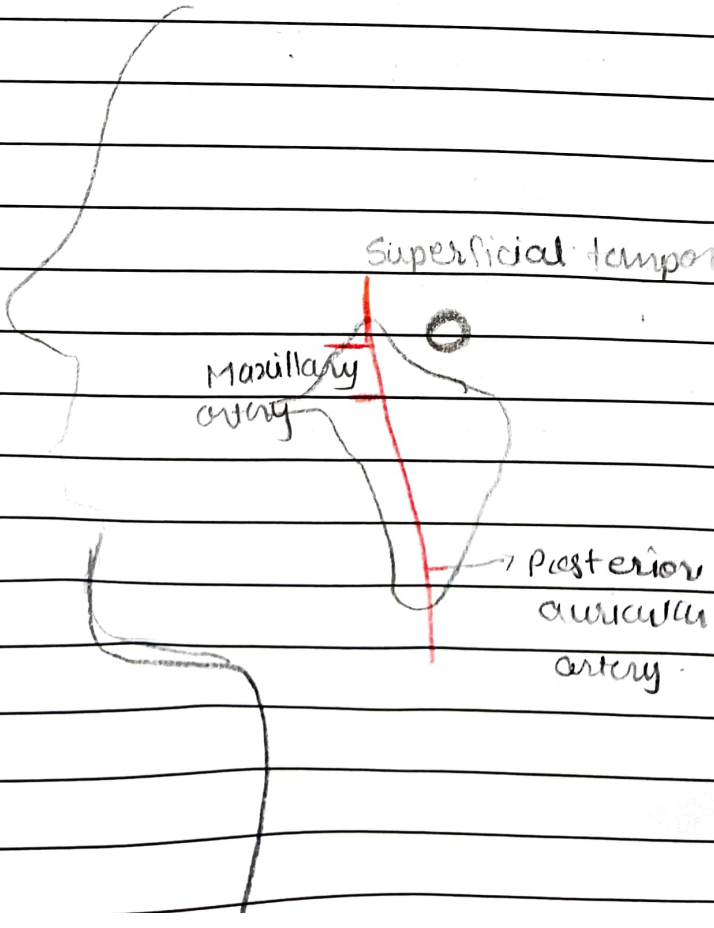
→ Outer lip transmits the branches of the facial nerve.
→ Inner lip transmits the maxillary artery.

• Postero-medial surface.
→ It is related to the mastoid process with the sternocleidomastoid muscle & the post. belly of digastric
→ Styloid process with styloid apparatus
→ Internal carotid artery as it enters the carotid canal.
→ Internal jugular vein.
→ IX, X, XI, XII cranial nerves.
→ Facial nerve emerges from the stylomastoid foramen and enters the parotid gland through this surface.
→ External carotid artery enters the gland through this surface.

• Structures passing through the gland.
Superficial to deep:
- Facial nerve
- Retromandibular vein.
- External carotid artery




retromandibular vein
Facial vein
Posterior auricular
External jugular vein


Superficial temporal
Maxillary artery
Posterior auricular artery

- Processes in various directions are:
  (i) Glenoid process.
  (ii) Facial process.
  (iii) Pterygoid process.

- Stensons duct.
  → 5 cm long and 3mm wide.
  → It emerges from the anterior border of the gland.
  → It pierces the buccal pad of fat and buccinator muscle and opens into the oral cavity opp. to the upper 2nd molar.

- Blood supply.
  → Arterial supply ⇒ Branches of external carotid artery.
  → Venous drainage ⇒ external jugular vein

- Nerve supply
  → Parasympathetic and sympathetic

- Applied anatomy:-
  (i) Inflammation of the parotid gland is painful due to unyielding nature of its capsule
  (ii) Inflammation occurs in mumps.
  (iii) Hilton's incision must be employed to preserve the facial nerve.
  (iv) To differentiate a tumor, facial nerve is checked.
  (v) Frey's syndrome - trauma in parotid region.

(Q3)

a) Superior mediastinum

(1 mrk) • Boundaries

Superior - thoracic outlet.

Inferior - Transverse thoracic plane.

Lateral - Medial border of pleural sacs.

Anterior - Dorsal surface of sternum.

Posterior - T1 to T4 vertebral.

• Contents

From posterior to anterior.

i) Oesophagus

ii) Trachea.

iii) Arch of aorta and its 3 branches
- Brachiocephalic artery
- left common carotid artery.
- left subclavian artery.

iv) Brachiocephalic veins.

v) Superior vena cava.

vi) Remains of thymus.

Nerves:-

(i) Right and left phrenic nerves.

(ii) Vagus nerve (CN X)

(iii) Recurrent laryngeal

(iv) Sympathetic trunk.

• Others.

lymph nodes and thoracic duct.

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Supplement Sheet

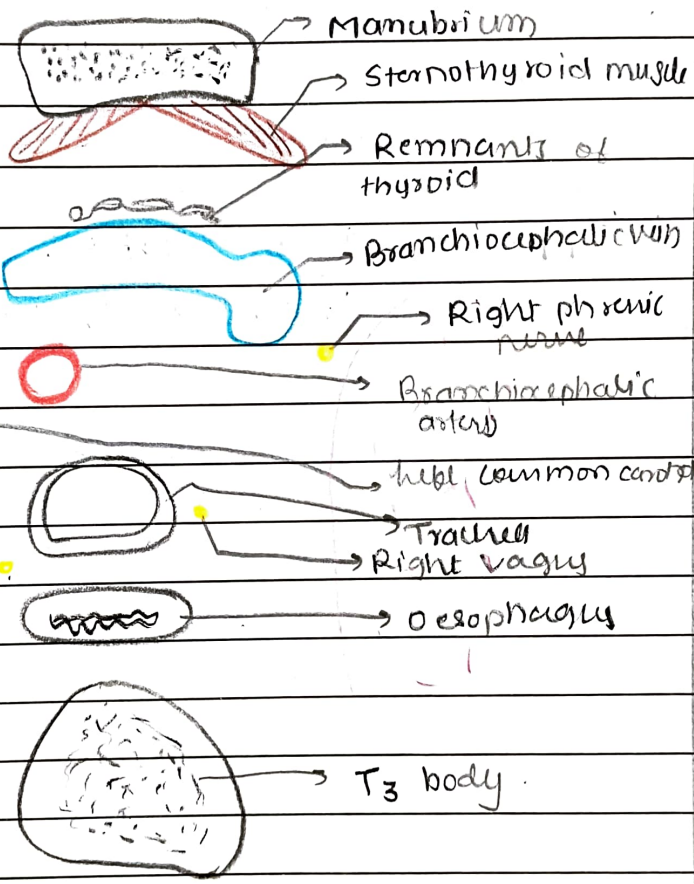
Name of the Student Sakshi Raut

Name of the Examination ~~Anatomy~~ Additional exam Class

Subject Anatomy

Roll No. 64 Date 7/12/22

Supplement No. 1. Invigilator Signature



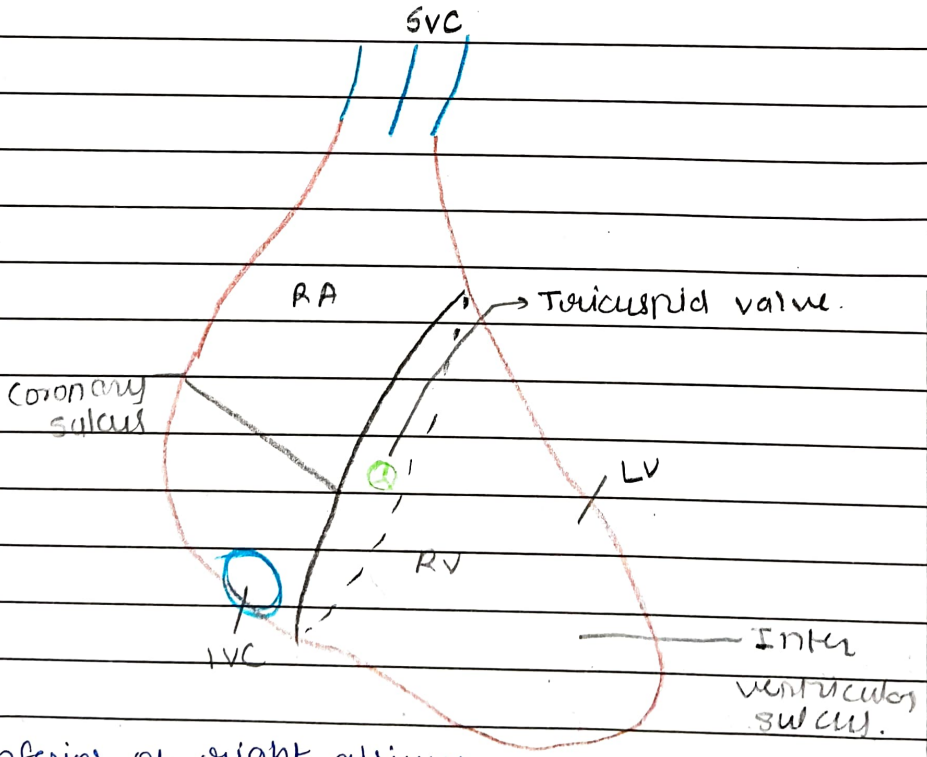
b) Right atrium

Ans) • It lies on the sternocostal surface of the heart.

• It receives deoxygenated blood from the entire body through the superior vena cava and inferior vena cava.

- It pumps blood into the right ventricle via tricuspid valve.
- It has a main cavity and a small chamber projecting to the left like an ear. This is the auricle.
- The right atrium is separated from the RV by the ant part of the coronary sulcus in which lies the right coronary artery & small cardiac vein.
- External features.

→ Sulcus terminalis ⇒ separates the auricle from the main chamber of the RA. Upper end is related to SA node & corresponds internally to the crista terminalis



- Interior of right atrium

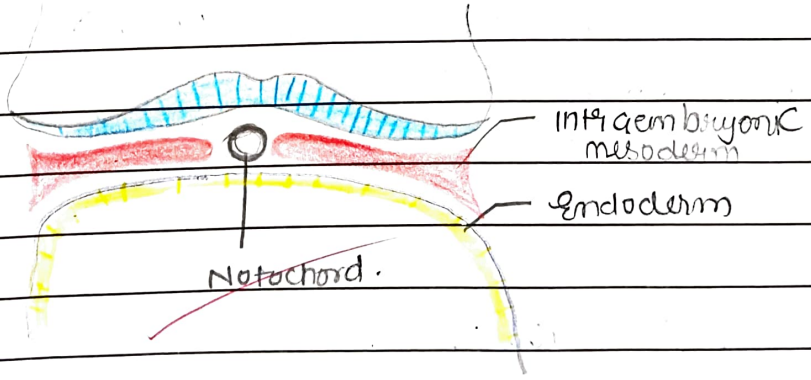
→ smooth posterior and rough anterior part.

→ The rough part has muscular ridges the pectinate muscles which appear like the teeth of a comb.

- Openings of the RA:
  1. Superior vena cava
  2. Inferior vena cava.
  3. Tricuspid valve.
  4. Coronary sinus
  5. Ant. cardiac veins
  6. Thebesian veins

c) Notocord.

Ans:
- The proliferating cells of the primitive knot migrate cranially to form the notochord.
- 17th day
- Midline cellular cord is formed.
- It extends from primitive knot to the prochordal plate.
- Initially, it is a solid cord of cells which later gets canalised
- ~~cells~~



- Functions of the notocord
  - Forms an axial support of the disc
  - It stimulates the overlying ectoderm to form the neural plate.

• Fate of the notocord
- It disappears by the 2nd month, remnants are:
(i) Nucleus pulposus of intervertebral discs.
(ii) Apical ligament of dens.

d) Sternocleidomastoid (SCM)

Ans) • SCM extends obliquely across the neck. It divides the neck into an anterior triangle and a posterior one. It is enclosed by the investing layer of deep cervical fascia.
• Origin -
2 heads (i) Sternal - from the manubrium
(ii) Clavicular - from medial 1/3rd of the clavicle
Insertion -
(i) Mastoid process.
(ii) Lateral 1/2 of the superior nuchal line.
• Nerve supply.
→ Motor - spinal accessory nerve ($C_1 - C_6$)
→ Proprioreceptive sensations (C_2 C_3)
• Blood supply
Branches of
(i) Superior thyroid.
(ii) Occipital artery.
(iii) Supra scapular artery

e) Primitive streak

Ans) It is the first sign of gastrulation and formed by the surface of the epiblastic layer by the beginning of the 3rd week of IUL.

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Supplement Sheet

Name of the Student Sakshi Raut

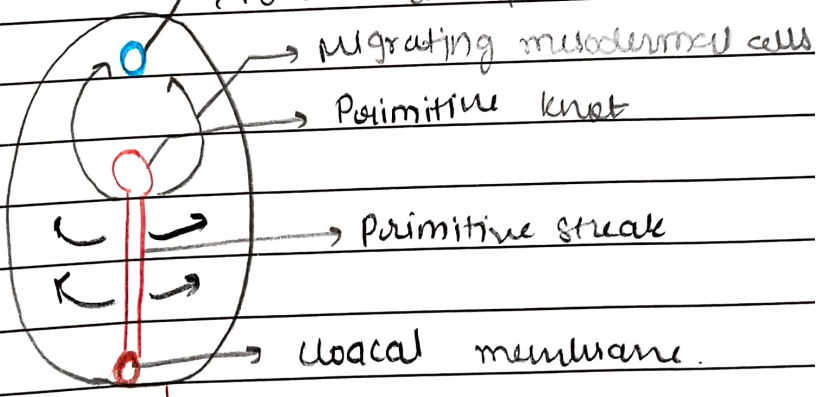
Name of the Examination _____ Class _____

Subject Anatomy

Roll No. 64 Date 7/12/22

Supplement No. 2. Invigilator Signature _____

- The epiblastic cells proliferate & migrate towards the median plane of the disc to form the primitive streak.
- These cells become flask shaped and get detached to invaginate in between the epiblast & hypoblast to form the mesoderm.
- This results in the formation of primitive groove.



Section - C.

Q.4 7th cranial nerve

- Motor fibres supply muscles that emerge from the second branchial

Akanksha Dhanage

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Internal Assessment Examination 21

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	ADDITIONAL EXAM
SUBJECT	ANATOMY
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

1	2	3	4	5
1	1	1	1	1
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QUESTION BOOKLET VERSION NO.

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A	1	1	1
B	2	2	2
D	3	3	3
G	4	4	4
M	5	5	5
N	6	6	6
P	7	7	7
S	8	8	8
U	9	9	9
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ANSWERS

	A	B	C	D
1			●	
2		●		
3			●	
4			●	
5	●			
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Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.	

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TO BE FILLED BY THE STUDENT

Name of the Student Dhanage AKanksha

Name of the Examination Additional Exam Class 1st YR BDS

Subject Anatomy

Roll No. 21 Date 7/12/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

umber of Answer Sheets	Main	Supplements	Total
	2		

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	8										08
Marks obtained in Section B		09	07								16
Marks obtained in Section C				09	07						16
Grand Total											40

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SECTION B

Q2 Parotid gland

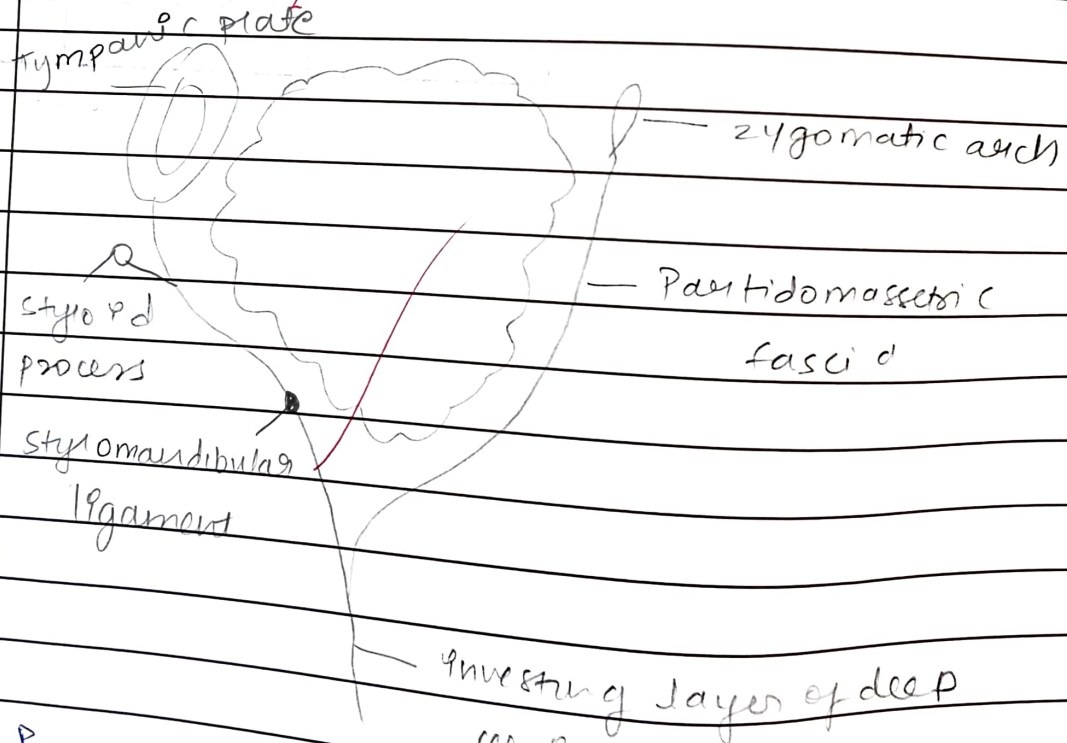
Introduction

- Parotid is the largest of the 3 paired salivary glands
- shaped like an inverted pyramid
- 25 gms in weight

Coverings

Inner true capsule - condensation of fibrous stroma of the gland

Outer false capsule - formed by the splitting of the investing layer of the deep cervical fascia



Presenting parts

① Apex directed downwards

Structures passing through it include
1) Cervical branch of facial nerve
2) Anterior division of the retromandibular vein
3) Formation of external jugular vein

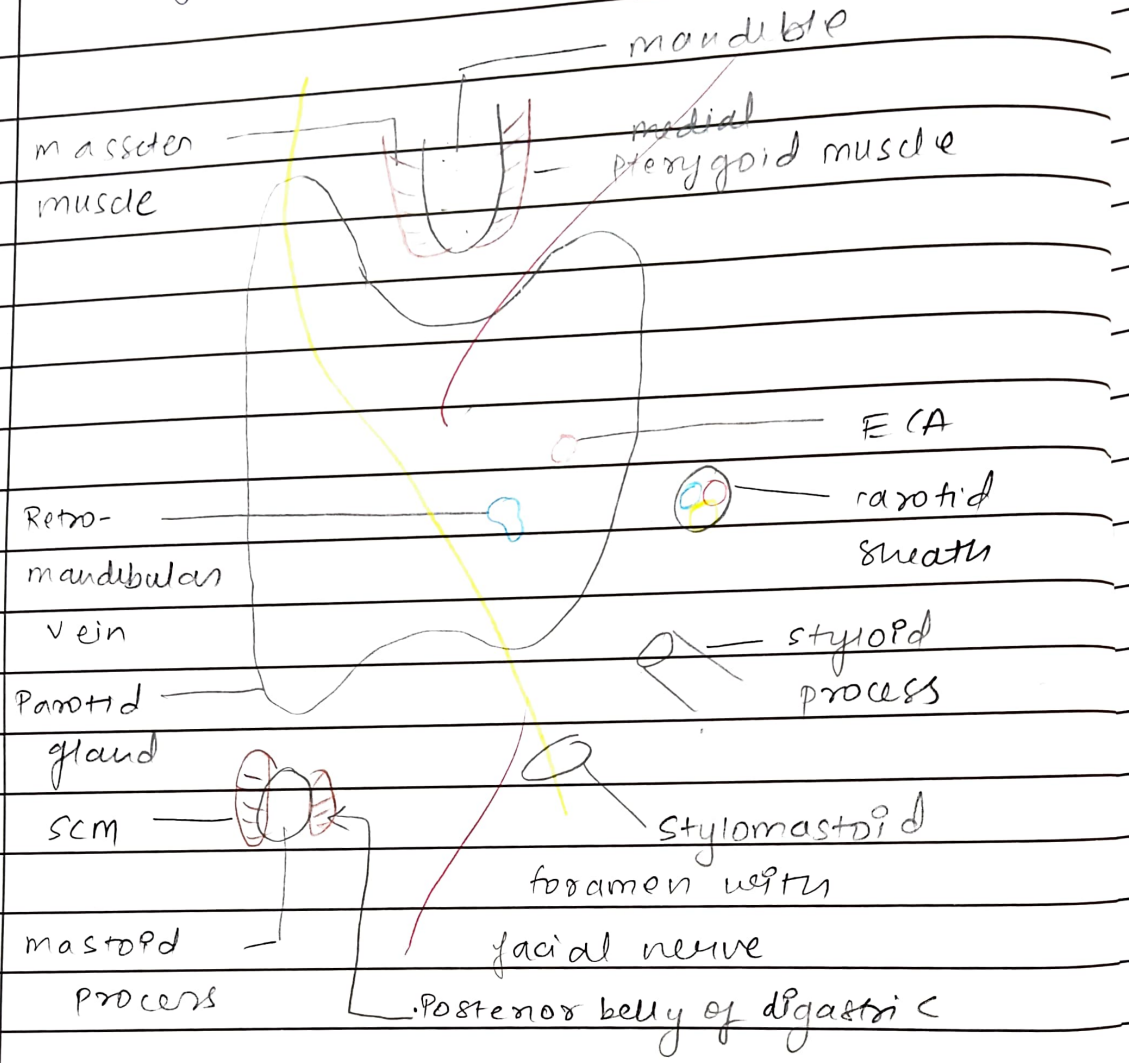
Base
It is concave.
Structures passing through it :-
1) Temporal branch of facial nerve
2) superficial Temporal vessels
3) Auriculo Temporal nerve

Relations
Superficial surface
1) skin
2) superficial Fascia
3) Platysma
4) Parotido-masseteric fascia
5) Parotid gap of lymph nodes
6) great auricular nerve.

Antero-medial surface
Outer lip transmits the branches of the facial nerve
Inner lip transmits the maxillary artery

Postero medial surface
related to mastoid process with sternocleido mastoid muscle
Facial nerve emerges from the stylomastoid foramen and enters parotid gland

External carotid artery enters the gland through this surface



→ Structures passing through the gland

1) Facial nerve
2) retromandibular vein
3) External carotid artery

→ Stensens duct

- 5cm long 3mm wide
- crosses masseter muscle
- In the submucosal region of the oral cavity it has an oblique course which acts as a valve and prevents entry of air

Blood supply

Arterial supply is by branches of external carotid artery.

Venous drainage is into external jugular vein

Nerve supply

Secretomotor fibers is by both parasympathetic & sympathetic

Pre ganglionic fibers from superior salivary nucleus travel with IX cranial nerve give tympanic branch which enters tympanic cavity. Forms ~~plex~~ tympanic plexus which then gives off lesser petrosal nerve leaves the skull through foramen ovale. The fibres synapse in the otic ganglion. Post ganglionic fibers reach the parotid gland via - auriculo-temporal nerve.

Applied Anatomy

- Inflammation of the parotid gland is painful due to unyielding nature
- Inflammation occurs in mumps.
- Frey's syndrome / Auriculo temporal nerve syndrome.

Usually post operative or the patient gives a history of trauma in the parotid region The injured parasympathetic & sympathetic fibers which carry the sensation from the skin while re-growing, interconnect

when the patient salivates (parasympathetic) = Sympathetic is sensory stimulation also takes place and results in sweating and redness.

Q3]

a] Superior mediastinum

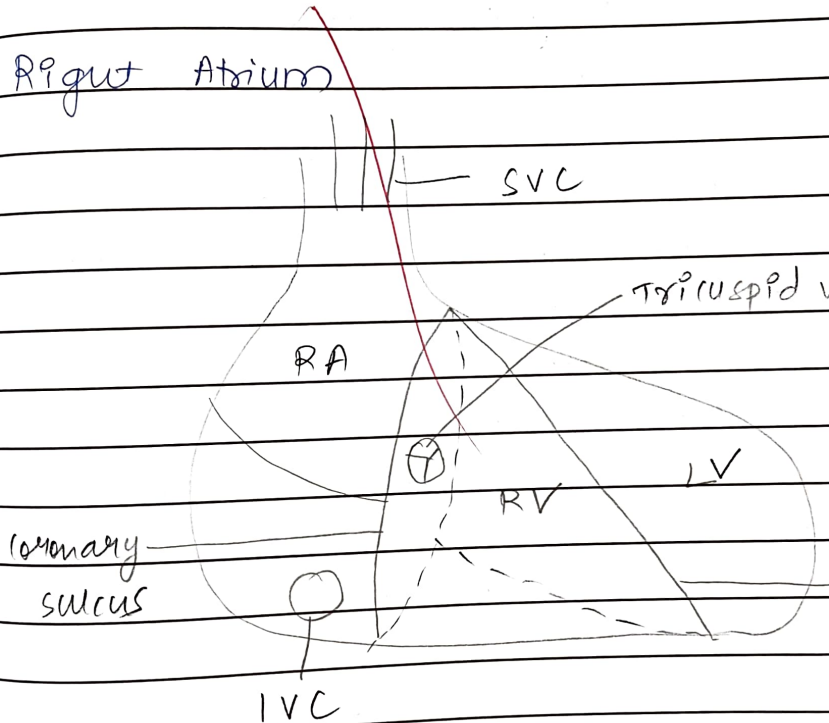
It is bordered by the
1) superiorly - thoracic outlet
2) inferiorly - Transverse thoracic plane
3) laterally - medial border of the pleural sacs
4) dorsal surface of the sternum - anteriorly
5) posteriorly - T_1 to T4 vertebral bodies

Contents
From posterior to anterior
1) Oesophagus
2) Trachea
3) Arch of aorta & its 3 Branches
   i) Brachiocephalic artery
   ii) left common carotid artery
   iii) left subclavian artery
4) Brachiocephalic veins
5) Superior vena cava
6) Remains of Thymus

→ Nerves
phrenic nerves (right & left)
vagus nerve (right & left)
left recurrent (laryngeal nerve)
sympathetic trunk

→ Others
lymph nodes
thoracic duct

b) Right Atrium



- It lies on the sterno costal surface of the heart
- receives the deoxygenated blood from the entire body through the SVC & IVC
- pumps this blood into the RV through the tricuspid valve.
- It has a main cavity / small chamber projecting to the left like an ear. This is the auricle.

- The right atrium is separated from the right ventricle by coronary sulcus

→ External features of the right Atrium

- Externally extending from SVC to IVC lies sulcus terminalis. Upper end of sulcus Terminalis is related to SA node which is pacemaker of the heart.
- sulcus terminalis corresponds internally to crista terminalis

→ Interior of the right Atrium

- It has a smooth posterior part and a rough anterior part.
- Rough part in the auricle is interlaced with muscular ridges the pectinate muscles.
- These originates from the crista terminalis appear like teeth of a comb
- an ovoid depression, fossa ovalis is present on the interatrial septum near the opening of the IVC.

→ Openings of the right atrium

1) SVC
2) IVC
3) Tricuspid valve
4) coronary sinus
5) Anterior cardiac veins
6) thebesian veins.

Supplement Sheet

Name of the Student Akanksha Dhanage

Name of the Examination _____ Class 1st YR BDS

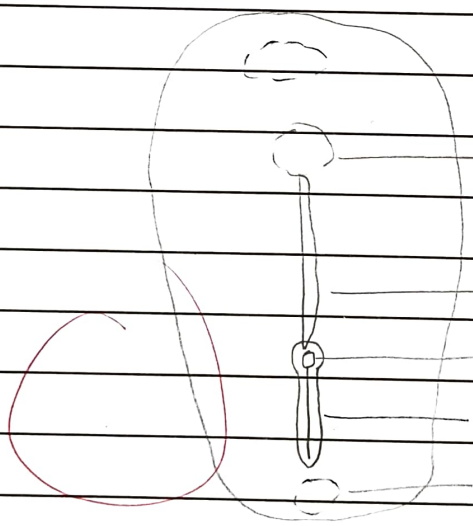
Subject Anatomy

Roll No. 21 Date 7/12/22

Supplement No. 1 Invigilator Signature _____

In fetal life, foramen ovale was allowing the blood from the RA to be pumped directly into the LA (thus by passing the non-functional lungs). If it remains patent it forms an atrial septal defects.

c] Notochord

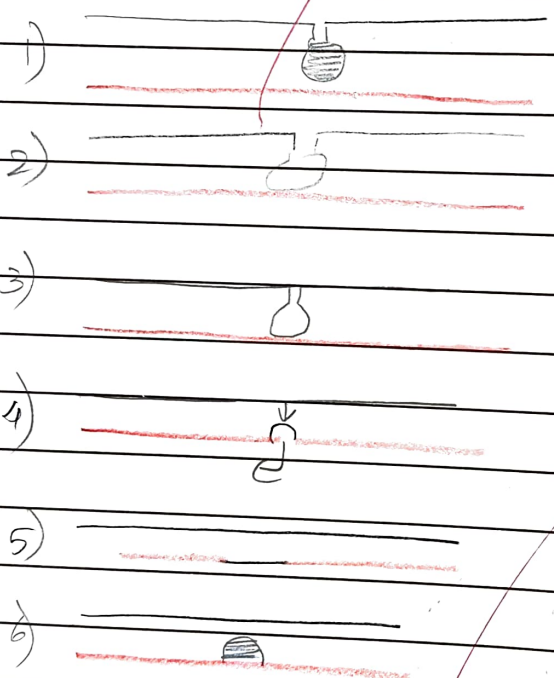


- Proliferating cells of the primitive knot migrate cranially to form notochord
- develops on the 17th day
- extends from the primitive knot to the procendal plate
- initially it is a solid cord of cells
- Later it gets canalized = notochord canal

- The notochord cells flatten to form notochordal plate.

→ Notochord - functions
1) forms an axial support of the disc
2) stimulates the overlying ectoderm to form neural plate

→ Notochord fate
disappears by 2nd month
Remnants include → Apical ligament of dens
↳ Nucleus pulposus of the intervertebral di



Primitive Streak

First sign of gastrulation is the formation of the primitive streak

It is formed on the surface of the epiblastic layer in beginning of the 3rd week IUL

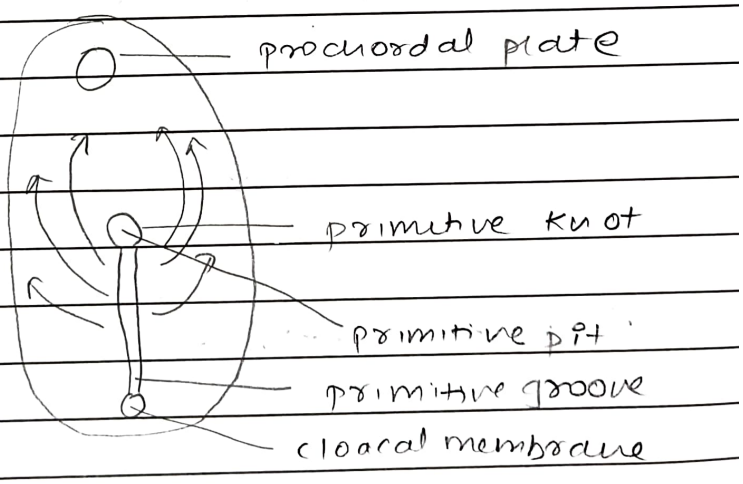
The epiblastic cells proliferate and migrate towards the median plane of the disc to form the primitive streak.

The primitive streak actively forms mesoderm till the early part of the 4th week

It disappears by the end of 4th week

If remnants persist it forms a sacrococcygeal teratoma

- 1 in 35000 births
- mostly (80%) seen in females
- Tumour is benign. can be surgically excised
- contains tissues from all germ layers



8) Sternocleidomastoid

→ Introduction

- divides the neck into anterior and posterior triangles
- investing layer of deep cervical fascia splits to enclose the muscle

→ Origin

sternal head - tendinous

clavicular head - fleshy

muscle is a cruciate muscle.

→ Insertion

1) mastoid process

2) lateral 1/2 of the superior nuchal line

→ Nerve supply

motor - spinal accessory nerve (C1 - C6)

proprioceptive sensations by C2, C3

→ Actions

Acting from below

1) unilateral action → it turns the head to opposite side & tilts the head towards same shoulder

2) Bilateral action → helps to protract the head

Acting from above

It raises the thoracic cage and is an accessory muscle of respiration

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Supplement Sheet

Name of the Student Akanksha Dhanage

Name of the Examination _____ Class _____

Subject _____

Roll No. 21 Date 7/12/22

Supplement No. 2 Invigilator Signature _____

Blood supply

Branches of 1) Superior thyroid
2) Occipital artery
3) Supra scapular artery.

Relations

Superficial - 1) skin
2) fascia
3) Platysma
4) investing layer of deep cervical fascia
5) External jugular vein

Deep 1) Sterno clavicular joint
2) Sternohyoid muscle
3) Sternothyroid muscle
4) carotid sheath

Applied Anatomy

1) wry neck → due to shortening of the muscle occur during labour due to extreme rotation
2) Spasmodic torticolis → painful contraction of the muscle.

SECTION C

Q5) a) Bronchopulmonary segments

- These are well defined functional, anatomic, surgical segments of the lung.
- Each is aerated by tertiary bronchus
- Each is pyramidal in shape
- Each has its own tertiary bronchus + segmental artery + nerve + lymphatics
- Segmental veins drain adjacent Bronchopulmonary segments and serve as surgical guide lines for demarcating the segments.



Applied Anatomy:

- Usually infections remain restricted to a segment
- most frequently affected is the apical of the inferior lobe on the right side.
- helps in interpretation of Bronchograms.

Functional areas of Brain

cortical areas are divided into

1) motor

2) sensory

3) Psychical areas

Classification is by Brodmann's classification (52 functional areas)

Cerebral cortex is important for

conscious awareness

memory & intellect.

motor areas

Primary motor areas

Pre motor area

Supplementary motor area

Pre frontal area

Broca's motor speech area

d) Nasopharynx

also called epipharynx

behind the nasal cavity.

→ 1) Nasopharyngeal Tonsil

- more prominent in children
- Atrophies in adult

→ 2) Pharyngeal Bursa

- also called pouch of Luschka
- It is a mucosal diverticulum
- mouth of diverticulum could get blocked and the secretions collect to form a cystic swellings

→ 3) Pharyngeal hypophysis

collection of adeno hypophyseal tissue in the roof of the nasopharynx. May be functional.

→ Pharyngeal opening of the auditory tube
- is triangular in shape
- behind this opening is a depression called pharyngeal recess on the fossa of Rosen muller

→ Tubal elevation and Tubal tonsils
- elevation give rise to the salpingo - pharyngeus muscle.
- Tubal tonsils are part of the waldeyer's ring.
- guards the upper and posterior parts of the tube

i] Strap muscles
Total no. of strap muscles = ~~4 Omohyoid & sternohyoid~~
2 superficial strap muscles = omohyoid & sternohyoid
2 deep strap muscles = sternothyroid & thyrohyoid

→ Omohyoid
inferior belly arises from the upper border of scapula.
superior belly separates muscular & carotid triang

→ Sternohyoid.
Attached above to the lower border of the body of the hyoid bone
the two muscles converge above

→ Sternothyroid
lies deep to the ~~sterno~~ sternothyroid
arises from the manubrium below
attached to the oblique line of the thyroid cartilage.
overlap the lateral lobe of the thyroid gland

Name of the Student Akanksha Dhanage

Name of the Examination _____ Class 4 ST 4 YR BDS

Subject _____

Roll No. 21 Date 7/12/22

Supplement No. 3 Invigilator Signature _____

thyrohyoid

- upward extension of the sternothyroid.
- attached below to the oblique line of thyroid cartilage

→ Nerve supply

The thyrohyoid is supplied by C1 through the hypoglossal nerve

The other muscles are supplied by C2 & C3 through the ansa cervicalis

→ Action of the strap muscle

- While acting along with supra hyoid muscles they stabilize the hyoid bone for the movement of the tongue and depression of the mandible
- While acting alone they depress the hyoid bone and larynx

(c) Epiphysis

- Forms the ends of the long bones
- Ossifies by secondary centre of ossification

Epiphysis is of 4 types

(1) Pressure Epiphysis

Transmits body weight

Protects the epiphyseal cartilage

2) Atavastic Epiphysis
get attached to main bone as a parasite for blood supply
eg coracoid process of scapula

3) Traction epiphysis
develop due to muscle pull eg mastoid process

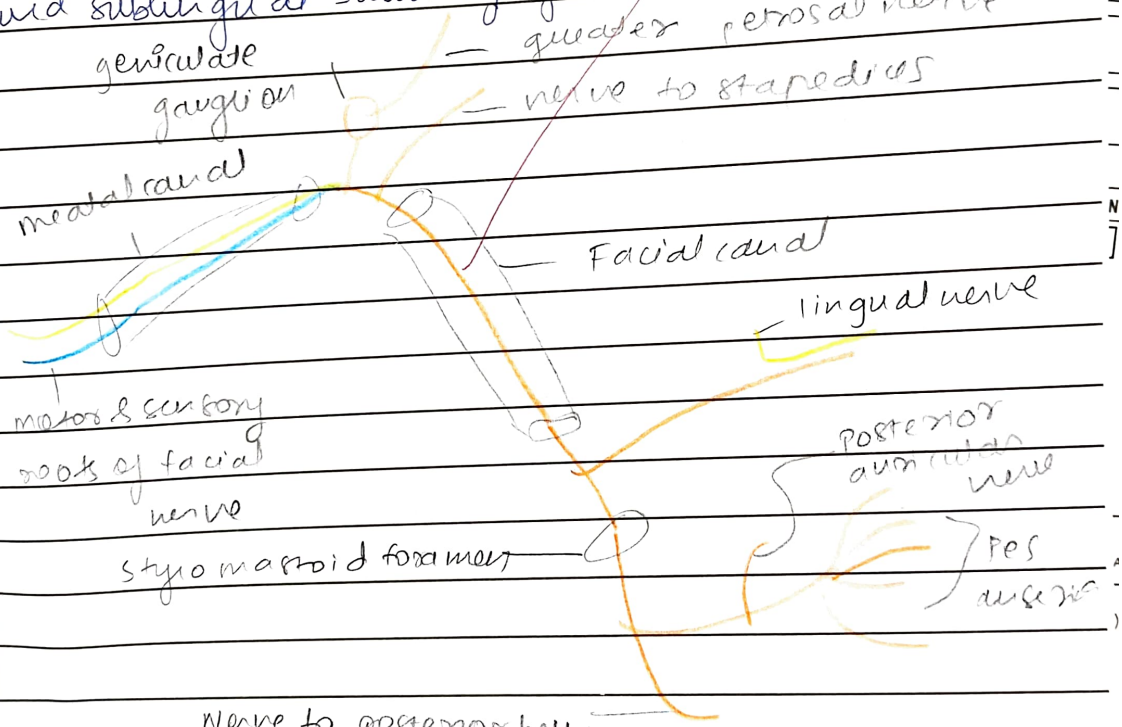
4) Aberrant epiphysis
these epiphyses are deviations from the norm and are not always present

Q4 Facial nerve
It is a mixed nerve = motor + sensory + secretomotor
motor fibers supply muscles that originate from the 2nd Branchial arch.
Nervus intermedius also carries secretomotor fibers from the superior salivatory nucleus to the submandibular salivary and sublingual salivary glands & lacrimal fibers from lacrimatory nucleus.

→ Parasympathetic supply to lacrimal gland
Fibers from the lacrimatory nucleus travel in nervus intermedius are given off as the greater petrosal branch of the VII nerve. join the sympathetic deep petrosal nerve to form vidian nerve synapse in the pterygopalatine ganglion - post ganglionic fibers travel with the maxillary nerve given off in the zygomatic branch - zygomaticotemporal branch - lacrimatory br to the lacrimal gland.

Parasympathetic supply to submandibular and sublingual salivary glands - VII nerve

Fibers from the superior salivary nucleus travel in nervus intermedius are given off in the chord a tympani branch of the VII nerve in the middle ear - the chorda tympani nerve joins and travels with the lingual nerve - secretomotor fibers are given off to synapse in the submandibular ganglion post ganglionic fibers supply the submandibular and sublingual salivary glands



→ Branches of the facial nerve

1) In internal acoustic meatus it communicates with the VIII nerve
2) Branches of geniculate ganglion
   1) greater petrosal nerve
   2) lesser petrosal nerve

③ Branches of VII nerve in tympanic cavity
1) nerve to stapedius
2) chorda tympani

④ Extra cranial Branches
1) posterior auricular branch
2) Br to posterior belly of digastric and the stylohyoid muscle
3) Branches within the parotid gland = pes anserinus

Applied Imp
Lesions of the VII nerve
1) Intracranial
a) supranuclear (UMN)
no involvement of VI nerve.
b) cranial (LMN)
Millard Gubler syndrome
facial abducens hemiplegia
c) supranuclear (LMN)
2) cranial
crocodile tears
Ramsay Hunt syndrome
↳ reactivation of varicella zoster virus

3) Extra cranial
lesions beyond stylomastoid foramen
Bell's palsy.
Ipsilateral paralysis of face.

Ghodke Gayatri
Roll no - 25

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) (●)	(A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Anatomy
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
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	0	0	0

ANSWERS

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

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Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Ghodke Gayatri

Name of the Examination Additional Exam Class

Subject Anatomy

Roll No. 25 Date 7/12/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

	Main	Supplements	Total
Number of Answer Sheets	1	2	3

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A	8										08
Marks obtained in Section B		9	8								17
Marks obtained in Section C				8	8						16
Grand Total											41

Seen & No. Complaint

Section B

2.

1) Parotid is the largest of the 3 paired salivary glands.
2) Each gland is shaped like an inverted pyramid
3) 25 gms in weight.

Coverings:

1) Inner true capsule is condensation of the fibrous stroma of the gland.
2) Outer false capsule is formed by the splitting of the investing layer of the deep cervical fascia
3) The superficial lamella is thick and is attached to zygomatic arch. Also called Parotid-masseteric fascia.
4) The deep lamella is thin.

Presenting Parts

1) Base of the Parotid gland
   - It is concave
   - Structures passing through base:
     Temporal branch of facial nerve
     Superficial temporal vessels.
     Auriculo temporal nerve

2) Apex
   - Directed downwards
   - Overlaps posterior belly of digastric.
   - Structures passing: Cervical branch of facial nerve
     Ant. division of retromandibular vein
     formation of external jugular vein

Surfaces of Parotid gland

- Superficial surface

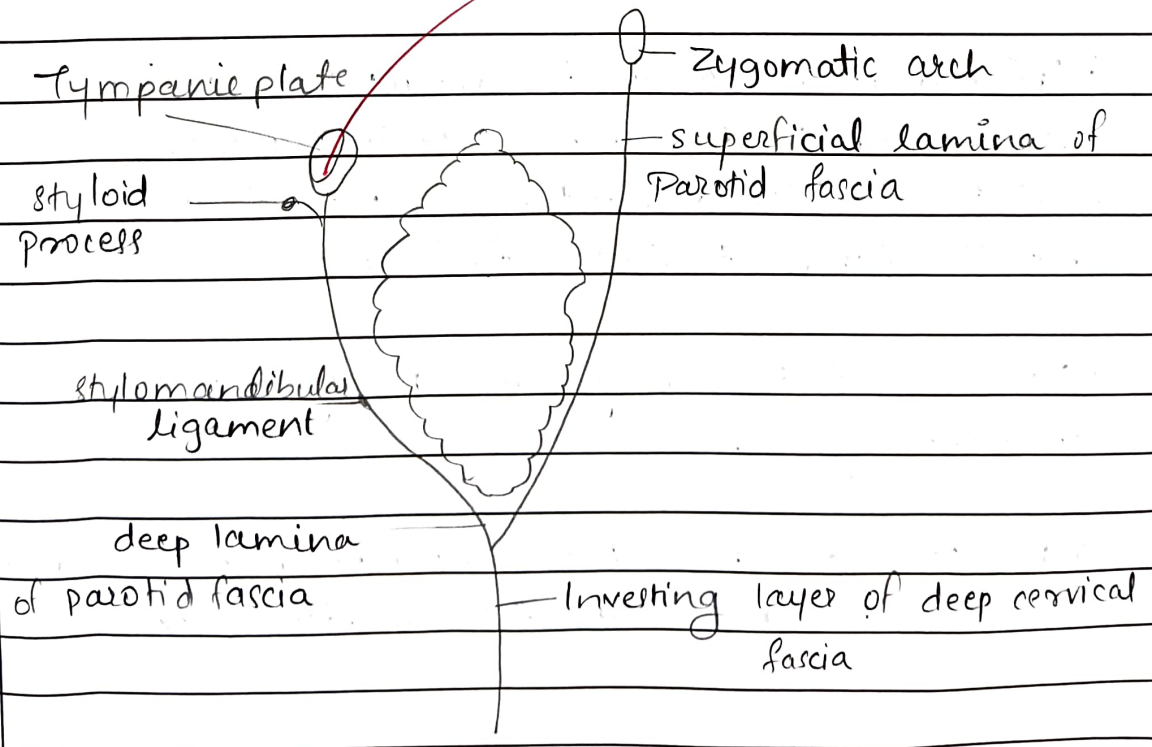
covered by - skin
superficial fascia
Posterior fibres of platysma
Parotido-masseteric fascia
Parotid group of lymph nodes
Great auricular nerve

- Antero-medial surface

deeply grooved by ramus of mandible

- Postero-medial surface

- It's related to mastoid process with sternomastoid muscle & posterior belly of digastric.
- Internal carotid artery it enters carotid canal.
- Internal jugular vein
- IX, X, XI, XII cranial nerves



Structures passing through the gland

1) Facial nerve - nerve divides the gland into superficial and deep lobes.

2) Retro mandibular vein - formed by union of superficial temporal and maxillary veins.

3) External Carotid artery - occupies the deepest zone.

Stensens Duct

- 5cms long 3mm wide
- Crosses masseter muscle
- pierces buccal pad of fat and buccinator muscle and enters vestibule of oral cavity opposite the upper 2nd molar tooth.

Applied Anatomy

1) Inflammation occurs in mumps is painful due to unyielding nature of its capsule.
2) Hiltons Incision must be employed over parotid gland to save facial nerve.
3) To differentiate benign and malignant tumours of parotid gland.
4) Frey's Syndrome / auriculo temporal nerve syndrome usually is post operative or history of trauma

1) The superior mediastinum is the upper part of the mediastinum, located in the chest between two pleural cavities and above the heart.
2) It contains important structures such as the trachea, esophagus, thymus gland, major blood vessels including the aortic arch, brachiocephalic veins, superior vena cava and phrenic and vagus nerves.
3) The aortic arch gives rise to important branches that supply blood to head, neck & upper limbs.
4) Thymus gland is crucial for development of immune system, especially in early life and it gradually increases in size with age.
5) Pathologies in superior mediastinum can lead to symptoms such as difficulty swallowing, chest pain or breathing problems

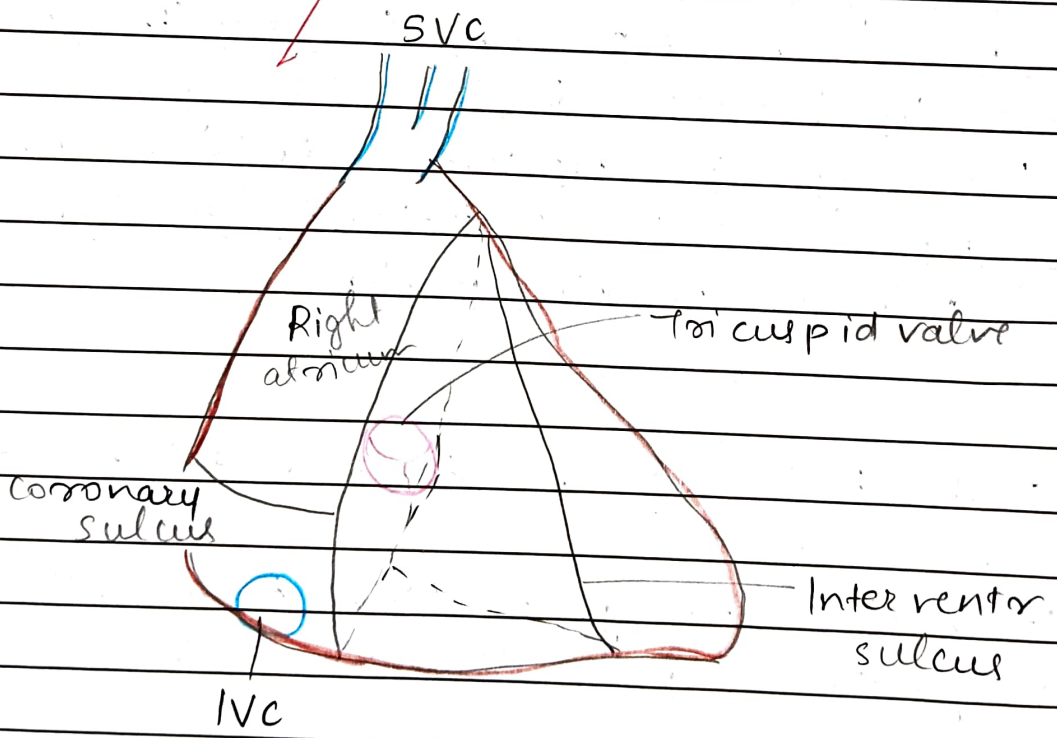
b) 1) Right Atrium lies on sterno coastal surface of the heart.
2) It receives deoxygenated blood from entire body through the superior vena cava & Inferior vena cava.
3) It pumps this blood into the Right Ventricle through tricuspid valve.
4) It has a main cavity and a small chamber projecting to the left like an ear. This is the auricle.

External features

- Externally extending from SVC to the Inferior vena cava (IVC) lies sulcus terminalis
- The upper end of sulcus terminalis is related to SA node - pacemaker of heart.

Interior of Right Atrium

- It has a smooth posterior part and a rough anterior part.
- Rough part in auricle is interlaced with the muscular ridges, the pectinate muscles.
- Appear like teeth of a comb.



c) Notochord:

1) Proliferating cells of primitive knot migrate cranially to form the notochord.
2) This develops on the 17th day.
3) Mid line cellular cord is formed.
4) Extends from the primitive knot to the prochordal plate.

Notochord functions:

1) It forms an axial support of the disc.
2) It stimulates the overlying ectoderm to form the neural plate.

Notochord fate-

- Disappears by 2nd month
- Reminants include
  Nucleus pulposus of inter vertebral discs.
- Apical ligament of dens.

- Notochord is a solid cord of cells.
- Later it gets canalised = notochord canal.
- Cells in floor of canal fuse to form notocordal plate.

d) Sternocleidomastoid

Two heads of origin:

1) Sternal head - is tendinuous - arises from the anteri surface of the upper part of manubrium - passes upward and laterally - crosses the sternoclavicular joint.
2) Clavicular head - fleshy arises from the upper surfa of the medial 1/3rd of clavicle ascends vertically.

Insertion: i) Mastoid process ii) lateral ½ of sup.

Nerve supply: Motor - Spinal accessory nerve
Proprioceptive sensations by C2,

Unilateral action - Turns head to opposite side and tilts head towards same shou

Blood supply - Superior thyroid, Occipital artery
Supra scapular artery.

Applied Anatomy -

i) Wry neck: due to shortening of muscle may occur during labour due to extreme rotation of head causing the muscle to stretch and suffer vascula compromise.

ii) Spasmodic torticollis - is repeated painful contracti of the muscle. May be due to psychogenic causes.

e) Primitive Streak

i) First sign of gastrulation is the formation of the primitive streak.

2) It is formed on the surface of epiblastic layer in beginning of the 3rd week IUL.

3) Epiblastic cells proliferate and migrate towards the median plane of the disc to form the primiti streak.

4) These cells become flask shaped and get detached to invaginate in between the epiblast and hypoblast to form the mesoderm.

5) This results in formation of the primitive pit and groove.

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Supplement Sheet

Name of the Student Ghodke Gayatri

Name of the Examination _____ Class _____

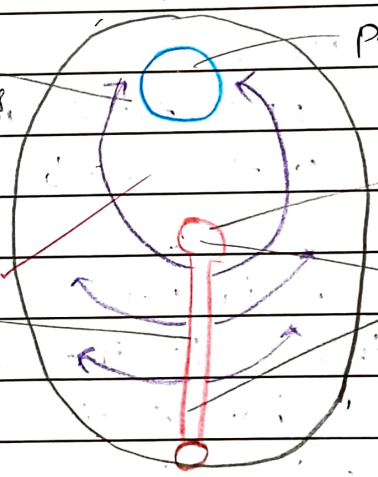
Subject _____

Roll No. 25 Date 7/12/2022

Supplement No. ~~25~~ 1 Invigilator Signature _____

e) 6) The primitive streak actively forms mesoderm till the early part of the 4th week.

7) It disappears by the end of 4th week.



Section C

7th cranial nerve is facial Nerve is a mixed nerve i.e. motor, sensory and secretomotor Facial nerve has 2 roots:

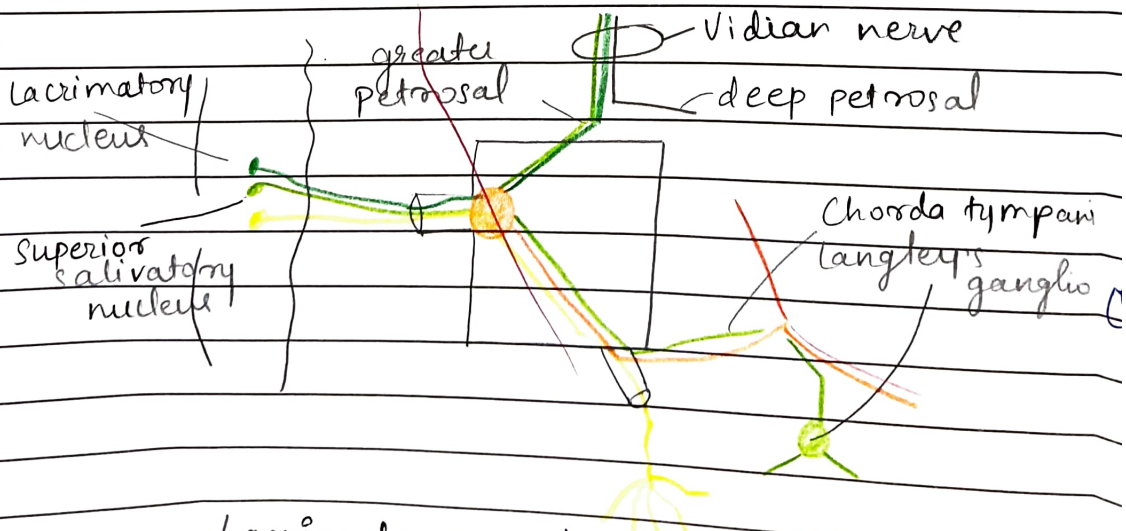
1) Motor
2) Sensory = nervus intermedius

Motor nucleus of facial nerve:

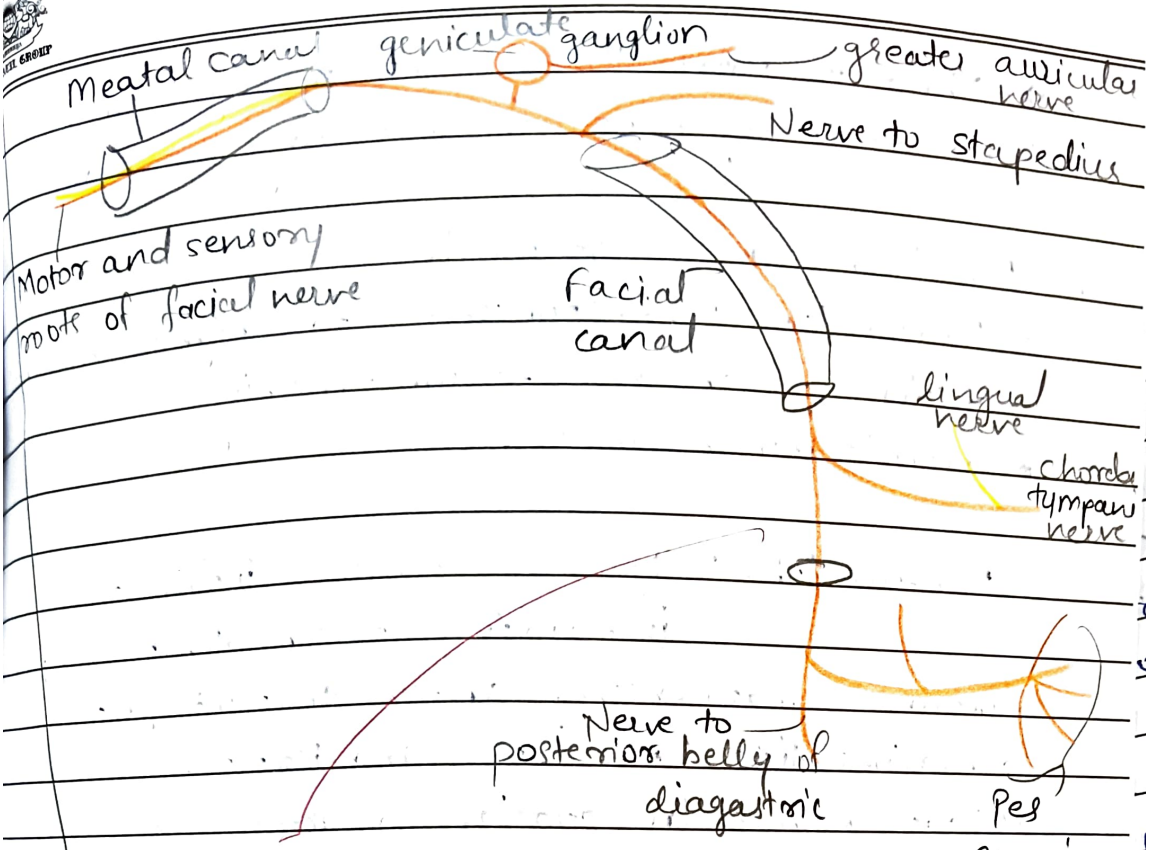
1) This supplies the muscles developing from the 2nd branchial arch.
2) Therefore this nucleus is branchial efferent.
3) It lies in the pons.
4) The neurons of upper facial musculature receive bilateral cortico bulbar innervation.

Sensory root of facial nerve

1) Afferent carrying taste information from 2/3rd of tongue have their cell bodies in geniculate ganglion. These are pseudounipolar



Lacrimatory and salivatory pathways



Branches of VII nerve

Applied anatomy:

1) Mandibular division of VII nerve passes down behind the angle of mandible. Any incisions here could damage the nerve.
2) Hilton's incision over the parotid gland.
3) Facial tics repeated spasms of facial muscles It can be surgically treated by partial section of relevant branches of VIIth nerve.

Q5.

a) Broncho-pulmonary segments

1) These are functional and anatomical divisions of the lungs that are separated by connective tissue septa, each supplied by its own segmental bronchus and blood vessels.

a) There are total 10 segments in right lung and 8-10 segments in left lung.

b) Functional areas of brain

1) Frontal lobe : Responsible for higher cognitive functions such as decision-making.
- Controls motor cortex.

2) Parietal lobe : Process sensory information including touch, temp. and pain
- Contains somatosensory cortex that interprets sensations like pressure and texture.
- Plays a role in spatial awareness and perception.

3) Temporal lobe : - Important for auditory processing and language comprehension.
- Houses the hippocampus, crucial for memory formation and retrieval.
- Involved in emotion regulation and visual recognitio

4) Occipital lobe - Primarily responsible for visual processing and interpretation.
- Contains visual cortex that helps perceive and make sense of visual information.

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Supplement Sheet

Name of the Student Ghodke Gayatri

Name of the Examination _____ Class _____

Subject _____

Roll No. 25 Date 7/12/2022

Supplement No. 2 Invigilator Signature _____

5c. There are 4 strap muscles :

2 superficial = omohyoid and sternohyoid

2 deep = sternothyroid and thyrohyoid

1) Omohyoid - inferior and superior belly attached to each other by tendon which lies deep to sternocleidomas

2) Sternohyoid - Arises from the capsule of the sterno clavicular joint and the adjoining parts of the manubrium and clavicle.

3) Sternothyroid - lies deep to sternothyroid arises fro manubrium below, ascends with 2 muscles diverging overlap lateral lobe of thyroid gland

4) Thyrohyoid - Is upward extension of sternothyroid attached below to the oblique line of thyroid cartilag Passes upwards superficial to thyrohyoid membrane.

Nerve supply - Thyrohyoid = by C1 through hypoglos The other are supplied by C2 and C3 through the ansa cervicalis

Actions of strap muscles

- While acting along with the supra hyoid muscles they stabilize the hyoid bone for the movement of the tongue and depression of mandible.
- While acting alone they depress the hyoid bone and larynx.

e) Epiphysis -
- Forms the ends of long bone
- Ossified by secondary centre of ossification.
- Epiphysis is of 4 types:

1) Pressure epiphysis
Lies at the articular ends of long bones.
Transmits body weight.
Protects the epiphyseal cartilage.
eg. Head of femur

2) Atavastic epiphysis
Phylogenetically separate bones.
Get attached to main bone as a parasite for the blood supply.
eg. Cricoid process of scapula.

3) Traction epiphysis
Develop due to muscle pull
Eg. humeral tuberosites, femoral trochanters.

4) Abberant epiphysis
These epiphyses are deviations from the norm and are not always present.

for eg. the epiphysis are deviations from the norm and are not always present.
for eg. the epiphysis at the head of the first metacarpal bone and at the base of other metacarpal bones.

General Human Anatomy

Marks of Additional Exam

Batch :22-23

Dated: 7th Dec 2022

Roll nos	Name	Theory/60	Practicals/60	Signature
21	Akanksha Dhanage	40	35	
25	Gayatri Ghodke	41	32	Gayatri
40	Sumati Kolhe	43	36	
64	Sakshi Raut	42	38	

Dated: 7th Dec 2023

DENTAL ANATOMY AND DENTAL HISTOLOGY

DY PATIL DENTAL SCHOOL, PUNE

FIRST BDS 2017-18 Academic year

Notice

Subject: Time Table for Additional Internal Assessment Examination & second betterment internal assessment examination (repeaters-summer exam 2018)

All the students of first BDS 2017-18 Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

Date	Subject	Time	
		Theory	Practical
12/04/2018	Anatomy	9am to 12pm	12:30 to 3:30
13/04/2018	Physiology & Biochemistry	9am to 12pm	12:30 to 3:30
16/04/2018	Dental Anatomy, Histology & Embryology	8:45 am to 11:45 am	12:30 to 3:30

HOD
Anatomy

HOD
Physiology

HOD
Biochemistry

HOD
DADH

EXAMINATION
CO-ORDINATOR

DEAN
DYPDS

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D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2017-18 **DATE-** 16-04-2018

ADDITIONAL INTERNAL ASSESSMENT Theory & Practical Exam-Attendance Record

ROLL NO.	NAME of THE CANDIDATE	SIGNATURE
8	Bingle Anuja Ramesh	
10	Chorhe Vaibhav	
43	Kokate Akshay	
80	Sarswat Gashish Anil	
87	Shinde Komal Sanjay	
95	Vidhate manjiri Raghunath	
99	Aishwarya Prakash Londhe	
100	Salunke Dimple	

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D Y Patil Knowledge City, Charholi (Bk), Via Lohegaon, Pune - 412105

FIRST BDS (2017-2018 BATCH)

ADDITIONAL INTERNAL EXAMINATION

Subject: Dental Anatomy & Oral Histology — Date: 16 / 04 / 2018

Total Marks: 60 — Time: 3 hrs

Instructions:

- All questions are compulsory
- Draw diagrams wherever necessary
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- First 30 minutes for section A (MCQs)
- Write section B and section C in one answer book

Section B

I Short answer question (2 marks each x 5=10 marks)

1. Hypocalcified structures of enamel.
2. Interglobular dentin.
3. Describe in detail the functions and age changes seen in pulp
4. Types of cementoenamel junction.
5. Basket cells.

II Long answer question (10 marks each x 1=10 marks)

6. Define and classify oral mucous membrane. Discuss in detail the structure of gingiva.

Section C

III Short answer question (2 marks each x 5=10 marks)

1. Describe in detail the occlusal aspect of mandibular 2nd premolar.
2. Define ridge, describe with examples
3. Enumerate anatomical differences between permanent mandibular canine and mandibular first premolar.
4. Describe the tooth numbering systems.
5. Describe Theories of eruption.

II Long answer question (10 marks each x 1=10 marks)

6. Describe in detail the morphology of permanent mandibular first molar. Add a note on its arch traits.

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FIRST BDS (2017-2018 BATCH)

ADDITIONAL INTERNAL EXAMINATION

Subject: Dental Anatomy & Oral Histology | Date: 16/04/2018

Total Marks: 60 | Time:3hrs

Section A

Q. 1. Multiple Choice Questions **1X20=20 marks**

1. The outline of the crown of maxillary molar is
   a) Rhomboidal b) Trapezoidal
   c) Square d) Eliptical

2. The percentage of overlap type of cemento-enamel junctions is
   a) 10% b) 30%
   c) 40% d) 60%

3. The point of bifurcation seen in buccal aspect of 36 is
   a) 1.5mm b) 3mm
   c) 3.5mm d) 4mm

4. Which tissue processing technique is used for obtaining sections of pulp?
   a) Frozen sections b) ground sections
   c) decalcified sections d) cytology

5. Tome's granular layer
   a) Is seen radicular dentin b) Is seen in coronal dentin
   c) Coalescing & looping-dentinal tubules d) both a) & c)

6. From how many lobes the 3 cusp type mandibular second premolar develops?
   a) 02 b) 03
   c) 04 d) 05

7. The predominant collagen present in the cementum is
   a) Type I b) Type II
   c) Type III d) Type XIII

8. The type of cementum seen in the cervical third is
   a) Acellular cementum b) Cellular cementum
   c) Dystrophic cementum d) Cementum hyperplasia

9. the most important property of PDL is
a) Healing
b) Mastication
c) Proprioception
d) Inflammation

10. The epithelial remnants seen in the periodontal ligament are the
a) Remnants of dental lamina
b) Remnants of REE
c) Remnants of oral epithelium
d) Remnants of HERS

11. Lining mucosa includes all except
a) Lips
b) Cheeks
c) Floor of mouth
d) Dorsum of the tongue

12. Mucoperiosteal attachment is seen in the
a) Gingiva
b) Labial mucosa
c) Buccal mucosa
d) Soft palate

13. Odontoclasts are
a) Formative cells
b) Resorptive cells
c) Blood forming cells
d) Defense cells

14. The layer covering the condyle is called
a) Lamina limitans
b) Lamina propria
c) Lamina splendens
d) Lamina dura

15. The age of eruption of permanent maxillary canine is
a) 8-9 years
b) 9-10 years
c) 10-11 years
d) 11-12 years

16. The epithelium lining the sinus is
a) Simple columnar
b) simple stratified
c) Pseudostratified
d) Pseudostratified ciliated columnar

17. Fusion of root directly to bone without the presence of periodontal ligament is called as
a) Fusion
b) Gemination
c) Ankylosis
d) Adhesion

18. Cementoblasts are
a) cuboidal cells
b)stellate shape cells
c) tall columnar cells
d) round cells

19. Projections of ameloblasts into enamel matrix is called as
a) Tome's granular layer
b) Enamel spindles
c) Tome's processes
d) Enamel matrix

20. In a nonfunctioning teeth there is
a) thickening of the cementum
b) thinning of the cementum
c) no change inthe cementum
d) none of the above

DEPARTMENT OF DENTAL ANATOMY & ORAL HISTOLOGY

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I st yr BDS Additional Internal Assessment Examination Date : 16/04/2018

Section - A MCQs key

Sr.No	Answer	Sr.No	Answer
1	A	11	D
2	D	12	A
3	D	13	B
4	C	14	A
5	D	15	D
6	B	16	D
7	C	17	C
8	B	18	A
9	C	19	C
10	D	20	A

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

4/20

Sr. No.

SECTION A

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing. • Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN Which Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Considered As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do Not Fold The Answer Sheet.

WRONG ⊗ Ⓑ Ⓒ ● RIGHT Ⓐ Ⓑ ● Ⓓ

SEAT NO. IN WORDS	TEN
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Internal Exam
SUBJECT	DADH.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER: 0 0 0 1 0

QUESTION BOOKLET VERSION NO.: A

	A	B	C	D		A	B	C	D		A	B	C	D
1	✗	●	Ⓒ	Ⓓ	11	Ⓐ	Ⓑ	Ⓒ	●	21	Ⓐ	Ⓑ	Ⓒ	Ⓓ
2	✗	Ⓑ	●	Ⓓ	12	Ⓐ	Ⓑ	●	Ⓓ	22	Ⓐ	Ⓑ	Ⓒ	Ⓓ
3	✗	Ⓑ	●	Ⓓ	13	Ⓐ	●	Ⓒ	Ⓓ	23	Ⓐ	Ⓑ	Ⓒ	Ⓓ
4	✓	Ⓑ	●	Ⓓ	14	Ⓐ	●	Ⓒ	Ⓓ	24	Ⓐ	Ⓑ	Ⓒ	Ⓓ
5	✓	Ⓑ	Ⓒ	●	15	●	Ⓑ	Ⓒ	Ⓓ	25	Ⓐ	Ⓑ	Ⓒ	Ⓓ
6	✗	Ⓑ	●	Ⓓ	16	Ⓐ	Ⓑ	Ⓒ	●	26	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7	✗	●	Ⓒ	Ⓓ	17	Ⓐ	Ⓑ	●	Ⓓ	27	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8	✗	●	Ⓒ	Ⓓ	18	Ⓐ	Ⓑ	●	Ⓓ	28	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9	✓	Ⓑ	●	Ⓓ	19	Ⓐ	●	Ⓒ	Ⓓ	29	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10	✗	●	Ⓒ	Ⓓ	20	Ⓐ	Ⓑ	●	Ⓓ	30	Ⓐ	Ⓑ	Ⓒ	Ⓓ

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

Structure of gingiva:-

⇒ 1. Gingiva comes under masticatory mucosa.

2. It is present in the surface near tooth.

3. It's main function is to hold the tooth in socket. So proper alignment will be there.

4. It is not flexible / stretchable.

5. Pink in colour, structurally it is V shape. If we saw it from buccal and lingual side from upside down.

6. outer covering of gingiva is epithelium which is called as gingival epithelium.

7. connective tissue beneath that and then matrix. In matrix many fibres are present. Collagen fibres also exist there.

8. structures called villi are absent there.

9. main function is to only hold tooth in proper alignment.

II Oral mucous membrane -

The moist surface in the oral cavity is called as oral mucous membrane.

⊙ Classification :-

1. Lining mucosa :- This is a flexible type, which is present in cheek, soft palate, etc.

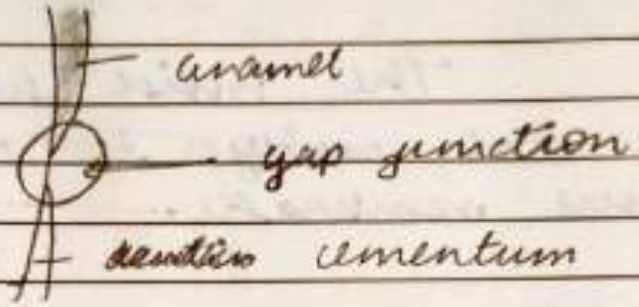
2. mastikatory mucosa :- This is not flexible / stretchable at all which is present in Gingiva and Hard palate.

3. Specialized mucosa :-

Taste buds are there and dorsum of the tounge (papilla is pre

These are specialized so are pre in very few places.

4) Gap junction :-



2

When there is a gap in the enamel end and the cementum then it is called as cementoenamel gap junction.

5) Basket cells :-

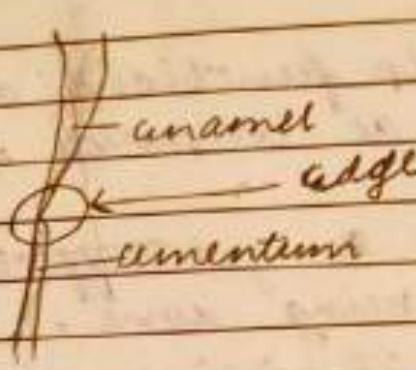
cells which helps in the formation are known as basket cells.

These are present in the oral mucous membrane.

These are in groups which also help to collect materials and transport.

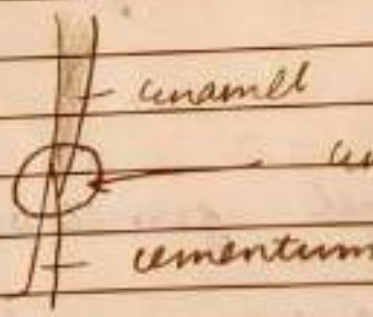
1/2

(i) edge to edge cementon enamel junction:



When enamel and meets cementum at the edge then it is called as edge to edge cementum enamel junction.

(ii) enamel - overlapping cementum junction:



When part of enamel is overlapped on cementum then it is called as enamel overlapping junction.

Slide can be seen in Ground section it's clearly visible.

is less and in old age pain is more.

Because pulp functions are not good in old age as compared to young children.

Pulp may get affected, the Root canal is being done. The pulp inside the tooth is being sucked out. This method is costly but it is useful when the pulp gets damaged.

Sometimes in young age the pulp is not properly formed as the mandibular molar has 3 roots then it has 3 root pulp (radicular) sometime it stop develop-ing. as the space for vessels to pass is less.

cementoenamel junction :-

(i) edge to edge cementum enamel junction

(ii) enamel overlapping cementum

(iii) Gap. junction

(iv) cementum overlaping enamel.

barrier. But the fluid which is being present in pulp is being protected.

2. Reparative :-

When there is any damage in outer material like enamel or else dentin. As it supplies blood vessels for the growth and formation.

3. Offensive :-

It acts as a defense barrier for the fluid which is there. As pain can be felt in pulp when touch

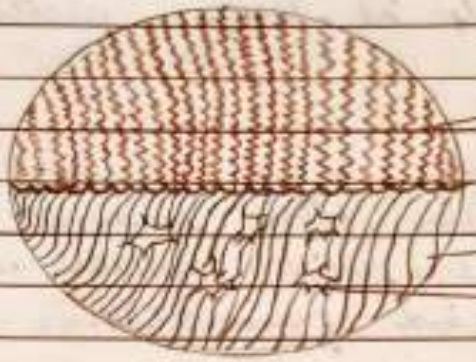
4. Transfer / Passage :-

It also acts as a passage for fluid [blood vessels] and it also helps in the transfer of substances in an out of the pulp. Substances come to the medicine pulp to coronal pulp it supplies and then leave back.

→ [Age changes in pulp] :-

(i) When there is a problem in pulp + while doing treatment pain occurs but (i) In young children pain

(5) Interglobular dentin :-



These are the structures which are present in the dentin. They are star shape. It also helps in some minor changes.

Pulp :-

It has 2 parts / divided,
(i) coronal pulp.
(ii) radicular pulp.

Functions :-

Protective
Reparative
Defensive
Transfer / passage.

Protective - Pulp acts as protective function as the blood vessels are passing through it. It acts as a

Section B

① Hypocalcified structures of enamel :-

(i) **Enamel spindles**

When ameloblasts starts formi then they have no such space to go. [No fix position where to deposit] Then

are spindle like fibers which are glass like and went upwards from DEJ (dentino enamel junction) to enamel cusp

(ii) **Enamel lamella** :-

These are crack like structures which arise from cusp / start of enam tip to dentin. while doing / preparing the ground section the artifacts and crack disappear but enamel lamella dis

(iii) **Enamel tufts**

These are small glass like st which arise from DEJ to enamel. Per few in number and are small.

- Lingual aspect - lingually it is seen trapezoidal.
  - → cusps can be seen on lingual aspect of mandibular first molar
  - → developmental groove can be seen.
- Occlusal aspect :-



  - ⊙ rhomboidal in shape.
  - ⊙ fine lobes can be seen on the occlusal aspect.
  - ⊙ fine cusps.
  - ⊙ one extra distal cusp.

mesial aspect :- 2 roots can be seen from this side.

⇒ 2 cusps can be seen

⊙ Root formation - As the crown is growing the root also starts developing.

⊙ Pulpal - as the tooth comes in the oral cavity the pulp becomes more.

⊙ Cameral transition -

II

Ans (6) Permanent mandibular first molar.

Buccal aspect :- 2 roots can be seen from buccal aspect.



Buccal aspect

⊙ It is trapezoidal in shape
⊙ Cusps can be seen.
⊙ Pit is also present.

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Roll NO - 10

(2)

Q(4) Theories of eruption :-

First of all it is divided into 3 stages:-

1. Pre - eruptive phase.

2. Eruptive phase. → Theories

3. Post - Eruptive phase.

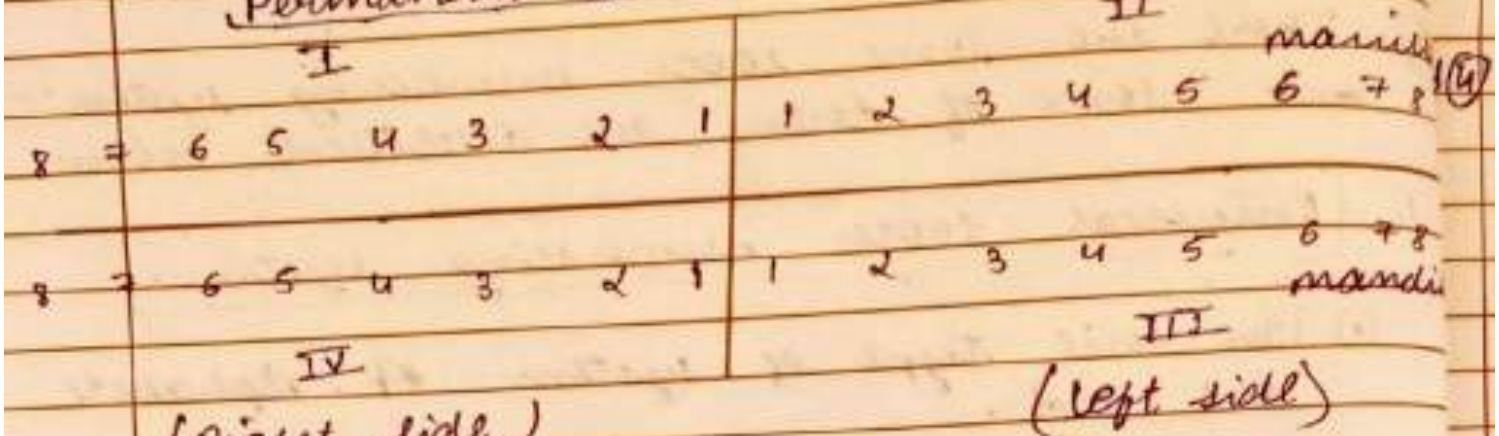
Eruption

⇒ When the tooth comes in the oral cavity ~~for~~ attains functional position.

• Eruptive phase - This is main phase as in this phase when tooth ~~comes~~ start coming in oral cavity.

(i) Bone remodelling :-
It is as same as Pre - eruptive phase. The ~~band~~ / germ layer has grown

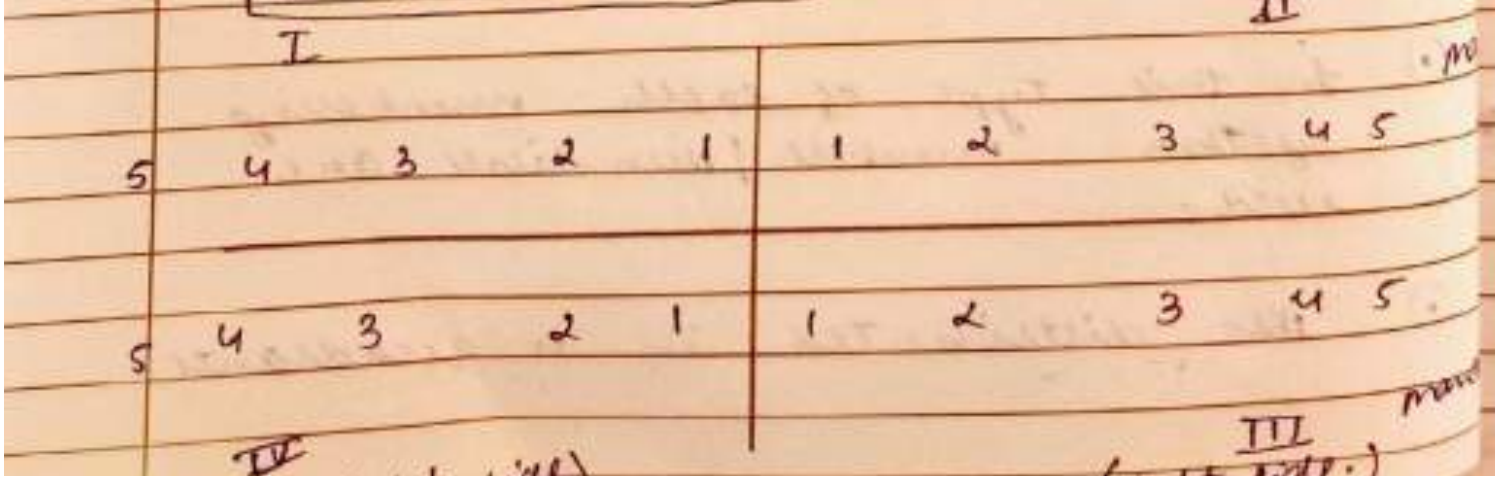
Permanent dentition :-



Steps to write

- ⊙ First we have to write quadrant numbers.
- ⊙ Then after that we have to write the no. of tooth / position.
- ⊙ This is done for Permanent dentition and deciduous dention too. mention above is Permanent dention.
- ⊙ eg- 1, 4 Permanent maxillary Rt 1st Pre - molar.

Deciduous dentition :-



(4) There are some tooth numbering system :-
⟹ some of them are described below

1. [Universal tooth numbering system.]

⊙ In this type of system Alphabets are used.

⊙ Quadrants are there [4 quadrants].

I	II maxillary
IV	III mandibular.

⊙ Alphabets are used from I quadrant then continues to II, III & then IV.

2. [FDI notation]

⊙ In this type of tooth numbering system Numbers / Numericals are used.

⊙ Also distributed in 4 quadrants

Q (3) Anatomical difference between permanent mandibular canine and mandibular first Pre - Molar.

1. Size - of crown and tooth — Size of canine is larger than that of mandibular 1st Pre - Molar.

2. Cusp - Buccal cusp is larger t lingual cusp in mandib canine but in case of 1st Pre - Molar mandibu both the cusps are almo straight / equal.

3. Position - Permanent mandibular canine comes under An teeth and mandibula first Pre - Molar co under Posterior tooth.

4. Occlusal Surface :- Permanent mandi canine does not h occlusal surface. mandibular first pre has occlusal surfac

Vaibhav Chorthe.
Roll NO - 10.

1. Buccal ridge :-



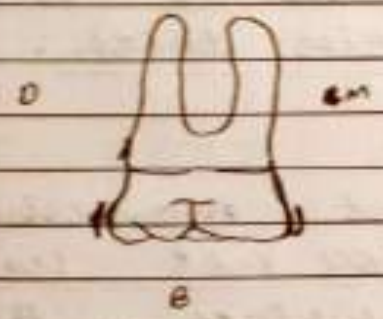
- It is seen in Canine (Peromineent) Premolars too but it not so peromineent in Pre-molar
- seen on the buccal aspect.

2. Lingual ridge :-



- It is seen in permanent maxillary canine.
- seen on the lingual side

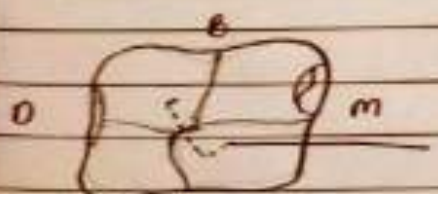
- Cervical ridge :-



- It is mainly seen in posterior tooth
- Not seen in pre-molars but are seen in molars - Maxillary 1st & 2nd molar.

- Oblique ridge :-

only seen in maxillary 1st molar.



(2,3)

Bone
Root
PDL

ns (2) Ridge:-

Ridge is an linear elevation on the crown or occlusal surface of tooth.

There are many types of ridges pre

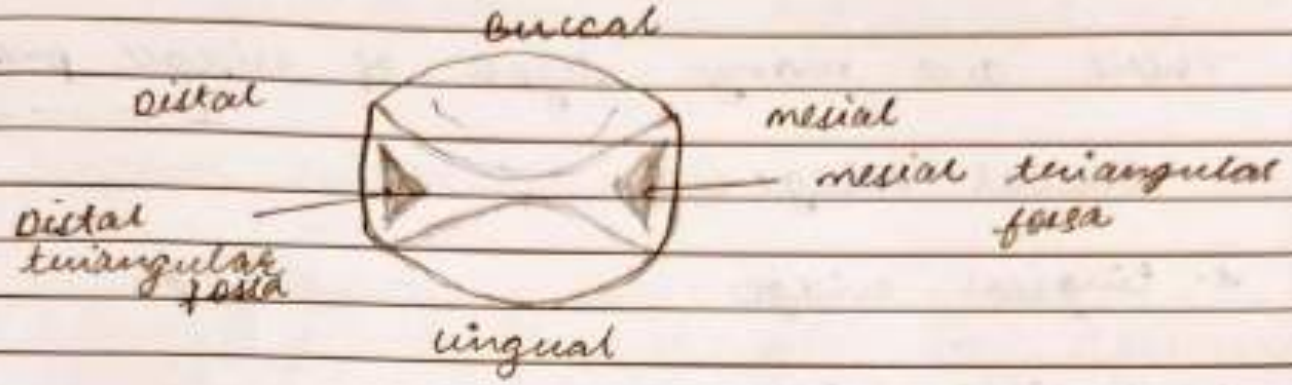
1. Buccal ridge.
2. Lingual ridge.
3. Incisal ridge
4. Labial ridge
5. Cervical ridge.
6. Marginal ridge.
7. Cusp ridge.
8. Transverse ridge.
9. Triangular ridge.
10. Oblique ridge.

(2)

Fossa can be seen.

(i) mesial triangular fossa.

(ii) Distal triangular fossa



Buccal cusp and lingual cusp are almost of ~~the~~ same size.

Cusps can be seen.
ex - Buccal cusp. lingual cusp.

Ridge - linear elevation on the tooth surface.

(1) ⊙ Cusp ridge can be seen on occlusal surface.



Section C

III

Occlusal aspect.

one (1) Mandibular 2nd Premolar.

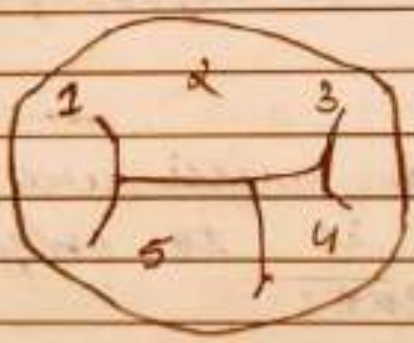
1. FDI NO → 3, 5 Permanent mandibular
Left 2nd premolar.

4, 5 Permanent mandibular
Right 2nd Premolar.

Occlusal aspect :-

1) Shape :- Shape of mandibular 2nd Premolar is oval.

2) Lobes :- It has five lobes.



Three on Buccal side and two on lingual side.

(9) ⊙ maxillary side arch

⊙ 10 tooth present so.
Deciduous dentition.

⊙ Age of cast 2 years.

⊙ 2 molars are present, left and Right canine, left & Right Latu and central Incisor.

⊙ space for tounge is there therfore ma

(10) ⊙ mandibular side arch.

⊙ 14 tooth present so.
'mixed dentition'.

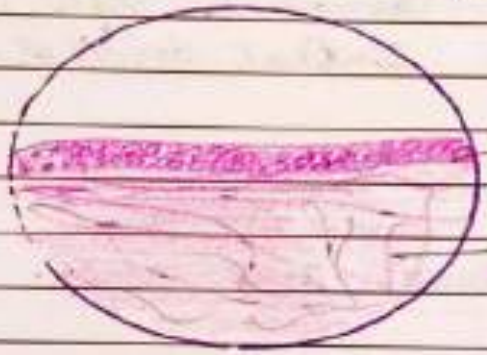
⊙ Age of cast 3 - 4 years.

⊙ 2 molars, 2 pre molars, 1st a 2nd [left and Right both on canine, Left & Right lateral & Central Incisor.



3

- Mallory stain.
- Slide is of staining.



- H and E decalcified section
- ~~Muco~~ Oral Mucous membrane

- Permanent mandibular 2nd Pre-molar.
- FDI — 3, 4
- Age of tooth — 9 years

2½

- Single rooted
- lingual cusp is smaller than Buccal
- Developmental groove is present on lingual side.

(3)



⊙ H and E decalcified section
⊙ serous . salivary gland.

(3)

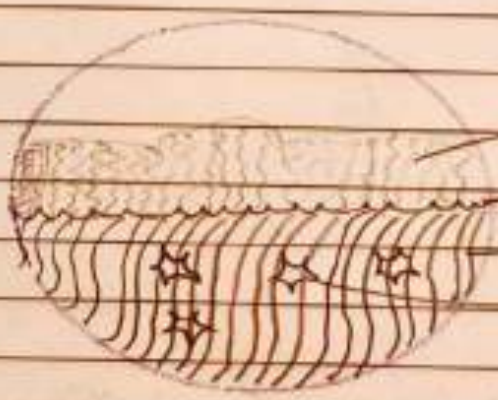
(4)



⊙ H and E decalcified section
⊙ papilla

(1)

(5)



(3)

⊙ Interglobular dentin

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

me of the Student Vaibhav

me of the Examination Additional Exam Class 1st Y BDS.

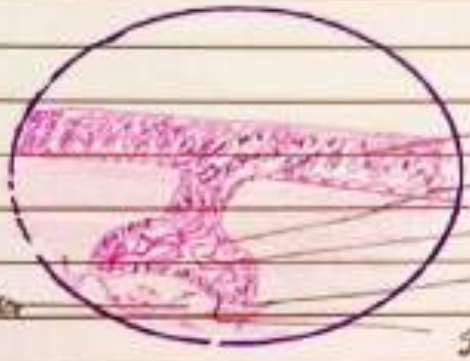
bject DADH.

ll No. 10 Date 16/04/18

dents Signature Vaibhav "Seen No. complaint" Vaibhav

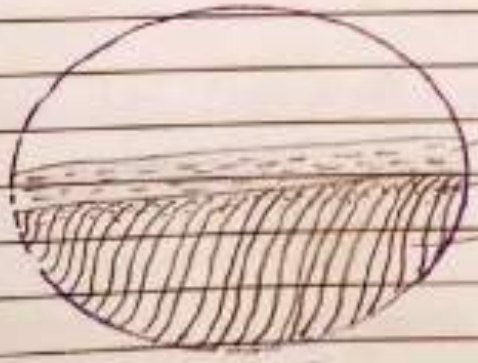
14	(35 marks)
06	(25 marks)
14	(20 marks)
Communication Skills	(10 marks)

24/60



2

- Cap stage
- H and E decalcified section.



2

- Ground section of tooth
- Tome's Granular layer.

Root – 3 roots.

2 Buccal

• 1 Palatal.

4

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Internal Assessment Examination

12/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On This Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do Not Fold The Answer Sheet

WRONG ⊗ Ⓑ Ⓒ ● RIGHT Ⓐ Ⓑ ● Ⓓ

SEAT NO. IN WORDS	Four one
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Addicational exam.
SUBJECT	DADH
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Quesion Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER: 0 0 0 4 1

QUESTION BOOKLET VERSION NO.: A

	A	B	C	D		A	B	C	D		A	B	C	D
1	●				11				●	21				
2				●	12	●				22				
3				●	13		●			23				
X 4				●	14	●				24				
5				●	15				●	25				
X			●		X 16		●			26				
X		●			17			●		27				
X	●				X 18		●			28				
9			●		X 19		●			29				
10				●	X 20			●		30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

e of the Student Kokate Akshay Namdev

e of the Examination Additional internal Examination Class BDS (I)

ect DADH

No. 41 Date 16-4-18

ents Signature Akshay "Seen No. complaint"

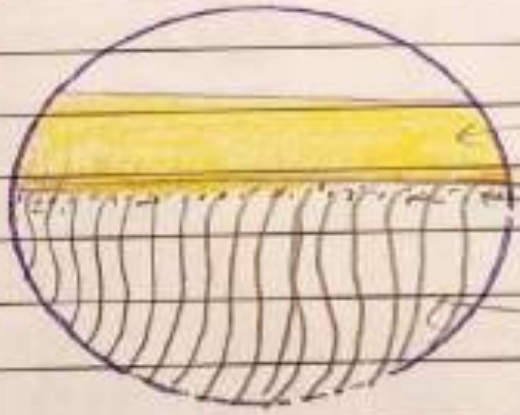
17	(35 marks)
09	(25 marks)
12	(20 marks)
ommunication Skills (10 marks)	

38/60



Bell stage

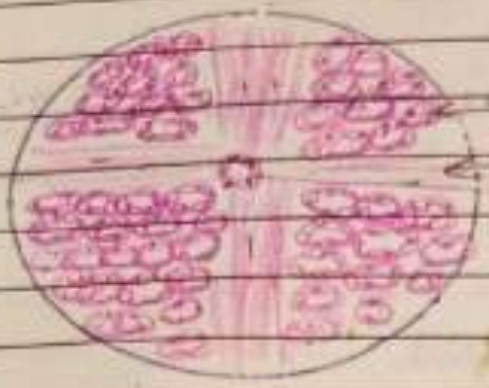
3



Tome's granular layer

2

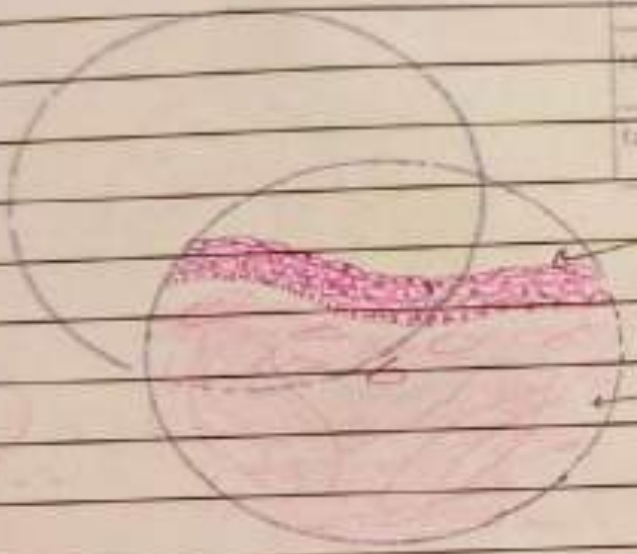
(3)



Serous salivary gland

3

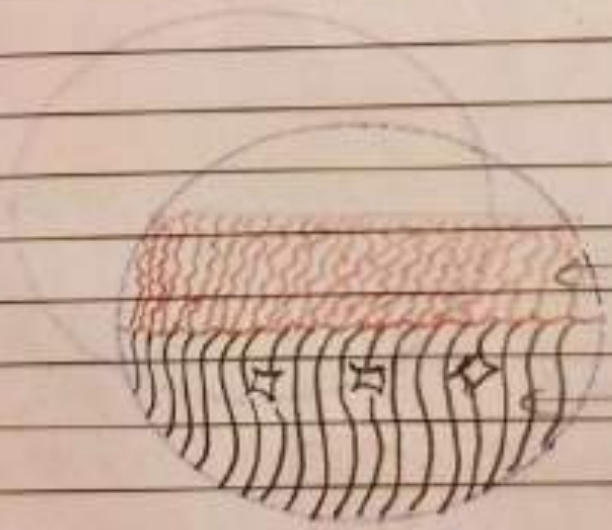
(4)



Simple squ. mucous mem.

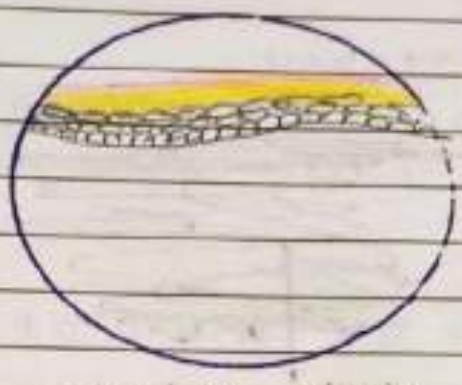
1

(5)

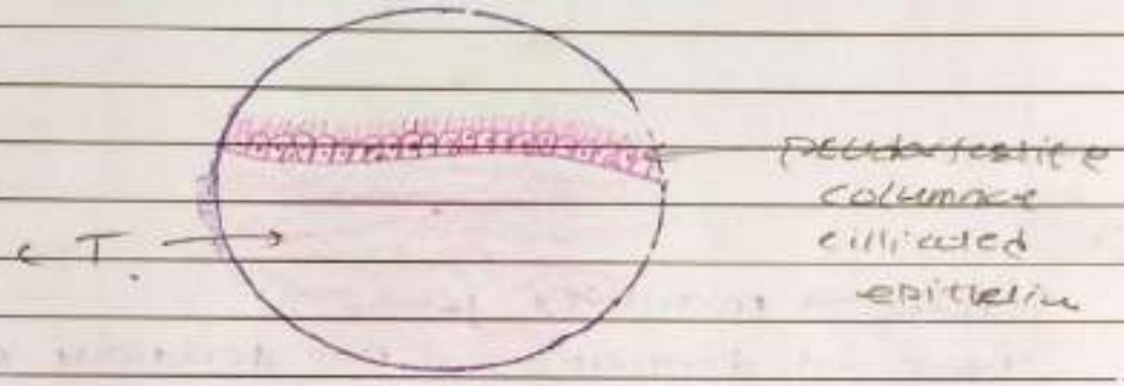


3

Globular dentin



special stain
melicry stain (2)



pseudostartified collumnar cilliated
epithelium (3)

Name → permanent mandibular left 1st premolar
FDI → 34
Age of eruption →
key point → i] If from lingual side an occlusal aspect is seen
ii] mesiolingual groove is seen
iii] single root is present
iv] ruminent lingual cusp is seen.
v]

(3)

(9)

Jaw → maxillary jaw.
Type of dentition → primary.
No. of teeth → 10

E D C B A	A B C D E

Age of eruption → between 3-6 years (3)

(10)

Jaw → maxillary jaw
Type of dentition → Not deciduous (mixed)
No. of teeth → 16

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

(3)

Age of the eruption → 12 - 18 years

Sec - B

I] 1]

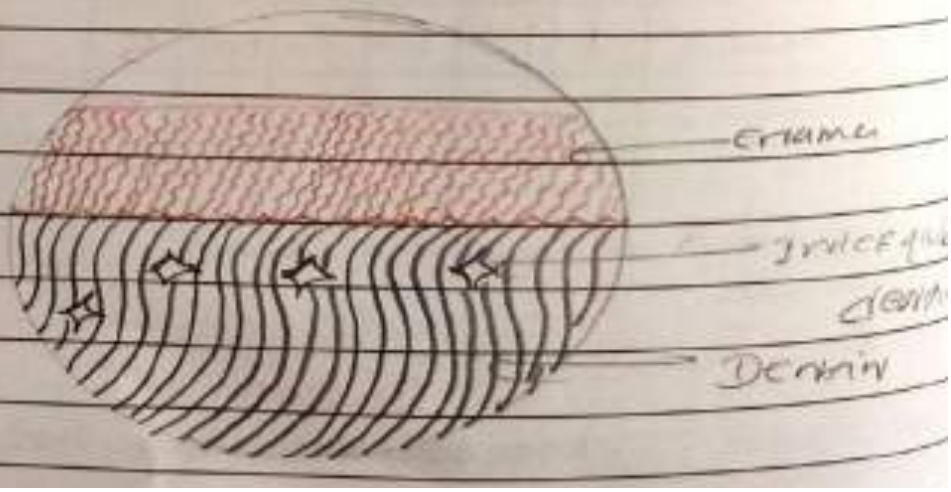
→ Following are the hypocalcified structure.
enamel
- enamel lamella
- enamel tuft
- enamel spindle.
.

(1)

2]

→ i] Interglobular dentine present in dentin
ii) Interglobular dentine is hypocalcified
-tuse.
iii) Interglobular dentin is due to defect in
formation of dentin at the time of de
-ment
iv] Interglobular dentin is mostly size
v] dentinal tubules are not present
Interglobular dentin.

(1/2)



unction of pulp

- Provide nourishment to all part of tooth.
- Provide sensation to the teeth.
- provide canal for passing blood vessels & nerves.
- It is made up of soft tissue & it contains cells & fibers.

Age changes in pulp

- As age increases the deposition of secondary dentin increases.
- Due to this the area of the pulp chamber get decreases.
- As age advanced, the fibrosis of pulp occur i.e. the contains of cell decreases & fibrous content increases.
- As age increases there is narrowing of pulp canal.
- In old age there is blockage of pulp canal & blood supply to the teeth decreases & tooth become brittle., it may be chances of breaking of tooth.

There are three types of cemento-enamel junction.

- overlaping cementoenamel junction
- meeting cementoenamel junction
- Gap - type of cementoenamel junction

(2)

* overlaping type of cemento enamel junction
→ It is about 60% of person in the
→ In overlaping type of cemento enamel

junction enamel overlap cementum.
→ It is physiological not pathological

* meeting (touch) type of cementoenamel
→ It is present in 30% of people.
→ It is just meeting of enamel & cem
at a point.

* Gap-type of ~~EE~~ cementoenamel junction
→ It is about 10% of people
→ It is not commonly seen.

5]
→

It is the linning of oral cavity is known as oral mucous membrane.

Classification.

There types of mucosa is present
a] Linning mucosa
b] Masticatory mucosa
c] Specialized mucosa.

* Masticatory mucosa =>
→ It is present in hard palate & gingiva.
→ It is mainly for the mastication of food.
→ It is one of the hard area of the oral cavity
→ At the time of mastication, masticatory mucosa resist the forces of mastication.

* Specialized mucosa =>
→ It is mainly present on the dorsal surface of the tongue.
→ It is for sense of taste of food like sweet, salt, sour & bitter.
→ Specialized mucosa for special sensation.

* Linning mucosa =>
→ It lines the vestibule of the oral cavity
→ It is just stratified squamous epithelium cell linning.
→

Gingiva →

→ i) gingiva present mainly around the tooth.

ii) Gingiva present in between the two tooth.

iii) Gingiva attaches oral mucosa mem by hemidesmosomes.

iv) interdental & gingival

v) mucogingival junction is present

vi) Gingiva it is the part of masticatory mucosa.

vii) gingiva is not orthokeratinized

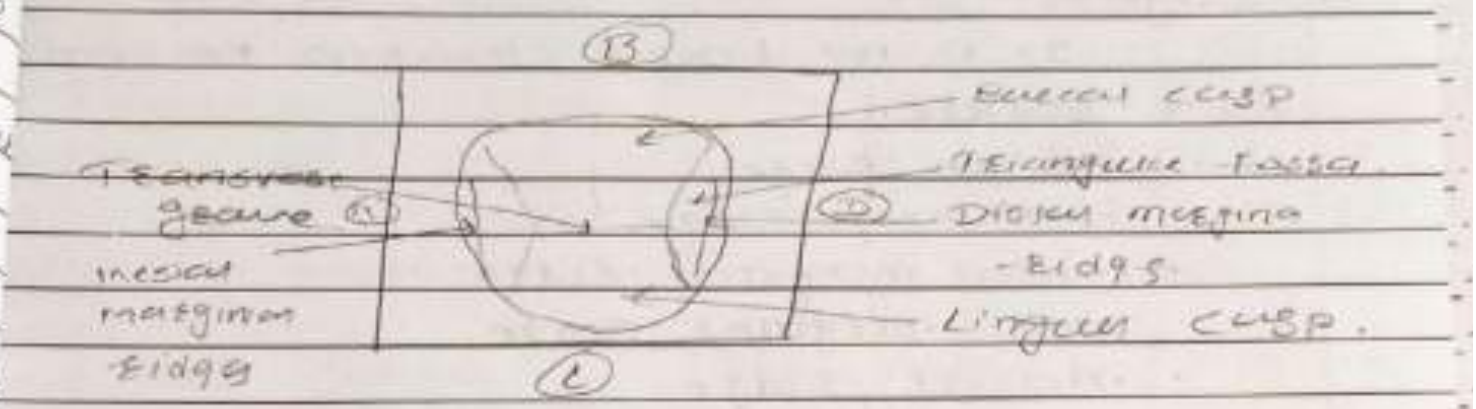
viii) That colour to the gingiva is due to · capillary present below epi
· keratinization in gingiva
· melanine Pigment present in gingiva.

ix) Gingival consist of collagen fibers cells, it may be losses it's functi in the diseases like steroid.

x)

5

Sec - E'



i] It is lingually tapers.
ii] Presence of buccal & lingual cusp.
iii] Very little difference in the height of buccal & lingual cusp.
iv] Presence of mesial marginal ridge & distal marginal ridge.
v] Presence of triangular fossa on mesial & distal side.
vi] Transverse groove present in a center running from mesial to distal.
vii] Lingual cusp is smaller than the buccal cusp.
viii] Occlusal surface is more square like.
ix]

27

→ Ridge ⇒

It is the linear elevation present tooth surface.

ex → · oblique ridge.
· Transverse ridge.
· mesial marginal ridge
· Distal marginal ridge.
· incisal ridge.

* oblique ridge →

→ present on the occlusal surface of the maxillary 1st molar.

→ It extends from mesio-lingual side disto-bucal side.

* Transverse ridg →

→ It is also present in maxillary 1st mo

→ It extends from mesiobucal cusp to lingual cusp.

2

* mesial marginal ridge & distal marginal

→ These ridges present on the margines the tooth.

* Incisal ridge →

→ It is mainly present on the anterior te

→ This is incisal border of anterior teeth mainly central & lateral in-sors.

mandibular canine	mandibular 1st premolar
→ Two fossae are seen	→ more than two
→ cingulum is prominent	→ Lingual cusp is not prominent.
→ cannion for curness of the mandibular arch.	→ Not form curnee.
→ single, longest root is present	→ single, but not long root.
→ more prominent bucal cusp	→ Not very much prominent bucal cusp.
→ Transverse grave is not present.	→ Transverse grave is present.
→ mesio-lingual grave is absent	→ mesio-lingual grave is present.
→ It attends heigher posiation in oral cavity	→ Attend lower posiation in oral cavity.
→ Age of erruption - 9-10 year	→ Age of erruption - 10-12 year.

]

→ It is the process in which, giving number to the specific tooth.

- many system describe the tooth numbering system like.

→ Universal tooth numbering system.

→ FDI tooth numbering system

→ palmar zygmaidy tooth numbering system

* universal tooth numbering system

• For permanent.

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

• For decidious.

Rt					left					
A	B	C	D	E	F	G	H	I	J	- maxillary
T	S	R	Q	P	O	N	M	L	K	- mandibular

* In FDI tooth numbering system →

Right (1)	left (2)	
8 7 6 5 4 3 2 1		
1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	- m
1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8	- n
8 7 6 5 4 3 2 1 (4)	(3)	

so → ex 18 → permanent right maxillary ~~incisor~~. 3rd molar

ex (2) 47 → permanent right mandibu 2nd molar.

Following are the theories of corruption.

- pre-emptive theory.
- preventive theory
- Post-preventive theory

- pre-emptive theory →

This is applicable the theory before prevention of work.

II]

· Morphology of permanent mandibular first molar.

· Introduction

→ It having 4- cusp.
  · 3 on buccal side & 1 on lingual
→ It seen 3- cusp from buccal side.
→ Two lingual root & one buccal root is seen.
→ Occlusal surface is more square or rhomboidal in nature.
→

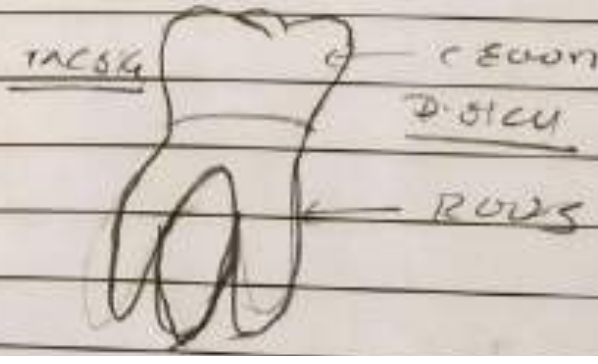
· Function →

→ It is help for mastication of food.
→ It maintain the vertical dimentions of the tooth.
→

· Chronology

1st evidence of calcification → At birth
Crown completed → 3-4 yr
Age of eruption → 6-7 yr
Root completed → 10-12

* Buccal aspect.



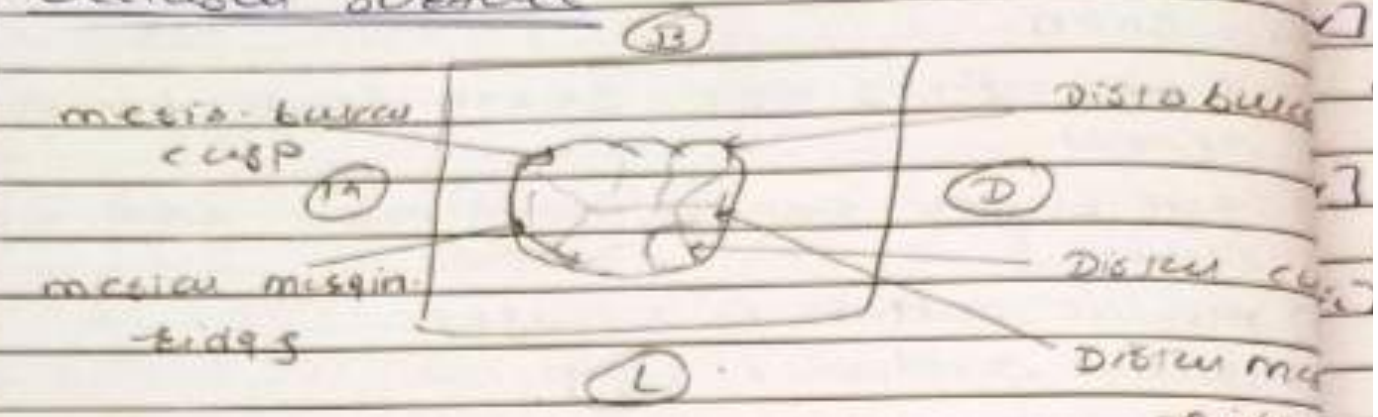
i) From the buccal aspect trapezoidal crown is seen.
ii) Three roots are seen from buccal aspect
iii) From buccal aspect three cusp are seen clearly.
iv) Mesial outline is straight.
v) Distal outline is convex.
vi) Occlusal outline is irregular.
vii) Cervical outline is not so curve.

- Lingual outline aspect
→ Lingual aspect same as that of the buccal aspect
→ From lingual aspect all four cusps are seen.
→ mesial outline is sharp & distal outline is convex
→ 3 roots are seen only.

- Mesial aspect
→ From mesial aspect only two roots are seen.
→ mesial surface is more straight, regular
→

- Distal aspect
→ From distal aspect three roots are seen.
→ Distal surface is more convex

• occlusal surface



→ i) occlusal surface is more roun
ii) presence of 4-cusp on occlusal
iii) 3-cusp is buccal & 1 on disto
iv) Two buccal grooves are seen on bu
side.
v) Lingual groove is present.
vi) Two small triangular fossa are pr
vii) Two major & 2 minor fossa are
-sent.

• Note on seen tried.

→ maxillary 1st molar occlusal surface
somboidal, but mandibular 1st mol
→ is not somboidal.
→ cusp of carabeli present present
maxillary 1st molar but not in mandi
1st molar.
→ Buccally three cusps are seen in max
-ar first molar but in maxillary 1st
2 cusp buccally present

] Two - cusp buccally & one lingually in in maxillary 1st molar but in mandibu 1st molar.

] maxillary 1st molar is not symmetrical but mandibular 1st molar is symmetrical.

]

5

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2017-18 DATE- 16/04/2018

Additional ASSESSMENT THEORY Examination-MARKS SECURED

ROLL NO.	NAME of THE CANDIDATE	Section A (20 Marks)	Section B (20 Marks)	Section C (20 Marks)	Total (60 marks)	Point conversion (3)	Student Signature
8	Bingle Anuja Ramesh	04	05	10	19	0.95	
10	Chothe Vaibhav	07	11	10	28	1.40	
41	Kokate Akshay	12	11	12	35	1.75	
43	Shruti Kulkarni	07	14	16	37	1.85	
80	Sarswat Qashish Anil	14	14	11	39	1.95	
87	Shinde Komal Sanjay	11	14	15	40	2.00	
95	Vidhate manjiri Raghunath	11	12	13	36	1.80	
99	Aishwarya Prakash Londhe	07	10	04	21	1.05	
100	Salunke Dimple	08	06	04	18	0.90	

DY Patil Dental School, Pune

Department of Dental Anatomy & Dental Histology

Batch 2020-21

NOTICE

Ist Year Additional Examination is scheduled on 15/12/21

Date: 15/12/21 Time: 9 am

EXAMINATION SYLLABUS

Entire sylabus of Dental anatomy and Dental Histology is included for examination

for

Signature of Head of the Department

Teacher's Signature:

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF DENTAL ANATOMY & DENTAL HISTOLOGY.

DATE: 15/12/2021

FIRST YEAR B.D.S. REG BATCH – ADDITIONAL EXAMINATION

ATTENDANCE RECORD – THEORY

SR. NO	ROLL NO	NAME OF CANDIDATE	SIGNATURE
1	54	Anvita Pralhad Nawale	
2	72	Asmita Arun Ranvir	
3	77	Vaishnavi Anand Samal	
4	91	Rutika Satish Tupe	
5	66	Roshan Bhausaheb patil	
6	83	Yugal vinod Shende	
7	36	Richi Jain	
8	42	Siddhi Kedare	
9	01	Tejari Aage	
10	39	Shubhangi Kalyankar	
11			
12			

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF DENTAL ANATOMY & DENTAL HISTOLOGY.

DATE: 15/12/2021

FIRST YEAR B.D.S. – ADDITIONAL EXAMINATION 2021

ATTENDANCE RECORD – PRACTICALS

SR. NO	ROLL NO	NAME OF CANDIDATE	SIGNATURE
1	54	Anvita Prahlad Nawale	
2	72	Asmita Arun Ranvir	
3	01	Lajari Kishor Nage	
4	42	Siddhi Keclare	
5	66	Roshan Bhausaheb patil	
6	83	Yugal Vinod Shende	
7	39	Shubhangi Manohar Kalyankar	
8	91	Rutika Satish Tupe	
9	77	Vaishnavi Anand Samal	
10	36	Richi Jain	
11			
12			

HEAD OF THE DEPARTMENT
Dept. of Dental Anatomy & Dental Histology

FIRST BDS REGULAR BATCH (2020-2021) ADDITIONAL EXAMINATION

Cells of the spinous layer are generally

a) Larger than the basal cells B) Smaller than the basal cells c) Same size as that of basal cells d) of the above

lerve fibres assoiated with sharp pain are

)A delta b)A beta c)C-fibres d)both a and C

In multirooted teeth, formation of multiple roots is due to presence of:

) Epithelial diaphragm b) Cell rests of Malassez c) Toot bud division or bell stage d) None of the above

The pulp stem cells are

)Pluripotent b)Multipotent c)Totipotent d)None

Which of the following is not the principal fiber group of the periodontal ligament ?
a. Horizontal b) Oblique c) Alveolar crest d) Trans septal
Butt joint in cementoenamel junction is seen in _____ % of cases : a) 10% b) 30% c) 60% d) 90%

Lingual cusp of premolar develops from..... a) mesial lobe b) distal lobe c) middle lobe d)lingual lobe

Acid phosphates is seen in the ..... a) osteocytes b). osteoblast c). Osteoclast d) bone matrix

Permanent Mandibular central incisor develops from_____?
a)3 lobes b) 1 lobe c) 4 lobes d) 5 lobes

. Peg shaped variation seen in.....

a).Maxillary central incisor b) Mandibular lateral incisor

c) Maxillary lateral incisor d) Mandibular central incisor

. Generally in majority of children, the sequence of eruption of permanent teeth in mandible is

a) 1-6-2-3-5-4-7-8 b) 6-1-2-4-5-3-7-8 c) 6-1-2-3-4-5-7-8 d) 6-1-2-4-3-5-7-8

. In healthy mouth the distance between CEJ and border of alveolar bone proper is

a). constant b) changes with ages c)depends on inclination of teeth d.none of the above

. The first permanent tooth to erupt in the oral cavity is

a) Mandibular central incisor b) Mandibular first molar c) Maxillary central incisor d) Maxillary first molar

The Projection Of Ameloblast Into The Enamel Matrix, Is Known As

a)Tomes Fibers b) Tomes Process c)Tomes Fibrils d)Tomes Network

.The main bulk of dentin is formed by

a) Peritubular dentin b)Mantle dentin c)Intertubular dentin d)Predentin

. In the tongue, bitter taste is more perceived at: a) Tip b) Sides c) Back d) Front

. The formation of the dental lamina is initiated by

a) Forebrain b) Rathke's pouch c) Neural crest cells d) Odontoblasts

.Vitality of pulp depends upon ..... a) blood supply b)nerve supply c)lymphatic supply d)all of above

. Crown completion of mandibular 3rd molar occurs at

) 10-12 years b) 12-18 years c) 7-8 years d) 10-11 years

).Which of the following groups of fibers are not attached to alveolar bone ?
) Apical b) Horizontal c). Oblique d) Transseptal

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ARTMENT OF DENTAL ANATOMY & DENTAL HISTOLOGY.

DATE: 15/12/2021

FIRST YEAR B.D.S. – ADDITIONAL EXAMINATION

SECTION A (MCQ'S) ANSWER KEY

Q.NO	ANSWER		Q.NO	ANSWER
1	a		11	b
2	d		12	a
3	a		13	b
4	a		14	b
5	c		15	a
6	b		16	c
7	d		17	c
8	c		18	a
9	c		19	b
10	c		20	d

HEAD OF THE DEPARTMENT
Dept. of Dental Anatomy & Dental Histology

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Internal Assessment Examination

09/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) (●)	(A) (B) (●) (D)

SEAT NO. IN WORDS	Seventy Seven
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam for 3rd interna assesment
SUBJECT	Dental ~~his~~ anatomy dental histology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	7	7
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	●	●
8	8	8	8	8
9	9	9	9	9
●	●	●	0	0

QUESTION BOOKLET VERSION NO.

A	(A)	1	1
B	(B)	2	2
D	(D)	3	3
G	(G)	4	4
M	(M)	5	5
N	(N)	6	6
P	(P)	7	7
S	(S)	8	8
U	(U)	9	9
		0	0

ANSWERS

	A	B	C	D
1	(A)	●	(C)	(D)
2	(A)	(B)	(C)	●
3	(A)	(B)	(C)	●
4	(A)	●	(C)	(D)
5	(A)	(B)	(C)	●
6	●	(B)	(C)	(D)
7	(A)	●	(C)	(D)
8	(A)	(B)	●	(D)
9	(A)	●	(C)	(D)
10	●	(B)	(C)	(D)
11	(A)	(B)	●	(D)
12	(A)	(B)	●	(D)
13	(A)	(B)	(C)	●
14	(A)	●	(C)	(D)
15	(A)	(B)	●	(D)
16	(A)	(B)	●	(D)
17	(A)	(B)	(C)	●
18	(A)	(B)	(C)	●
19	(A)	●	(C)	(D)
20	●	(B)	(C)	(D)
21	(A)	(B)	(C)	(D)
22	(A)	(B)	(C)	(D)
23	(A)	(B)	(C)	(D)
24	(A)	(B)	(C)	(D)
25	(A)	(B)	(C)	(D)
26	(A)	(B)	(C)	(D)
27	(A)	(B)	(C)	(D)
28	(A)	(B)	(C)	(D)
29	(A)	(B)	(C)	(D)
30	(A)	(B)	(C)	(D)

Seen and No. Complaint

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Examiner Name & Signature

SECTION - B

1). Classify cementum and discuss cementoenamel junction

Introduction :-
The cementum is the covering ✱ of the tooth.

Classification of cementum

On the basis of location.

- Coronal cementum
- Radicular cementum.

On the basis of ~~prence~~ presence & Absense of cells.

- Acellular Cementum (primary cementum)
- Cellular cementum (secondary cementum).

1) on the basis of location

1) coronal cementum :-
the cementum that covers the enamel & cementoenamel junction

2) Radicular cementum.
The cementum that covers the anatomical root of the tooth.

2) on the basis of presence & absence of cells.

1) Acellular Cementum.

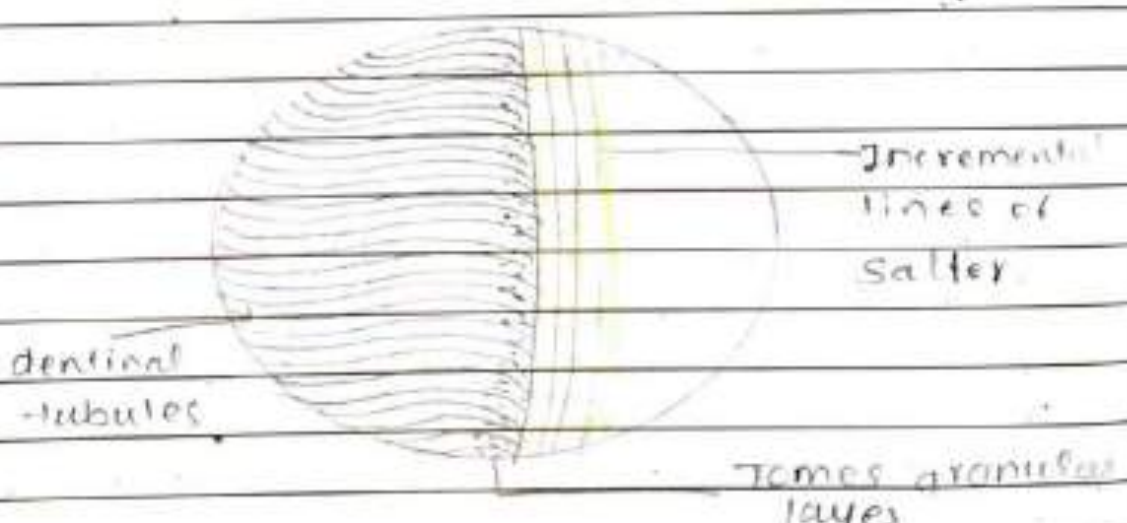


fig Acellular cementum

- This is the primary cementum.
- The acellular cementum is located at the cervical 1/3rd and middle one 1/3rd of the root.

3) the cementocytes are the absent.
4) The this cementum form before tooth reach to the occlusal plane.
5) irregular and thin incremental lines.

2) cellular cementum.

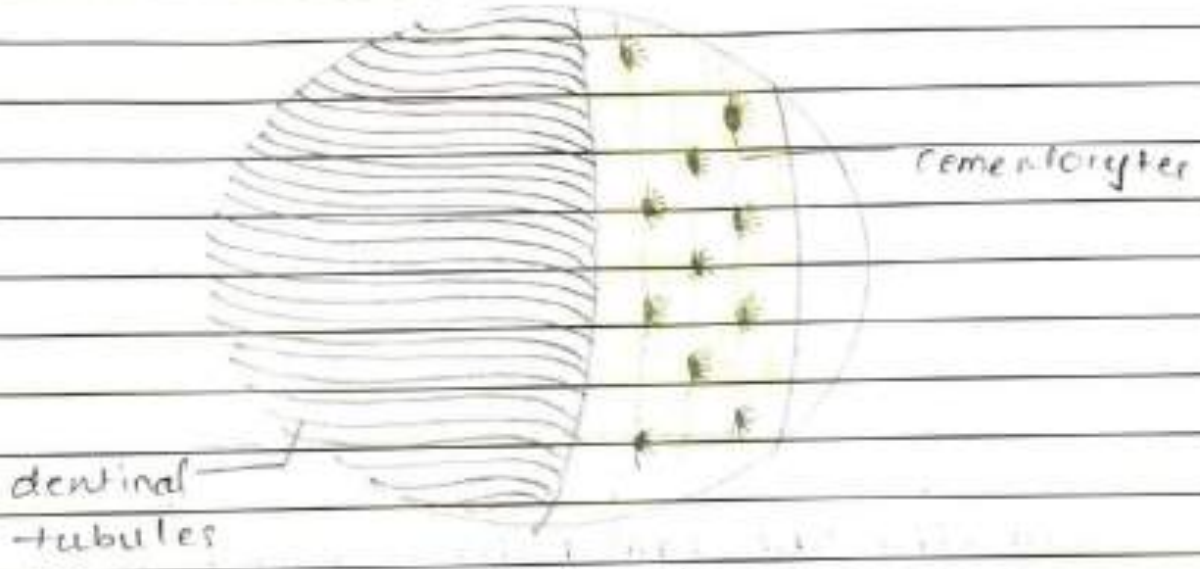


fig cellular cementum

- It is the secondary 8- cementum
- the cementocytes are present.
- the incremental lines of salter are widly distributed and regular.
- the cementum form ~~bet~~ after ~~root~~ tooth erupts in occlusal ~~plain~~ plan.

2) Vermilion boarder of lip :-

The vermilion boarder of lip is also called as transitional zone or red zone.

- It is separates the skin and oral cavity.
- the vermilian border is different from the skin.
- It is less keratinized.

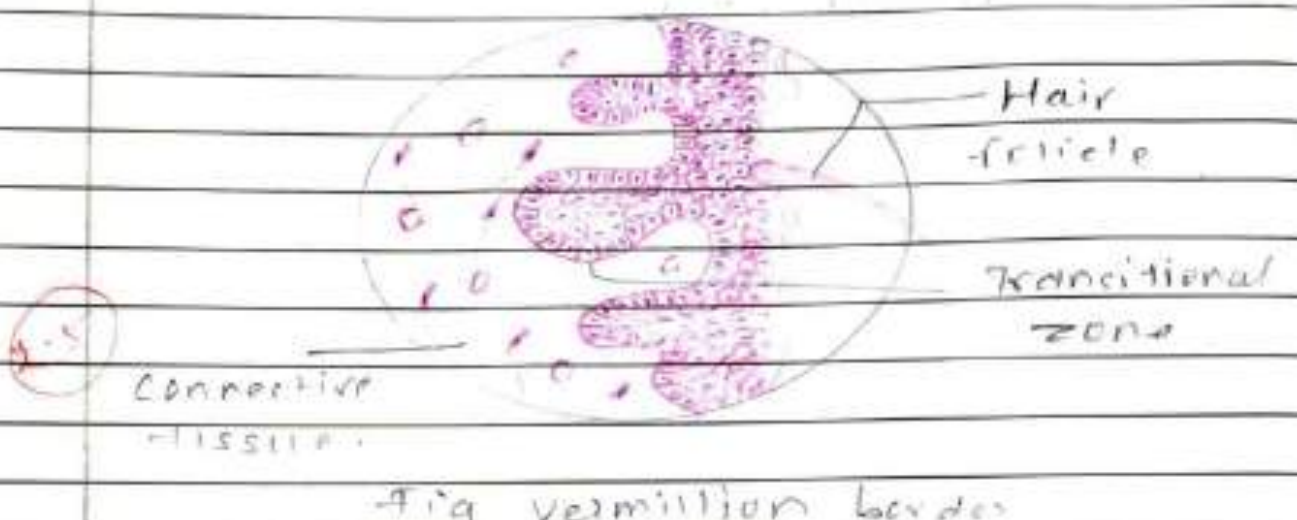


Fig vermillion border

Classify the oral mucous membrane.

defination :-

The moist lining of the oral cavity is called as the oral mucous membrane.

functions - 1) protection - barrier for the microorganisums
2) Sensation - taste, pain
3) thermoregulation :-
this function only in the dogs.

classification of oral mucous membrane based on the function.

Masticatory Mucosa. (25%.)	Lining Mucosa. (60%.)	Specilaized mucosa. (15%.)

1) Masticatory Mucosa :-
- It is the 25% of the total oral mucosa
- present in - Hard palate & gingiva.
- this mucosa is keratinized.

2) Lining mucosa :-
- It is the 60% of the total oral mucosa.
- location : Ventral surface of tongue, soft palate, alveolar mucosa, lip, cheek.

3) Specilized Mucosa :-
It is the 15% of the total oral mucosa
- present in - dorsal surface of the tongue.

classification based on histology :

Keratinized | Non-keratinized | Specilized

Orthokeratinized
↓
absence of Nucleus.

Parakeratinized
↓
Cells are disappears but picnotic or shrinken Nucleus is present.

8) Write short Note on pulp stones.

The pulp is the soft tissue of the tooth. Contain blood vessels and nerves.

- The pulp stones are also called as ~~denta~~ denticles.

The pulp stones are classified into

- ~~free~~ True pulp stone
- false pulp stone.

The pulp stones are classified on the basis of location :-

- free pulp stone.
- Attached pulp stone.
- embedded pulp stone.

1) True pulp stone.

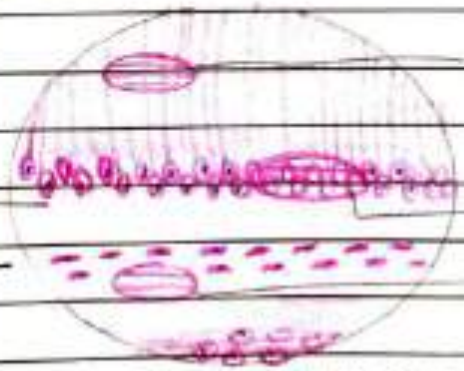
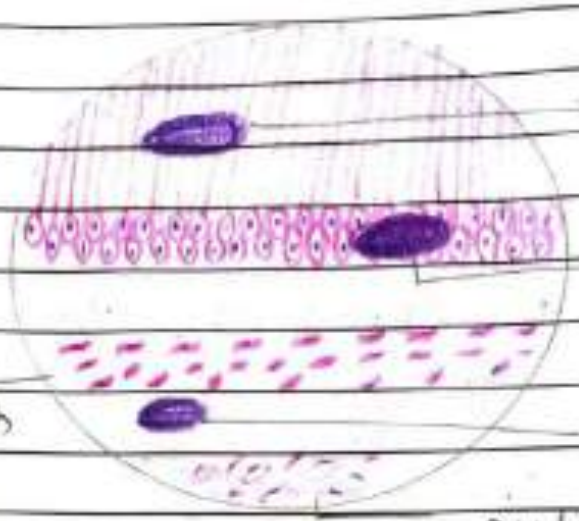


fig True pulp stone

In the true pulp stones, the dentinal tubules are clearly seen

2) false pulp stone



The false pulp stones are seen like a bones. It is the not transparent

4) Describe the tissue processing.

tissue processing is a technique used to study the structure, histology and identification of the cells or tissue.

The steps involved in tissue processing

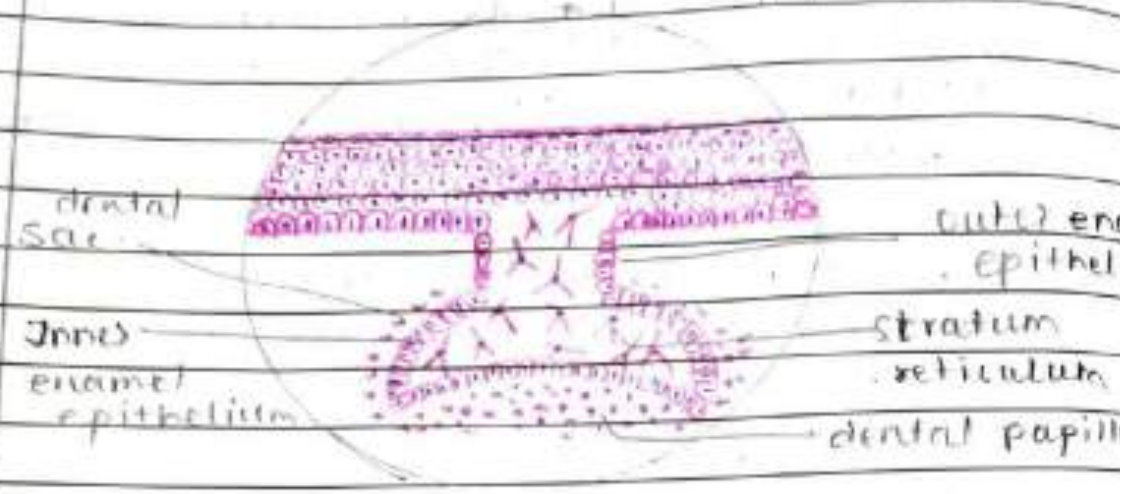
1) biopsy.
2) ~~tissue~~ transport
3) dehydration
4) embedding
5) clearing.
6) staining

- The xylene is the clearing reagent used in the tissue processing.

- The 10% formalin used for the dehydration

(1)

5) Cap stage of tooth development.



- It is the second ~~se~~ Step of the development of the tooth.
- the unequal growth or proliferatio of the bud. (dental lamina)
- the shallow invagination seen to from the cap stage.
- In this stage their are 3 types of cells involve.
  1) inner enamel epithelium
  2) ~~outer en~~ stellate reticulum
  3) outer enamel epithelium

1) Inner enamel epithelium - this are th ~~co~~ cuboidal cells which are developed into the ameloblast enamel forming cells.
2) Outer enamel epithelium - this are small columnas cells.

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Subject DADH

Roll No. 77 Date 15/12/21

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Stellate reticulum :-

The polygonal cells of the bud stage are converted into the star shaped cells called as ~~strat~~ Stellate reticulum.

(2)

SECTION-C

I)

2) Type traits of Maxillary premolar.

Type trait

The difference between the first and second premolar is called as tr type trait of premolars

Permanant Maxillary first premolar.	Permanant Maxillary second premolar.
1) the maxillary first premolar have 2 roots.	1) the maxillary second premolar has a single root.
2) The occlusal aspect of 1st premolar the buccal cusp is larger than the lingual cusp.	2) the both the cusp of this tooth are in the almost same size.
3) the mesial developmental groove is seen.	3) the mesial develop mental groove is not seen
4) there is a no developmental groove in root.	4) the developmental groove is seen in the roots

5)



Maxillary first ~~mola~~ premolar.

6) FDI Notation :-
14, 24

5)



Maxillary second premolar.

6) FDI Notation
15, 25

→ . Define cusp & ridge.

1) cusp :-
"The mound or elevation on the occlusal surface of the tooth is called as cusp."

types of cusps :-

1) buccal cusp
2) lingual cusp.
3) mesiobuccal cusp
4) distobuccal cusp.
5) Mesiolingual cusp
6) distolingual cusp.
7) distal cusp.

2) ridge

The linear elevation on th tooth surface is called as ridge

Various types of ridges.

1) buccal ridge
2) incisal ridge
3) marginal ridges
   - 1) Mesial marginal ridge
   - 2) distal Marginal ridge
4) oblique ridge
5) transverse ridge
6) cervical ridge

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SECTION - B.

6).

→ life cycle of the ameloblast.

life cycle of Ameloblast.

1) presecretory Stage
   - 1) Morphogenic Stage
   - 2) organizing stage.

Secretory stage
   - formative Stage.
   - Maturation Stage.

Post secretory stage.
   - protective Stage
   - desmolytic stage.
   - Attachment stage.

1) Presecretory Stage :-

1) Morphogenic stage. :-

The advanced bell stage innerenamel epithelium is converted into small columnar ameloblast.

- In this stage the cytoplasm and the organelle in the cell are less
- the oval shaped nucleus is towards the proximal surface.
- the cell oragnells are mitochondria, Golgi apparatus and centrioles are present.

2) Organizing Stage :-

In this stage the small columnar cells are tall columnar cells. the cytoplasm and the organelles are more in number due to increase in the shape and size of cells.



Cuboidal cell

Fig Morphogenic stage



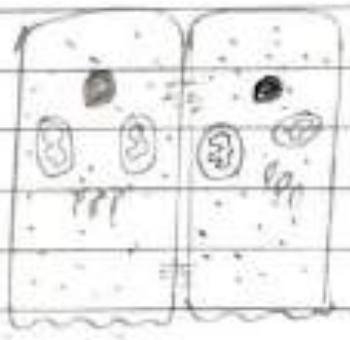
tall columnar cell

Fig organizing stage

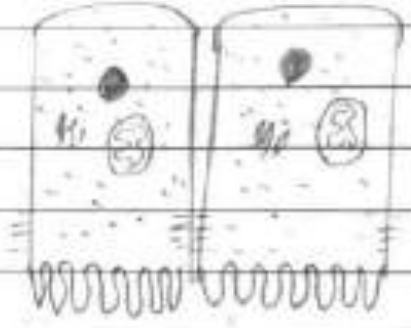
2) Secretory stage :-

1) formative stage.

- In this stage the the ameloblac > inner enamel epithelium send signals to the dental follicles then it forms a odontoblast, the odontoblast send signals to the amel innerenamel epithelium of tall columnar cells to from, and the tall columnas cells send signals to odontoblast to from a dentin then the first layer of the dentin is form. this is called reversal resiprocal. then the po projections are seen in the cell called as tomes process.
- the smooth and the ruffled surface of cell is forms.
- The rod and interrod formation also occures.



Smooth surface



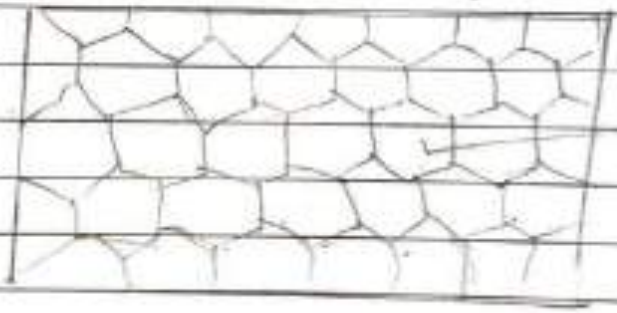
ruffled surface



— Tomes fibres

3) Maturation stage :-

In this stage the actual deposition of the enamel matrix occures. the deposition of inorganic components like Hydroxyapetite flowid. then the key hole patter is seen. the rapidly deposition of the enamel matrix.



key hole pattern

5) Post-secretory stage :-

1) ~~Protecting~~ Protective stage.

In this + stage the more deposition of enamel matrix occurs which is the protecting layer for the dental caries.

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2) Desmolytic stage.

In this stage the ~~fully~~ mineralization of the tooth continue and ~~m~~ forms a desmolytic structure

Applied aspect.

1) Attrition
2) Abration
3) Hypocalcification
4) dental caries. (8)
5) Abraction.

SECTION - C.

6)

Permanent Maxillary 1st Molar.

The given tooth has a 5 cusps. 4 are in functional and 1 is non functional which is called as cusp of carabelli

- The cusp of carabelli is rarely seen which is present on the mesiolingual cusp.
- The maxillary first molar have a three roots, one palatal and 2 buccal (1 ~~disto~~-mesiobuccal 1 - distobuccal).

Tooth Numering :- (Nomenclature)

FDI system = 16, 26.
In palmes System = 6|, |6.
In universal system = 8, 3, 14.

Age of Eruption

In decideous dentition = 2 - 2.5 yrs.

In permanant dentition = 13 - 17 yrs.

There are 5 aspects of the Maxillary first Molar.

1) buccal Aspect
2) Lingual Aspect.
3) Mesial Aspect.
4) distal Aspect.
5) occlusal Aspect.

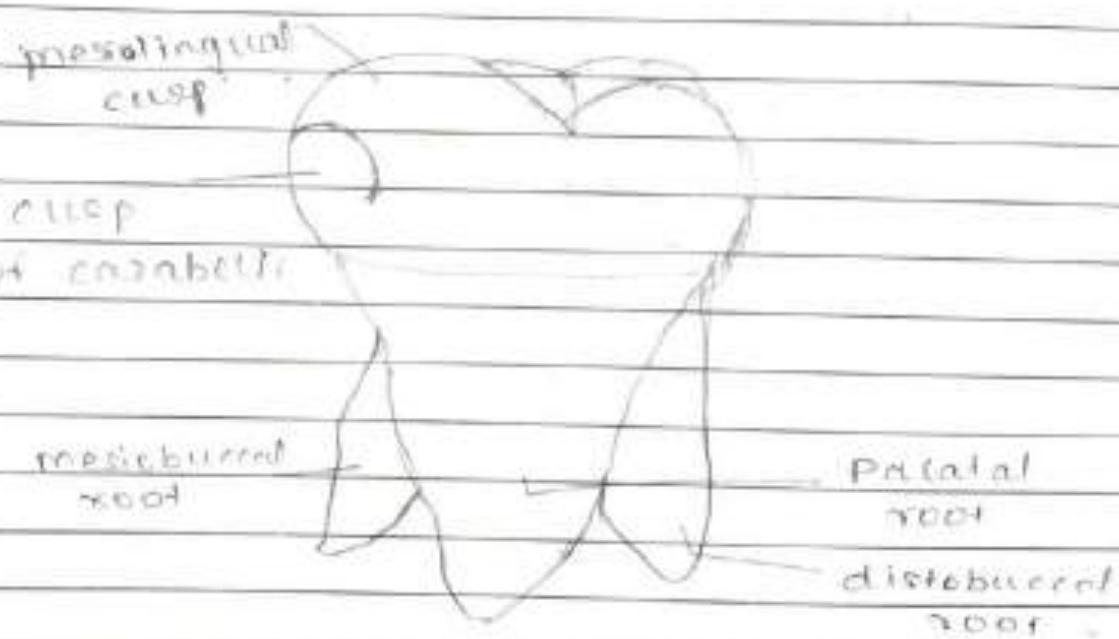
1) buccal Aspect.
- on the buccal aspect the crown shows the trapezoidal in shape.
- 2 cusp are seen distobuccal and the mesiobuccal cusp.
- the all three roots are seen from the buccal aspect.
- the mesiolingual cusp is also seen.



Lingual Aspect :

Th. The crown shows trapezoidal in shape. the lingual dimension is greater as compair to the buccal. the all cusp are seen from this side.

- the mesiolingual is is the largest cusp in the tooth and small distolingual cusp.
- From this aspect all three roots are seen. the palatel root is t long & slenger root as compair to d. buccal roots.
- The cusp of carabeli also seen



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Mesial Aspect.

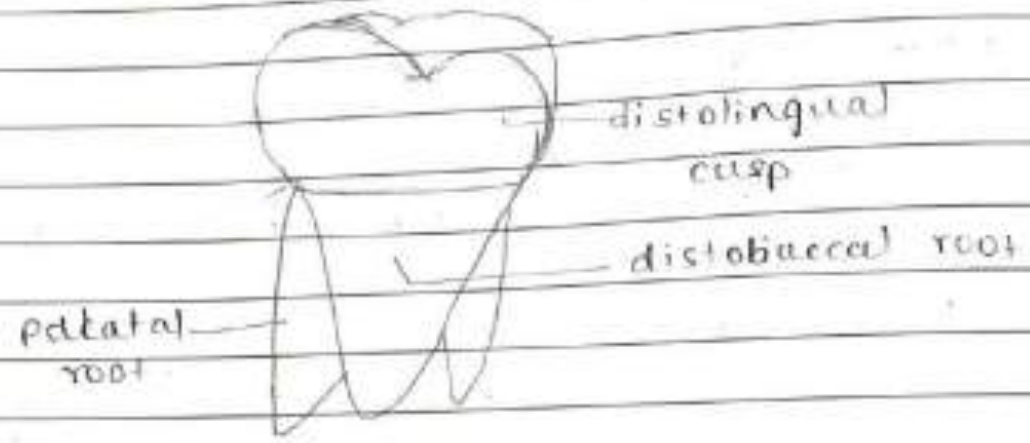
The mesiodistal dimension is greater than the buccolingual dimension.

- from the mesial side the cusp of carabeli is prominantly seen.
- some part of distal side also seen.
- Mesiolingual cusp is the larger cusp..
- all three roots are seen from this aspect.



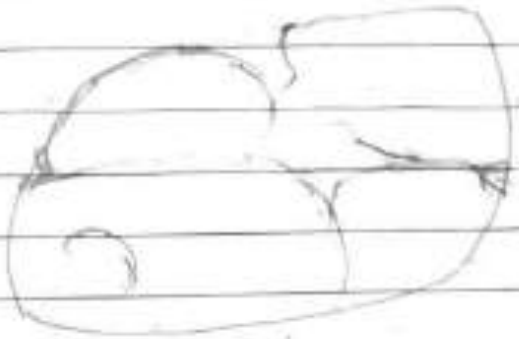
distal aspect :

from the distal aspect.
the all cusp are seen.
the distolingual is the smallest cusp.
all three roots are seen.



* Occlusal Aspect :-

- all the 5 cusp are seen from the occlusal surface.
- the occlusal surface have a Rhombial outline.
- The oblique ridge is seen in this aspect from mesiolingual cusp to the distobuccal cusp.
- the marginal ridges are seen.
- mesial triangular and distal triangular fossa also seen.



The short note on set trait, arch trait and ~~tr~~ type trait.

Set trait :-

1) The difference between permanent and decideous maxillary molars.
2) ~~the~~ all the cusp are not seen prominently in decideous
3) oblique ridges ~~a~~ is seen in pesmant but not in decideous.

Arch trait.

The difference between the Maxillary and the mandibular molars.

- the maxillary 1st molar have a 3 roots and 5 cusp, 4 functional and 1 nonfunctional. i.e cusp of Carabeli. which is seen in only maxillary 1st molar.
- the mandibular 1st molar have a all functional 5 cusps with 3 roots.
- the oblique ridge is seen only in the maxillary 1st molar not in mandible

type trait :
the difference between first and second molar .

1) all the 1st molars have a 3 roots but all the second molars have a 2 roots
2) the 1st molar have a 5 cusps
the 2nd molas have a 4 cusps.

I)

1) Occlusion :-
The occlusion is defined as the occlusal surface of one tooth is meets the others

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Internal Assessment Examination

10/2

SECTION A

Sr. No.

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WRONG (X) (B) (C) ●

RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Fifty Four
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	DAOH
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

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6 6 6 5 4

QUESTION BOOKLET VERSION NO.

ANSWERS

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

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Examiner Name & Signature

Section B

I.

1 Cementum:

Cementum can be classified into 2 types:

a) Cellular cementum:

It has cementocytes in the cementum on the Incremental lines of salters.

b) Acellular cementum:

cementocytes are absent.

⇒ Cementoenamel junction:

- The junction formed by cementum from root and enamel of crown at the cervix is known as cementoenamel junction.
- It is not scalloped, it is smooth lined.

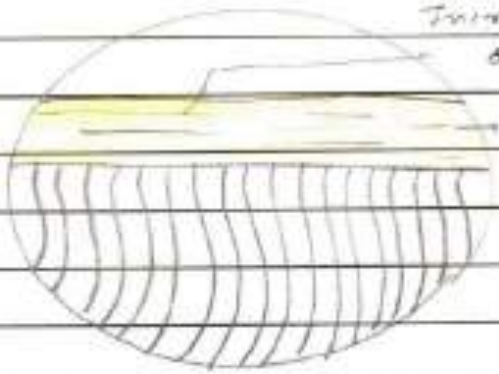


Fig Acellular cementum

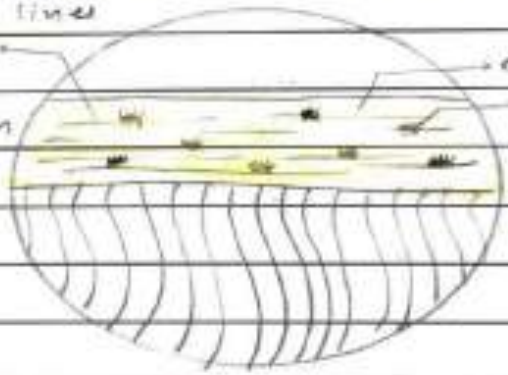


Fig cellular cementum

I.

2. Classification of oral mucous membrane:

- According to ~~morphology~~ Histology it can be divided into [a] Keratinized
  [b] Non keratinized
  [c] Special mucosa

- According to functional classification:
  [a] Masticatory mucosa
  [b] Lining mucosa
  [c] Specialized mucosa

Histological:

[a] Keratinized: lined by keratinized stratified squamous epi.
  - 4 layers - Stratum basale
    Spinosum
    Granulosum
    Corneum

[b] Non-keratinized: lined by non keratinized stratified epi.
  - 3 layers - Stratum basale
    Intermedium
    Superficiale

[c] Specialized: Present on dorsum of tongue.

Functional:

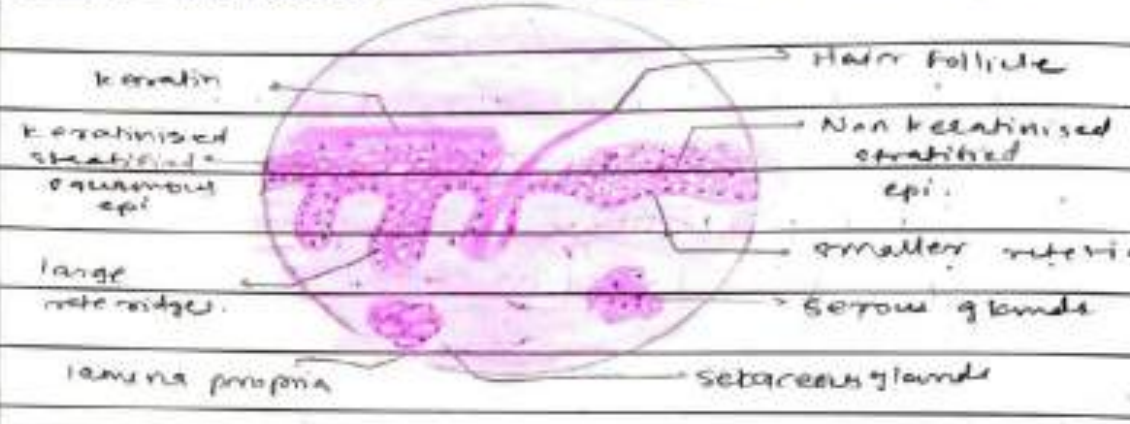
Masticatory: Hard palate, gingiva

Lining: Soft palate, ventral surface of tongue, buccal surface

Specialized: dorsum of tongue.

Vermilian border of lip:

- It is the junction or line where oral mucous membrane ends & skin part of lip starts.
- It is partially keratinized.
- Hair follicles are present in the skin part.



- There is difference in the rete ridges.
- On the oral mucous membrane side, there is presence of serous salivary glands.
- Hair follicle present on lip side.
- Sebaceous glands are present on the side of lip with keratin layer.
- keratin layer is absent in oral mucosa

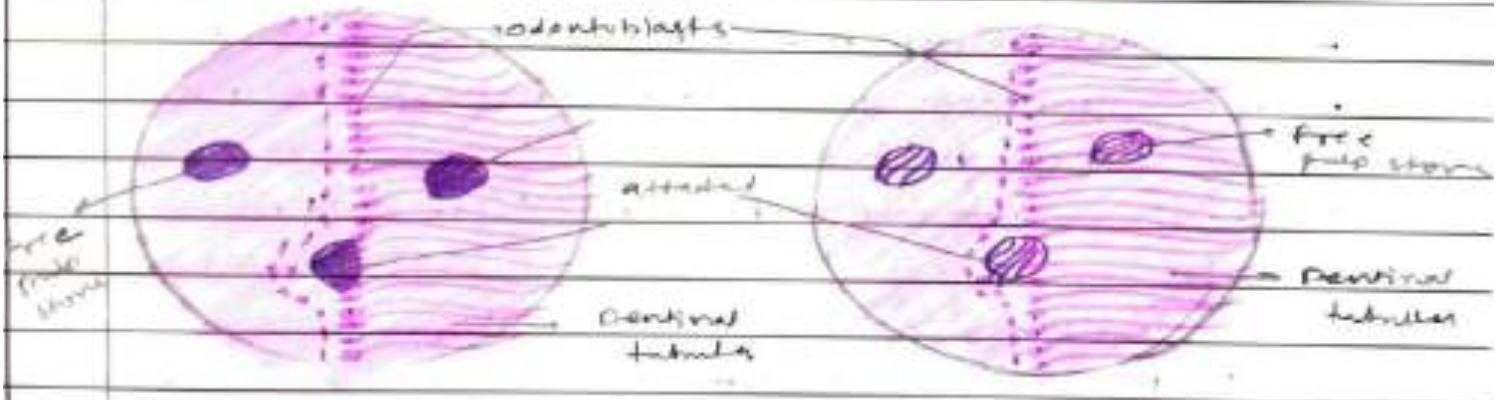
I

3 Pulp stones :

- Pulp stones are formed due to accumulation of . in the pulp

- There are 2 types of pulp stones —
  1) True pulp stones
  2) false pulp stones.

- On the basis of position of pulp stones —
  1) Attached pulp stone
  2) free pulp stone
  3) Submerged pulp stone.



false pulp stone True pulp stone

I.

4. Tissue processing:

- The process of staining tissue ~~making a slide~~ through different steps to make it visible and studiable under microscope is known as tissue processing.

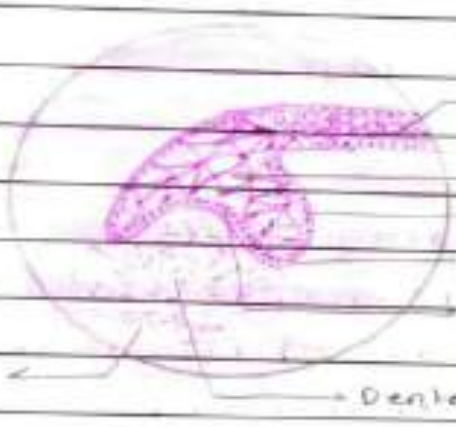
- It involves many steps like:
  Autopsy / Biopsy
  Sectioning
  fixation
  ~~staining~~ dehydration
  staining

- The commonly used fixative is 10% formalin
- The commonly used dehydrating agent is ethyl alcohol.
- Stains are of different types → i) PAS stain
  ii) H & E
  iii) Mallory
  iv) Masson's trichrome
  v) Van Gieson's stain.
- Tissue processing is useful in -
  i) for the study of structure of tissues & cells microscopically.
  ii) To find out the abnormities in structures
  iii) The stored slides can be used for study for many years without change.

I

5. Cap Stage of Tooth:

- There is invagination into the deep inner of the bud causing and the irregular development & proliferation of bud leads to formation of cap shaped enamel organ.



- The cells on the invagination are now called as inner enamel epithelium and are columnar cells.
- The polygonal cells develop into stellate reticular cells which are star shaped.
- The outer layer of cells develops into outer enamel epithelium which is cuboidal in shape.
- The den ectomesenchymal condensation in the invagination close to the organ is known as dental papilla.
- Dental papilla and surrounding cells produce dental sac.

II.

6. Lifecycle of Ameloblast:

The life cycle of ameloblast consists of 6 stages:

a) Morphological stage
b) organising stage
c) formation stage
d) Maturation stage
e) Protective stage
f) Desmolytic stage.

a) Morphological stage:

- The ameloblasts present on the dental papilla that are differentiated from inner enamel epithelium.
- The cells are low columnar with large nucleus & cell organelles on the proximal end.
-



- Ameloblasts have blood supply of underlying dental papilla.

b) Organising stage:

- During this stage, the cells elongate on proximal as well as distal ends.
- During this stage there is formation of 1st layer of dentin by odontoblast cells.
- The nuclie are central.

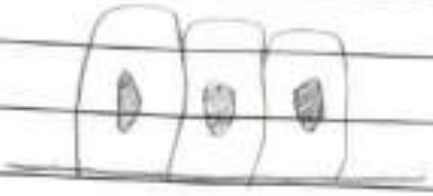


fig organizing stage

c) formation stage:

- This stage involves the formation of enamel matrix.
- The formation of enamel requires the presence of dentin. or else there is no formation of enamel.
- The ameloblasts secrete enamel to form the 1st layer of enamel.
- During this formation, the blood supply from dental papilla is stopped.
  And they seek blood supply from surrounding cells.
  So there is interchange in nutritional polarity.
- The nuclei of cells are present on the distal end of cells.



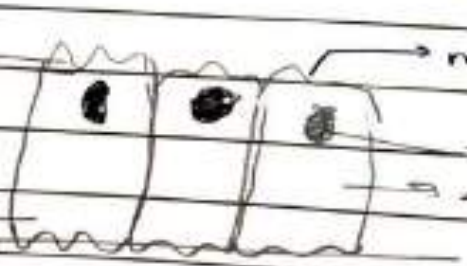
fig ameloblasts & formation stage.

d) Maturation stage:

- After all the layers of enamels are secreted, the enamel is then calcified through mineralization process.
- Then there is no secretion of enamel and the inner enamel epithelial cells now becomed Reduced enamel epithelial cells.
- The structure of cells remain same.
- The secretion of enamel stops.
- The reduced enamel epithelium has protective functions.

e) Protective stage:

- The reduced Enamel Epithelium provide protection to the outer enamel surface by forming a layer on the enamel surface.
- This protects enamel from outer environment.
- There is degeneration of the cells during this stage of Amelogenesis.



f) Desmolytic phase:

- The desmosomes degenerate the reduced enamel epithelial cells.
- There is formation of desmosomal junctions in bet? cells.
- This is the last stage in the life cycle of Ameloblast.
- After this stage, there is end of the enamel formation processes.

→ Applied Aspect:

- If there is disturbance during the morphogenic or organising stage of ameloblasts, there will not be formation of dentin.
As dentin is precursor for the formation of enamel, there will not be the formation of enamel.

- If there is disturbance in the secretion & maturation stage of the formation of enamel will be irregular with deformities during mineralisation of enamel matrix also.
This can lead to brittle enamel.
This can also expose the pulp & dentin to the outer surfaces.

- The disturbances after formation of ameloblasts enamel layer involve facing of enamel base to the environment.

As the reduced enamel epithelial cell
carry out degeneration helping it prot
the enamel.

(7)

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

Name of the Student Nawale Anvita Prabhad

Name of the Examination Additional Class I^st BDS

Subject OADH

Roll No. 54 Date 15/12/2021

Supplement No. 1 Invigilator Signature

Section C

Occlusion:

The arrangement of interjection of maxillary and mandibular teeth on each other in the oral cavity is known as occlusion.

Occlusion gives shape to the jaw and has aesthetic importance.

Angle's classification of malocclusion:

It is based on the ~~ma~~ distances bet^n the Anterior teeth ~~and the~~

1> Overjet:

It is horizontal distance measured bet^n the Anterior mandibular teeth & maxillary teeth.

(1.5)

2> Overbite:

It is vertical distance measured bet^n Anterior teeth and alveolar bone.

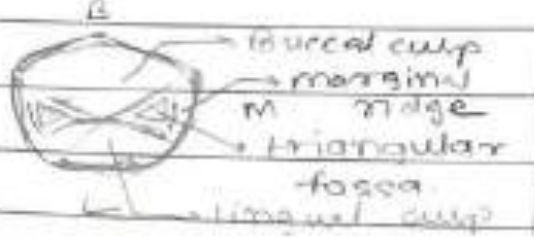
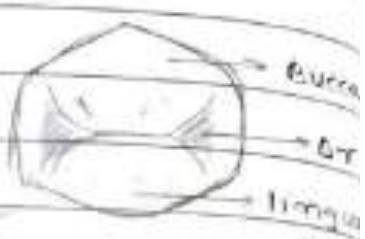
Class^n - class 1

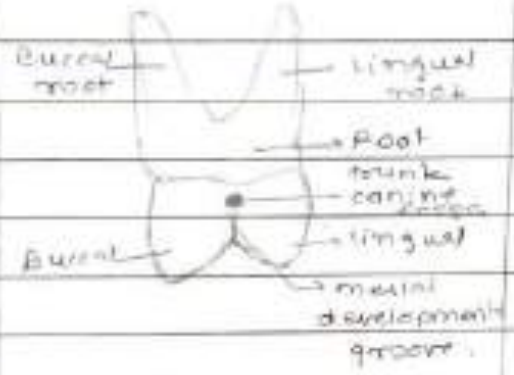
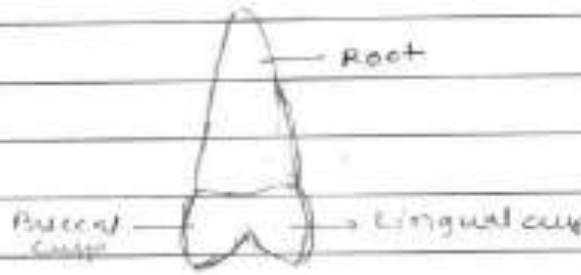
class 2

class 3.

2. Type traits of Maxillary premolars.

- Type traits: The difference bet^{n} 1st and 2nd maxillary premolar.

Characters	1st premolar	2nd premolar
FDI	14, 24	15, 25
Age of eruption	10 – 12 years	10 – 11 years
Occlusal surface		
	- The occlusal surface has a pentagonal shape. - The cuspal ridges – Distal cuspal ridge is smaller than mesial cuspal ridge. - The occlusal surface has – 2 triangular fossa - smaller lingual cusp - 2 marginal ridges. - larger buccal cusp.	- The occlusal surface has a hexagonal shape. - Distal cuspal ridge larger than mesial cuspal ridge. - 2 triangular fossa - 2 marginal ridges - Occlusal surface is of 3 types – a) Y type b) H type c) U type. - H & U type are seen in bicuspids - Y type seen in tricuspid premolars. - Both cusps are equal.

ackeis	1st premolar	2nd premolar
ial pect	1	
of ots	2 roots Buccal & lingual.	1 root.
of ps	2	2 to 3 cusps.
ial pect.		
	- The height of cusps is different - canine fossa seen. - mesial developmental groove seen. - 2 roots seen	- one root seen - Same height of cusps seen.

3) Phases of deglutition:

The process of swallowing of food bolus and into the oesophagus is known as deglutition.

4) Theories of Mineralization:

- The process of mineralization of enamel & other parts is known as mineralization.
- It can be There are many theories given for mineralization process on how it is done.
-

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Supplement Sheet

e of the Student _____

e of the Examination _____ Class _____

ect _____

No. _____ Date _____

plement No. 2. Invigilator Signature _____

Cusp:

The pyramidal elevations on the occlusal surface of the tooth is known as a cusp.

It has triangular lateral surfaces.

Ex Buccal, mesial, distal, lingual cusps.

Ridge:

The linear elevations on the occlusal surface of tooth are known as ridges.

Ex Mesial & distal marginal ridges

Oblique ridge

Transverse ridge etc.

1.5

II

6. Permanent Maxillary 1st molar:

→ Nomenclature:

FDI notation: 16, 26

Universal : 3, 14

Zsigmondy palmer: $\frac{6}{}$|, $\frac{}{6}$|

→ Age of eruption: 6 - 7 years

Age of root formation: 4 - 5 years

1st evidence of calcification: 2 - 3 years.

→ No. of cusps:

- There are 5 cusps present on the crown of tooth in which 4 cusps are functional and 1 cusp is non-functional.
  - Mesiolingual
  - Mesiobuccal
  - Distolingual
  - Distobuccal

  } functional cusps

  - cusp of carabelli } Non functional cusp

cusp of carabelli:

- This is the non-functional cusp present on the mesio-lingual cusp on the lingual mesial side.
- This is present in 60% of the population only.
- No function in mastication or occlusion.

- Out of all 4 cusps, mesiolingual is the largest cusp.
- distobuccal is the smallest cusp.

II

C Permanent Maxillary 1st molar:

⇒ Nomenclature:

FDI notation : 16, 26

Universal : 3, 14

Zsigmondy palmer : 6|, L6

⇒ Age of eruption : 6 - 7 years

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- Mesiolingual
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} functional cusps

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* cusp of carabelli:

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- This is present in 60% of the population only.

- No function in mastication or occlusion.

— Out of all 5 cusps, mesiolingual is the largest cusp.

— distobuccal is the smallest cusp.

: of Roots :

ere are 3 roots in 1st molar -

a) Mesiobuccal

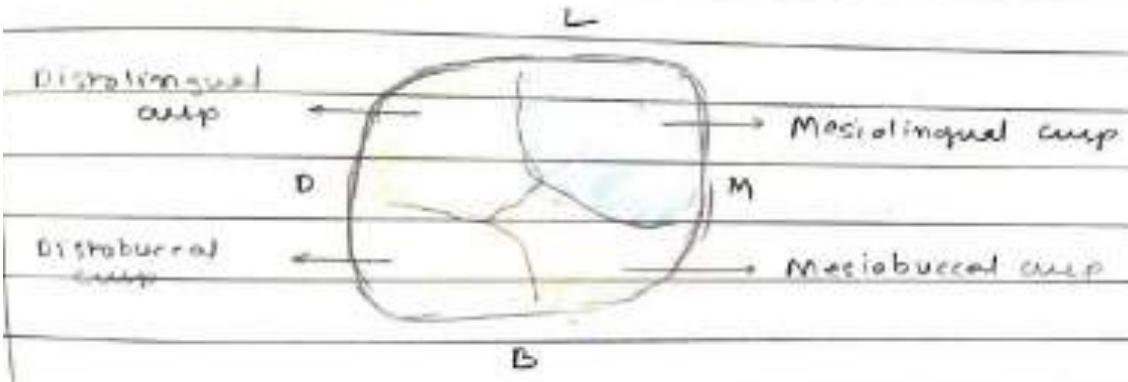
b) Distobuccal

c) Lingual / palatal.

e palatal root is largest.

spects :

Occlusal Aspect :



The occlusal aspect of this tooth is Rhomboid in shape.

It has many elevations and depressions.

Elevations :

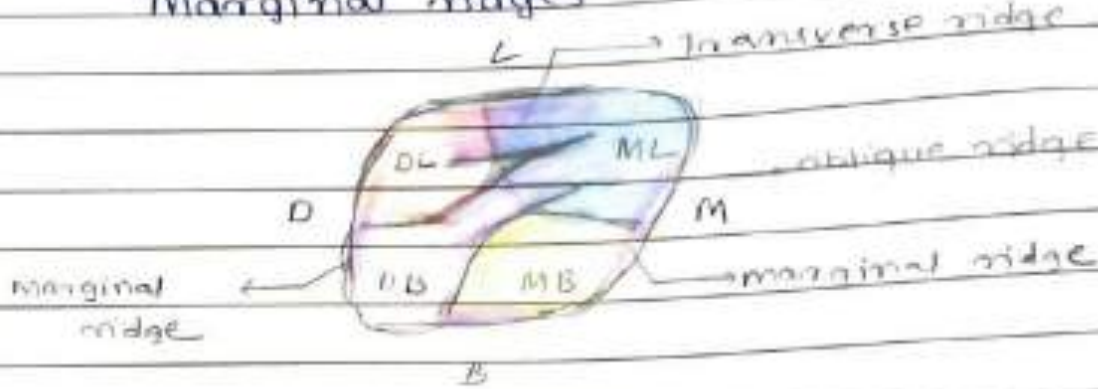
1) Cusps :

- 4 cusps and 1 non functional cusp of carabelli.
- MB, ML, DB, DL.

2) Ridges :

- Linear elevations
- Many ridges present.

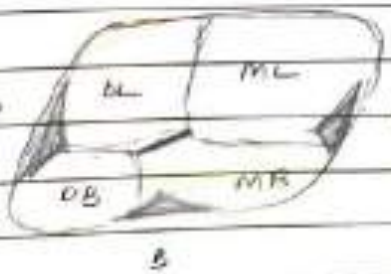
Ex. Oblique ridge
Transverse ridge
Marginal ridges



Oblique ridge :
- Oblique ridge runs from mesiolingual cusp to the distobuccal cusp.
- This is present only in 1st maxillary molo
- Identifying feature.

Transverse ridge :
- Runs from mesiolingual cusp to distolingu cusp.

— Depressions :
> Fossa :
- Irregular depressions
- Many fossa present.
- Ex. central fossa.
Marginal triangular fossa



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Supplement Sheet

me of the Student Nawale Anvita

me of the Examination Additional exam Class T.Y. BDS

bject DADH

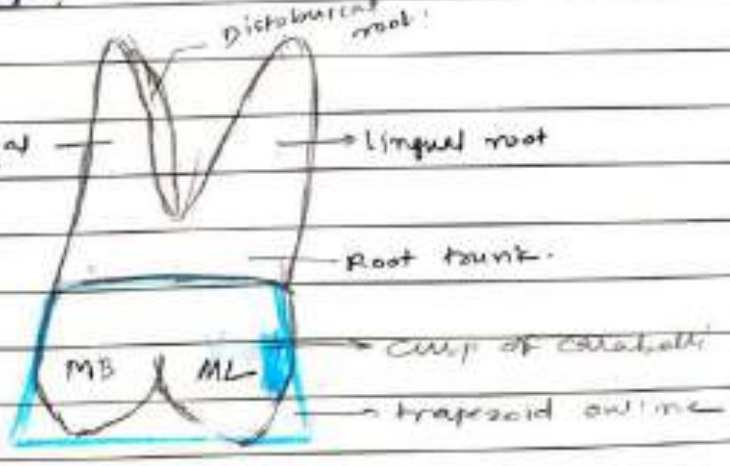
l No. 54 Date 15/12/2021

pplement No. 3 Invigilator Signature

Grooves:
- linear depressions.
- Ex. central groove
  Distal groove
  Mesial groove
  Buccal developmental groove.

Pits:
- Pinpoint depressions.
- Ex. central pit
  Distal pit
  Mesial pit

Mesial Aspect:

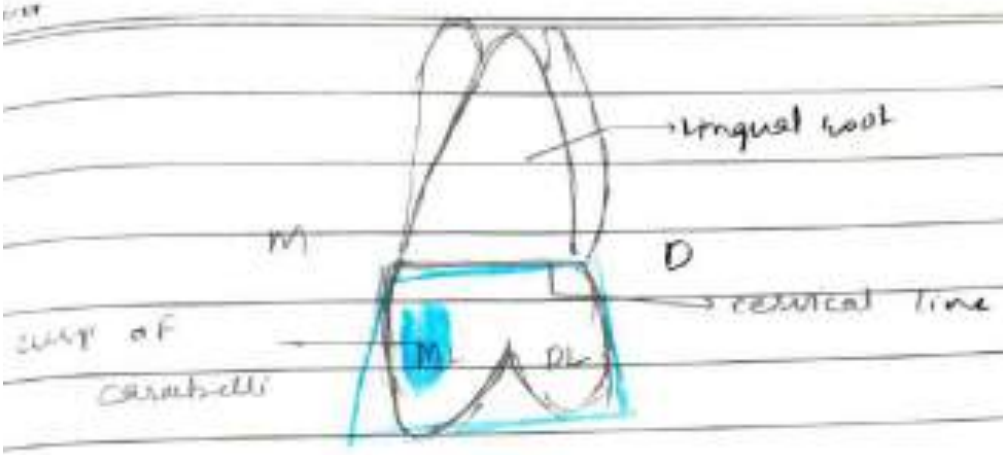


- Trapezoidal outline seen.
- Mesiolingual cusp height larger than mesio
- The lingual outline is curved & buccal outline is straight.
- Mesiobuccal & Lingual / palatal root is seen.
- Mesiobuccal - narrow with a bit pointed a
  Lingual - broad with blunt apex.
- Cusp of carabelli seen.

[3] Distal Aspect
- Disto buccal & Distolingual cusps seen.
- Distobuccal smaller than DL.
- Lingual & Distobuccal roots seen.
- Lingual root > DB root
- developmental groove seen on crown.
- Trapezoidal outline.

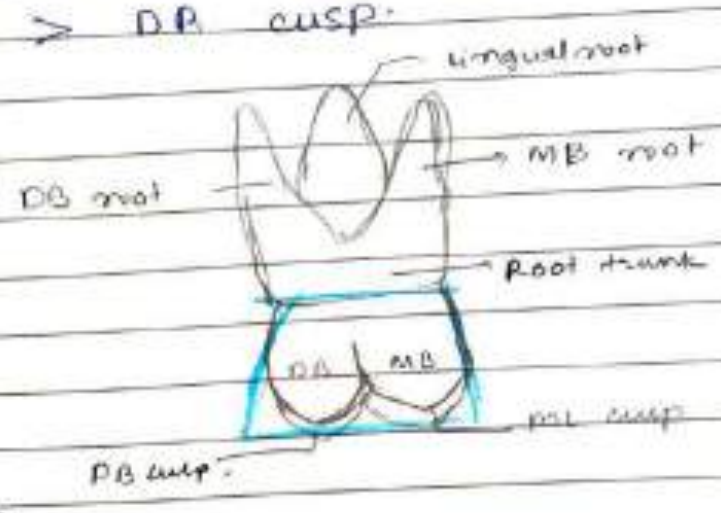


[4] Lingual Aspect :
- Mesiolingual & distolingual cusps seen.
- Lingual root seen.
- Cusp of carebelli seen.
- MB & DB roots also seen.
- All 3 roots are seen.



Buccal Aspect :

- Buccal developmental groove seen
- All 4 cusps seen.
- MB & DB roots seen.
- Apex of lingual root seen.
- MB > DB cusp.



→ Arch trait :

Maxillary 1st molar	Mandibular 1st molar
1. 5 cusps seen 1 non-functional.	1. 5 cusps seen. All functional. (MB, DB, ML, DL & Distal)
2. Labiolingual aspect broader than mesiodistal.	2. Mesiodistal aspect broader than labio-lingual.

⇒ Set trait :

Permanent	Deciduous
1. Cervico occlusal length is more.	1. Cervico occlusal length less.
2. Whil Yellow coloured teeth.	2. White coloured teeth.
3. Roots are converging.	3. Roots diverging.

⇒ Type trait :

	Maxillary 1st	Maxillary 2nd	Maxillary
Cusps	5	4	4
Roots	3 (converging)	3 (converging)	3 (fused)
Cusp of carabelli	✓	×	×

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

FIRST YEAR B.D.S. REFFERRED BATCH – ADDITIONAL EXAMINATION

DATE1/10/2018

Theory Examination-MARKS SECURED

Sr.no	Roll. No	Name of students	Section A (20 Marks)	Section B (20 Marks)	Section C (20 Marks)	Total (100 marks)	Point conversion (3)	Student signature
1	54	NAVALE ANVITA	10	15	14	39	1.95	
2	72	ASMITA RANVIR	11	16	15	42	2.10	
3	66	ROSHAN PATIL	10	11	09	30	1.50	
4	39	SHUBHANGI KALYANKR	10	13.5	10.5	34	1.70	
5	36	RICHI JAIN	09	8.50	10.50	28	1.40	
6	83	YUGAL SHENDE	09	6.50	11.50	27	1.35	

PRACTICAL EXAMINATION-MARKS SECURED

Sr. no	Roll No	Name of students	Slides (28 Marks)	Specimen (12Marks)	Carving (20 Marks)	Total marks (60)	Point conversion (3)	Student signature
1	54	NAVALE ANVITA	23	09	18	50	2.50	
2	72	ASMITA RANVIR	22	06	12	40	2.00	
3	66	ROSHAN PATIL	20	06	12	38	1.90	
4	39	SHUBHANGI KALYANKR	20	07	15	42	2.10	
5	36	RICHI JAIN	18	04	12	34	1.70	
6	83	YUGAL SHENDE	26	10	14	50	2.50	

HEAD OF THE DEPARTMENT
Dept. of Dental Anatomy & Dental Histology

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

FIRST YEAR B.D.S. REFFERRED BATCH – ADDITIONAL EXAMINATION

DATE1/10/2018

Theory Examination-MARKS SECURED

Sr.no	Roll. No	Name of students	Section A (20 Marks)	Section B (20 Marks)	Section C (20 Marks)	Viva (20 Marks)	Total (80 marks)	Point conversion (5)	Student signature
1	01	LAJARI AAGE	10	17	12	7	46	2.30	
2	42	KEDARE SIDDHI	11	7.00	7.00	05	30	1.50	
3	77	VAISHNAVI SAMAL	08	20.5	13.5	08	50	2.50	
4	91	RUTIKA TUPE	05	18	12	05	40	2.00	

PRACTICAL EXAMINATION-MARKS SECURED

Sr. no	Roll No	Name of students	Slides (35 Marks)	Specimen (15) Marks)	Carving (20 Marks)	Journal (10 Marks)	Total marks	Point conversion (4)	Student signature
1	01	LAJARI AAGE	21	10	15	05	55	2.75	
2	42	KEDARE SIDDHI	10	02	10	00	22	1.10	
3	77	VAISHNAVI SAMAL	22	08	12	00	42	2.10	
4	91	RUTIKA TUPE	13	05	12	00	30	1.50	

HEAD OF THE DEPARTMENT
Dept. of Dental Anatomy & Dental Histology

DEPARTMENT OF DENTAL ANATOMY AND ORAL HISTOLOGY
D.Y.PATIL DENTAL SCHOOL, LOHEGAON.
FIRST BDS (2022-23 BATCH) REG BATCH

NOTICE

DATE:- 12/12/22

ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

ADDITIONAL INTERNAL ASSESSMENT EXAMINATION IS SCHEDULED AS FOLLOWS:

THEORY EXAMINATION- SATURDAY - 17/12/2022- 9AM TO 12PM

PRACTICAL EXAMINATION- MONDAY- 19/12/2022-9AM TO 12PM

THOSE WHO ARE ELIGIBLE FOR ADDITIONAL EXAMINATION TO REPORT AT 9 AM SHARP.

SYLLABUS

ENTIRE PORTION OF DENTAL ANATOMY AND ORAL HISTOLOGY AND EMBRYOLOGY IS INCLUDED FOR ADDITIONAL INTERNAL ASSESSMENT EXAMINATION.

12/12/22.
HEAD OF DEPARTMENT

DEPARTMENT OF DENTAL ANATOMY AND ORAL HISTOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

FIRST BDS (2022-23 BATCH) REG BATCH – ADDITIONAL EXAM

THEORY ATTENDANCE RECORD

Date: 17/12/2022

Roll No	Name of the student	Student signature
46.	HARSHALI MAHALE	
73.	KSHITIJA SARALE	

PROFF. & HEAD,
DEPT. OF DENTAL ANATOMY & ORAL HISTOLOGY

DEPARTMENT OF DENTAL ANATOMY AND ORAL HISTOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

FIRST BDS (2022-23 BATCH) REG BATCH – ADDITIONAL EXAM

PRACTICAL ATTENDANCE RECORD **Date: 19/12/2022**

R. N.	Name of the student	Student signature
46	HARSHALI MAHALE	
73	KSHITIJA SARALE	

PROF. & HEAD,
DEPT OF DENTAL ANATOMY & ORAL HISTOLOGY

Q. 1. Multiple Choice Questions (1X20=20)

1.Radi... cally, which of the following defines the bone lining the tooth socket?
a. Alve... proper. b. Lamina dura. c. Dense bone. d. Supporting bone.

2. Whi... following has immune function in the oral mucous membrane
a. M... te b.Merkel cell c.Langerhan cell d.Keratinocyte

3. Mes... al developmental groove is seen in
... b. 25 c. 14 d. 35

4.The ... k of dentin is formed by
... bular dentin b.Mantle dentin
... bular dentin d. Predentin

5. The ... late is thickest on the
a.P... ect of maxillary premolars b. lingual aspect of maxillary premolars
c. ... ce without trabeculations d. Thick bone with trabeculations

6. Per... Mandibular molar develops from_____?
... b. 1 lobe c. 4 lobes d. 5 lobes

7. The ... unt collagen present in the cementum is
... b. Type II c. Type III d. Type XIII

8. Fusi... directly to bone without the presence of periodontal ligament is called as
... b. Gemination c.Ankylosis d. Adhesion

9.Basi... c unit of bone is:
a) C... Osteoblast c) Osteocyte d) Osteoclast

10. Tr... cessive occlusal forces causes _____ of cementum:
a. I... ia b. Hypertrophy c.Resorption d.None of the above

11. Wh... following is not the principal fiber group of the periodontal ligament ?
a. ... b. Oblique c. Alveolar crest d. Trans-septal

12.Ro... berances on the incisal edges of newly erupted permanent incisors are_____?
a. Ma... Enamel pits c. Tubercles d. Cingulum

13. Exc... t of sublingual Gland is
a. ... s Duct b. Bartholin's Duct c. Wilson's Duct d. Watson's Duct

14. Wh... following factors are primarily contributory to the shedding of deciduous tooth ?
a. Hyd... Vascular pressure c. Oncotic pressure d. Masticatory pressure

14. wh... following structures is not of ectodermal origin
a. ... reger bands b.enamel spindels
c.... s d.enamel lamellae

16. Th... at erupt into the oral cavity within the first 30 days of life
a. Na... eonatal teeth c. Submerged teeth d. Deciduous teeth

17. V... nds open into which papilla:
a ... .Filiform c.Circumvallate d.Fungiform

17. W... following groups of fibers are not attached to alveolar bone ?
a. ... b.Horizontal c. Oblique d. Transseptal

19. T... ominent Mesiolingual development groove
... 1st premolar b. maxillary 2nd premolar
... r 1st premolar d. mandibular 2nd premolar

20. O... ... f permanent maxillary first molar is
... idal b. Diamond c. Hexagonal d. Square

DY PATIL DENTAL SCHOOL

FIRST BDS (2022-2023 BATCH) THIRD INTERNAL EXAMINATION

Subject: Dental Anatomy & Oral Histology Date: 17 /12 / 2022 Total Marks: 60 Time: 2.5 hrs

Instructions: All questions are compulsory Draw diagrams wherever necessary
figures to the right indicate full marks Do not write anything on question paper, it will be treated as copy.
Last 30 minutes for section A (MCQs) Write section B and section C in one answer book

Section B I Short answer question (2marks each x 5=10marks)

1. Enumerate steps in Tissue Processing. Describe in detail about Decalcification.
2. Classify salivary glands add a note on formation of Saliva.
3. Describe functions of Pulp
4. Classify dentin. Add note on Interglobular dentin.
5. Describe cementocyte.

II Long answer question (10 marks each x 1=10 marks)

6. Define enamel and write down about its physical and chemical properties. (2 marks) Write in detail about Amelogenesis with diagrams(6 marks). Add a note on applied aspects of amelogenesis. (2 marks).

Section C I Short answer question (2marks each x 5=10 marks)

1. Describe in detail occlusal aspect of mandibular second premolar
2. Describe Arch traits of Maxillary 1st molar.
3. Describe in detail depressions present on Surface of Tooth
4. Explain Tooth Numbering Systems. Write in detail about any one.
5. Describe Anatomy of Temporomandibular joint.

II Long answer question (10marks each x 1=10 marks)

6. Describe in detail the morphology of Permanent Maxillary1st premolar (6 marks). Add a note on its arch traits and Class traits (4 marks.)

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2022-23 **DATE-** 17/12/2022

ADDITIONAL THEORY EXAMINATION MCQ KEY

MCQ NO.	ANSWER	MCQ NO.	ANSWER
1	b	11	d
2	c	12	a
3	c	13	b
4	b	14	b
5	a	15	b
6	d	16	b
7	a	17	c
8	c	18	d
9	a	19	d
10	c	20	a

SIGNATURE OF HOD

DEPT OF DENTAL ANATOMY AND DENTAL HISTOLOGY

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

(15/2/21)

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS :- Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN • For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Marked As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Forty six
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	DADH
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER: C E C 4 6

QUESTION BOOKLET VERSION NO.: A B C D M N F S U

ANSWERS

	A	B	C	D
1		●		
2			●	
3			●	
4	●			
5	●			
6				●
7	●			
8			●	
9	●			
10	●			
11			●	
12	●			
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27				
28				
29				
30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

Section B

Steps in Tissue processing

1) Identification
2) Fixation
3) Dehydrification
4) Clearing
5) Impregnation
6) Embedding
7) Cutting
8) Staining
9) Mounting

Hypocalcified structure of enamel:

① Enamel lamellae
② Enamel tuft
③ Enamel Spindle
④ Enamel reed
⑤ Incremental line of Retzius

① Enamel lamellae:

It is arise from dentinoenamel junction & extend into the apical portion. Their are 3 types of lamellae
Type A - Present in Enamel
Type B & C present in dentin.
It is leaf like structure.

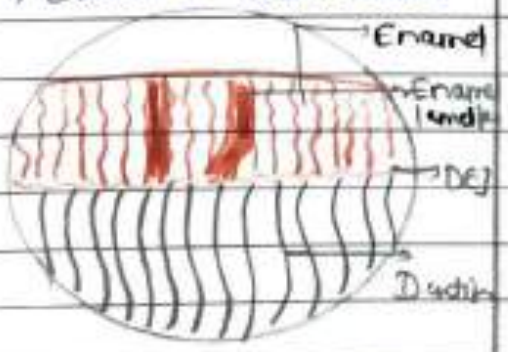
② Enamel tuft -

- It is grass like structure
- It is arise from dentin - enamel junction and extend into the enamel.

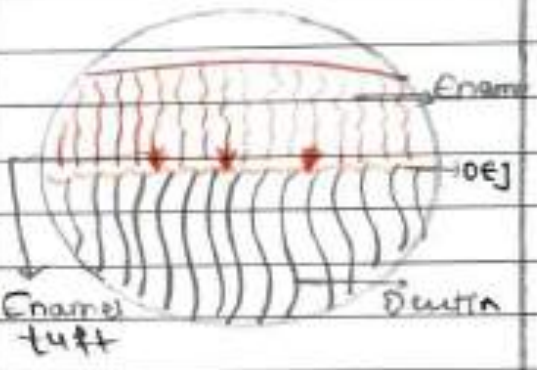
③ Enamel Spindle.

- Enamel spindle arise from DEJ & extend into the enamel. It is hypocalcified structure of enamel.

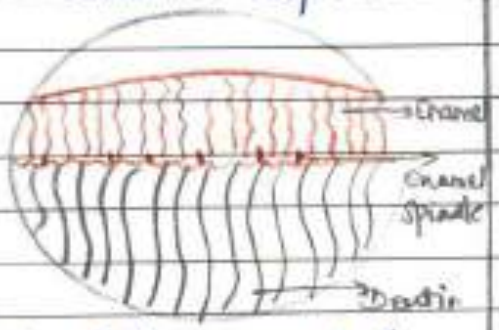
1) Enamel lamellae



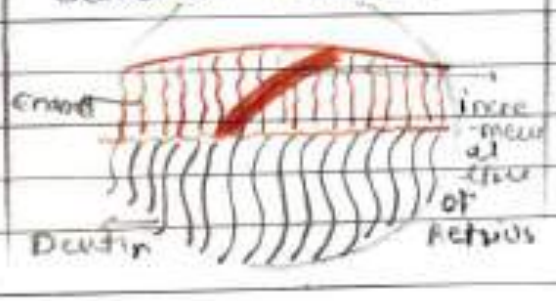
2) Enamel tuft



3) Enamel spindle

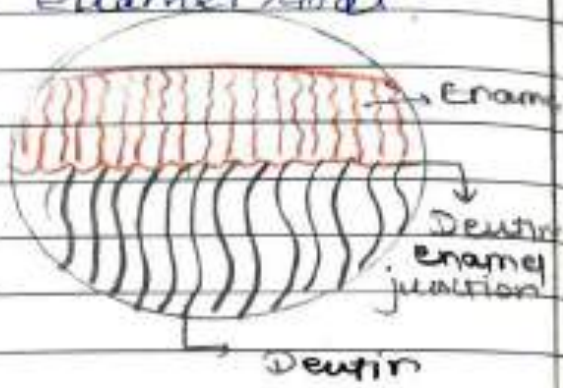


4) Incremental line of Retzius



Incremental line of Retzius -
- It is also arise from DEJ
- Incremental line of enamel known as Incremental line of Retzius.

Enamel tuft



⑤ Enamel reed -
- It is also an Hypocalcified structure of enamel.

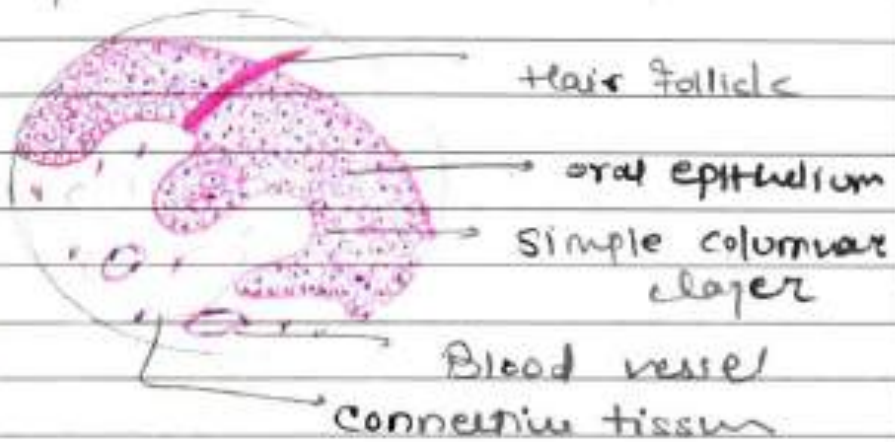
Define OMM -

- It is the moist lining covering on oral cavity it is called as oral mucous membrain

Vermillion border of clip.

- It is the transitional zone b/w the tip of clip & mucosa of the clip.
- It is the reed zone area.
- It is non keratinized.
- Hair follicle arise from the oral mucosa.
- Simple Columnar layer present on the basal layer.
- Salivary glands absent in Vermillion border of clip.

(1.5)



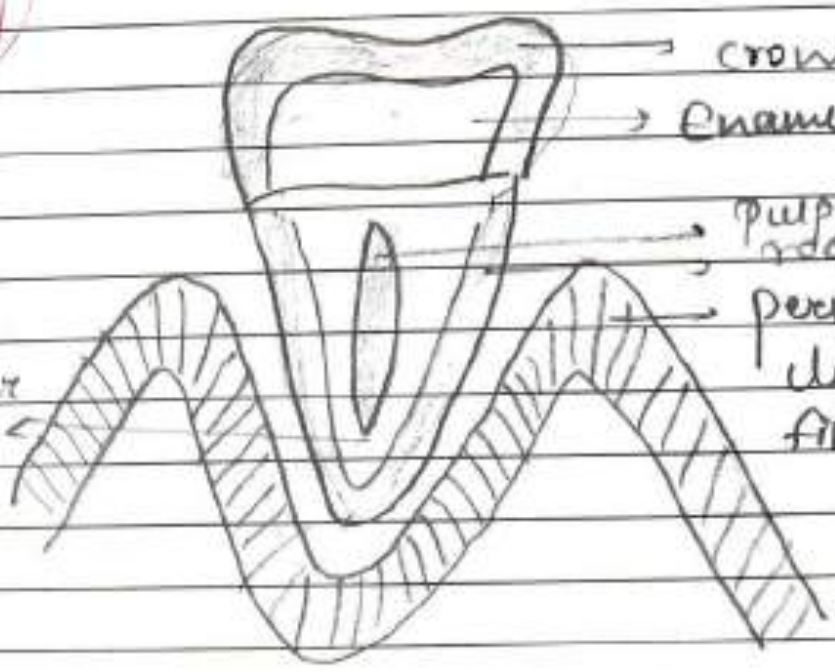
4) Define PDL. -

- It is the dense connective tissue.

Functions of PDL -

① It holds the tooth in the jaw.
② PDL protects the tooth in the socket
③ It helps in sensation
④ It helps to hold the tooth root & helps in formation of root formation in tooth.
⑤ It ~~has nerve~~
⑤ It protects the pulp
⑥

7)

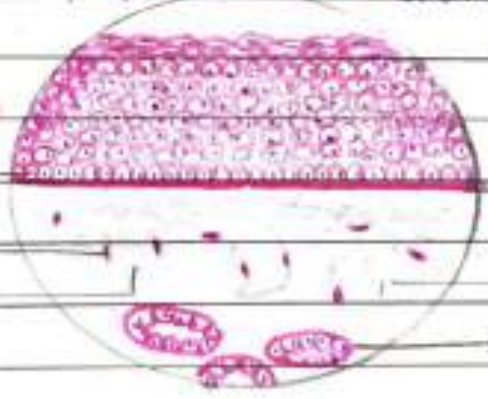


5) Special stains -

1. Van Gieson stain
2. Masson's stain
3. Mallory stain
4. PAS Stain
5. H & E stain (H- Haematoxylin
   E - Eosin)

PAS Stain -

- Periodic acid schiff stain
- Magenta (dark pink) basement membrane preview in the PAS stain.
- Salivary glands are present in the periodic acid schiff stain.
- Simple columnar ~~type~~ epithelium present at the base and straight nuclei present
- In the oral epithelium ovoid nuclei is present & ~~polyhedral~~ polygonal cells are present.
- Periodic acid schiff stain is used for basement membrane.
- Collage fibrin / fibroblast cells present in PAS stain

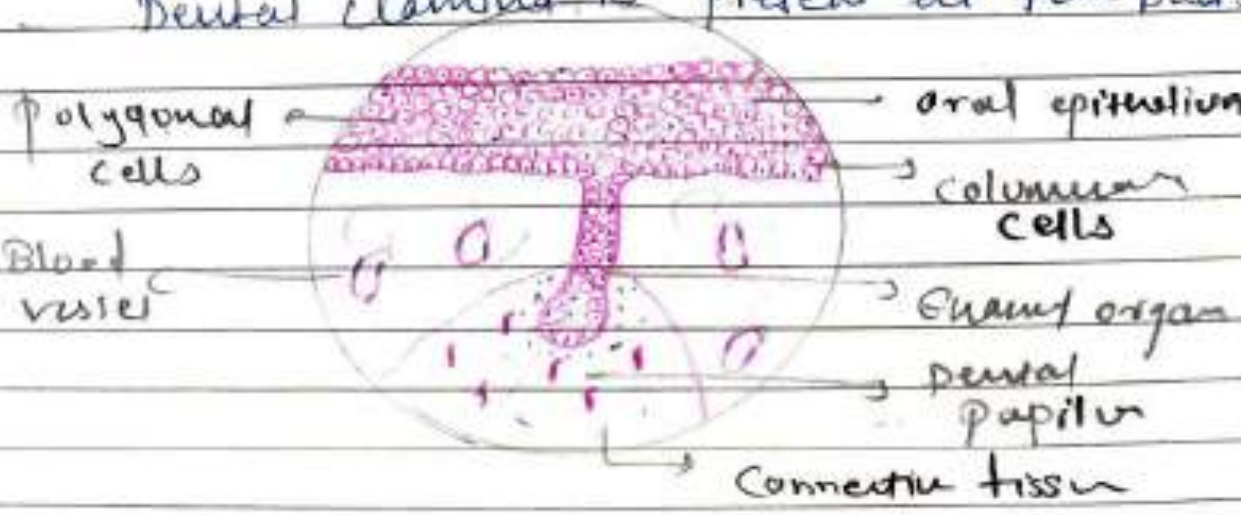


Long answer question.

Physiological stages of tooth development
1. Initiation
2. Proliferation
3. Histodifferentiation
4. Morphodifferentiation
5. Apposition

Morphological stages :
1. Bud stage
2. Cap stage
3. Early bell stage
4. Late bell stage / Advanced

Bud stage :
- In the bud stage enamel organ starts forming, the basal layer is simple columnar layer.
- polygonal cells present in the oral epithelium. Nuclei present at the base.
- Dental lamina is present at the bud st



CAP Stage -

- Outer enamel epithelium & Inner enamel epithelium is present
- Stellate reticulum is present & it is Star shape cells
- At the base Simple Columnar layer is present & enamel organ starts forming and present in Cap Stage
- Dental papilla & Dental lamina present in Cap Stage.



Bell Stage:

- Stratum basale, Stratum Intermedium, Stratum Spinosum layer is present. Enamel organ differentiate into ameloblast in this stage.
- Stellate reticulum - star shape cells present.



Advance bell Stage :



- Ameloblast start the amelogenesis in this Stage. organ is fully developed
- Stellate reticulum cells is present

Section C

Stages of deglutition:

① Oral Phage
② Pharyngeal phase
③ Oesophageal phase

① Oreal phase

Oral phase is divided into 2 sub phases.

① Oral preperatory phase
② Oral propulsive phase.

- In the oral phase bolus formation starts
- In the phase mastication starts
- It is first phase of deglutition.

② pharyngeal phase:

- From mouth bolus move into the pharynx.
- True vocal cord adduct
- False vocal cord adduct
- upper Oesophageal sphincter relaxes
- respiration stops

Oesophageal Stage:

In this phase the bolus move to the oesophagus.

- It is the last phase of deglutition
- Lower oesophageal Sphincter relaxes in this oesophageal stage
- From the Pharyngeal phase bolus move into the oesophageal stage.

Name of the Student: Harshali Vijay Mahale
Class: BDS
Name of the Examination: Addition examination
Date: 17-12-22
Subject: DADH
Roll No.: 46
Invigilator Signature: [signature]
Supplement No.: 1

) Tooth numbering system.

1) Universal tooth system
2) FDI tooth system
3) Zigmondy palmer system

FDI system:
- It is ~~universally~~ most accepted tooth system all over the world.

In Decidous teeth -

					①						Maxillary ② quadrant
Right	E	D	C	B	A	A	B	C	D	E	left
	E	D	C	B	A	A	B	C	D	E	
	④ quadrant					③ quadrant mandibular					

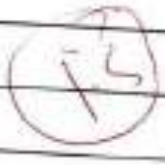
e.g: 1A - Deciduous Maxillary Central Right incisor

In Permanent.

	① quadrant	Maxillary ② quadrant
Right	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 left
	④ quadrant	③ quadrant Mandibular

e.g ①3 - Permanent Maxillary Right Side Canin

③4 - Permanent mandibular left side 1st premolar



13

Arch trait of Maxillary 1st premolar

Maxillary 1st premolar	Mandibular 1st premolar
FDI notation 14, 24	① FDI notation 34, 44.
buccal & lingual cusp height is ~~same~~ not same i.e lingual cusp is slightly slower than buccal cusp	② buccal & lingual cusp height is ~~dif~~ diff lingual cusp is too small compared to buccal cusp.
Mesial slop is slightly lower than the distal slope.	③ Mesial slope is slightly higher than distal slope.
Mesial marginal developmental groom is present	④ Mesial marginal developmental groom is absent.
Mesiolingual groom is absent	⑤ Mesiolingual groom is present on lingual side.
It is bicuspid	⑥ It is also an bicuspid
2 roots present mesial & distal	⑦ Single root is present.
Buccal ridge is more prominent	⑧ Buccal ridge is less prominent.
Fossa are more prominent	⑨ Fossa are less prominent
It exupts after	⑩. It exupts first

Maxillary 1st premolar



Buccal



Palatal

Mandibular 1st premo







Mesial





Distal



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Supplement Sheet

me of the Student Harshal Vijay Mahale

me of the Examination Additional exam Class BDS 1st year

ubject DADH

oll No. 46 Date 17/12/22

upplement No. 2 Invigilator Signature

) Elevations -

① Ridge
② ~~Cusp~~ Cingulum
③ Tubercle
④ Cusp.

① Ridge - It is linear elevation present on the Buccal, lingual, occlusional side.

e.g. Transverse ridge
Oblique ridge
Buccal ridge
lingual ridge.

② Cingulum - It is the round elevatio present on the lingual side.

③ Tubercle - It is the elevation present in primary tooth (mamelon
- In the permanent teeth mar

Cusp : Elevation present on occlusal Sur
of the tooth.

e.g. Mesiobuccal cusp
distobuccal cusp.
Mesiolingual cusp
Distolingual cusp.



Occlusion -

Maxillary teeth & jaw ^ mandibular teeth jaw ^ meet in one line that's called occlusion.

Compensating curves:
① Curve of spee
② Curve of Wilson
③ Curve of monsoon.

Curve of Spee:
- It is the curve from anterior to posterior region
- It is 2-dimensional curve
- Maxillary root incline mesially & Mandibular root of teeth incline distally.

Curve of Wilson -
- It is present in medio-lateral region
- It is also an 2-dimensional curve.
- Maxillary crown of teeth incline Buccally & mesially &, Mandibular teeth crown incline lingually & distally.

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Supplement Sheet

e Student Harshali Vijay Mahale.

e Examination Additional exam Class BDS 1st year

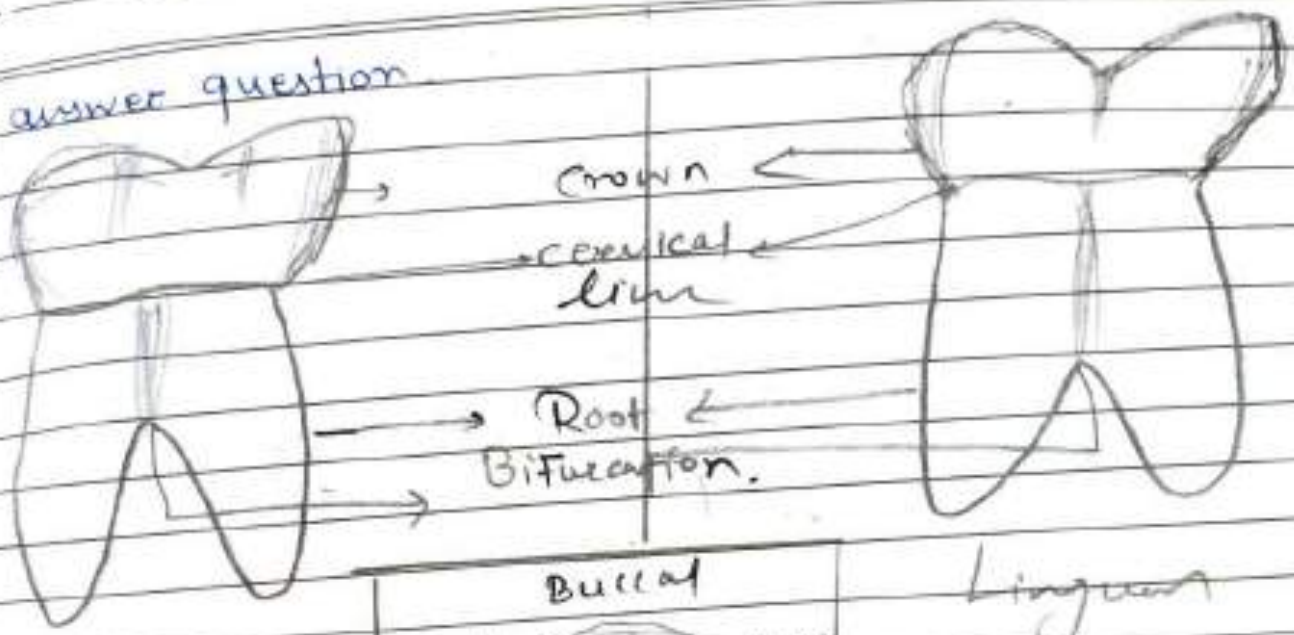
DADH

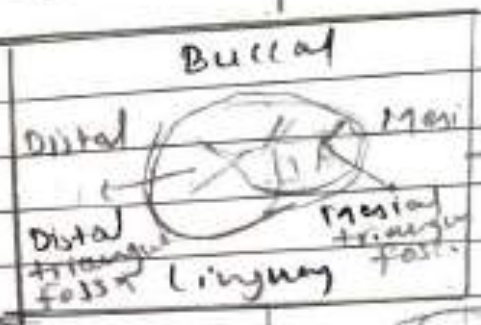
46 Date 17/12/22

Invigilator Signature

ent No. B.

ong answer question







Buccal -
- 3 cusp present on the buccal side
- labial developmental ridge is more prominent.
- Cervical constriction
- Mesiodistally crown is bigger
- Crown has rectangular shape
- Bifurcation of root occur at the buccal side.

Lingual -
- lingual taper on the ling side.
- 2 cusp present on the lingual side
- Bifurcation of root occur at the lingual side
- development depression present on lingual side but not so prominent

Mesial -
- Mesial & distal root present
- Mesial triangular fossa is present
- Mesial developmental depression present.
- Cervical line is not so prominent

- Distal developmental depression is present
Distal & Mesial 2 roots are present

- 5 cusps are seen
  - Mesiolingual
  - Distolingual
  - Mesiobuccal
  - Distobuccal
  - Distal
- cusp of carabelli is absent
- mesial & distal triangular fossa are present
- 5 lobes are present
- crown is rectangular in shape.

---

less trait of Molar

① - Molar have 4 & 5 cusps while canine is single cuspid premolar is bicuspid

② Molar is bigger tooth than the incisor, canine & premolar.

③ Molar have 3/2 roots while incisor have single root, canine have single root only 1st premolar has double root others have single root

④ 5 lobes present only in molar others have 4 lobes

⑤ Mesiodistally 6s molar is too much bigger than incisor, canine & the premolar

Arch trait

	Maxillary 1st molar	Mandibular 1st molar
①	FDI notation - 16 26	① FDI notation 36 46
②	It has 5 cusp With cusp of Carabelli is present	② Cusp of Carabelli absent in mandib 1st molar
③	3 roots present	③ 2 roots present. mesial + distal
④	5 lobes present	④ 5 lobes present
⑤	Lingual convergence absent	⑤ Lingual convergenc present
⑥	Root is distally tilted	⑥ Root is also distally tilted
⑦	on the buccal side their is not any slope present	⑦ on the anterior/ap region of buccal sid slope is present
⑧	Erupts at the age of 6-7 year	⑧ Erupts at the age of 6-7 years
⑨	Crown is ~~rhom~~ trapezoidal Shape	⑨ Crown shas rectang Shape.

2.40
2.25
1.60
6.25

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student: Hachhali Vijay Mahale

Name of the Examination: Additional Exam — Class: BDS - 1st year

Subject: Dental anatomy + Dental Histology

Roll No.: 46 — Date: 19-12-22

Students Signature: Mahale — "Seen No. Complaint": Mahale

Slides	19/24	(35 marks)
Specimen	15/16	(25 marks)
Carving	15/20	(20 marks)
Journal + Communication Skills (10 marks)		



- Goblet cell
- Name - Maxillary sinus
- Pseudostratified columnar ciliated epithelium
- Salivary
- Connective tissue
- Collagen fibres

(2)

Name - Masson's Stain.



- Epithelium
- columnar layer
- Fibroblas-
- collagen fibr
- Muscle

(3)

Name - Apical group of fibres



- Apical group of fibres
- Blood vessel
- Connective tissue

(3½)

④

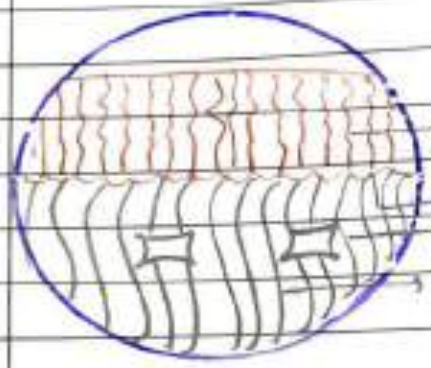


Name - Advanced bell Stage

→ Stratum intermedium
→ Outer enamel epithelium
Enamel organ
→ Inner enamel epithelium
→ Stellate reticulum

3.5

⑤

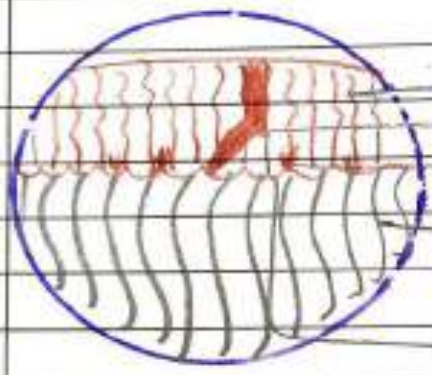


Name: Interglobular dentin

→ Enamel
→ dentino enamel junction
→ Interglobular dentin
→ Dentin

3.5

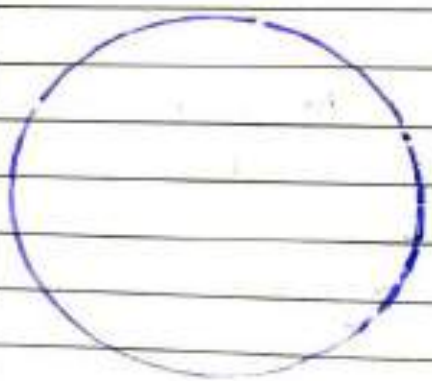
⑥



Name - Enamel la
Enamel t

→ Enamel
→ Enamel lamellae
→ Enamel tuft
→ Dentin
→ dentino enamel junction

3.5



Name - Permanent mandibular right 1st premolar
Age of eruption - 10 - 11 years
FDI - 44.
Features -
① presence of mesiolingual groove
② Buccal cusp height is much larger than the palatal cusp height
③ Mesial developmental groove is present
④ Buccal cusp tip not so prominent
⑤ root is distally tilted
⑥ Buccal ridge not so prominent
⑦ Distal cupal slopee is greater & the mesial cupal slope is smaller

Name - - Permanent Maxillary right side 1st molar
Age of eruption - 6-7 years
FDI notation - 16
General identifying Features
① Presence of 5 cusp With cusp of Carabelli is present
② 3 roots are present ① mesiobuccal
② distobuccal
③ palatal
③ ~~3~~ Mesiodistally wider tooth
④ Crown shape is trapezoidal
⑤ root is distally tilted.
⑥ Oblique ridge is present

(9) Name - Permanent Mandibular Right side 2nd molar.

Age of eruption - 11-12 years

FDI notation - 47

General features :

1. Presence of ~~to~~ 4 cusp 2 on buccal side 2 on lingual side
2. 2 roots present : mesial & distal
3. root is distally tilted
4. Crown shape is square
5. Cervical line is not to prominent
6. ~~Med~~ Mesial & distal developmental depre present

(10) Name of the cast - Mandibular Mixed dentition

presence of tooth - 14.

Age of eruption - 6-7 years

Reason -

1. permanent & deciduous mixed teeth present in the Mixed dentition
2. Presence of premolar
3. ~~Presence~~ of to
3. lateral incisor is wider than central incisor
4. Presence of canine.

Maxillary

Right 6 E D C 2 1 | 1 2 C D E 6 left

6 E D C 2 1 | 1 2 C D E 6

Mandibular

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DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2022-23 DATE- 17/12/2022

THIRD INTERNAL ASSESSMENT THEORY EXAMINATION - MARKS SECURED

ROLL NO.	NAME of THE CANDIDATE	Section A (20 Marks)	Section B (20 Mars)	Section C (20Marks)	Total (60 marks)	Point conversion (3)	Student Signature
46	HARSHALI MAHALE	15	14.5	15.5	45	2.25	
73	KSHITIJA SARALE	11	04.5	15.5	31	1.55	

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DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2022-23 DATE- 17/12/2022

THIRD INTERNAL ASSESSMENT PRACTICAL EXAMINATION - MARKS SECURED

ROLL NO.	NAME of THE CANDIDATE	SLIDES (24 Marks)	SPECIMEN (16 Mars)	CARVING (20 Mars)	Total (60 marks)	Point conversion (3)	Student Signature
46	HARSHALI MAHALE	19	15	15	49	2.45	
73	KSHITIJA SARALE	19	13	13	45	2.25	

D. Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF DENTAL ANATOMY AND DENTAL HISTOLOGY

NOTICE

DATE- 18/12/2023.

Ist YEAR BDS ADDITIONAL EXAMINATION IS SCHEDULED ON :-

DATE - 22nd DECEMBER TIME - 9 am.

EXAMINATION SYLLABUS

Entire syllabus of Dental Anatomy and Dental Histology is included for the examination.

SIGNATURE OF HOD
Dept of Dental Anatomy
& Dental Histology

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D Y Patil Knowledge City, Charholi (Bk), Via Lohegaon, Pune - 412 105

FIRST BDS (2023 BATCH)

ADDITIONAL INTERNAL PRACTICAL EXAMINATION KEY

Subject: Dental Anatomy & Oral Histology Date: 22/12/ 2023

(THEORY & PRACTICAL)

ATTENDANCE SHEET

Roll no	Name of the student	Signature
91	Jayashree Ramdas Yede	
64	Saksh: Raut	
88	Vamidha Umale	
25	Ghodke Gayatri	

PROFF. & HEAD,
DEPT. OF DENTAL ANATOMY & ORAL HISTOLOGY

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D Y Patil Knowledge City, Charholi (Bk), Via Lohegaon, Pune - 412 105

FIRST BDS (2023-2024 REG BATCH)

Additional Internal Examination

Subject: Dental Anatomy & Dental Histology | Date: 22/12/2023
Total Marks: 80 | Time:3hrs

Section A

Q. 1. Multiple Choice Questions 1X20=20

1. Buccopharyngeal membrane is formed by contact of
   a. Oral ectoderm and oral endoderm
   b. Oral ectoderm and mesoderm
   c. Oral ectoderm and endoderm of foregut
   d. Oral ectoderm and dental lamina

2. Which permanent teeth arises from distal extension of dental lamina
   a. Incisors
   b. Molars
   c. Canines
   d. Premolars

3. Total activity of dental lamina extends over a period of
   a. 10 years
   b. 8 years
   c. 5 years
   d. 15 years

4. Lip furrow band is synonymous for
   a. Successional lamina
   b. Vestibular lamina
   c. Dental lamina
   d. Distal extension of dental lamina

5. Membrane that separates the enamel organ and dental papilla prior to dentin formation is called
   a. Basement membrane
   b. Membranapreformativa
   c. Buccopharyngeal membrane
   d. Basal lamina

6. From how many lobes the permanent maxillary lateral incisor develops?
   a) 02
   b) 03
   c) 04
   d) 05

7. Cells of dental sac form
   a. Bone and periodontal ligament
   b. Dentin and Cementum
   c. Cementum and periodontal ligament
   d. Bone and dentin

8. Absence of cementum is found in
   a) Hypophasphatasia
   b) Hyperparathyroidism
   b) Hyperthyroidism
   d) Hypopituitarism

9Stippling seen on gingiva indicates
a. Diseased gingiva
b. Healthy gingiva
c. Developmental malformation
d. None of the above

10. Permanent mandibular right first premolar as numbered by FDI system is
a. 14
b. 24
c. 34
d. 44

11. Basal cells of oral mucous membrane are connected to basement membrane by
a. Desmosomes
b. Hemidesmosomes
c. Gap junction
d. All of the above

12.Abnormal initiation results in
a. Supernumerary teeth
b. Anodontia
c. Partial anodontia
d. Dermoid cyst

13. Gingival sulcular (crevicular) epithelium is
a. Orthokeratinized
b. Parakeratinized
c. Nonkeratinized
d. None of the above

14. Odland bodies are found in
a. Basal cell layer
b. Spinous cell layer
c. Both of the above
d. None of the above

15. Largest part of oral mucosa is covered by
a. Specialised mucosa
b. Lining mucosa
c. Masticatory mucosa
d. None of the above

16. Merkel cells in
a. Nutritive function
b.Immune function
c. Neurosensory function
d.Secretory function

17. Fordyce's spots in oral cavity are presence of
a. Sweat glands
b. Salivary glands
c. Hair follicles
d. Sebaceous glands

18. Non-keratinized mucosa does not contain
a. Stratum basale
b. Stratum intermedium
c. Stratum granulosum
d. Stratum superficiale

19. Geometrical shape of the mesial aspect of maxillary central incisor is
a.Trapezoidal
b. Triangular
c.Octagonal
d. Hexagonal

20. The rate of cell proliferation in oral mucous membrane is
a. 22 to 30 days
b. 50 to 75 days
c. 90 to 115 days
d. 4 to 14 days

D Y PATIL DENTAL SCHOOL, PUNE.

DEPARTMENT OF ORAL ANATOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR : I BDS. BATCH- 2023 DATE -

ADDITIONAL EXAMINATION - MCQ KEY.

MCQ no.	ANSWER	MCQ no.	ANSWER.
1.	C	11	B
2	B	12	A
3	C	13	C
4	B	14	B
5	B	15	B
6	C	16	C
7	C	17	D
8	A	18	C
9	B	19	B
10	D	20	A

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FIRST BDS (2023-2024 BATCH)

Additional Examination

Subject: Dental Anatomy & Dental Histology | Date: 22 / 12 / 2023
Total Marks: 60 | Time: 3 hrs

Instructions:

- All questions are compulsory
- Draw diagrams wherever necessary
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- First 30 minutes for section A (MCQs)
- Write section B and section C in one answer book

Section B

I Short answer question (2 marks each x 5=10marks)

1. Enumerate Physiologic stages of tooth development. Describe in detail the transient structures seen in cap stage of tooth development.
2. Classify Salivary Glands. Write note on Functions of saliva
3. Describe cemento- enamel junctions.
4. Theories of Dentinal sensitivity.
5. Describe the age changes of pulp.

II Long answer question (10 marks each x 1=10 marks)

6. Define and classify Oral Mucous Membrane (3 marks). Describe in detail the macroscopic and microscopic structure of dorsal surface of the tongue (7marks).

Section C

III Short answer question (2 marks each x 5=10marks)

1. Enumerate the various tooth numbering systems. Describe FDI System in detail.
2. Describe in detail the Occlusal aspect of permanent maxillary first molar.
3. Define Occlusion. Describe various compensatory curves
4. Discuss the differences between Permanent and Decicuous dentition.
5. Discuss the differences between permanent mandibular central and lateral incisor.

II Long answer question (10 marks each x 1=10 marks)

6. Describe in detail the morphology of permanent maxillary first premolar (8marks). Add a note on its arch traits (2marks.)

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FIRST BDS (2023-2024 BATCH)

Additional Examination

Subject: Dental Anatomy & Dental Histology — Date: 22 / 12 / 2023

Total Marks: 80 — Time: 3 hrs

Instructions:

- All questions are compulsory
- Draw diagrams wherever necessary
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- First 30 minutes for section A (MCQs)
- Write section B and section C in one answer book

Section B

I Short answer question (4 marks each x 5=20marks)

1. Enumerate Physiologic stages of tooth development. Describe in detail the transient structures seen in cap stage of tooth development.
2. Classify Salivary Glands. Write note on Functions of saliva
3. Describe Cemento- enamel junctions.
4. Theories of Dentinal sensitivity.
5. Describe the age changes of pulp.

II Long answer question (10 marks each x 1=10 marks)

6. Define and classify Oral Mucous Membrane (3 marks). Describe in detail the macroscopic and microscopic structure of dorsal surface of the tongue (7marks).

Section C

III Short answer question (4 marks each x 5=20marks)

1. Enumerate the various tooth numbering systems. Describe FDI System in detail.
2. Describe in detail the Occlusal aspect of permanent maxillary first molar.
3. Define Occlusion. Describe various compensatory curves
4. Discuss the differences between Permanent and Decicuous dentition.
5. Discuss the differences between permanent mandibular central and lateral incisor.

II Long answer question (10 marks each x 1=10 marks)

6. Describe in detail the morphology of permanent maxillary first premolar (8marks). Add a note on its arch traits (2marks.)

Section - A

1. /
2. X
3. X
4. 8 years
5. Y
6. X
7. X
8. b. Hypopituitarism
9. a. Diseased Gingiva
10. b. 44
11. c. Gap Junction
12. X
13. X
14. a. Basal Cell layer
15. c. Masticatory Mucosa
16. b. Immune function
17. c. Hair follicles
18. X
19. b. ~~Triangular~~ trapezoidal
20. c. 90 to 115 days.

Section-B.

Salivary Gland :- Salivary Glands are present in Oral Cavity. There are many minute and major salivary gland present in Human body.
Function of Salivary Gland.
Secretion :- Salivary gland secretes saliva which helps the moist nature of mouth
Deglutition - Make food soft so they can engulf easily.
Antibodies - IgA present in saliva which helps fight against Antibodies Eg lyzozymes.
Thermoregulation - Saliva secretion can regulates the temperature of Oral Cavity

(1)

Cemento-Enamel Junction -
The Junction between Cementum and Enamel is called Cemento-Enamel Junction.
Scalloped Junction the pitted D Convexity
Three possible type of transitional interface may present at CEJ
CEJ is at cervical region of tooth
In 30% of all teeth, cementum meets the Cervical end of enamel sharp line.
The 10% of Cementum-Enamel does not meet

(1)

II. Oral Mucous Membrane

- Oral Mucous Membrane is soft lining of Oral Mucosa.
- Oral Mucous membrane is covered by numerous various salivary gland Minute and major salivary gland.
- Which help OMM maintain moist nature

* Fraction of Oral Mucous Membrane

I. Thermoregulation - Helps in regulation of temperature of mouth specially in Animals.

II. Secretion - Helps keep Oral mucosa moist and secretes saliva which help Oral Cavity keep moist Nature

III. Antibiotic - Saliva contain lysozymes which helps againt microbacteria.

IV. Speaking - Helps in speech.

V. Deglutination - Helps in making food soft and engulf easily.

VI. Neuroreception - When a person sense a sensation of smell or taste it regulates salivary gland to secrete saliva.

(3)

Tongue - Tongue is part of Oral Cavity and on Tongue there are small tast buds. There are 4 types of taste buds :-

I. Fili form papillae
II. Fungi form papillae
III. Circumvallate papillae
IV. Foliated papillae.

Section C

SAQ

- Tooth Numbering System is a easy method to detect tooth numbers.
- There are 3 type of Tooth Numbering System
- Universal Notation System
- Palmer Notation
- FDI System

- Universal System - In Primary dention Alphabets are used. ~~and 5 too~~
- These are Four Quadrants Each Quadrant Consist of 5 teeth.

	Right					Left				
max	A	B	C	D	E	F	G	H	I	J
	T	S	R	Q	P	O	N	M	L	K
mand										

midsagittal plane.

- Primary Maxillary 2nd Molar starts from Alphabet 'A'. And Ends to Primary maxillary 2nd molar alphabet 'J'.

2

In Permanent dentition-

Right								Left							
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

midsagittal plane

- In this Permanent maxillary Right Quadrant to Consist of 1 to 8 number.
- In second Quadrant Permanent maxillary Left Quadrant Consist 9 to 16 number.

- In Primary dentition it written as
i.e. A mean Maxillary (Primary) Right second molar.

- In Permanent Dentition
16 - means Permanent Maxillary left third molar.

2. FDI - In this system 2 digit are used
In Primary Dentition -

max

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

mand

midsagittal plane.

- In this System 1st digit Number indicates Quadrant.
- In primary dentition it is written as.
53 here 5 indicate Quadrant which is Maxillary Right Canine.

In Permanent Dentition -

Right								Left							
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

midsagittal plane

- To this System Permanent Dentition
First Digit indicate - Quadrant and second type of tooth.
Eg- 23 ; here 2 indicates Permanent maxillary left Canine
- '44' - here 4 indicates 4th Quadrant which is Mandibular Right and 4 ~~indicate~~ which is 2nd digit indicate 1st ~~Canine~~ Premolar
= Permanent Mandibular Right ~~seem~~ 1st Premolar.

Deciduous dentition and Permanent Dentition

Deciduous Dentition	Permanent Dentition
• Also Known as Primary or milk teeth.	
• Found in small children	ii. In adults
• Eruption- ~~6 months~~ 5 years	iii. 10 years
• shedding - 9-10 year age	iv. last long/old age
• Consist of 20 teeth in Oral Cavity	v. Consits of 32 teeth in Oral Cavity
Dental formula $I = \frac{2}{1}\ C = \frac{1}{1}\ M = \frac{2}{2}$	vi. $\overline{I} = \frac{2}{2}, C\ \frac{1}{1}, P\ \frac{2}{2}, M\ \frac{3}{3}$
• Premolar Absent	vii. Premolar present
• White in Colour	viii. Yellow in Colour.

5. Permanent Mandibular Central Incisor	Permanent mandibular lat
i. Present Centrally	Present laterally
ii. Root tapered and straight and tilted lingually.	ii. Root is conical a tilted towards distal
iii. Single Root	iii. Single Root
iv. Dimension = width of crown for central incisor is small root length	root length iv. Greater than central incisor.
v. Size of tooth is same	v. Size of tooth sam
vi.	

2) Occlusal Aspect of Maxillary 1st Molar

- Geometric shape of tooth is is rhomboid
- Buccolingual dimension of crown is large as compared to mesiolingual dimension
- Taper of crown is more towards distal
- from occlusal aspect, buccal outline convex
- Lingual outline is more convex & round
- Mesial outline is straight & longer
- Distal outline is slightly convex.

Section - A.

Oral ectoderm and oral mesoderm

Molars

10 years

Vestibular lamina

Membrana preformativa

2 lobes

Cementum and periodontal ligament

Hypophosphatasia

Developmental malformation

44

11)
→ Hemidesmosomes

13)
→ Supernumerary teeth.

14)
→ Orthokeratinized

15)
→ Spinous cell layer.

16)
→ Lining mucosa

18)
→ Immune function

17)
→ Sweat glands

20)
→ Stratum granulosum

19)
→ Trapezoidal

20)
→ ~~go to 14 days~~ 4 to 14 days

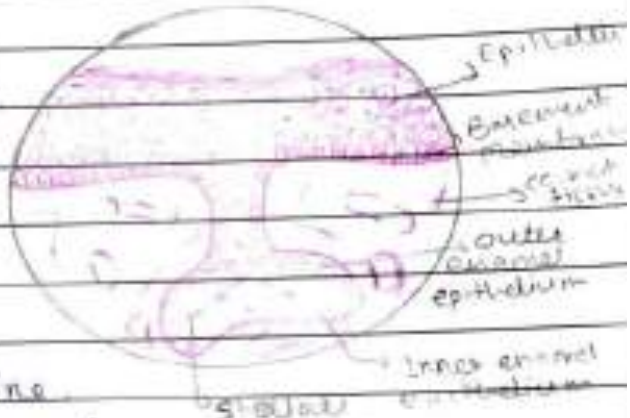
Section B.

Stages of teeth development are as follows:

1) Bud stage
2) Cap stage
3) Early bell stage
4) Advanced bell stage

Cap stage:

- In the cap stage the stellate reticulum is formed
- Dental sac or Dental follicle formed the cementum and periodontal ligament
- Dental papilla forms the the enamel pulp and dentine.
- Inner enamel epithelium and outer enamel epithelium is distinguish



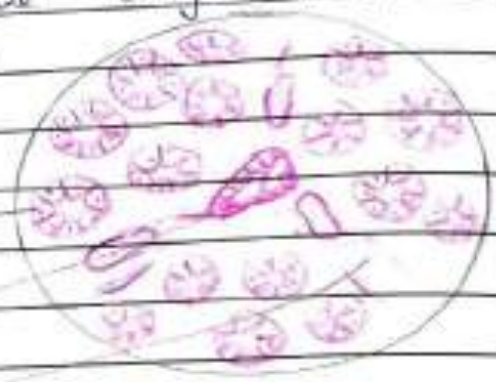
(2)

Q2)

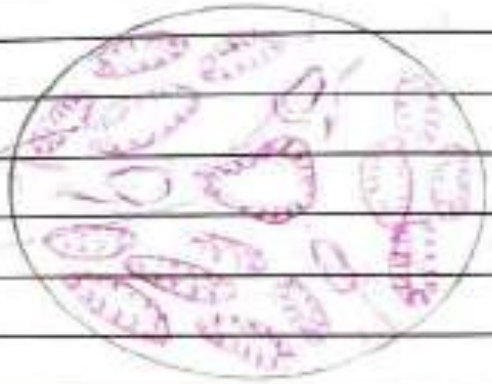
→ Salivary glands are classified as
1) Mucous salivary gland
2) Serous salivary gland
3) Mixed salivary gland.

Salivary glands secretes the enzymes, saliva, antimicrobial agents which help in oral health.

Mucous salivary gland



Serous salivary gland



Mixed salivary gland.

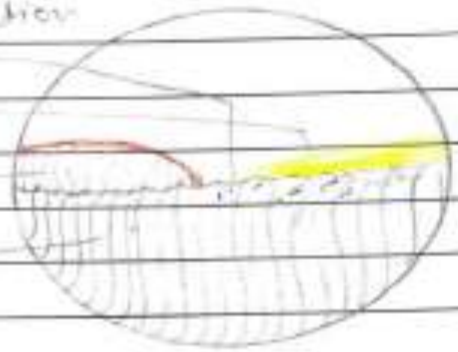


3) Cementoenamel junctions

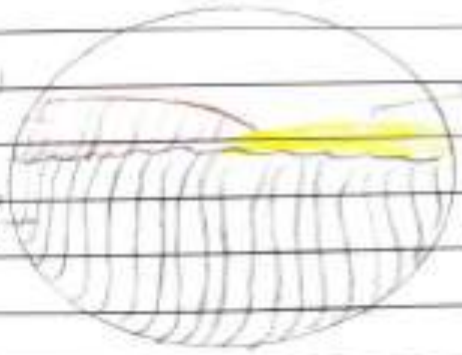
→ These are three types of cementoenamel junctions.

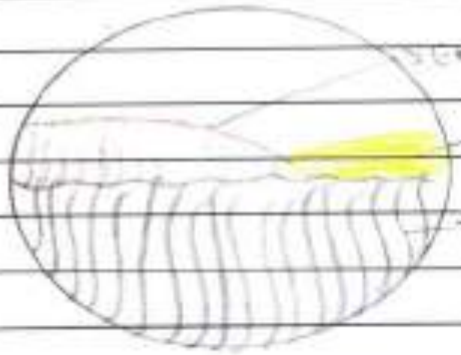
1) Gap type junctions.
2) Overlapping junctions
   a) Enamel overlaps cementum
   b) Cementum overlaps Enamel.
3) Joint junction.

1) Gap junction.

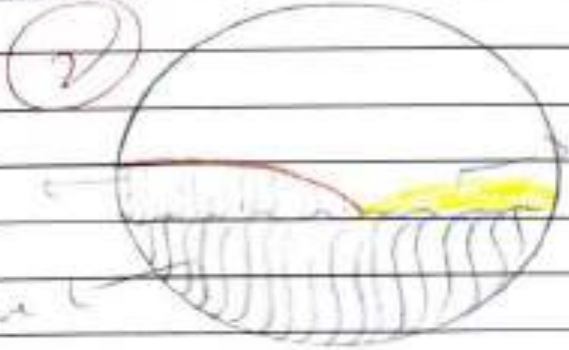


2) overlapping junction





3) cell-to-cell joint junction



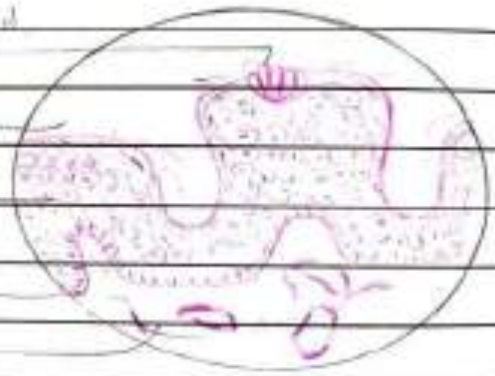
Q6)
→ Oral Mucous membrane is classified as

1) Masticatory mucosa:
   Hard palate, gingiva.
2) Lining Mucosa:
   Cheek, dorsum of tongue, vermillion border
3) Specialized mucosa:

Tongue have the papillae and taste bud
1) Circumvallate papillae
2) Fungiform papillae
3) Filiform papillae

The tongue have the taste buds present on different parts of tongue for different tastes.

Circumvallate papillae



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

Name of the Student Samiksha Sanjay Unale

Name of the Examination Additional Class BDS 1st Year

Subject ORAL H

Roll No 38 Date 22/10/2023

Supplement No. 1 Invigilator Signature

Fungiform papillae:

Basement membrane

epithelium

connective tissue



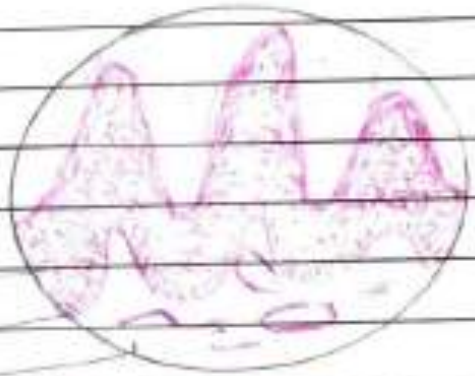
Filiform papillae.

keratinized layer

epithelium

Basement membrane

connective tissue



3

Section - C

Q1)

→ Tooth numbering systems can be classified as

1) Universal Tooth numbering system
2) Palmer Tooth Numbering System
3) FDI Tooth Numbering System

FDI :

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

Maxillary right quadrant is denoted by 1
Maxillary left quadrant is denoted by 2
Mandibular Right quadrant is denoted by 4
Mandibular left quadrant is denoted by 3

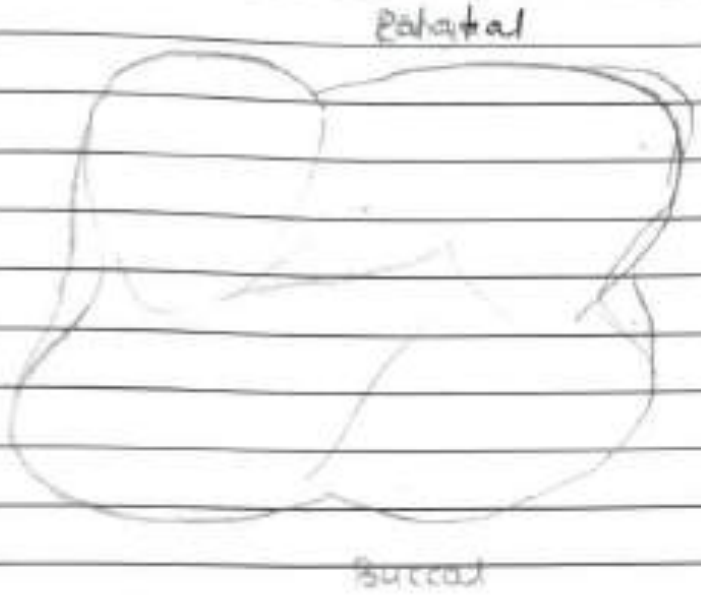
The quadrant number is written first then the tooth number is written

For example : FDI Notation : 11

Quadrant — Tooth Number

Maxillary Right central incisor.

2) Occlusal surface of Permanent maxillary first molar



→ It is rhomboid in shape
→ Mesolingual cusp is the biggest cusp
→ Distolingual cusp is smallest cusp
→ Both the cusp on the buccal side are same
→ Transverse ridge is seen on mesio-palatal and mesio-buccal cusp
→ Oblique ridge is seen on mesio-palatal and disto-buccal cusp
→ Cusp of carabelli is present on the cutes side of mesiopalatal cusp.
→ Total number of cusp seen are 5
2 palatal cusps
2 buccal cusps
1 cusp of carabelli

Q3)

→ Occlusion: Maxilla and Mandible on the ... of the ... mouth occlude each other ... is called occlusion.

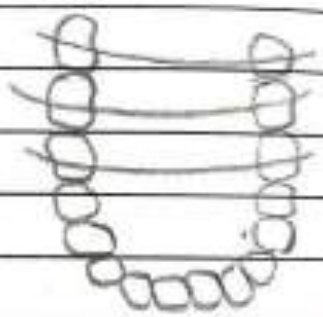
- Compensating curve.
  1) Curve of Spee
  2) Curve of Anterolateral curve
  3) Curve of Monson

Curve of Spee:

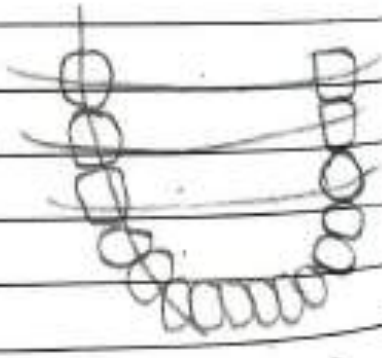


Curve measured from the lower canine upto the ramus of mandible.

Antero-lateral curve.



Curve of Monson



D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2023 DATE- 22/12/2023

ADDITIONAL INTERNAL ASSESSMENT THEORY Examination- MARKS SECURED

ROLL NO.	NAME of THE CANDIDATE	Section A (20 Marks)	Section B (20 Mars)	Section C (20 Marks)	Total (60 marks)	Point conversion (3)	Student Signature
25	Gayatri Ghadke R.	11	11	12	34	1·70	
64	Raut Sakshi N.	01	05	06	12	0·6	
88	Umale Samidha	12	09	06	27	1·35	

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2023 DATE- 22-12-2023

ADDITIONAL INTERNAL ASSESSMENT Practical Examination-MARKS SECURED

ROLL NO.	NAME of THE CANDIDATE	Slide (28 Marks)	Specimens (12 Marks)	Carving (20 Marks)	Total (60 marks)	Point conversion (3)	Student Signature
25	Gayatri Ghadke	20	09	13	42	2·10	
64	Raut Sakshi	06	06	12	24	1·20	
88	Umale Samidha	23	05	12	40	2·00	

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2023 DATE- 22/12/2023

ADDITIONAL INTERNAL ASSESSMENT THEORY Examination- MARKS SECURED

ROLL NO.	NAME of THE CANDIDATE	Section A (20 Marks)	Section B (30 Mars)	Section C (30 Marks)	Total (80 marks)	Point conversion (4)	Student Signature
91.	Jayashri Yede	13	11	17	41	2.05	

DEPARTMENT OF ORAL ANANTOMY, HISTOLOGY, PHYSIOLOGY & EMBRYOLOGY.

YEAR: I BDS, BATCH-2023 DATE- 22-12-2023

ADDITIONAL INTERNAL ASSESSMENT Practical Examination-MARKS SECURED

ROLL NO.	NAME of THE CANDIDATE	Slide (35Marks)	Specimens (25 Marks)	Carving (20 Marks)	Total (80 marks)	Point conversion (4)	Student Signature
91.	Jayashri Yede	19	11	12	42	2.10	

GENERAL PHARMACOLOGY

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Charholi (Bk) via Lohegaon, Pune -412105

Second BDS regular batch 2018-2019

Circular for additional exam 8/4/19

Students who have missed any of the internal exam are required to attempt additional exam

Subject : Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- Report 15 minutes prior to start of examination
- Confirm syllabus for the examination from Pharmacology department
- Follow the specific instruction (if any) of the Pharmacology department regarding the examination

Date	Subject	Time	
		Theory	Practical
12/4/19	Pharmacology	9am to 12am	12:30 pm to 3:30 pm

HOD

DEPARTMENT OF PHARMACOLOGY

Dr D Y Patil Dental School PUNE Department of Pharmacology

Attendance additional exam summer 19 12/4/19

No	Name	attendance	
		Theory	Practical
1	Uzair Raut	A	P
2	Priyanka kedar	P	P
3	Deep Shah	A	P



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Charholi (Bk) via Lohegaon, Pune -412105

SECOND BDS

SECOND INTERNAL ASSESSMENT EXAMINATION

Subject: **Pharmacology** Date: **12/04/2019 Tuesday**
Total Marks: **50** Time: 2 hrs 30 min (Section A + B + C)

Section A

Q. 1. Multiple Choice Questions
1X10=10

01. **Which of the following is NOT an anti H Pylori drug?**
(a) Amoxicillin (b)Tetracycline (c) Clarithromycin (d) Gentamicin

02. **Which of the following antimicrobial agent shows long PAE (post antibiotic effect)**
(a) Metronidazole (b) Gentamicin (c) Penicillin G (d) None of these

03. **The concentration of Sodium ions in NEW WHO oral rehydration solution is :-**
(a) 110m moles/L (b) 90m moles/L (c) 75 m moles/L (d) 60 m moles/L

04. **The drug that prevents intestinal absorption of dietary fats:**
(a) Atorvastatin (b) Ezetimibe (c) Nicotinic acid (d) None of the above

05. **Which of the following is a poor surface anaesthetic agent?**
(a) Lignocaine (b) Tetracaine (c) Procaine (d) Cocaine

06. **Granisetron is powerful antagonist of which of these Receptors? :**
(a) H1 (b) D2 (c) 5HT3 (d) 5HT4

07. **Which of the following is potassium sparing diuretic? :**
(a) Chlorthalidone (b) Spironolactone (c) Furosemide (d) Mannitol

08. **Which of the following is NOT a bactericidal antibiotic?**
(a) Aminoglycosides (b)Metronidazole (c) Tetracycline (d) Penicillins

09. **The drug of choice for the treatment of pernicious anaemia:**
(a) Parenteral vit B12 (b) Ferrous sulphate (c) Oral vit B12 (d) Folic acid

10. The drug of choice for pregnancy hypertension is :
(a) Captopril (b) Telmisartan (c) Alpha methyldopa (d)Lisinopril

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D Y Patil Dental School
Charholi (Bk) via Lohegaon, Pune -412105

SECOND BDS

FIRST INTERNAL ASSESSMENT EXAMINATION

Subject: **Pharmacology** Date: **12/04/2019 Thursday**

Total Marks: **50** Time: 2 hrs 30 min (Section A + B + C)

Instructions:

- All questions are compulsory Figures to the right indicate full marks

---

Section B

Q. 2. Answer the following. 3 marks X 5= 15

a. **Classify laxatives with examples.**
b. **Compare and contrast: Metoclopramide with Domperidone.**
c. **Write a note on Superinfections.**
d. **Write adverse effects of nitrates.**
e. **Write advantages of combining epinephrine with lignocaine. Write two contraindications.**

Q. 3. Classify Antihypertensive agents with examples. 5 marks X 1= 5
Write MOA and adverse effects of ACE inhibitors.

.

Section C

Q. 4. Answer the following 3 marks X 5= 15

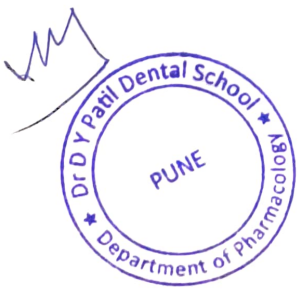
a. **Indications of parenteral iron**
b. **Discuss therapeutic uses of metronidazole.**
c. **Compare and contrast thiazides and loop diuretics.**
d. **Write a note on obtundents.**
e. **Enlist therapeutic uses of peripherally acting skeletal muscle relaxants.**

Q. 5. Classify drugs used in the treatment of peptic ulcer. .
Write mechanism of action and therapeutic uses of Proton pump inhibitors.
5 marks X 1= 5

OOOOOOOXXXXXXXOOOOOOO

MCQ Answer key additional exam Summer 19 12/4/19

1	d
2	d
3	c
4	d
5	a
6	b
7	a
8	c
9	b
10	d



Marklist of additional exam summer 19

Name	M CQ	Sec B	Sec C	Viva	Total	pointer	Pharmacy	CC	doc	Total	pointe
	10	25	25	10	60	3					
Priyanka Kedar	7	9	10	4	30	1.5	16	8	11	35	1.75
Deep Shah							16	13	16	45	2.25

Name	Pharmacy	CC	DOC	Journal	total	Pointer			
Uzair Raut	24	16	17	7	64	3.2			

Dr D Y Patil Dental School * PUNE * Department of Pharmacology

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Charholi (Bk) via Lohegaon, Pune -412105

D Y PATIL DENTAL SCHOOL, PUNE - II BDS - PHARMACOLOGY Summer 19

Additional Exam (PRACTICAL EXAMINATION) TABLE WORK

Total Marks: 40 - Time: 50 minutes

Part A: Criticism, Commenting, and Correction of Wrong Prescription.
(2 questions x 10 marks each) = Marks 20

Criticize and comment in detail on each prescription. Discuss what corrections are needed. Rewrite the correct prescription. (In complete prescription format)

(1) Pulmonary Tuberculosis

1. Tablet Streptomycin 2 grams BID

2. Tablet Rifampicin 600 mg ONCE IN A MONTH after lunch
3. Tablet Ethambutol 500 mg BID
4. Tablet Thiacetazone 100 mg BID
Continue the above treatment for 1 year

(2) A 3-year-old with gram negative infection of oral cavity and fever

1. Ciprofloxacin Syrup
250 mg BID for 5 days
2. Doxycycline Syrup
50 mg OD for 5 days
3. Aspirin Tablet (300 mg soluble tablet)
Half tablet to be dissolved in water and taken 3 times a day

Part B: DRUGS OF CHOICE (5 questions x 4 marks each) = Marks 20

Write the drug treatment with dosage, frequency, and duration

1. **Multibacillary leprosy**
2. **Acute attack of bronchial asthma**
3. **One wk regime of H Pylori peptic ulcer**
4. **Bleeding after tooth extraction**
5. **Dento alveolar abscess**

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Deep Shah

of the Examination Additional Class IInd BDS.

ct Pharmac

No. 75 Date 12/4/19

nts Signature "Seen No. complaint"

ADDITIONAL EXAM FOR 2nd INTERNAL

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	20 ~~30~~	16
2	Correction of wrong prescription	30	13
3	Drug of choice and dose	20	16
4	Journal (5) + Communication Skills (5)	10	—
5	Total	90	45/60

Seen No Complaint

Dr. Deep Shah
MDS, BDS.
Reg No :- Allo/8457
Twinkle Clinic
Mumbai - 401107
Phone no :- 84510888
Email :- dr.deep@gm
Date :- 12/4/19

16

Prescription NO. P/8.
Name :- Neil Sonar
Age :- 19, Sex :- M, wt :- 70.
Address :- Viman nagar

Rx,

Zinc Sulphate	0	050.
Glycerin	3	0
Peppermint Oil.	15	0.

Mix the ingredients properly
To be used after food, morning & before be
To be shaken before used.

Allo/84510.
[STAMP]

Mouth Wash.
-> Shake well before use
-> Store at cool place.
Name :- Neil Sonar
-> Ingredients to be mixed well.
-> Use after food morning & before bed.

Ashwin
Allo/[illegible]

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Deep Shah.

of the Examination Additionals. Class 4th BDS.

ct Pharmac Practical. (General & Dental)

lo. 75 Date 12/4/19.

ents Signature "Seen No. Complaint"

Criticism.

Afb tve Pulmonary Tuberculosis.
Tablet Streptomycin 2g BID
Tablet Rifampicin 200g OD.
Tablet Ethambutol 500mg BID.
Thiacitazole 100 mg BID.
Continue the above treatment for six months.

2). A Three yr old. with gram-ve infection of Oral cavity & fever.
a) Ciprofloxacin Syrup. (250 mg/5ml) BID x 5 days.
b) Doxycycline Syrup (50 mg/5ml) OD x 5 days.
c) Syrup Paracetamol (250 mg/5 ml) 250mg TID for 5 days

① AFB +ve Pulmonary Tuberculosis

a) Streptomycin Tab is not to be
because Streptomycin is bacteriostatic
not bactericidal

b) Rifampicin is to be used in higher d
g (450 mg) every alternate day. OD.
before food.

c) Isoniazide to be used as it is bactericidal
to be used instead of Streptomycin. in dosage
600 mg OD every alternat day.

d) Tab Pyrazinamide to be added in used bec
it stops the bacterial growth and shows
cidal effect (500 mg) 1.5 mg × 3 times a day
every alternate day.

e) Tab Ethambutol is given in dosage of
(400 mg) 1.2 mg × 3 times a day every alternat
day.

f) Tab Thiacitazol is not to be used.

Dr. Deep Shah
MDS, BDS
Reg. No. Allo / 84570.
Twinkle clinic
Mumbai. - 401107
Phone :- 80825 88885
Email :- dr deep @ gmail.com
Date :- 12/4/19

Prescription No. P/7.
Name :- Neil Sonar
Sex :- M. Age :- 20 Wt 70
Address :- Thoreyaon Park.

Rx

- Tab Isoniazide (600 mg) OD.
  → Every Alternate day.
- Tab Rifampicin (450 mg) OD
  → Every Alternate day.
- Tab Pyrazinamide (500 mg)
  → 1.50 mg x 3 time a day
  → Every alternate day
- Tab Ethambutol (400 mg)
  → 1.2 mg x 3 times a day.
  → Every alternate day.

Use for 6 months and then later stop doing 3, 4.

Allo/84570.
STAMP.

(2) Three Year old with gram-ve in
in Oral Cavity.

(1) Ciprofloxin Syrup not given to children of young age, affects bone joint, flexures and tendons loosening and weakness because it a flouroquinine

(2) Doxycycline Syrup not given in Your children cause it is a tetracycline and causes tooth decay. removal of Enament, causes exposed dentin low strength of tooth.

(3) Syrup Paracetamol to be given in small dosage according to the children formula.

Drug dosage formula in children $= \left(\frac{\text{Age}}{\text{Age} + 12}\right) \times$ Adult

(4) Amoxicillin is used in Syrup form instead of fluroquinine and tetracycline it acts as an antibiotic.

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Supplement Sheet

Name of the Student: Deep Shah.

Name of the Examination: Additional Class: 11nd BDS.

Subject: Pharmac. Practical

Roll No.: 75. Date: 12/4/19.

Supplement No.: m+1. Invigilator Signature:

Dr. Deep Shah
MDS, BDS.
Reg No. Allo/84510.
Twinkle Clinic
Phone :- 8451088885
Email :- dr.deep@gmail.com
Date :- 12/4/19.

6

Prescription no. P/8
Name :- Neil.
Age :- 19 ; Sex :- M, Wt :- 70.
Address :- Kalyani Nagar.

Rx,

Dosage formula in children $= \left(\frac{Age}{Age+12}\right) \times$ Adult dose.

- Amoxycillin Syrup (250mg / 5ml).
  → 100 mg / ml. to be given 3 times a day
- Paracetamol Syrup. (250 mg / 5ml).
  → 100mg / ml to be given 3 times a day.

Allo/84510

STAMP.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Deep Shah.

the Examination Additional. Class IInd BDS.

General & dental Pharmac.

75. Date 12/4/19

ts Signature "Seen No. Complaint"

16

Drug of choice.

Multibacillary leprosy.
Acute Attack of Bronchial Asthama.
1 week regime of H. Pylori Peptic Ulcer.
Bleeding after tooth extraction.
Dento Alveolar Abscess.

x x

1. Multibacillary leprosy.
Used for :-
→ BB, BL, LL.

→ Tab Dapsone (100mg) once a day for 2month.
→ Tab Clofazimine (300mg). Once a month.
→ Tab Clofazimine (50 mg) Once a day for 2months
→ Tab Rifampicin (600 mg) Once a month, before food, on empty stomach.

Follow up free Rx for 1 yr

② Acute attack of Bronchial Asthama.

⇒ Salbutamol inhalation (100 mcg) every 8 hours

⇒ Oxygen availability 100% (2-4 L)

⇒ Deriphyllin inj

⇒ Beclamethasone dipropionate (400 mg) 400 mcg

③ One week of H. Pylori Peptic ulcer

⇒ Tab Pantoprazol (400 mg) 40 twice a day

⇒ Tab Metronidazole (400 mg)

⇒ Tab Domperidone (400 mg)

for 1 week.

Bleeding After tooth extraction.

Inj. Adrenaline 1: 10,000 units.
Place a cotton swab firm and tight.

Dento-Alveolar Abscess.

Tab Amoxicillin (500 mg) total 15 tab.
thrice a day.

Diclofenac Potassium (50 mg) plus
Serratiopeptidase (10 mg) plus paracetamol (100 mg

30

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) ●	(A) (B) ● (D)

SEAT NO. IN WORDS	Thirty (30)
QUESTION BOOKLET VERSION NO. IN WORDS	Priyanka J. kedar
NAME OF EXAMINATION	Additional Examination 2019
SUBJECT	General and Dental Pharmacology
PAPER Date	12/04/2019

Additional Exam For 2nd & Int Ass

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

1

Invigilator's Signature

Candidate Signature

SEAT NUMBER: 0 0 0 3 0

QUESTION BOOKLET VERSION NO.: A

ANSWERS

	A	B	C	D
1				●
2			●	
3			●	
4				●
5	●			
6		●		
7			●	
8			●	
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29				
30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

There Should Not Be Any Identification Mark On The Answer Booklet.
The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

of the Student Priyanka J. kedar

of the Examination Additional examination 2019 Class BDS II

ct General & Dental pharmacology

o. Thirty (30) Date 12/04/2019

Pledge

declare that I have gone gh the instruction given & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
ction									23	25	
rks obtained in Section A											07
rks obtained in Section B	1.5	1	2	0.5	1				3		9
rks obtained in Section C	2	0.5	0.5	1	2.5					3.5	10
and Total											26

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q2.

	zero order kinetics		first order kinetics
1)	constant amount of drug is eliminated	1)	It is the drug concentration dependent process
2)	elimination rate independant on initial concentration of drug	2)	elimination rate is independant of initial conc^{n} of drug.
3)	first pass metabolism is high.	3)	Higher the concentration fastez the clearance.

Astringents -

- Astringents are the substances which precipitates the superficial proteins and produce the protective layer
- Astringents are used in the gingivitis, stomatitis, Acute necrotising ulcerative gingivitis etc.
- examples - ca

skeletal muscle relaxants

classification of skeletal muscle relaxants -

- centrally acting - Baclofen, methocarbamol
- peripherally acting - pancuronium - doxacurium

Adverse effects of phenytoin sodium -

- vomitting, Nausea
- dizziness
- swelling and bleeding of gums
- headache
- constipation.
- feeling of spinning, drowsiness

1) adrenaline with lignocaine -

It is anaesthetic used in the combination with adrenaline.

Used in regional anaesthetia.

field ~~or~~ block or local

Adrenaline with lignocaine blocks the nerve fibers.

~~2)~~ demerits -

It is localanaesthetic

It

diuretics

classification - carbonic anhydrase inhibitor - Acetazolamide. Dorzolamide

Thiazides - hydrochlorthiazide

High ceiling - furesemide.

potassium sparing - spironolactone

Loop diuretics - furesemide.

Therapeutic uses of furesemide.

- furesemide used in the retention of water in body fluids.
- In congestive heart failure
- oedema. heart diseases
- Liver diseases. kidney diseases
- Nephrotic syndrome.

Adverse effects

- Nausea, vomitting
- Dizziness
- diarrhoea
- constipation
- Blurred vision.
- loss of appetite.

Sublingual route of administration -

- Tablet or pellets are placed below the tongue (sublingually) so that it directly goes into the systemic circulation.
- Absorption is rapid
- First pass metabolism is high.
- ex. Nitroglycerine tablets are placed sublingually.

morphine is a opoid hypnotic sedative.

causes sedation.

it crosses blood brain barrier. It has harmful effect on the central nervous system.

so that it is contraindicated in the case of head injury.

Antiplaque agents - 0.5

- The substances which have sufficient effect on the plaque in oral cavity are called as Antiplaque agents.
- This substances contains fluorides.

classification of antacids

1) systemic antacids
   - calcium based - calcium hydroxide
   - magnesium based - magnessium hydroxide
   - Aluminium based - $Al(OH)_3$
2) Non-systemic antacids
   - sodium bicarbonate.

Advantages -

Antacids causes buffering effect in the stomach.

They relieve heartburn and indigestion.

(a)

mechanism of action -

. Insulin acts as the binding to glycoprotein receptor on the surface of the cell.
. It consist of alpha & Beta subunit. which is insulin stimulated., tyrosine specific kinase.
It stimulates the glycoprotein receptors and then insulin is binded and carried into the cell.

Advantages of Newer insulins -

. Newer insulins are made up from recombinat~~not~~ DNA technology.
. Rapid onset of action.
. ~~Long acting~~ duration of action long so that frequent injections does not needed.

mechanism of action -

co-trioxazole -

1) sulfamethaxole inhibits the synthesis of dihydrofolic acid. by competing with paraaminobenzoic acid (PABA)
2) Trimethoprim inhibits dihydrofolic reductase.

dihydropiphosphate + PABA
dihydropteroate synthase ↓ sulfonamide
dihydrofollic acid
dihydrofollic reductase ↓ Trimethoprim
Tetrahydrofollic acid

3.5

> Advantage of trimethoprim-sulfamethoxazole combination -

In this, sulfamethaxole inhibits dihydrofolic acid. by competing PABA
- & trimethoprim inhibits dihydrofolic reductase so that it is useful combination.

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Practical / Clinical Examination Answer Book

Examination

ADDITIONAL EXAM FOR 2nd Int. Ass.

Sr. No.

The Student priyanka J. kedar

The Examination Additional examination 2019 Class BDS II

General and dental pharmacology

Thirty (30) Date 12/04/2019

Signature [signature] "Seen No. complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	~~30~~ 20	16
2	Correction of wrong prescription	~~20~~ 20	08
3	Drug of choice and dose	20	11
4	Journal (5) + Communication Skills (5)	~~10~~	5
5	Total	~~50~~ 60	35/60

Dr Priyanka J. kedar
(BDS, MDS)
Reg no. A110/12345
Tiny sparkle dental clinic
Shivaji chowk, Beed
Email id smile@yahoo!.com
Mob No. 9977069668

Pr.Sr.no. P/10 Date 12/04/19

Patient Name - Sanvi Jadhavar
Age - 19 years ... Sex - female Weight - 45 kg
Adress - Sunshine apartment, swarajya nagar, beed
Contact no. 7766929268

Rx

1) Potassium permanganate	0	050
2) Water	50	0

. Mix the above ingridients properly and form homogenous mixture.
. Dilute the 1 tablespoon preparation with 50 ml water and use as mouth wash 3-4 times a day

stamp

Sign
12/04/2019

Potassium permanganate lotion (condys lotion)

- For external use only
- ~~Shake well before use~~
- Keep in cool and dry place.
- keep away from sunlight
- Discard if colour changes from pink magenta to brown.
- Use as mouth wash 3-4 times a day 1 tbs diluted with 50 ml water

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Priyanka J. kedar

the Examination Additional Examination 2019 Class BDS II

General & Dental pharmacology

Thirty

Date 12/04/2019

s Signature

"Seen No. Complaint"

CRITICISM AND CORRECTION)

8

AfB positive pulmonary tuberculosis

1. Tab. streptomycin (2gm) Bid
2. Tab. Rifampicin (200gm) od
3. Tab. Ethambutal (800 mg) bid
4. Tab. Thiacetarone (100g) bid.

continue above treatment for 6 months.

3 year old with gram negative infection of oral cavity and fever.

1) Ciprofloxacillin syrup (250 mg/5ml) ~~bid~~ 5days
2) Doxycycline syrup (50 mg/5ml) 50 mg od 5 days
3) syrup paracetamol (250 mg/5ml) 250 mg tid 5 days

Critism - 1

1) streptomycin is a bacteriostatic drug.
It is available as injection.
It causes toxicities such as nephrotoxicity, vestibulochochlear toxicity.
- so that streptomycin is avoided.

2) Rifampicin is given in AFB positive pulmonary tuberculosis as it is bactericidal..
It kills the bacteria. and The dose is 600 mg one tab after every 8 hours.

3) Isothiazide - it is used because it belongs to this group & it helps to ~~resistant~~ increase resistance to bacteria.

Thiacetazone is not prescribed.

Dr. Priyanka S. Kedar
(BDS, MDS)
Reg no. A110/12345
Tiny sparkle dental clinic,
PB highway, satara.
Email id. smile@yahoo.com
mob no. 7773969777

Date - 12/04/19

Prescription sr. no. P/5

Patient name - sanika Jadhavar
Age - 20 yr sex - female weight - 47 kg
Windsor apartment, satara.

℞

1) TAB. ISOTHIAZIDE (50 mg) - 21
Thrice a week

2) TAB. RIFAMPICIN (600 mg) - 21
1 tab. after every 8 hours

3) TAB. ETHAMBUTOL (450 mg) -
1 tab after every 8 hours.

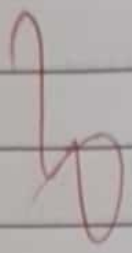
4) Tab. Pantoprazosin - 21
1 tablet after every 8 hours

stamp

12/04/19

Criticism - 2

1) ciprofloxacillin is belongs to the I



2) Doxycycline belongs to the tetracycline group
It is r

Amoxicillin is used as it is antimicrobial.
syrup amoxicillin is prescribed
Paracetamol is antipyretic so that it can depress the
threshold set point in the ~~tho~~ central nervous syste
It reduces the body temperature.

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

he Student Priyanka J. kedar

he Examination Additional examination Class BDS II

General & Dental pharmacology

30 Date 12/04/2019

ent No. Invigilator Signature

Dr. Priyanka J. kedar
BDS, MDS
reg. no A110/12345
Tiny sparkle dental clinic,
PB highway, satara.
Email id. Smile@yahoo.com
mob. no. 7973969777

Pr.Sr.no. - P4/7 Date 12/04/2019

Patient name - Ankit Jadhav

Age - 27 years sex male Weight - 64 kg

Windsor apartment, satara

7788996677

Rx.

1) Amoxicillin syrup (250 mg/5ml)
twice a day x 5 days

2) paracetamol syrup (100mg/1ml)
twice a day x 5 days.

stamp

12/04/19

Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book
Examination

Sr. No.

e of the Student Priyanka J. kedar

e of the Examination Additional examination 2019 Class BDS II

ject General and Dental pharmacology

No. 30 Date 12/04/2019

ents Signature "Seen No. Complaint"

(DRUG OF CHOICE)

(11)

multibacillary leprosy

Tab. Dapsone (100 mg)
twice a day for 5days.

Acute attack of bronchial asthma
- Nebulised salbutamol (100 mg) once
twice a day x 5days
- 100% oxygen inhalation (2-4 lit/hour)

1 week regim for H.pylori peptic ulcer

Tab. Pantoprazosin (40 mg) - 7
one tablet once a day x 7 days

2. Tab Metronidazole (400 mg) - 21
one tablet after every 8 hours x 7

3. Tab. Amoxicillin (500mg) x 21
one tablet after every 8 hours x 7

4. Bleeding after tooth extraction

Adrenaline (1:10:000 soln)

or

Topical Haemecoagulase solution)

with cotton swab apply it on the affected area with pressure.

5. Dentoalveolar abscess

Capsule. Amoxicillin (100 mg)

Bid x 5 days

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Uzair Raut

Name of the Examination Additional Examination for Internal Assessment II Class Final BDS

Subject General & Dental Pharmacology

Roll No. 70 Date 12/04/19

Students Signature

"Seen No. complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	~~30~~ 30	24
2	Correction of wrong prescription	~~20~~ 20	16
3	Drug of choice and dose	20	17
4	~~Journal (5) + Communication Skills (5)~~	~~10~~	07
5	Total	~~60~~ 60	64

Prescription:

Dr. Uzair Raut
BDS, MDS
Reg No - A20/12345
Smile Care Clinic - Bandra
Mumbai - 14.
Tele - +91 9960320164
Email - 412riazu@gmail.com

12th April 2019

Prescription Serial - P11
Megha Kumar - female
Age - 45 yrs, 68 Kgwt
Andheri, Mumbai - 010
Tele - +91 9876533210

Rx -

Thymol	2	0
Camphor	1	0
phenol	2	0

Triturate and
- mix the ingredient to make a homogenous mi
  add phenol 2ml to make a homogenous
  mix of 2ml solution
- Use with water as 1:1 dilution preparation.
- Apply the obtundant mouth wash, 3-4 times a
  day at the affected area, until the pa
  abolishes.
- For External use only.
- ~~or any other generic medicine as per patient choice~~

STAMP

12

Obtundant Mouth Wash
- ~~Prepare a homogenous solution, and~~
  apply on affected area for 3-4 times a day.
- Store in a cool dry place, away from sunlight
- For External use only
- Use with water as 1:1 dilution preparation.

Reg No - 0334

Megha Kumar
45 years - Female
68 kg wt

Stamp

12/4/19.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Criticism & Correction.

Sr. No.

the Student Uzair Raut

the Examination Additional Examination Class IInd BDS

General & Dental Pharmacology.

70 Date 12/04/19

ts Signature ~~[illegible]~~ 10 "Seen No. Complaint"

AFB Positive Pulmonary T.B.

Tb. Streptomycin - 2gm - BID

2. Tab Rifampicin - 200gm - OD

3. Tab Ethambutol - 500mg - BID

4. Tab Thiacetazone - 150mg - BID

Continue above treatment for 6 months.

A 3yr old with gram negative infection of oral cavity & fever

i) Ciprofloxacin Syrup - 250mg/5ml - BID - for 5 days.

ii) Doxycycline Sysup - 50mg/5ml - OD - for 5days.

iii) Syrup Paracetamol - 250mg/5ml - TID - for 5days.

rks

1. For pulmonary TB, the acid fast bacilli - mycobacterium TB takes long time for multiplication cycle - one cycle - 1 week ie slow growing organism, so long duration of treatment required.

- Hence, According to RNTCP (Revised program) the drugs shall be given only 3 (thrice) weekly.

- More usage of bactericidal drugs is done, so as to make patient non infectious early, & cut down the

time Period of treatment.

- multidrug treatment plan, as single drug gains resistance by organism.

① Tab. Streptomycin - it is an Aminoglycoside, bacteriodidal drug, inhibits bacterial growth decreasing protein synthosis - it is by IV route
- Here, it is not recommended as it hazardous many adverse effects - like Oto-toxicity, neuromuscular blocks, Nephrotoxicity,
many other drugs like (INH) Isoniazid - which are bact can be given as 1st line of treatment -
INH - 1 tab 600mg - tab - for 2 months, thrice weekly

② Tab Rifampicin - It is a bactericidal drug - very effe in T.B, as it inhibits DNA dependent RNA polyme & is potent antibiotic, less adverse effects se
- But, dose is wrong. It shall be → 1 tab - 450mg early in morning on empty stomach, {as Food decreasing its absorpti
- One Tab on alternate day weekly for 2 months.

3) Tab - Ethambutol - It is a bacteriostatic drug - very usefu in this case. less adverse reactions
- But dosage is → 400mg tablets - 3 tabs (1.2mg) given thrice weekly for 2 months -
It is in the 1st line treatment of drug.

4. Tab - Thiacetezone - It is bacterocidal drug, but potency is less than other bactericidal drugs, as bacteria has gained resistance to it. so drug like Pyrizinamide can be given - 500mg tab. - 3 tabs (1.5mg) given thrice weekly - (It is also a Bacterocidal drug.), given for 2 months.

Further, intl - isoniazide drug causes depletion of Vit B6 from body so, it is included, as

Tab Vit B6 (10 mg) once daily for 6 months.

Ans:

Dr. Uzair Rault
BDS, MDS
Reg No - A110/12345
Smile Care Clinic - Bandra
mumbai - 14.
Tele - +91 9960320164
mail - 412 riazu@gmail.com

Prescription Serial - 104
Ahmed Nabi - 26yrs - male
40 kgwt → Pydhonie - Mumbai
400003, Tele - 020-1145678

12th April 2019

Rx —

① Tab Isoniazid - 600mg - Take thrice weekly on alternate days for 2 months.

Tab Rifampicin - 450mg - Take thrice weekly on alternate days for - 2 month, early in morning on empty stomach.

Tab Ethambutol - 400mg - take 3 tablets (1.2mg) on alternate days, thriceweekly - for 2 months.

Tab Pyrizinamide - 500mg - Take 3 tabs (1.5mg) on alternate days, thriceweekly for 2 months.

Continue drug ① & ② for 6 months, after
& stop drug ③ & ④ after 2 months.

ie Continue drug ① & ② for next 4 mont

⑤ Tab Vit B6 - 10mg - one Tablet daily for 6months.

- or any other generic drug as per patient's choi

12/4/19

STAmp

...moli Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

...e Student Uzair Rad

...e Examination Addn. Class 11nd BDS

Pharmacy

70

Date 12/4

...ent No. Invigilator Signature

Given case is a child of 3yrs.

1) ~~Tab~~ Ciprofloxacin - It is a antibiotic, of 'FQ'
It is a → flouroquinolone, but not used here, as it has many adverse effects for → growing children
↘ old age people -

as it causes, collagen damagen, tendonitis, inflammation of cartilage, can cause stunted growth, arthritis, and many other adverse effects.
- Hence not used here. Has low therapeutic index in children -

Instead, Amoxicillin - Penicillin derived antibiotic can be used → it has high therapeutic index
- It is more potent against the bacteria, as it inhibits cell wall synthesis.

2) ~~So~~ Doxycycline - It is a tetracycline dry and an antibiotic → but it has many adverse effects & less potency against these microbes,

It can cause stains on teeth, bone, decrease (hamper) the anabolic effect of body., forms chelating compounds

with the Ca^{+2} ions present in hard tissues body like teeth & Bone. It is causative of renal failure, hepatic failure and many other effects like - enamel hypoplasia. decrease strength of teeth. etc.

so not used here.

3) Paracetamol - It is an NSAID, antipyretic and reduces fever of child also slightly anti-inflammatory action too. thas high therapeutic index, so can be used. very useful for fever -

Dose calculation:

Young's formulae - $\frac{\text{Age} \times \text{Adult Dose}}{\text{Age}+12}$

a) for Amoxicillin → $\frac{3}{12+3} \times 500\ mg/ml$

$= \frac{1}{5} \times 500\ mg/ml = 100\ mg/ml.$

∴ So - Amoxicillin - 100mg/ml Syrup - thrice a day for 5 days -

b) for Paracetamol - $\frac{3}{12+3} \times 250\ mg/ml$

$= 1/5 \times 250 = 50\ mg/ml.$

So give the child, 50mg/ml syrup - 1ml - thrice daily for 5 days

Greetings,

Dr. Uzair Raut-
BDS, MDS
Reg No - A11of 12345
Smile Care Clinic - Bandra
mumbai - 14.
Tele - +91 9876032016 4
email - 412 riazu@gmail.com

Prescription Serial - 109-

Sumit Nand. male 12th April 2019
Age - 3, 20kgwt
Varsova, mumbai - 018
Tele - 02011887789

℞,

① Amoxicillin Syrup - 100mg/ml
Take 1ml syrup. by oral route
for 5 days every 8 hours.

② Paracetamol Syrup - 50mg/ml
Take 1ml Syrup. orally
every 8 hours for 5 days (Thrice daily)

or any other generic drugs per patient choice'

12/4/19

STAMP

Examination

Sr. No.

f the Student Uzair Raut

f the Examination Additional Examination Class 11nd BDS

Pharmacy

70 Date 12/04/19

nts Signature "Seen No. Complaint"

multibacillary leprosy. (17)

Acute attack of Bronchial asthma

One week Regime of H-pylori Peptic Ulcer - PPI

Bleeding after tooth extraction

Dento-alveolar abcess

(i) Tab. Dapsone (100mg) - once daily for a month - OD after breakfast

(ii) Tab Clofazimine 300mg - Tab once a month.

(iii) Tab Clofazimine - 100mg - Tab - one alternate day of week

3.5

(iv) Tab Rifampicin - 600mg - Tab - early in morning on empty stomach -, once a month.

Follow up after 1 month.

continue Rx for 1 yr

(2) Salbutamol - inhalation - Rotahler - 100 µg mcg
state, continue for every

Inj - Deriphylline - (Etiophylline + Thiophylline) - im

100% O_2 - give by inhalatonal route - (2-4 ...

3. Beclomethasone dipropionate - 40 µg mcg inhalation
if needed. as adjuvant

Tab Salbutamol - if needed (SOS) - 4mg tablet

(3) Tab Pantoprazole - 40mg - One tablet daily - f...
(PPI) 7...
(before meals)

Tab. Amoxicillin - 500mg - three tablet daily TID -
7 days

ie TID - for 7 days -
thrice daily (every 8 hrs)

Tab Clofamphenicol (400mg) - TID for 7 days
ie every 8 hours for a week -
give - 21 tablets

(4) Adrenaline - 1:10,000. apply as a cotton (liquid) plug at area of bleeding, to stop bleeding as & when required. after extraction

(5) Tab. Amoxicillin - 500mg - tab for 5 days every 8 hrs - TID

Tab. Diclofenac potassium (50mg) + Paracetamol (500mg) + serratiopeptidase (10mg) - Tablet. for 5days every 8 hrs - TID for 5 days.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

e of the Student Deep Shah

e of the Examination Additional Class IInd BDS.

ject Pharmac.

No. 75 Date 12/4/19.

dents Signature "Seen No. complaint"

ADDITIONAL FOR EXAM 2nd INTERNAL

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	20 ~~30~~	16
	Correction of wrong prescription	30	13
3	Drug of choice and dose	20	16
	Journal (5) + Communication Skills (5)	10	—
5	Total	90	45/60

Seen No Complaint

Dr. Deep Shah.
MDS, BDS.
Reg No :- Allo/8457
Twinkle Clinic
Mumbai - 400107
Phone no :- 8451
Email :- dr.deep@gma
Date :- 12/4/19.

Prescription NO. P/8.
Name :- Neil Sonar
Age :- 19, Sex :- M, Wt :70.
Address :- Viman nagar.

Rx,

Zinc Sulphate	0	050.
Glycerin	3	0
Peppermint Oil.	15	0.

Mix the ingredients properly.
To be used after food, morning & before bed
To be shaken before used.

Allo/8457.0.
[STAMP]

Mouth Wash.
→ Shake well before use.
→ Store at cool place.
Name :- Neil Sonar
→ Ingredients to be mixed well.
→ Use after food morning & before bed.

Ashwin

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Deep Shah.

the Examination Additionals. Class 4th BDS.

Pharmac Practical. (General & Dental)

75 Date 12/4/19.

ts Signature "Seen No. Complaint"

Criticism.

AFB tve Pulmonary Tuberculosis.

Tablet Streptomycin 2g BID

Tablet Rifampicin 200g OD.

Tablet Ethambutol 500mg BID.

Thiacitazole 100 mg BID.

Continue the above treatment for six months.

A Three yr old with gram-ve infection of Oral cavity & fever.

a) Ciprofloxacin Syrup. (250 mg/5ml) BID X 5 days.

b) Doxycychine Syrup (50 mg/5ml) OD X 5 days.

c) Syrup Paracetamol (250 mg/5 ml) 250mg TID for 5 days

① AFB +ve Pulmonary Tuberculosis

a) Streptomycin Tab is not to be
because Streptomycin is bacteriostatic
not bactericidal

b) Rifampicin is to be used in higher d
g (450 mg) every alternate day. OD.
before food.

c) Isoniazide to be used as it is bactericidal
to be used instead of Streptomycin. in dosage
600 mg OD every alternat day.

d) Tab Pyrazinamide to be added in used bec
it stops the bacterial growth and shows
cidal effect (500 mg) 1.5 mg x 3 times a day
every alternate day.

e) Tab Ethambutol is given in dosage of
(400 mg) 1.2 mg x 3 times a day every alterna
day.

f) Tab Thiacitazol is not to be used.

Dr. Deep Shah
MDS, BDS
Reg. No. Allo /84570.
Twinkle clinic
Mumbai. - 401107
Phone :- 80825 88885
Email :- dr.deep@gmail.com
Date :- 12/4/19

Prescription No. P/7.
Name :- Neil Sonar
Sex :- M. Age :- 20 Wt 70
Address :- Khoregnon Park.

Rx,

- Tab Isoniazide (600 mg) OD.
  -> Every Alternate day.
- Tab Rifampicin (450mg) OD
  -> Every Alternate day.
- Tab Pyrozinamide (500 mg)
  -> 1.50 mg x 3 time a day
  -> Every alternate day
- Tab Ethambutol (400 mg)
  -> 1.2 mg x 3 times a day.
  -> Every alternate day.

Use for 6 moths and then later
stop day 3, 4

Allo/84570.
STAMP

(2) Three Year old with gram-ve inf... in Oral Cavity.

(1) Ciperoflaxin Syrup not given to children of young age, affects bone joint, flexures and tendons loosening and weakness because it a flouroquinine

(2) Doxycycline Syrup not given in Your children cause it is a tetracycline and causes tooth decay, removal of Enament, causes exposed dentin low strength of tooth.

(3) Syrup Paracetamol to be given in small dosage according to the childrens formula.

Drug dosage formula in children = $\left(\frac{\text{Age}}{\text{Age}+12}\right)$ X Adult

(4) Amoxicillin is used in Syrup form insted of fluroquinine and tetracycline it acts as an antibiotic.

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

the Student Deep Shah.

the Examination Additional Class 11nd BDS.

Pharmac. Practical

75. Date 12/4/19.

ment No. M+1. Invigilator Signature

Dr. Deep Shah
MDS, BDS.
Reg No. Allo/84510.
Twinkle Clinic
Phone :- 8451088885
Email :- dr.deep@gmail.com
Date :- 12/4/19.

6

Prescription no. P/8
Name :- Neil.
Age :- 19 ; Sex :- M, Wt :- 70.
Address :- Kalyani Nagar.

Rx,

Dosage formula in children $= \left(\frac{Age}{Age+12}\right) \times$ Adult dose.

- Amoxycillin Syrup (250 mg / 5 ml).
  → 100 mg / ml. to be given 3 times a day
- Paracetamol Syrup. (250 mg / 5 ml).
  → 100 mg / ml to be given 3 times a day.

Allo/84510

STAMP.

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105
Practical / Clinical Examination Answer Book
Examination

Sr. No.

of the Student Deep Shah.
of the Examination Additional. Class IInd BDS.
ct General & dental Pharmac.
No. 75. Date 12/4/19
ents Signature "Seen No. Complaint"

(16)

Drug of choice.

Multibacillary leprosy.
Acute Attack of Bronchial Asthama.
1 week regime of H. Pylori Peptic Ulcer.
Bleeding after tooth extraction.
Dento Alveolar Abscess.

x x

① Multibacillary leprosy.
Used for :-
→ BB, BL, LL.

→ Tab Dapsone (100mg) once a day for 2month.
→ Tab Clofazimine (300mg). Once a month.
→ Tab Clofazimine (50 mg) Once a day for 2months
→ Tab Rifampicin (600 mg) month, before food, on empty stomach.

② Acute attack of Bronchial Asthama.

→ Salbutamol inhailation (100 mg) mg
every 8 hours

→ Oxygen availibility. 100% (2-4 L) [illegible]

→ Deriphyllin inj

→ Beclamethasome dipropionate. (~~100~~ mg) 40 mg

③ One Week of H. Pylori Peptic Ulcer

→ Tab Pantoprazol (~~400~~ mg) 40 twice a day

→ Tab. ~~Meta~~ metronidazole (400 mg)

→ Tab. Dompenidome. (400 mg)

for 1 week,

Bleeding After tooth extraction.

Inj. Adrenaline 1: 10,000 with.
Place a cotton swab firm and tight.

Dento-Alveolar Abscess.

Tab Amoxicillin (500 mg) total 15 tab.
thrice a day.

Diclofenac Potassium (50 mg) plus
Serratiopeptidase (50 mg) plus paracetamol (100 mg

30

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Thirty (30)
QUESTION BOOKLET VERSION NO. IN WORDS	Priyanka J. kedar
NAME OF EXAMINATION	Additional Examination 2019
SUBJECT	General and Dental Pharmacology
~~PAPER~~ Date	12/04/2019

Additional Exam For 2nd Int Ass.

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

1

Invigilator's Signature

Priyanka

Candidate Signature

7

SEAT NUMBER

0	0	0	3	0

QUESTION BOOKLET VERSION NO.

A

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

) There Should Not Be Any Identification Mark On The Answer Booklet.
) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

e of the Student Priyanka J. kedar

e of the Examination Additional examination 2019 Class BDS II

ect General & Dental pharmacology

No. Thirty (30) Date 12/04/2019

Pledge

e declare that I have gone igh the instruction given e & pledge to abide by them.

Priyanka

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
ction									~~2~~ 3 ~~5~~		
arks obtained in Section A											07
arks obtained in Section B	1.5	1	2	0.5	1				3		9
arks obtained in Section C	2	0.5	0.5	1	2.5					3.5	10
rand Total											26

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q2.

	zero order kinetics		first order kinetics
1)	constant amount of drug is eliminated	1)	It is the drug concentration dependent process
2)	elimination rate Independant on initial concentration of drug	2)	elimination rate is independant of initial conc^{n} of drug.
3)	first pass metabolism is high.	3)	Higher the concentration fastee the clearance

Astringents -

- Astringents are the substances which precipitates the superficial proteins and produce the protective layer
- Astringents are used in the gingivitis, stomatitis, Acute necrotising ulcerative gingivitis etc.
- examples - ca

skeletal muscle relaxants

classification of skeletal muscle relaxants -

- centrally acting - Baclofen, methocarbamol
- peripherally acting - pancuronium - doxacurium

Adverse effects of phenytoin sodium -

- vomitting, Nausea
- dizziness
- swelling and bleeding of gums
- headache
- constipation
- feeling of spinning, drowsiness

a) adrenaline with lignocaine -

It is anaesthetic used in the combination with adrenaline.

Used in regional anaesthetia.

field ~~or~~ block or local

Adrenaline with lignocaine blocks the nerve fibers.

b) demerits -

It is localanaesthetic

It

diuretics

classification - carbonic anhydrase inhibitor - Acetazolamide. Dorzolamide

Thiazides - hydrochlorthiazide

High ceiling - furesemide.

potassium sparing - spirinolactone

Loop diuretics - furesemide.

Therapeutic uses of furesemide.

- furesemide used in the retention of water in body fluids.
- In congestive heart failure
- oedema. heart diseases
- Liver diseases. kidney diseases
- Nephrotic syndrome.

Adverse effects

- Nausea, vomitting
- Dizziness
- diarrhoea
- constipation
- Blurred vision.
- loss of appetite.

Sublingual route of administration -

- Tablet or pellets are placed below the tongue (sublingually) so that it directly goes into the systemic circulation.
- Absorption is rapid
- first pass metabolism is high
- ex. Nitroglycerine tablets are placed sublingually.

morphine is a opoid hypnotic sedative.
causes sedation.
it crosses blood brain barriers. It has harmful effect on the central nervous system.
so that it is contraindicated in the case of head injury.

Antiplaque agents - 0.5

- The substances which have sufficient effect on the plaque in oral cavity are called as Antiplaque agents.
- This substances contains fluorides.

classification of antacids

1) systemic antacids
   - calcium based - calcium hydroxide
   - magnesium based - magnessium hydroxide
   - Aluminium based - $Al(OH)_3$
2) Non-systemic antacids
   - sodium bicarbonate.

Advantages -

Antacids causes buffering effect in the stomach.
They relieve heartburn and indigestion.

(a)

mechanism of action -

. Insulin acts as the binding to glycoprotein receptor on the surface of the cell.
. It consist of alpha & Beta subunit. which is insulin stimulated., tyrosine specific kinase.
. It stimulates the glycoprotein receptors and then insulin is binded and carried into the cell.

Advantages of Newer insulins -

. Newer insulins are made up from recombinant DNA technology.
. Rapid onset of action.
. ~~Long acting~~ duration of action long so that frequent injections does not needed.

mechanism of action -

co-trioxazole -

1) sulfamethoxole inhibits the synthesis of dihydrofolic acid. by competing with paraaminobenzoic acid (PABA)
2) Trimethoprim inhibits dihydrofolic reductase.

dihydropiphosphate + PABA
dihydropteroate synthase ↓ sulfonamide
dihydrofollic acid
dihydrofollic reductase ↓ Trimethoprim
Tetrahydrofollic acid

3.5

Advantage of trimethoprim-sulfamethoxazole combination -
In this, sulfamethoxole inhibits dihydrofolic acid. by competing PABA
- & Trimethoprim inhibits dihydrofolic reductase so that it is useful combination.

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Practical / Clinical Examination Answer Book

Examination

ADDITIONAL EXAM FOR 2nd Int. Ass.

Sr. No.

of the Student priyanka J. kedar

of the Examination Additional examination 2019 Class BDS II

General and dental pharmacology

Date 12/04/2019

Thirty (30)

"Seen No. complaint"

nts Signature

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	~~30~~ 20	16
2	Correction of wrong prescription	~~20~~ 20	08
3	Drug of choice and dose	20	11
4	Journal (5) + Communication Skills (5)	~~10~~	5
5	Total	~~50~~ 60	35/60

Dr Priyanka J. kedar
(BDS, MDS)
Reg no. A110/12345
Tiny sparkle dental clinic
Shivaji chowk, Beed
Email id smile@yahoo!.com
Mob No. 9977069668

Pr Sr no. P/10 Date 12/04/2

Patient Name - Sanvi Jadhavar
Age - 19 years ... Sex - female Weight - 45 kg
Adress - Sunshine apartment, swarajya nagar, beed
Contact no. 7766929268

Rx

1) Potassium permanganate	0	050
2) Water	50	0

- Mix the above ingridients properly and form homogenous mixture.
- Dilute the 1 tablespoon preparation with 50 ml water and use as mouth wash 3-4 times a day

stamp

Sign
12/04/2019

Potassium permanganate lotion (condys lotion)

- For external use only
- ~~Shake well before use~~
- Keep in cool and dry place
- keep away from sunlight
- Discard if colour changes from pink magenta to brown.
- Use as mouth wash 3-4 times a day 1 tbs diluted with 50 ml water

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Priyanka J. Kedar

the Examination Additional Examination 2019 Class BDS IV

General & Dental Pharmacology

Thirty

Date 12/04/2019

s Signature Priyanka "Seen No. Complaint"

CRITICISM AND CORRECTION)

8

AFB positive pulmonary tuberculosis

1. Tab. streptomycin (2gm) Bid
2. Tab. Rifampicin (200gm) od
3. Tab. Ethambutal (800 mg) bid
4. Tab. Thiacetazone (100g) bid.

continue above treatment for 6 months.

3 year old with gram negative infection of oral cavity and fever.

1) Ciprofloxacillin syrup (250 mg / 5ml) bid 5days
2) Doxycycline syrup (50 mg / 5ml) 50 mg od 5 days
3) Syrup paracetamol (250 mg / 5ml) 250 mg tid 5 days

Critisism - 1

1) streptomycin is a bacteriostatic drug.
It is available as injection.
It causes toxicities such as nephrotoxicity, vestibulochochlear toxicity.
- so that streptomycin is avoided.

2) Rifampicin is given in AFB positive pulmonary tuberculosis as it is bactericidal..
It kills the bacteria. and The dose is 600 mg one tab after every 8 hours.

3) Isothiazide - it is used because it belongs to this group & it helps to ~~resistant~~ increase resistance to bacteria.

4. Thiaretarone is not prescribed.

Dr. priyanka S. kedar
(BDS, MDS)
Reg no. A110/12345
Tiny sparkle dental clinic,
PB highway, satara.
Email id. smile@yahoo.com
mob no. 7773969777

Date - 12/04/19

Prescription sr. no. P/5

Patient name - sanika Jadhavar
Age - 20 yr sex - female weight - 47 kg
Windsor apartment, satara.

℞

1) TAB. ISOTHIAZIDE (50 mg) - 21
Thrice a week

2) TAB. RIFAMPICIN (600 mg) - 21
1 tab. after every 8 hours

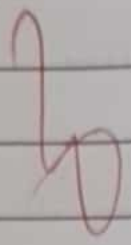
3) TAB. ETHAMBUTOL (450 mg) -
1 tab after every 8 hours.

4) Tab. Pantoprazosin -
1 tablet after every 8 hours

stamp
Sanika
12/04/19

Criticism - 2

1) ciprofloxacillin is belongs to the I



2) Doxycycline belongs to the tetracycline group
It is r

Amoxicillin is used as it is antimicrobial.
syrup amoxicillin is prescribed
Paracetamol is antipyretic so that it can depress the
threshold set point in the ~~tho~~ central nervous syste
It reduces the body temperature.

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Supplement Sheet

Student Priyanka J. kedar

Examination Additional examination Class BDS II

General & Dental pharmacology

30 Date 12/04/2019

Seat No. Priyanka Invigilator Signature

Dr. Priyanka J. kedar
BDS, MDS
reg. no A110/12345
Tiny sparkle dental clinic,
PB highway, satara.
Email id. Smile@yahoo.com
mob. no. 7773969777

Pr. Sr. no. - P4/17 Date 12/04/2019

Patient name - Ankit Jadhav

Age - 27 years sex male weight - 64 kg

Windsor apartment, satara

7788996677

Rx

1) Amoxicillin syrup (250 mg/5ml)
twice a day x 5 days

2.) paracetamol syrup (100 mg/1ml)
twice a day x 5 days.

stamp

Priyanka

12/04/19

Practical / Clinical Examination Answer Book
Examination

Sr. No.

Name of the Student Priyanka J. kedar

Name of the Examination Additional examination 2019 Class BDS II

Subject General and Dental pharmacology

Roll No. 30 Date 12/04/2019

Students Signature Priyanka "Seen No. Complaint"

(DRUG OF CHOICE)

(11)

multibacillary leprosy

Tab. Dapsone (100 mg)
- twice a day for 5days.

7

Acute attack of bronchial asthma
- Nebulised salbutamol (100 mg) mcg
twice a day x 5days
- 100% oxygen inhalation (2-4 lit/hour)

1 week regim for H.pylori peptic ulcer

Tab. Pantoprazosin (40 mg) - 7
one tablet once a day x 7 days

2. Tab. Metronidazole (400 mg) - 21
one tablet after every 8 hours x 7

3. Tab. Amoxicillin (500mg) - 21
one tablet after every 8 hours x 7

4. Bleeding after tooth extraction

Adrenaline (1:10:000 soln)

or

Topical Haemecoagulase solution)

with cotton swab apply it on the affected area with pressure.

5. Dentoalveolar abscess

Capsule. Amoxicillin (100 mg)

Bid x 5 days

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

ame of the Student Uzair Raut

ame of the Examination Additional Examination Class 4nd BDS

ubject General & Dental Pharamecology

oll No. 70 Date 12/04/19

udents Signature "Seen No. complaint"

FOR Internal Assessment

III

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	24
2	Correction of wrong prescription	20	16
3	Drug of choice and dose	20	17
4	Journal (5) + Communication Skills (5)		07
5	Total	60	64

Prescription:

Dr. Uzair Raut
BDS, MDS
Reg No - A120/12345
Smile Care Clinic - Bandra
Mumbai - 14.
Tele - +91 9960320164
email - 412riazu@gmail.com

prescription Serial - P11
Megha Kumar - female
Age - 45 yrs, 68 Kgwt
Andheri, Mumbai - 010
Tele - +97 9876533210

12th April 2019

Rx -

℞

Thymol	2	0
Camphor	1	0
Phenol	2	0

Triturate and
- mix the ingredient to make a homogenous mix add phenol 2ml to make a homogenous mix of 2ml solution
- Use with water as 1:1 dilution preparation.
- Apply the obtundant mouth wash, 3-4 times a day at the affected area, until the pain abolishes.
- For External use only.
- ~~or any other generic medicine as per patient choice~~

STAMP 12/4

Obtundent Mouth Wash
- ~~Prepare a homogenous solution, and~~ apply on affected area for 3-4 times a day.
- Store in a cool dry place, away from sunlight
- For External use only
- Use with water as 1:1 dilution preparation.

Reg No - 033451

Megha Kumar
45 years - Female
68 kg wt

Stamp
12/4/19.

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Criticism & Correction

Sr. No.

Name of the Student Uzair Raut

Name of the Examination Additional Examination Class IInd BDS

Subject General & Dental Pharmacology.

Roll No. 70 Date 12/04/19

Students Signature ~~[illegible]~~ 10 "Seen No. Complaint"

1) AFB Positive Pulmonary TB.

1. Tab. Streptomycin - 2gm - BID
2. Tab Rifampicin - 200gm - OD
3. Tab Ethambutol - 500mg - BID
4. Tab Thiacetazone - 150mg - BID

continue above treatment for 6 months.

2) A 3yr old with gram negative infection of oral cavity & fever

i) Ciprofloxacin Syrup - 250mg/5ml - BID - for 5 days.
ii) Doxycycline Sysup - 50mg/5ml - OD - for 5 days.
iii) Syrup Paracetamol - 250mg/5ml - TID - for 5 days.

Answers

1) For pulmonary TB, the acid fast bacilli - mycobacterium TB takes long time for multiplication cycle - one cycle - 1 week i.e Slow growing organism, so long duration of treatment required.

Hence, According to RNTCP (Revised program) the drugs shall be given only 3 (thrice) weekly.

+ More usage of bactericidal drugs is done, so as to make patient non-infectious early, & cut down the (time) Period of treatment.

+ Use multidrug treatment plan, as single drug gains resistance by organism.

① Tab. Streptomycin - it is an Aminoglycoside, bacteriodidal drug, inhibits bacterial growth decreasing protein synthosis - it is by IV route
- Here, it is not recommended as it hazardous many adverse effects - like Oto-toxicity, neuromuscular block, Nephrotoxicity,
many other drugs like (INH) Isoniazid - which are bacteriodidal can be given as 1st line of treatment -
INH - 1 tab 600mg - tab - for 2 months, thrice weekly

② Tab Rifampicin - It is a bactericidal drug - very effective in T.B, as it inhibits DNA dependent RNA polymerase & is potent antibiotic, less adverse effects seen
- But, dose is wrong. It shall be → 1 tab - 450mg early in morning on empty stomach, { as Food decreasing its absorption
- One Tab on alternate day weekly for 2 months.

3) Tab - Ethambutol - It is a bacteriostatic drug - very useful in this case. less adverse reactions
- But dosage is → 400mg tablets - 3 tabs (1.2mg) given thrice weekly for 2 months -
It is in the 1st line treatment of drug.

4. Tab - Thiacetezone - It is bacterocidal drug, but potency is less than other bactericidal drugs, as bacteria has gained resistance to it. so drug like Pyrizinamide can be given - 500mg tab. - 3 tabs (1.5mg) given thrice weekly - (It is also a Bacterocidal drug.), given for 2 months.

Further, INH - isoniazide drug causes depletion of Vit B6 from body so, it is included, as

Tab Vit B6 (10 mg) once daily for 6 months.

Dr. Uzair Rault
BDS, MDS
Reg No - A110/12345
Smile Care Clinic - Bandra
mumbai - 14.
Tele - +91 9960320164
mail - 412 riazu@gmail.com

Prescription Serial - 104
Ahmed Nabi - 26yrs - male 12th April 2019
401 Gut → Pydhonie - Mumbai
400003, Tele - 020-1145678

℞ —

1) Tab Isoniazid - 600mg - Take thrice weekly on alternate days for 2 months.

Tab Rifampicin - 450mg - Take thrice weekly on alternate days for 2 month, early in morning on empty stomach.

Tab Ethambutol - 400mg - take 3 tablets (1.2mg) on alternate days, thriceweekly for 2months.

Tab Pyrizinamide - 500mg - Take 3 tabs (1.5mg) on alternate days, thriceweekly for 2months.

Continue drug ① & ② for 6 months, after
& stop drug ③ & ④ after 2 months.

ie Continue drug ① & ② for next ~~for~~ 4 mon

⑤ Tab Vit B_6 - 10 mg - one Tablet daily for
6 months.

- or any other generic drug as per patient's cho

12/4/19

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...gaon, Pune - 412 105

Supplement Sheet

...e Student Uzair Rad

...e Examination Addn. Class 11nd BDS

Pharmacy

70

Date 12/4

...ent No. Invigilator Signature

Given case is a child of 3yrs.

1) Tab Ciprofloxacin - It is a antibiotic, of 'FQ'
It is a → flouroquinolone, but not used here, as it has many adverse effects for → growing children
↘ old age people -

as it causes, collagen damagen, tendonitis, inflammation of cartilage, can cause stunted growth, arthritis, and many other adverse effects.
Hence not used here. Has low therapeutic index in children -

instead, Amoxicillin - Penicillin derived antibiotic can be used → it has high therapeutic index
- It is more potent against the bacteria, as it inhibits cell wall synthesis.

2) ~~So~~ Doxycycline - It is a tetracycline dry and an antibiotic → but it has many adverse effects & less potency against these microbes,

It can cause stains on teeth, bone, decrease (hamper) the anabolic effect of body., forms chelating compounds

with the Ca^{+2} ions present in hard tissues body like teeth & Bone. It is causative of renal failure, hepatic failure and many other effects like - enamel hypoplasia. decrease strength of teeth. etc.

so not used here.

3) Paracetamol - It is an NSAID, antipyretic as reduces fever of child. also slightly anti-inflammatory action too. thas high therapeutic index, so can be used. very useful for fever -

Dose calculation:

Young's formulae - $\frac{\text{Age} \times \text{Adult Dose}}{\text{Age}+12}$

a) for Amoxicillin → $\frac{3}{12+3} \times 500\ mg/ml$

$= \frac{1}{5} \times 500\ mg/ml = 100\ mg/ml.$

∴ So - Amoxicillin - 100mg/ml Syrup - thrice a day for 5 days

b) for Paracetamol - $\frac{3}{12+3} \times 250\ mg/ml$

$= 1/5 \times 250 = 50\ mg/ml.$

So give the child, 50mg/ml syrup - 1ml - thrice daily for 5 days

Beemgh,

Dr. Uzair Raul-
BDS, MDS
Reg No - A40f12345
Smile Care Clinic - Bandra
mumbai - 14.
Tele -+91 9960320164
email - 412riaz4@gmail.com

Prescription Serial - 109.

Sumit Nand. male 12th April 2019
Age - 3, 20kgwt
Varsova, mumbai - 018
Tele - 02011887789

℞,

① Amoxicillin Syrup - 100mg/ml
take 1ml syrup. by oral route
for 5 days every 8 hours.

② Paracetamol Syrup - 50mg/ml
Take 1ml Syrup. orally
every 8 hours for 5 days (Thrice daily)

- or any other generic drugs per patient choice'

12/4/19

STAMP

Practical / Clinical Examination Answer Book
Examination

Sr. No.

of the Student Uzair Rauf

of the Examination Additional Examination Class 11nd BDS

ct Pharmacy

No. 70 Date 12/04/19

ents Signature "Seen No. Complaint"

Multibacillary leprosy. (17)

Acute attack of Bronchial asthma

One week Regime of H-pylori Peptic Ulcer - PPI

Bleeding after tooth Extraction
Dento-alveolar abcess

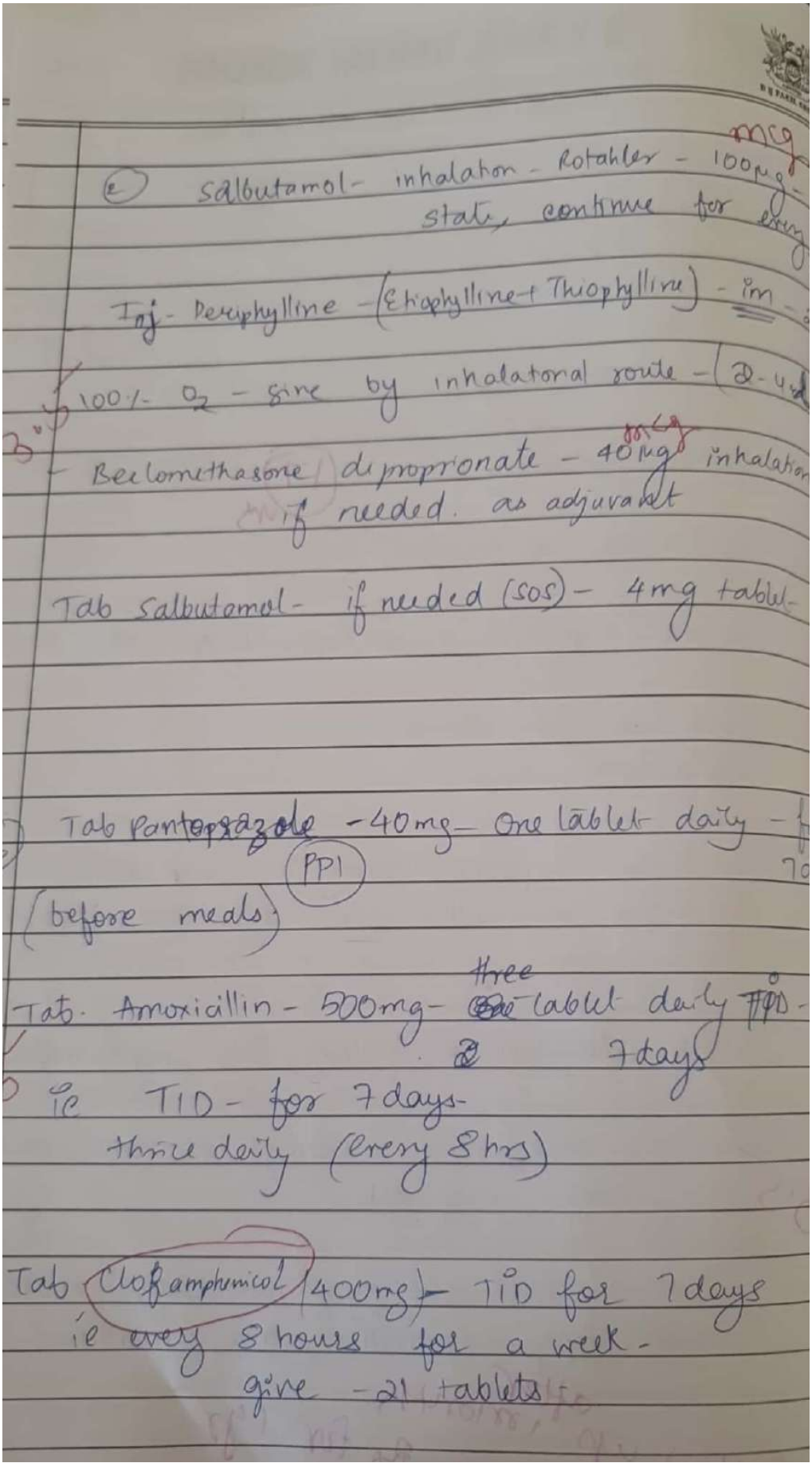
(i) Tab. Dapsone (100mg) - once daily for a month - OD after breakfast

(ii) Tab Clofazimine 300mg - Tab once a month -

(iii) Tab Clofazimine - 100mg - Tab - one alternate day of week

(iv) Tab Rifampicin - 600mg - Tab - early in morning on empty stomach - once a month.

Follow up after 1 month.
& continue Rx for 1 yr



(2) Salbutamol - inhalation - Rotahler - 100µg mcg
state, continue for every

Inj - Deriphylline - (Etiophylline + Thiophylline) - im -

100% O_2 - give by inhalational route - (2-4

Beclomethasone dipropionate - 40µg mcg inhalation
if needed. as adjuvant

Tab Salbutamol - if needed (SOS) - 4mg tablet

Tab Pantoprazole - 40mg - One tablet daily - f
(PPI)
(before meals)

Tab. Amoxicillin - 500mg - ~~one~~ three tablet daily TID -
7 days

ie TID - for 7 days -
thrice daily (every 8 hrs)

Tab Clofamphenicol (400mg) - TID for 7 days
ie every 8 hours for a week -
give - 21 tablets

(4) Adrenaline - 1:10,000. apply as a cotton (cotton in liquid) plug at area of bleeding, to stop bleeding as & when required. after extraction

(5) Tab. Amoxicillin - 500mg - tab for 5 days every 8 hrs - TID

Tab. Diclofenac potassium (50mg) + Paracetamol (500mg) + serratiopeptidase (10mg) - Tablet for 5 days every 8 hrs - TID for 5 days.

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D Y Patil Dental School
Charholi (Bk) via Lohegaon, Pune -412105

Second BDS regular batch 2020-21

Circular for additional exam 15/9/21

Students who have missed any of the internal exam are required to attempt additional exam

Subject : Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- Report 15 minutes prior to start of examination
- Confirm syllabus for the examination from Pharmacology department
- Follow the specific instruction (if any) of the Pharmacology department regarding the examination

Date	Subject	Time	
		Theory	Practical
21/9/21	Pharmacology	9am to 12am	12:30 pm to 3:30 pm

HOD

DEPARTMENT OF PHARMACOLOGY

Dr D Y Patil Dental School * PUNE * Department of Pharmacology

Attendance additional exam summer 21 21/9/21

NO	Name of students	Attendance	
		Theory	Practical
1	Prajkta Pawar	P	P
2	Pooja Pawar	P	P
3	Saurabh Ghogare	P	P



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Charholi (Bk) via Lohegaon, Pune -412105

SECOND BDS

SECOND INTERNAL ASSESSMENT EXAMINATION

Subject: **Pharmacology** Date:21/9/21
Total Marks: **50** Time: 2 hrs 30 min (Section A + B + C)

Section A

Q. 1. Multiple Choice Questions
1X10=10

01. **Which of the following is NOT an anti H Pylori drug?**
(a) Amoxicillin (b)Tetracycline (c) Clarithromycin (d) Gentamicin

02. **Which of the following antimicrobial agent shows long PAE (post antibiotic effect)**
(a) Metronidazole (b) Gentamicin (c) Penicillin G (d) None of these

03. **The concentration of Sodium ions in NEW WHO oral rehydration solution is :-**
(a) 110m moles/L (b) 90m moles/L (c) 75 m moles/L (d) 60 m moles/L

04. **The drug that prevents intestinal absorption of dietary fats:**
(a) Atorvastatin (b) Ezetimibe (c) Nicotinic acid (d) None of the above

05. **Which of the following is a poor surface anaesthetic agent?**
(a) Lignocaine (b) Tetracaine (c) Procaine (d) Cocaine

06. **Granisetron is powerful antagonist of which of these Receptors? :**
(a) H1 (b) D2 (c) 5HT3 (d) 5HT4

07. **Which of the following is potassium sparing diuretic? :**
(a) Chlorthalidone (b) Spironolactone (c) Furosemide (d) Mannitol

08. **Which of the following is NOT a bactericidal antibiotic?**
(a) Aminoglycosides (b)Metronidazole (c) Tetracycline (d) Penicillins

09. **The drug of choice for the treatment of pernicious anaemia:**
(a) Parenteral vit B12 (b) Ferrous sulphate (c) Oral vit B12 (d) Folic acid

10. The drug of choice for pregnancy hypertension is :
(a) Captopril (b) Telmisartan (c) Alpha methyldopa (d)Lisinopri

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Charholi (Bk) via Lohegaon, Pune -412105

SECOND BDS
Additional Examination

Subject: **Pharmacolo** Date: **21/9/21**
Total Marks: **50** Time: 2 hrs 30 min (Section A + B + C)

Instructions:
- All questions are compulsory Figures to the right indicate full marks

---

Section B

Q. 2. Answer the following. 3 marks X 5= 15

a. **Classify laxatives with examples.**
b. **Compare and contrast: Metoclopramide with Domperidone.**
c. **Write a note on Superinfections.**
d. **Write adverse effects of nitrates.**
e. **Write advantages of combining epinephrine with lignocaine. Write two contraindications.**

Q. 3. Classify Antihypertensive agents with examples. 5 marks X 1= 5
Write MOA and adverse effects of ACE inhibitors.

.

Section C

Q. 4. Answer the following 3 marks X 5= 15

a. **Indications of parenteral iron**
b. **Discuss therapeutic uses of metronidazole.**
c. **Compare and contrast thiazides and loop diuretics.**
d. **Write a note on obtundents.**
e. **Enlist therapeutic uses of peripherally acting skeletal muscle relaxants.**

Q. 5. Classify drugs used in the treatment of peptic ulcer. .
Write mechanism of action and therapeutic uses of Proton pump inhibitors.
5 marks X 1= 5

OOOOOOOXXXXXXXOOOOOOO

MCQ Answer key additional exam Summer 21

21/9/21

1	d
2	b
3	c
4	b
5	c
6	c
7	b
8	c
9	a
10	c

Dr D Y Patil Dental School * Pharmacology * Department of Pharmacology PUNE

Dr D Y Patil Dental School * Pharmacology * Department of Pharmacology PUNE

NO	Name of students	marks	
		Theory	Practical
1	Prajkta Pawar	14	35
2	Pooja Pawar	17	49
3	Saurabh Ghogare	4	28

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D Y Patil Dental School
Charholi (Bk) via Lohegaon, Pune -412105

D Y PATIL DENTAL SCHOOL, PUNE - II BDS - PHARMACOLOGY

Additional Exam (PRACTICAL EXAMINATION) TABLE WORK

Total Marks: 40 - Time: 50 minutes

Part A: Criticism, Commenting, and Correction of Wrong Prescription.
(2 questions x 10 marks each) = Marks 20

Criticize and comment in detail on each prescription. Discuss what corrections are needed. Rewrite the correct prescription. (In complete prescription format)

(1) Pulmonary Tuberculosis

1. Tablet Streptomycin 2 grams BID
2. Tablet Rifampicin 600 mg ONCE IN A MONTH after lunch
3. Tablet Ethambutol 500 mg BID
4. Tablet Thiacetazone 100 mg BID

Continue the above treatment for 1 year

(2 Acute attack of bronchial asthma

Part B: DRUGS OF CHOICE (5 questions x 4 marks each) = Marks 20
Write the drug treatment with dosage, frequency, and duration

1. **Organophosphorous poisoning**
2. **Immediate postoperative pain after major surgery**
3. **One wk regime of H Pylori peptic ulcer**
4. **Recurrent herpis labialis**
5. **Dento alveolar abscess**

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No.

INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
(PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN swer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be e Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

NO. IN WORDS	84 (eighty four)
TION BOOKLET N NO. IN WORDS	
F EXAMINATION	Additional Examination.
SUBJECT	General & Dental pharmacology.
PAPER	

SHEET NUMBER

is No. on your ion Booklet)

r's Signature

te Signature

SEAT NUMBER: 0 0 0 8 4

QUESTION BOOKLET VERSION NO.: A

	A	B	C	D
1				●
2				●
3		●		
4	●			
5	●			
6				●
7				●
8		●		
9			●	
10		●		
11				
12				
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28				
29				
30				

n and No. Complaint

ndidate's Signature

Examiner Name & Signature

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

) There Should Not Be Any Identification Mark On The Answer Booklet.
) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
) Every Answer Should Be Started On A New Page.

N. B. Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior / Junior Supervisor Or Who Is Rude Or Disobedient Is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

ne of the Student Saurabh S. Ghogare

ne of the Examination Additional (1st Internal Exam) Class 2nd B.D.S

ject General & Dental pharmacology

No. 84 Date 21/09/21

Pledge

reby declare that I have gone ugh the instruction given ve & pledge to abide by them.

S. S. Ghogare

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / ection	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A									02	05	3
Marks obtained in Section B	0	0.5	0.5	—	NA						1
Marks obtianed in Section C	←	NA				→			NA	NA	0
Grand Total											4/50

Seen & No. Complaint

S. S. Ghogare

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q2) 'Section B'

SAQ's

Ans 1)

- The parenteral iron therapy is a direct drug Administration process.
- The parenteral therapy ~~Can be~~ is very fast Acting
- The Drug you prescribe to the patient is Directly Acting to the Whole Body Because the parenteral Route does not need to Cross the ~~Mucosal~~ Mucous epithelium.

~~An~~ ~~The~~

- Antacids are the drugs which are used in daily day to day life of Many Adults.
- As the Antacids are used in very high Amount in India.
- The Antacids are Helpful in to level the gastic Juice in the Stomach
- The Normally Used Antacids are :-
  - In Liquid form
  - In Capsule form or tablet form.
- The local Names or Market Names are Gelusil, in the form of Tablet or Liquid
- the Antacids are Very frequently used By elders is daily Routine.
-

0.5

Ans c) Compare & Contrast Between Metoclopramide & domperidone

D Y PATIL GROUP

AAtringents.

- Astringents ~~are~~ ~~Also~~ ~~Used~~ plays a very perticular Role for in the Dental practice is very essential Substitute Astringents are used in dentistry for the Scaling/cloning of tooth Surface & Calculus.

- These are very widely used by Any dentist.

-

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Saurabh S. Grogere

Name of the Examination Additional Class 2nd B.D.S

Subject General & Dental pharmacology

Roll No. 84 Date 21/9/21

Students Signature S.S.Grogere "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	20	16
2	Correction of wrong prescription	20	04
3	Drug of choice and dose	20	08
4	Journal (5) + Communication Skills (5)	10	
5	Total	90	28/60

Dr Saurabh Ghag
BDS
A110/33518
Koregaon park
Pune
020 - 28144655

16

9 date

→ patient Name :- Amit Bhirad
Address :- Bhirad Nagalkarpeth
Dabki Road, Akola.
Sex - M, wt - 72 kg.
Age - 25 yrs
Mob No 8856729812

Rx

1) potassium permygrate	0	050
2) water.	50	00

Mix all ingredients to Make a lotion
transfer the Solution in the Coloured
Bottle

— Comply with the lotion By diluting it before Use,
as 15ml lotion & 50ml of water.
- Do it least 2-3 times a day.

— Name & quantity of Medicine dispensed
Date :- 21/9/21
Name & Address of pharmacy store
Date of Dispensing

21/9/21
Reg NO. A110
Stamp

Condy's lotion.

— Gargle with lotion 2-3 times a day
— Dilute it with 15 ml lotion in bowl of water

Name :- Amit Bhirad M/72Yy/25yrs
Address :- Akola.
ph :- 8668291712
Date :- 21/04/21

Pharmacist

Stamp.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

CC

Practical / Clinical Examination Answer Book

Examination

Sr. No.

e of the Student Saurabh S. Ghogare

e of the Examination Additional (1st internal Exam) Class 2nd B.D.S

ect pharmacology

No. 84 Date 21/9/21

ients Signature S.S. Ghogare "Seen No. Complaint" S.S. Ghogare

4/20

pulmonary tuberculosis.

1) tablet Streptomycin → it is a Bactericidal but less effective than isoniazid or Rifampicin. It Acts only Against Extracellular organism due to poor penetration power.

2) Tab Rifampicin
- It is Bactericidal & Very potent. It Acts Both Extracellular & Intracellular organisms

~~3) Tab Ethambutol 500 mg BID~~

3) Tab Ethambutol 500 BID
It is Bacteriostatic & Acts on fast ~~Acting~~ Multiplying Bacilli in the Cavities.

4) thioacetone
- Bacteriostatic with low efficacy

Following drugs are ~~added~~ included in prescription

— Vit B16 tablet
Because isoniazed causes perferal Neuropathy

~~take~~ one tablet twice a week on every alternate day.

1) tab EthamButol
3 tab (12gm) twice a week

2) tab pyrazzinamine (500mg)
— twice a week on every alternate day

3) Vitamin B6 (10mg) everyday.

Continue Above treatment for 2 Months

for 4 months, Continue tab 1) Isoniazed &
2) Rifampicin.

Practical / Clinical Examination Answer Book
Examination

Sr. No.

e Student Saurabh S. Ghogare

e Examination Additional (1st Internal Exam) Class 2nd yr. B.D.S

General & Dental pharmacology practical

84 Date

Signature S.S.Ghogare "Seen No. Complaint" S.S.Ghogare

8/25

organophosphorus

Inj - Atropine Sulfaate (5mg) Intravenously

Inj pralixomide (50mg.

Immediate postoperative pain After Major Surgery

Inj - diclofenac potassium

Tab - Aspirin

3) Chloroquine Sensitive Vivax Malaria.

tab Chloroquine (100mg)

7/ tab primaquine (20mg)

4) Recurrent herpes labialis.

- Aloe Cream

X

-

5) Dento-Alveolar Abscess.

tab Amoxicillin (500mg)

2/ tab Diclofenac potassium 100mg.

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

ame of the Student Pooja Pawar.

ame of the Examination Additional practical exam (prelims) Class BDS II year

bject General and dental pharmacology

oll No. Sixty one (61) Date 29/9/2021.

udents Signature Pawar "Seen No. Complaint" Pawar

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	22
2	Correction of wrong prescription	~~30~~ 20	09
3	Drug of choice and dose	20	10
4	Journal (5) + Communication Skills (5)	10	08
5	Total	~~80~~ 80	49

Dr. XYZ (
Reg No:- Allo
D.Y. Patil
Charholi, Pune
Email:- mnop@g
Phone no:- 12 34
Date :- 21/9/202

Prescription No:- P/1
Name :- ABC, F/21, weight :- 50 kg.
Address :- Pride world city, Pune, 444105.
Rx

Tannic acid powder	1	0
Glycerin	10	0

- Mix the above ingredients to prepare Gum paint
- Massage gums 2 to 3 times every day with gum pa

Stamp
21/9/2021
Allo/123

ASTRINGENT GUM PAINT.

Name:- ABC F/21, wt-50 kg, Pride world city, Pune :- 444105.

- Shake well before use.
- Massage gums 2 to 3 times every day

21/9/2021
Allo/123.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Pooja Pawar

of the Examination Additional exam (prelims) Class BDS II year

t General and dental pharmacology

. 61 (sixty one) Date 21/9/2021

nts Signature Pawar "Seen No. Complaint" Pawar

ulmonary tuberculosis 9/20

treptomycin is not available as tablet.
It is available as intramuscular injection.
There should be two phases of the prescription.
The prescription should includ drug isoniazid (INH)

ifampicin should be prescribed empty stomach.

Dr. X Y Z. (MBBS, MD)
Reg No :- A110/123
D. Y. Patil road.
Charholi, Pune 411105
Phone No:- 1234567890.
Date :- 21/9/2021

Prescription No :- P/1
Name :- ABC F/21 weight :- 50 kg.
Address :- Pride world city, Pune. 444105.

Rx

1) Isoniazid
   - 1 tablet everyday after breakfast.
2) Rifampicin.
   - 1 tablet early in morning on empty stomach.

(2) Acute attack of Bronchial asthma.

1) Drug salbutamol is prescribed correctly but instead of tablet it is prescribed as inhalation ~~tablet~~.

2) ~~Chromolyn~~ chromolyn sodium is the wrong choice for acute attack of bronchial asthma because it is mast cell stabilizer.

3) Beclamethasone dipropionate is prescribed when there is severe attack

Dr. X Y Z (MBBS,
Reg No:- A110/123
D. Y. Patil, Road
Chakwadi, Pune 41110
Phone No:- 1234567890
Date:- 21/9/2021

Prescription No:- P/2
Name:- ABC, F/21 weight:- 50 kg
Address:- Pride world city, 444105
Rx

1) Salbutamol inhalation (gmcg)
- twice a day.

2) If required, i.e. in severe case.
Beclamethasone dipropionate inhalation (8mcg)

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

DOC

Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Pooja Pawar

of the Examination Additional exam (prelims) Class BDS II year

ect General and dental pharmacology

No. Sixty one (61) Date 21/9/2021

ents Signature Pawar "Seen No. Complaint" Pawar

Drug of choice. 10/20

Organophosphorous poisoning.
- Injection atropine sulphate (3mg)
- Injection pralidoxime
- Injection lorazepam.

Immediate post-operative pain after major surgery.
- Injection Diclofenac 75 mg → intramuscular injection given immediately after surgery to reduce the pain

Chloroquine sensitive vivax malaria.

) Recurrent herpes labialis.
- acyclovir cream → apply to affected area.

) Dento-alveolar abscess
- Amoxicillin (3mg) two times every day for five days.
- Tablet diclofenac potassium

D Y PATIL DENTAL SCHOOL

PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) ●	(A) (B) ● (D)

SEAT NO. IN WORDS	Sixty one
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional exam (Prelims)
SUBJECT	General and dental pharmacology.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER: 0 0 0 6 1

QUESTION BOOKLET VERSION NO.: A

ANSWERS

3/15

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

There Should Not Be Any Identification Mark On The Answer Booklet.
) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient Is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

e of the Student Pooja Pawar

e of the Examination Additional exam (Prelims) Class BDS II year.

ject General and dental pharmacology

No. 61 (sixty one) Date 21/9/2021.

Pledge

ere declare that I have gone ough the instruction given ve & pledge to abide by them.

Pawar

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A									23/25		3
Marks obtained in Section B	0	0.5	1.5	0.5	2.5				1		6
Marks obtained in Section C	1.5	0	0.5	TM	NA					6	8
Grand Total											17/65

Seen & No. Complaint

Pawar

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section C.

Qu 5 Long answer question (LAQ)

Ans:- Classification of penicillins.

① Natural or long acting penicillins.
- Example :- Penicillin G

② Semi synthetic

1) Aminopenicillin
- Example :- Ampicilline, Amoxicillin

2) Carboxypenicillin.
- Example :- Penicillin V.

3) Uriedopenicillin.

4) β- lautamase inhibitor
- Example :- Clavulanic acid.

• Difference between ampicillin and amoxicillin.

- Both the drugs ampicillin and amoxicilline are semi- synthetic aminopenicillin.
- Both these ~~the~~ drugs have the half life of about 1 hour.
- Ampicillin has poor oral absorption whereas amoxicillin have good oral absorption.

write in format

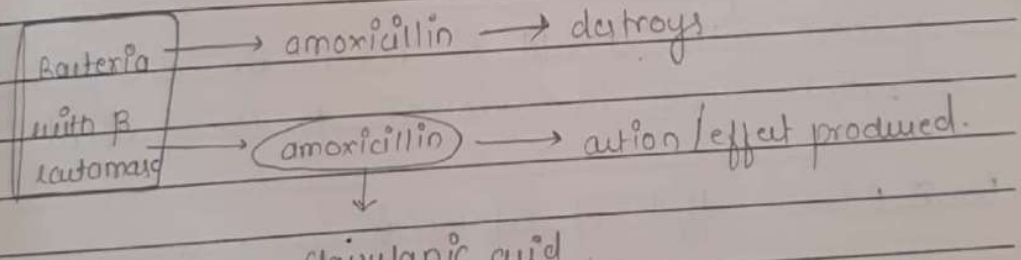
Combining amoxicillin with clavulanic acid.

Amoxicillin is not a β-lactamase inhibitor so it cannot inhibit the bacteria with β-lactamase enzyme.

It is sensitive to β-lactamase enzyme so it gets neutralized or it does not produce any effect.

Clavulanic acid is β-lactamase inhibitor, so it gets attached with the enzyme β-lactamase and gets destroyed, so it is also called as suicide inhibitor.

Combination of amoxicillin with clavulanic acid causes clavulanic acid to interact with β-lactamase enzyme and amoxicillin is free to produce its effect.



Qu4 Short answer question (SAQ).

Ans: ① ~~Adverse effects~~ Oral contraceptive pills.

- Oral contraceptive pills are the pills with progesterone or with the combination of estrogen-progesterone combination.

- Mechanism of action.
  - Oral contraceptive pills maitains the levels of progesterone and estrogen in the blood stream.
  - This causes the negative feedback to the release of LH from the anterior pituitary.
  - This prevents ovulation and thus the fertilization.

- Adverse effects.
  - The oral contraceptive pills may cause nause vomitting.
  - These pills should be taken ~~one~~ every day which causes inconvinience to the patient.

ns: ② Adverse effects of Rifampicin.

Q3. Hypoglycemic agents.

- Hypoglycemic agents are the agents which reduce the blood sugar level in the hyperglycemic individuals.
- Oral hypoglycemic agents does not contain insulin as the insulin is affected by the digestive juices.

6.5

Section B.

Qu.2 Short Answer question. (SAQ).

Ans:① Indications of parenteral iron therapy.

Ans:② Bronchodialators.

- Bronchodialators are the substances which causes dialation of the bronchi, bronchioles, blood vessels.
- They are used to treat the patients suffering from asthma.
- It decreases the blood pressure.

write in format

Aspirine and Morphine -

- Aspirin is a non-narcotic analgesic.
- Morphine is a alkaloid derivative and it is a narcotic analgesic.
- Morphine is addictive whereas aspirin is not addictive or non-addictive.
- Aspirin is a over the counter drug but Morphine is not over the counter drug it requires the per prescription of certified medical practitioner.

Astringents are used for the gums in oral cavity.

- It reduces the swelling, redness, i.e. the inflammation of the gums.

Advantages :-

- ~~It is readily~~ By sublingual route of administration the drug is readily absorbed in the blood circulation through the capillaries.
- The patient can himself take the drug and there is no need for any expertisation.

write examples

Disadvantages :-

- It is difficult to take irritant drug through this route.
- The ~~drug~~ drugs having poor absorption cannot be taken through this route.

Section C

Ans:- Drugs used in peptic ulcer.

- Drugs which are used in peptic ulcer can be classified as follows:-

1) The drugs which interfere with the release of hydrochloric acid from the stomach.
   - Example :- Omeprazole

2) Proton pump inhibitors.

- Therapeutic use.
  - These are used to reduce the release of acids from the wall of stomach.
  - so that the mucous membrane is less exposed to the acid leading to no formation of ulcers or more exposure to acid caused development of ulcers.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Prajakta Pawar

of the Examination Additional examination Class II BDS summer-2

ct General & Dental pharmacology

No. 85 Date 21/09/21

nts Signature Prajakta "Seen No. Complaint" Prajakta

No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	~~20~~	15
2	~~Correction of wrong prescription~~	~~20~~	11
3	Drug of choice and dose	20	08
4	Journal (5) + Communication Skills (5)	10	
5	Total	~~90~~	35/60

1) Astringent Gum Paint

Prajakta Pawar
BDS, Smile
clinic.
Allo/3845
Koregaon Park
ph no- 7832
email Id - Proj@

16

Prescription Sr. no. A/54

Name - Rahul Mehra

Add - Kalyani nagar

ph no. - 6832160

sex - M, Age - 32yr, wt - 66kg.

Date 9

Rx

Tannic Acid powder	1	0
glycerin	10	0

Mix the above ingredients & transfer in bottle.
Massage the gum 2-3 times a day with gum pai
Shake well before use.

Rahul
21/09/21
Reg no. Allo/3845
Dr. Prajakta

ASTRINGENT GUM PAINT

Shake well before use
Keep in cool dry place.

Name- Rahul Mehra M/~~32/66~~ 32yr/66 kg.

Add.- Kalyani nagar.

Massage gum 2-3 times a day.

For external use only.

21/09/21

Rajath.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

e of the Student Projakta Pawar

e of the Examination Additional examination Class II BDS Summer 21

ect General & Dental pharmacology

No. 85 Date 21/09/21

ents Signature Projakta "Seen No. Complaint" Projakta

11/20

Critisim & correction:-

~~Criti~~ Pulmonary tuberculosis.

Critisism & correction

Tab streptomycin is not given in treatment of tuberculo -sis. as it should be given ~~intravenously~~ Intramuscularly.

Tab Rifampicin is given ~~600~~ 450 mg ~~one~~ twice a day ~~after breach~~

Tab Isoniazide is given along with Rifampicin.

Tab Ethambutol 500 mg is given twice a day.

Rifampicin is given before meal. ~~on~~ empty stomach.

~~Tab Thiacetazone 400 mg BID.~~

The four drug treatment is continued for 6 months.

Tab. pyrazinamide is given 500 mg.

~~Tab Rift~~

correction.

1) Tab. Rifampicin 450 mg BID empty stomach.
2) Tab Isoniazide 400 mg BID
3) Tab Pyrazinamide 500mg.
4) Tab. Ethambutol 500mg.

Corrections :-

Correct prescription :-

Dr. Prajakta Pau
BDS
Smile denta
clinic,
Kalyani Nag
AUO | 0348
Date - 21/9/2
Ph. no. 782016
Email - prajakta@gm
.com

Ms. Saniya Kumar
Sex - F, Age - 36 years, Wt - 70kg.
Koregaon park, Pune.
Ph. no. 4823154.

Rx,

① Tab. Rifampicin ~~600~~ 450 mg BID empty Stomach ~~after breakf~~.
② Tab Ethambutol 900mg BID
③ Tab ~~Isoniazide~~ Pyrazinamide 500mg BID
④ Tab ~~Thiacetazone~~ Isoniazide 400mg BID.
Continue for 6 months.
⑤ Vit. B_6 is given.

Acute attack of bronchial asthama.

Critisym & correction -

~~1. Tab Salbutamol 500mg 1 tab once a day.~~
~~2. Inj Adrenaline 1:10000 5 ml IV.~~
~~3.~~

1) Salbutamol is given by inhalation (100mcg)
2) Inj. Deriphyline is recommended.
3) Cromolyn sodium is never ~~ab~~ available as injection. It is given as inhalation
4) ~~B~~ Beclomethasone ~~D~~ dipropionate which is a corticosteroid is given to patient 40mcg BID. It also decreases mucosaledema.
5)

Dr. Prajakta Pawar
BDS,
Smile Dental clinic
Kalyani nagar.
Ph. no - 78234
email - prajakta@
Allo/ 03460
Date - 21/9/21

Mr Sameer Nair
Sex - M, Age - 36 yrs, wt - 65kg
Koregaon park, pune
ph. no. - 783421

Rx,

1) Salbutamol inhalation (100 mcg)
2) 2 Inj Deriphyline
3) ~~Beta~~ Beclomethonase dipropionate - 40 mcg BID
4) ~~Cromolyn Sodium~~ 100% oxygen - inhalation. 2-4 L/min

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Supplement Sheet

of the Student Prajakta Pawar

of the Examination Additional examination Class II BDS summer-21

ct General & Dental Pharmacology

o. 85 Date 21/09/21

ement No. Invigilator Signature

8/20

Drug of choice.

Organophosphurus poisoning

Inj. atropine sulfate 3mg intravenously
Inj. Pralidoxime
mepyramine melate 100mg.
Dispense 1 ampoule
1 ml to inj Intramuscularly.

9 atropinization.

Immediate post operative pain after major surgery.

adrenaline 1:10000 injection. I V.

3. Chloroquine sensetive vivax malaria

~~Penicillin~~ Chloroquinoine phosphate

Ascultate.

4. Recurrent herpes labialis.

Acyclovir 5% cream
5 times a day.

or

Tab Acyclovir 200-800mg 5 times. for 7-15

5. Dento-alveolar abscess.

- amoxycillin
- Paracetemol 500mg.
- or Ibuprofane 500mg.

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Eighty five
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional examination
SUBJECT	General & Dental Pharmacology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	8	5
①	①	①	①	①
②	②	②	②	②
③	③	③	③	③
④	④	④	④	④
⑤	⑤	⑤	⑤	●
⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	●	⑧
⑨	⑨	⑨	⑨	⑨
●	●	●	⑩	⑩

QUESTION BOOKLET VERSION NO.

A	Ⓐ	①	①	①
B	Ⓑ	②	②	②
D	Ⓓ	③	③	③
G	Ⓖ	④	④	④
M	Ⓜ	⑤	⑤	⑤
N	Ⓝ	⑥	⑥	⑥
P	Ⓟ	⑦	⑦	⑦
S	Ⓢ	⑧	⑧	⑧
U	Ⓤ	⑨	⑨	⑨
		⑩	⑩	⑩

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

ne of the Student Prajakta Pawar

ne of the Examination Additional examination Class TY BDS summer 21

ject General & Dental pharmacology

No. 85 Date 21/09/21

Pledge

re declare that I have gone ugh the instruction given ve & pledge to abide by them.

Prajakta

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
ection									Q9	Q10	
arks obtained in Section A											3
arks obtained in Section B	1	0.5	0	1	0.5				2		5
arks obtained in Section C	2.5	1	0	1	0				1.5		6
rand Total											14/50

Seen & No. Complaint

Prajakta

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - B.

2. a] Indications of parental iron therapy :-

1) Excessive blood loss due to accident
2) Increased & excessive menstrual bleeding
3) Anaemia
4)

two preparations -
1) Parental iron therapy with folic acid
2) Parental iron therapy with Vit B12.

adverse effects -

- nausea, vomiting,
- constipation
-

four advantages of combination of antacids.

used in Gastro intestinal treatment
antacids are used as in treatment of
dental caries.
used in acidity
used in gastroesophagal reflex.

C.	metoclopramide	domperidone
	- Better therapeutic index	- Lower therapeutic index.
	- Less drug dependence.	- Drug dependence is more
	- does not affect CNS.	- affects CNS
	used to treat	

astringents in dentistry.

- Astringents are used ~~in~~ as for ulcers, boils or other infection in ~~mouth~~ oral cavity.
- They act by ~~sensitizing~~ relieving pain & treatment of ulcers.
- They are in form of gum paint, tooth paste, ~~cream~~ gels etc.
- ~~They act on nerve endings.~~

Laxatives :-

1) Short acting	1) Natural
2) Long acting.	2) Synthetic.

Q3. Drugs used in peptic ulcers.

a] anti H. pylori agonist b] anti H. pylori inhibitor

c] Proton pump inhibitors D] antibiotic & ~~anti~~

Proton pump inhibitors.

- uses :-
  1. used in peptic ulcer.
  2. used in acidity, diarhea.
  3. used in colonitis.
  4. Decrease inflammation in GIT.

- adverse effects:-
  1. constipation
  2. Nausea
  3. Indigestion. (due to decrease in secretion of HCl)
  4. affects parietal cells.

Section C

Q4 Q] Oral contraceptive pills.

Mechanism of action:-

- Oral contraceptive pills increase estrogen secretion. As there is no LH drop, ovum does not get released & endometrial lining is shedded.
- They also affect the vaginal secretions & not does not allow the sperms to reach ovum & stop fertilization. (decrease motility).
- They do not let the embryo to get attached to endometrium
- They help in maintaining ~~reg~~ regular & normal menstruation

Six adverse effects:-

1. Nausea, vomiting, Headache
2. Increase in weight.
3. Breast tenderness,
4. ~~$~~ Increase in cholesterol absorption,
5. Bloating, ~~stomach~~ pain uterine pain,
6. In few cases can cause uterine or Ovarian cancers.

b] anti thyroid drugs.

→ Fast acting thyroid inhibitor eg:- Lugol's iodine

→ Slow acting thyroid inhibitors

→ Drugs acting on iodine absorption.

c] antiemetic drugs.

d] dentifrices.

They are used to clean teeth along with tooth brush etc.

They act as abrasive.

Types:-

- Calcium carbonate
- Soaps
- Oxides

c] Treatment of H. Pylori

drugs used:-

1] Anti H. pyloric agonist antagonist
2] Anti H. pylorie inhibitors.

Glucocorticosteroids.

uses:- ① used in muscle relaxation.
② used to increase strength/growth.
③ used as CNS depressant.
④ used in brochial treatment.
⑤ used in Bradycardia.

adverse effect:- ① Drug dependence & abuse.
② Skin rashes.
③ Tachycardia.
④ nausea, vomiting, headache.
⑤ Impotency.

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Internal Assessment Examination

SECTION A

Sr. No.

INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
(PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN
swer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be
Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be
e Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

NO. IN WORDS	84 (eighty four)
TION BOOKLET N NO. IN WORDS	
F EXAMINATION	Additional Examination.
SUBJECT	General & Dental pharmacology.
PAPER	

R SHEET NUMBER

e this No. on your estion Booklet)

gilator's Signature

ndidate Signature

SEAT NUMBER

0 0 0 8 4

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

) There Should Not Be Any Identification Mark On The Answer Booklet.
) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
) Every Answer Should Be Started On A New Page.

N. B. Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior / Junior Supervisor Or Who Is Rude Or Disobedient Is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

e of the Student Saurabh S. Ghogare

e of the Examination Additional (1st Internal Exam) Class 2nd B.D.S

ect General & Dental pharmacology

No. 84 Date 21/09/21

Pledge

eby declare that I have gone ugh the instruction given ve & pledge to abide by them.

S. S. Ghogare

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / ection	1	2	3	4	5	6	7	8	9	10	Total
arks obtained in Section A									2.5	0.5	3
larks obtained in Section B	0	0.5	0.5	—	NA						1
larks obtianed in Section C	←	—	NA	—	→				NA	NA	0
rand Total											4/50

Seen & No. Complaint

S. S. Ghogare

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q2) 'Section B'

SAQ's

Ans 1)

- The parenteral route therapy is a direct drug Administration process.
- The parenteral therapy can be is very fast Acting
- The Drug you prescribe to the patient is Directly Acting to the Whole Body Because the parenteral Route does not need to Cross the Mucosal Mucous epithelium.

- Antacids are the drugs which are used in daily day to day life of many adults.
- As the Antacids are used in very high Amount in India.
- The Antacids are Helpful in to level the gastic juice in the stomach
- The Normally used Antacids are :-
  - In liquid forms
  - In Capsule form or tablet form.
- The local Names or Market Names are Gaviscon in the form of Tablet or liquid
- The Antacids are very frequently used By elders is daily Routine.

0.5

c) Compare & Contrast Between Metoclopramide & domperidone

Astringents.

- Astringents ~~are~~ ~~also~~ ~~[illegible]~~ plays a very perticular Role for in the Dental practice is very essential Substitute Astringents are used in dentistry for the Scaling/cleaning of tooth Surface & Calculus.

- These are very widely used by Any dentist.

-

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Saurabh S. Grogare

Name of the Examination Additional Class 2nd B.D.S

Subject General & Dental pharmacology

Roll No. 84 Date 21/9/21

Students Signature S.S.Grogare "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	20	16
2	Correction of wrong prescription	20	04
3	Drug of choice and dose	20	08
4	Journal (5) + Communication Skills (5)	10	
5	Total	90	28/60

Dr Saurabh Ghoy
BDS
A110/33518
Koregaon park
pune
020 - 2814455

9 date

→ patient Name :- Amit Bhirad
Address : Bhirad Mangalkarpur
Dabki Road, Akola.
Sex - M , wt - 72 Kg.
Age - 25 yrs
Mob. No 8856729812

Rx

1) potassium permagnate	0	050
2) water	50	00

Mix all ingredients to Make a lotion transfer the Solution in the Coloured Bottle

- Gargle with the Lotion By diluting it before use, as 15ml lotion & 50ml of water.
- Do it least 2-3 times a day.

- Name & quantity of Medicine dispenses
Date :- 21/9/21
Name & Address of pharmacy store
Date of Dispensing

21/9/21
Reg no. A110 | 0
Stamp

Candy's lotion.

— Gargle with lotion 2-3 times a day
— Dilute it with 15 ml lotion in bowl of water

Name :- Amit Bhirad M/72Kg/25yrs
Address :- Akola.
ph :- 8668291712
Date :- 21/04/21

Pharmacist

Stamp.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

CC

Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Saurabh S. Ghogare

of the Examination Additional (1st internal Exam) Class 2nd B.D.S

ct pharmacology

lo. 84 Date 21/9/21

nts Signature S.S.Ghogare "Seen No. Complaint" S.S.Ghogare

4/20

pulmonary tuberculosis.

1) ~~tablet Streptomycin~~ → it is a Bactericidal but less effective than isoniazid or Rifampicin. It Acts only Against Extracellular organism due to poor penetration power.

2) Tab Rifampicin
- It is Bactericidal & Very potent. It Acts Both Extracellular & Intracellular organisms

~~3) Tab Ethambutol 500 mg BTD~~

3) Tab Ethambutol 500 BTD
It is Bacteriostatic & Acts on fast ~~Acting~~ Multiplying Bacilli in the Cavities.

4) thioacetone
- Bacteriostatic with low efficacy

Following drugs are ~~Added~~ included in prescription

— Vit B16 tablet
Because isoniazed causes perferal Neuropathy

~~take~~ one tablet twice a week on every Alternate day.

1) tab EthamButol
3tab (12gm) twice a week

2) tab pyrazzinamine (500mg)
— twice a week on every alternate day

3) Vitamin B6 (10mg) everyday.

Continue Above treatment for 2 Months

for 4 months, Continue tab 1) Isoniazed &
2) Rifampicin.

Practical / Clinical Examination Answer Book
Examination

Sr. No.

the Student Saurabh S. Ghogare

the Examination Additional (1st internal exam) Class 2nd yr. B.D.S

General & Dental pharmacology practical

84 Date

s Signature D.d.Ghogare "Seen No. Complaint" D.d.Ghogare

8/25

organophosphorus

Inj - Atropine Sulfate (5mg) intravenously

Inj pralidoxime (50mg.

) Immediate postoperative pain after Major Surgery

Inj - diclofenac potassium

Tab - Aspirin

3) Chloroquine Sensitive Vivax Malaria.

tab Chloroquine (100mg)

2/ tab primaquine (20mg)

4) Recurrent herpes labialis.

- Aloe Cream

X

-

5) Dento- Alveolar Abscess.

tab Amoxicillin (500mg)

2/ tab Diclofenac potassium 100mg.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

me of the Student Pooja Pawar.

me of the Examination Additional practical exam (prelims) Class BDS II year.

bject General and dental pharmacology

ll No. Sixty one (61) Date 29/9/2021.

udents Signature Pawar "Seen No. Complaint" Pawar

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	22
2	Correction of wrong prescription	20	09
3	Drug of choice and dose	20	10
4	Journal (5) + Communication Skills (5)	10	08
5	Total	80	49

Dr. XYZ (
Reg No:- A110
D.Y. Patil
Charholi, Pune
Email:- mnop@g
Phone no:- 12 34
Date :- 21/9/202

Prescription No:- P/1
Name: ABC, F/21, weight:- 50 kg.
Address:- Pride world city, Pune, 444105.
Rx

Tannic acid powder	1	0
Glycerin	10	0

- Mix the above ingredients to prepare Gum paint.
- Massage gums 2 to 3 times every day with gum pai

Stamp
21/9/2021
A110/123

ASTRINGENT GUM PAINT.

Name:- ABC F/21, wt-50 kg, Pride world city, Pune :- 444105.

- Shake well before use.
- Massage gums 2 to 3 times every day

21/9/2021
A110/123.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Pooja Pawar

Name of the Examination Additional exam (prelims) Class BDS II year

Subject General and dental pharmacology

Roll No. 61 (sixty one) Date 21/9/2021

Students Signature Pawar "Seen No. Complaint" Pawar

① Pulmonary tuberculosis 9/10

1) Streptomycin is not available as tablet.
- It is available as intramuscular injection.
- There should be two phases of the prescription.

2) The prescription should includ drug isoniazid (INH)

3) Rifampicin should be prescribed empty stomach.

Dr. X Y Z. (MBBS, MD)
Reg No :- A110/123
D. Y. Patil road,
Charholi, Pune 411105
Phone No:- 1234567890
Date :- 21/9/2021

Prescription No :- P/1
Name :- ABC F/21 weight :- 50 kg.
Address :- Pride world city, Pune. 444105.

Rx

1) Isoniazid
- 1 tablet everyday after breakfast.

2) Rifampicin.
- 1 tablet early in morning on empty stomach.

(2) Acute attack of Bronchial asthma.

1) Drug salbutamol is prescribed correctly but instead of tablet it is prescribed as inhalation ~~tablet~~.

2) ~~Cromolyn~~ cromolyn sodium is the wrong choice for acute attack of bronchial asthma because it mast cell stabilizer.

3) Beclamethasone dipropionate is prescribed when there is severe attack

Dr. X Y Z (MBBS)
Reg No:- A110/123
D. Y. Patil, Road
Charholi, Pune 411105
Phone No:- 1234567890
Date:- 21/9/2021

Prescription No:- P/2
Name:- ABC F/21 weight:- 50 kg
Address:- Pride world city, 444105
Rx

1) Salbutamol inhalation (gmcg)
- twice a day.

2) If required, i.e. in severe case
Beclamethasone dipropionate inhalation (8mcg)

D Y PATIL DENTAL SCHOOL

D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

DOC

Practical / Clinical Examination Answer Book

Examination

Sr. No.

me of the Student Pooja Pawar

me of the Examination Additional exam (prelims) Class BDS II yea

bject General and dental pharmacology

ll No. Sixty one (61) Date 21/9/2021

udents Signature [signature] "Seen No. Complaint" [signature]

1. Drug of choice. 10/20

2) Organophosphorous poisoning.
- Injection atropine sulphate (3mg)
- Injection pralidoxime
- Injection lorazepam.

3) Immediate post-operative pain after major surgery.
- Injection Diclofenac 75 mg → intramuscular injection given immediately after surgery to reduce the pain
3) Chloroquine sensitive vivax malaria.

4) Recurrent herpes labialis.
- acyclovir cream → apply to affected area.

5) Dento-alveolar abscess
- Amoxicillin (6mg)
two times every day for five days.
- Tablet diclofenac potassium

D Y PATIL GROUP

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Sixty one
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional exam (Prelims)
SUBJECT	General and dental pharmacology.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	6	1

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

3/15

	A	B	C	D
1			●	
2				●
3			●	
4	●			
5	●			
6				●
7				●
8			●	
9				●
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11				●
12				●
13				●
14		●		
15		●		
16			●	
17	●			
18			●	
19			●	
20	●			
21			●	
22				●
23				●
24		●		
25		●		
26			●	
27	●			
28			●	
29			●	
30	●			

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

There Should Not Be Any Identification Mark On The Answer Booklet.
The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
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TO BE FILLED BY THE STUDENT

e of the Student Pooja Pawar

e of the Examination Additional exam (Prelims) Class BDS II year.

ject General and dental pharmacology

No. 61 (sixty one) Date 21/9/2021.

Pledge

ere declare that I have gone ough the instruction given ve & pledge to abide by them.

Pawar

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
Section											
Marks obtained in Section A									23/25		3
Marks obtained in Section B	0	0.5	1.5	0.5	2.5				1		6
Marks obtained in Section C	~~2.5~~ 1.5	0	0.5	TM	NA					6	8
Grand Total											17/65

Seen & No. Complaint

Pawar

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section C.

Qu 5 Long answer question (LAQ)

Ans:- Classification of penicillins.

① Natural or long acting penicillins.
- Example :- Penicillin G

② Semi synthetic

1) Aminopenicillin
- Example :- Ampicilline, Amoxicillin

2) Carboxypenicillin.
- Example :- Penicillin V.

3) Uriedopenicillin.

4) β- lautamase inhibitor
- Example :- Clavulanic acid.

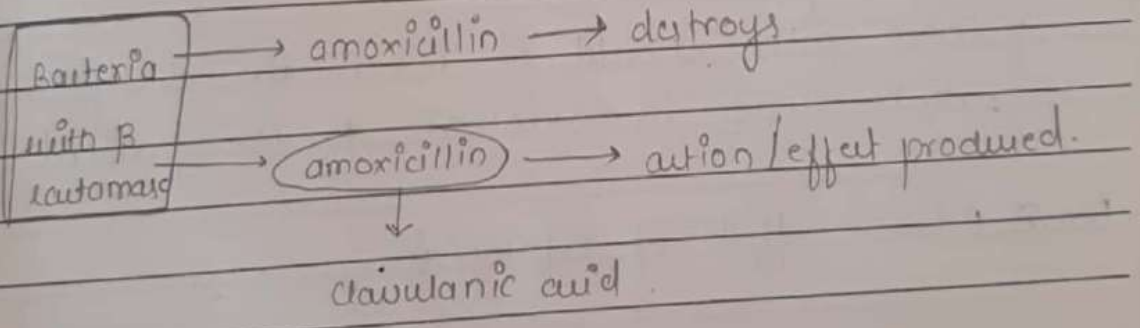
• Difference between ampicillin and amoxicillin.

- Both the drugs ampicillin and amoxicilline are semi- synthetic aminopenicillin.
- Both these drugs have the half life of about 1 hour.
- Ampicillin has poor oral absorption whereas amoxicillin have good oral absorption.

write in format

Combining amoxicillin with clavulanic acid.

- Amoxicillin is not a β-lactamase inhibitor so it cannot inhibit the bacteria with β-lactamase enzyme.
- It is sensitive to β-lactamase enzyme so it gets neutralized or it does not produce any effect.
- Clavulanic acid is β-lactamase inhibitor, so it gets attached with the enzyme β-lactamase and gets destroyed, so it is also called as suicide inhibitor.
- Combination of amoxicillin with clavulanic acid causes clavulanic acid to interact with β-lactamase enzyme and amoxicillin is free to produce its effect.



6

Q#4 Short answer question (SAQ).

Ans: ① ~~Adverse effects~~ Oral contraceptive pills.

- Oral contraceptive pills are the pills with progesterone or with the combination of estrogen-progesterone combination.

- Mechanism of action.
  - Oral contraceptive pills maitains the levels of progesterone and estrogen in the blood stream.
  - This causes the negative feedback to the release of LH from the anterior pituitary.
  - This prevents ovulation and thus the fertilization.

- Adverse effects.
  - The oral contraceptive pills may cause nausea vomitting.
  - These pills should be taken ~~on~~ every day which causes inconvinience to the patient.

Ans: ② Adverse effects of Rifampicin.

Hypoglycemic agents.

- Hypoglycemic agents are the agents which reduce the blood sugar level in the hyperglycemic individuals.
- Oral hypoglycemic agents does not contain insulin as the insulin is affected by the digestive juices.

Section B.

Qu.2 Short Answer question. (SAQ).

Ans:① Indications of parenteral iron therapy.

Ans:② Bronchodialators.

- Bronchodialators are the substances which causes dialation of the bronchi, bronchioles, blood vessels.
- They are used to treat the patients suffering from asthma.
- It decreases the blood pressure.

write in format

Aspirine and Morphine -

- Aspirin is a non-narcotic analgesic.
- Morphine is a alkaloid derivative and it is a narcotic analgesic.
- Morphine is addictive whereas aspirin is not addictive or non-addictive.
- Aspirin is a over the counter drug but Morphine is not over the counter drug it requires the per prescription of certified medical practitioner.

Astringents are used for the gums in oral cavity.

- It reduces the swelling, redness, i.e. the inflammation of the gums.

Advantages :-

- ~~It is readily~~ By sublingual route of administration the drug is readily absorbed in the blood circulation through the capillaries.
- The patient can himself take the drug and there is no need for any expertisation.

write examples

Disadvantages :-

- It is difficult to take irritant drug through this route.
- The ~~drug~~ drugs having poor absorption cannot be taken through this route.

Section C

Ans:- Drugs used in peptic ulcer.

- Drugs which are used in peptic ulcer can be classified as follows:-

1) The drugs which interfere with the release of hydrochloric acid from the stomach.
- Example :- Omeprazole

2) Proton pump inhibitors.

- Therapeutic use.
- These are used to reduce the release of acids from the wall of stomach.
- so that the mucous membrane is less exposed to the acid leading to no formation of ulcers as more exposure to acid caused development of ulcers.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Prajakta Pawar

Name of the Examination Additional examination Class II BDS summer-21

Subject General & Dental pharmacology

Roll No. 85 Date 21/09/21

Students Signature Prajakta "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	20	15
2	Correction of wrong prescription	20	11
3	Drug of choice and dose	20	08
4	Journal (5) + Communication Skills (5)	10	
5	Total	90	35/60

1) Astringent Gum Paint

Prajakta Pawar
BDS, Smile Des
clinic.
Allo/3845
Koregaon Park, P
Ph no- 78321
email Id - Proj@ gm

16

Prescription Sr. no. A/54

Name - Rahul Mehra

Add.- Kalyani nagar

ph no. - 6832160

sex - M, Age - 32yr, Wt - 66kg.

date 9

Rx

Tannic Acid powder	1	0
Glycerin	10	0

Mix the above ingredients & transfer in bottle.
Massage the gum 2-3 times a day with gum paint
Shake well before use.

Prajakta
21/09/21
Reg no. Allo/3845
Dr. Prajakta

ASTRINGENT GUM PAINT

Shake well before use
Keep in cool dry place.

Name- Rahul Mehra M/~~32/66~~ 32yr/66 kg.

Add.- Kalyani nagar.

Massage gum 2-3 times a day.

For external use only.

21/09/21

Rajath.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

e of the Student Priyanka Pawar

e of the Examination Additional examination Class II BDS Summer 21

ject General & Dental pharmacology

No. 85 Date 21/09/21

dents Signature Priyanka "Seen No. Complaint" Priyanka

11/20

Critisim & correction:-

1) ~~cell~~ Pulmonary tuberculosis.

Critisism & correction

1) Tab streptomycin is not given in treatment of tuberculo -sis. as it should be given ~~intravenously~~ Intramuscularly.
2) Tab Rifampicin is given ~~600~~ 450 mg ~~once~~ twice a day ~~after food~~
3) Tab Isoniazide is given along with Rifampicin.
4) Tab Ethambutol 500 mg is given twice a day.
5) Rifampicin is given before meal. on empty Stomach.
6) ~~Tab Thiacetazone 400mg BID.~~
7) The four drug treatment is continued for 6 months.
8) Tab. Pyrazinamide is given 500 mg.
9) ~~Tab Rifi~~

Correction.

1) Tab. Rifampicin 450 mg ~~BID~~ empty stomach.
2) Tab Isoniazide ~~400 mg~~ ~~BID~~
3) Tab Pyrazinamide 500mg.
4) Tab. Ethambutol 500mg.

Corrections :-

Correct prescription :-

Dr. Prajakta Pawar
BDS
Smile dental clinic,
Kalyani Nagar
AUO/0348
Date - 21/9/21
Ph. no. 7820162
Email - prajakta@gmail.com

Ms. Saniya Kumar
Sex - F, Age - 36 years, Wt - 70kg.
Koregaon park, Pune.
Ph. no. 4823154.

Rx,

① Tab. Rifampicin ~~600~~ 450 mg BID empty stomach ~~after breads~~.
② Tab Ethambutol 900mg BID
③ Tab ~~Isoniazide~~ Pyrazinamide 500mg BID
④ Tab ~~Thiacetazone~~ Isoniazide 400mg BID.
continue for 6 months.
⑤ Vit. B_6 is given.

Acute attack of bronchial asthama.

Critisym & correction -

1 Tab ~~Salbutamol 500mg~~ 1 tab once a day.
2 ~~Inj Adrenaline 1:10000 5 ml IV.~~
3.
1) Salbutamol is given by inhalation (100mcg a)
2) Inj. Deriphyline is recommended.
3) Cromolyn sodium is never ~~ab~~ available as injection. It is given as inhalation
4) ~~M~~ Beclomethasone B_2 dipropionate which is a corticosteroid is given to patient 40mcg BID It also decreases mucosaledema.
5)

Dr. Prajakta Pawar
BDS,
Smile Dental Clinic
Kalyani nagar.
Ph. no - 78234
email - prajakta@g
AHO/ 03460
Date - 21/9/21

Mr Sameer Naik
Sex - M, Age - 36 yrs, wt - 65kg
Koregaon park, Pune
ph. no - 783421

Rx,

1) Salbutamol inhalation (100 mcg)
2) 2 Inj Deriphyline
3) ~~Beta~~ Beclomethonase dipropionate - 40 mcg BID
4) 100% oxygen ~~Ringers~~ Sodium - inhalation. 2-4 L/min

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

of the Student Prajakta Pawar

of the Examination Additional examination Class II BDS summer-21

ct General & Dental pharmacology

lo. 85 Date 21/09/21

lement No. Invigilator Signature

8/20

Drug of choice.

Organophosphurus poisoning

Inj. atropine sulfate 3mg intravenously

Inj. Pralidoxime

Mepyramine melate 100mg.

Dispense 1 ampoule

1 ml to inj Intramuscularly

9 atropinization.

Immediate post operative pain after major surgery.

adrenaline 1:10000 injection .. I V.

3. Chloroquine sensitive vivax malaria

~~penicillin~~ Chloroquinone phosphate

Aseutrate.

1

4. Recurrent herpes labialis.

Acyclovir 5% cream
5 times a day.

3

or

Tab Acyclovir 200-800mg 5 times. for 7-15 d

5. Deuto-alveolar abscess.

1

- amoxycillin
- Paracetamol 500 mg.
- or Ibuprofane 500 mg.

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Eighty five
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional examination
SUBJECT	General & Dental Pharmacology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	8	5

QUESTION BOOKLET VERSION NO.

A	1	1	1
B	2	2	2
D	3	3	3
G	4	4	4
M	5	5	5
N	6	6	6
P	7	7	7
S	8	8	8
U	9	9	9
	0	0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Prajakta Pawar

Name of the Examination Additional examination Class TY BDS summer 21

Subject General & Dental pharmacology

Roll No. 85 Date 21/09/21

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Prajakta

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											3
Marks obtained in Section B	1	0.5 0		1	0.5				2		5
Marks obtained in Section C	2.5	1	0	1	0				1.5		6
Grand Total											14/50

Seen & No. Complaint

Prajakta

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - B.

Q2. a] Indications of parental iron therapy :-

1) Excessive blood loss due to accident
2) Increased & excessive menstrual bleeding
3) Anaemia
4)

two preparations -
1) Parental iron therapy with folic acid
2) Parental iron therapy with Vit B12.

adverse effects -

- nausea, vomiting,
- constipation
-

four advantages of combination of antacids.

used in Gastro intestinal treatment
antacids are used as in treatment of dental caries.
used in acidity
used in gastroesophagal reflex.

C.	metoclopramide	domperidone
	- Better therapeutic index	- Lower therapeutic index
	- Less drug dependence.	- Drug dependence is more
	- does not affect CNS.	- affects CNS
	used to treat	

astringents in dentistry.

- Astringents are used for ulcers, boils or other infection in oral cavity.
- They act by relieving pain & treatment of ulcers.
- They are in form of gum paint, tooth paste, gels etc.
- They act on nerve endings.

Laxatives :-

1) Short acting	1) Natural
0'3	2) Synthetic.
2) Long acting.	

Q3. Drugs used in peptic ulcers.

a] anti H. pycosi agonist b] anti H. pylonic inhibitor

c] Proton pump inhibitors D] antibiotic & anti

Proton pump inhibitors.

- uses :-
  1. used in peptic ulcer.
  2. used in acidity, diarhea.
  3. used in colonitis.
  4. Decrease inflammation in GIT.

- adverse effects :-
  1. constipation
  2. Nausea
  3. Indigestion. (due to decrease in secretion of HCl)
  4. affects parietal cells.

Section C

Q4 Q] Oral contraceptive pills.

Mechanism of action:-

- Oral contraceptive pills increase estrogen secretion. As there is no LH drop, ovum does not get released & endometrial lining is shedded.
- They also affect the vaginal secretions & not does not allow the sperms to reach ovum & stop fertilization. (decrease motility).
- They do not let the embryo to get attached to endometrium
- They help in maintaining ~~reg~~ regular & normal menstruation.

* Six adverse effects:-

① Nausea, vomiting, Headache
② Increase in weight.
③ Breast tenderness,
④ Increase in cholesterol absorption,
⑤ Bloating, ~~stomath~~ pain uterine pain,
⑥ In few cases can cause uterine or Ovarian cancers.

b] anti thyroid drugs.

→ Fast acting thyroid inhibitor eg:- Lugol's iodine

→ Slow acting thyroid inhibitors

→ Drugs acting on iodine absorption.

c] antiemetic drugs.

d] dentrifices.

They are used to clean teeth along with tooth brush etc.

They act as abrasive.

Types:-

- Calcium carbonate
- Soaps
- Oxides

c] Treatment of H. Pylori

drugs used:-

1] Anti H. pyloric agonist antagonist
2] Anti H. pyloric inhibitors.

25. Glucocorticosteroids.

Uses:- ① used in muscle relaxation.
② used to increase strength/growth.
③ used as CNS depressant.
④ used in brochial treatment.
⑤ used in Bradycardia.

adverse effect:- ① Drug dependence & abuse.
② Skin rashes.
③ Tachycardia.
④ nausea, vomiting, headache.
⑤ Impotency.

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Charholi (Bk.) via Lohegaon, Pune - 412105

Second BDS regular batch 2021-2022

Circular for additional exam
20/11/22

Students who have missed any of the internal exam are required to attempt additional exam

Subject : Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- **Report 15 minutes prior to start of examination**
- **Confirm syllabus for the examination from Pharmacology department**
- **Follow the specific instruction (if any) of the Pharmacology department regarding the examination**

Date	Subject		Time
		Theory	9am to 12am
28/11/22	Pharmacology	Practical	12:30 to 3:30 pm

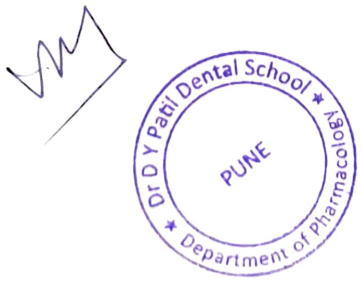
HOD

DEPARTMENT OF PHARMACOLOGY

Dr D Y Patil Dental School * PUNE * Department of Pharmacology

Attendance additional exam summer 22 **28/11/22**

NO	Name of students	Attendance	
		Theory	Practical
1	Aditya Salve	P	P
2	Sayali chaudhar	P	A
3	Tejasvi Jadhav	A	P



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Charholi (Bk) via Lohegaon, Pune -412105

SECOND BDS
SECOND INTERNAL ASSESSMENT EXAMINATION

Subject: Pharmacology **Date: 28/11/2022 Tuesday**
Total Marks: 50 **Time: 2 hrs 30 min (Section A + B + C)**

Section A

Q. 1. Multiple Choice Questions 1X10=10

01. Which of the following is NOT bactericidal ?
(a) Amoxicillin (b)penicillin G (c) tetracycline (d) Gentamicin

02. Which of the following antimicrobial agent shows long PAE
(a) Metronidazole (b) Gentamicin (c) Penicillin G (d) None of these

03. The concentration of Sodium ions in NEW WHO oral rehydration solution is :-
(a) 110m moles/L (b)90mmoles/L (c)75 m moles/L(d)60 m moles/L

04. The drug that prevents intestinal absorption of dietary fats:
(a) Atorvastatin (b) Ezetimibe (c) Nicotinic acid (d) None

05. Which of the following is a poor surface anaesthetic agent?
(a) Lignocaine (b) Tetracaine (c) Procaine (d) Cocaine

06. Granisetron is powerful antagonist of which of these Receptors?
(a) H1 (b) D2 (c) 5HT3 (d) 5HT4

07. Which of the following is used for acute left ventricular failure? :
(a)Chlorthalidone(b)Spironolactone(c)mannitol (d) furosemide

08. Which of the following affects dentition?
(a)Aminoglycosides(b)Metronidazole(c)Tetracycline(d)Penicillins

09. The drug that is better absorbed in presence of vit c
(a) Parenteral vit B12 (b) Ferrous sulphate (c) Oral vit B12 (d) Folic acid

10. The drug of choice for pregnancy hypertension is :
(a) Captopril (b) Telmisartan (c) furosemide(d)methyl dopa

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SECOND BDS
Additional Examination

Subject: Pharmacology **Date: 28/11/2022 Thursday**
Total Marks: 50 **Time: 2 hrs 30 min (Section A + B + C)**

Instructions:

- **All questions are compulsory Figures to the right indicate full marks**

Section B

Q. 2. Answer the following. 3 marks X 5= 15

a. **Classify antacids with examples.**
b. **Compare and contrast: Metoclopramide with Domperidone.**
c. **Write a note on Sublingual route of administration**
d. **Write a note on astringents**
e. **Write advantages of combining epinephrine with lignocaine. Write two contraindications.**

Q. 3. Classify Antihypertensive agents with examples. write MOA and adverse effects of ACE inhibitors. 5marks X 1= 5

.

Section C

Q. 4. Answer the following marks 3X 5= 15

a. **Indications of parenteral iron**
b. **Discuss therapeutic uses of metronidazole.**
c. **Compare and contrast thiazides and loop diuretics.**
d. **Write a note on obtundents.**

e. **Enlist therapeutic uses of peripherally acting skeletal muscle relaxants.**

Q. 5. Write formation ,MOA of cotrimoxazole .
Write advantages of combination and enlist adverse effects

OOOOOOOXXXXXXXOOOOOO

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PHARMACOLOGY
Additional Exam (PRACTICAL EXAMINATION) TABLE WORK
Total Marks: 40 - Time: 50 minutes

Part A: Criticism, Commenting, and Correction of Wrong Prescription.

(2 questions x 10 marks each) = Marks 20

Criticize and comment in detail on each prescription. Discuss what corrections are needed. Rewrite the correct prescription.

(1) Organophosphorous compound

(2) intestinal amoebiasis

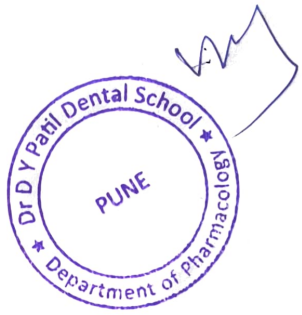
Part B: DRUGS OF CHOICE (5 questions x 4 marks each) = Marks 20

Write the drug treatment with dosage, frequency, and duration for the following: (Prescription format not needed)

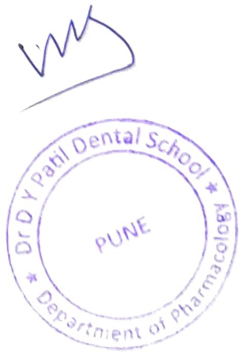
1. **Immediate postoperative pain after major surgery**
2. **Anaphylactic shock following penicillin injection**
3. **headache**
4. **Bleeding after tooth extraction**
5. **Dento alveolar abscess**

MCQ Answer key additional exam Summer 22 28/11/22

1	c
2	b
3	c
4	b
5	c
6	c
7	b
8	c
9	c
10	b



NO	Name of students	marks	
		Theory	Practical
1	ADITYA SALVE	15	18
2	SAYLI CHOUDHAR	16	-
3	TEJASVI JADHAV	-	23



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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●)

RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Sixty five
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Pharmacology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

D 0 0 6 5

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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Every Answer Should Be Started On A New Page.

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TO BE FILLED BY THE STUDENT

ne of the Student Salve Aditya Sahadev

ne of the Examination Additional exam Class 2nd BDS year

ject pharmacology

ll No. 65 Date

Pledge

here declare that I have gone rough the instruction given bove & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
Section									Q5	Q5	
Marks obtained in Section A											3
Marks obtained in Section B	NA	3	zero	NA	½				3		7
Marks obtained in Section C	NA	NA	NA	NA	2					3	5
Grand Total											15/50

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

6)

zero order kinetics	first order kinetics
① The amount of drugs conc^n is not directly proportional to amount of drug is excreted	① The amount of drugs concentration is directly proportional to amount of drug is excreted
2) It has fixed amount of drug is conc^n excreted	2) If the amount of drugs conc^n increases then amount drugs concent is also increases.
3) It is non-linear graph is represent	3) It is linear graph is respresented
4) ~~Examples~~ : morphine, cocaine, Theophylline	4) most of the drugs are follows first order kinetics.

uses of benzadiazepines:-

(1) It long acting and
(1) It is short acting and forms long term effect.
(2) Benzodiazepine can be orally, sublingual administration route of administration
(3) The drugs :- paracetamol, Asprin, isosorbide dinitrate which can give oral route of administration
(4) It is pain relief time taken but pain relievor is long acting term
(5) Benzodiapine also give by intraventorsly

Astringent

→ It is the chemical substance in which to protective It gives protection to gums from foreign oraginisms.

Q. classify Antihypertensive drugs with examples.

- Antihypertensive drugs are classified as follows.

1) ACE Inhibitors - Ramapril
2) ARB blockers - Telmisartan
3) calcium channel blockers :- verapamil, diltiazem
4) potasium channel stimulators - Niranditine
5) Nitrates - Isosorbite dinitrate, Nitroglycerin
6) β-Blocker - proponolol, atenolol, metanolol

ACE Inhibitors	ARBs
1) ACE Inhibitors Examples :- Ramipril,	1) ARBs Examples :- Telmisartan
2) ACE Inhibitors acts on bradkinn-1 which is breakdown of bradkinn-1 so causing bronchodilation and forming cough	2) ARBs do not breakdown bradykinn-1 so not causing cough in lungs
ACE Inhibitors drugs are not given to ashthma patient because It breakdown bradykinn-1 forming cough so, Ashthma patient is difficult to breathing	3) It is prefered for asthma patients. It does not forming cough in lungs so patients can can breaths easily.

Scanned with CamScanner

4) ACE inhibitors are cause bronchiodilation so increases O_2 corruptumption so decreases the heart rate

4) ARBs are acts on Renal to absor excrete Na^+ so loss of fluid of body causing decreases heart rate

(3)

e) Advantages of sulingual route of administration

① In sublingual route, the drugs which can sublingual route, is effectively they directly goes through blood through subliqual venous

② In emergency condition, if we can also in sublingual route, drugs directly dissolved in the blood stream so systamic route is directly affected

③ The drugs which can use sublingual is ~~isosorbito~~ isosorbide dinitrate which is antihypertensive drugs which directly affectly and short acting.

Example : ~~dicto~~

②

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Supplement Sheet

e of the Student Salve Aditya sahadev

e of the Examination Additional exam Class

ject pharmacology

No. GT Date 2nd year BDS

plement No. 2 Invigilator Signature

mechanism action of co-trimoxazole

→ ① co-trimoxazole is bacteriocidal drugs which can inhibits the PABA receptors of beacteria causing lysis of bacterial cell wall

② It is the combination of two drugs
① sulphamide ② trimethoprim

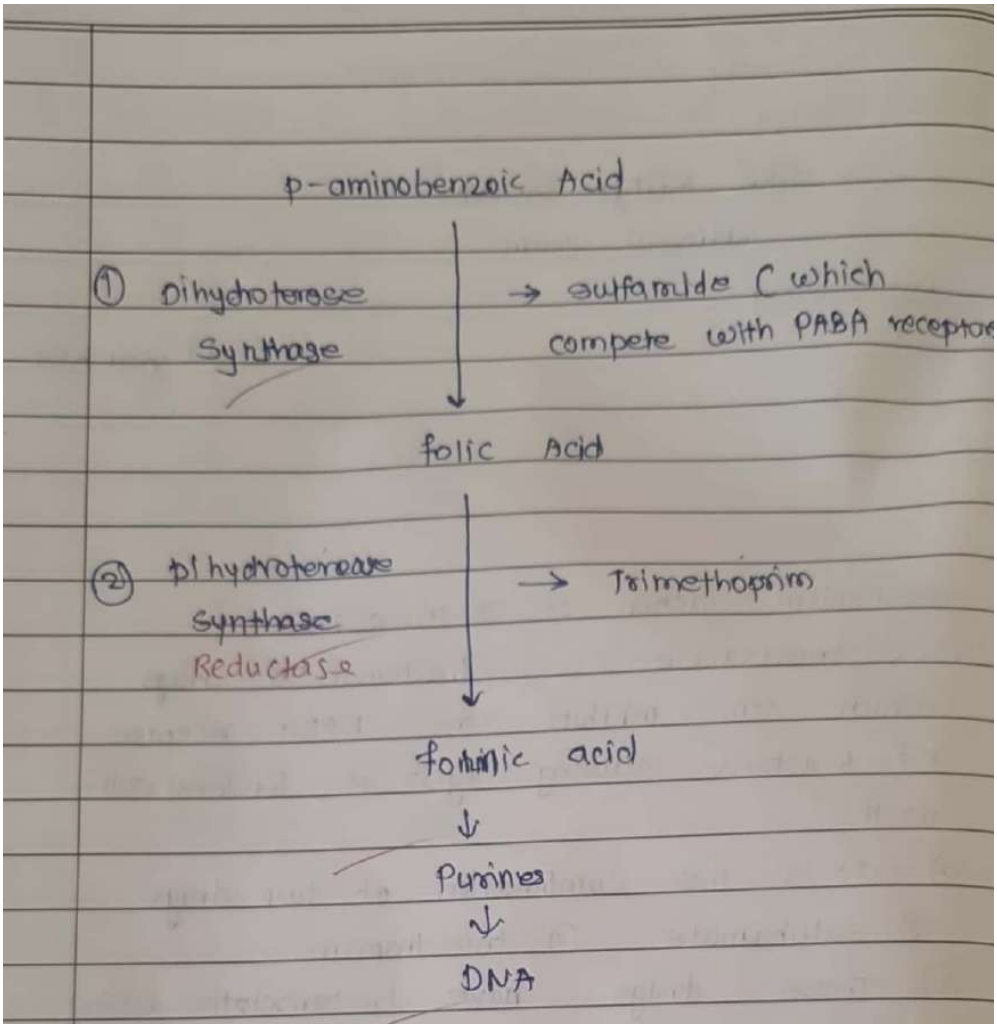
③ These drugs have bacteriostatic effect when they are seperately given t

④ but combination of these drugs causing bactericidal effect

⑤ sulphadamide competes with PABA receptor of bacteria so p-aminobenzoic acid is converted in to folic Acid in presence of dihydroterase synthase enzyme

⑥ folic acid is converted to folinic acid by the presence of trimethoprim and enzyme dihydrotetraterase synthase reductase

⑦ forming purine and DNA



Advantages of combining of trimethoprim with sulfamide or sulfamethoxazole

① if they separately acts they are bacteriostatic but combination these drugs cause lysis of cell wall of bacteria so bacteria death (bacteriocidal)

③

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Practical / Clinical Examination Answer Book

Examination

2nd Int.

Sr. No.

e of the Student Salve Aditya Sahadev

e of the Examination _____ Class 2nd BDS

ject Pharmacology

No. 65 Date 28/11/22

dents Signature _____ "Seen No. Complaint" _____

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	~~20~~ 12
2	Correction of wrong prescription	10	3
3	Drug of choice and dose	20	3
4	Journal (5) + Communication Skills (5)	10	
5	Total	60	18/60 Normal

Dr. Salve Aditya S
Dy patil dental Scho
lohegaon
Reg. No. Alloopy125
Date -

28 12

patient Name - sonde Gourav
age - 22 year weigh - 57 kg
wadgaonsheri, pune

1	Tannic Acid powder	1	0
2	Glycerin	10	0

These given indegredient mix homogenously 1 g of Tannic acid powder mix with 10 ml of Glycerin form homogenous mixture & give to the patient. in the morning & before bed

Astringent gum paint

Patient's Name - Gourav Sonde
Age 22 years weight - 57 kg
wadgoansheri, pune

External use only
This mixture is give to gourav in the morning & before bedtime

Sadityal
Stamp

D Y PATIL DENTAL SCHOOL

CC

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Salve Aditya Sahadev

Name of the Examination Additional Exam Class

Subject Pharmacology

Roll No. 85 Date 28/11/22

Students Signature Salve "Seen No. complaint"

A patient with organophorous poisoning

1) Tablet Atropine sulfate (0.6 mg) immediately

2) Injection pralidoxime (50 mg/ml) - 100 mg to be dissolved in 20 ml saline

3) injection physostigramsine (15 mg) IV

Or patient with organophorous poisoning

1) Tablet / Inj Atropine sulphate (0.3 mg) immediately

2) injection pralidoxime - (50mg/ml) 100 mg to be dissolved in 20 ml saline

Dr. Salve Aditya
PY patil dental sch
10 hegaon
Reg. No.- Allospy3
Date - 28/11/22

Patient Name - Gourav Sonde
Age - 22 years Sex - male
weigh - 57 kg.

1. Tablet. Atropine sulfate (0.3) mg immedia

2. Injection pralidoxime (50 mg/ml) 100 mg to dissolved in 20 ml of saline

Sadityal
Stamp

3

Intestinal Amoebiasis

chloroquine phosphate (250 mg) 150 mg base
Two tablets immediately, 2 tab after 6 hours
and 2 tab OD for 2 days.

Tablet mebendazole 100 mg
one tab bid for 3 days.

chloroquine phosphate
- chloroquine phosphate is given to

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Salve Aditya Sahadev

the Examination additional Exam Class 2nd year BDS

of pharmacology practical

of

Date 28/11/22

ts Signature Salve "Seen No. complaint"

immediate post-operative pain after major surgery

Anaphylactic shock following penicillin injection

Headache

2) Acute peri coronitis caused by penillinase producing staphylococci

3) oral candidiasis

2) Anaphylactic shock following penicillin injectio

① ~~Injec~~ ~~Amoxolline~~ Amophoxilline , ~~Pelli~~

① Tab. Amphoxilline , pellicilline 1g (100 mg) .
2 times a day .

②

3) ~~Heaache~~ . Headache

① Tab. paracetamol (500 mg) = 6 tab.
2 times a day for 3 days.

② Tab. Aceloc RD (50 mg) = 6 tab
before 1 hour a meal.

③

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Practical / Clinical Examination Answer Book

Examination

2nd int.

Sr. No.

Name of the Student Jadhav Tejasvi Mahesh

Name of the Examination Additional examination Class IInd BDS

Subject Dental and general pharmacology

Roll No. 30 Date 28/11/2022

Students Signature Tejasvi "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	20 12
2	Correction of wrong prescription	30	07
3	Drug of choice and dose	20	04
4	Journal (5) + Communication Skills (5)	10	
5	Total	90	23 10

Aim - Prescribe, prepare and dispense astringent gum paint

Dr. Tejasvi Jadhav
(BDS | MDS)
Reg No. A110/210
Smile Dental clinic
Porwal road Pune-4
Ph no. 9080706050
Email. abc@gmail.com

Date = 28/11/2022

Prescription NO. - 201

ms Priyanka Raut

Female/20 yrs/ 50kg

Lohegaon - 410220

9014206050

Rx,

1. Tannic acid.	1	0
2. Glycerin	10	0

Mix above ingredients to get homogenous solution

Apply with finger on gum 3-4 times a day

28/11/22

STAMP

Astringent Gum Paint

Shake well before use

Ms Priyanka Raul

F/ 20 yrs / 50kg

Lohegaon - 410220

Apply with the help of finger on gum 3-4 times a day

22/11/22

STAMP

28

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Practical / Clinical Examination Answer Book

Examination

CC

Sr. No.

Name of the Student Jadhav Tejasvi Mahesh

Name of the Examination Additional examination Class IInd BDS

Subject Dental and general pharmacology

Roll No. 30 Date 28/11/22

Students Signature Jadhav "Seen No. complaint"

7/20 gw

1) A patient with organophorus poisoning

1. Tab. Atropine sulfate (0.6 mg) immediately
2. Inj. Pralidoxime (50 mg/ml) - 100 mg to be dissolved in 20 ml saliva and given slowly IV
3. Inj. physostigramsine (1.5mg) IV

Ans:- Organophosphorus poisoning is common in rural area farmer due to consumption of poison used to kill bacteria in farm or on crop.

1 Tab. Atropine sulfate-

Atropine sulfate is given in organophosphorus poisoning patients by Route orally. It is given in the form of tablet. It's mechanism of action is slow bcz it given orally. so it is given in form of injection intravenously. It given immediate after organophosphorus poisoning.

Dose - 3 ml through i.v inj.

2 Inj Pralidoxime -

It is given through saline It is given 50 mg / ml through iv Its action is too fast so it given slowly through saline 100 mg dose to be dissolved in 20 ml saline and given slowly through iv injection

3. Inj physostigramsine -

Drug physostigramsine is not prescribed during organophosphorus poisoning because of its adverse effect

Hence in above prescription first two drugs are correctly prescribed (Atropine sulfate given through IV) but third drug is wrongly prescribed.

Dr. Tejasvi Jadhav
(BDS | MDS)
Reg No. A110/210
Smile Dental clinic
Lohegaon - 410210
Ph no - 9020306070
Email - abc @ gmail.com
Date - 28/11/22

Prescription No - 270
ms. Priyanka Raut
F/ 30yrs/ 55 kg
Pune - 412105
Ph no. 9112101560

Rx.

1. Inj Atropine sulfate
   3ml through iv.

2. Inj. Pralidoxime (500g/ml)
   Given through saline by 100mg dissolved in
   20 ml saline

Continue above prescription for 1 week.

28/11/22

STAMP

② Intestinal amoebiasis

① chloroquine phosphate 250 mg (150 mg base)
2 tab immediately, 2 tab after 6 hours and th
2 tab OD for next 2 days.

② Tab mebendazole 100 mg - one tab bid for 3da

Ans:- ① chloroquine phosphate

chloroquine phosphate is given orally in form of tablets. chloroquine phosphate is a bactericidal drug. that means it not only inhibt the growth bacteria but also kill bacteria. Dose given by ~~in~~ above ~~bacteri~~ prescription is right. It is given 250 mg 2 tab immediately, then 2 tab given 6 hours and then 2 tab once a day for next 2 days.

② Tab. mebendazole -

It is drug of choice for intestinal amoebiasis. It is given in the form of tablets. Dose is 100 mg given as prescribed in above prescription. It is given one tab twice a day for 3 days

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Dr. Tejasvi Jadhav
(BDS/MDS)
Reg. No. A110/201
Smile dental clinic
Pune - 412105
Ph. no - 9014121010
Email. abc@gmail.com
Date - 28/11/22

Prescription No. - 812

ms. Tanvi Patil
Female / 32 yrs / 70 kg
Lohegaon - 410210
Ph.no. 9596979900

Rx,

1. Tab. chloroquine phosphate (250mg)
   2 tab immediately, 2 after 6 hours & 2 tab once a day for next 2 days
2. Tab. mebendazole 100 mg
   1 tab 2 times a day - continue for 3 days

28/11/22

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Dental and general pharmacology

30 Date 28/11/22

ts Signature Jadhav "Seen No. complaint"

4/20

① Immediate post-operative pain after major surgery.

~~Tab~~ ~~Amphoxi~~

morphine

② Anaphylactic shock following penicillin injection.

Tab. Amphoxilline

~~Inj~~ ~~Tab~~ penicilline (100mg)

2 time a days

③ Headache

1. ~~Atropine~~ Aspirin (0.3 mg) (low dose)
   1 tab once a day

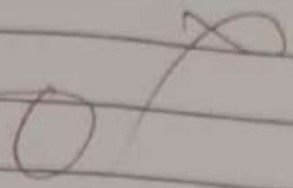
OR

2. Paracetamol (0.3-0.4 mg)
   1 tab once a day

3

④ Acute peri-coronitis caused by penicillinase produci
staphylococci.

oral candidiasis - systemic treatment



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

SECTION A

Sr. No.

ORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
e BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be ed As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be On The Answer Sheet • Do Not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

EAT NO. IN WORDS	Sixty five
UESTION BOOKLET RSION NO. IN WORDS	
ME OF EXAMINATION	Additional Exam
SUBJECT	Pharmacology
PAPER	

SWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	6	5
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	●
6	6	6	●	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
●	●	●	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

	A	B	C	D
1			●	
2				●
3	●			
4			●	
5		●		
6				●
7			●	
8			●	
9		●		
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28				
29				
30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

NSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

ere Should Not Be Any Identification Mark On The Answer Booklet.
e Examiner Should Fill In All The Information Required On Answer Book Appropriately Including nature.
ery Answer Should Be Started On A New Page.
. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / enior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

f the Student Salve Aditya Sahadev

of the Examination Additional exam Class 2nd BDS year

t pharmacology

. 65 Date

Pledge

declare that I have gone gh the instruction given & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
Section									9.5	9.5	
Marks obtained in Section A											3
Marks obtained in Section B	NA	3	zero	NA	1/2				3		7
Marks obtained in Section C	NA	NA	NA	NA	2					3	5
Grand Total											15/50

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

6)

zero order kinetics	first order kinetics
1) The amount of drugs conc^{n} is not directly proportional to amount of drug is excreted	1) The amount of drugs concentration is directly proportional to amount of drug is excreted
2) It has fixed amount of drug is conc^{n} excreted	2) If the amount of drugs conc^{n} increases then amount drugs concentn is also increases.
3) It is non-linear graph is represent	3) It is linear graph is respresented
4) ~~Examples~~ : morphine, cocaine, theophylline	4) most of the drugs are follows first order kinetics.

(3)

Uses of benzadiazepines:-

(0) It long acting and

(1) It is short acting and forms long term effect.

(2) Benzodiazepine can be orally, sublingual administration route of administration

(3) The drugs :- paracetamol, Aspirin, isosorbide dinitrate which can give oral route of adminstration

(4) It is pain relief time taken but pain reliever is long acting term

(5) Benzodiapine also give by intraventorisly

Astringent

→ It is the chemical substance in which to protective It gives protection to gums from foreign oraginisms.

Q. classify Antihypertensive drugs with examples.

- Antihypertensive drugs are classified as follows.

1) ACE Inhibitors - Ramapril
2) ARB blockers - Telmisartan
3) calcium channel blockers :- verapamil, diltiazem
4) pottasium channel stimulators - Niranditine
5) Nitrates - Isosorbite dinitrate, Nitroglycerin
6) β-Blocker - proponolol, atenolol, metanolol

ACE Inhibitors

1) ACE Inhibitors
examples :- Ramipril,

2) ACE Inhibitors acts on bradykinn-1 which is breakdown of bradykinn-1 so causing bronchodilation and forming cough

ACE Inhibitors drugs are not given to ashthma patient because It breakdown bradykinn-1 forming cough so, Ashthma patient is difficult to breathing

ARBs

1) ARBs
examples :- Telmisartan

2) ARBs do not breakdown bradykinn-1 so not causing cough in lungs

3) It is prefered for asthma patients. It does not forming cough in lungs so patients can can breaths easily.

a) ACE inhibitors are cause bronchiodilation so increases O_2 consumption so decreases the heart rate

4) ARBs are acts on Renal to absor excrete Na^+ so loss of fluid of body causing decreases heart rate

(3)

e) Advantages of sulingual route of administration

① In sublingual route, the drugs which can sublingual route, is effectively they directly goes through blood through subliqual venous

② In emergency condition, if we can also in sublingual route, drugs directly dissolved in the blood stream so systamic route is directly affected

③ The drugs which can use sublingual is ~~Isosorbo~~ isosorbide dinitrate which is antihypertensive drugs which directly affectly and short acting.

Example: ~~diclo~~

(2)

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Supplement Sheet

the Student Salve Aditya sahadev

the Examination Additional exam Class

pharmacology

Date 2nd year BDS

ment No. 2 Invigilator Signature

mechanism action of co-trimoxazole

→ ① co-trimoxazole is bacteriocidal drugs which can inhibits the PABA receptors of beacteria causing lysis of bacterial cell wall

② It is the combination of two drugs
① sulphamide ② trimethoprim

③ These drugs have bacteriostatic effect when they are seperately given t

④ but combination of these drugs causing bactericidal effect

⑤ sulphadamide competes with PABA receptors of bacteria so p-aminobenzoic acid is converted in to folic Acid in presence of dihydroterase synthase enzyme

⑥ folic acid is converted to folinic acid by the presence of trimethoprim and enzyme dihydroterateroase synthase reductase

⑦ forming purine and DNA

p-aminobenzoic Acid

① Dihydroterose Synthase → sulfamide (which compete with PABA receptor

↓

folic Acid

② Dihydroterose Synthase Reductase → Trimethoprim

↓

fomnic acid

↓

Purines

↓

DNA

Advantages of combining of trimethoprim with sulfamide or sulfamethozale

① If they seperately acts they are bacteriostatic but combination these drugs cause lysis of cell wall of bacteria ~~so~~ bacteria death (bacteriocidal)

③

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Practical / Clinical Examination Answer Book

Examination

2nd Int.

Sr. No.

e of the Student Salve Aditya Sahadev

e of the Examination _____ Class 2nd BDS

ect pharmacology

No. 65 Date 28/11/22

ents Signature Sadiyal "Seen No. Complaint" _____

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	~~20~~ 12
2	Correction of wrong prescription	10	3
3	Drug of choice and dose	20	3
4	Journal (5) + Communication Skills (5)	10	
5	Total	60	18/60 Satisfactory

Dr. Salve Aditya S...
Dy patil dental Scho...
lohegaon
Reg. No. Alloopy125
Date -

20 12

patient Name - sonde Gourav
age - 22 year weigh - 57 kg
wadgaonsheri, pune

1	Tannic Acid powder	1	0
2	Glycerin	10	0

These given indegredient mix homogenously 1 g of Tannic acid powder mix with 10 ml of Glycerin form homogenous mixture & give to the patient. in the morning & before be...

Astringent gum paint

Patient's Name - Gourav Sonde
Age 22 years weight - 57 kg
wadgoansheri, pune

External use only
This mixture is give to gourav in the morning & before bedtime

Sadubyd
Stamp

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Salve Aditya Sahadev

Name of the Examination Additional Exam Class

Subject pharmacology Date 28/11/22

Roll No. 85 "Seen No. complaint"

Students Signature Aditya

A patient with organophorous poisoning

1) Tablet Atropine sulfate (0.6 mg) immediately
2) Injection paralidoxime (50 mg/ml) - 100 mg to be dissolved in 20 ml saline
3) Injection physostigramsine (15 mg) IV

Or patient with organophorous poisoning

1) Tablet Inj Atropine sulphat (0.3 mg) immediately
2) injection pralidoxime - (50mg/m) 100 mg to be dissolved in 20 ml saline

Dr. Salve Aditya
PY patil dental c
Ichegaon
Reg. No.- Allospy
Date - 28/11/22

patient Name - Gourav Sonde
Age - 22 years Sex - male
weigh - 57 kg.

1. Tablet Atropine Sulfate (0.3) mg immed

2. Injection pralidoxime (50 mg/ml) 100 m
to dissolved in 20 ml of saline

Sd/-
Stamp

(3)

Intestinal Amoebiasis

chloroquine phosphate (250 mg) 150 mg base
Two tables immediately, 2 tab after 6 hours
and 2 tab OD for 2 days.

Tablet mebendazole 100 mg
one tab tid for 3 days.

chloroquine phosphate
- chloroquine phosphate is given to

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Salve Aditya Sahadev

Name of the Examination additional Exam Class 2nd year BDS

Subject 65 pharmacology practical

Roll No. 65 Date 28/11/22

Patients Signature Salve "Seen No. complaint"

1) immediate post-operative pain after major surgery

2) Anaphylactic shock following penicillin injection

3) Headache

4) Acute peri coronitis caused by penillinase producing staphylococci

5) oral candidiasis

2) Anaphylactic shock following penicillin injec

① ~~Injec~~ Amoxolline Amophoxilline , ~~Pelli~~

① Tab. Amphoxilline , pellicilline 1g (100 mg)
2 times a day .

②

~~Heaache~~ : Headache

Tab. paracetamol (500 mg) = ~~6~~ tab.
2 times a day for 3 days.

Tab. Aceloc RD (50 mg) = 6 tab
before 1 hour a meal.

③

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

2nd Int.

Sr. No.

Name of the Student Jadhav Tejasvi Mahesh

Name of the Examination Additional examination Class IIrd BDS

Subject Dental and general pharmacology

Roll No. 30 Date 28/11/2022

Students Signature [signature] "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks Marks	Marks Obtained Obtained
1	Pharmacy Practical	30 30	20-12
2	Correction of wrong prescription	30 30	07
3	Drug of choice and dose	20 20	04
4	Journal (5) + Communication Skills (5)	10 10	
5	Total	90 90	23/50

Aim - Prescribe, prepare and dispense astringent gum paint

Dr. Tejasvi Jadhav
(BDS | MDS)
Reg No. A110/210
Smile Dental clinic
Parwal road Pune-4
Ph no. 9080706050
Email. abc@gmail.co
Date = 28/11/2022

Prescription NO. - 201

ms Priyanka Raut

Female/20 yrs/ 50kg

Lohegaon - 410220

9014206050

Rx,

1. Tannic acid.	1	0
2. Glycerin	10	0

Mix above ingredients to get homogenous solution

Apply with finger on gum 3-4 times a day

28/11/22

STAMP

Astringent Gum Paint

Shake well before use

ms Priyanka Raul

F/ 20 yrs/ 50kg

Lohegaon - 410220

Apply with the help of finger on gum 3-4 times a day

22/11/22

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28

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Practical / Clinical Examination Answer Book

Examination

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Sr. No.

Name of the Student Jadhav Tejasvi Mahesh

Name of the Examination Additional examination Class IInd BDS

Subject Dental and general pharmacology

Roll No. 30 Date 28/11/22

Students Signature Jadhav "Seen No. complaint"

7/20 avg

1) A patient with organophosphorus poisoning

1. Tab. Atropine sulfate (0.6mg) immediately
2. Inj. Pralidoxime (50mg/ml) - 100 mg to be dissolved in 20ml saliva and given slowly IV
3. Inj. physostigramsine (1.5mg) IV

Ans:- Organophosphorus poisoning is common in rural area farmer due to consumption of poison used to kill bacteria in farm or on crop.

1 Tab. Atropine sulfate-

Atropine sulfate is given in organophosphorus poisoning patients by Route orally. It is given in the form of tablet. It's mechanism of action is slow bcz it given orally. so it is given in form of injection intravenously. It given immediately after organophosphorus poisoning.

Dose - 3ml through i.v inj.

2 Inj Pralidoxime -

It is given through saline It is given 50 mg /ml through iv Its action is too fast so it given slowly through saline 100 mg dose to be dissolved in 20 ml saline and given slowly through iv injection

3. Inj physostigramsine -

Drug physostigramsine is not prescribed during organophosphorus poisoning because of its adverse effect

Hence in above presoription first two drugs are correctly prescribed (Atropine sulfate given through IV) but third drug is wrongly prescribed,

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Email - abc@gmail.com
Date - 28/11/22

Prescription No - 270
ms. Priyanka Raut
F/ 30 yrs/ 55 kg
Pune - 412105
Ph no. 9112101560

Rx.

1. Inj Atropine sulfate
   3 ml through iv.

2. Inj. Pralidoxime (⁵⁰⁰/ml)
   Given through saline by 100 mg dissolved in
   20 ml saline

Continue above prescription for 1 week.

Jadhav
28/11/22

STAMP

② Intestinal amoebiasis

① chloroquine phosphate 250 mg (150 mg base)
2 tab immediately, 2 tab after 6 hours and then
2 tab OD for next 2 days.

② Tab mebendazole 100 mg - one tab bid for 3days.

Ans:- ① chloroquine phosphate

chloroquine phosphate is given orally in form of tablets. chloroquine phosphate is a bacteriocidal drug. that means it not only inhibits the growth bacteria but also kill bacteria. Dose given by in above ~~bacteri~~ prescription is right. It is given 250 mg 2 tab immediately, then 2 tab given 6 hours and then 2 tab once a day for next 2 days.

Not given for intestinal amoebiasis

② Tab. mebendazole -

It is drug of choice for intestinal amoebiasis. It is given in the form of tablets. Dose is 100 mg given as prescribed in above prescription. It is given one tab twice a day for 3 days.

Not at all given

D Y PATIL DENTAL SCHOOL

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Practical / Clinical Examination Answer Book

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Name of the Examination Additional examination Class IInd BDS

Subject Dental and general pharmacology

Roll No. 30 Date 28/11/22

Students Signature Jadhav "Seen No. complaint"

Dr. Tejasvi Jadhav
(BDS / MDS)
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Smile dental clinic
Pune - 412105
Ph. no - 9014121010
Email. abc@gmail.com
Date - 28/11/22

Prescription No. - 812
ms. Tanvi Patil
Female / 32 yrs / 70 kg
Lohegaon - 410210
Ph.no. 9596979900

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1. Tab. chloroquine phosphate (250mg)
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28/11/22
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Practical / Clinical Examination Answer Book

Examination

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Sr. No.

f the Student Jadhav Tejasvi mahesh

f the Examination Additional examination Class IInd BDS

t Dental and general pharmacology

. 30 Date 28/11/22

nts Signature Jadhav "Seen No. complaint"

7/12

① Immediate post-operative pain after major surgery.

~~Tab~~ ~~Amphoxi~~

morphine

② Anaphylactic shock following penicillin injection.

Tab. Amphoxilline

~~Inj~~ penicilline (100mg)

2 time a days

③ Headache

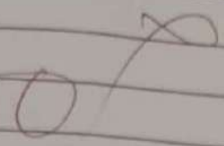
1. ~~Atropine~~ Aspirin (0.3 mg) (low dose)
   1 tab once a day

OR

2. Paracetamol (0.3-0.4 mg)
   1 tab once a day

④ Acute peri-coronitis caused by penicillinase produ
staphylococci.

oral candidiasis - systemic treatment



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D Y Patil Educational Enterprises Charitable Trust
D Y Patil Group of Institutions
D Y Patil Dental School
Charholi (Bk) via Lohegaon, Pune -412105

Second BDS regular batch 2022-23

Circular for additional exam 1/5/23

Students who have missed any of the internal exam are required to attempt additional exam

Subject : Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- Report 15 minutes prior to start of examination
- Confirm syllabus for the examination from Pharmacology department
- Follow the specific instruction (if any) of the Pharmacology department regarding the examination

Date	Subject	Time	
		Theory	Practical
9/5/23	Pharmacology	9am to 12am	12:30 pm to 3:30 pm

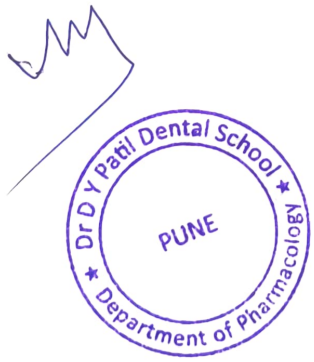
HOD

DEPARTMENT OF PHARMACOLOGY

Dr D Y Patil Dental School * PUNE * Department of Pharmacology

Attendance additional exam winter 23 6/5/23

NO	Name of Students	Attendance	
		Theory	Practical
1	Bhushan Malgham	P	P



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D Y Patil Educational Enterprises Charitable Trust
D Y Patil Group of Institutions
D Y Patil Dental School
Charholi (Bk) via Lohegaon, Pune -412105

SECOND BDS

ADDITIONAL ASSESSMENT EXAMINATION

Subject: **Pharmacology** Date: **9/5/23**
Total Marks: **50** Time: 2 hrs 30 min (Section A + B + C)

Section A

Q. 1. Multiple Choice Questions
1X10=10

01. **Which of the following is NOT an anti H Pylori drug?**
(a) Amoxicillin (b)Tetracycline (c) Clarithromycin (d) Gentamicin

02. **Which of the following antimicrobial agent shows long PAE (post antibiotic effect)**
(a) Metronidazole (b) Gentamicin (c) Penicillin G (d) None of these

03. **The concentration of Sodium ions in NEW WHO oral rehydration solution is :-**
(a) 110m moles/L (b) 90m moles/L (c) 75 m moles/L (d) 60 m moles/L

04. **The drug that prevents intestinal absorption of dietary fats:**
(a) Atorvastatin (b) Ezetimibe (c) Nicotinic acid (d) None of the above

05. **Which of the following is a poor surface anaesthetic agent?**
(a) Lignocaine (b) Tetracaine (c) Procaine (d) Cocaine

06. **Granisetron is powerful antagonist of which of these Receptors? :**
(a) H1 (b) D2 (c) 5HT3 (d) 5HT4

07. **Which of the following is potassium sparing diuretic? :**
(a) Chlorthalidone (b) Spironolactone (c) Furosemide (d) Mannitol

08. **Which of the following is NOT a bactericidal antibiotic?**
(a) Aminoglycosides (b)Metronidazole (c) Tetracycline (d) Penicillins

09. **The drug of choice for the treatment of pernicious anaemia:**
(a) Parenteral vit B12 (b) Ferrous sulphate (c) Oral vit B12 (d) Folic acid

10. The drug of choice for pregnancy hypertension is :
(a) Captopril (b) Telmisartan (c) Alpha methyldopa (d)Lisinopril

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D Y Patil Group of Institutions
D Y Patil Dental School
Charholi (Bk) via Lohegaon, Pune -412105

SECOND BDS

FIRST INTERNAL ASSESSMENT EXAMINATION

Subject: **Pharmacology** Date: **9/5/23**

Total Marks: **50** Time: 2 hrs 30 min (Section A + B + C)

Instructions:

- All questions are compulsory Figures to the right indicate full marks

---

Section B

Q. 2. Answer the following. 3 marks X 5= 15

a. **Classify laxatives with examples.**
b. **Compare and contrast: Metoclopramide with Domperidone.**
c. **Drugs used in the treatment of peptic ulcer**
d. **Write adverse effects of nitrates.**
e. **Write advantages of combining epinephrine with lignocaine. Write two contraindications.**

Q. 3. Enlist routes of drug administration with examples 5 marks X 1= 5
Write advantages and adverse effects of IV route

.

Section C

Q. 4. Answer the following 3 marks X 5= 15

a. **Indications of parenteral iron**
b. **Discuss therapeutic uses of metronidazole.**
c. **Adverse effects of glucocorticoids**
d. **Indications of diazepam**
e. **Therapeutic uses of beta blocker**

Q. 5. Classify General anaesthetic agents with examples.
Write mechanism of action and therapeutic uses of Proton pump inhibitors.
5 marks X 1= 5

OOOOOOOXXXXXXXOOOOO

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Additional Exam (PRACTICAL EXAMINATION) TABLE WORK
Total Marks: 40 - Time: 50 minutes

Part A: Criticism, Commenting, and Correction of Wrong Prescription.
(2 questions x 10 marks each) = Marks 20

(1) Pulmonary Tuberculosis

1. Tablet Streptomycin 2 grams BID
2. Tablet Rifampicin 600 mg ONCE IN A MONTH after lunch
3. Tablet Ethambutol 500 mg BID
4. Tablet Thiacetazone 100 mg BID

Continue the above treatment for 1 year

(2) Organophosphorous poisoining

Part B: DRUGS OF CHOICE (5 questions x 4 marks each) = Marks 20
Write the drug treatment with dosage, frequency, and duration

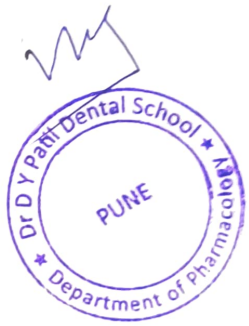
1. **Immediate postoperative pain after major surgery**
2. **headache**
3. **angina pectoris**
4. **Bleeding after tooth extraction**
5. **ANUG**

Mcq answer key

1	d
2	b
3	c
4	b
5	c
6	c
7	a
8	c
9	a
10	c



NO	Name of students	marks	
		Theory	Practical
1	Bhushan malghane	18	26



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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Seven /Bhushan Malghare
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	Pharmacology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	0	7
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	●
8	8	8	8	8
9	9	9	9	9
●	●	●	●	0

QUESTION BOOKLET VERSION NO.

A	(A)	1	1
B	(B)	2	2
D	(D)	3	3
G	(G)	4	4
M	(M)	5	5
N	(N)	6	6
P	(P)	7	7
S	(S)	8	8
U	(U)	9	9
		0	0

ANSWERS

	A	B	C	D
1	●			
2				●
3				●
4			●	
5		●		
6		●		
7	●			
8			●	
9	●			
10				●
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27				
28				
29				
30				

Seen and No. Complaint

Candidate's Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

There Should Not Be Any Identification Mark On The Answer Booklet.
The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
Every Answer Should Be Started On A New Page.
N. B. : Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

e of the Student Bhushan Sanjay Malghane

e of the Examination Additional examination Class IInd BDS

ject Pharmacology

No. 87 Date

Pledge

ere declare that I have gone ough the instruction given ve & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											2
Marks obtained in Section B											16
Marks obtained in Section C											
Grand Total											18/50

18

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

c) Therapeutic uses of Anticholinesterase:-

① bronchial asthama
② asthamatic bronchitis
③ Smooth muscles in i) GIT } action of
ii) Visceral muscle }
④ Antisecretory actions
⑤ Parkinsonism. to keep in check of excess saliva

c) Drugs used in treatment of peptic ulcer

i) Drugs which inhibit gastric acid secretion
a) Omeprazole
b) Omeg

ii) Drug which neutralize gastric acid secretion
a) Sodium bicarbonate
b) Calcium Carbonate
c) Gibic acid

Section - C.

2) Therapeutic uses of β-blocker :-

1) Heart failure :- β blocker acts as non selective or selective which controls vasodilation & vasoconstriction of vessel which leads to effect on heart

2) Hypertension :- They are drug which reduce or increase blood pressure with vasodilation or constriction which leads to hypertension

3) Migraine :- β blocker are g drug of choice for migr

4) Anxiety :- β blocker helps in relaxing during anxiet

5) Myocardial Infraction :-

parenteral iron theargy :-

indications :-
low iron content of body
low intake of iron by body
Megaloblastic anaemia is also a indicator of ~~anaemia~~ iron deficiency.
Hemoglobin iron content is also a indication

adverse effects of iron therapy:-

i) Vomitting
ii) dizzyness
iii) headache
iv) anaemia
v) Iron toxicity in body
vi)

d) Therapeutic uses of Diazepam:-

i) It is an slow acting general anesthe
ii) used as anaesthic medication
iii)

c) adverse effects of glucocorticoids:-

i) Hyperglycemia
ii) osteoporosis
iii) Delayed wound healing
iv) Depression

vi growth in children may be suppressed
(addison's disease)

(b) adverse effects of phenytoin sodium

Smooth muscle
dizziness
weakness
headache

Lag

a)

General anesthesia

Inhalational route

General Parental

Liquid
i) Ether
ii) Halothane
iii) isoflurane
iv) Desflurane

gas
i) Nitrous oxide

fast acting
i) Thiopentane
ii) Propofol

Slo
i) Dia
ii) Ket
iii) Op

Advantages of combining Lignocaine with adre-ne.

i) Lignocaine also known as Lido caine is a local anesthesia

Combining Lignocaine with adrenaline leads vaso constriction of blood vessel & longer action of anesthetic medication on the site of action.

aso constriction reduces the blood flow which le to less blood circulation or slow blood circu-tion which helps in keeping the effect of an-sthesia for longer time.

onstriction also leads to blood less ork.

increases the working time of dent

3) Enlist various routes of drug administration

The route of administration can be classified as :-

i) Systemic :-
oral
Sublingual
rectal
cutaneous
Inhalational
Parental

Local
Topical
for deeper tissue
Arterial supply

Parental route of drug administration :-

It is an type of route drug administration in which drugs are injected directly in tissue fluid without crossing intestinal mucosa.

advantages :-

Drug action is faster
Vomiting is not induced
can be used in unconsciousness state

Disadvantages:-

i) Chances of high toxicity
ii) procedure is costly.
iii) painful procedure
iv) Help from other individual required for administration

Various routes of parenteral drug administration
-Non ore:-
Subcutaneous
Intramuscular
Intravenous
Intradermal

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Bhushan Malghane

of the Examination Additional Class II nd

ct Pharmacology

o. 07 Date 09/05/23

nts Signature "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	11
2	Correction of wrong prescription	30	09
3	Drug of choice and dose	20	06
4	Journal (5) + Communication Skills (5)	10	00
5	**Total**	90	26/60

Journal

Dr Bhushan Malgha
BDS MDS - A110/
Shanti hospital K
port - 412105
Mob No - 72490269

Kunal Bhise
26/M Wt - 64 kg
Pride world city
Lohegaon - 412105
7350308665

Rx,

Calcium Carbonate	4	0
Powdered soap	0	500
Gum Tragacanth	0	040
Saccharin sodium	0	100
Glycerin	0	1
Menthol oil	0	1
Water	1	5
	~~105~~	

Water quantity should not exceed

Mix the above ~~ko~~ substances to fo
homogenous mixture
use before 2 time in the morning
before bed with help of toothbrush or
medium u prefer.

Cleansing tooth paste
(Keep in cool & dry place)

Kunal Bhise
M/26 yrs wt - 64 kg
Lohegaon Pune - 411405
No - 7249066011

use 2 times a day. In morning and before bed with the help of tooth brush or any other method.

[Stamp]

11/20

Kunal

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Practical / Clinical Examination Answer Book

Examination

Sr. No. 9+6 = 15/40

Name of the Student Bhushan Malghane

Name of the Examination Additional Class IInd

Subject Pharmacology

Roll No. 07 Date 09/05/2023

Students Signature "Seen No. Complaint"

Tablet Atropine Sulphate (0.6 mg) immediately

Atropine Sulphate is drug of choice but it is not given in tablet form

It is given in injection form

3 gm should be given in ~~the~~ intravenously immediately 1-2 vial

Injection pralidoxime is the drug of choice should be given intravenously

5-10 mg should be dissolved in 20 ml Saline

Injection physostigmine (1.5 mg) IV is not the drug of choice

Bhushan Malgha
BDS, MDS Allo
Shanti hospital
-n park. 4121
Mob NO-7249069

Name- Raj bajpayee
M/26 wt- 76 kg
Lohegaon- 412105
NO-7350306665

Rx,

Injection Atropine 3 mg intravenously imm
until atropinization

Injection Paralidoxine 5-10 mg in 100 20
saline

Stamp

6

Pulmonary tuberculosis

Tablet Streptomycin 2 grams BID
It is the right drug of choice
But the dose to be administered is wrong
It should be given 2.5 ~~gm~~ grams ~~BID~~ DID

Tab Rifampicin 600 mg once in a month after lunch
Rifampicin is the correct drug of choice
But the dose administration is wrong
It should be given 600 mg DID

Tablet Ethambutol 500 mg BID
It is the correct drug of choice

Tablet Thiacetazone 100 mg BID
It is the correct drug of choice

Bhushan Mal
BDS, MDS, AHO
Shanti hospital
park - 44520
No - 0321 - 44

Name - Raj Karmakar
male/26 wt - 82
Lohegaon - 412105
No - 1141 - 0245

Rx,

Tab Streptomycin 250 mg DID

Tab Rifampicin 600 Mg DID

Tab Ethambutol 500 mg BID

Thiacetazone 100 mg BID

Continue the above treatment for 1

Stamp

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Practical / Clinical Examination Answer Book

Examination

6/20

Sr. No.

Name of the Student Bhushan Malghare

Name of the Examination Additional Class IInd

Subject Pharmacology Date 09/05/23

Roll No. 07

Students Signature "Seen No. Complaint"

DOC

Immediate post operative pain after major surgery

① Inj Ibuprofen 5ml should be administered as pain resides

② Paracetamol 500 mg - DID (Tablet)

③ Tablet combiflame 250 mg - TID

(3)

Headache

Paracetamol - 500 mg DID

Combiflame - 250 mg TID

(3)

3. Angina Pectoris

④ Bleeding after tooth extraction

① Amoxicillin - 500 mg TID ✗

② Paracetamol - 500 mg TID

⑤ Acute necrotizing ulcerative gingivi

Amoxicillin - 500 mg BID ✗

Combiflame - 250 mg BID

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Sawani Ramteke

the Examination Addibonal Exam (practical) Class IInd year BDS

pharmacology

68 Date 8-9-23

s Signature "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	13
2	Correction of wrong prescription	30	09
3	Drug of choice and dose	20	07
4	Journal (5) + Communication Skills (5)	10	
5	Total	90	30/60

prescribe, prepare and Dispense abundant Mouth wash in 2ml phenol.

ABC

Reg no:- 1154

All of no:- 6 2

Smile Dental Cl

@gmail.com.

phone no:- 8625 00

Date:- 8-9-23

Pr no:- 1

Mansi Dave , sex:- female , age:- 45.

Weight:- 40kg , Lonegan pune.

Rx.

1) Thymol	2	0
2) Camphor	1	0
3) Phenol	2	0

Mix the given homogenous mixture with properly and with or without help of tooth brush use as a mouth wash.

STAN

OBTUNDANT MOUTH WASH.

Mansi Dave.
sex:- female
age:- 45 years
weight - 40kg
address:- Lonegan pune.

Keep in dry place.

STAMP
8-9-23

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Sawani Ramteke

the Examination 2nd Internal additional Exam Class IInd year

phar Dental pharmacology

68 Date 8/9/23

s Signature "Seen No. Complaint"

(9)

Intestinal amoebiasis.

1) Cap chloroquine 250 mg (150 mg base)
4-2-2-2

2) Tab Mebendazole 100 mg
1 tab bid for 3 days.

Above preception is for intestinal amoebiasis.
Cap chloroquine is used for extraintestinal uses. it can by using cap chloroquine it can affect to lung, kidney, heart.

Tab Mebendazole is used for wound infection, so mebendazole can not use used for intestinal amoebiasis.

3) The drugs use for intestinal amebiasis. mainly thiazole, it is long acting and can be prescribed also to great penetration.

4) Metronidazole can be prescribed drugs for intestinal amebiasis.
400 mg twice a day for a week. Adults can be prescribe.

ABC

All no:- 1234 r

Smile Dental Clinic

lohegon Pune.

@ gmail.com

email: @ gmail.com

phone no:- 8624074691

Date:- 8/9/23.

pr.no:- 1

Mansi Dave, sex:- female, age:- 31 year,

weight:- 50kg.

address:- karve nagar, lohegon pune.

phone:- 9172129401

Rx,

① Metrindazole :- 400 mg

1 tablet twice day for one week.

② Atenanolol 100 mg.

1 tablet twice a day for a week

Check after a week.

STAMP

8/9/23.

1) Bronchial asthma with mild hypertension.

1) Injection adrenaline 10 ml IV
2) Injection Aminophylline 6mg IV.
3) Tab Furosemide 20 mg TID.

The given prescription is for bronchial asthma and the injection adrenaline and injection Aminophylline is used for acute attack of bronchial asthma but it is chronic.

Drug used for bronchial asthma with mild hypertension is furosemide. But it is loop diuretic diuretics and it is short acting therefore it cannot be used for bronchial asthma with mild hypertension.

Instead of furosemide, Atropine substitue like tiotropium bromide can be used because it is long acting and can penetrate easily.

2) Next drug used for this is Salbutamol. as it is long acting.

3) Second drug used for this is Beclomethasone dipropionate.

A
Allot no
Smile
Lohegan
Email :- @
Phone no:
Date :- 8/

Pr no:-2
Mansi Dave, female :- sex,
weight:- 48 ~~year~~ kg, age:- 45 years.
adress :- Karve nagar, Lohegon pune
Phone no:- 9172129401

① Titoprium Bromide (100 mg)
twice a day.

② Salbutamol (250 mg).
for twice a day for week.

③ Bechlometaxone ~~diazo~~ dioxide (500 mg).
once a day for week.

Check and monitor after week.

5 HT 9

STAMP
8/9/23.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Sawani Ramteke.

the Examination 2nd internal additional exam Class IInd year BDS.

pharmacology.

68 Date 8/8/23.

s Signature Sawi "Seen No. Complaint"

DOC

7

paucibacillary leprosy.

~~chlorofiaxone~~ — (100mg) dapsone 100mg OD X.

~~2 twice a day for a week.~~

Rajfamprein — (50 mg)

~~twice a day for a week.~~ once a month

Angina pectoris (acute attack).

1) Ramprifil ~~(100mg~~ (2.5 mg) } twice a day.
or
lisonpril (5 mg)

2) Lorvidalal. (10 mg)
twice a day. for a week.

3) Spironolactone (100mg)
twice a day for a week.

4) Pottacium hydrochloride (50 mg)

③ Chloroquine sensitive falciparum malaria

① Chloroquinine (250 mg) (150 mg base) - 10.
4 ~~tina~~ take immediatly
2 after 6 hours. and
2 - after nextday.

② Quinine :- (100 mg)
2 tablet a day.

3

followed by
Primiquinine (100 mg)
2 time a day.

3 stat

④ patient convulsing in dental chair.

Asparin - (50 mg)
2 once a day for a week.

diazapam - (100 mg)
once a day for a week

Trigeminal neuralgia.

1) Tegretol - (100 mg) -
for a week.

2) Carbamezpine - (50 mg)
twice a day for a week.

3) Corbahol - (50 mg)
twice a day for a week.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

the Student Aarti Sachin Jadhav.

the Examination Prelims Practical Examination Class IInd Year BDS

General and Dental Pharmacology

31 Date 3-11-2023

ts Signature Jadhav. "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	~~Pharmacy Practical~~	~~30~~	23
2	Correction of wrong prescription	30	16
3	~~Drug of choice and dose~~	20	14
4	Journal (5) + Communication Skills (5)	10	7
5	**Total**	**90**	60/80

→ Pharmacy Practical :

Cleansing tooth paste

Dr. ABC
BDS, MDS
Reg No: A110/1234
Smile 32
Parwal Road, Pune
Ph. no: 9021768729
Email : abc@gmail.
Date : 3-11-2023

Pr. Sr. No. 1.

Mrs. Riya S. Patil
House no. 321, Government colony
Kolhapur - 416202

Female 24 yrs 52 kg

Rx.

1) calcium carbonate	4	0
2) Powdered soap	0	500
3) Gum Tragacanth	0	40
4) Saccharin sodium	0	100
5) Glycerin	0	1
6) Menthol oil	0	1
7) Water	1	5

mix the above ingredients to make a homogenous paste.

use it with or without tooth brush in the morning, at bedtime and after all meals for cleaning the tooth.

Stamp

~~ABC~~
~~3/11/2023~~

• CLEANSING TOOTH PASTE •

- external use only

Mrs. Riya S. Patil
House no-321, Government colony, ~~Pune~~ Kolhapur-416202

Use with or without tooth brush in the morning, at bedtimes and after all meals for cleaning the tooth.

Stamp
XYZ.

23

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Aarti Sachin Jadhav.

Name of the Examination Prelims Practical Examination Class IInd Year BDS

Subject General & Dental Pharmacology

Roll No. 34 Date 3-11-2023

Students Signature Jadhav. "Seen No. Complaint"

16

1) A 3 year-old with gram negative infection of oral cavity & fever

- The given case is of gram negative infection of oral cavity & Fever.

Instead of ciprofloxacin & Doxycyclin, this child need a suitable treatment with antibiotic such as penicillin (ie. amoxycillin), cephalosporins, co-trimoxazole because they are more safer drug due to their low T.I.

① ciprofloxacin belongs to group of fluroquinolones & it is bactericidal drug. It damages articulate cartilage and ultimately affects collagen metabolism. Further it produces tendonitis & tendon rupture. The extremes of age are more likely to suffer. So, this drug is avoided in children.

② Doxycycline is semisynthetic, fast acting tetracycline derivative. This is toxic & bacteriostatic in nature. It causes chelation of ca & hence affects teeth and bones.

It causes discolouration & damage of enamel

It can make the teeth ill formed, weak fragile &

Susceptible to caries.
In addition, it has anti-anabolic effect and hence it is avoided in children.

(3) So, for the given case amoxicillin syrup (250mg/5ml) is used to overcome adverse action of doxycycline.

(4) In the given prescription, they have mentioned about Aspirin which will affects liver & causes Adverse effects like Reye's syndrome.
So, Paracetamol is replaced by aspirin as an safer antipyretic.

As per young's formula,

$$\text{Dose} = \frac{\text{Dose}}{\text{Age} + 12} \times \text{Adult dose}$$

$$\therefore \text{Dose of paracetamol} = \frac{2}{3+12} \times 500$$

$$\therefore \text{Dose of Paracetamol} = 100\,\text{mg tid}$$

8

Dr. ABC
BDS, MDS
Reg. No.- A110/12345
Smile 32
Porwal road, Pune
Ph.no - 9021768729
Email - abc@gmail.com
Date - 3-11-2023

Pt. St. NO-2
~~Mrs~~ Ramas Mane
Pride city, Pune
Female 3 yr 12 kg.

Rx
1) Amoxycillin syrup (250 mg/5ml)
1 ml (50 mg) syrup to be given by oral route every 8hr. i.e. 3 times a day.

2) ~~Tablet~~ Paracetamol syrup (100mg/5ml)
5ml (100mg) syrup to be given by oral route three times a day.

Stamp

2) Multibacillary leprosy (BB, BL, LL)

Multibacillary leprosy (BB, BL, LL) is caused due to slow growing bacillus type of bacteria called mycobacterium leprae. It is very difficult to kill as it develops resistance very quickly. So, giving ~~that~~ single drug treatment is not effective. Hence, multiple drugs are preferred.

① Dapsone is primary drug (prototype) for leprosy. It is bacteriostatic drug that acts by inhibiting folate metabolism in lepra bacilli. It can be used for all types of leprosy.
But dosage form of dapsone mentioned here is wrong. It is given as:
Tab. Dapsone 100 mg
1 tab everyday for 1 month.

② cap. clofazimine is the bactericidal drug with anti-inflammatory effect. Dosage form of clofazimine prescribed here is wrong which can be given as cap. clofazimine (50mg), 1 tab. everyday for 1 month.

③ clofazimine inhibits prostaglandins & Tumour necrosing factor & has additional anti-inflammatory action. So, Single bolus dose of clofazimine (300mg) = 2 prescribed for total period of 1 year. Drug to be taken once a month in a year.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Aarti Sachin Jadhav.

of the Examination Prelims Examination Practical Class IInd Year BDS

General & Dental pharmacology

31 Date 3-11-2023

is Signature Jadhav. "Seen No. Complaint"

epra bacilli are slow growing bacteria which causes multiplication about 3-4 weeks. So, Rifampicin once a month is sufficient for this multiplication. Rifampicin inhibits subunit of DNA dependent RNA polymerase & cause auto induction which will further leads to drug interacts.

Dr. ABC
BDS, MDS
Reg. No - A101/12345
Smile 32
Parwal Road, Pune
Ph. no - 9021768729
Email - abc@gmail.com
Date - 3-11-2023

Pr. Sr. No - 3
Mr. Ram Pawar
House no. 321, Government colony
Kolhapur - 416202

male 32 yr 57 kg

Rx.

① Tab. Dapsone (100 mg) = 30
1 tab. everyday for 1 month

② cap. clofazimine (50 mg) = 30
1 tab. everyday for 1 month

③ cap. clofazimine (300 mg) - 2 — single bolus dose
1 tab. once a month. It is taken once a month for whole period of 1 year.

④ Tab. Rifampicin (400 mg) = 2
1 tab. on empty stomach & ~~on~~ in next month at tommorrow with same date. Drug to be taken for total period of 1 year.

Follow up after 1 month. for check up & to modify the treatment.

Stamp

ABC

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Aarti Sachin Jadhav.

of the Examination Prelims Practical Examination Class IInd Year BDS

t General & Dental Pharmacology

o. 31 Date 3-11-2023

nts Signature Jadhav. "Seen No. Complaint"

Drug of choice :

1 4

Anaphylactic shock following penicillin injection

- Inj. Adrenaline hydrochloride (1:1000)
  Dispense one ampoule
  0.5 ml injected intravenously.

- Inj. mepyramine maleate (100 mg)
  Dispense one ampoule
  1 ml to be injected intravenously

A 45 yr. old suffering from osteoarthritis

Selective COX II inhibi 7000

- Tab. Ibuprofen (400 mg) = 30
  1 tablet taken three times a day for 1 month

2

3) Hypertensive crisis

Injection sodium nitroprusside (500, (50mg)
Prepare freshly in distilled water and then add
i.v drip of dextrose solution (5%)
start with ~~0.5~~ 0.5 mcg/kg/min and then gradually
increased upto 10 mcg/kg/min.
Keep away from children.
Do not expose to sunlight.

4) Trigeminal Neuralgia

Tab. carbamazepine (100mg) = 20
1 tab. every 8-12 hrs for 10 days.
Follow up for check up & to modify the
treatment.

5) Oral candidiasis - Local treatment

Tab. miconazole (50mg) - local application
1 tab. to be applied on gums above incisors. for
14 days.

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG	RIGHT
(X) (B) (C) ●	(A) (B) ● (D)

SEAT NO. IN WORDS	Seven /Bhushan Malghare
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	Pharmacology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	0	7

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

There Should Not Be Any Identification Mark On The Answer Booklet.
The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
Every Answer Should Be Started On A New Page.
N. B. : Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

of the Student Bhushan Sanjay Malghane

of the Examination Additional examination Class IInd BDS

ct Pharmacology

lo. 07 Date

Pledge

e declare that I have gone gh the instruction given e & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
Section											
Marks obtained in Section A											2
Marks obtained in Section B											16
Marks obtained in Section C											
Grand Total											18/50

18

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

c) Therapeutic uses of Anticholinesterase:-

1. bronchial asthama
2. asthamatic bronchitis
3. Smooth muscles in:- i) GIT } actions on
   ii) Visceral muscle }
4. Antisecretory actions
5. Parkinsonism. to keep in check of excess saliva

c) Drugs used in treatment of peptic ulcer

i) Drugs which inhibit gastric acid secretion
   a) Omeprazole
   b) Oroeg

ii) Drug which neutralize gastric acid secretion
   a) Sodium bicarbonate
   b) Calcium Carbonate
   c) Gibic acid

Section - C.

Therapeutic uses of β-blocker :-

Heart failure :- β blocker acts as non selective or selective which controls vasodilation & vasoconstriction of vessel which leads to effect on heart

Hypertension :- They are drug which reduce or increase blood pressure with vasodilation or constriction which leads to hypertension

Migraine :- β blocker are g drug of choice for migr

Anxiety :- β blocker helps in relaxing during anxiety

Myocardial Infraction :-

parenteral iron theargy :-

ndications :-

w iron content of body

w intake of iron by body

legato blastic anaemia is also a indicator of

anaemia iron deficiency.

ear Hb globin iron content is also a indication

adverse effects of iron therapy:-

i) Vomitting
ii) dizzyness
iii) headache
iv) anaemia
v) Iron toxicity in body
vi)
vii)

d) Therapeutic uses of Diazepam:-

i) It is an slow acting general anasthetic
ii) used as anaesthic medication
iii)

c) adverse effects of glucocorticoids:-

i) Hyperglycemia
ii) osteoporosis
iii) Delayed wound healing
iv) Depression

v) growth in children may be suppressed
(addison's disease)

b) adverse effects of phenytoin sodium

Smooth muscle
dizziness
weakness
headache

Lag

Q5]

General anasthesia.

Inhalational route

- liquid
  - i] Ether
  - ii] Halothane
  - iii] isoflurane
  - iv] Desflurane
- gas
  - i] Nitrous oxide

General Parental

- fast acting
  - i] Thiopentane
  - ii] Propofol
- slo
  - i] Dia
  - ii] Keta
  - iii] Op

Advantages of combining lignocaine with adre-ne.

i] lignocaine also known as lidocaine is a local anasthesia

ii] Combining lignocaine with adrenaline leads vaso constriction of blood vessel & longer action of anasthetic medication on the site of action.

i] vaso contriction reduces the blood flow which le to less blood circulation or slow blood circu-tion which helps in keeping the effect of an-sthesia for longer time

Constriction also leads to blood less work.

It increases the working time of dent

3) Enlist various routes of drug administration:-

The routs of administration can be classified as :-

1) Systemic :-
oral
Sublingual
rectal
cutaneous
Inhalational
Parental

Local
Topical
for deeper tissue
Arterial supply

Parenteral route of drug administration :-

It is an type of route drug administration in which drugs are injected direcly in tissue fluid without crossing intestinal mucosa.

advantages :-

Drug action is faster
Vomiting is not induced
can be used in unconsciousness state

Disadvantages:-

i) chances of high toxicity
ii) procedure is costly.
iii) painful procedure
iv) Help from other individual required for administration

Various routes of parenteral drug administ
-Non ore:-
Subcutaneous
Intramuscular
Intravenous
Intradermal

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

ame of the Student Bhushan Malghan

ame of the Examination Additional Class IInd

ubject Pharmacology

oll No. 07 Date 09/05/23

udents Signature "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	11
2	Correction of wrong prescription	30	09
3	Drug of choice and dose	20	06
4	Journal (5) + Communication Skills (5)	10	00
5	**Total**	90	26/60

Dr Bhushan Malghare
BDS MDS - A110/212
Shanti hospital Karg
pat - 412105
Mob No - 7249026901

Kunal Bhise
26/M Wt - 64 kg
Pride world city
Lohegaon - 412105
7350308665

Rx,

Calcium Carbonate	4	0
Powdered soap	0	500
Gum Tragacanth	0	040
Saccharin sodium	0	100
Glycerin	0	1
Menthol oil	0	1
Water	1	5

Water quantity should not exceed 1.5

Mix the above ~~ko~~ substances to form homogenous mixture
use before 2 time in the morning & before bed with help of toothbrush or fan medium u prefer.

Cleansing tooth paste
(Keep in cool & dry place)

Kunal Bhise
M/26 yrs wt - 64 kg
Lohegaon Pune - 412405
No - 7249065011

use 2 times a day. In morning and before bed with the help of tooth brush or any other method.

Stamp

11/20

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Practical / Clinical Examination Answer Book

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Sr. No. 9+6 = 15/40

of the Student Bhushan Malghane

of the Examination Additional Class IInd

t Pharmacology

o. 07 Date 09/05/2023

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Tablet Atropine Sulphate (0.6 mg) immediately

Atropine Sulphate is drug of choice but it is not given in tablet form

It is given in injection form

3 gm should be given in ~~the~~ intravenously immediately 1-2 vial

Injection pralidoxime is the drug of choice should be given intravenously

5-10 mg should be dissolved in 20 ml Saline

Injection physostigmine (1.5 mg) IV is not the drug of choice

Bhushan Malgh
BDS, MDS A
Shanti hospita
-n park. 41
Mob NO-72490

Name- Raj bajpayee
M/26 wt- 76 kg
Lohegaon- 412105
NO-7350306665

Rx,

Injection Atropine 3 mg intravenously until atropinization

Injection Paralidoxine 5-10 mg in 100 saline

Stamp

6

Pulmonary tuberculosis

Tablet Streptomycin 2 grams BID
It is the right drug of choice
But the dose to be administered is wrong
It should be given 2.5 grams DID

Tab Rifampicin 600 mg once in a month after lunch
Rifampicin is the correct drug of choice
But the doese administration is wrong
It should be given 600 mg DID

Tablet Ethambutol 500 mg BID
It is the correct drug of choice

Tablet Thiacetazone 100 mg BID
It is the correct drug of choice

Bhushan Mal
BDS, MDS, Allo
Shanti hospital
park - 44520
No - 0321 - 44

Name - Raj Karmakar
male/26 wt - 82
Lohegaon - 412105
No - 1141 - 02457

Rx,

Tab Streptomycin 250 mg DID

Tab Rifampicin 600 Mg DID

Tab Ethambutol 500 mg BID

Thiacetazone 100 mg BID

Continue the above treatment for

Stamp

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Sr. No.

6/20

of the Student Bhushan Malghare

of the Examination Additional Class IInd

ct Pharmacology Date 09/05/23

lo. 07

nts Signature "Seen No. Complaint"

DOC

Immediate post operative pain after major surg

) Inj Ibuprofen 5ml should be administered as pain resides

Paracetamol 500 mg - DID (Tablet)

Tablet combiflame 250 mg - TID

(3)

adache

racetamol - 500 mg DID

mbiflame - 250 mg TID

(3)

3. Angina Pectoris

④ Bleeding after tooth extraction

① Amoxicillin - 500 mg TID ✓

② Paracetamol - 500 mg TID

⑤ Acute Necrotizing ulcerative gingivit

Amoxicillin - 500 mg BID ✓

Combiflame - 250 mg BID

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student Sawani Ramteke

of the Examination Addibonal exam (practical) Class IInd year BDS

ct Pharmacology

o. 68 Date 8-9-23

nts Signature "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	Pharmacy Practical	30	13/14
2	Correction of wrong prescription	30	09
3	Drug of choice and dose	20	07
4	Journal (5) + Communication Skills (5)	10	
5	Total	90	30/60

prescribe, prepare and Dispense obtundant Mouth wash in 2ml phenol.

ABC

Reg no:- 11[illegible]

All of no:- 6[illegible]

Smile Dental C[illegible]

@gmail.com.

phone no:- 8625[illegible]

Date:- 8-9-22

Pr no:- 1

Mansi Dave , sex:- female , age:- 45

Weight:- 40kg , Lonegan pune

Rx.

1) Thymol	2	0
2) Camphor	1	0
3) Phenol	2	0

Mix the given homogenous mixture with properly and with or without help of tooth brush use as a mouth wash.

STA

EB

If we isolate the area & apply with cotton

OBTUNDANT MOUTH WASH.

Mansi Dave.
sex:- female
age:- 45 years
weight - 40kg
address:- Lonegan pune

Keep in dry place.

STAMP

8-9-22.

D Y PATIL DENTAL SCHOOL
Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105
Practical / Clinical Examination Answer Book
Examination

Sr. No.

the Student Sawani Ramteke
the Examination 2nd Internal additional Exam Class IInd year
Bhar Dental Pharmacology
68 Date 8/9/23
ts Signature "Seen No. Complaint"

(9)

Intestinal amoebiasis.

1) Cap chloroquine 250 mg (170 mg base)
a-2-2-2

2) Tab Mebendazole 100 mg
1 tab bid for 3 days.

Above preparation is for intestinal amoebiasis.
Cap chloroquine is used for extraintestinal uses. it can by using cap chloroquine it can affect to lungs, kidney, heart.

Tab Mebendazole is used for wound infection, so mebendazole can not use used for intestinal amoebiasis.

3) The drugs use for intestinal amebiasis. mainly thiazole, it is long acting and can be prescribed due to its great penetration.

4) Metronidazole can be prescribed drugs for intestinal amubiasis.
400 mg twice a day for a week.
Tablets can be prescribe.

ABC

All no:- 1234 r

Smile Dental clinic

lohegon, Pune.

@ gmail.com

email: @ gmail.com

phone no:- 8624074691

Date:- 8/9/23.

pr.no:- 1

Mansi Dave, sex:- female, age:- 21 year,

weight:- 50kg.

address:- karve nagar, lohegon pune.

phone:- 9172129401

Rx,

① Metrindazole :- 400 mg

1 tablet twice day for one week.

② Atenanolol 100 mg.

1 tablet twice a day for a week

Check after a week.

STAMP

8/9/23.

1) Bronchial asthma with mild hypertension.

2) Injection adrenaline 10 ml IV
3) Injection Aminophylline 6ong IV.
4) Tab Furosemide 20 mg TID.

The given prescription is for bronchial asthma and ~~of~~ injection adrenaline and injection Aminophylline is used for acute attack of bronchial asthma but it is chronic.

Drug used for bronchial asthma with mild hypertension is furosemide. But it is loop diuretic diuretics and it is short acting that therefore it cannot be used for bronchial asthma with mild hypertension.

Drug ~~is~~ Instead of furosemide, Atropine substitue like ~~bi~~ hitopracium bromide can be used because it is long acting and can penetrate easily.

1) Next drug used for this is Salbutamol as it is long acting.

5) Second drug used for this is Beclomethasone dipropionate.

ABC
Allot no:- 12
Smile Dent
Lohegan
Email :- @gm
Phone no:- 76
Date :- 8/9/2

Pr no:-2
Mansi Dave, female :- sex,
weight:- 48 ~~year~~ kg, age:- 45 years.
adress :- Karve nagar, Lohegon pune
Phone no:- 9172129401

① Titoprium Bromide (100 mg)
twice a day.

② Salbutamol (250 mg).
for twice a day for week.

③ Bechlometaxone diazo dioxide (500 mg).
once a day for week.

Check and monitor after week.

5 HT 9

STAMP
8/9/23.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

he Student Sawani Ramteke.

he Examination 2nd internal additional exam Class IInd year BDS.

pharmacology.

68 Date 8/8/23.

Signature Sawi "Seen No. Complaint"

DOC

7

aucibacillary leprosy.

~~hlorofiaxone~~ — (100mg) dapsone 100mg OD X.

~~2 twice a day for a week.~~

Rajfamprein — (50 mg)

~~twice a day for a week.~~ once a month

Angina pectoris (acute attack).

Ramprifil ~~(100mg~~ (2.5 mg) } twice a day.

or

lisinopril (5 mg)

② lavidalal. (10 mg)

twice a day. for a week.

③ Spironolactone (100mg)

twice a day for a week.

④ pottacium ~~to~~ hydrochloride (50 mg)

two time a day for a week.

③ Chloroquine sensitive falciparum malaria.

① Chloroquine (250 mg) (150 mg base) - 10.
4 tabs take immediately
2 after 6 hours and
2 after next day.

② quine:- (100 mg)
2 tablet a day.
followed by
primiquinine (100 mg)
2 time a days.

④ patient convulsing in dental chair.

Aspirin - (50 mg)
2 one a day for a week.

diazapam - (100 mg)
one a day for a week

Trigeminal neurealogia.

Tegrete - (100 mg) -
for a week.

carbomezpite - (50 mg)
twice a day for a week.

Carbatrol - (0 mg)
twice a day for a week.

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General and Dental Pharmacology

31 Date 3-11-2023

Signature Jadhav. "Seen No. Complaint"

Sr. No.	Head / Title of Experiment	Marks	Marks Obtained
1	~~Pharmacy Practical~~	~~30~~	23
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3	~~Drug of choice and dose~~	20	14
4	Journal (5) + Communication Skills (5)	10	7
5	Total	90	60/80

→ Pharmacy Practical :

Cleansing tooth paste

Dr. ABC
BDS, MDS
Reg NO : A110/123
Smile 32
Parwal Road, Pune
Ph. no : 9021768729
Email : abc@gmail
Date : 3-11-2023

Pr. Sr. No. 1.

Mrs. Riya s. Patil
House no. 321, Government colony
Kolhapur - 416202

Female 24 yrs 52 kg

Rx.

1) calcium carbonate	4	0
2) Powdered soap	0	500
3) Gum Tragacanth	0	40
4) Saccharin sodium	0	100
5) Glycerin	0	1
6) Menthol oil	0	1
7) Water	1	5

ix the above ingredients to make a homogenous aste.

lse it with or without tooth brush in the morning, at bedtime and after all meals for cleaning the tooth.

Stamp

~~ABC~~
~~3/11/2023~~

• CLEANSING TOOTH PASTE •

- external use only

Mrs. Riya S. Patil
House no-321, Government colony, ~~Pune~~ Kolhapur-416202

use with or without tooth brush in the morning, at bedtimes and after all meals for cleaning the tooth.

Stamp
XYZ.

23

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Practical / Clinical Examination Answer Book

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Sr. No.

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e of the Examination Prelims Practical Examination Class IInd Year BDS

ct General & Dental Pharmacology

No. 31 Date 3-11-2023

nts Signature Jadhav. "Seen No. Complaint"

16

A 3 year-old with gram negative infection of oral cavity & fever

The given case is of gram negative infection of oral cavity & Fever.

Instead of ciprofloxacin & Doxycyclin, this child need a suitable treatment with antibiotic such as penicillin (ie. amoxycillin), cephalosporins, co-trimoxazole because they are more safer drug due to their low T.I.

Ciprofloxacin belongs to group of fluroquinolones & it is bactericidal drug. It damages articulate cartilage and ultimately affects collagen metabolism. Further it produces tendonitis & tendon rupture. The extremes of age are more likely to suffer. So, this drug is avoided in children.

Doxycycline is semisynthetic, fast acting tetracycline derivative. This is toxic & bacteriostatic in nature. It causes chelation of ca & hence affects teeth and bones.

It causes discolouration & damage of enamel

It can make the teeth ill formed, weak fragile &

Susceptible to caries.
In addition, it has anti-anabolic effect and hence it is avoided in children.

(3) So, for the given case amoxicillin syrup (250mgls is used to overcome adverse action of doxycycline

(4) In the given prescription, they have mentioned about Aspirin which will affects liver & causes Adverse effects like Reye's syndrome.
So, Paracetamol is replaced by aspirin as an safer antipyretic

As per young's formula,

$$\text{Dose} = \frac{\text{Dose}}{\text{Age} + 12} \times \text{Adult dose}$$

$$\therefore \text{Dose of paracetamol} = \frac{2}{3+12} \times 500$$

$$\therefore \text{Dose of Paracetamol} = 100\,\text{mg tid}$$

8

Dr. ABC
BDS, MDS
Reg. No.- A1161234S
Smile 32
Porwal road, Pune
Ph.no - 9021768729
Email - abc@gmail.com
Date - 3-11-2023

.Sr. NO-2
~~Mr~~ Rama Mane
de City, Pune
emale 3yr 12kg.

℞
1) Amoxycillin syrup (250 mg/5ml)
1 ml (50 mg) syrup to be given by oral route every 8hr. i.e. 3 times a day.

2) ~~Tablet~~ Paracetamol syrup (100mg/5ml)
5ml (100mg) syrup to be given by oral route three times a day.

Stamp

2) Multibacillary leprosy (BB, BL, LL)

- Multibacillary leprosy (BB, BL, LL) is caused due to slow growing bacillus type of bacteria called mycobacterium leprae. It is very difficult to kill as it develops resistance very quickly. So, giving ~~that~~ single drug treatment is not effective. Hence, multiple drugs are preferred.

① Dapsone is primary drug (prototype) for leprosy. It is bacteriostatic drug that acts by inhibiting folate metabolism in lepra bacilli. It can be used for all types of leprosy.
But dosage form of dapsone mentioned here is wrong. It is given as:
Tab. Dapsone 100 mg
1 tab everyday for 1 month.

② cap. clofazimine is the bactericidal drug with anti-inflammatory effect. Dosage form of clofazimine prescribed here is wrong which can be given as cap. clofazimine (50 mg), 1 tab. everyday for 1 month.

clofazimine inhibits prostaglandins & Tumour necrosis factor & has additional anti-inflammatory action. So, single bolus dose of clofazimine (300 mg) = 2 prescribed for total period of 1 year. Drug to be taken once a month in a year.

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General & Dental pharmacology

31 Date 3-11-2023

Signature Jadhav. "Seen No. Complaint"

pra bacilli are slow growing bacteria which
uses multiplication about 3-4 weeks. So, Rifampicin
nce a month is sufficient for this multiplication.
ifampicin inhibits subunit of DNA dependent RNA
olymerase & cause auto induction which will further
ads to drug interacts.

Dr. ABC
BDS, MDS
Reg. No - A101/12345
Smile 32
Parwal Road, Pune
Ph. no - 9021768729
Email - abc@gmail.com
Date - 3-11-2023

Pr. Sr. No - 3
Mr. Ram Pawar
House no. 321, Government colony
Kolhapur - 416202

male 32 yr 57 kg

Rx.

① Tab. Dapsone (100 mg) - 30
1 tab. everyday for 1 month

② cap. clofazimine (50 mg) - 30
1 tab. everyday for 1 month

③ cap. clofazimine (300 mg) - 2 — single bolus dose
1 tab. once a month. It is taken once a month for whole period of 1 year.

④ Tab. Rifampicin (400 mg) - 2
1 tab. on empty stomach & ~~on~~ in next month at tommorrow with same date. Drug to be taken for total period of 1 year.

Follow up after 1 month. for check up & to modify the treatment.

Stamp
ABC

DOC

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ct General & Dental Pharmacology

lo. 31 Date 3-11-2023

nts Signature Jadhav. "Seen No. Complaint"

Drug of choice : 1½

Anaphylactic shock following penicillin injection

- Inj. Adrenaline hydrochloride (1:1000)
  Dispense one ampoule
  0.5 ml injected intravenously.

- Inj. mepyramine maleate (100 mg)
  Dispense one amporule
  1 ml to be injected intravenously

A 45 yr. old suffering from osteoarthritis

- Tab. Ibuprofen (400 mg) = 30
  1 tablet taken three times a day for 1 month

selective COX II inhi

7½

2

3) Hypertensive crisis

Injection sodium nitroprusside (50mg) (50ml)
Prepare freshly in distilled water and then add i.v drip of dextrose solution (5%)
start with 0.5 mcg/kg/min and then gradually increased upto 10 mcg/kg/min.
Keep away from children.
Do not expose to sunlight.

4) Trigeminal Neuralgia

Tab. carbamazepine (100mg) = 20
1 tab. every 8-12 hrs for 10 days.
Follow up for check up & to modify the treatment.

5) Oral candidiasis - Local treatment

Tab. miconazole (50mg) - local application
1 tab. to be applied on gums above incisors. for 14 days.

MICROBIOLOGY AND GENRAL PATHOLOGY

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
NOTICE (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 01-06-2020

This is to notify the students appearing for additional exam in Microbiology that their online theory exam will be held on 12-06-2020 at 9.30 am sharp and online practical exam will be held on 12-06-2020, 1.30 pm sharp.

Students must be present on time.

Dr Swati Joshi
HOD, Microbiology

Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
THEORY ATTENDANCE SHEET (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 12-06-2020

Sr. No.	Roll No.	Name	Sign
1.	92	Ghorsade Pranali Bandu	

Signature of HOD
Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
PRACTICAL ATTENDANCE SHEET (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 12-06-2020

Sr. No.	Roll No.	Name	Sign
1.	92	Ghorsade Pranali Bandu	PG

Signature of HOD

Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Regular Batch- Aug 2019-20)
Online Additional and Betterment II Examination (Theory)

Date: 12-06-2020
Duration: 3 hours

Total Marks: 40

Section A

Multiple Choice Questions (MCQ) — **1 X 15 = 15 marks**

16. Phage mediated transfer of gene from bacterial chromosome is known as
    a. Conjugation b. Transformation
    c. Transduction d. Transposition

17. *Bacteroides fragilis* is normal inhabitant of
    a. Intestine b. Oropharynx
    c. Skin d. Urinary Tract

18. Which of the following toxins is responsible for Nagler reaction in *Clostridium perfringens*
    a. Delta toxin b. Alpha toxin
    c. Theta toxin d. Beta toxin

19. This site is employed for growing the influenza virus for vaccine production
    a. Amniotic sac b. Yolk sac
    c. Chorio allantoic membrane d. Allantoic cavity

20. Which of the following viruses is needed as a helper virus by hepatitis D virus?
    a. Hepatitis C virus b. Hepatitis A virus
    c. Hepatitis E virus d. Hepatitis B virus

21. The culture medium used to cultivate *Candida albicans* is
    a. Sabouraud's Dextrose Agar b. Thioglycollate medium
    c. Mac Conkey's Agar d. None of the above

22. Which of the following is the continuous cell line used in diagnostic virology
    a. Human monkey kidney cell culture b. Human carcinoma of cervix cell line
    c. Human amnion cell culture d. Human embryonic lung cell strain

23. This is the first marker to appear in blood after HBV infection
    a. Anti-HBc IgM b. HBc Ag
    c. HBs Ag d. Anti-HBc IgG

24. Which of the following microbes is NOT transmitted from mother to fetus in utero
    a. HIV b. *T. pallidum*
    c. Malarial parasite d. *M. tuberculosis*

25. Which is the principle envelop spike antigen of HIV-1
    a. gp140 b. gp41
    c. gp38 d. gp120

26. The pathogenic mechanism of formation of immune complexes, which get deposited on the endothelial lining of blood vessels is seen in
    a. Serum sickness b. Contact dermatitis
    c. Atopy d. Shwartzman Reaction

27. This is the toxin responsible for tetanus
    a. Tetanolysin b. Tetanospasmin
    c. Both of the above d. None of the above

28. Which of the following species of *Plasmodium* causes most serious illness
    a. *Plasmodium vivax* b. *Plasmodium malariae*
    c. *Plasmodium ovale* d. *Plasmodium falciparum*

29. Following are the examples of anaerobic media
    a. Robertson's cooked meat medium b. Thioglycollate medium
    c. Both of the above d. None of the above

30. Which of the following antibody has affinity for surface of mast cells
    a. IgG b. IgE
    c. IgM d. IgA

Section B

SAQs — **3 x 5 = 15 marks**

1. Structure and functions of immunoglobulin which crosses placenta
2. Explain if bacterial counts are made at intervals after inoculation into a suitable liquid medium and plotted in relation to time what do you get
3. Explain standard tests for syphilis
4. Enumerate opportunistic fungi. Classify fungi based on morphology giving example of each class
5. What are viridans streptococci; discuss their role in health and disease.

Section C

LAQ — **10 marks**

Discuss pathogenic events seen in Pulmonary tuberculosis. How will you confirm the presence of pathogenic entity?

DEPARTMENT OF MICROBIOLOGY
D.Y.PATIL DENTAL SCHOOL, LOHEGAON.
SECOND YEAR B.D.S REG BATCH (2019-2020)
ADDITIONAL INTERNAL ASSESSMENT
M.C.Q. KEY Date-

M.C.Q. No	Answer	M.C.Q. No	Answer	M.C.Q. No	Answer
16	c	21	a	26	a
17	a	22	b	27	b
18	b	23	c	28	d
19	c	24	c	29	c
20	d	25	d	30	b

Sign of HOD
Department of Microbiology
Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Regular Batch - Aug 2019-20)
Online Additional Examination (Practical)

Total Marks: 35

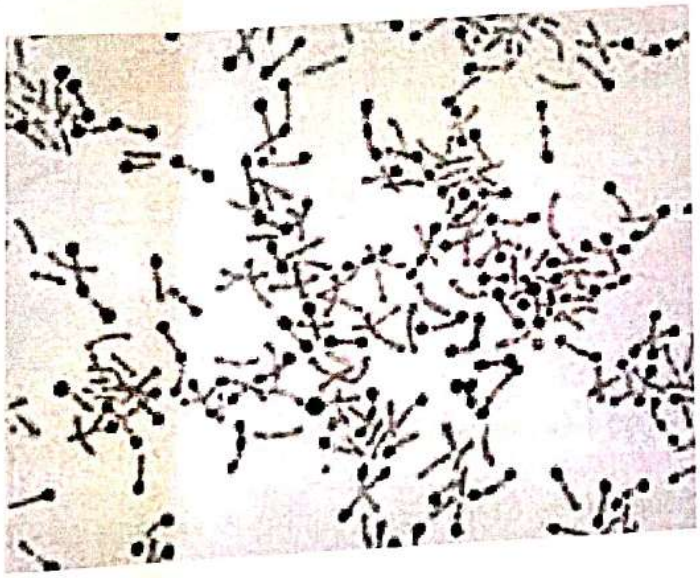
Date: 12-06-2020
Duration: 3 hours

Section A

3 X 5 = 15 marks

Spots

SPOT NO 1:



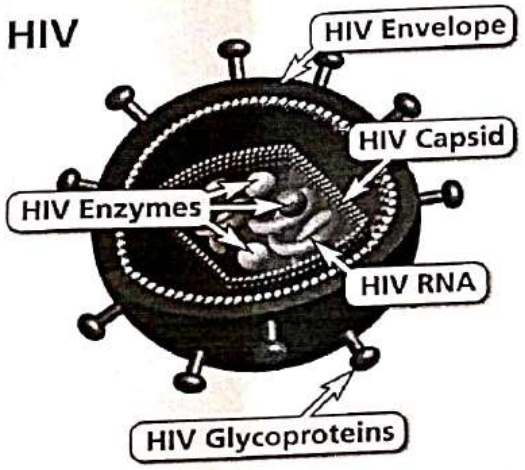
Q1. Write the genus and species of organism seen here

Q2. Name the staining method used here

Q3. Describe the morphology seen here

DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Regular Batch - Aug 2019-20)
Online Additional Examination (Practical)

Spot No 2



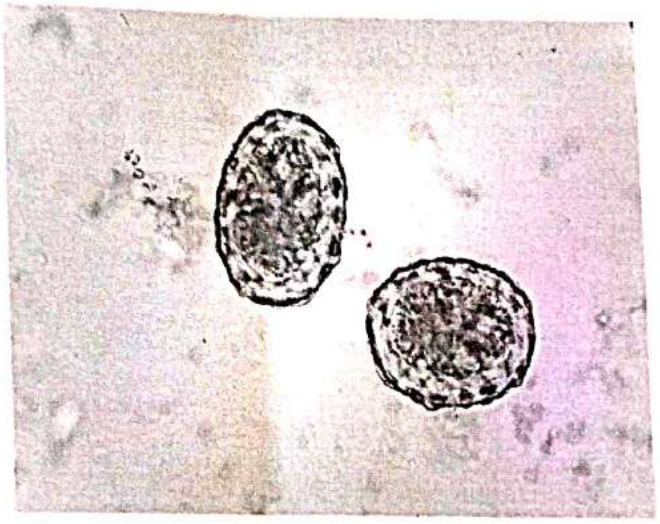
Q.1 Write full name of the disease caused by this virus

Q.2 Write names of principle Envelop and principle core antigen

Q.3 Write any 2 important opportunistic infections seen in this disease

DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Regular Batch - Aug 2019-20)
Online Additional Examination (Practical)

Spot No 3



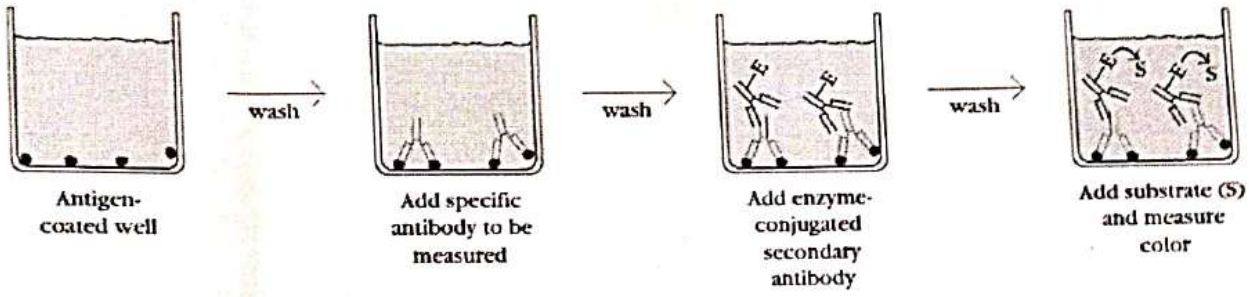
Q.1 Write full name of the parasite laying such eggs

Q.2 Write 2 important clinical manifestations of the disease

Q.3 Write 2 types of eggs laid

DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Regular Batch - Aug 2019-20)
Online Additional Examination (Practical)

Spot No 4



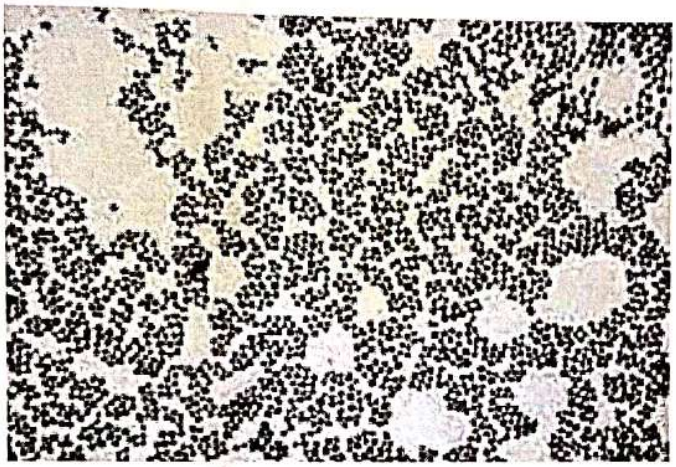
Q1. Identify the reaction (full form of the name).

Q2. Write its use.

Q3. Write the example of the enzymes used to tag Ag/Ab

DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Regular Batch - Aug 2019-20)
Online Additional Examination (Practical)

Spot No 5



Q1. Identify the organism and staining method seen here

Q2. Describe the morphology in detail seen here

Q3. Write names of at least 2 species in this genus

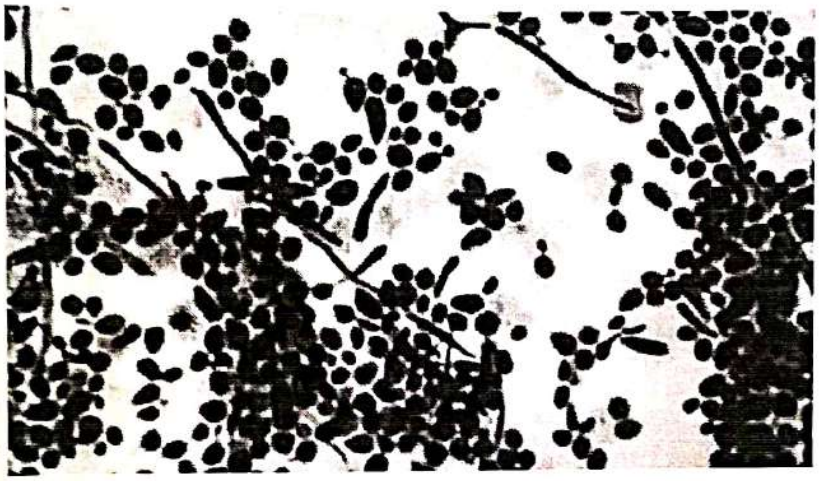
DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Regular Batch - Aug 2019-20)
Online Additional Examination (Practical)

Section B

Staining

(20 marks)

Exercise Aim : Performing Gram's staining on the given slide



Observe the above given slide and answer the following questions. Numbers in the bracket indicate marks allotted.

Q.1 Draw a neat labeled diagram of the seen slide. (3)

Q.2 Name the type of the staining method seen in above picture. (1)

Q.3 Write the principle of this staining method. (2)

Q.4 Write the procedure of this staining method with the stains and chemicals used in it. (3)

Q.5 Name the mordant used here and write its role. (2)

Q.6 Name the organism seen in the slide (full form). Describe the morphology of the organism seen here. (3)

Q.7 Write any four diseases caused by this organism. (2)

Q.8 Enumerate the virulence factor of this organism. (1)

Q.9 Write the confirmatory test used for identification of this organism. (1)

Q.10 Write the name and type of the medium used to cultivate this organism. (2)

Name: Pranali Bandu Ghorsade
Roll No: 92 Year: IIyr. Bds
Subject: Microbiology
Exam: Addition practical exam.

Section A.

Q1: Spots:

1] C. diphtheriae causes diphtheria.

2] Albert staining method is used.

3] Morphology - thin, slender, Gram positive bacilli
Measures: 3-6 µm x 0.6 - 0.8 µm. club-shaped bacilli look green and meta chromatic granules appear bluish black.

2] Spot No. 2

→ 1] Human Immunodeficiency virus (HIV) causes AIDS → acquired immunity deficiency syndrome.

2] Envelope glycoprotein spike (gp20) & gp41

3] Opportunistic infections.
I. Bacterial → M. avium complex
II virals → CMV, Herpes simplex
III. Mycotic → pneumocysts jiroveci pneumonia
IV Parasitic → Toxoplasmosis.
V. malignancies → kaposi's sarcoma.

Spot No: 3

→ 1] Parasite – Entamoeba histolytica.

→ 2] Clinical manifestatn –
i] Intestinal amoebiasis iii] Extraintestinal amoeb
ii] Hepatic amoebiasis.

→ 3] eggs laid: fertilised
unfertilised

Spot NO: 4

1] ELISA

2]. To detect ~~of~~ of HIV antibody in serum
· for detection of rotavirus antigen in serum / faeces.
· ~~obio~~.

Kanali Ghorsade
Roll no : 92
Practical : micro biology

5) Spot No 5

→ 1] Methylene Blue stained of cocci

2] morphology – aerobic streptococci, obligat anerobes, facultative anaerobes. α Haemolytic streptococci, (β) Beta streptococci, (γ) Gamma or non Haemolytic ~~Strep~~ streptococci.

3] streptococci and streptococcus pyogens.

Tranali Ghorsade
Roll no: 92

Practical: Micro-biology

4

Section. B

1)



2) KOH staining & Lactophenol cotton blue staining (LPCB)

3) KOH preparation - dissolves keratin & cellular material but not affect fungi and make visualisation of fungal elements ~~etc~~.
KOH → 10-20%, a drop.

b] Lactophenol cotton blue (LPCB) staining:
used to stain fungal elements in cultures grow on medium stains fungal elements and spores blue in colour.

4)

5) mordant used is tannic acid -
- It is fixative mordant
- helps to improve the ultrastructural appearance of candida albicans blastospores

6) Candidia is albicans -
morphology : Canolidia albicans is an ovoid or spherical budding yeast cell, 3-5 µm in diameter,

7) diseases caused by candidias albicans -
Lesions - oral thrush, vulvovaginitis
Skin Infections
Systemic candidias - Endocarditis, septicaemia
Oral manifestation - Angular stomatitis

8) candida albicans is a producer of extracellular hydrolytic enzymes, among them lipases, phospholipases and secreted aspartyl proteinases (saps) are most significant

9) direct microscopy - Icon staining test gives Gram positive yeast cells.

10) culture media : blood agar, potato dextrose Agar or broth (PDB), Sabouraud Dextrose Agar (SDA) or broth (SDB)

Name : Pranali Ahorsaale.

Roll No : 92

Subject : Microbiology

Exam : Additional Exam :

Section A.

16) a

17) a

18) b

19) b

20) d

21) b

22) a

23) c

24) b

25) d

26) b

27) b

28) d

29) c

30) a

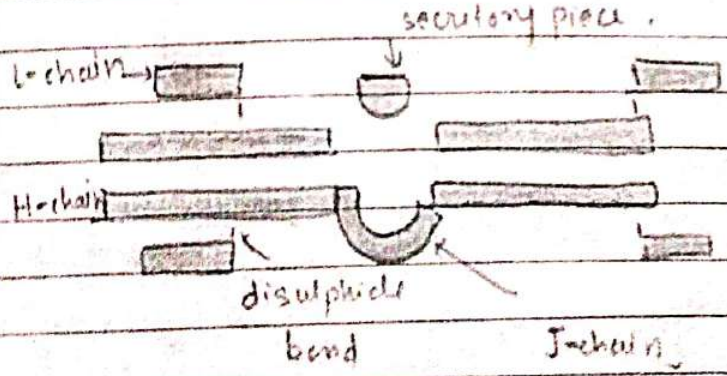
Q2. Immunoglobulin A (IgA)

- 10-13% of serum immunoglobulins.
- normal serum concentration - 0.6 - 4.2 mg/ml
- Half life is about 6-8 days.
- forms : Serum IgA
  Secretory IgA
- Molecular weight - 160,000

• Secretory IgA contains another polypeptide called the secretory piece or secretory component. The S piece is believed to protect IgA from denaturation by bacterial proteases in sites such as the intestinal mucosa which is rich in bacterial flora.

• IgA is the principle immunoglobulin present in secretions as milk, saliva, tears, sweat, nasal fluids, colostrum etc. It protects the mucous membranes against microorganisms

• IgA is mainly synthesized locally by plasma cells and little is derived from serum.



b) Immunoglobulin M (IgM)

- IgM is a pentamer consisting of 5 immunoglobulin subunits and one molecule of J chains, which joins the F_c region of the basic subunits.
- Serum immunoglobulins - 5-8%.
  normal level - 0.5 - 2mg/ml
- Half life is about five days.

- Molecular weight - 90,000 - 1,000,000 (millionaire molecule)
- IgM is mainly distributed intravascularly (80%)
- It is the earliest synthesized immunoglobulin by fetus.
- It appears early in response to infection before IgG.
  IgM antibodies are short lived, & disappear earlier than IgG.

2

Pranali Ghorpade
Roll No. 92
Microbiology.

3] Standard test for syphilis

A] demonstration of Treponemes :

1. Dark ground microscopy
2. Direct fluorescent antibody staining for T. pallidum (DFA-TP)
3. Treponemes in tissue.
   i) Silver impregnation method
   ii] Immunofluorescence staining

B] Serological tests

i] Non treponmal tests - VDRL
- RPR

ii] Trepo nemal tests - FTA, FTA-ABS (using killed T. pallidum)
- TPHA, (using T. pallidum extract)
- TPI test (using live T. pallidum)

4] Opportunistic Mycoses.

1) Candidiasis
2) Aspergillosis
3) Mucormycosis

Classification based on morphology

1) Yeasts - Candida
2) Yeast like fungi -
3) moulds -
4) dimorphic fungi eg. ~~Schenckii~~. Sporothrix schenckii

5) Viridans streptococci
- α - haemolysis on blood agar.
- Viridans because of greenish discolouration (α - haemolysis) on blood agar.
- Commensal of mouth and upper respiratory tract.
Str. viridans includes str. mitis group, st. anginosus and str. bovis group.
- Stri. milleri & f. streptococci are now included in str. anginosus group.
posses Lancefield group A, C, F, G or none at all.
- They are non pathogenic but on occasion causes disease.
- Viridans streptococci ~~are~~ causes dental caries and subacute bacterial endocarditis.
- dental caries → str. mutans.
- str. mitis → urogenital & gastrointestinal tract, causing endocarditis, congenital heart disease and cardiac surgery.

Pranali ...
Roll 92

Microbiology

(6)

Q3. LAQ

pathogenesis of tuberculosis :
- It involves lungs or sites other than lungs (extra pulmonary).
- caused by inhalation of infected droplets coughed or sneezed into the air by a patient with pulmonary tuberculosis

- bovin tuberculosis :
Infected cows develop lesions in the ~~und~~ under & bacilli are excreted in the milk which can then infect people who drink it raw.
pasteurisation of milk has virtually eradicated this organism
- tubercle bacilli are engulfed by macrophages but they survive and multiply in macrophages. The lyse the host cell, infect other macrophages & sometimes disseminated to other parts of lung & lungs & ~~else~~ elsewhere in the body. The cell mediated immunity (CMI) plays a major role to interact with these macrophages whereas humoral immunity appears to be irrelevant, cout helper T cells secrete interferon gamma, interleukin 2, toxic necrosis factor α and other exerting different biological effects.
- It may result in protective immunity or delayed type hypersensitivity (DTH) reaction.
- Th-1 dependent cytokinesis activate ~~a~~ macrophages to kill intracellular ~~mycobac~~ mycobacteria and thus result in protective immunity.
- Th-2 cytokines induce delayed type hypersentivity (DTH), tissue destruction & progressive disease.

DEPARTMENT OF MICROBIOLOGY
D.Y. PATIL DENTAL SCHOOL, LOHEGAON.
SECOND YEAR B.D.S REG BATCH (2019-2020)
ADDITIONAL INTERNAL ASSESSMENT

THEORY MARKS RECORD

Date- 14-06-2020

Roll No	Name	Theory Micro (30)
92	Ghorsade Pranali Bandu	13

PRACTICAL MARKS RECORD

Roll No	Name	Micro Staining (20)	Micro Journal & Comm Skills (5)	Spots Micro (10)	Total Practical Micro (27)
92	Ghorsade Pranali Bandu	13		10	23

Signature of HOD
Department of Microbiology
Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
NOTICE (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 09-09-2021

This is to notify the students appearing for additional exam in Microbiology that their practical exam will be held on 20-09-2021 at 9.30 am sharp and theory exam will be held on 20-09-2021, 1.30 am sharp.

Students must be present on time.

Swati

Dr Swati Joshi
HOD, Microbiology

Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
NOTICE (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

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Dr Swati Joshi
HOD, Microbiology

Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Summer 2021) Additional Examination

Total Marks: 25

Date: 20-09-2021
Duration: 3 hours

Section A

1 X 5 = 5 marks

Multiple Choice Questions (MCQ)

6. The 'drumstick' appearance of the cells is characteristic of
   a. Clostridium perfringens
   b. Clostridium tetani
   c. Clostridium botulinum
   d. None of the above

7. Passive immunisation in the form immunoglobulins is preferred against
   a. Tetanus
   b. Hepatitis B
   c. Both of the above
   d. None of the above

8. Orthodontic discs are sterilized by
   a. Autoclave
   b. Boiling
   c. Hot Air Oven
   d. Koch steam sterilizer

9. Bacillus Calmette-Guerin vaccine is a
   a. Subunit vaccine
   b. Recombinant vaccine
   c. Killed vaccine
   d. Live attenuated vaccine

10. Delayed type of hypersensitivity reaction is seen in
    a. Arthus reaction
    b. Atopy
    c. Tuberculin reaction
    d. Prausnitz-Kustner reaction

Section B

3 X 4 = 12 marks

Short Answer Question (SAQ)

Discuss briefly

1. Laboratory diagnosis and prophylaxis of Diphtheria.
2. Enlist four pathogens causing oral infections and their clinical manifestation.
3. Prevention of Hepatitis B infection.
4. Oral Thrush.

Section C

8 marks

Long Answer Question (LAQ)

Enumerate Spirochaetes. Discuss clinical manifestations of venereal syphilis. Discuss standard tests for syphilis

DEPT OF MICROBIOLOGY, DYPDS, Charholi, Lohegaon, Pune
II BDS (Summer 2021) Additional Examination

Date: 20-09-2021
Duration: 3 hours

Total Marks: 25

Section A

Multiple Choice Questions (MCQ) **1 X 5 = 5 marks**

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   a. *Clostridium perfringens*
   b. *Clostridium tetani*
   c. *Clostridium botulinum*
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9. Bacillus Calmette-Guerine vaccine is a
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   b. Atopy
   c. Tuberculin reaction
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Section B

Short Answer Question (SAQ) **3 X 4 = 12 marks**

Discuss briefly

1. Laboratory diagnosis and prophylaxis of Diphtheria.
2. Enlist four pathogens causing oral infections and their clinical manifestation.
3. Prevention of Hepatitis B infection.
4. Oral Thrush.

Section C

Long Answer Question (LAQ) **8 marks**

Enumerate Spirochaetes. Discuss clinical manifestations of venereal syphilis. Discuss standard tests for syphilis

DEPARTMENT OF MICROBIOLOGY
D.Y.PATIL DENTAL SCHOOL, LOHEGAON.
SECOND YEAR B.D.S REG BATCH (2020-2021)
ADDITIONAL INTERNAL ASSESSMENT
M.C.Q. KEY Date- 20-9-2021

M.C.Q. No	Answer
6	b
7	c
8	a
9	d
10	c

Swati

Sign of HOD
Department of Microbiology
Dr Swati Joshi
Reader Dept of Microbiology

D. Y. Patil Dental School
Department of Microbiology
Additional Examination – SPOTS (Summer 2021)
20/09/2021

Key for spots.

Spot No.6 **Autoclave (chart)**

Q1. Identify the instrument
Ans: Autoclave
Q2. Mention its working condition
Ans. 121 degrees Celsius, 15lbs, 15-20min

Spot No. 7 **Sterile Blood Agar plate**

Q1. Identify the medium and mention its type.
Ans. – Blood Agar; Enriched medium
Q2. Name the important ingredient and its percentage
Ans. – 5% Sheep Blood agar

Spot no.8 ***Candida albicans***

Q1. Name the pathogenic species seen in the slide and describe its morphology –
Ans. – *C. albicans*
Q2. Name the culture medium used to grow this organism –
Ans. - Sabouraud's Dextrose Agar

Spot no. 9 **Nagler's Reaction (chart)**

Q1. Identify and Write principle of this test.
Ans. – Breakdown of lipoprotein complex leads to opalescence surrounding colonies
Q2.Name the enzyme and the organism detected using this test.
Ans. – Lecithinase

Spot no. 10 ***Malaria gametocytes (chart)***

Q1. Identify the stage and staining method seen here
Ans. – *Gametocytes*
Q2. Name the genus and species where this stage is seen
Ans. – *Plasmodium falciparum*

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

m 1/5

p (3/5)

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do Not Fold The Answer Sheet.

WRONG	RIGHT
Ⓧ Ⓑ Ⓒ ●	Ⓐ Ⓑ ● Ⓓ

SEAT NO. IN WORDS	84 (eighty four)
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	Microbiology & General pathology.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	8	4
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	●
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	●	8
9	9	9	9	9
●	●	●	0	0

QUESTION BOOKLET VERSION NO.

A	Ⓐ	1	1	1
B	Ⓑ	2	2	2
D	Ⓓ	3	3	3
G	Ⓖ	4	4	4
M	Ⓜ	5	5	5
N	Ⓝ	6	6	6
P	Ⓟ	7	7	7
S	Ⓢ	8	8	8
U	Ⓤ	9	9	9
		0	0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

ne of the Student Saurabh S. Ghogare

ne of the Examination Additional Examination Class 2nd B.D.S

ject Microbiology

No. 84 Date 20/09/2021

Pledge

re declare that I have gone ugh the instruction given ve & pledge to abide by them.

S. S. Ghogare

Signature of Candidate

Pan

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / ction	1	2	3	4	5	6	7	8	9	10	Total
rks obtained in Section A											1
rks obtained in Section B	0.5	0.5	0.5	0.5							2
rks obtained in Section C											0
nd Total											3

een & No. Complaint

tudent's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ's

6) Laboratory diagnosis & prophylaxis of Diptheria.

→ → A ferious infection is of a nose & throat that's easily preventable By a ~~injection~~ Vaccine.

Symptoms :- ○ Sore throat
○ Fever
○ Swollen lymph Nodes.

- Diptheria is caused By Bacteria Adhering to the lining of the respiratory System.
- These Bacteria generate toxin.
- Medications :- AntiBiotics.

- Diagnosis of diptheria is confirmed By Culture of the organism from the Specimen.

Enlist four pathogens causing oral infections & Clinical Manifestation.

→ The Majority of oral Health Conditions are:

- dental caries
- periodontal disease
- oral cancers
- oral Manifestation of HIV-disease.

½

3) prevention of Hepatitis B infection.

—→

- In Addition to Vaccines, there are other Simple ways to prevent Hepatitis B.
- ~~Eat~~ wash your Hands with Soap & Handwash after any potential exposure to blood.
- Use Condoms with the Sexual partners
- Eat a Healthy diet full of fruits & Vegetables, exercise regularly By these you can Be prevent Naturally Hepatitis B.

Oral thrush.

→ It is Also Known as oral Candidiasis

→ An infection in which the fungus Candida Albicans Accumulates in the Mouth.

- It's common in Babies.
- people with immune deficiency
- those who use Sprays for Asthma.
- oral thrush Causes White lesion on the tongue or inner Cheeks.
-
- Paroex oral Rinse is the Best Mouth Wash for oral thrush.

L-Af,

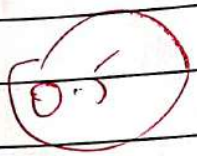
→ Enumerate Spirochaetes.

— It is a Spiral Shaped Bacteria.

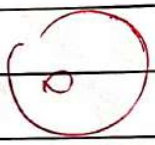
- Leptospheca.
- Spirillum.

— This Cause Axial filamentous disease.

Spot 1 The given spot is L-Shaped Metal Latch



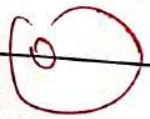
Spot 2 The given spot is



Spot 3 Ethanol is used in Histopathology for the decolourisation of Acid & Helps the ~~Slip~~ Smear / Slide to View clearly.



Spot 4 It is used in Histopathology to differentiate & Sterilization of the tissue.



Spot 5



6 The given instrument is Autoclave ✓
Working Condition : At temperature 121°C (1½)

7 ✗

8 Staphylococcus Aureus. ✗

9 ✗

✗

10

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Internal Assessment Examination

m 2/5

212

P 1/5

SECTION A

Sr. No.

PORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG: (X) (B) (C) ●

RIGHT: (A) (B) ● (D)

SEAT NO. IN WORDS	Eighty five
QUESTION BOOKLET ERSION NO. IN WORDS	
AME OF EXAMINATION	Additional examination - (first internal)
SUBJECT	General pathology & Microbiology.
PAPER	

NSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER: 0 0 0 8 5

QUESTION BOOKLET VERSION NO.

A	(A)	(1)	(1)	(1)
B	(B)	(2)	(2)	(2)
D	(D)	(3)	(3)	(3)
G	(G)	(4)	(4)	(4)
M	(M)	(5)	(5)	(5)
N	(N)	(6)	(6)	(6)
P	(P)	(7)	(7)	(7)
S	(S)	(8)	(8)	(8)
U	(U)	(9)	(9)	(9)
		(0)	(0)	(0)

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	●	(B)	(C)	(D)	11	(A)	(B)	(C)	(D)	21	(A)	(B)	(C)	(D)
2	(A)	(B)	●	(D)	12	(A)	(B)	(C)	(D)	22	(A)	(B)	(C)	(D)
3	●	(B)	(C)	(D)	13	(A)	(B)	(C)	(D)	23	(A)	(B)	(C)	(D)
4	(A)	●	(C)	(D)	14	(A)	(B)	(C)	(D)	24	(A)	(B)	(C)	(D)
5	●	(B)	(C)	(D)	15	(A)	(B)	(C)	(D)	25	(A)	(B)	(C)	(D)
6	(A)	●	(C)	(D)	16	(A)	(B)	(C)	(D)	26	(A)	(B)	(C)	(D)
7	(A)	●	(C)	(D)	17	(A)	(B)	(C)	(D)	27	(A)	(B)	(C)	(D)
8	(A)	(B)	●	(D)	18	(A)	(B)	(C)	(D)	28	(A)	(B)	(C)	(D)
9	(A)	(B)	(C)	●	19	(A)	(B)	(C)	(D)	29	(A)	(B)	(C)	(D)
10	●	(B)	(C)	(D)	20	(A)	(B)	(C)	(D)	30	(A)	(B)	(C)	(D)

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

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TO BE FILLED BY THE STUDENT

me of the Student Prajakta Pawar

me of the Examination Additional examination Class II BDS summer21

bject Microbiology.

ll No. 85 Date 20/9/21

Pledge

here declare that I have gone rough the instruction given ove & pledge to abide by them.

Prajakta

Signature of Candidate

Pawar

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
Section											
Marks obtained in Section A											3
Marks obtained in Section B	0.5	1	0.5	0.5							2.5
Marks obtained in Section C											0.5
Grand Total											6

Seen & No. Complaint

Student's Signature

Swaty

Name & Signature of Subject Teacher

Swaty

Name & Signature of IC / H.O.D.

D Y PATIL DENTAL SCHOOL

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Internal Assessment Examination

SECTION B & C

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TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
Section											3
Section A			0.5	0.5							2.5
											0.5

1.] Diptheria.

caused by corynebacterium diptheriae

Laboratory diagnosis -
- Agglutination test
- Culture media is used

2] Four pathogens causing oral infection -

(i) Candida albicans - oral thrush.

(ii) Streptococcus pyogenes/mutans - Dental caries

(iii) Actinomycetes -

(iv)

3. Prevention of Hepatitis B infection. 1/2

- Vaccination is given to infants
- Drink clean water.
-

4. Oral Thrush.

- Caused by Candida albicans. 1/2
- White patches inside mouth.
- Carbuncle is present.
- Ulcers.

Spirochaetes.

→ Spirochaeta

→ ~~tepon~~ ~~tempanema~~ teponema.

→

→

Clinical manifistation veneral syphillis -

test for syphillis - ELISA

Spot 1 Leukhard's mould - L-mould.

Uses :- It is used for :

1

Spot - 2 : Automatic tissue processor.
used to compartmentalize tissue for processing.

2

Spot - 3 : It is used as decolorizer in staining.

3

Spot 4: It is used in staining as ~~a decolouriser~~.

0

Spot 5: Wax block.

uses :- ~~It is~~ used for

1

Spot 6:

Identification - autoclave.

Working condition :- 121°C steam is used. 1/2

- It is used to steralize

Spot 7: Blood agar. 1

Important ingridient - Blood.

Spot 8:

~~Streptococcus~~ Staphylococcus Aureus.

morphology :- gram positive bacteria

- clusters / grape like arrange of cocci

culture medium :-

0

Spot 9: Immunofluorescence test -

0

spot 10;

Acid fast staining.

1

Plasmodium.

1

1/2

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
THEORY ATTENDANCE SHEET (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 20-09-2021

Sr. No.	Roll No.	Name	Sign
1	84	Saurabh Ghogare	S.S. Ghogare
2	85	Prajakta Pawar	Prajakta

Signature of HOD
Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
PRACTICAL ATTENDANCE SHEET (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 20-09-2021

Sr. No.	Roll No.	Name	Sign
1	84	Saurabh Ghogare	Sr S. Ghogare
2	85	Prajakta Pawar	Prajakta

Signature of HOD

Dr Swati Joshi
Reader Dept of Microbiology

DEPARTMENT OF MICROBIOLOGY
D.Y. PATIL DENTAL SCHOOL, LOHEGAON.
SECOND YEAR B.D.S REG BATCH (2020-2021)
ADDITIONAL INTERNAL ASSESSMENT

THEORY MARKS RECORD

Date- 23-09-2021

Roll No	Name	Viva and Theory Micro (30)
84	Saurabh Ghogare	4
85	Prajakta Pawar	6.5

PRACTICAL MARKS RECORD

Roll No	Name	Micro Staining (12)	Micro Journal & Comm Skills (5)	Spots Micro (10)	Total Practical Micro (27)
84	Saurabh Ghogare	8	2	1.5	11.5
85	Prajakta Pawar	7	2	3	12

Signature of HOD
Department of Microbiology

Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
NOTICE (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 10-11-2022

This is to notify the students appearing for additional exam in Microbiology that their practical exam will be held on 28-11-2022 at 9.30 am sharp and theory exam will be held on 01-12-2022, 9.30 am sharp.

Students must be present on time.

Swati

Dr Swati Joshi
HOD, Microbiology
Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
THEORY ATTENDANCE SHEET (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 01-12-2022

Sr. No.	Roll No.	Name	Sign
1	86	Sayali Chowdhar	

Signature of HOD
Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
PRACTICAL ATTENDANCE SHEET (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 28-11-2022

Sr. No.	Roll No.	Name	Sign
1	86	Sayali Chowdhar	Sayali

Signature of HOD
Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY
DY Patil Dental School, Charholi, Lohegaon, Pune
II BDS (Regular Batch - 2022): Additional Exam

Date: 01-12-2022 **Total Marks: 25**
Duration: 10 am to 1 pm
Instructions:

i. All questions are compulsory
ii. The numbers on the right indicates full marks
iii. Draw neat diagrams wherever necessary

Section A

Multiple Choice Questions (MCQ) **1 X 5 = 5 marks**

6. The bacterial genome consists of a single molecule of
a. ds DNA circular
b. ds DNA linear
c. ss DNA circular
d. ss DNA linear

7. The immunity induced by live, killed or subunit vaccines is the example of
a. Natural Active Immunity
b. Artificialactive Immunity
c. Natural Passive Immunity
d. ArtificialPassive Immunity

8. Cotton swab is sterilized by this method...
a. Autoclave
b. Inspissator
c. Incinerator
d. Hot Air Oven

9. Following is an example of anaerobic culture medium
a. TCBS medium
b. SDA medium
c. Robertson's Cooked Meat Broth
d. Selenite F broth

10. The structure involved in attachment of bacteria to host cell surfaces is
a. Flagella
b. Capsule
c. Pili
d. All of the above

Section B

Short Answer Question (SAQ) **3 X 4 = 12 marks**

Discuss briefly
1. Structure and functions of IgG
2. Methods of gene transfer amongst bacteria
3. Bacterial growth curve
4. Cell wall of bacteria

Section C

Long Answer Question (LAQ) **8 marks**

i. Define sterilization and Disinfection
ii. Discuss moist heat sterilization with following points
   a. Temperature below 100°C
   b. Temperature at 100°C
   c. Temperature above 100°C

DEPARTMENT OF MICROBIOLOGY
D.Y.PATIL DENTAL SCHOOL, LOHEGAON.
SECOND YEAR B.D.S REG BATCH (2021-2022)
ADDITIONAL INTERNAL ASSESSMENT
M.C.Q. KEY

Date- 01-12-2022

M.C.Q. No	Answer
6	a
7	b
8	d
9	c
10	c

Sign of HOD
Department of Microbiology

Dr Swati Joshi
Reader Dept of Microbiology

D. Y. Patil Dental School
Department of Microbiology
Additional and Betterment II Examination – SPOTS (II BDS Winter 2021)
~~03/01/2022~~
28/1/2022
Key for spots.

Spot No.6 **VDRL Tile (Chart)**

Q1. Write the full form of the test performed using this device and name of the disease
Ans. – Venereal Disease Research Laboratory Test, Syphilis
Q2. Name the antigen (all three components) used in this test and name of causative agent.
Ans. – Cardiolipin, Lecithin, Cholesterol antigen, *Treponema pallidum*

Spot No. 7 **Slide GPC**

Q1. Describe the morphology of the organism seen here and the probable organism
Ans: GPC in cluster /short chain etc, *Staphylococcus aureus.*
Q2. Identify the staining method and write the name of mordant used here.
Ans. – Grams staining, Gram's Iodine,

Spot no.8 ***Entamoeba histolytica* (Chart)**

Q1. Identify the pathogen (Genus and species) and describe morphology seen here.
Ans. – *Entamoeba histolytica, Trophozoite and cyst*
Q2. Name the clinical condition caused and clinical specimen used for its diagnosis.
Ans. – Dysentery, stool sample

Spot no. 9 **RCM**

Q1. Identify the Medium (Full form), name two organisms cultured in it
Ans. –Robertson's cooked Meat medium, *Clostridium perfringens* and *Clostridium tetani*
Q2. Write its method of sterilization with time and temperature specifications
Ans. – Autoclave, 121 degrees Celsius for 20 mins

Spot no. 10 **Hepatitis B virus Chart**

Q1. Identify the organism. Write the names of important antigens
Ans. – Hepatitis B virus, HBs, HBc, HBe
Q2.Type of nuclear material present in this organism and clinical conditions caused by it.
Ans. –dsDNA, Hepatitis, Liver cirrhosis etc.

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Internal Assessment Examination

SECTION A

Sr. No.

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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Eighty - Six
QUESTION BOOKLET VERSION NO. IN WORDS	-
NAME OF EXAMINATION	Additional Internal Exam.
SUBJECT	General Pathology & Microbiology.
PAPER	-

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	●
7	7	7	7	7
8	8	8	●	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

	1	1	1
A	2	2	2
B	3	3	3
D	4	4	4
G	5	5	5
M	6	6	6
N	7	7	7
P	8	8	8
S	9	9	9
U	0	0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	Ⓐ	Ⓑ	●	Ⓓ	11	Ⓐ	Ⓑ	Ⓒ	Ⓓ	21	Ⓐ	Ⓑ	Ⓒ	Ⓓ
2	Ⓐ	Ⓑ	●	Ⓓ	12	Ⓐ	Ⓑ	Ⓒ	Ⓓ	22	Ⓐ	Ⓑ	Ⓒ	Ⓓ
3	Ⓐ	Ⓑ	●	Ⓓ	13	Ⓐ	Ⓑ	Ⓒ	Ⓓ	23	Ⓐ	Ⓑ	Ⓒ	Ⓓ
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6	Ⓐ	Ⓑ	Ⓒ	●	16	Ⓐ	Ⓑ	Ⓒ	Ⓓ	26	Ⓐ	Ⓑ	Ⓒ	Ⓓ
7	Ⓐ	Ⓑ	Ⓒ	●	17	Ⓐ	Ⓑ	Ⓒ	Ⓓ	27	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8	●	Ⓑ	Ⓒ	Ⓓ	18	Ⓐ	Ⓑ	Ⓒ	Ⓓ	28	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9	Ⓐ	●	Ⓒ	Ⓓ	19	Ⓐ	Ⓑ	Ⓒ	Ⓓ	29	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10	Ⓐ	Ⓑ	Ⓒ	●	20	Ⓐ	Ⓑ	Ⓒ	Ⓓ	30	Ⓐ	Ⓑ	Ⓒ	Ⓓ

Seen and No Complaint

Candidate's Signature

(2)

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

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TO BE FILLED BY THE STUDENT

e of the Student Sayali Appa Choudhar.

ıe of the Examination Additional Internal Exam Class II BDS.

ect Microbiology.

No. Eighty - Six Date 1-12-22.

Pledge

ere declare that I have gone ɔugh the instruction given ɔve & pledge to abide by them.

Sayali.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											0
Marks obtained in Section B	0	0.5	1	1.5							3
Marks obtained in Section C											3.5
Grand Total											6.5/25

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - B:

(1)

Immunoglobulin - G.

RNA DNA.

Bacterial genome — Mutation & Cellular Adr Transfer.

~~Bacteria~~

Transduction ⇒

method of transmission of Gene.

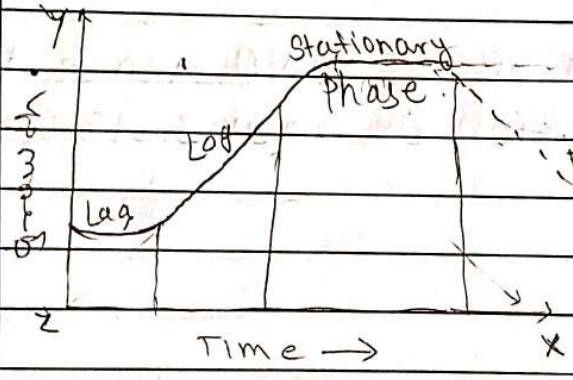
- transmission of portion of DNA from one to another DNA by bacteriophage. is called Transduction.

Mutation ⇒

- Modification of DNA gene. while cell division ~~Or trans~~ is called mutation

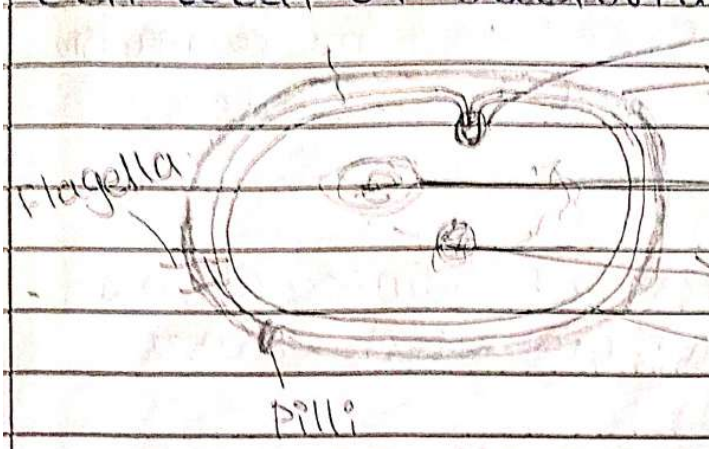
(3)

Bacterial growth Curve -
When bacteria incubated in ~~selective~~ suitable medium & incubated its growth occurs in definite progress. This growth of bacteria is different in bacteria and time dependent.
- The growth curve which formed with time relation is called ~~growth~~ bacterial growth Curve.



It is ~~a~~ 3 phases curve -
(1) lag phase
~~(2) Growth~~
(2) Log Phase.
(3) Stationary phase.
(4) Phase of decline.

Cell wall of bacteria -



+5

- Cell wall is tough & rigid structure.
- It surrounds the bacteria like shell.
- Size of cell wall is 10 nm - 20 ~~μm~~ nm.
- Cell wall absent in mycoplasm bacteria.
- Cell wall made up of mucopeptide or peptidoglycam
- different in Gram +ve bacteria & Gram -ve bacteria.
- In Gram +ve bacteria - Thicker cell wall
- In Gram -ve bacteria - Thinner cell wall.
- Outer membrane & Inner membrane present
- In outer mem layer - Lipopsaccharides & Lipoprotein layer.

Functions of cellwall -

1. Shape & rigidity provides to cell.
2. It gives mechanical Strength.
3. It ~~takes~~ plays major role in cell divisio
4. It gives protection & virulence to cel
5. Provides site of attachment

Section - C.

- Sterilization -

It is process of which article or instruments freed from micro organism in both vegetative and spore state.

Disinfection -

Process of disintegration of Pathogenic organisms which causes infections.

- Sterilization by 2 methods -
  1. Physical Method
  2. Chemical Method -

- physical method ⇒
  - Sunlight
  - ~~Heat~~ Drying
  - Heat — Dry heat / Moist heat
  - Autoclave & Hot air oven.
  - ozone ~~layer~~
  - Radiation
  - Filtration.

- chemical method ⇒
  - Phenols
  - Ethanols
  - ~~##~~ Acidic & Alkaline medium
  - Dyes.
  - Heavy metal oxides.

- Heat method is used to Sterlize the material which do not damage ~~by~~

by Heat.
- Two types of heat method -
(A) Dry heat.
(B) Moist heat.

Dry heat ⇒
Preferred to glass swab, ~~syringes~~, test tubes, Flasks, Powders, Jelly etc.
- Less effective than moist heat.
Dry heat Causes Sterilization by -
- ① Oxidative damage
② Protein degeneration.

Moist heat ⇒
It is more effective than dry heat.
Preffered to glass Syringes, Culture media, Coat, apron, Surgical instruments, serum.
Causes Sterilization by -
- Protein degeneration.
- Coagulation of protein.
It has 3 phases -
based on temperature.

①	②	③
Temperature below 100°C	Temperature at 100°C	Temperature above 100°C
- Milk.	- Surgical instruments	- microbes

- Temperature below 100°C -
① For milk - pasturization of milk done by this method.
Temperature - 65°C for 30 minutes.

② Serum/body Fluids - by water bath.
temp - 72°C for 15 min.

Temperature at 100°C -
- Sterilization by steam for 30 min.
For Scissors, Scalpal, Syringes.
- Tyandilization.

Temperature above 100°C -
- Sterilization by temp. above 100°C
~~for - form Heavy metals elect solytes.~~
~~Formation of layer on instruments.~~
~~(that are vegeta not avail provide site.~~
~~for infectious bad microorganisms.~~
~~Hear~~
Mostly used method.

① Gram stain~~ing~~. 0

② 0

③ special stain - ~~PAS~~.

used in - SI

1/2

D by PATIL GROUP

0

- ~~First~~ Eosinophils.

Conditions - 1 0

XO

Use of 10% KOH in mycology - 1/2

(8) S. Aureus.
Hepatitis B virus. ✓ 1
- Diploid - Double Stranded DNA.

(9) -

XO

(10)

XO

DEPARTMENT OF MICROBIOLOGY
D.Y. PATIL DENTAL SCHOOL, LOHEGAON.
SECOND YEAR B.D.S REG BATCH (2021-2022)
ADDITIONAL INTERNAL ASSESSMENT

THEORY MARKS RECORD **Date- 05-12-2022**

Roll No	Name	Viva and Theory Micro (30)
86	Sayali Chowdhar	9

PRACTICAL MARKS RECORD

Roll No	Name	Micro Staining (12)	Micro Journal & Comm Skills (5)	Spots Micro (10)	Total Practical Micro (27)
86	Sayali Chowdhar	5	0	1.5	6.5

Signature of HOD
Department of Microbiology

Dr Swati Joshi
Reader Dept of Microbiol

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
NOTICE (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 02-09-2023

This is to notify the students appearing for additional exam in Microbiology that their practical exam will be held on 07-09-2023 at 9.30 am sharp and theory exam will be held on 14-09-2023, 9.30 am sharp.

Students must be present on time.

Dr Swati Joshi
HOD, Microbiology

Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
THEORY ATTENDANCE SHEET (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 14-09-2023

Sr. No.	Roll No.	Name	Sign
1	1	Alhat Sakshi	
2	15	Chavan Gayatri	

Signature of HOD
Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY & PATHOLOGY
D Y PATIL DENTAL SCHOOL, LOHEGAON
PRACTICAL ATTENDANCE SHEET (2ND YEAR BDS STUDENTS)
ADDITIONAL EXAM

Date: 07-09-2023

Sr. No.	Roll No.	Name	Sign
1	1	Alhat Sakshi	
2	15	Chavan Gayatri	

Signature of HOD

Dr Swati Joshi
Reader Dept of Microbiology

DEPT OF MICROBIOLOGY
DY Patil Dental School, Charholi, Lohegaon, Pune
II BDS (Regular Batch - 2023): Additional Exam

Date: 14-09-2023 **Duration: 12.30 pm to 2.30 pm**

Section A

Multiple Choice Questions (MCQ) **1 X 5 = 5 marks**

1. Rheumatic fever and Acute glomerulonephritis are sequelae to infection by:
   a. *Staph aureus*
   b. *Strep pneumoniae*
   c. *Staph epidermidis*
   d. *Strep pyogenes*

2. Leprosy lesions containing numerous acid fast bacilli are observable in:
   a. Tuberculoid leprosy
   b. Lepromatous leprosy
   c. Borderline tuberculoid leprosy
   d. Paucibacillary leprosy

3. The most reliable investigation for the diagnosis of Syphilis is performed by
   a. VDRL
   b. RPR
   c. FTA-ABS
   d. Dark-field Microscopy

4. Opthalmia neonatorum is the infection of the eyes caused due to
   a. *Neisseria meningitidis*
   b. *Neisseria gonorrhoeae*
   c. *Streptococcus pneumoniae*
   d. None of the above

5. Host defense which is not virus specific is
   a. Sensitized T cells
   b. Neutralizing antibodies
   c. Agglutinating antibodies
   d. Interferon

Section B

Short Answer Question (SAQ) **3 X 5 = 15 marks**

1. Discuss lab diagnosis and prophylaxis of Diphtheria
2. Enumerate different species in the genus *Clostridium*. Discuss briefly Laboratory diagnosis of gas gangrene
3. Discuss methods employed to cultivate the viruses
4. Enumerate different species in the genus *Staphylococcus*. Enumerate all the infections caused by *S. aureus*
5. Discuss standard tests for Syphilis

Section C

Long Answer Question (LAQ) **10 marks**

Discuss Morphology (1) and pathogenicity (3) of *Mycobacterium tuberculosis* and describe laboratory diagnosis (4) and prophylaxis (2) of pulmonary tuberculosis.

DEPARTMENT OF MICROBIOLOGY
D.Y. PATIL DENTAL SCHOOL, LOHEGAON.
SECOND YEAR B.D.S REG BATCH (2022-2023)
ADDITIONAL INTERNAL ASSESSMENT
M.C.Q. KEY Date- 14-09-2023

M.C.Q. No	Answer
6	d
7	b
8	c
9	b
10	d

Swati

Sign of HOD
Department of Microbiology
Dr Swati Joshi
Reader Dept of Microbiology

D. Y. Patil Dental School
Department of Microbiology
Additional Examination – SPOTS (II BDS Winter 2022-23)

~~03/05/2023~~

07/09/2023

Key for spots.

Spot No.6 **VDRL Tile (Chart)**

Q1. Write the full form of the test performed using this device and name of the disease
Ans. – Venereal Disease Research Laboratory Test, Syphilis
Q2. Name of causative agent and the lesion seen in primary stage of the disease
Ans. – *Treponema pallidum and Chancre*

Spot No. 7 **Slide GPC**

Q1. Describe the morphology of the organism seen here and the probable organism
Ans: GPC in cluster /short chain etc, *Staphylococcus aureus.*
Q2. Name the confirmatory test used for this organism.
Ans. – Coagulase test

Spot no.8 ***Malaria gametocytes (chart)***

Q1. Identify the stage seen here
Ans. – *Gametocytes*
Q2. Name the genus and species where this stage is seen
Ans. – *Plasmodium falciparum*

Spot no. 9 **RCM**

Q1. Identify the Medium (Full form), name two organisms cultured in it
Ans. –Robertson's cooked Meat medium, *Clostridium perfringens* and *Clostridium tetani*
Q2. Write its method of sterilization with time and temperature specifications
Ans. – Autoclave, 121 degrees Celsius for 20 mins

Spot no. 10 **Hepatitis B virus Chart**

Q1. Identify the organism. Write the names of important antigens
Ans. – Hepatitis B virus, HBs, HBc, HBe
Q2.Type of nuclear material present in this organism and clinical conditions caused by it.
Ans. –dsDNA, Hepatitis, Liver cirrhosis etc.

Secti
Marks
Marks o
Marks obt
Grand Total

D. Y. Patil Dental School
Department of Microbiology
Additional Examination – SPOTS (II BDS Winter 2022-23)
~~03/08/2023~~
04/08/2023
Key for spots.

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D. Y. Patil Dental School
Department of Microbiology
Additional Examination – SPOTS (II BDS Winter 2022-23)
~~**03/05/2023**~~
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D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

ıme of the Student Sakshi Yogesh Alhat

me of the Examination Additional Examination (microbiology) Class 2nd year

bject Microbiology

ll No. 01 Date 14/9/23

Pledge

ere declare that I have gone ɔugh the instruction given ıve & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
ction											
rks obtained in Section A											5
·ks obtained in Section B	2	1	1.	1.5	1						6.5
ks obtained in Section C											0.
ıd Total											11.5/30

en & No. Complaint

udent's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

D Y PATIL GRO

Section A

MCQs

1) [d] strep pyogenes ✓

2) [b] lepromatous leprosy ✓

3) [c] FTA-ABS ✓

4) [b] Neisseria gonorrhoeae ✓ 1/1

5) [d] Interferon ✓

SAQ:-

1) Discuss lab diagnosis & prophylaxis of Diphtheria

→* lab diggnosis:

1) Specimen collection:

- Two swabs are collected from the site of lesion
- One for smear preparation and another for culture.
- Throat swabs are collected prior to antibiotic treatment.

2) Direct microscopy:

- Albert staining is used to stain the bacteria. Chinese letter patterns are observed as result with metachromatin granules at end giving the bacteria 'club shaped appearance'.
- Gram staining is also done to identify if other bacterias are present eg vincents spirochetes or fusiform bacilli which are other sore throat bacilli.

3) Colony morphology:-

- Blackish grey colony is formed in tellurite medium In loeffler's serum slope the colony forms.

4) Virulence test

In vivo - guinea pigs and rabbits are susceptible to toxin. Two invivo tests are performed.

a) Subcutaneous test:-

The loeffler serums growth (0.8 ml) is used and emulsion is formed using broth. This emulsion is injected into the guinea pig subcutaneously, which is ~~not~~ injected with antitoxin earlier intramuscularly. and also the emulsion is injected into the ~~guinea~~ guinea pig who isn't protected with antitoxin.

The unprotected guinea pig dies within 2-3 days with haemorrhage in adrenal gland

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The unprotected guinea pig dies within 2-3 days with haemorrhage in adrenal gland

Enumerate different species in genus Clostridium.

Result of autopsy shows:

congestion of lymph nodes.

congestion of abdominal viscera.

hemorrhage, oedema, necrosis of the site of inject".

Intracutaneous test:

~~Same~~ In this both the guinea pigs are injected with the antitoxin. One is injected with less antitoxin.

Result of this test allows to simultaneously injecting 8-10 strains into the guinea pigs without any of them dying.

In Vitro:

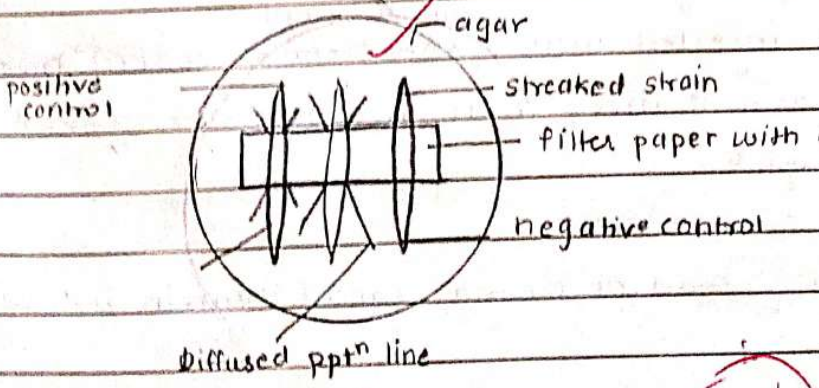
Elek's gel precipitation:

A filter paper strip soaked in antitoxin is placed on the 20% horse serum agar, as it solidifies a narrow streak of test strain at right angle is done. on filter paper a positive ~~solidifies~~; ~~guine~~ and negative control is set.

plate is incubated at 37°C for 24-48 hrs.

Bacterial toxin diffuses into agar.

line of precipitan is seen where toxin meet antitoxin at optimum concentration & temp.



Prophylaxis:

1) Active prophylaxis -

A toxoid combinations of tetanus toxoid with pertussis vaccine is give (triple DPT).

- Passive immunisation :-
Directly antitoxin are injected subcutaneously.
- Combined immunisation :-
Alum precipitated toxoid instead of plain toxoid is given.

Q2) · Enumerate different spe

→ ★ Classification :

A) Tetanus : Cl . tetani

B) Gas Gangrene : Cl. perfringens.
Cl. novyi
& Cl. septicum.

C) & Food poisoning : Gastroenteritis, Necrotising enteritis → Cl. perfringens.
Botulism → Cl. Botulinum.

D) Acute colitis : clostridium difficle

★ LAB DIAGNOSIS OF GAS GANGRENE.

A) Direct microscopy -

1) Gram staining : is detect the organism.

B) Cultural characteristics.

Inoculated in Blood Agar. shows β hemolysis.

C) Animal pathogenesis :-

Animal injected with inoculated strain in Robertson's cooked meat, the animal dies, meat in Robertson's cooked medium turns pink.

D) Faecal examination

In case of Food poisoning - faecal examination is done.

- Passive immunisation :-
Directly antitoxin are injected subcutaneously.
- Combined immunisation :-
Alum precipitated toxoid instead of plain toxoid is given.

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D) ~~Ac~~

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D) Faecal examination

In case of Food poisoning - faecal examination is done.

) Methods employed in cultivating virus.

i) ~~Semi~~ Animal -

In mice, guinea pig, rabbits.

ii) Embryonated egg:

Hens egg ; 1-2 days incubated through routes.

(1) Action on Allantoic cavity.

(2) Action on Amniotic cavity.

(3) Yolk sac.

(4) Allantoic cavity

iii) Tissue culture.

iv) Organ culture.

~~v) Immuno electron assay Etc~~

v) Electron microscopy - a) Immuno electron microscopy.

b) Fluorescent microscopy

c) light microscopy

vi) cell culture : a) Primary cell culture.

b) diploid cell cultures

c) Contiguious cell culture

~~vii)~~ (ELISA, RIA)

vii) viral antigen detection - PCR.

1.5

Q 4)

→ Species present in genus staphylococcus are staphylococcus aureus
staphylococcus epidermis
Staphylococcus

The infections caused by staphylococcus are.
cutaneous infections : infection of eyelid.
wide pus - lymph node.
impetigo -
peritubuitis, pharangitis.
osteomyelitis -, tonsilitis ; ulcers in tongue
neonatorum - conjunctivitis in newborn.
toxic shock -.

septicaemia.

Nosocombial infections : hospital born infections.

Q 5) Discuss standard test for syphillis.

Standard test for syphillis are as follows:

The test are divided in two categories:

a) treponemal b) Non treponemal.

- Non treponemal test are the test where treponema is used as antigen.
- Whereareas in Non treponemal test cardiolipin (alcohol like
- substance from beef's heart is used as antigen along added with cholesterol and lecithin.

★ The Non treponemal test includes VDRL (Venereal disease Research Lab) test, RPR (Rapid plasma Reagin), Wassermann Kahn test among.

- VDRL test: Here cardiolipin is used as antigen. The reagin antib is identified by the cardiolipin antigen from
- Rapid Plasma Reagin: Here carbon atom particles are added to cardiolipin.

★ Treponemal tests:- Antigen used is treponemal antigen.

1) TPI - Treponema Pallidum Immobilisatn - [LIVE]
2) TPA - Treponema Pallidum Agglutinatn.
3) TPIA - Treponema Pallidum Immune adherance } [KILLED]
4) FIA - Flourescent treponemal Antibody.
5) TPHA - the Treponema pallidum Hemagglutination Assay.
6) EIA (Enzyme immunoassay)

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Sakshi Yogesh Albat

Name of the Examination 2nd Internal Exam Class 2nd year.

Subject Microbiology Additional Examination (Practical).

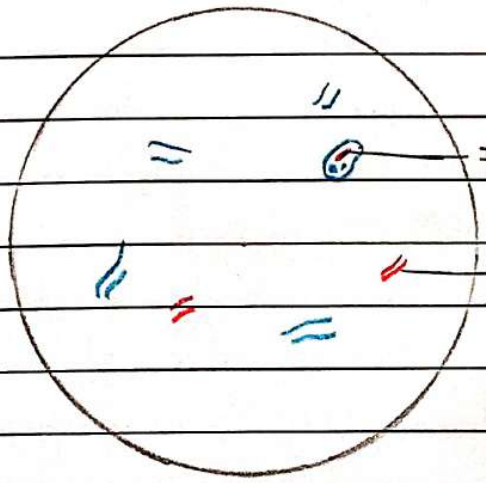
Roll No. 1 Date 7/9/23

Students Signature Sakshi "Seen No. Complaint" Sakshi

Aim: To Perform Zn staining on the given smear & to record the findings and draw a neat labelled diagram.

Principle: Acid Fastness of the bacilli is due to high content of lipids, fatty acids and higher alcohol present in the cell wall of Bacilli. mycolic acid (wax like) acid fast, is present which is responsible for acid fastness. Also the cell integrity is responsible for acid fastness of Bacilli

Diagram:



5 Observation:

Long, slender, slightly curved/straight bacilli is see either intracellular or extracellular. The colour imparted is Red; the bacilli show red colour.

6 Inference: The probable organism is mycobacterium tube or mycobacterium leprae. which are acid fast b mycobacterium tuberculosis is more acid fast than mycobacterium lepra

PACIL GROUP

Spotting Excercise - Microbiology

Name: Sakshi Alwal
Roll no: (1)

VDRL Tile ✓

- fullform - Venereal Disease Research Laboratory test ✓ 2
Antigen used is cardiolipin & infection diagnosed is Syphilis (STD) in ~~Mycobacterium~~ Treponema pallidum.

1) medium - Lowenstein Jenson medium (LJ medium). ✓ 1
Method of sterilization - Autoclave. 121°C / 20 min / 15 lbs.

2) Naglers Reaction - ✓ 1/2
toxin used is -
genus - ~~Clostridium perfringens~~ Corynebacterium diphtheriae ✗

4) Alberts stain ✓
organism seen - corynebacterium diphtheriae ✓ 2
Elekes gel precipitation test - in vitro - ✓

3) Coagulase Test ✓
→ Staphylococcus aureus gives this test positive. ✓ 1
⇒

Awati

M - 6.5

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

ıe of the Student Chavan Gayatri Dnyaneshwar

ıe of the Examination Additional examination Class IInd BDS

ject Microbiology

No. 15 Date 14/09/23

Pledge

ere declare that I have gone ough the instruction given ve & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											1
Marks obtained in Section B	1·5	0·5	0·5	1	0·5						4
Marks obtained in Section C											4.5
Grand Total											9.5/30

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - A

1] → ?

a] Staph aureus. ✗

2] → ?

a] Tuberculoid leprosy. ✗

3] → ?

a] VDRL ✗

4] → ?

a] Neisseria meningitidis. ✗ (-1)

5] → ?

d] Interferon ✓

Section -A

1] → ?

a] Staph aureus. ✗

2] → ?

a] Tuberculoid leprosy. ✗

3] → ?

a] VDRL ✗

4] → ?

a] Neisseria meningitidis. ✗ ○

5] → ?

d] Interferon ✓

Section-B

→ ?

Diphtheria —

- Diphtheria is caused by cornebacterium diphtheriae.
- it is generally found in age group ~~6 →~~ up to 6 to 15 year old.
- ~~Diphtheria is treated to~~ Diphtheria is a infection of throat, conjunctiva, nose, larynx etc.

Lab Diagnosis —

- Lab diagnosis is important to identify the bacteria + pathogen causing disease.

Specimen collection —

- Diphtheria is an infection of throat, Larynx nose & conjunctiva. ~~from~~
- Specimen is collected from lesions from throat, Pharynx or nose. by cotton swab before giving them antibiotics or any medication in the form of gargle.

~~Direct Motion~~

Microscopy —

- Collected specimen is stained + form a smear.
- By oil emmulsion it seen under microscope.

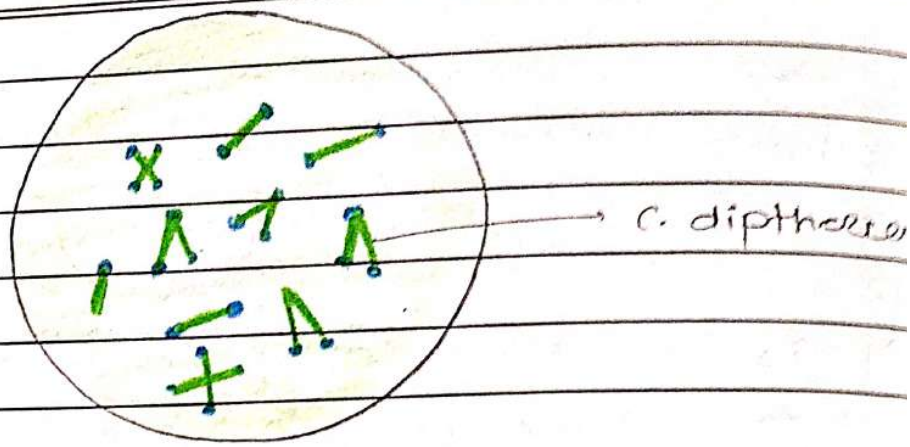

Fig:- Cornebacterium Diptheriea.

- under microscope it looks like a chinese letter called uniform arrangements.
- These are non-motile, anaerobic bacteria which has granule like structure on one end or both ends.

(3) cultivation —

- C. diptheriea bacterium is cultivated in ~~[illegible]~~ blood agar. or cooked mea
- ~~[illegible] is specific medium for cornebacterium diptheriea.~~ medium

prophylaxis—

Active immunisation —

- In this method at the age of 6 month vaccination is given → DPT vaccine or tripple vaccine.

- Active immunisation after these two booster dosages are given: after 6 moth & then 5 years later.

) passive immunisation—

- In this Antidiptherial serum (ADS) is given to the patient.

- This is an emergency passive immunisation. given in emergency in pediatric lab.

) combined immunisation—

- In this immunisation. Antidiptherial Serum is given.

2] ——→ ?

* Different species of genus clostridium:-
- clostridium tetany
clostridium perfringens.

Gas gangrene —
- Gas gangrene is caused by bacterium clostridium perfringens.

* Laboratory diagnosis —

① Specimen collection —
- specimen is collected from lesions by cotton swab.
- In gas gangrene lesions are formed on skin.

② Microscopy —
- ~~Smear formation~~ & staining of specimen is done & seen under microscope.

→ ?

methods of cultivation of the viruses—

1. Embryonic hen's egg
2. tissue culture
3. Administration in animal such as → mice, guinea pig etc.

1) Embryonic hen's egg —

- viruses non-living outside cell
- viruses are cultivated in hens egg embryo in this method.

2) Tissue culture—

- In tissue culture viruses get multiplied into host cell.

12

4.] ⟶ ?

- species of genus staphylococcus
  ① staphylococcus epidermidis
  ② staphylococcus aureus
  ③ staphylococcus saprophyticus

① staphylococcus aureus.

- straph aureus are non-motile circular, non-capsulated bacteria.
- which is a main cause of suppuration.
- This species of genus straphylococcus is more pathogenic.
- it causes rheumatic fever & Acute glomerulonephritis.

) ⟶ ?

standard tests for syphilis –

① VDRL – veneral Disease Research laboratory.

- syphilis caused by treponema palladium Spirochetes.

- VDRL is standard test for the syphilis which is more frequently used.

② RPR – test.

③ FTA-ABS test.

Y/N

Section C

(1) ⟶ ?

#-Mycobacteeium tuberculosis—

(1) — mycobacterium tuberculosis causes TB in which is very common in all over the ~~it is human~~

— mycobacteeium are slender, non-motile, partly aerobic cylendrical & slightly curved bacteria.

— which is red in colour & background seems to be blue in colour due to other tissues & cells.

(2) pathogenicity :—

— There are two type of infection i.e. pulmonary — which affect lungs or extrapulmonary — which affect other parts such as kidney, Brain etc.

— it is caused by inhalation of droplets of bacteria in incubated air by sneezing & coughing of patient or infected person.

— In bovine tuberculosis infected cow secretes bacteria in to milk & it can cause TB by consuming by raw milk.

(3) Laboratory diagnosis —

1) Specimen collection —

- Specimen is collected as sputum from throat, or from larynx or sometimes from intestinal sputum.

2) ~~Microscopy~~ —

- ~~Collected specimen is converted into the smear & stained by zn staining or seen under microscope by oil emmersion.~~

- In renal TB specimens are collected from urine.

- In cerebral TB CSF (cerebrospinal fluide) called for lab diagnosis.

3) Microscopy :—

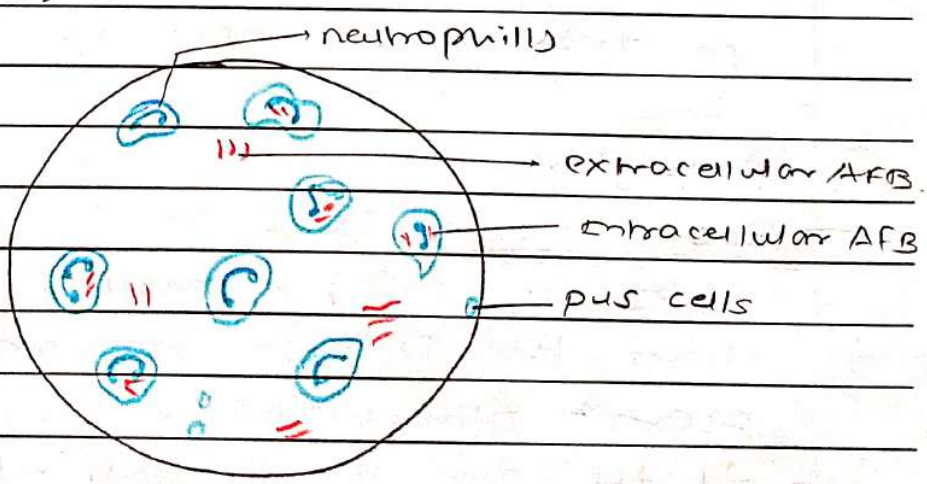

Fig. — zn staining mycobacterium tuberculosis

- mycobacterium are the AfB which is difficult to stain.
- ~~it took~~ when we see under the mic it seems Red colours cylindrical ba with blue coloured background of the tissues & cells.
- mycobacteria enters under the mac phages & multiply under macrophag & cause infection to the host

(3) ~~prophylaxis~~ —

Cultivation —

- mycobacterium is cultivated in LJ med Lowenstein jensen medium.
- it is also cultivated through animals such as Guine pigs.
- 0.5 ml of ~~sputum of~~ mycobacteria sus is given intramuscularly to the guine after 6 month guine pig get killed. p tuberculosis infection.

(4) prophylaxis :—

- BCG - vaccine is given in tuberculosis or by spreading awareness in peeple about this infection we can reduce or prevent tuberculosis.
- At the age of 6 month - BCG vaccine is given ~~in~~ intradermally. ~~It can Cause~~

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Chavan Gayatri Dnyaneshwar

Name of the Examination Additional examination (practical) Class IInd

Subject Microbiology

Roll No. 15 Date

Students Signature Chavan "Seen No. Complaint" Chavan

1) Zn staining —

- Aim :—

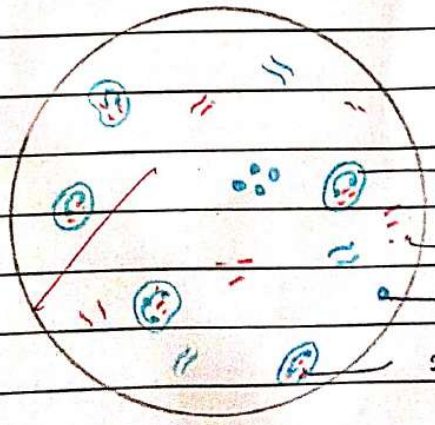
To staining mycobacterium species like mycobacterium tuberculosis . i.e Acid fast bacteria..

- principle —

- carbol fuschin mix with phenol + mycolic acid stains the cell wall of mycobacterium. sulphuric acid decolourize the cells which is in background. methylene blue acts as a counter stain in zn staining.

- This staining used in staining of mycobacterium species.

- Diagram :—



Zn Staining

— observation —

- Red / pink coloured Acid Fast Bacilli seen in the extracellular & intracellular space.
- Blue colour Blood cells & pus cells also seen.

— significance —

- It is used to stain mycobacterium species & to detect mycobacterium tuberculosis.

Additional exam
Spotting exercise - microbiology

Roll No - 15
Chavan Gayatri.

VDRL - test
- Venereal Disease ~~Laboratory~~ Research laboratory.
- used in - Syphilis. (pallidum) ½

Lj medium - (
- Specialised medium.
- method - Inspissation. - 80-85°C. ½
- Corynebacterium diptheria. ✗

3) Elei's test - ½

4) - mycobacterium Diphtheriae. ½
- Albert Staining
- Dignosis of Diphtheriae. - mycobacterium diphtheriae.

5) Coagulation test - |
- Staphylococci aureus.

Anxiety → M-3

Additional Exam
Spotting exercise - microbiology

Date - 7/9/2
Roll No - 15
Chavan Gayatri

UDRL - test

Vinereal Disease ~~Laboratory~~ Reasarch laboratory.
used in - syphilis. (palladium)

1 1/2

LJ medium - C
specialised medium.
- method - Inspissation. - 80-85°C.
- cornebacterium diptherea.

1 1/2

Elei's test -

1/2

) - mycobacterium Diptheriae.
- Albert Staining
- Dignosis of Diptheriae. - mycobacterium Diptherea

1/2

8) Coagulation test -
- staphylococci aureus.

1

M-3

DEPARTMENT OF MICROBIOLOGY
D.Y. PATIL DENTAL SCHOOL, LOHEGAON.
SECOND YEAR B.D.S REG BATCH (2022-2023)
ADDITIONAL INTERNAL ASSESSMENT

THEORY MARKS RECORD **Date- 16-09-2023**

Roll No	Name	Theory Micro (30)
1	Alhat Sakshi	11.5
15	Chavan Gayatri	9.5

PRACTICAL MARKS RECORD

Roll No	Name	Micro Staining (12)	Micro Journal & Comm Skills (5)	Spots Micro (10)	Total Practical Micro (27)
1	Alhat Sakshi	9	4	6.5	19.5
15	Chavan Gayatri	7	2	3	12

Signature of HOD
Department of Microbiology
Dr Swati Joshi
Reader Dept of Microbiology

DENTAL MATERIALS

Department of Prosthodontics, DYPDS, Pune
Additional examination: PRE-CLINICAL PROSTHODONTICS, Dated 04/11/23,
Attendance Sheet

Roll No.	Name of the Student as per Last Qualifying Degree	Signature
11	BHOSALE ABHISHEK RAVINDRA	
15	CHAVAN GAYATRI DNYANESHWAR	Chavan
24	GADHARI SOHAM SANJAY	Gadhari
31	JADHAV ARATI SACHIN	Jadhav
54	NAKVE VAISHNAVI NARAYAN	Nakve
68	RAMTEKE SAWANI SATYAWAN	Sawani

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DY Patil Knowledge City, Charholi
Lohegaon,Pune - 412105

Department of Prosthodontics, DYPDS, Pune
additional examination: PRACTICALS DENTAL MATERIAL SCIENCE, Dated 02/11/23
Attendance Sheet

Roll No.	Name of the Student as per Last Qualifying Degree	Signature
1	ALHAT SAKSHI YOGESH	
11	BHOSALE ABHISHEK RAVINDRA	
15	CHAVAN GAYATRI DNYANESHWAR	
24	GADHARI SOHAM SANJAY	
29	GOR SHREEYA PHALGUN	
56	OMASE ADITI GOVIND	
68	RAMTEKE SAWANI SATYAWAN	
31	JADHAV ARATI SACHIN	

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Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Department of Prosthodontics

Additional examination

Subject: *Dental Materials Science (Prosthodontics)*

Year: II BDS, Reglar Batch (2023)

Total Marks 60 (Prostho 30 + Cons 30 = 60)

Prosthodontics: - Section A, 10 Marks Section B, 20 Marks

Date. 02.11.23 Time. 1 pm to 4 pm Duration: 03 hours

SECTION – A (10x1=10)

(MCQ's)

i. *Use **blue/black** ball point pen only. Fill (dark) the appropriate **empty circle below the question number once only***

ii. ***Each** question carries **one mark***

iii. *A student will not be allotted any marks if he/she overwrites, strikes out or **Puts white ink on the circle once filled (darkened)***

iv. *Do not write anything on the **blank portion of the question paper** If written anything, **such type of act will be** considered as an attempt to resort to unfair Means*

1 Softening heat treatment of alloy increases
a) tensile strength
b) proportional limit
c) ductility
d) hardness

2. The ideal temperature of water bath for softening fluid wax is about
a) 51 to 54 degree F
b) 51 to 54 degree C
c) 70 to 75 degree F
d) 70 to 74 degree C

3.A highly polished surface on metallic dental restoration aids considerably in the prevention of the
a) dimensional change
b) thermal conductivity
c) warpage
d) tarnish and corrosion

4. Austenite is an alloy of iron and carbon with the iron in
a) alpha form
b) beta form
c) gamma form
d) delta form

5. Ni-Ti alloy has
a) shape memory
b) hyper-rigidly
c) corrosion resistance
d) weldable proprties

6. Which of the following releases single wavelength of energy
a) QTH
b) PAC
c) LED
d) Argon laser

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7. Lithium disilicate containing crystals in ceramic crown are
   a) IPS empress
   b) Captek
   c) Dicor
   d) IPS empress 2

8. The preferred material to repair of fractured denture base is
   a) chemically cure resin
   b) heat cure resin
   c) light cure resin
   d) vinyl resin

9. Condensation shrinkage of porcelain during firing depends on
   a) rate of arriving at firing temperature
   b) uniformity of particle size
   c) shape and size of particle
   d) type of investment used

10. During soldering the solidus temperature of the filler material should be
   a) greater than substrate material
   b) lesser than the substrate material
   c) equal to substrate material
   d) temperature not relevant

SECTION B (Prosthodontics) (5x4 marks =20)

Write Short Notes:-

1. Write a short note on advantages and disadvantages of dental porcelain.
2. Write a short note on calcination and its process.
3. Write a note on composition of inlay casting wax.
4. Write a short note on Hue, Chroma, Value.
5. Explain the various curing cycles for acrylic resins.

(1x10 marks =10)

Write Long Answer: -

1. Classify the elastic impression materials. Discuss in detail the composition, advantages, and disadvantages of addition silicone impression material. (2+3+3+2)

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Department of Prosthodontics

Additional examination

Subject: *Dental Materials Science (Prosthodontics)*

Year: II BDS, Regular Batch (2023) Date: 02/11/2023

MCQ Key

1. C
2. B
3. D
4. C
5. A
6. D
7. D
8. A
9. C
10. B

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Internal Assessment Examination

SECTION A

Sr. No. ADDITIONAL / BETTERM

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Twenty four.
QUESTION BOOKLET VERSION NO. IN WORDS	-
NAME OF EXAMINATION	Additional exam.
SUBJECT	Dental material prosthodontics.
PAPER	-

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

9/10

SEAT NUMBER

0	0	0	2	4

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1			●	
2		●		
3				●
4			●	
5	●			
6				●
7				●
8	●			
9			●	
10		●		
11				
12				
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17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No. ADDITIONAL / BETTERM

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Sohum Gadkari

Name of the Examination Additional exam Class IInd BDS.

Subject Dental materials prosthodontics

Roll No. 84 Date 04 - 11 - 2023

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A		4			0						9
Marks obtained in Section B	2	2	1.5	2	2	0					9.5
Marks obtained in Section C											8
Grand Total											26.5

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B.

Ans 1. Advantages.

- Biocompatible as it is chemically inert.
- Excellent esthetic.
- Thermal properties are similar to those of enamel & dentine.

Disadvantages.

- High hardness so make abrasion to antagonists natural denitions & difficult to adjust & polish.
- Low tensile strength so its brittle material.

2. Calcination is a process in which different gypsum products are obtained from gypsum [$Ca(SO_4).2H_2O$] by heating it to certain temperature.

It is of two types.

1.) Dry calcination - β form.

2.) Wet calcination - α form

- Process.

- Gypsum is ground & subjected to temperatures of 110°C to 130°C to drive off part of water of crystallization that is the amount of water needed to convert gypsum to its hemihydrate form.
- It is done in vat or kiln open to air

Mineral gypsum. ——→ Model plaster + Water.

3. Composition.
Paraffin - 60%.
Carnauba - 25%.
Beeswax - 5%.
Ceresin - 10%.
Natural resin (gum dammer) - 1%.
Organic fillers
Diatomeous earth } minute amount
Candelilla
Colouring agent -

4. Hue.
- Dominant colour of object (red, yellow, green).
- Short wave length = Violet Hue.
- Long wave length = Red Hue.
- Most natural teeth fall in a Hue range between yellow & yellow-red - 6YR - 8.3YR.

Value.
- Increase towards high end (Lighter) & Decrease towards low end (Darker.
- Vital teeth - High value Non vital teeth - Low value Grey.
- Most teeth fall in range from 4-8.

• Chroma.
- Degree of saturation / strength / intensity of particular value.
- High Chroma - High amount of Hue with little dilution.
- low Chroma - small amount of Hue with large amount of dilution.
- Teeth have a chroma range of 0-7.

5. Curing :-

described heating processes employed to control polymerization reaction of dough, transf methyl methacrylate to polymethyl methacrylate
- Divided in 2 main group.

1) Short curing cycle (about 2.5 hours)

Put the flask in water bath & increase the temperature gradually from room temperature to 65°C within 30 minutes & keep at 75°C fo one & half hour, then keep at boiling for 30 m

2.) Long curing cycle (over night curing)

The flask is heated gradually to 74°C & maint at this temperature for 8 or more hrs.

- Using short resin in acrylic with.
- Higher degree of polymerization.
- Higher mechanical properties
- Lower residual monomer content.

LAQ

1. Classification of elastic impression material.

- Non-elastic → Impression plaster.
  Impression compound.
  Impression waxes.
- Synthetic elastomers → Polysulphides.
  Polyether
  Condensation silicone.
  Addition silicone.
- Hydrocolloids → Reversible.
  Irreversible.

- Composition of addition silicon.

* Base paste.
1.) Poly methyl hydrogen siloxane
2.) Siloxane pre-polymer.
3.) Filler.

* Catalyst paste.
1.) Divinyl poly (dimethyl siloxane).
2.) Platinum salt activator.
3.) Siloxane pre-polymer.
4.) Filler.

* Advantages.
- Are the most exact available.
- Smell pleasent & pleasant flavour.
- Excellet stability.

- High recovery to deformation.
- Stable to disinfection.
- Available in device of automezcia when coe utilize devices of automezcia coe avoid formation of bubbles, since the proportions are exact.
- Hidrofillier.
- It emptimed after a hour, as a minimum thing.

* Disadvantages:
- Expensive.
- Sensitive to contamination.
- Liberation of hydrogen (volatile) during polymerization as product deformation in compound.

D Y Patil Dental School

Department of Prosthodontics

Additional Internal Examination

II BDS Regular Batch (2022-23) Dental Materials Examination : Theory

02.12.22

ll No	Name	Section A		Total Section A (20)	Section B (30) Prostho	Section C (30) Cons	Total (60)	Out of 3	Signature
		Prostho (10)	Cons (10)						
10	Aarya Chandak	5	4	9	12	10	31	1.6	
46	Nikita Ombase	2	3	5	15.5	5	25.5	1.3	
55	Aditya Salve	3	3	6	2	2	10	0.5	
36	Sayali Chowdhar	0	1	1	7	7	15	0.8	

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Department of Prosthodontics

Additional Internal Examination

II BDS Regular Batch (2022-23) Pre-clinical Prosthodontics Examination : Practicals

29.11.22

Roll No.	Name	Teeth Arrangement (30)	Waxing & Carving (10)	Viva & Journal (10)	Total (50)	Out of 5	Signature
17	DARADE JANHAVI DNYANESHWAR	12	1	6.5	19.5	1.95	
29	JADHAV PRANJALI UTTAM	13	5	7.5	25.5	2.55	
39	MORE NUPUR VITTHAL	18	2	8.5	28.5	2.85	
52	PATEL DIVYA SANJAY	23	4	9.5	36.5	3.65	
65	SALVE ADITYA SAHADAY	12	0	5	17	1.7	
77	TUPE RUTIKA SATISH	24	6	6.5	36.5	3.65	
86	SAYALI CHOUDHAR	5	0	5	10	1	

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D Y Patil Dental School
Department of Prosthodontics
Additional Internal Examination
ıtch (2021-2022) Pre-clinical Prosthodontics Exami
23.09.21

Roll No.	Name	Sign
61	POOJA PAWAR	
85	PRAJAKTA PAWAR	

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Department of Prosthodontics

Additional Examination

Subject: *Dental Materials Science (Prosthodontics)*

Year: II BDS, Regular Batch (2021-2022)

Total marks:30/ 40 (Prostho + Cons =60/ 80) Section A: 10 marks; Section B: 20/30 marks
Date: 22.09.21 Time: 9.00 am to 12.00 pm Duration: 3 hours

SECTION – A **(10x1=10)**

(MCQ's)

i. *Use **blue/black** ball point pen only. Fill (dark) the appropriate **empty circle** below the question number once only.*
ii. *Each question carries **one** mark.*
iii. *A student will not be allotted any marks if he/she overwrites, strikes out or Puts white ink on the circle once filled (darkened).*
iv. *Do not write anything on the **blank portion of the question paper**. If written anything, such type of act will be considered as an attempt to resort to unfair Means.*

1. Liquids that become more rigid as the rate of deformation (shear strain rate) increases are called as:
   a) Pseudoplastic
   b) Dilatant
   c) Plastic
   d) Thixotropic

2. All of the following is true about thermosetting resins, *except*:
   a) Reversible
   b) Irreversible
   c) Undergo chemical change
   d) Decompose when heated

3. Impression material that technically can be re-used is
   a) Agar-Agar
   b) Alginate
   c) Polysulfide
   d) Condensation silicone

4. Covalent bonds involve
   a) Transfer of electrons
   b) Formation of cloud of electrons
   c) Sharing of electrons
   d) Polar forces

5. Which of the following is the golden standard test to measure biocompatibility?
   a) Usage
   b) Preliminary
   c) Tertiary
   d) Stage I

6. Which of the following is the most accepted theory for setting of dental plaster:
   a) Colloidal theory
   b) Hydration theory
   c) Solution theory
   d) Dissolution-precipitation theory

Prosthodontics
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Charholi

7. Which of the following is true about autopolymerising denture base resin?
   a) Activator is Benzoyl Peroxide
   b) Colour stability is better than heat activated denture base resin
   c) Initial fit is better than heat activated denture base resin
   d) None of the above

8. Which of the following is an indication for zinc oxide eugenol impression paste:
   a) Definitive impression of dentulous arches
   b) Primary impression of edentulous arches
   c) Definitive impression of edentulous arches
   d) As a compressive impression material

9. Activator for light cure denture base resin is?
   a) Methyl-methacrylate
   b) Benzyl peroxide
   c) Camphoroquinone
   d) Tertiary amine

10. Type IV dental stone is used:
   a) For pouring primary cast
   b) For pouring master cast
   c) In investment material
   d) For making impressions

SECTION B (Prosthodontics) (05x2/4 marks =10/20)

Short Answer Questions

1. Write with brief description the four (4) Chemical stages of Addition Polymerisation.
2. Enlist the factors controlling the setting time of gypsum products.
3. Write the composition of zinc oxide eugenol impression paste with function of each.
4. Define Young's modulus and give its formula.
5. Write the Composition of Dental waxes.

Long Answer Question

1. Classify Impression Materials with examples (3). Write ideal properties of impression materials (2). Describe the composition of (1), advantages & disadvantages (2) and applications of irreversible hydrocolloid impression materials (2).

(01x10 marks =10)

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Department of Prosthodontics

Additional examination

Subject: *Dental Materials Science (Prosthodontics)*

Year: II BDS, Referred Batch (2021)

MCQ Key

1. B
2. A
3. A
4. C
5. A
6. D
7. C
8. C
9. C
10. B

Head of Department of Prosthodont
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Lohegaon Pune - 412105

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D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

DEPARTMENT OF PROSTHODONTICS

SECTION A

Sr. No. ADDITIONAL / BETTERMENT

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	85 Eighty five
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	D M (prostho)
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

			8	5
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	●
6	6	6	6	6
7	7	7	7	7
8	8	8	●	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	1	1	1
B	2	2	2
D	3	3	3
G	4	4	4
M	5	5	5
N	6	6	6
P	7	7	7
S	8	8	8
U	9	9	9
	0	0	0

ANSWERS

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

Seen and No Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

D Y PATIL GROUP

DEPARTMENT OF PROSTHODONTICS : OPD

SECTION B & C

Sr. No. ADDITIONAL / BETTERMENT / INTERNAL EXAMINATION

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Prajakta Pawar

Name of the Examination Additional Exam Class 2nd yr BDS

Subject Dental Material (prostho)

Roll No. 85 Date 23/9/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											7
Marks obtained in Section B	1½	2	1½	2	2						9
Marks obtained in Section C						6					6
Grand Total											22

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - B
(prosthodontics)

1. Four chemical stages of addition polymerisation:
   I. initiation
   II. propagation
   III. termination.

(i) Initiation :-
→ takes place in two parts.

First part :-
A peroxide molecules breaks up into two reactive free radical.

Light / heat can provide energy needed for this process

15

$$RWR + \text{energy} \longrightarrow 2RO^-$$

peroxide — free radicle initiator.

• Second part :
Initiation occurs when free radical initiator attacks & attaches to a monomer molecule.

$$RO + CH_2=CH_2 \longrightarrow RO-CH_2-CH_2$$

free radicle initiator — Ethylene. — Activated monomer.

2. factors controlling the setting time of gypsum products.

(1) Water/powder ratio:-
— the wt/volume of the powder divided by wt of hemihydrate powder.
→ high w/p ratio decrease the number of nuclei per unit volume., setting time prolonged

(2) Mixing time:-
longer the gypsum product mixed shorter setting time as the crystals broken up by the spatulation process, results in more nuclei of crystallization.

(3) Impurities:- fine gypsum particles residues from incomplete calcination / addition by manufacturer will shorten the setting time because of ↑ in no. of nuclei.

(4) Temperature:- the difference in solubility between hemihydrate and gypsum becomes smaller with increasing temperature. If this condition lowers the driving force for forming the dihydrate. It also results in a slower setting reaction.

3. Composition of zinc oxide eugenol paste with functions

(1) Base paste
- Zinc oxide
- Inert oil (plasticiser)
- Gum rosin
  (Increases setting time and improves cohesion)

(2) Reactor paste :-
- Eugenol
- Zinc acetate / NaCl (accelerators)
- fillers (talc or kaolin)

1:5

(3) Some paste constitutes a eugenol eg: Carboxylic acid / chlorothymol.

- The 2 pastes comes in contrasting colours and are dispensed in a 1:1 ratio.
- They are mixed to give a paste of even colour.

Define young's modulus & give its formula?

→ Young's modulus:-
The mechanical property of a material to withstand the compression (or) the elongation with respect to its length.

- Young's modulus describes the relationship between stress (force per unit area) and strain (proportional deformation in an object).

$$E = \frac{\sigma}{\varepsilon} = \frac{\text{stress}}{\text{strain}}$$

Here,
E = young's modulus
σ → stress.
ε → strain.

5. Composition of dental waxes :-

a] Inlay wax

Composition :- paraffin → 40-60%.
Carnauba → 2.5%.
Ceresin - 10%.
Bees wax : 5%.
gum dammer - 1%.

b] Baseplate wax → composition :- paraffin
• ceresin → 70-80%
• Beeswax → 12%.
• Carnauba - 2.5%.
• Natural - 3%.
Synthetic resin
• microcrystalline - 2.5%.
Synthetic wax

c) Sticky wax :- composition :- yellow bee wax, Rosin, gum dammar

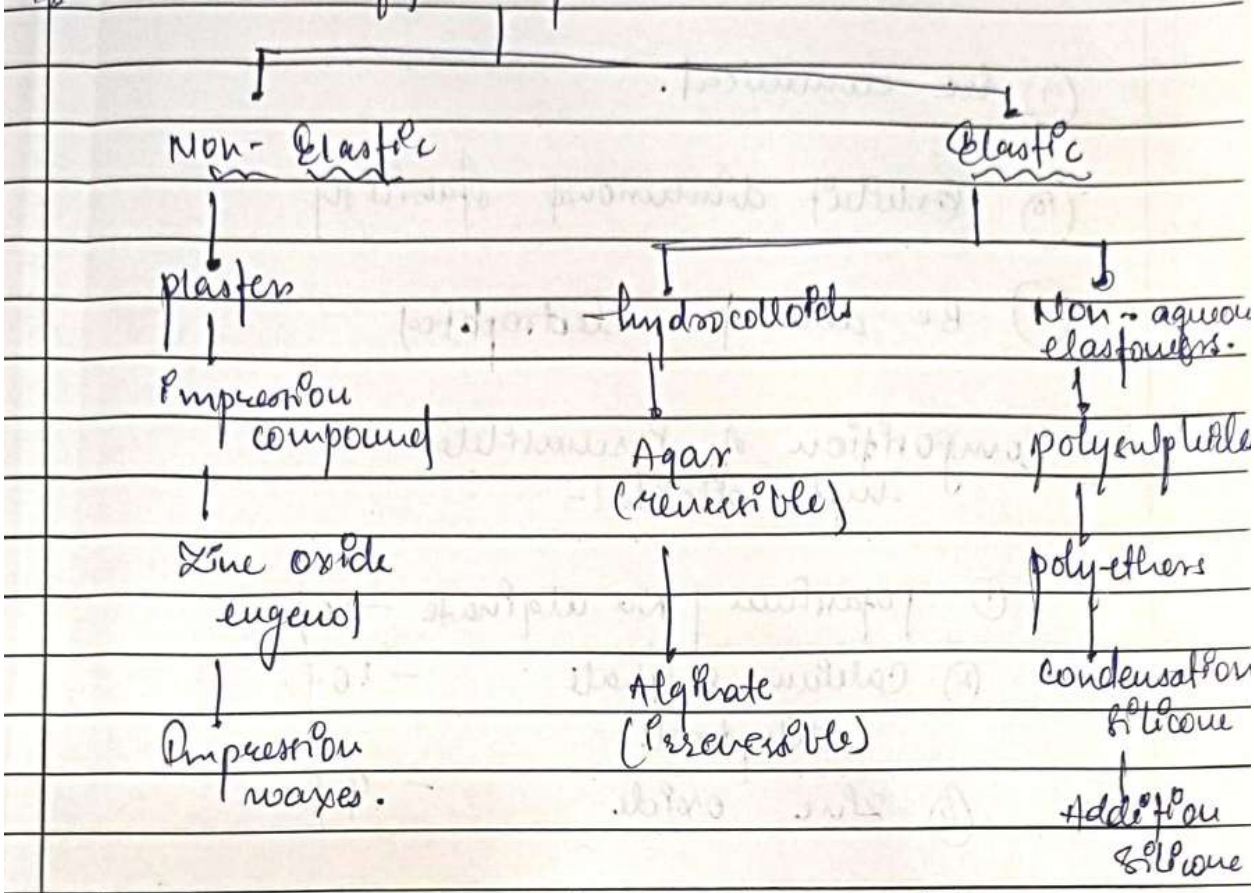
d] Utility wax : construct the metal framework of partial dentures :-

composition : ① Bee wax
② petrolatum.

D Y PATIL GROUP

LAQ

1. Classify Impression material



2. Ideal properties of Impression materials.

(1) It should be non-toxic & non irritant
(2) It should be elastic in nature.
(3) It should have good flow.
(4) Manipulation should be easy.
(5) It should be dimensionally stable after setting.
(6) It should be cheap and available
(7) Setting time should be less than 5 min.

(8) Have pleasant taste, odor & esthetic color.

(9) Be economical.

(10) Exhibit dimensional stability

(11) Be able to ... electroplated

- Composition of irreversible hydrocolloids :-

(1) potassium / Na alginate – 15%.

(2) Calcium sulphate dehydrate – 16%.

(3) Zinc oxide – 4%.

(4) potassium / potassium fluoride – 2%.

(5) diatomaceous earth – 60%.

(6) Coloring agent

D Y Patil Dental School

Department of Prosthodontics

Additional Internal Examination

II BDS Regular Batch (2021-22) Dental Materials Examination : Theory

22.09.22

Roll No	Name	Section A		Total Section A (20)	Section B (30) Prostho	Section C (30) Cons	Total (60)	Out of 3	Signature
		Prostho (10)	Cons (10)						
10	Aarya Chandak	5	4	9	12	10	**31**	**1.6**	
46	Nikita Ombase	2	3	5	15.5	5	**25.5**	**1.3**	
65	Aditya Salve	3	3	6	2	2	**10**	**0.5**	
86	Sayali Chowdhar	0	1	1	7	7	**15**	**0.8**	

Head of Department of Prosthodontics
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DY Patil Knowledge City, Charholi

D Y Patil Dental School
Department of Prosthodontics
Additional Internal Examination
II BDS Regular Batch (2021-22) Dental Materials Examination : Practicals
22.09.22

Roll No.	Name	Spotters (30)			Manipulation (20)			Viva (10)			Total (60)	Out of 3	Sign
		Spotters (15) Prostho	Spotters (15) Cons	Total (30)	Ratio Mixing & Final Product (10) Pr	Ratio Mixing & Final Product (10) Cons	Total (20)	Viva (05) Pr	Viva (05) Cons	Total (10)			
10	Aarya Chandak	5.5	8.5	14	0	5	5	0.5	0	0.5	19.50	0.98	
46	Nikita Ombase	7	7	14	6	0	6	1.5	1	2.5	22.50	1.13	
65	Aditya Salve	0	0	0	0	0	0	0	0	0	0.00	0.00	
86	Sayali Chowdhar	7	5	12	7	5	12	3.5	2.5	6	30.00	1.50	
										0			

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Department of Prosthodontics

BDS Regular Batch 2018-19

Subject: Pre-Clinical Prosthodontics

ADDITIONAL EXAMINATION

ttendance.

Date:09.04.19

No	Roll No.	Names	Signatures
1	1	Krishna Ajmera	
2	31	Pushpak Khade	
3	34	Rita Khodke	
4	43	Rutuja Mathpati	
5	75	Deep Shah	

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Lohegaon,Pune - 412105

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412105

Department of Prosthodontics

BDS Regular Batch 2018-19

Subject: Dental Material Science (Prosthodontics & Conservative Dentistry)

ADDITIONAL EXAMINATION

Attendance – Theory

Date:08.04.19

S. No	Roll No.	Names	Signatures
1	24	Pallavi Kachave	
2	31	Pushpak Khade	
3	70	Uzair Raut	
4	84	Manjiri Vidhate	

Attendance – Practical

Date:08.04.19

S. No	Roll No.	Names	Signatures
1	24	Pallavi Kachave	
2	31	Pushpak Khade	
3	70	Uzair Raut	
4	84	Manjiri Vidhate	

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Department of Prosthodontics

ADDITIONAL EXAMINATION

Subject: *DENTAL MATERIALS (Prosthodontics)*

Year: II BDS, REGULAR Batch (2018-19)

Date: 08/04/2019 Time: 9.00 am to 12.00 pm Total Marks: 60 (Prostho 30 + Cons 30 = 60)
Section A: 10 Marks + Section B = 30 Marks

Instructions: *1. ALL questions are **COMPULSORY***
2. The number to the RIGHT indicates FULL marks
3. Draw diagrams WHEREVER necessary

SECTION – A-MULTIPLE CHOICE QUESTIONS (TOTAL 10x1=10 marks)

i. *A student will not be allotted any marks if he/she overwrites, strikes out or Puts white ink on the circle once filled (darkened)*

ii. *Do not write anything on the **blank portion of the question paper**. If written anything, such type of act will be considered as an attempt to resort to unfair Means.*

1. A stress that tends to resist a twisting motion is:
   a) Tensile stress
   b) Compressive stress
   c) Shear stress
   d) Poisson's ratio
2. Which of the following is binder in silica bonded investment material?
   a) Gypsum Product
   b) Monoammonium Phosphate
   c) Ethyl Silicate
   d) None of the above
3. The wax used for making interocclusal records:
   a) Corrective wax
   b) Bite registration wax
   c) Sticky wax
   d) Base plate wax
4. Incomplete casting is the result of
   a) Shrink spot porosity
   b) Cracking of investment
   c) Back pressure porosity
   d) Overheating of investment

PTO

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5. Quartz in dental porcelain acts as a:
   a) Glass forming agent
   b) Frit
   c) Opacifiers
   d) Strengthener

6. The agent used to remove oxide coating from parent metal during soldering is:
   a) Electrolyte
   b) Flux
   c) Soft solder
   d) Laser

7. Release of hydrogen gas is a problem with which of the following impression materials:
   a) Addition silicone
   b) Condensation silicone
   c) Polysulfide
   d) Polyether

8. The insertion of alloplastic substance into the body for therapeutic, diagnostic, prostheties or experimental purposes is known as
   a) Replantation
   b) Transplantation
   c) Transformation
   d) Implantation

9. Type IV dental stone is used:
   a) To make primary cast
   b) To make master cast
   c) To make study model
   d) for making impressions

10. Which of the following is a *mucocompressive* impression material:
   a) Alginate
   b) Impression compound
   c) Type I gypsum product
   d) Condensation silicone

SECTION B: PROSTHODONTICS — TOTAL- 20 MARKS

SHORT ANSWER QUESTIONS: **(5x2=10 marks)**

1. Discuss elastic modulus, proportional limit, elastic limit and yield strength as applicable to dental materials
2. Classify waxes used in dentistry. Write the composition of inlay wax with function of each ingredient
3. Enumerate and explain the three dimensions of colour
4. Write a short note on osseointegration.
5. Give the classification of denture base resins. Discuss the properties of denture base resins in detail.

LONG ANSWER QUESTION: **(1x10=10 marks)**

1. Give composition along with setting reaction of alginate impression material. Discuss its properties, manipulation., advantages and disadvantages. (3+2+1+2+2)

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DY Patil Knowledge City

ADDITIONAL EXAMINATION

Subject: *DENTAL MATERIALS (Prosthodontics)*

Year: II BDS, REGULAR Batch (2018-19)

MCQ Answer key

Date: 08/04/2019 Time: 9.00 am to 12.00 pm

1. c
2. c
3. b
4. c
5. a
6. b
7. a
8. d
9. b
10. b

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Seventy .
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional DM- Prostho.
SUBJECT	DM Prostho.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

8/10

SEAT NUMBER

			1	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	●	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	●

QUESTION BOOKLET VERSION NO.

A	1	1	1
B	2	2	2
D	3	3	3
G	4	4	4
M	5	5	5
N	6	6	6
P	7	7	7
S	8	8	8
U	9	9	9
	0	0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
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3) Every Answer Should Be Started On A New Page.

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TO BE FILLED BY THE STUDENT

Name of the Student Vzair Raut

Name of the Examination Additional Exam. Class IInd BDS

Subject Dnt-Prostho

Roll No. 70. Date 8/4/19. 2019

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

21/30

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											8
Marks obtained in Section B	1	1	2	1	2						7
Marks obtained in Section C						6					6
Grand Total											21

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ.

1 • Elastic modulus. [Young's modulus]
- The relative stiffness of material which is measured by slope of elastic region of stress strain graph.
- It is stiffness of material that is calculated as ratio of elastic stress to elastic strain

• Proportional limit.
- Defined as magnitude of elastic stress above which plastic deformation occurs.
- As stress is increase, the strain also increase
- Inital O-A portion shows stress is linearly porportional strain.

• Yield strength.
- the stress at which a test specimen exhibit a specific amount of plastic strain.
- It is property that represents stress value at which a small amount of plastic strain has occured.
- Property often used to describe stress at which material begins to function in plastic manner.

• Elastic limit.
- The maximum stress that a material will stand without permanent deformation.
- For linearly elastic materials, proportional limit & elastic limit represent same stress within structure.

Classification of wax.

1.) According to origin:

A.) Natural wax. → mineral.
Plant.
Insect
Animal.

B.) Synthetic waxes.

C.) Additives.

2) According to composition.

A.] Hydrocarbon.

B.] Esters.

3.] According to use.

A.] Pattern wax.
- Inlay wax.
- Casting wax.
- Base plate.

B.] Processing wax.
- Boxing wax.
- Utility wax.
- Sticky wax.

C.] Impression wax.
- Corrective wax.
- Bite registration wax.

Composition of inlay.

- Paraffin - 60%.
- Carnauba - 25%.
- Beeswax - 5%.
- Ceresin - 10%.
- Gum dammer - 7%.

Organic filler.
Diatomeous earth
Candelilla.
Colouring agent.

3 • Hue :
- Dominant colour of object [red, yellow, green]
- short wave length = violet Hue.
- long wave length = Red Hue.
- Most natural teeth fall in Hue range between yellow & yellow-red :- 6YR - 9.3YR.

• Value.
- Increase toward high end (lighter) & Decrease toward low end (Darker).
- Vital teeth - High value Non-vital teeth - low value - Grey.
- Most teeth - ~~High~~ fall in range 4-8.

• Chroma.
- Degree of saturation / strength / intensity of particular value.
- High chroma - High amount of Hue with little dilution.
- low chroma - High amount of Hue with large dilution.
- Teeth have a chroma range of 0-7

4. Osseointegration.

A time-dependent healing process whereby clinically symptomatic rigid fixation of alloplastic materials is achieved, and maintained in bone during function loading.

- Factors affecting osseointegration.
  - Implant biocompatibility.
  - Implant design.
  - Implant surface.
  - Bone quality & surgical site.
  - Surgical technique.
  - loading condition.
  - infection control.

5. Classification of denture base resin.
- Metallic → cobalt chromium.
  Gold alloy.
  Alluminium.
  Stainless steel.
- Non-metallic - Acrylic resin.
  Vinyl resin.
- Temporary - Self cure acrylic.
  Shellac base plate.
  Base plate wax.
- Permanent - Heat cure denture resin -
  Light cure.
  Pour type.
  Injection moulded.
  Metallic base.

LAQ.

Q Composition, setting reaction, properties, manipulation, adv, disadvantage.

Ingredients.	% by wt.	Functions
→ soluble alginates e.g. Sodium or Potassium or Triethanolamine alginate.	15%.	Dissolve in water and form a viscous sol being
→ Calcium sulphate (Reactor).	16%.	Reacts with soluble alginates and form insoluble calcium alginate.
→ Zinc oxide	4%.	Act as filler particle.
→ Potassium Titanium Fluoride.	3%.	Act as accelerator for the setting of a stone to be poured in impression to ensure hard, dense surface of cast.
→ Diatomaceous earth	60%.	Also act as filler, provide strength and stiffness.
→ Sodium Phosphate (Retarder)	2%.	Reacts with calcium sulphate there by retard the setting of impression

Setting reaction.

Retarder Reactor.

$2Na_3PO_4 + 3CaSO_4 \rightarrow Ca_3(PO_4)_2 + 3Na_2SO_4$

Sodium alginate (powder) + $CaSO_4 + H_2O$ → Ca Alginate + Na_2SO_4 (Gel).

Reactor. Insoluble Alginate.

Sodium alginate.

Properties.

① Taste and Odour.

Alginate has a pleasant taste and smell for the comfort of a patient. Flavours include strawberry, orange, mint, vanilla.

②. Strength -

Alginate has a poor tear strength.

Factors affecting strength are -

W/P ratio :- Too much or too little water reduces gel strength.

Mixing time :- Over and under mixing both will reduces strength.

Time of removal of impression ⇒ strength increases if the time of removal is delayed for a few minutes after setting.

Syneresis and imbibition.

Like agar, it also exhibit the properties of syneresis and imbibition

→ Dimensional stability :- Poor dimensional stability

→ Adhesion - ① Does not adhere to tray.
② So, retention is not good.

Advantages.

→ It is easy to mix and manipulate.

→ Minimum requirement of equipments.

→ Low cost

→ Comfortable to patient.

→ Accuracy is there if properly handled.

Disadvantages.

→ It cannot be corrected

→ Poor dimensional stability - It cannot be store for a long time.

→ Poor tear strength.

→ It is not recommended where a high degree of accuracy is required.

D Y Patil Dental School

Department of Prosthodontics

Additional Internal Examination

batch (2020-21) Pre-clinical Prosthodontics Examin

23.09.21

Roll No.	Name	Sign
61	POOJA PAWAR	
85	PRAJAKTA PAWAR	



D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk. Via Lohegaon, Pune - 412105

Department of Prosthodontics

Additional Examination

Subject: *Dental Materials Science (Prosthodontics)*

Year: II BDS, Repeater Batch (2020)

Total marks:30/ 40 (Prostho + Cons =60/ 80) Section A: 10 marks; Section B: 20/30 marks
Date: 22.09.21 Time: 9.00 am to 12.00 pm Duration: 3 hours

SECTION – A (10x1=10)

(MCQ's)

i. *Use blue/black ball point pen only. Fill (dark) the appropriate empty circle below the question number once only*
ii. *Each question carries one mark*
iii. *A student will not be allotted any marks if he/she overwrites strikes out or Puts white ink on the circle once filled (darkened).*
iv. *Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as an attempt to resort to unfair Means.*

1. Liquids that become more rigid as the rate of deformation (shear strain rate) increases are called as:

a) Pseudoplastic
b) Dilatant
c) Plastic
d) Thixotropic

2. All of the following is true about thermosetting resins, *except*:

a) Reversible
b) Irreversible
c) Undergo chemical change
d) Decompose when heated

3. Impression material that technically can be re-used is

a) Agar-Agar
b) Alginate
c) Polysulfide
d) Condensation silicone

4. Covalent bonds involve

a) Transfer of electrons
b) Formation of cloud of electrons
c) Sharing of electrons
d) Polar forces

5. Which of the following is the golden standard test to measure biocompatibility?

a) Usage
b) Preliminary
c) Tertiary
d) Stage 1

6. Which of the following is the most accepted theory for setting of dental plaster:

a) Colloidal theory
b) Hydration theory
c) Solution theory
d) Dissolution-precipitation theory

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7. Which of the following is true about autopolymerizing denture base resin?
   a) Activator is Benzoyl Peroxide
   b) Colour stability is better than heat activated denture base resin
   c) Initial fit is better than heat activated denture base resin
   d) None of the above

8. Which of the following is an indication for zinc oxide eugenol impression paste.
   a) Definitive impression of dentulous arches
   b) Primary impression of edentulous arches
   c) Definitive impression of edentulous arches
   d) As a compressive impression material

9. Activator for light cure denture base resin is?
   a) Methyl-methacrylate
   b) Benzyl peroxide
   c) Camphoroquinone
   d) Tertiary amine

10. Type IV dental stone is used:
   a) For pouring primary cast
   b) For pouring master cast
   c) In investment material
   d) For making impressions

SECTION B (Prosthodontics) (05x2/4 marks =10/20)

Short Answer Questions

1. Write with brief description the four (4) Chemical stages of Addition Polymerisation.
2. Enlist the factors controlling the setting time of gypsum products.
3. Write the composition of zinc oxide eugenol impression paste with function of each.
4. Define Young's modulus and give its formula
5. Write the Composition of Dental waxes

Long Answer Question

1. Classify Impression Materials with examples (3). Write ideal properties of impression materials (2). Describe the composition of (1), advantages & disadvantages (2) and applications of irreversible hydrocolloid impression materials (2).

(01x10 marks =10)

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Department of Prosthodontics.

Additional examination

Subject :- Dental Materials Science.

Year :- II BDS ; Regular Batch (2021) ; Date :- 22.09.21

MCQ answer key

1. B
2. A
3. A
4. C
5. A
6. D
7. A
8. C
9. C
10. B

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Internal Assessment Examination

SECTION A

Sr. No. ADDITIONAL / RETTEMAR

DEPARTMENT OF PROSTHODONTICS

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X)(B)(C)● RIGHT (A)(B)●(D)

SEAT NO. IN WORDS	Sixty one.
QUESTION BOOKLET VERSION NO. IN WORDS	-
NAME OF EXAMINATION	Re Additional exam. - 2021
SUBJECT	Dental materials prostho
PAPER	-

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

6/10

SEAT NUMBER: 0 0 0 6 1

QUESTION BOOKLET VERSION NO.: A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

DEPARTMENT OF PROSTHODONTICS : OPD

SECTION B & C

SR. NO. ADDITIONAL / BETTERMENT FOR INTERNAL EXAMINATION

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Pooja Pawar

Name of the Examination Additional exam Class IInd BDS.

Subject Dental materials Prostho

Roll No. 61 Date 22-07-2021

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											6
Marks obtained in Section B	2	1	1	2	2						8
Marks obtained in Section C						6					6
Grand Total											20

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - B.
(prosthodontics)

1. four chemical stages of addition polymerisati
   - I Initiation
   - II propagation
   - III ~~Termination~~

① Initiation :-

→ takes place in two parts

First part :-

A peroxide molecules cereales up into two inactive free radical

Light / heat can provide energy needed for the process

$$RWR + \text{energy} \longrightarrow 2RO$$

peroxide → free radicle initiator

second part :-

Initiation occurs when free radical initiator ataches, attaches to a monomer molecule.

$$RO + CH_2=CH_2 \longrightarrow RO-CH_2-CH_2$$

free radicle initiator → Ethylene → Actinated monomer

2 factors controlling the setting time of gypsum products.

(1) water / powder ratio -
The wt/volume of the powder divided by wt of hemihydrate powder.
→ high W/P ratio decrease the number of nuclei per unit volume, setting time prolonged.

(2) Mixing time :—
longer the gypsum product mixed shorter setting time as the crystals broken up by the spatulation process, result in more nuclei of crystallization.

(3) Impurities — fine gypsum particles residue from incomplete calcination / addition by manufacturer will shorter the setting time becoz of ↑ no. of nuclei.

(4) Temperature :— The diff^{n} in solubility betn hemihydrate & gypsum becomes smaller with increasing temp this condition lowers the driving force for forming the dihydrate of also / results in a slower setting reaction.

3 Composition of zinc oxide enguol paste with functions

① Base paste
- zinc oxide
- Inert oils (plasticiser)
- Gum rosin.

② Reactor paste -
- Engenol
- Zinc acetate / MgCl (accelerator)
- fillers (tale or Kaolin).

3 Some paste constitutes a engenol
Eg : carbonylic acid / chlorothymol

- The 2 pastes comes in contrasting coloured & are dispersed in a 1:1 ratio
- They are mixed to give a paste of uniform color.

4 Define Young's modules of & give its formula!

→ young's modules:-

The mechanical property of a material to withstand the compresion @ the elongation with respect to its length

- young modules describes the relationship between stress (force per unit area) & strain (proportional deformation in an object).

$$E = \frac{\sigma}{\varepsilon} = \frac{\text{stress}}{\text{strain}}$$

here

E = young's modulus
σ = stress
ε = strain

5. Composition of dental waxes :-

A] Inlay wax :-

Composition : • paraffin → 40-60%.
Carnauba → 25%.
Ceranin → 10%.
Less wax → 5%.
Gum damar → 1%.

B] Baseplate wax

Composition : • paraffin
• ceranin → 70% to 80%.
Base wax → 12%.
Carnauba → 2.5%.
Natural → 3%.
Synthetic resin.
Microcrystalline / Synthetic wax → 2.5%

C) Sticky wax :- Composition :-
- yellow beeswax
Resin, green dammer.

d) Utility wax :- Construct the metal frame etc of partial

Composition ① Bee wax
② petrolatum

LAQ

Classify Impression : Material

- Non elastic
  - plaster impression compound
    - Zinc oxide eugenol
      - Impression Waxes
- Elastic
  - Hydrocolloids
    - Agar (reversible)
      - Alginate (irreversible)
  - Non-aques elastomers
    - polysulphide
      - polyesters
        - condensation silicon
          - Addition silicone

Ideal properties of impression material

(I) It should be non-toxic & upon
(II) It should be elastic in nature
(3) It should have good flow
(IV) respulution should be easy
(5) It should be dimensionally stable after setting
(6) It should be cheap & available
(7) setting time should be less than 5min

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Additional Internal Examination

II BDS Regular Batch (2020-21) Dental Materials Examination : Theory

22.09.21

Roll No	Name	Section A		Total Section A (20)	Section B (30) Prostho	Section C (30) Cons	Total (80)	Out of 4	Signature
		Prostho (10)	Cons (10)						
61	POOJA PAWAR	6	4	10	20	10	40	2	

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Department of Prosthodontics
Additional Internal Examination
II BDS Regular Batch (2020-21) Dental Materials Examination : Practicals
22.09.21

Roll No.	Name	Spotters (40)			Manipulation (20)			Viva (10)			Total (80)	Out of 4	Sign
		Spotters (20) Prostho	Spotters (20) Cons	Total (40)	Ratio Mixing & Final Product (10) Pr	Ratio Mixing & Final Product (10) Cons	Total (20)	Viva (10) Pr	Viva (10) Cons	Total (20)			
61	POOJA PAWAR	15	11	26	6	9	15	6	8	14	55.00	2.75	

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Additional Internal Examination

itch (2019-2020) Pre-clinical Prosthodontics Exami

23.09.21

Roll No.	Name	Sign
61	Sakshee Deshmukh	
85	Harshal bedse	



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Department of Prosthodontics

ADDITIONAL EXAMINATION

Subject: *DENTAL MATERIALS (Prosthodontics)*

Year: II BDS, REGULAR Batch (2019-20)

Date: 15/06/2020 Time: 9.00 am to 12.(8) pm Total Marks: 60 (Prostho 30 + Cons 30 = 60)

Prosthodontics: - Section A: 10 Marks + Section B: 20 Marks

Instructions *1 ALL questions are **COMPULSORY***
2 The number to the RIGHT indicates FULL marks
3 Draw diagrams WHEREVER necessary

SECTION – A-MULTIPLE CHOICE QUESTIONS (TOTAL 10x1=10 marks)

i. *A student will not be allotted any marks if he/she overwrites, strikes out or Puts white ink on the circle once filled (darkened)*

ii. *Do not write anything on the **blank portion of the question paper**. If written anything, such type of act will be considered as an attempt to resort to unfair Means*

1. Vicat needle is used for
   a. Testing the strength of dental plaster
   b. Evaluation of initial setting of dental plaster
   c. Testing the material hardness
   d. The purity of noble metals

2. An example of rigid reversible impression material
   a. Agar agar
   b. Dental plaster
   c. Impression compound
   d. elastomers

3. Which of the following is used as a pattern material?
   a. Boxing wax
   b. Utility wax
   c. Casting wax
   d. Sticky wax

4. The preferred material for repair of fractured acrylic resin denture base is
   a) Chemically cure resin
   b) Light cure resin
   c) Heat cure resin
   d) Vinyl resin

5. Final product of alginate is
   a) Sodium alginate
   b) Potassium alginate
   c) Trisodium phosphate
   d) Calcium alginate

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6. Materials recently used for maxillofacial prosthetics is
   a) RTV silicones
   b) Vinyl resins
   c) Methyl methacrylate
   d) latex

7. Green strength with reference to plaster means
   a) Compressive strength
   b) Wet strength
   c) Strength due to green colour
   d) Dry strength

8. Adhesion is defined as the attraction between
   a) Two unlike molecules
   b) Two like molecules
   c) Attraction of positive and negative changes
   d) Attachment of two substances by mechanical bonding

9. An impression compound should be poured in gypsum immediately to minimize inaccuracies related to
   a) Dehydration
   b) Stress relief
   c) Syneresis
   d) Further setting

10. The highest degree of light transmission by a material is called
   a) Metamerism
   b) Fluorescence
   c) Translucency
   d) Transparency

SECTION B
(Prosthodontics)

1. Write Short Notes: **(5x2=10)**
   a) Write about the physical stages of polymer and monomer interaction.
   b) Write a note on dental implants.
   c) What is hardness and what are the hardness tests?
   d) Write the steps involved in casting procedure.
   e) Write a short note on abrasives and polishing agents.

2. Long Answer Question: **(2+2+2+2+2=10)**
   Classify dental ceramics based on any 3 criteria. Write the composition, properties, uses and steps of fabrication procedure of metal ceramic crown.

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Department of Prosthodontics

ADDITIONAL EXAMINATION

Subject: *DENTAL MATERIALS (Prosthodontics)*

Year: II BDS, REGULAR Batch (2019-20)

Answer Key

1. b
2. c
3. c
4. a
5. d
6. a
7. b
8. a
9. b
10. c

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Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No. ADDITIONAL / [illegible]

DEPARTMENT OF PROSTHO[illegible]

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG: X B C ● RIGHT: A B ● D

SEAT NO. IN WORDS	six, one.
QUESTION BOOKLET VERSION NO. IN WORDS	—
NAME OF EXAMINATION	Additional Exam.
SUBJECT	Dental material, Prostho.
PAPER	—

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

8/10

SEAT NUMBER

			6	1
1	1	1	1	●
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	●	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
●	●	●	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1	1
B	B	2	2	2
D	D	3	3	3
G	G	4	4	4
M	M	5	5	5
N	N	6	6	6
P	P	7	7	7
S	S	8	8	8
U	U	9	9	9
		0	0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No. ADDITIONAL / RETURNE

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

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TO BE FILLED BY THE STUDENT

Name of the Student Sakshi Deshmukh.

Name of the Examination Additional exam. Class TY 2nd year

Subject Dental material Prosthe.

Roll No. 61 Date 15/6/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											8
Marks obtained in Section B	1.5	2	1½	2	2	6					~~13~~ 9
Marks obtained in Section C											7.5
Grand Total											~~24~~ 24.5

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

(section-B)

SAQ

1)

→ These can be described as

1) Sandy
2) Stringy
3) Doughlike
4) Rubbery
5) Stiff

→ Monomer: A chemical that can undergo polymerization any molecule than can bound to a similar molecule to form a polymer

polymer - A chemical compound consisting of large organic molecule built by Repetition of smaller monomeric unit

Basic nature of polymer.
it consist of large no. of Repeating units
- The no. of Repeating units in a chain of polymer known as deque of polymerization thy have
1) Thermal behavior
2) polymerization
3) Technological use
4) Architecture

2) dental implant

medical devices surgically implanted into jaw to Restore a person's ability to chew or their appearance

A person may Require implant if they have lost one or more teeth

Advantages

- more natural & comfortable
2) high sucess Rate
3) improve chewing Function
4) lead to better maintenance of bone at the site of lost tooth

Types:

1) Endosteal
2) subperiosteal

parts:

implant body
Healing screw
Healing caps
Healing abutment
abutment
Hygienic screw
prosthesis Retaining screw

3)

→ Hardness the measures the ability of material to be intended or abraded by another material

Types of Hardness test

1) Brinell Hardness
2) vickers Hardness
3) Rockwell Hardness
4) Meyer Hardness.
5) Micro Hardness.

Knoop Hardness testing indenter is a diamond ground to pyramid form

$$KHN = \frac{P}{Ap} = \frac{P}{L^2 C}$$

P = applied load

L = Length of long diagonal. m.m

C = a constant for each indenter supplied by manufacturer

Steps involved in casting

is the process by which a wax pattern of prepaid tooth is fabricated & converted to metallic Replica

Steps

1) prepare wax pattern
2) sprwing wax pattern
3) Attaching the sprue to crucible former
4) investing the pattern in casting Ring
5) Burnout of the wax
6) casting
7) Recovery
8) Finishing & polishing

in casting procedure there solidification defects

1) suck back porosity
2) Trapped gases
3) Pinhole
4) Gas inclusion
5) surface porosity
6) Back pressure porosity

5) abrasive & polishing agent

Natural abrasives
1) Arkan as stone
2) chalk
3) corundum
4) diamond
5) Emery
6) garnet
7) pumice
8) Quartz
9) sand
10) Tripoli
11) zirconium silicate
12) cuttle

Finishing - process of removing surface defects or scratches created during contouring process through the use of cutting or grinding instruments or both

polishing - process of providing lustre or gloss on material surface

Q LAB

1) Resin matrix ceramic.

1) Resin Based

2) Hybrid

2) Silicate – Feldspathic – Leucite Reinforced ceramic

2) Lithium silicate ceramic → Lithium disilicate zirconia Reinforced

3) oxide ceramic – Aluminium oxide

Zirconium oxide.

Metal ceramic crown.

they are consist of metal interior or base which is fused the porcelain crown.

Adv

1) This type of crown is both Robust & long lasting. it is considered a better fit than any other types of crown & have greater strength as well.

dis

there is structural weakness in ceramic crown. can be prone to chipping or Fracture

Factors in design Reduction

1) Metal creep due to close app of melting temp of gold alloys & porcelin

2) Diff in thermal expansion & Rate of calling bet gold alloys porcelin

3) sintering shrinkage of porcelin

properties

1) High tensile strength
2) compressive strength
3) wear Resistance
4) corrosion Resistance

provide strong bond to the tooth & withstand biting & chewing Forces very well

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Department of Prosthodontics

Additional (Online) Internal Examination

II BDS Regular Batch (2019-2020) Dental Materials Examination : Theory

15/06/2020

Roll No	Name	Section A		Total Section A (20)	Section B (20) Prostho							Section C (20) Cons	Total (60)	Out of 3	Signature
		Prostho (10)	Cons (10)		1	2	3	4	5	6	Total				
1	BORADE NANDINI CHANDRAKANT	7	5	12	1.5	1	2	2	1.5	8	16	16	44	2.2	
2	CHAUDHARI KETAN SANJAY	8	4	12	1.5	1.5	2	2	1.5	7.5	16	15.5	43.5	2.175	
3	SAMPADA MULAY	7	6	13	1.5	1	1	2	1.5	8	15	14.5	42.5	2.125	
4	ABHISHEK TARDE	7	7	14	1.5	1.5	2	2	1.5	8.5	17	14.5	45.5	2.275	
5	PRANALI GHORSADE	7	6	13	1	1	1	2	1.5	6	12.5	14.5	40	2	
6	VAIBHAV CHOTHE	8	5	13	1.5	1	2	2	1.5	7	15	14	42	2.1	
7	PUSHPAK KHADE	7	6	13	1.5	1.5	2	2	1.5	8	16.5	16	45.5	2.275	
8	SWEETY SACHWANI	5	4	9	1.5	1	2	2	1.5	6	14	13.5	36.5	1.825	

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Additional Internal (Online) Examination

II BDS Regular Batch (2019-2020) Dental Materials Examination : Practicals

16/06/2020

Roll No.	Name	Spotters (30)			Manipulation (20)			Viva (10)			Total (60)	Out of 3	Sign
		Spotters (10) Prostho	Spotters (15) Cons	Total (25)	Ratio Mixing & Final Product (15) Pr	Ratio Mixing & Final Product (10) Cons	Total (25)	Viva (05) Pr	Viva (05) Cons	Total (10)			
1	BORADE NANDINI CHANDRAKANT	9	9.5	18.5	8	6.5	14.5	4	2	6	39.00	1.95	
2	CHAUDHARI KETAN SANJAY	8	9.5	17.5	13	7.5	20.5	4	5	9	47.00	2.35	
3	SAMPADA MULAY	10	10.5	20.5	8	6.5	14.5	4	4	8	43.00	2.15	
4	ABHISHEK TARDE	8	10.5	18.5	8	6.5	14.5	4	4	8	41.00	2.05	
5	PRANALI GHORSADE	6	9	15	8	6	14	4	4	8	37.00	1.85	
6	VAIBHAV CHOTHE	10	10	20	11	6	17	5	5	10	47.00	2.35	
7	PUSHPAK KHADE	0	0	0	0	0	0	0	0	0	0.00	0.00	
8	SWEETY SACHWANI	8	11.5	19.5	11	0	11	0	3	3	33.50	1.68	

Head of Department of Prosthodontics
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Lohegaon,Pune - 412105

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Department of Prosthodontics

BDS Regular Batch 2018-19

Subject: Pre-Clinical Prosthodontics

ADDITIONAL EXAMINATION

ttendance.

Date:09.04.19

No	Roll No.	Names	Signatures
1	1	Krishna Ajmera	
2	31	Pushpak Khade	
3	34	Rita Khodke	
4	43	Rutuja Mathpati	
5	75	Deep Shah	

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Pune - 412105

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Department of Prosthodontics

BDS Regular Batch 2018-19

Subject: Dental Material Science (Prosthodontics & Conservative Dentistry)

ADDITIONAL EXAMINATION

Attendance – Theory

Date:08.04.19

S. No	Roll No.	Names	Signatures
1	24	Pallavi Kachave	
2	31	Pushpak Khade	
3	70	Uzair Raut	
4	84	Manjiri Vidhate	

Attendance – Practical

Date:08.04.19

S. No	Roll No.	Names	Signatures
1	24	Pallavi Kachave	
2	31	Pushpak Khade	
3	70	Uzair Raut	
4	84	Manjiri Vidhate	

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Department of Prosthodontics

ADDITIONAL EXAMINATION

Subject: *DENTAL MATERIALS (Prosthodontics)*

Year: II BDS, REGULAR Batch (2018-19)

Date: 08/04/2019 Time: 9.00 am to 12.00 pm Total Marks: 60 (Prostho 30 + Cons 30 = 60)
Section A: 10 Marks + Section B = 30 Marks

Instructions: *1. ALL questions are **COMPULSORY***
2. The number to the RIGHT indicates FULL marks
3. Draw diagrams WHEREVER necessary

SECTION – A-MULTIPLE CHOICE QUESTIONS (TOTAL 10x1=10 marks)

i. *A student will not be allotted any marks if he/she overwrites, strikes out or Puts white ink on the circle once filled (darkened)*

ii. *Do not write anything on the **blank portion of the question paper**. If written anything, such type of act will be considered as an attempt to resort to unfair Means.*

1. A stress that tends to resist a twisting motion is:
   a) Tensile stress
   b) Compressive stress
   c) Shear stress
   d) Poisson's ratio
2. Which of the following is binder in silica bonded investment material?
   a) Gypsum Product
   b) Monoammonium Phosphate
   c) Ethyl Silicate
   d) None of the above
3. The wax used for making interocclusal records:
   a) Corrective wax
   b) Bite registration wax
   c) Sticky wax
   d) Base plate wax
4. Incomplete casting is the result of
   a) Shrink spot porosity
   b) Cracking of investment
   c) Back pressure porosity
   d) Overheating of investment

PTO

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Lohegaon Pune - 412105

5. Quartz in dental porcelain acts as a:
   a) Glass forming agent
   b) Frit
   c) Opacifiers
   d) Strengthener
6. The agent used to remove oxide coating from parent metal during soldering is:
   a) Electrolyte
   b) Flux
   c) Soft solder
   d) Laser
7. Release of hydrogen gas is a problem with which of the following impression materials:
   a) Addition silicone
   b) Condensation silicone
   c) Polysulfide
   d) Polyether
8. The insertion of alloplastic substance into the body for therapeutic, diagnostic, prostheties or experimental purposes is known as
   a) Replantation
   b) Transplantation
   c) Transformation
   d) Implantation
9. Type IV dental stone is used:
   a) To make primary cast
   b) To make master cast
   c) To make study model
   d) for making impressions
10. Which of the following is a *mucocompressive* impression material:
   a) Alginate
   b) Impression compound
   c) Type I gypsum product
   d) Condensation silicone

SECTION B: PROSTHODONTICS — TOTAL- 20 MARKS

SHORT ANSWER QUESTIONS: **(5x2=10 marks)**

1. Discuss elastic modulus, proportional limit, elastic limit and yield strength as applicable to dental materials
2. Classify waxes used in dentistry. Write the composition of inlay wax with function of each ingredient
3. Enumerate and explain the three dimensions of colour
4. Write a short note on osseointegration.
5. Give the classification of denture base resins. Discuss the properties of denture base resins in detail.

LONG ANSWER QUESTION: **(1x10=10 marks)**

1. Give composition along with setting reaction of alginate impression material. Discuss its properties, manipulation., advantages and disadvantages. (3+2+1+2+2)

Head of Department of Prosthodontics
DY PATIL DENTAL

ADDITIONAL EXAMINATION

Subject: *DENTAL MATERIALS (Prosthodontics)*

Year: II BDS, REGULAR Batch (2018-19)

MCQ Answer key

Date: 08/04/2019 Time: 9.00 am to 12.00 pm

1. c
2. c
3. b
4. c
5. a
6. b
7. a
8. d
9. b
10. b

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Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X)(B)(C)● RIGHT (A)(B)●(D)

SEAT NO. IN WORDS	Seventy.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional DM- Prostho.
SUBJECT	DM Prostho.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

8/10

SEAT NUMBER

7 0

QUESTION BOOKLET VERSION NO.

A

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student: Vzair Raut

Name of the Examination: Additional Exam. Class: IInd BDS

Subject: BM-Prostho

Roll No.: 70. Date: 8/4/19. 2019

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

21/30

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											8
Marks obtained in Section B	1	1	2	1	2						7
Marks obtained in Section C						6					6
Grand Total											21

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ.

1 • Elastic modulus. [Young's modulus]
- The relative stiffness of material which is measured by slope of elastic region of stress stain graph.
- It is stiffness of material that is calculated as ratio of elastic stress to elastic strain

• Proportional limit.
- Defined as magnitude of elastic stress above which plastic deformation occurs.
- As stress is increase, the strain also increase
- Inital O-A portion shows stress is linearly porportional strain.

• Yield strength.
- the stress at which a test specimen exhibit a specific amount of plastic strain.
- It is property that represents stress value at which a small amount of plastic strain has occured.
- Property often used to describe stress at which material begins to function in plastic manner.

• Elastic limit.
- The maximum stress that a material will stand without permanent deformation.
- For linearly elastic materials, proportional limit & elastic limit represent same stress within the structure.

Classification of wax.

1.) According to origin.

A.) Natural wax → mineral.
- Plant.
- Insect
- Animal.

B.) Synthetic waxes.

c.) Additives.

2) According to composition.

A.] Hydrocarbon.

B.] Esters.

3.] According to use.

A.] Pattern wax.
- Inlay wax.
- Casting wax.
- Base plate.

B.] Processing wax.
- Boxing wax.
- Utility wax.
- Sticky wax.

c.] Impression wax.
- Corrective wax.
- Bite registration waxs.

Composition of inlay.

- Paraffin - 60%.
- Carnauba - 25%.
- Beeswax - 5%.
- Ceresin - 10%.
- Gum dammer - 1%.

Organic filler.
Diatomeous earth
Candelilla.
Colouring agent.

3 • Hue :

- Dominant colour of object [red, yellow green]
- short wave length = violet Hue.
- long wave length = Red Hue.
- Most natural teeth fall in Hue range between yellow & yellow-red :- 6YR - 9.3YR.

• Value.

- Increase toward high end (lighter) & Decrease toward low end (darker).
- Vital teeth - High value Non-vital teeth - low value - Grey.
- Most teeth - ~~High~~ fall in range 4-8.

• Chroma.

- Degree of saturation / strength / intensity of particular value.
- High chroma - High amount of Hue with little dilution.
- low chroma - High amount of Hue with large dilution.
- Teeth have a chroma range of 0-7

4. Osseointegration.

A time-dependent healing process whereby clinically symptomatic rigid fixation of alloplastic materials is achieved and maintained in bone during function loading.

- Factors affecting osseointegration.
  - Implant biocompatibility.
  - Implant design.
  - Implant surface.
  - Bone quality & surgical site.
  - Surgical technique.
  - loading condition.
  - infection control.

Classification of denture base resin.

- Metallic → cobalt chromium.
  - Gold alloy.
  - Alluminium.
  - Stainless steel.
- Non-metallic - Acrylic resin.
  - Vinyl resin.
- Temporary - Self cure acrylic.
  - Shellac base plate.
  - Base plate wax.
- Permanent - Heat cure denture resin -
  - Light cure.
  - Pour type.
  - Injection moulded.
  - Metallic base.

LAQ.

Q Composition, setting reaction, properties, manipulation, adv, disadvantage.

Ingredients.	% by wt.	Functions.
→ soluble alginates e.g. Sodium or Potassium or Triethanolamine alginate.	15%.	Dissolve in water and form a viscous sol being
→ Calcium sulphate (Reactor).	16%.	Reacts with soluble alginates and form insoluble calcium alginate.
→ Zinc oxide	4%.	Act as filler particle.
→ Potassium Titanium Fluoride.	3%.	Act as accelerator for the setting of a stone to be poured in impression to ensure hard, dense surface of cast.
→ Diatomaceous earth.	60%.	Also act as filler, provide strength and stiffness.
→ Sodium Phosphate. (Retarder)	2%.	Reacts with calcium sulphate there by retard the setting of impression

Setting reaction.

Retarder Reactor.

$2Na_3PO_4 + 3CaSO_4 \rightarrow Ca_3(PO_4)_2 + 3Na_2SO_4$

Sodium alginate (powder) + $CaSO_4 + H_2O$ → Ca Alginate + Na_2SO_4 (Gel).

Sodium alginate. Reactor. Insoluble Alginate.

Properties.

① Taste and Odour.

Alginate has a pleasant taste and smell for the comfort of a patient. Flavours include strawberry, orange, mint, vanilla.

②. Strength-

Alginate has a poor tear strength.

Factors affecting strength are-

W/P ratio :- Too much or too little water reduces gel strength.

Mixing time :- Over and under mixing both will reduces strength

Time of removal of impression → strength increases if the time of removal is delayed for a few minutes after setting.

Syneresis and imbibition.

Like agar, it also exhibit the properties of syneresis and imbibition

→ Dimensional stability :- Poor dimensional stability

→ Adhesion ① does not adhere to tray.
② so, retention is not good.

Advantages.

→ It is easy to mix and manipulate.

→ Minimum requirement of equipments.

→ Low cost

→ Comfortable to patient.

→ Accuracy is there if properly handled.

Disadvantages.

→ It cannot be corrected

→ Poor dimensional stability - It cannot be store for a long time.

→ Poor tear strength.

→ It is not recommended where a high degree of accuracy is required.

D Y Patil Dental School

Department of Prosthodontics

Additional Examination

II BDS Referred Batch-2018, Dental Materials Examination : Theory

Date- 17/10/2018

Roll No	Name	Section A		Total Section A (20)	Section B (30) Prostho	Section C (30) Cons	Total (60)	Out of 4
		Prostho (10)	Cons (10)					
1	Madhuri Dhile	1	6	7	10	12	29	1.45
2	Namrata Gholave	1	8	9	5	7	21	1.05
3	Sneha Patange	0	0	0	0	0	0	0.00
4	Zain Patel	2	5	7	12	10	29	1.45
5	Ali Tandel	0	7	7	4	7	18	0.90
6	Ankita Vargude	0	0	0	0	0	0	0.00
7	Shraddha Gaikwad	1	7	8	12	14	34	1.70

DY Patil Dental School : Department of Prosthodontics

II B.D.S. Referred Batch-18 **Subject : Dental Materials Practicals**

Additional exam

Roll No.	Name	Spotters (40)			Manipulation (20)			Viva (10)			Total (60/80)	Out of 4	Signature
		Spotters (20) Prostho	Spotters (20) Cons	Total (40)	Ratio Mixing & Final Product (10)	Ratio Mixing & Final Product (10)	Total (20)	Viva (05) Pr	Viva (05) Cons	Total (20)			
1	Madhuri Dhile	8	7.5	15.5	6	5	11	3	3.5	6.5	33.00	1.650	
2	Namrata Gholave	6.5	7.5	14	5	5	10	3.5	3.5	7	31.00	1.550	
3	Sneha Patange	0	0	0	0	0	0	0	0	0	0.00	0.000	
4	Zain Patel	7.5	8.5	16	5	6	11	3.5	3.5	7	34.00	1.700	
5	Ali Tandel	5	8	13	3	3	6	2.5	2.5	5	24.00	1.200	
6	Ankita Vargude	10	7.5	17.5	6	4.5	10.5	6	5	11	39.00	1.950	
7	Shraddha Gaikwad	7	9	16	5	5	10	2	3	5	31.00	1.550	

Head of Department of Prosthodontics
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ORAL PATHOLOGY AND MICROBIOLOGY

DY PATIL DENTAL SCHOOL, PUNE

THIRD BDS 2018-19 Academic year

Notice

Subject: Time Table for third BDS (regular batch 2018-19) Additional Internal Assessment Examination

All the students of third BDS (regular batch 2018-19) Academic year are instructed to

- Report 15 minutes prior to start of examinations.
- Confirm the syllabus for the examination from respective departments.
- Follow the specific instructions (if any) of the respective departments regarding the examinations

		Theory	Practical
Date	**Subject**	**Time**	
12/04/2019	Oral Pathology & Microbiology	8:45 am to 11:45 am	12:30 to 3:30
15/04/2019	General Medicine	9am to 12pm	12:30 to 3:30
16/04/2019	General surgery	9am to 12pm	12:30 to 3:30

HOD
General Medicine

HOD
General Surgery

HOD
Oral pathology

EXAMINATION
CO-ORDINATOR

DEAN
DYPDS

DY PATIL DENTAL SCHOOL PUNE

DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY

D.Y. Patil Dental School, Lohegaon, Pune

III RD YEAR B.D.S REGULAR BATCH 2018-19

ADDITIONAL EXAMINATION - 12/04/19

PRACTICAL ATTENDANCE

Sr. No	Roll No	Name.	
1.	29.	Mayuri Kadam	Mayuri
2.	21	Harshada Gawali	
3	48	Apurva Penke	
4	19	Siddhath Doiphode	
5.	16.	Chitrangada Deora	
6	67	TOM KONAK	
7	68	Rahul Purohit	

DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY

D.Y. Patil Dental School, Lohegaon

IIIRD YEAR B.D.S REGULAR BATCH 2018 - 19

ADDITIONAL EXAMINATION : 12/04/19

THEORY ATTENDANCE

Sr No.	Roll No.	Name.	
1.	29.	Mayuri Kadam.	Mayuri
2.	21	Harshada Gawali	
3	48	Apurva Perke	
4	19	Siddhali Doiphode	
5.	67	N. Toshkumar	
6	68	Rahul Purohit	
7.	16.	Chitrangada Deora	

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D. Y. Patil Educational Enterprises Charitable Trust

D Y PATIL GROUP OF INSTITUTIONS

D Y PATIL DENTAL SCHOOL

D Y Patil Knowledge City, Charholi (Bk), Via Lohegaon, Pune - 412 105

THIRD BDS (BATCH2018-2019 BATCH)

ADDITIONAL INTERNAL EXAMINATION

Subject: Oral Pathology and Microbiology — Date: 12/04/2019

Total Marks: 60 — Time: 3 hrs

Section A

Q. 1. Multiple Choice Questions — 1X20=20marks

1. Pinpoint hemorrhages of < 1cm diameter are known as
   (a.) Petechiae — b. Ecchymoses
   c. Purpura — d. Pustules

2. Single tooth germ split & form in a new tooth bud.
   (a.) Gemination — b. Fusion
   c. Concrescence — d. Dense in dente

3. Which of the following agent is of value in the post-operative care of hemophilic patients?
   a. Vitamin K — b. Munsell's solution
   (c.) Aminocaproic acid — d. Factor 8 cryoprecipitate

4. Cobblestone appearance on the buccal mucosa is seem in
   a. Noma — b. Rhinoscleroma
   c. Granuloma inguinale — d. Pyostomatitis vegetans

5. Herpes simplex virus triggers the occurrence of
   a. Pemphigus — b. Erythema multiforme
   c. Cicatricial pemphigoid — d. Hailey Hailey disease.

6. Etiology for Sjogrens syndrome to as
   a. Viral infection — b. Acquired condition
   (c.) Autoimmune condition — d. Hypersensitivity reaction

7. Gingival cyst of newborn is found on what intraoral structure ?
   a. hard palate — (b.) alveolar ridge
   c. tongue — d. soft palate

8. Gustafsons formula in forensic odontology is used for
   a. Gender determination — (b.) Age determination
   c. Determination of grievous injuries — d. All the above.

9. Biopsy of a clinically suspicious lesion is negative. The most appropriate treatment is
   a. Tell patient no malignancy — b. Repeat the biopsy
   c. Observe the patient for twelve months — d. Observe the patient for three months

10. What is the PH at which initiation caries begins?

a. 3.5-4.5 b. 4.3-4.5
c. 4.9-5.1 d. 5.2-5.5

11. Myospherulosis is a complication of

a. Fracture healing b. Extraction wound
c. Gingivectomy wound d. Biopsy wound

12. Hypophosphatasia is due to the deficiency of serum

a. Acid phosphatase b. Alkaline phosphatase
c. Lipase d. Amylase

13. A degenerative or regressive change of pulp

a. Pulpitis b. Pulp polyp
c. Reticular atrophy d. All of the above

14. Which class is indeterminate in the exfoliate cytology ?

a. Class I b. Class II
c. Class III d. Class IV

15. Rodent facies is characteristic of

a. Sickle cell anemia b. Thalassemia
c. Crouzon syndrome d. Treacher Collins syndrome

16. Suttons disease is

a. Major recurrent apthous ulcer b. Herpetic gingivostomatitis
c. Oncocytosis d. Leiomyoma

17. Tuberculosis of submaxillary and cervical lymph nodes is known as

a. Scarlatina b. Scrofula
c. Miliary tuberculoses d. Lupus vulgaris

18. Cracked tooth syndrome is characterised by

a. Sharp pain at rest b. Sharp pain while chewing
c. Sharp pain while opening the mouth d. Sharp pain while releasing the biting pressure

19. Magenta tongue and cracks at corner of mouth are seen in deficiency of:

a. Vitamin B1 b. Niacin
c. Riboflavin d. Pantothenic acid

20. Which vitamin does not play an important role in tooth development?

a. Vit A b. Vit C
c. Vit D d. Vit E

DEPT OF ORAL PATHOLOGY AND MICROBIOLOGY

D.Y PATIL DENTAL SCHOOL PUNE

III RD YEAR BDS REGULAR BATCH 2018-19

ADDITIONAL EXAMINATION : 12/04/19

MCQ KEY

MCQ NO	ANSWER	MCQ NO.	ANSWER
1	A	11	B
2	A	12	B
3	C	13	C
4	D	14	C
5	B	15	B
6	C	16	A
7	B	17	B
8	B	18	D
9	B	19	C
10	D	20	D

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Internal Assessment Examination

07/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

Gawali Harshada Ramesh

SEAT NO. IN WORDS	Twenty-one
QUESTION BOOKLET VERSION NO. IN WORDS	—
NAME OF EXAMINATION	Additional Examination of Microbiology
SUBJECT	Oral Pathology
PAPER	—

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0 0 0 2

QUESTION BOOKLET VERSION NO.

A

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	●				11	●				21				
2	●				12		●			22				
3	●				13	●				23				
4				●	14				●	24				
5	●				15			●		25				
6			●		16	●				26				
7		●			17				●	27				
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10	●				20		●			30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
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TO BE FILLED BY THE STUDENT

Name of the Student Gawali Harshada Ramesh

Name of the Examination Additional Internal Exam Class IIT BDS

Subject Oral Pathology & Microbiology

Roll No. 21 Date 12/4/19

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											07/20
Marks obtained in Section B	1	1	1	1·5	1	1	1·5	1·5	1·5	1	12/20
Marks obtained in Section C	6	7									13/20
Grand Total											32/60

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section C

LAQ

1) Neoplasia -
- It is a uncontrolled growth of cells in specific Area.
- Which can be spread to other part too.

- Odontogenic Tumours of Jaw

Benign tumours Malignant Tumours.

* Benign Odontogenic Tumours are -
1) Ameloblastoma
2) Squamous odontogenic Tumour
3) Adenomatoid Odontogenic Tumour
4) Calcifying Epithelial Odontogenic Tumour.
5) Odontomes → Compound Composite Odontomes
   → Complex Composite Odontomes.
6) Odontogenic Myxoma
7) Odontogenic fibroma
8) Ameloblastic fibroma.

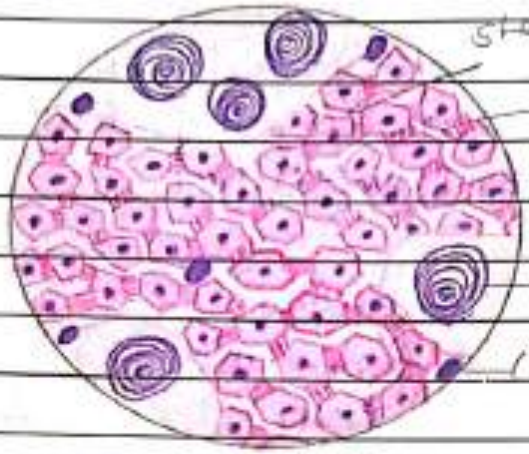
* Malignant:
1) Malignant Ameloblastoma.
2) Odontogenic fibrosarcoma
3) Ameloblastic fibro odonto sarcoma.
4) Ameloblastic fibro dentino sarcoma.

Pindborg's Tumour.-
Calcifying Epithelial Odontogenic Tumour (CEOT)
It is a Benign Odontogenic Tumour of Jaw
It is a Bony Hard swelling of Jaw occurs in Maxilla as well as Mandible.

Pathogenisis - It is unknown
It can be developed from Remenats of reduced Enamel Epithelium or Rest of Malassez.
When the precursors are stimulated it further stimulates the growth of tumour.

Clinical Features.
It occurs in both Males & Females.
It is mainly seen in 3rd to 7th Decade of life.
Clinically it is a Bony Hard swelling of Jaws.
It is Asymptomatic lesion
If infected then it can be painful.
It is Mainly affects Mandible than Maxilla
It is usually associated with Impacted teeth.
So seen in Maxillary caine, Mandibular Canines, Maxillary & Mandibular Bicuspid region are most likely to be affected.
It can also cause facial Asymetry.

* Histopathology.



Calcifying Odontogenic Epithelial Tumour.
(Pindborg's Tumour)

- Histopathologically Pindborg Tumour is composed of Polyhedral cell present in sheets.
- Polyhedral cell are connected by prominent Intercellular Bridges.
- There are some calcification also seen.
- The Rings which are Haematoxilyn stain are called as Lishgen's Ring.
- They are Hyalinized Ring present in Pindborg Tumour or Calcifying Epithelial Odontogenic Tumour are Characteristic feature.
- No pleomorphism seen in Nucleous of Polyhedral cells.
- Lishgen's Rings are Dark Stain Haematoxylin Bodies which are Hyalinized bodies.

- Radiographical Features.
- It is unilocular Radiolucency with Sclerotic borders & inbetween there are some calcified mass present.
- Radiographically is shows "Driven-snow" Appearance.

- Treatment-
- Surgical Excision.

Pulp & Periapical diseases

Inflammary Periapical Disease.
Pulpitis → Acute Pulpitis
→ Chronic Pulpitis.

Periapical Granuloma.

Pulp abscess / Periodontal Abscess

Pulp Polyp is overgrowth of pulpar tissue.

Radicular Cyst

Radicular Cyst -
It is the most common cyst found in oral cavity
Radicular cyst is also called as
- Periapical Cyst
- Rootend cyst

If there is remenant of Radicular cyst after the surgical Excision & curiutage then it can give rise to Residual cyst → Most common complication of Radicular Cyst.

- Radicular cyst is derived from dental lamina cells which it is formed.
- Radicular cyst is sequale of Periapical granuloma
- Radicular cyst is most commonly associated with Grossly carious tooth.
- As the Name suggest Periapical means it is present at the Apex of teeth which is infected.

formation of Periapical Cyst -

Pathogenesis

Infection of tooth / Grossly carious tooth

↓

Inflammatory Reaction at Periapical location

↓

Periapical Granuloma

↓

Central cells of Granuloma are deficient in Nutritional supply

↓

Degradation of Central Cells

↓

Cystic space is formed

↓

Increases in size

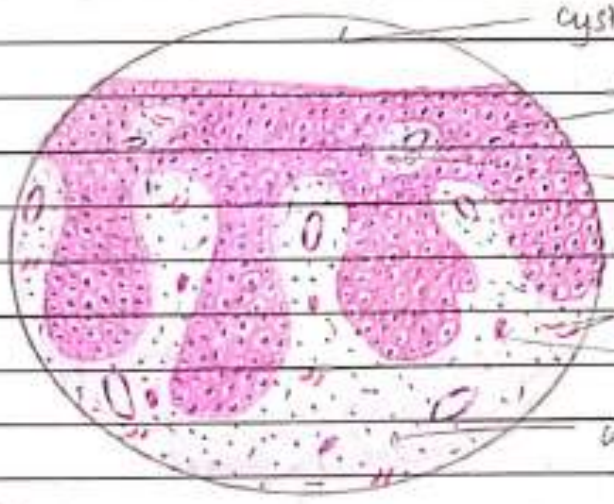
↓

Periapical Cyst is formed.

Clinical Features -

It is commonly seen cyst of oral cavity.
It can occur at any Any age.
It is mostly seen in Males than Females.
Most commonly Affected teeth are Mandibular molar, Maxillary Molars & Then may be Bicuspids.
Commonly Associated with Carious tooth which can be Symptomatic.
If not treated in time it can lead to inflamation of Bone i.e Osteomyelitis.
Then lesion spread is very large and can cause destruction of Bone.

Histopathology -



Radicular Cyst

Histopathogical Features -

- Radicular cyst consist of a cystic lumen & Epithelium & Connective tissue.
- Epithelium of Radicular cyst / Periapical cyst is arranged in specific pattern called Arading & forking pattern.
- There may be presences of connective tiss islands entrapment
- Connective tissue of Radicular cyst is with Inflammatory cells
- It also contains Cholesterol clefts & multinucleated giant cells.
- Radicular cyst characteristic feature are Ruston Bodies
- They are present in Epithelium.
- Radicular cyst is sequale of Periapical Granulom

Radiographical features -

- Radiographically Radicular cyst is a unilocular Radiolucency with ill-defined borders.
- It is very important to distinguish between periapical granuloma & Periapical cyst
- Periapical granuloma in Radiograph is about 2 mm or less in diameter
- But cyst can be greater than 2 mm in diameter
- So it should be well interpretated.
- It is mostly associated with carious molars so good interpretation should be done before extraction of carious tooth to remove periapical granuloma as well as cyst also

Treatment

Extraction of Involved tooth and Curretage of the Periapical lesion.

Antibiotics should be prescribed.

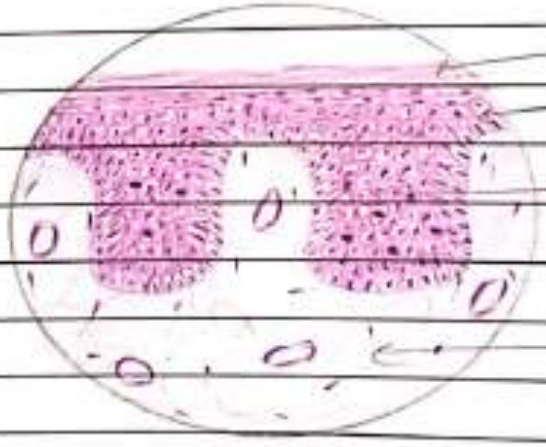
If Pain present then NSAIDS / Analgesics.

Section B

1) Leukoplakia

- It is a potentially Malignant lesion.
- It is defined as Unscrapable white patch on the Buccal Mucosa mostly associated with Tobbaco Habit, etc.
- White patch, which is unscrapable and
- does not disappears after streching of Mucosa.
- Leukoplakia can be associated with following things- (Etiology)
- Tobbaco
- Smoking
- Chronic Cheek Bitting
- Sharp tooth
- Immunodepressant Person
- Alchol

- Leukoplakia.



Leukoplakia (Mild)

- It is characteristically associated with Epithelial Dysplasia due to Chronic Irritants.

Differential Diagnosis
Leucoplakia
White sponge nevus
Oral lichen Planus.

Treatment-
Stoppage of Habit

2) Turner tooth:

- They are tooth which are associated with Enamel Hypoplasia.
- They are localized teeth Enamel Hypoplasia
- Most commonly affected teeth are Incisors.
- There may be pitting Enamel Hypoplasia.
- It is due to excess fluorides in the diet.
- It causes Fluorosis of Enamel & gives Brownish colour to affected Area.

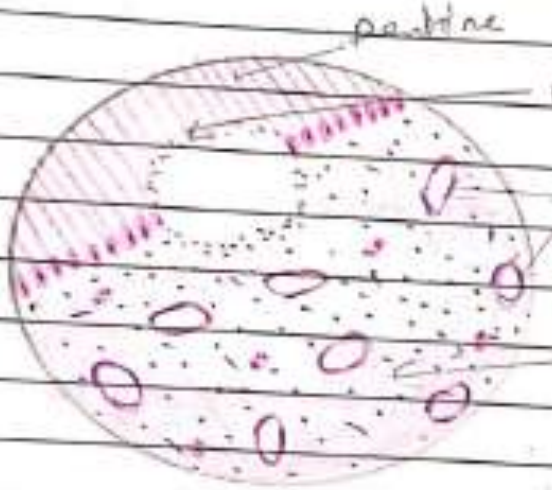
Phoenix Abscess.

It is also called as Dento-Alveolar Abscess or Pulp Abscess.

It is a abscess associated with Carious tooth and may be with Pus or exudate.

Histological Feature.

- Numerous newly formed blood vessels are seen.
- Degeneration of odontoblastic layer.
- Connective tissue is full with inflammatory cells.



Phoenix Abscess

4) Rubeola -

- It is a viral infection.
- It is also known as Measeals.
- Its characteristic features are koplic spots

- Rubeola can be confused with Rubella ie German Measeals.

- Clinical Features.
- koplic spots are characteristic feature.
- Fever
- Chills
- ~~Matt~~ Fatigue & Body ache.
- Weakness.

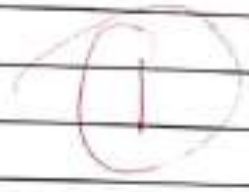
- Treatment.
- Antiviral Drugs.
- Antipyretics.
- Pain present the NSAIDS / Analgesics.

Bite Marks.

They are Marking of teeth on the Skin which can be use as a tool in forensic Odontology.

Bite Marks can be of superficial or deep Bite marks.

They can present on skin surface with the Impression of teeth on the affected area.



6) Gadner's Syndrome.

- It is syndrome which is having.
  - Multiple Osteomas.
  - Intestinal polyposis
  -

Multiple osteomas are characteristic feature of Gadner's syndrome.



) Tetanus.

It is caused by clostridium tetani.
It is a bacterial Disease.
Infection occurs - by penetration through wound.
It clinically seen individuals are shows Bone deformities.

Tetanus is very serious disease as it can be lethal in Nature if not taken proper treatment.

Anti tetanus Vaccination is also available nowaday which is given when any Penetrating or open wound is there.
Tetanus can cause Bone deformity which can affect Any bone of body.

1.5

e) Pink tooth of Mummery.

- It is a condition in which the tooth undergoes Intenal Resorption.
- Due to Intenal Resorption the thickness of dentin is reduced.
- Due to Reduced Dentin thickness as enamel is translucent it can pass any colour underlying it.
- So it give as Pink Hue of tooth due to underlying Pulp tissue.
- Pulp tissue contains Blood vessels so it give Pink hue to the tooth
- They are called as Pink tooth of Mummery.

- Commonly affected tooth are
- Cerdral & Lateral Maxillary incisors.
-
- Permanent as well as deciduous Both can show this phenomenon.

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Supplement Sheet

me of the Student Gawali Harshada Ramesh

me of the Examination Addition Internal Exam Class III BDS

ject Oral Pathology

l No. 21 Date 12/4/19

pplement No. ① Invigilator Signature

Sickle cell anemia. - Autosomal Disorder.

It can also decrease in a Haemoglobin content in blood below normal range.

Sickle cell Anemia peripheral smear Frame.

In peripheral sneak of Sickle cell Anemia there will sickle shaped RBC's

Usually RBCs are Biconcave & Oval shaped in Normal Person.

But in Sickle cell Anemia individual there is Sickle shaped cell RBC due it shape there is ↓ oxygen carrying capacity so there will be abundant RBC in peripheral Sneak.

It also contains Neutrophils, Lymphocytes, monocytes + Some it can show eosinophils & Basophills.

11

10) Ghost teeth

- Ghost teeth are characteristic feature of Region Odontodysplasia.
- Ghost teeth are also called as 'Shell teeth'
- Radiographically it is seen that there is a thin lay of Enamel & Dentin and a large pulp space. compared to Normal teeth.
- Then this appearance gives it as Ghost appearance so they are called as "Ghost teeth"



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Practical / Clinical Examination Answer Book

Examination

21/60

Sr. No.

Name of the Student Gawali Harshada Ramesh.

Name of the Examination Additional Exam Class III BDS

Subject Oral Pathology

Roll No. 21 Date 12/4/19

Students Signature [signature] "Seen No. Complaint" [signature]

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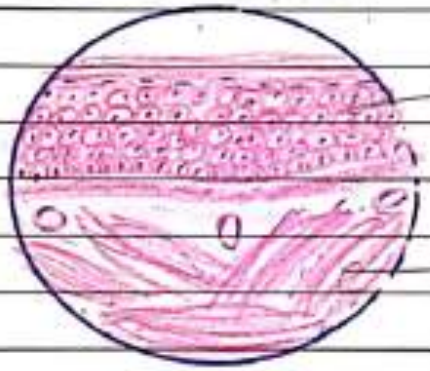
...ecimen	06	(35 Marks)
...mal-Communication skills		(10 Marks)

21



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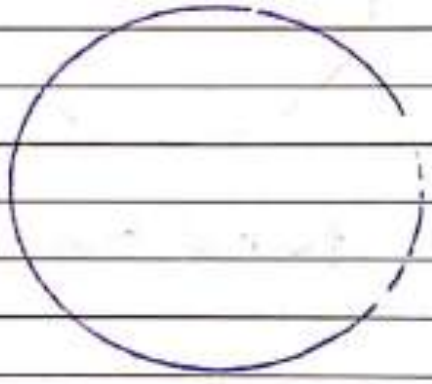
Oral Submous fibrosis



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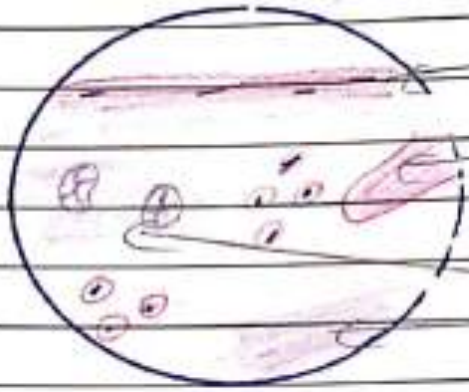
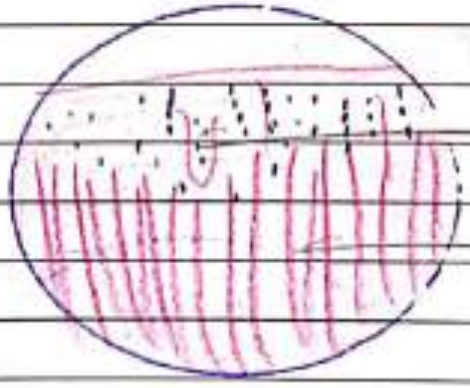
Periapical granular

3)



Pleomorphic Adenoma.

4)



Dentinal caries.

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Supplement Sheet

ıe of the Student _____

ıe of the Examination _____ Class _____

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No. _____ Date _____

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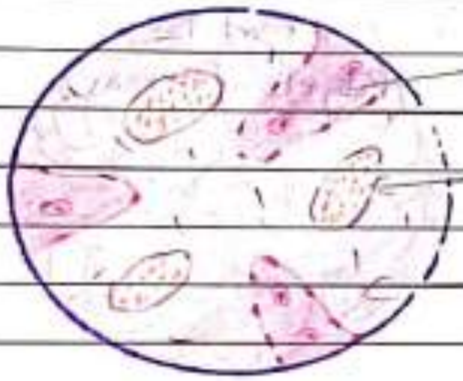
5)



4

Aneurysmal Bone cyst

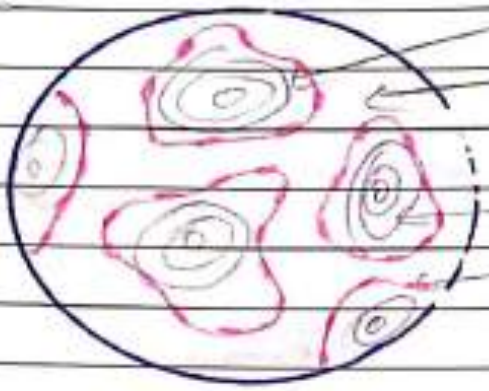
6)



Chronic Osteomyelitis.

1

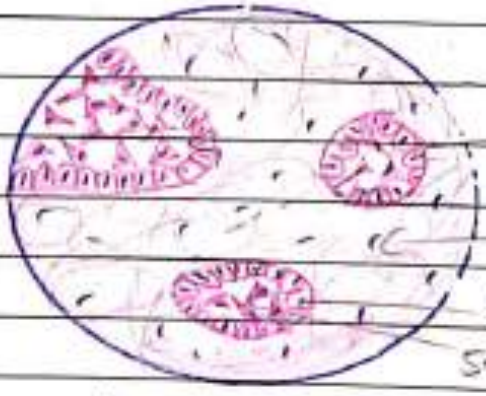
7)



Fibroosseous lesion
(Paget's Disease)

1

8)



Ameloblastic fibroma

4

9) Abrasion.

- Mechanical Tooth wear except tooth to tooth contact is called as Abrasion.
- It maybe due to faulty brushing tech.
- It is present at cervical region in maxillary molar specimen.



10) This ~~dot~~ has Fusion with talon cusp.

- Fusion - Fusion of 2 tooth germ is seen on maybe supernumerary + one in incisor
- Talon cusp - Anatomous cusp like structure present at cingulum level with a deep groove present.

- It should be treat to prevent caries in the deep groove Area.

(1) Dilaceration.

- It is a sharp bend at the Root apex
- It may be due trauma while eruption, etc.
- It is seen in single rooted tooth in the specimen which is a Maxillary caine.
- It is causing difficulty while doing Root canal therapy due to its Sudden twist
- It can also cause complication while extraction.

12) Fusion.

- Fusion is a condition in which two tooth germ are fused.
- In this case there is fusion of central & lateral incisor.
-

Gemination / Macrodontia.

- Gemination is tooth complete or partial crown structure with single root.
- Macrodontia - Large size of tooth than normal tooth.

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Internal Assessment Examination

12/20

SECTION A

Sr. No. 29.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ●

RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Twenty - Nine.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination.
SUBJECT	Oral Pathology & Microbiology.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

			2	9
0	0	0	0	0
1	1	1	1	1
2	2	2	●	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
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8	8	8	8	8
9	9	9	9	●

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	●	B	C	D	11	A	B	C	●	21	A	B	C	D
2	●	B	C	D	12	A	●	C	D	22	A	B	C	D
3	A	●	C	D	13	A	B	●	D	23	A	B	C	D
4	A	●	C	D	14	A	B	C	●	24	A	B	C	D
5	●	B	C	D	15	A	●	C	D	25	A	B	C	D
6	A	B	●	D	16	●	B	C	D	26	A	B	C	D
7	A	●	C	D	17	A	B	●	D	27	A	B	C	D
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9	A	B	C	●	19	A	B	●	D	29	A	B	C	D
10	●	B	C	D	20	A	B	C	●	30	A	B	C	D

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Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No. 29.

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TO BE FILLED BY THE STUDENT

Name of the Student Mayuri Kadam.

Name of the Examination Additional Exam. Class III BDS.

Subject Oral pathology.

Roll No. 29. Date 12/4/19.

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Mayuri

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											12/20
Marks obtained in Section B	1·5	0·5	NA	1·5	1	1	1·5	1·5	1	1·5	11/20
Marks obtained in Section C	5	6									11/20
Grand Total											34/60

Seen & No. Complaint

Mayuri

Student's Signature

Dr Deepak

Name & Signature of Subject Teacher

Dr Deepak

Name & Signature of IC / H.O.D.

Section C'

II)

1) Neoplasia :-

Neoplasia is defined as abnormal mass of tissue, which is non function, which grows even after cessation of growth stimulus which evoked the change.

Odontogenic tumors of jaw are classified as follows. - A) Benign.

1) Odontogenic epithelium without ectomesenchyme.
- Ameloblastoma.
- Squamous odontogenic Tumor.
- Adenoid odontogenic tumor.
-

2) Odontogenic mesenchymal with / without epithelium.
- Odontogenic fibroma.
- Odontogenic myxoma.
- Calcifying Epithelial Odontogenic Tumor.
- Odontomes.
  - Composite complex odontomes.
  - Composite compound odontomes.

B) Malignant.
- Malignant ameloblastoma.
-

Pindborg's tumor :-
Also known as calcifying Epithelial Odontogenic tumor.
Named after Dr. Pindborg who first discovered it.
Clinical features :-
1) Males more commanly affected.
2) Mandible has higher chances of occurance than maxilla.
3) Occurs in oldes people, age 3-4 decade of life.
4) Assymptomatic.,
5) Bony swelling of jaw.
6) Can cause facial assymetry due to swelling.
7) Expansion of cortical plates/jaw.

Extraosseous form:
- Occurs in gingiva, buccal mucosa.

Pathogenesis:
- Odontogenic tumor, arising from odontogenic epithelium.

Radiologic features :-
- Radiographically lesion exhibits multilocular radiolucencies giving honey comb appearance.
- Within the radiolucencies there are flecks of scattered calcification giving tumor a diagnostic feature of "Driven snow appearance".

- There are multiple radialucencies.
- Expansion of cortical plates seen.

Histopathology:

- Polyhedral cells are arranged in sheets.
- Cells have prominent cell borders & intercellular bridges.
- Cells exhibit hyperchromatic, pleomorphic prominent nuclei.
- Pale eosinophilic amyloid material may be seen.
- Calcifications in the form of leisgang's ring can also be seen.



Pulp & Periapical diseases can be classified as follow:-

→ Pulp.
- Acute reversible pulpitis.
- Chronic reversible pulpitis.
- Chronic irreversible pulpitis.
- Acute irreversible pulpitis.
- Chronic hyperplastic pulpitis.
- Acute focal pulpitis.

- Periapical diseases.
  - Periapical granuloma.
  - Periapical cyst.
  - Periapical abscess.
  - Osteomyelitis. ⟶ acute osteomyelitis.
    Chronic osteomyelitis.
    Sclerosing osteomylitis.
    Garres osteomylitis.

~~Periapical cysts.~~

Radicular cyst.
- Also known as periapical cyst.
- Most comman type of cyst.
- It is inflammatory odontogenic cyst.

Pathogenesis: Clinical feature:-
- Most commanly in young patients.
- associated with carious tooth.
- Male / female equal predelection.
- can most commany associated with posterior teeth.

can occur in maxilla / or mandible.
- Usually asymptomatic.

Pathogenesis:

- formed as sequele of pulp infection reaching the periapical area.
- Body first tries to limit the inflamm infection by granulation tissue format Granulation tissue converts into periapical abscess. and abscess into periapical cyst.

Periapical granuloma.
↓
Abscess.
↓
Cyst.

- Radicular cyst may be lined by epithelium or may not be lined. When lined by epithelium - True cyst
  Not lined by epithelium - Pseudocyst.
  Bay / Pocket cyst.
- Epithelium is may be derived from stromal cells of Periodontal ligament or if cyst is in close vicinity of maxillary sinus, epithelium is respiratory.

'Keratinocyte growth factor' released by stromal cells of PDL and inflammatory mediators cause proliferation of cells of epithelium.

Epithelial proliferation is also stimulated by lymphokines.

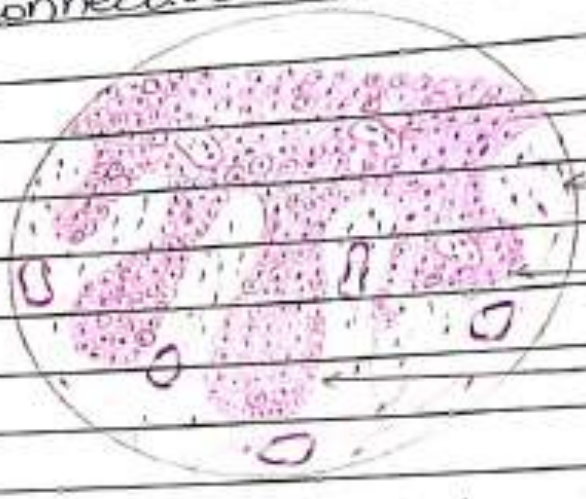
As the cells proliferate, there is a mass of cells produced, central cells are now far apart from their source of nutrients.

- In hypoxic environment central cells undergo liquifactive necrosis and form fluid.
- Epithelial cells close to the source of nutrients remain viable and form lining of the fluid filled cavity.

Histopathological features :-

- Epithelium is lined by 5- 50 cell layer.
- Rushton bodies may be found in the lining of the cyst.
- Epithelium shows 'arcading, forking pattern' growth.
- Small amount of connective tissue gets entrapped within the epithelium called 'Mones's Abscess'.

- If epithelium is derived from respiratory epithelium Pseudo stratified columnar ciliated epithelium.
- Inflammatory infiltration is seen in the connective tissue.



Radicular cyst



SAQ.

Pink tooth of Mummery.

- Internal Resorption / Odontoclastoma.

It is hyperplastic inflammatory response of the ~~tooth~~ pulp to noxious stimulus.

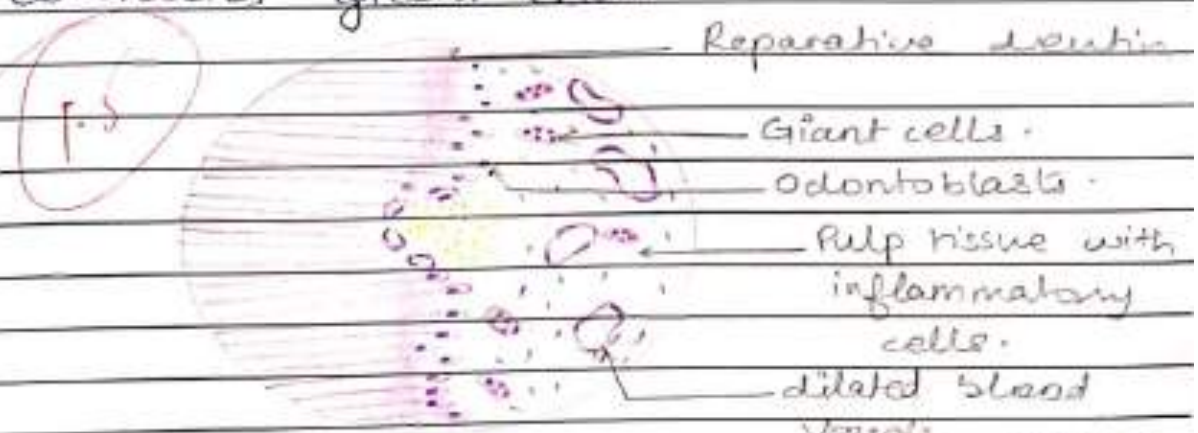
- Resorption starts centrally inside the tooth.

Clinical features :-

1. Affected tooth shows pink hue.
   Pink hue is due to ~~to~~ hyperplastic pulp entering to resorbed tooth structure
2. Can affect any tooth.
3. No gender predilection.
4. No predilection for jaw.
5. Crown fracture may also occur.

Histopathology :-

1. Resorption is due to odontoclasts present in hyperplastic pulp.
2. Simultaneous resorption and repair goes on inside the tooth, as it shows irregular resorption.
3. Pulp is hyperplastic, edematous, and contains giant cells.



PTO →

Ghost Teeth :—

Regional (localised), odontogenic developmental anomaly of tooth, which affects Enamel, Dentin and pulp extensively

Clinical features :-

- Affected teeth are often unerupted.
- Have rough enamel surface.
- Very thin enamel is seen.
- Tends to be infected very early.

Radiographic features :-

- Enamel and dentin are very thin.
- Enamel and dentin are of same thickness.
- Pulp chamber is enlarged.
- Pulp horns are at higher level.
- "Ghost like" appearance in radiography due to thin enamel & dentin & large pulp chamber.
- Roots are short.

Histopathology :-

- Enameloid agglomerates seen in H-E section.

1.5

6. Gardner's Syndrome.

Gardeners syndrome is group of diseases

① Multiple odentogenic keratocysts

② Multiple impacted teeth.

③ Intestinal polyposis.

④ ~~Est~~ Multiple osteomas of long bones.

⑤ Dermoid cysts. present on skin.

7. Tetanus.

Tetanus is a bacterial infection caused by tenani bacteria.

Bacteria is Gram +ve, releases exotoxin tetanolysin & tetanospasmin.

Exotoxin released by bacteria act on the neuro inhibitory neurotransmittors. — ~~acetyl etc~~ cholinesterase. These exotox destroy cholinesterase. As these inhibitory neurotransmittors are destroyed stimuli are continuously transmitted across the Neuromuscular junction and muscle remain contracted.

~~Can~~ Can cause lock jaw 'Trismus' due to contractions in masticatory muscles.

Severe contractions in skeletal muscle tend patient to assume. Opesthotonus position.

Infection occurs due to bacteria enter body through open wound.

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Name of the Examination Additional Examination Class III BDS.

Subject Oral pathology.

Roll No. 29. Date 12/4/19.

Supplement No. 1 Invigilator Signature MD

-Bacteria is usually present in soil and enters wounds.

- Proplylaxis is available to avoid such infections.

1. Leukoplakia.

Leukoplakia is a white non scrapable lesion of oral cavity which cannot be classified under any of the definable lesion. - Definable lesions include candidiasis, hyperplastic candidiasis, lichen planus, pemphigus.

It is a premalignant lesion, has high chances of odontogo malignant conversion

Occurs in, buccal mucosa, tongue and gingiva.

Clinical presentations :-

1) Mild, thin leukoplakia.
2) Moderate thick leukoplakia.
3) Verrucfor hyperplastic leukoplakia

Biological factors.
- Tobacco.
- Alcohol.
- Pan chewing. (Betel Quid).
- Immune suppression.
- Viral infections
- familial history.
- Genetic makeup.
- Systemic disorders.

Pathogenesis:
Alterations in gene regulation:
1) Cell survival.
2) Cell proliferation
3) Cell mobility.
4) Angiogenesis.

↓
alterations
↓
Clonal ~~cell~~ expansion
↓
lesion.

↑ Tumor generating gene.
↓ Tumor suppressor genes.

Defect/ Alteration in p53 markers. ⟶
~~Def~~ cells undergo mitosis without correcting the defective d DNA. ⟶
altered cells (Atypia) ⟶ Carcinogenic (lesion).

Sickle cell anemia peripheral smear features.
- RBCs appear sickle shaped.
- RBCs are normochromic
- Some RBCs are normochromic / Normocytic.
Sickling of RBCs occurs only hypoxic condition.

(1)

Bite Marks.

Bite Marks are used in forensic odontology to compare / confirm the suspects of the crime.

Bite marks tell about.
1) Incisal / occlusal width of teeth
2) form in which teeth are present in the jaw
3) Spacing / crowding between the teeth.
4) Area around the bite marks can tell the time lapsed after the crime. There is colour change as the time passes. Initially the area is reddish, erythematous, later the area becomes bluish discoloured
5) Careful examination tell whether the crime is commited by human or and Animal attack has occured.

(1)

2. Turner's tooth.

Characterised by screw driver shaped incisors. Mesial and distal surfaces are tapered incisally instead of tapering at the cervical portion. Notches are present on the incisal suface due to developm defects in the enamel.

4. Rubeola :-

Rubeola is viral infection, affecting ski and mucous membrane.

Manifests as intra epithelial blisters alon the course of the nerve. Blisters are painful.

Often the patient has fever, malaise anorexia.

Affects mostly small children.

Blisters appear along the course of affected nerve.

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Practical / Clinical Examination Answer Book

Examination

26/30

Sr. No. 29.

Name of the Student Mayuri Kadam.

Name of the Examination Additional Exam. Class III BDS.

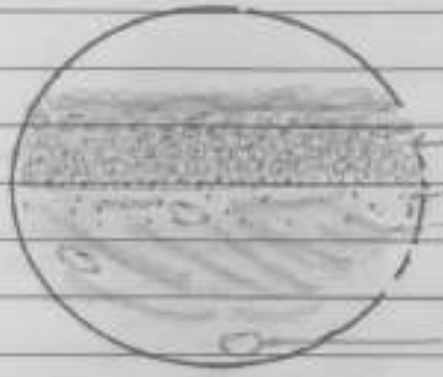
Subject Oral Pathology.

Roll No. 29. Date 12/4/19.

Students Signature Mayuri "Seen No. Complaint" Mayuri

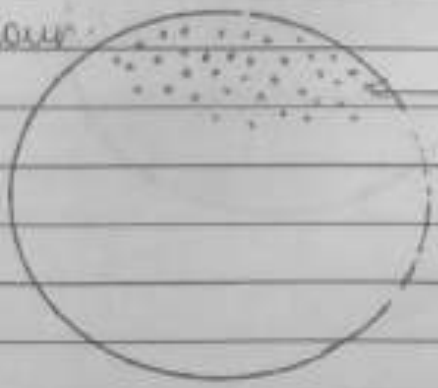
	14	(45 Marks)
	12	(05 Marks)
	26	(10 Marks)

(1) Oral Submucous Fibrosis.



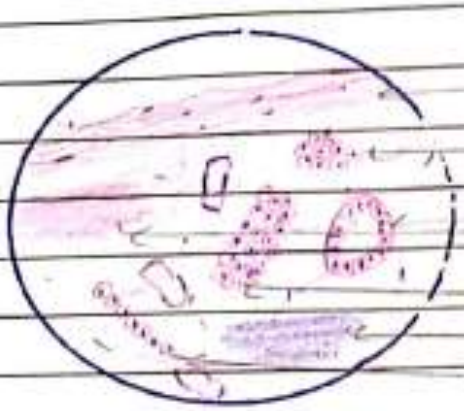
(4)

(2) Round cell tumour.

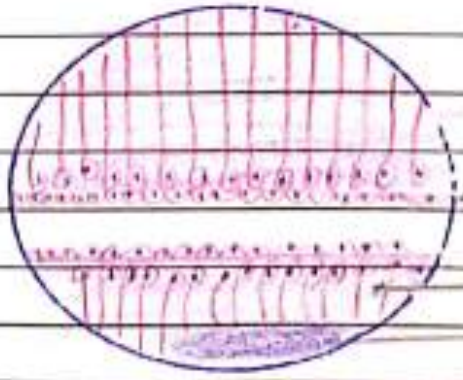


(2)

③ Pleomorphic adenoma.



④ Compound Composite odontome.



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Supplement Sheet

of the Student

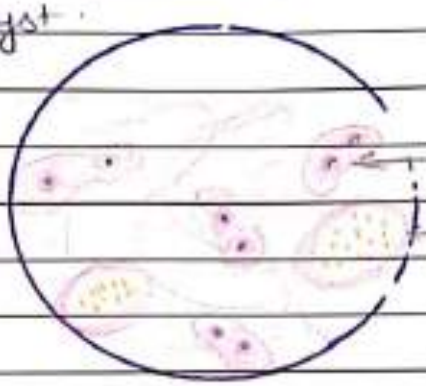
of the Examination Class

ct

o. Date

ement No. Invigilator Signature

5) Aneurysmal bone cyst.



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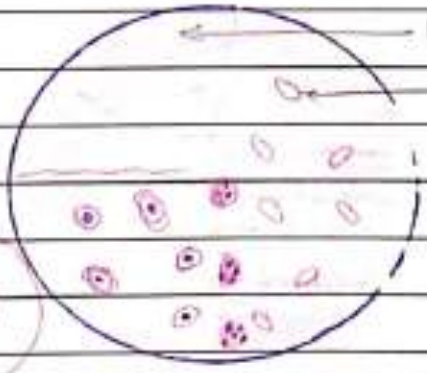
6



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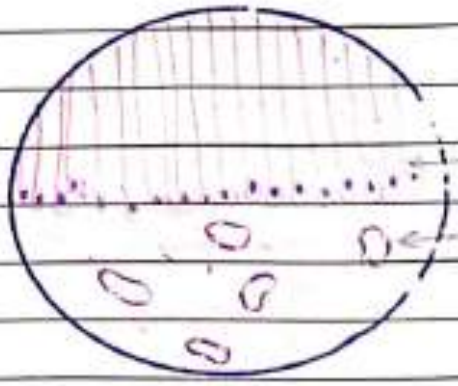
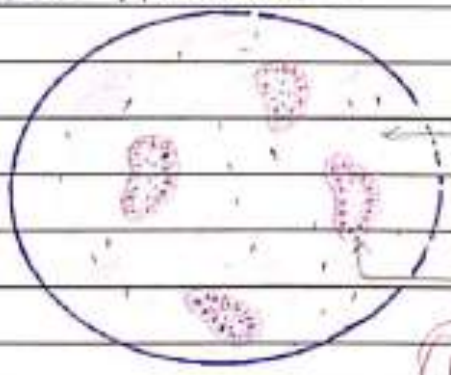
(7) Acute Pulpitis.



(6)

Ameloblastic fibroma.

(8)



(4)

• Ankylosed Tooth.

~~Tooth~~ tooth is fused to underlying bone by cementum.

• In radiograph appears as radiopaque structure surrounding the roots.

• ~~It~~ Poses problem during extraction & ~~it~~ endodontic treatment.

10. Cast with fusion of teeth. and
Talon's cusp. ↳ Maxillary central & lateral.
↳ Central incisors.

Teeth are get fused because the two separate tooth buds gets fused together during development of teeth.

Fusion can be complete / partial depending upon time of disturbance.

Tooth have confluent dentin & may have different

Talons cusp:
- Projection seen palatally on the incisor.

- Cusp has enamel, dentin & Pulp.

- Problems - Caries control
Occlusal disturbances
aesthetics

Caries - Prophylactically the groove is filled.
- Should be trimmed / removed if occlusal disturbance
- endodontic considerations

11. Dilaceration

- Dilaceration in root.
- Sharp bend or turn in the root / crown of tooth is called as dilaceration
- Bending occurs because of trauma during the development of root / crown
- Op Poses problem during endodontic therapy and extraction.

12 Fused teeth - Fusion.

- fusion between maxillary central incisor & lateral incisor.

- fusion occurs due to fusion of two separate tooth bud to form a single bud.

- fusion can be partial / complete depending on the

DEPARTMENT OF ORAL PATHOLOGY

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THIRD YEAR B.D.S REG BATCH 2018-19 – ADDITIONAL INTERNAL ASSESSMENT

THEORY MARKS SECURED DATE- 12 /04/2018

Roll no	Name of Student	SEC A 20 Mrk	SEC B 20 Mrk	SEC C 20 Mrk	TOTAL 60 Mrk	POINT CON. OUT OF 3	STUDENT SIGNATURE
16.	CHITRANGADA DEORA	08	09	13	30	1.50	
19.	SIDDHARTH DIPHODE	11	10	12	33	1.65	
21.	HARSHADA GAWALI	07	12	13	32	1.60	
29.	MAYURI KADAM	12	11	11	34	1.70	
48.	APURVA PERKE	05	08	07	19	0.95	
67.	TOSH KUMAR	10	05	08	23	1.15	
68.	RAHUL PUROHIT	05	04	07	16	0.80	

THIRD YEAR B.D.S REG BATCH 2018-19 – ADDITIONAL INTERNAL ASSESSMENT

PRACTICAL MARKS SECURED DATE- 12 /04/2018

Roll no	Name of Student	SLIDES 40 MRK	SPECIMEN 20 MRK	TOTAL 60 Mrk	POINT CON. OUT OF 3	STUDENT SIGNATURE
16.	CHITRANGADA DEORA	10	08	18	0.90	
19.	SIDDHARTH DIPHODE	14	04	18	0.90	
21.	HARSHADA GAWALI	15	07	21	1.05	
29.	MAYURI KADAM	14	12	26	1.30	
48.	APURVA PERKE	01	04	05	0.25	
67.	TOSH KUMAR	03	06	09	0.45	
68.	RAHUL PUROHIT	20	02	22	1.10	

III RD YEAR BDS 2021 BATCH.

ADDITIONAL INTERNAL ASSESSMENT EXAM.

Date : 30/8/2021.

Attendance (Theory)

Roll. No.	Name	Signature
60	Somila Nigam	Somila
27	Isha Gune	Isha
17	Rutika Deshmukh	Rutika

Attendance (Practical)

Roll. No	Name	Signature
60	Somila Nigam	Somila
27	Isha Gune	Isha
17	Rutika Deshmukh	Rutika

Deepak

PROFESSOR & HEAD
Dept. of Oral Pathology & Microbiology
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

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THIRD BDS (Regular BATCH 2020-2021)

ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

Subject: Oral Pathology and Microbiology — Date: 30 / 08 / 2021

Total Marks: 60 — Time: 3 hrs

Section A

Q. 1. Multiple Choice Questions — 1X20=20marks

1. Which term refers to a developmental anomaly in which teeth exhibit elongated large pulp chambers and short roots?
   a. Dens in dente
   b. Dens in dente
   c. Taurodontism
   d. Talons cusp

2. Which of the following teeth most often exhibit supernumerary roots?
   a. Maxillary third molars
   b. Maxillary premolars
   c. Mandibular first molars
   d. Maxillary first molars

3. The non infectious stage of syphilis is
   a. Primary stage
   b. Secondary stage
   c. Tertiary stage
   d. None of the above.

4. Which one of the following descriubes the appearance of enamel hypoplasia resulting from afebrile illness or vitamin deficiency?
   a. pitting defects
   b. yellowish brown discoloration
   c. blackish brown discoloration
   d. chalky white spots

5. The three primary factors in the etiology of caries are all except
   a. Host
   b. Microbial flora
   c. Substrate
   d. Saliva

6. Radiographic evidence of bone formation during healing of extraction wound is not prominent until
   a. 3rd-5th week
   b. 6th-8th week
   c. 16th week
   d. 21st week

7. The teeth are vital with all of the following cysts except
   a. nasopalatine cyst
   b. gloulomaxillary cyst
   c. radicular cyst
   d. median palatine cyst

8. Which term refers to the burning of the tongue?
   a. glossitis
   b. glossoplegia
   c. glossopyrosis
   d. glossodynia

9. Which location is the most common for lip pits?
   a. Commissure
   b. Philtrum
   c. Nasolabial groove
   d. Labiomental groove

10. Civatte bodies of lichen planus are
a. T-Lymphocytes
b. Degenerating basal keratinocytes
c. Engulfed foreign bodies
d. Foreign body giant cells

11. Lava flowing around the boulders is seen in the histological appearance of
a. Dentin dysplasia Type I
b. Dentin dysplasia Type II
c. Dentinogenesis imperfect
d. Regional Odontodysplasia

12. Infestation of body tissues by larvae is seen in
a. Myiasis
b. Sporotrichosis
c. Mucormycosis
d. Rhinosporidiosis

13. Coxsackie virus causes
a. infectious mononucleosis
b. lymphoma
c. herpangina
d. herpes

14. Which terms refers to an accesory cusp located on the occlusal surface of a tooth?
a. Mulberry cusp
b. Talons cusp
c. Dens invaginatus
d. dens evaginatus

15. The type of carbohydrate that is less easily fermented by bacteria is
a. Monosaccharide
b. Disaccharide
c. Polysaccharide
d. All are fermented at the same rate

16. Fibrous dysplasia is caused due to mutation in
a. GS delta gene
b. GS beta gene
c. GS gama gene
d. GS alpha gene

17. Peaude' orange appearance is a classic radiographic presentation of
a. Paget's Disease
b. Eosinophilc Granuloma
c. Fibrous dysplasia
d. Cledocranial dysplasia

18. How does Paget disease affect the body's normal process of breaking down and rebuilding bone?
a. The process greatly speeds up
b. The process greatly slows down
c. The process isn't affected
d. None of the above

19. The Facial paralysis along with painful vesicular eruptions of the oral mucosa and the external ear is seen in
a. Bell's palsy
b. Melkersson- Rosenthal syndrome
c. Heerfordt's syndrome
d. James Ramsay Hunt syndrome

20. Researchers believe that Paget disease may be caused by:
a. A virus
b. A parasite
c. An abnormal gene
d. A and C

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ISHA · GHUNE

THIRD BDS (Regular BATCH 2020-2021)

ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

Subject: Oral Pathology and Microbiology — Date: 30 / 08 / 2021

Total Marks: 80 — Time: 3 hrs

Instructions:

- All questions are compulsory
- Draw diagrams wherever necessary
- Figures to the right indicate full marks
- Do not write anything on question paper, it will be treated as copy.
- First 20 minutes for section A (MCQs)
- Write section B and section C in one answer book

Section B

I Short answer question (3 marks each x 10=30 marks)

1. Define caries. Describe the theories of development of caries
2. Enumerate fungal infections of Oral cavity. Describe the laboratory tests for candidiasis
3. Describe the histopathology of Paget's disease.
4. Oral manifestations of tertiary syphilis.
5. Define and classify osteomyelitis. Discuss in brief about Garries osteomyelitis
6. Enumerate developmental anomalies affecting tongue. Describe in detail any one of the anomaly.
7. Describe the Pathogenesis of Lichen Planus.
8. Enumerate viral infections affecting oral cavity. Discuss the oral manifestations of HIV.
9. Define cyst. Describe the clinical, radiological and histopathological features of periapical cyst. Add a not on its complications.
10. Describe the developmental anomalies affecting the structure of teeth. Add a note on dentin dysplasia.

Section C

II Long answer question (10 marks each x 2=20 marks)

1. Classify odontotogenic tumors (3 marks). Define ameloblastoba and describe the, clinical features, radiological features &histopathology of same (7 marks).

2. Classify Vesiculobullouslesions (3 marks); describe the types, pathogenesis, clinical features and histopathology of Pemphigus (7 marks).

III Yr BDS 2021 BATCH

ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

MCQ KEY

DATE - 30/08/2021

MCQ NO.	ANSWER	MCQ NO.	ANSWER
	c	11	a
	b	12	a
	c	13	a
	d	14	d
	d	15	c
	b	16	d
	c	17	c
	c	18	b
	a	19	d
	b	20	a

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Internal Assessment Examination

8/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Sixty
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd internal Assessment examination (Attempt 2nd)
SUBJECT	Oral Pathology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Romila
Candidate Signature

SEAT NUMBER

0 0 0 6 0

QUESTION BOOKLET VERSION NO.

A

ANSWERS

	A	B	C	D
1	(A)	(B)	(●)	(D)
2	(●)	(B)	(C)	(D)
3	(●)	(B)	(C)	(D)
4	(A)	(B)	(C)	(●)
5	(A)	(B)	(C)	(●)
6	(A)	(●)	(C)	(D)
7	(A)	(B)	(●)	(D)
8	(●)	(B)	(C)	(D)
9	(A)	(●)	(C)	(D)
10	(●)	(B)	(C)	(D)
11	(A)	(B)	(C)	(●)
12	(A)	(B)	(C)	(●)
13	(●)	(B)	(C)	(D)
14	(●)	(B)	(C)	(D)
15	(●)	(B)	(C)	(D)
16	(A)	(B)	(C)	(●)
17	(●)	(B)	(C)	(D)
18	(A)	(●)	(C)	(D)
19	(●)	(B)	(C)	(D)
20	(●)	(B)	(C)	(D)
21	(A)	(B)	(C)	(D)
22	(A)	(B)	(C)	(D)
23	(A)	(B)	(C)	(D)
24	(A)	(B)	(C)	(D)
25	(A)	(B)	(C)	(D)
26	(A)	(B)	(C)	(D)
27	(A)	(B)	(C)	(D)
28	(A)	(B)	(C)	(D)
29	(A)	(B)	(C)	(D)
30	(A)	(B)	(C)	(D)

Seen and No. Complaint

Romila
Candidate's Signature

Examiner Name & Signature

Section B

I

1. Dental caries is an irreversible microbial disease affecting the ~~oral tissues of cavity~~ calcified tissues of tooth. It is caused by demineralisation of inorganic ~~matl~~ substances and dissolution of organic substances leading to cavitation

The theories of development of caries are:

i) Miller's theory.
ii) Proteolytic theory
iii)

(1)

6. The developmental anomalies affecting tongue are:

- Microglossia
- Macroglossia
- Median Rhomboid glossitis
- Benign Migratory glossitis
- Hairy tongue
- Fissured tongue
- Ankyloglossia
- Lingual varices
- Lingual thyroid nodule

Macroglossia

It is also called tongue hypertrophy, enlarged tongue.

Types are:

1) True macroglossia
2) Pseudo macroglossia

Clinical features: Severe retrognathia, unusually small maxilla or mandibular size

It is associated with Down syndrome, Beckwith-Wiedemann syndrome.

Treatment: By surgical intervention (?)

Pathogenesis of Lichen planus

It is a ~~premalig~~ chronic inflammatory disease affecting mucus membrane of oral cavity

It is T cell mediated autoimmune disease in which cytotoxic CD8+ T cells trigger apoptosis of basal cells of oral epithelium

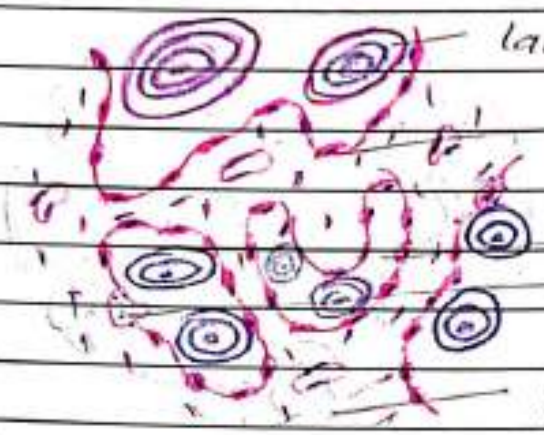
As a result of which cytokines are released. (1)

Paget's disease Histopathology

It has extensive mosaic pattern of trabeculae of bone due to repeated deposition & resorption of bone in which more bone is formed than resorbed. (2)

Hypercementosis following resorption of roots and mosaic pattern of this new cementum due to osteoclastic activity.

Repeated episodes of bone removal & formation result in appearance of jigsaw puzzle or mosaic pattern with haematoxylin reversal lines



9. A cyst is a pathological cavity which may or may not be lined by epithelium containing fluid, semisolid & gaseous substance but never pus.

Clinical features of periapical cyst

→ It is seen in non vital tooth
→ Most common in maxillary anterior region
← Most common in males.
- Slow growing painless swelling on buccal aspect of jaw

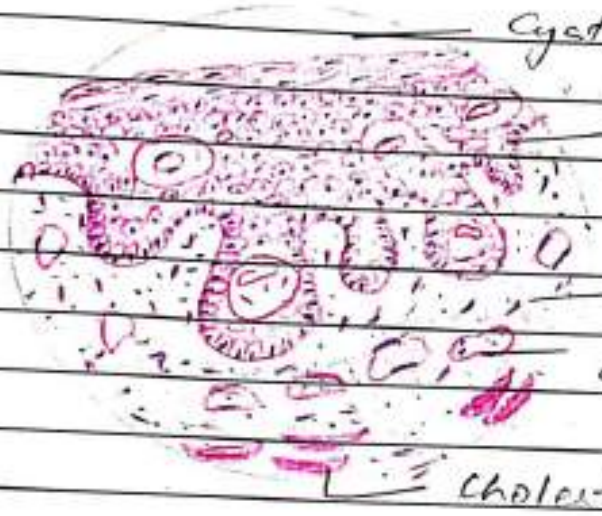
Radiographic features:

- Round or oval radiolucency of variable size which is generally well delineated & is most likely with marked radiopaque rim.

Histopathology

- Lined by stratified squamous epithelium which is varied in thickness and is seen in classical arcading pattern.
- Rushton bodies which are tiny, linear or arc shaped are present.
- Inflammatory cell infiltration of connective tissue.

Cystic wall contains area of hemorrhages, dystrophic bone, giant cells & cholestrol clefts.



Q A8: The viral infections of oral cavity are classified as

I) RNA virus
a) Orthomyxovirus
- Influenza
b) Paramyxovirus
- Measles, Mumps.
c) Rhabdovirus - Rabies
d) Arena virus - Lassa fever
e) Picornavirus
f) Cororavirus.
g) Retrovirus

II) DNA virus.
a) Herpes virus
Herpes simplex virus 1 & 2
Varicella zoster virus
Cytomegalovirus
Epstein Barr virus

B) Iowa virus
- Small pox
C) Adenovirus
D) Parvovirus
E) Papovirus - Human warts or papilloma.
Oral manifestation of HIV are:
- Candidiasis
- Hairy leukoplakia
- Kaposi's sarcoma.
- Non Hodgkin lymphoma
- Periodontal diseases like necrotizing ulcerative gingivitis.

2. The fungal infections of oral cavity are:
i) Candidiasis
ii) Histoplasmosis
iii) Blastomycosis
iv) Coccidiomycosis.
v) Sporotrichosis

Lab ~~tests~~ test for candidiasis are:
i)

Section C

II

1. Odontogenic tumours are classified as:
   benign
   a) Odontogenic epithelium without odontogenic ectomesenchyme
      Ameloblastoma
      Adenomatoid odontogenic tumors
      Squamous odontogenic tumour.
      Calcifying ~~cd~~ epithelial odontogenic tumour.
   b) Odontogenic epithelium with odontogenic ectomesenchyme. with or without dental hard tissue
      Ameloblastic fibroma
      Ameloblastic fibro-odontoma
      Ameloblastic fibro-dentinoma
      Calcifying cystic odontogenic tumor
      Complex odontome
      Compound odontome.
   c) Odontogenic ectomesenchyme with or without odontogenic epithelium
      Cementoblastoma
      Odontogenic fibroma
      Myxoma
      MALIGNANT
      Carcinoma
      - Malignant ameloblastoma
      - Primary intraosseous carcinoma
      - Clear cell odontogenic carcinoma
      - Ameloblastic carcinoma
      - Ghost cell odontogenic carcinoma.

odontogenic sarcoma
- Ameloblastic fibrosarcoma
Ameloblastic fibrodentinosarcoma
Ameloblastic fibroodontosarcoma.

Ameloblastoma is defined as tumor which is unicentric, non functional, intermittant in growth, anatomically benign & clinically persistent.

* Clinical features:
- It occurs in wide range from 10-90 years
- Males more affected than females.
- It occurs mostly in the jaws, & mandible is more affected
- The molar angle ramus area is more involved 3 times more commonly than premolar & anterior regions.
- It is a slow enlarging, painless, ovoid, bony hard swelling of jaw.

* Radiological features:
- It is a well defined, multilocular, radiolucent area with honey comb appearance
- It has irregular & scalloped margin.

* Histopathology:
It has five different types:
i) Follicular
ii) Plexiform
iii) Acanthomatous
iv) Granular
v) Basal cell type

i) Follicular type
- It is most commonly encountered variant
- The epithelial cells proliferate in form of multiple discrete follicles & islands within fibrous connective tissue stroma.
- Each follicle is bordered on periphery by single layer of tall columnar cells resembling ameloblast
- cells located at centre of follicle resemble stellate reticulum like cells.

ii) Plexiform ameloblastoma
- ~~It is~~ The tumor cells are arranged in irregular masses or interconnecting strands of cells.
- It is bounded by layer of columnar cells between layers are stellate reticulum like cells.
- The stellate reticulum is less prominent in plexiform type
- Area of cystic degeneration of stroma are common.

iii) Acanthomatous type:
- The cells occupying position of stellate reticulum undergo squamous metaplasia, sometimes with squamous differentiation in anterior portion of epith. tumour islands.

iv) Desmoplastic type:
- It has kite tail shape appearance

v) - It Basal type:
- It has basaloid cells resem blance to basal cell carcinoma

vi) Granular ameloblastoma.
- It has granular appearance of stellate reticulum like cells.

2. The vesiculobullous lesions are:
i) Viral diseases
- Herpes labialis's
- Herpes gingivostomatitis
- Measles
- Primary varicella zoster
- secondary varicella zoster.
ii) Immunologic conditions.
- Bullous form of lichen planus
- Pemphigus vulgaris.
iii) Hereditary conditions.
- Epidermolysis bullosa
- Familial benign pemphigus (Hailey Hailey disease)
- Ker White sponge nevus
iv) Miscellaneous
Impetigo

Pemphigus

- It is an autoimmune blistering disease characterized by formation of intraepithelial vesicles or bulla, causing separation of epithelial membrane. The IgG antibodies brings loss of cell to cell adhesion by binding to desmosome.
Types of pemphigus are:
i) Pemphigus vulgaris
ii) Pemphigus vegetans
iii) Pemphigus foliaceus
iv) Familial benign pemphigus

Pathogenesis.

- It is auto immune disorder affecting keratinocyte skin cell surfaces. The IgG antibodies (Desmoglein - 3 and desmoglein 1) bring loss of cell to cell adhesion by binding to desmosome of keratinocyte cell membranes.
- ~~Pathogenesis~~ The binding of autoantibodies activate complement system in body bringing about release of inflammatory mediators.
- T cells are also activated. All these changes bring appearance of bullous lesions.

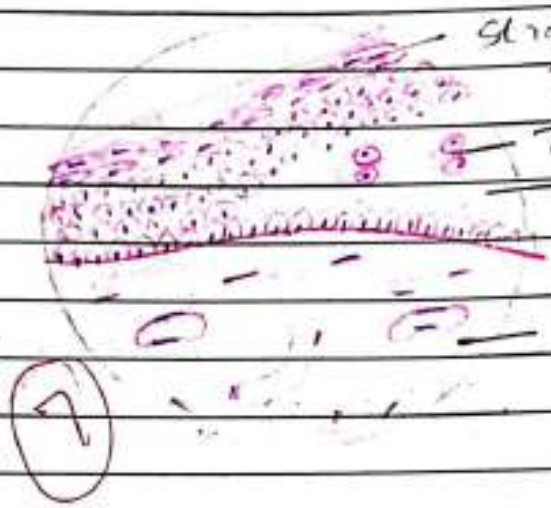
Clinical features:

- It occurs during 4th, 5th, 6th decade of life & more in females.
- It is characterized by vesicle or bulla on various areas of skin & mucous membrane. Pus is also there sometimes in vesicles.
- The vesicles rupture & leaves painful ulcers.
- It shows Nikolsky's sign which means pressure on affected area around lesion causes stripping of normal skin because of pre vesicular edema

Histopathology:

- Formation of vesicle or bulla above basal layer producing suprabasilar split.
- Disappearance of intercellular bridges result in loss of ~~cell~~ cell to cell adhesion or acantholysis because of which clumps of epithelial cells are found in vesicular space

called Tzanck cells. It has large nuclei & hyperchromatic staining.



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Practical / Clinical Examination Answer Book

Examination

Sr. No.

ame of the Student Somila Nigam

ame of the Examination II nd internal examination (Additional) Class 3rd BDS

ubject Oral Pathology

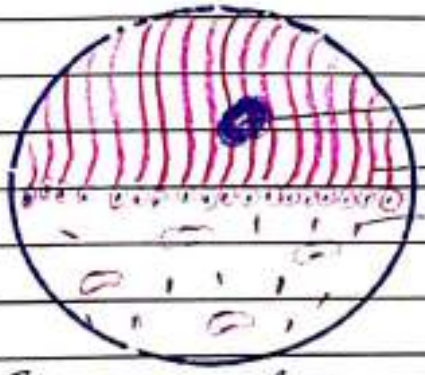
oll No. 60 Date 30/8/21

udents Signature Pamila "Seen No. Complaint" Pamila

Slides	16	(35 Marks)
Specimen	14	(25 Marks)
Journal+Communication skills		(10 Marks)

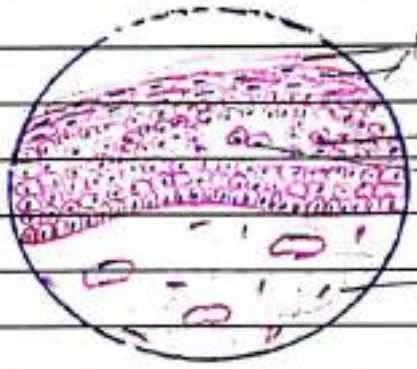
30/60

Deepa



This is H & E stained slide of Embedded denticle

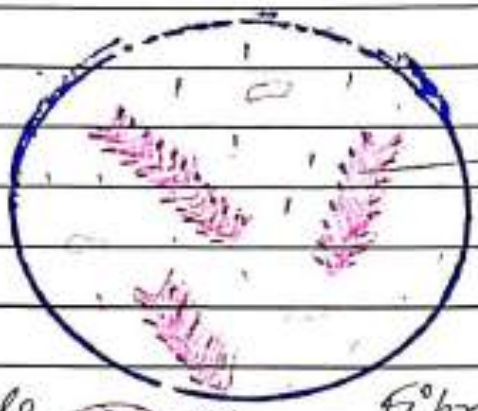
3



3

This is H and E stained slide showing Pemphigoid

3)



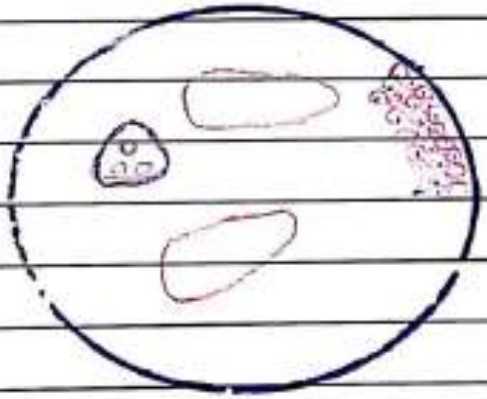
Herring bone pattern

H&E

This is a slide of Fibro sarcoma

(2)

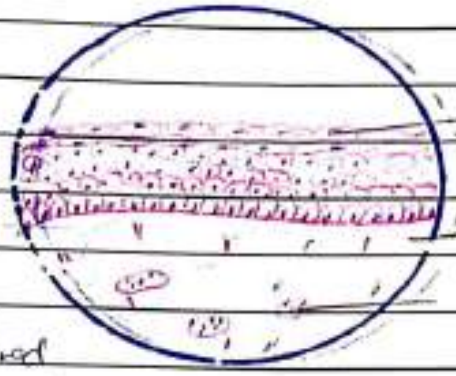
4)



The slide is of pleomorphic adenoma

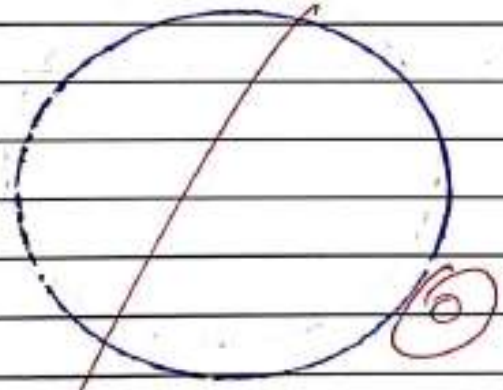
(3)

5)



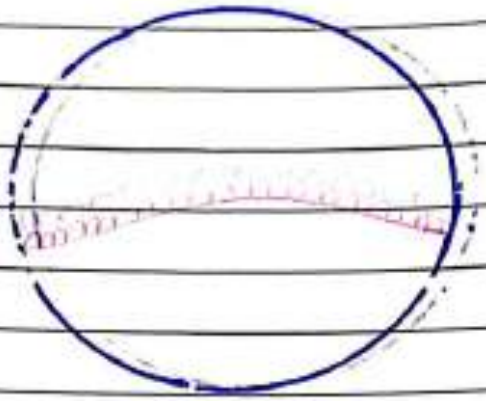
H&E stained
This is slide is of peripheral giant cell granuloma

(3)



(6)

This is H & E stained slide of



It is H & E stained slide of epithelial dysplasia.

2

8) The spotter is of mesiodens.
- It is an extra tooth in between two central incisors.
- It is a structural developmental anomaly of tooth.
-



3

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ame of the Examination Class

bject

ll No. Date

udents Signature "Seen No. Complaint"

9) The spotter placed is of Erosion of teeth.
- It is one of the regressive alterations of tooth
- Erosion means loss of dental hard tissues of the tooth leading to caries.
- It is common in maxillary or mandibular premolars.

(3)

10) The spotter is of periapical granuloma
It is due to inflammation in periapical region
- It refers to pink spot at the :-

(3)

11) The spotter is of Attrition with erosion
- Attrition refers to physiological wearing of tooth due to tooth to tooth contact due to mastication.
- Erosion is

(2)

12) The spotter is of Dilaceration of tooth.
- It is the developmental anamoly of structure of tooth.
- It refers to curve or bend in the tooth which is often angulated.
- It often occurs in mandibular molars
- Extraction is necessary in severe cases.

(3)

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Internal Assessment Examination

20/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing. • Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Seventeen
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	ADDITIONAL INTERNAL EXAMINATION.
SUBJECT	oral pathology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	1	7

QUESTION BOOKLET VERSION NO.

A

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

I

1. Caries is a irreversibl progressive microbial disease affecting tooth it degenerates inorganic portion of tooth and distructs inorganic portion of tooth which leads to cavitiration.

There are many theories of development of caries as follows

1) chelation theory
2) proteolytic chelation theory
3) Milbry theory.
4) Acidogenic theory

1) In chelation theory: chelation Reaction occurs on tooth which leads to chelation and it causes caries

2) Acidgenic theory: In acidogenic theory Acids present in oral cavity acts on the surface of tooth and cause caries.

3) Proteolytic chelation theories:
In this theory chelation reaction of proteins takes place
Fermentation of monosaccharides and disaccharides takes place in oral cavity which provides bacterial flora to the development of caries.

4. Fungal Infections of oral cavity
1) Oral thrush also called oral candidiasis
2) ~~Athletes~~ Black fungus infection
3) erythematous infection
4) aspergillosis infection.

laboratory tests for candidiasis.
Blood tests are done for candidiasis.

5. Histopathology of Paget's disease.
1) As the disease progress the osteoblastic phase predominates and excessive abnormal bone formation occurs, resulting in more compact and dense bone
2) The pagetic bone is coarse and fibrous with avidity for calcium and phosphorous.
3) There are 3 distinct phases of paget's disease
i) osteolytic,
ii) Mixed
3) osteosclerotic.
i) osteolytic phase is marked by disordered areas of resorption produced by an increased number of overly large osteoclasts.
These abnormal osteoclasts are as many as 100 nuclei
ii) Mixed phase ⇒ marked by haphazard laying of new

bone

iii) Repeated episodes of bone Removal and formation results in bone fragments that appear to be joined in a jigsaw or mosaic pattern this pattern is hallmark of Paget's disease.

4. oral Manifestation of tertiary syphilis.

⇒ 1) gumma formation in oral cavity is commonly seen in tertiary syphilis

2) gumma formation is mostly seen on hard palate as a chronic, progressive, granulomatous lesion that may perforate through palate into nasal septum

3) In tertiary syphilis tongue appears atrophic fissured or lobulated.

4) Leukoplakic plaque is usualy present dorsally

5) oral Leukoplakia is the most common complication of tertiary syphilis.

5

3) It appears smooth Erythematous mucosa having no taste buds.
4) Lesions show smooth or nodular surface

7. pathogenesis of Lichen planus
1) It is a chronic Inflammatory disease affecting mucous membrane of oral cavity
2) It is T cell mediated autoimmune disease.
3) oral Licten planus affects mostly tongue It also affect Soft palate, buccal and Lingual Mucosa
4) Lichen planus show lesions on both side of tongue
5) Lichen planus present mostly in 4th decade of Life
6) It affects women more than men in the ratio 1.4:1
7) Intraorally the buccal mucosa, tongue and the gingiva are commonly involved.

8. Viral infections affecting oral cavity :-

~~1) candidiasis~~

2) HIV Infection

3) Herpes simplex virus Infection.

4) Human papilloma virus Infection

5) Epstein Barr virus infection,

Oral manifestation of HIV.

1) oral manifestation of HIV includes xerostomia candidiasis, oral hairy leukoplakia.

2) HIV related cancers such as kapsis sarcoma or lymphoma may present as oral lesions.

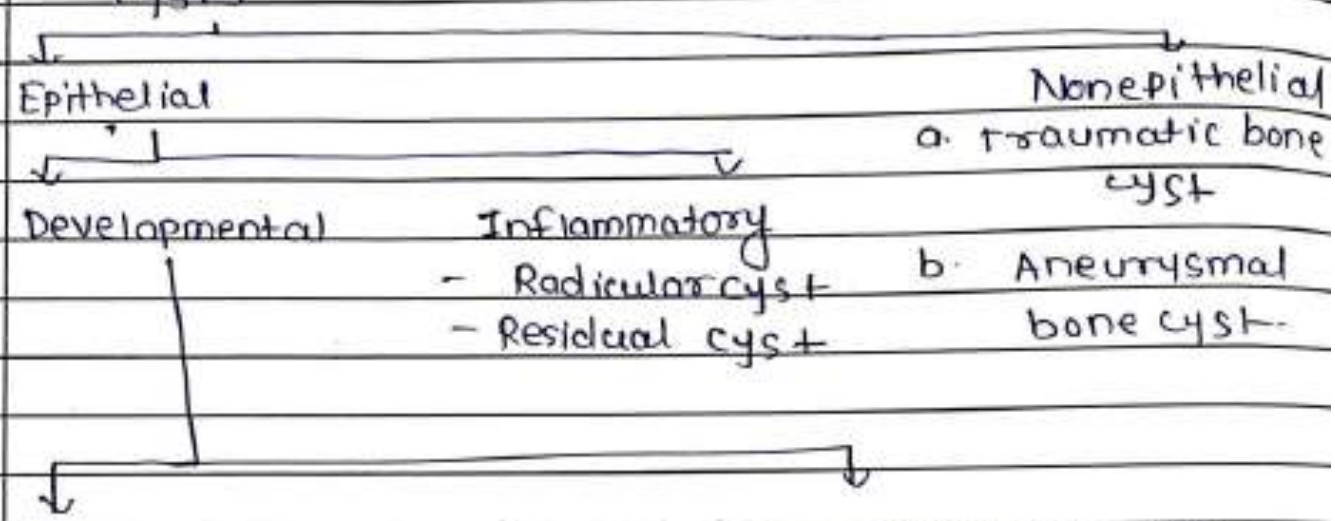
3) other manifestations include recurrent apthaous ulcers, immune thromboytopenic purpura, HIV salivary gland disease and pigmentation disorder

4) oral thrush can be seen associated with HIV.

5) white path on the side of the tongue. with a corrugated or hairy appearance.

9. cyst

cyst is a pathological cavity having fluid, semifluid or gaseous content that are not created by accumulation of pus may or may not be lined by epithelium.



Periapical cyst

Clinical features:-

1) begin as asymptomatic and progress slowly
2) Subsequent infection causes swelling and pain
3) Initialy the cyst swells to a round hard protrusion

10. Developmental Anomalies of tooth

1) dens invaginatus
2) talon cusp
3) Dens evaginatus.
4) gemination
5) fusion
6) Root dilacerations
7) taurodontism
8) concrescence.

(1)

Dentin Dysplasia

⇒ 1) It is a rare genetic developmental disorder affecting dentin production of teeth.
2) It is commonly exhibiting an autosomal dominant inheritance that causes malformation of root
3) It affect both primary and permanent dention.
4) It shows normal enamel but atypical dentin with abnormal pulp morphology

odontogenic tumors.

1) odontogenic carcinomas.
   - Ameloblastic carcinoma
   - Primary intraosseous Carcinoma.
   - clear cell odontogenic carcinoma
   - Ghost- cell odontogenic carcinoma.

2) odontogenic carcinosarcoma
3) odontogenic Sarcomas
4) Benign epithelial odontogenic tumors
   - Ameloblastoma
   - Squamous odontogenic tumor
   - calcifying odontogenic tumor.
   - Adenomatoid odontogenic tumor.

5) Benign mixed epithelial and mesenchymal. odontogenic tumor.
   - Ameloblastic fibroma.
   - primordial odontogenic tumor.
   - odontoma.
   - Dentinogenic ghost cell tumor.

6) Benign mesenchymal odontogenic tumor.
   - odontogenic fibroma
   - cementoblastoma
   - cemento- ossifying fibroma

ameloblastoma is a unicentric, Non functional, intermittent in growth, Anatomically Benign, tumor.

~~path~~ clinical features; →

1) ameloblastoma occurs in 2nd, 3rd 4th and 5th decade of life
2) Mean age of occurance is 32 years
3) males are more commonly affected.
4) most commonly seen in mandible in molar ramus area.
5) pain: paresthesia and mobility of regional teeth is present
6) pathalgical features may occur in many affected bones.

Radiological features:

1) outline of margins of lesion is smooth well defined loped and is corticated.
2) ameloblastoma are mostly multilocular but sometime unilocular too.
3) It shows honey comb appearance
4) extensive root resorption is seen in lesional area

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Supplement Sheet

ne of the Student Rutika Arun Deshmukh

ne of the Examination Additional Internal Exam Class 3rd year

ject Oral Pathology

l No. 17 Date 30/08/2021

plement No. 1 Invigilator Signature

Histopathology :

Ameloblastoma shows neoplastic proliferation of odontogenic epithelium in four distinct patterns.

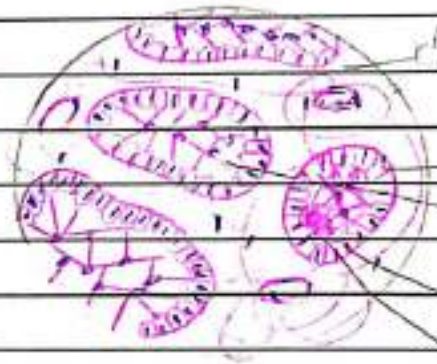
i) follicular type ⇒ proliferate in form of follicles

ii) plexiform type ⇒ ...

iii) Acanthomatous type

iv) Granular type

6



II

2 Vesiculobullous lesions.

* ~~According to Anatomical plane~~.

A) Primary Blistering
   i) Pamphigus.
   ii) Bullous pemphigoid
   iii) cicatrical pamphigoid.
   iv) Epidermolysis bullosa acquisite

B) Secondary blistering
   i) contact
   ii) Erythema multiforme
   iii) Toxic epidermal necrolysis.

C) Infection
   i) Varicella zoster
   ii) Herpes Simplex
   iii) Bullous impetigo

D) Systemic diseases.
   i) Infection cutaneous emboli
   ii) metabolic
      - Diabetic with bullae
      - porphyria cutanea tarda.

Pemphigus :- ⇒
Is a group of vesiculobullous lesion of skin and mucous membrane which is characterized by formation of intraepithelial Vesicles.

Types of pemphigus
i) pemphigus vulgaris
ii) Pemphigus foliaceas

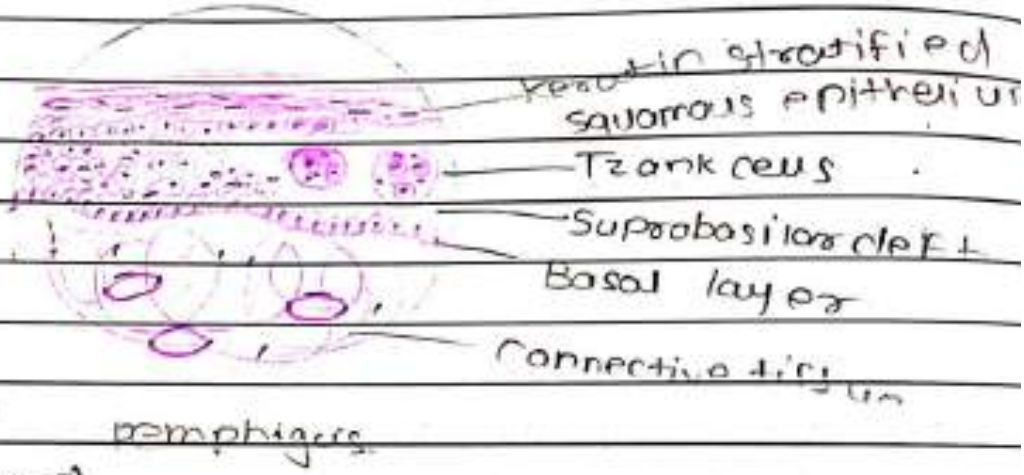
Clinical features :-
1) It occurs during the 4th, 5th and 6th decade of life
2) More common in female.
3) Initially there are clear fluid in lateral stages formation of pus occurs.
4) vesicle ruptures very soon and leaves painful erythematous ulcers
5) patient may die due to dehydration and Septicemia
6) lesions cause stripping of normal skin or mucous membrane which is known as Nikolsky's sign

Histopathology :⇒
i) formation of vesicle or bulla within the epithellum that result in supra basilar Split
ii) the basal cell layer remains attached to Lamina propria appears as row of Tomb Stone
iii) Loss of Intracellular bridges and collection of edema fluid results in acantholysis

and causes disruption of prickle cell layer.

iv) Clumps of large hyperchromatic epithelial cell lying free within vesicular fluid these cell is known as tzanck cells.

v) Small number of PMN's and Lymphocytes are found.



pemphigus

Pathogenesis ⇒

1) In pemphigus keratinocytes in epidermis and mucous membrane loss cell - cell adhesion
2) pemphigus lesions are mediated directly by the autoantibodies
3) It is blistering disease affecting the skin and mucous membrane.

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ubject Oral pathology

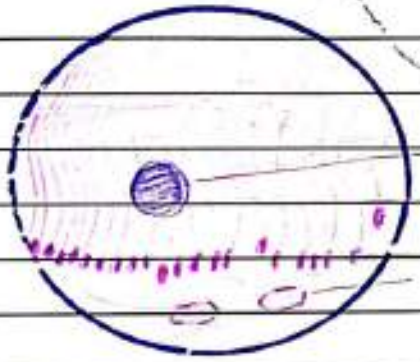
oll No. 17 Date 30/08/2021

tudents Signature [signature] "Seen No. Complaint" [signature]

Slides - 20

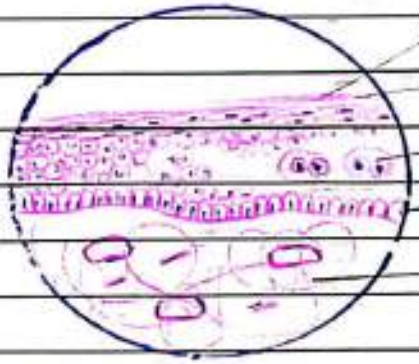
Specimen - 15

35/60



4

H and E slide True Pulp stone.



3

H and E slide of pemphigus

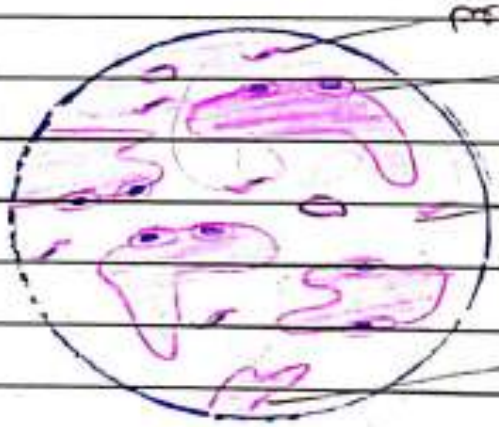
3)



Fibrosarcoma

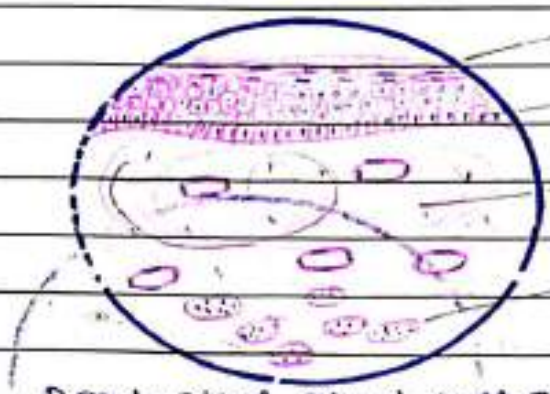
02

4)



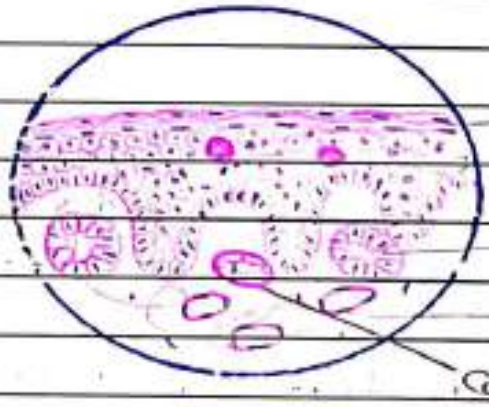
Fibrous dysplasia

35



Periapical giant cell granuloma.

4



Pleomorphic adenoma.

3.5

a) ~~dilaceration of root of tooth~~

1) ~~It is a developmental anomalies of tooth~~
2) ~~It affects the shape of tooth~~
3) ~~In this type root gets tilted and rounded~~
4) ~~It causes trouble during extraction~~
5) ~~It occurs due to faulty enamel formation~~

abbrision

1) It is a ~~physiological~~ pathological wearing of tooth.
2) enamel layer gets weared.
3) painful mastication
4) It causes sensitivity of tooth.
5) Pale appearance of tooth.
7) Pathological wearing of tooth due to action of microbial action.

3

b) pulp polyp

1) formation of polyp in the pulp region.
2) It occurs due to absence of periodontal ligaments in the cementoenamel junction.
3) ~~Pulp polyp can be of 3 types~~
   ~~Free pulp polyp~~
   ~~attached pulp polyp~~
   ~~embedded pulp polyp~~
4) It causes trouble during extraction and RCT
5) It may cause chronic gingivatis and abscess formation.
6) Red lobulated mass, erythmatous mass protruding out of carious cavity

5) causes difficulty in mastication

01

11) Ankylosis.

1) It is a developmental anomalies of tooth
2) In Ankylosis tooth cementum gets fused with bone.
3) In Ankylosis periodontal ligament is absent
4) pulp chamber is absent in ankylotic tooth
5) In this case extraction is painful and hard.

4

12) Dipoceleration of tooth

1) It is a developmental anamolies of tooth
2) It is a developmental anomalies of shape of tooth
3) painful extraction in this case
4) It occurs due to faulty enamel formation
5) In this type spot gets tilted during development
6) Trauma during eruption causes diaceleratio

4

III RD YEAR BDS REGULAR BATCH 2021

ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

DATE 30/08/2021 THEORY MARKS SECURED

ROLL NO.	NAME	SECTION A (20)	SECTION B (20)	SECTION C (20)	TOTAL (60)	POINT CONVERSION	STUDENT SIGNATURE
60	SOMILA NIGAM	08	10	14	32	1.6	Somila
17	RUTIKA DESHMUKH	20	10	12	45	2.25	

ROLL NO.	NAME	SECTION A (20)	SECTION B (30)	SECTION C (20)	VIVA (10)	TOTAL (80)	POINT CONVERSION	STUDENT SIGNATURE
27	ISHA GUNE	20	19	13	07	59	2.95	

DATE 30/08/2021 PRACTICAL MARKS SECURED

ROLL NO.	NAME	SLIDES (35)	SPECIMEN (25)	TOTAL (60)	POINT CONVERSION	STUDENT SIGNATURE
60	SOMILA NIGAM	16	14	30	1.50	Somila
17	RUTIKA DESHMUKH	20	15	35	1.75	

ROLL NO.	NAME	SLIDES (45)	SPECIMEN (35)	TOTAL (80)	POINT CONVERSION	STUDENT SIGNATURE
27	ISHA GUNE	27	28	55	2.75	

SIGNATURE OF HOD

DY Patil Dental School Pune.

Department of Oral Pathology and microbiology

Regular Batch (2021-22)

IIIrd Year Additional Examination is scheduled on 13/06/22

Date: 13/06/22 Time: 9 am

EXAMINATION SYLLABUS

Entire syllabus of Oral pathology and microbiology will be included for the examination

for ?

Signature of Head of the Department.

DEPARTMENT OF ORAL PATHOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

THIRD YEAR B.D.S REGULAR BATCH – ADDITIONAL INTERNAL ASSESSMENT

THEORY ATTENDANCE RECORD **Date- 13/06/2022**

Sr. no	Roll No	Name of Student	Signature
1.	07	Hardik Rahul Bhatti	
2.	26	Sanika Jaya Jamsa	
3.	71	Bhuvaneshwari Sonar	
4.			

SIGNATURE OF HOD

DEPARTMENT OF ORAL PATHOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

PRACTICAL ATTENDANCE RECORD Date- 13/06/2022

Sr. no	Roll No	Name of Student	Signature
1	07	Hardik Rahul Bhatti	[illegible]
2	26	Saniya Jamna	[illegible]
3	71	Bhuvaneshwari Sonar	[illegible]
4			

SIGNATURE OF HOD

DEPT OF ORAL PATHOLOGY AND MICROBIOLOGY

3RD YEAR BDS REPEATER BATCH 2021-2022, FIRST BETTERMENT INTERNAL ASSESSMENT , DATE – 13/06/2022

SECTION A MCQS (20 marks)

1. 7. Hansen's disease is another name of:
a) leprosy b)TB c) syphilis d) tetanus

2. Chronic excessive vomiting has long been recognized as a cause of
a. Abrasion b. Abfraction c. Attrition d. Erosion

3. Target lesions are observed in case
a. Erythema multiforme b. Lichen planus c. Pemphigus vulgaris d. Psoriasis

4. Abtropfing affect is seen in
A. Junctional nevus B. Pemphigus
C. Apthous ulcer D. Erythema multiforme

5. The most common benign tumor occurring in oral cavity
a. Papilloma b. Fibroma c. Adenoma d. Epulis

6. Talon casp is associated with which of the following syndromes:
a)kleinfetter's syndrome b)rubinstein- taybi syndrome
c)down's syndrome d)marfan's syndrome

7. Basal layer in primordial cyst is arranged in the form of
a. Tennis racket b. Picket fence c.Linear d.Irregular

8. Most common variety of BCC is –
a.Cystic BCC b.micronodular BCC c.Nodular BCC d.pigmented BCC

9. What does the granules in granular cell subtype of ameloblastoma made of ?
a.Lysozome b.Azuriphillic material c.Lectoperoxidase d.None of the above

10. Multiple dentigerous cysts are present in:
a.Maroeteaux Lamy syndrome b.Cleidocranial dysplasia c.Both of the above d.None of the above

11. Most common carcinoma in salivary glands is
a) Mucoepidermoid carcinoma b)Adenoid cystic carcinoma c) Salivary duct carcinoma d) Acinic cell carcinoma

12 Early invading bacteria in carious lesions are called
a) Microcosm b) Pioneer bacteria c) Advancing bacteria d) Anaerobic bacteria

13. The cyst with high rate of recurrence is
a. Odontogenic Keratocyst b. Periapucal cyst c. Nasoalveolar cyst d. Globulomaxillary cyst

14. Among unicystic ameloblastoma, high recurrence rate is seen in which of the following type?
a.luminal b.Intraluminal c.Mural d.None

15. HPV altered epithelial cells are called as –
a.Russell bodies b.Koilocytes c.rushton bodies d.tzanck cells

16. "Bag of Marbles" appearance is seen in
a. Compound Odontome b. Complex Odontome c. Calcifying Epithelial Odontogenic Tumor d. Ghost Cell Tumor

17. Serum alkaline phosphatase levels are increased in
a) Osteoarthritis b) Dentinogenesis imperfect c) Paget's disease d) Rheumatoid arthritis

18. Characteristic feature of basal cell carcinoma is
a.Psammoma bodies b.Nuclear palisading c.foam cells d.keratin pearls

19. Generalised hyperdementosis is seen in
a) Hypophosphatsia b) Paget's disease c) Fibrous dysplasia d) Cherubism

20. Onion skin appearance of radiographs is seen in
A. Fibrous dysplasia B. Osteosarcoma
C. Ewings sarcoma D. Condrosarcoma

THIRD BDS (REG BATCH 2022)

ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

Subject: Oral Pathology and Microbiology **Date: 13/06/2022** **Total Marks: 60 Time: 3 hrs**

Instructions:

-All questions are compulsory
-Draw diagrams wherever necessary
-Figures to the right indicate full marks
-Do not write anything on question paper, it will be treated as copy.
-First 20 minutes for section A (MCQs)
-Write section B and section C in one answer book

Section B

I Short answer question (2 marks each x 10=20 marks)

1. Amelogenesis Imperfecta
2. Pathogenesis and Histopathology of Paget's Disease
3. Define Dysplasia and Write about Features of Epithelial Dysplasia.
4. Describe Histopathology of Pindborg Tumor
5. Bite Marks
6. Pathogenesis of Dentigerous Cyst and note on its Potential Complications
7. Xerostomia
8. Pathogenesis of Lichen Planus
9. Pink Tooth of Mummery
10. Theories of Dental Caries

Section C

II Long answer question (10 marks each x 2=20 marks)

1. Classify Odontogenic Tumors (2marks). Describe the clinical features (2 marks), radiological features (2 marks) and histopathology of Adenomatoid Odontogenic Tumor. (4 marks).
2. Classify Vesiculobullous Lesions. (2 marks), Discuss the Pathogenesis (3 marks), Clinical Features (2 marks), Histopathology of Pemphigus. (3 marks)

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

THIRD YEAR B.D.S REG BATCH (2021-2022) – ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

M.C.Q. KEY **Date- 13/06/2022**

M.C.Q. No	Answer	M.C.Q. No	Answer
1	a	11	a
2	d	12	b
3	a	13	a
4	a	14	c
5	b	15	b
6	b	16	a
7	b	17	c
8	c	18	b
9	a	19	b
10	c	20	c

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

13/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Twenty Six - 26
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional assessment examination
SUBJECT	Oral Pathology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0 0 6 2 6

QUESTION BOOKLET VERSION NO.

A

ANSWERS

	A	B	C	D
1	●			
2				●
3	●			
4			●	
5	●			
6		●		
7	●			
8				●
9	●			
10		●		
11	●			
12		●		
13	●			
14			●	
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17			●	
18		●		
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30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

Section - B

1 Amelogenesis imperfecta :

- Amelogenesis imperfecta is the defect in the synthesis of enamel during ~~ear~~ development.
- ~~ear also known as~~ .

- Amelogenesis imperfecta is of 3 types based on the formation.

1) Hypoplastic - the enamel is formed is very thin and gets eroded easily away
2) Hypocalcified - the defect in enamel during the calcification.
3) Hypomaturation - the defect in enamel formed during the maturation stage. the enamel appears ~~it~~ as translucent and shows snow-flake appearance.

- In amelogenesis imperfecta the teeth are more prone to caries as the enamel gets eroded easily away.

1.5

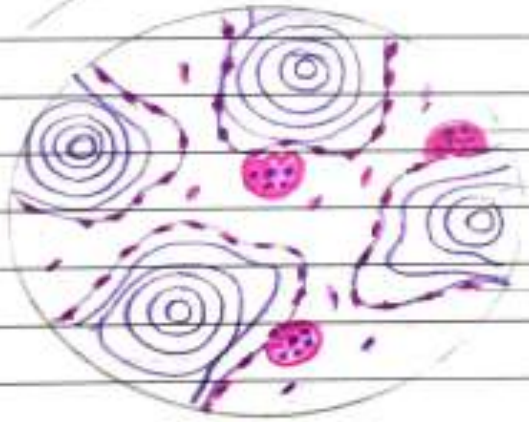
- enamel in amelogenesis very soft and scrape out away from sharp instruments.
- it leads to development of caries as teeth are more prone due to thin layer of enamel.

Pathogenesis and Histopathology of paget's disease

Pathogenesis :-

- It occurs due to defective bone formation.
- There is first osteoblastic osteoclastic phase, followed by osteoblastic and osteoclastic phase
- Defect in the osteo gene causes the mutations which leads to in Pagets disease.
- Defect in Dihydroxy Vitamin-D, IL-6, also leads to defects in the osteoblasts activity which leads to Pagets disease.

Histopathology :-



- There is osteo presence of newly woven bone due to osteoblastic activity
- There is osteoblastic rimming around the newly formed bone.
- Presence of osteoclasts in there.
- The newly formed woven bone shows resting and reversal lines.
- The is mosaic pattern of arrangement of irregularly formed bone.

3. Dysplasia :-

Dysplasia is defined as defect in cell which leads to abnormal cytologic and architectural changes.

Features of epithelial dysplasia :-

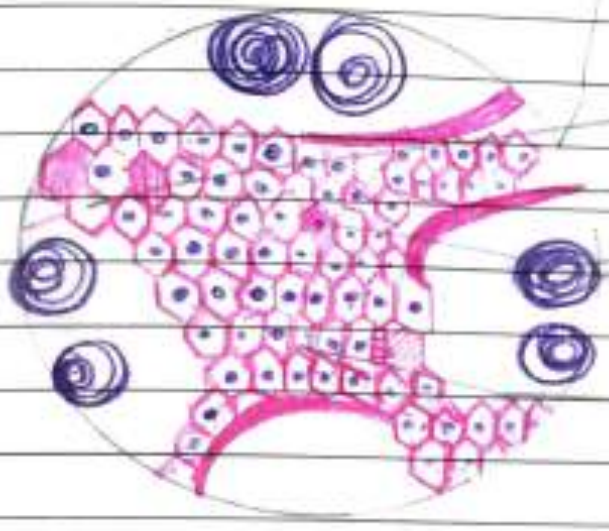
Architectural Changes :-

1) Loss of polarity
2) Dyskeratosis
3) Disarrangement of cells from basal to top layer
4) Increased mitotic activity
5) Increased
6) Basaloid shape or Broad shaped rete ridges
7) Secondary extensions

Cellular Changes :-

1) Nuclear Pleomorphism
2) Cellular pleomorphism
3) Increased nuclear / cytoplasmic ratio.
4) Enlarged nucleoli
5) Abnormal mitosis.
   Abnormal

Histopathology of Pindborg Tumor



- There is presence of sheets of polyhedral cells in a continuous form or small islands.
- The polyhedral cells show hyperchromatic nuclei and granular cytoplasm.
- There is presence of calcifications ~~in the~~ seen.
- Presence of amyloid material is also prominent.
- In polyhedral sheets of cells there is presence of intercellular bridges.
- Polyhedral cells do also have a clear cell variant which show clear cytoplasm.
- Due to calcifications there is 'honey comb appearance' and Drover Snow appearance seen.

15

5 Bite marks :-

- Bite marks are the impression of the teeth on an soft tissue.
- Bite marks are used for identification of Crime Suspects.

Classification of Bite marks:

*. Mcdonalds classification.

1) Teeth marks - When the teeth are pressed agains the soft tissue leads to formation of teeth marks.
occlusal and incisal edges appear.

2) Tongue marks - When the tissue is taken inside mouth and pressed again the rigid areas this is known as tongue bite marks.
- also known as Sucking.

3) Teeth Scrape marks - when the the teeth is Scrapped over the bitten material results in teeth Scrape marks.

13

* Webesters Webster's classification

- Classified according to penetration in food material as in Crime Scenes the Suspects usually eats food of the house.

Type I - When the penetration of teeth is little into the food / substance.
Eg- Dark chocolate.

Type II - When the penetration of teeth is intermediate
Eg- apple.

Type III - When the food is completely bitten off.
Sliding ~~effect~~ marks seen.
Eg- Banana.

- Bite marks help in identifying the Crime Suspect.

** Bite mark analysis :-
1) Visual examination.
2) Photography.
3) Saliva test.

: Pathogenesis of dentigerous cyst :-

1) Intrafollicular theory :-
Dentigerous cyst arises due to fluid accumulation between the Reduced enamel epithelium and the enamel surface which leads to cyst formation.

2) Extrafollicular theory :-
Due to proliferation of the odontogenic epithelial cells, which ~~form~~ further undergo cystic degeneration leads to formation of dentigerous cyst.

* Potential complications :-

1) Odontogenic cyst can lead to malignant potential formation of ameloblastoma through its odontogenic epithelium.

2) Muco-epidermoid carcinoma is a malignant tumor of the salivary gland which is derived from the odontogenic epithelial cells of the dentigerous cyst.

3) Epidermoid carcinoma is also a malignant potential of the dentigerous cyst derived from the basal odontogenic layer.

7. Xerostomia :-

- Xerostomia is also termed as Dry mouth.
- there is less saliva in the mouth.

- there can be many causes of Xerostomia.

1) Sialadenitis-
Inflammation of salivary gland leads to less pooling of saliva in the mouth.

2) Salivary duct canaliculi-
any canaliculi present in the duct can lead to blockage of the saliva & hence Xerostomia.

3) Hormonal causes - any hormonal imbalance can also lead to Xerostomia.

4) Disease related- disease like diabetes are also having Xerostomia.

C.I :

1) The patient may complain of Dry mouth, and Scratchy Sensation in mouth.
2) There is atrophy of the papillae.
3) There is problem in ~~mastical~~ eating and guping of food due to no saliva.
4) Prominence of dental caries is high as there is no pooling of saliva.

Treatment :-

1) Salivary substitutes are given to patient
2) Sugar free Chewing gum is advised.

Pathogenesis of lichen planus :

- T-cell mediated disease.

1) CD8 + Tcells ⟶ causes the apoptis of cells.

2) CD8 + Tcells $\xrightarrow{\text{recognizes}}$ antigen on the (MHC I complex

3) CD8 + Tcells + MCH complex ⟶ apoptosis of the cells.

⟶ cytokines leads to accumulation of the lymphocytes. (leads to formation of papule or vesicle)

- lichen planus is T- cell mediated disease.
- ~~For~~ viral causes are also present in lichen planus. - HIV, Herpes.
- There is acanthosis of the spinous layer of cells.

9. Pink tooth of mummery :-

- Pink tooth of mummery also known as internal resorption - is the resorption of a part of tooth either crown root from the internal surface.
- It can occur anywhere either crown or root.
- C.F :-
- the tooth appears pink in color.
- ~~Pain is present~~

* Pathogenesis -

an trauma or infection to the tooth

↓

leads to formation of clot

~~Periapical infection.~~

↓

Clot formation

↓

increase in ~~ost~~ odontoclastic activity

↓

Stoppage of odontoblasts.

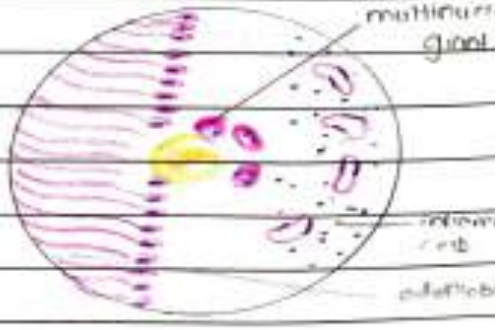
↓

tooth resorption occurs.

(2)

* Histology

- There is presence of many odonto clast
- multinucleated giant cell present
- area of hemorrhage is seen.
- chronic inflammatory cell infiltration.



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↓

Clot formation

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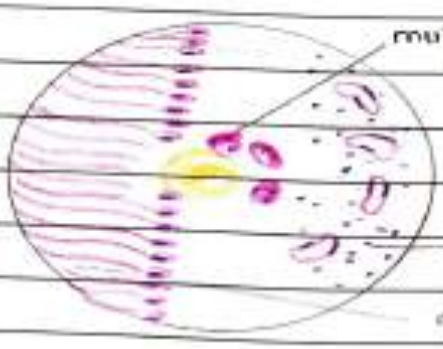

Theories of dental caries

1] Acidogenic theory / Chemoparasitic theory
- Given by miller
- most accepted.
- dental caries is caused due to acid degradation of teeth by micro-organisms.

It consists of 2 phases :-
initial phase - decalcification of enamel and dentin
Secondary phase - dissolution of the soft residue.

- The acid formed is from the dietary carbohydrates in the retentive areas in mouth.
- could not explain :- Smooth surface caries
  - caries on specific sites.

2.] Proteolytic theory :-
Theory :- ~~Carious~~ micro-organisms invade the organic pathway and leads to formation of caries.
- Gottlieb and Gottlieb stated :-
there is invasion of the organic components of the tooth and it further leads to caries formation
- enamel lamellae are the initial pathway for caries Progress

3. 3) Proteolytic - Chelation theory :-
Mtr Dissolution of organic matrix leads to formation of cheating complex which which Causes the dental caries.
- the Chelation complex is negative and pulls o the positive calcium and phosphorous from the tooth surface which leads to caries progress

4.) ~~Proteolysis~~ Sucrose - Chelation theory.

5.) Recent theory - caries is caused by 3 factor
1) microflora - 3) substrates
2) host -
and time is additional.

Section C :-

1.] Classification of odontogenic tumors.

-A.] Benign :-

1.) Tumors arising from epithelial origin.
- Ameloblastoma.
- Squamous odontogenic tumor
- Adenomatoid odontogenic tumor
- Calcifying epithelial odontogenic tumor.

2.] Tumors arising from mesenchyme.
- ~~Able~~ Ameloblastic fibroma.
- Cemento-ossifying fibroma.
- myxoma.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Saniya · Tiya · Jamna

Name of the Examination Class

Subject 26

Roll No. 26 Date

Students Signature "Seen No. Complaint"

3] Tumors arising from epithelial and mesenchyme.
- odontome - complex
- compound.
- ~~ameloblastic~~ Clear cell carcinoma.
- Giant cell fibroma.

B.] Malignant :

1] Tumor arising from epithelial origin.
- Primary intraosseous tumor - cystic
- Clear cell.

B] Tumors arising from mesenchyme.
- Ameloblastic fibrosarcoma.

C] Tumors arising from epithelial - mesenchymal origin
- odontogenic carcino sarcoma.

Adenomatoid odontogenic Tumor :-

Also known as 2/3rd tumor - due to
2/3rd Presence in maxilla, 2/3rd in canine,
2/3rd in female and in 2/3rd age of life.

C.f :-

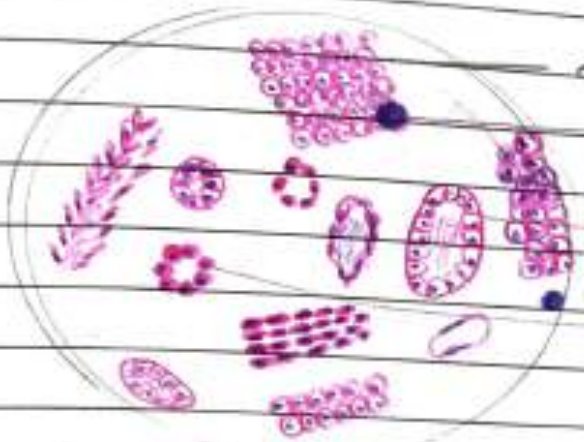
1) Mostly occurs in ~~male~~ female.
2) Maxilla is more prone to the tumor than the mandible.
3) Maxillary canine area is the most prominent site.
4) The tumor is asymptomatic, but there can be pain if Secondarily infected.
5) there can in be paraesthesia in the lower lip
6) Involve of maxillary sinus is more when the ~~tumo~~ tumor is in maxilla.

Radiologic features -

- Unilocular radiolucency with Scalloped border
- also multilocular radiolucency is also seen
- Shows ~~orange peel appea~~ honey comb appearance.

Histopathology :- Varied histo-architectural patterns seen.

- The epitheloid cells are in the forms of Sheets and cords and forms various anastomosing Cords.
- Rosette pattern of the epitheloid is also formed.
- Duct like Structures are also formed.
- There is whorled appearance of tumor cells.
- Presence of calcifications is also seen th



6

2. Classify Vesiculobullous lesions :

Skin lesions - Superficial

- Oral lichen planus.
- Phemiphus.
- phemphigoid.

deep skin lesion.

Erythema multiforme.

discoid lupus erythematosus.

Steven Johnson Syndrome.

PEMPHIGUS -

Pathogenesis -

1) Desmogen 1 and 3 are the main antigens responsible for Pemphigus.

2) antibodies against desmoglein 1 and 3 leads to accumulation of cells, which undergoes further proliferation and leads to formation of vesicle.

3) Desmoglein 1 mainly involves the basal and Superb layers while desmoglein involves the all the layers

4) Desmoglein 1 leads to cutaneous lesion while 1 and 3 leads to mucocutaneous lesions.

5) Non desmogens are also present such as catechin, pemphalin, etc.

Clinical features :

1) mostly occurs in females.

2) Avg age > 40 yrs.

3) There is presence of superficial blisters / vesicle which may easily erode when scraped away.

4) Pemphigus has 3 forms -

a) Pemphigus vulgaris.

b) Pemphigus foliaceous

c) Paraneoplastic pemphigus.

d) Herpetic pemphigus.

5) Presence of "Nikolsky sign" present

6) After the blister erode away the red erosive ulcer is present which may heal by scarring.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

me of the Student Saniya Iliyas Jamna

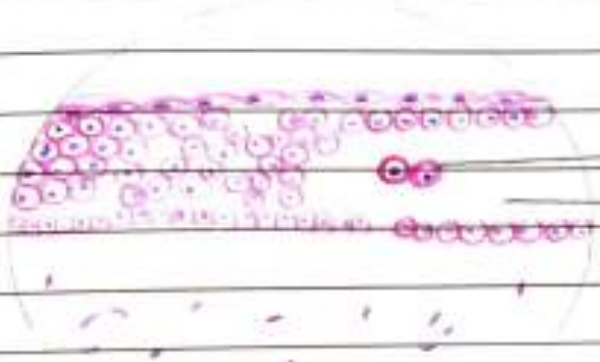
me of the Examination Additional Class

ject

No. 26 Date

dents Signature "Seen No. Complaint"

Histopathology :-



- There is acantholysis of the spinous cells in the pemphigus. (6)
- Presence of overlying atrophic epithelium is seen.
- loss of intercellular bridges.
- There is Supra-basilar split is seen
- degeneration of the basal cells cause the loosening of the epithelium and connective tissue attachment which is known as ~~Sup~~ Max-Joseph Spaces
- Presence of cells in clusters with hyperchromatic nuclei are known as Tzanck cells which freely float in the vesicle.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Saniya Jaana

Name of the Examination Additional assessment Practical Class

Subject Oral Pathology

Roll No. 26 Date 13/6/22

Students Signature Saniya "Seen No. Complaint" Saniya

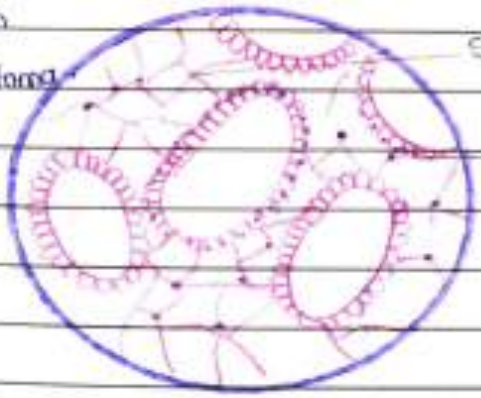
Slides	27 (20 Marks)
Specimen	19 (20 Marks)
Journal+Communication skills	46/60 (10 Marks)

Oral Submucous fibrosis



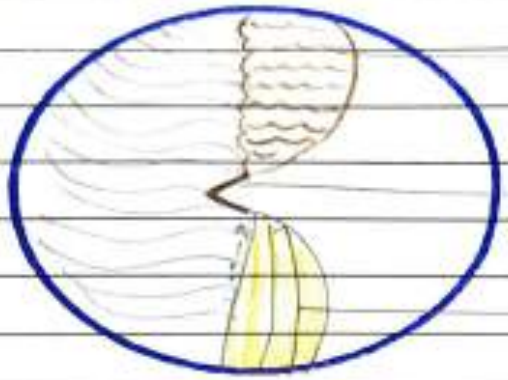
4½

Pleiomorphic adenoma



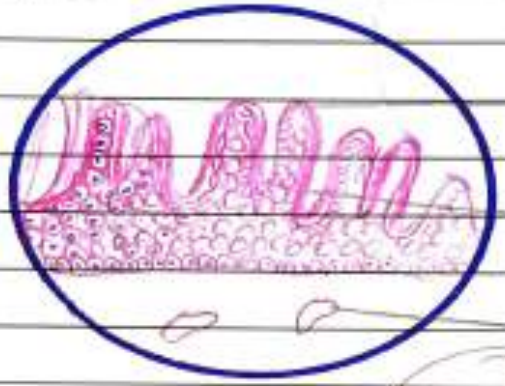
4½

3 Abrasion :



2

4 Squamous papilloma :



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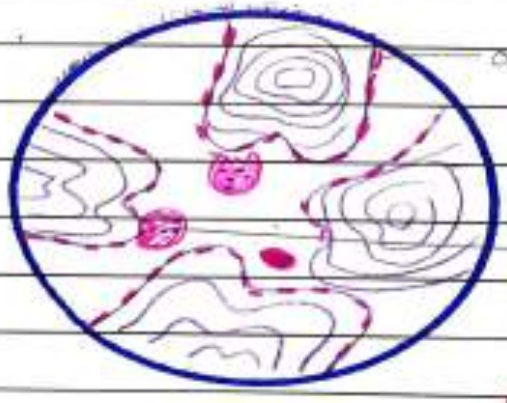
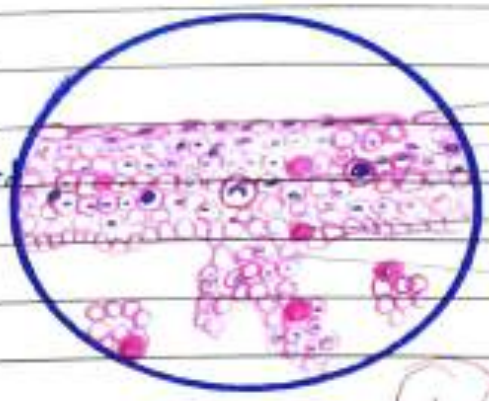
5 Pagets disease :



3

6 Squamous cell carcinoma - well differentiated



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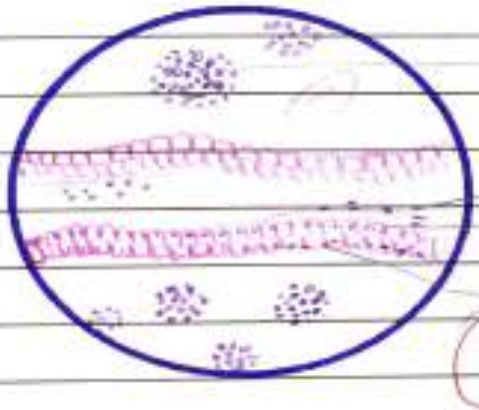
7 Whartins tumor



4

8 Geographic tongue / Benign migratory glossitis

- Bx Geographic tongue is represent as white Serpigenous line which are present throughout the tongue - giving a geographic appearance.
- there is surround atrophic smooth areas which are devoid of papillae.
- there is hyperkeratinization seen in the white areas of the geographic tongue.
- the lesions may scrape out by proper washing techniques
- Patient complaints of h

4

9 Dilaceration

- a sharp bend or angle in the root or crown of the tooth is known as dilaceration.
- Dilaceration can be caused due to trauma during before the calcification, which changes the calcification point and abnormal bend is formed
- dilaceration can be anywhere along root axis at cervical area or at root apex.
- dilaceration often causes esthetic Problems
- Problems may also arise during tooth extraction and endodontic treatment.

4

10 Pulp polyp / Chronic hyperplastic pulpitis

- It is growth of a small granulation tissue over the surface of crown.
- The polyp lesion may bleed on provocation with sharp instrument
- It mainly occurs in wide carious lesion, or in cracked tooth syndrome.
- Some times the polyp may become ulcerative which causes pain
- Histology mainly shows granulation tissue with dense inflammatory cell infiltrate in the connective

4

Attrition -

It is the physiological removal of the tooth surface mainly occlusal and incisal edges due to strong masticatory forces.

- There is development of facet on the tip on occlusal and incisal surfaces
- It occurs more in male (m >> f)
- occurs more in person with habit of clenching.
- It causes the teeth to become more prone to caries.
- enamel surface is lost, also can lead to sensitivity. (4)

~~Pulp polyp / Chronic hyperplastic pulpitis~~

- Talon's cusp
- It is a ~~smooth~~ short cusp located on the lingual surface of the mostly max. incisor.
- It consist of enamel and dentin and pulp horn.
- There is presence of developmental groove.
- Resembles eagles tail
- Chances of caries in the developmental groove.
- So endodontic treatment is carried out to remove the pulp horn first
- It can affect aesthetics of the patients.
- Rubinstein- taybi syndrome in which talons cusp is more likely to be seen.

(5)

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~~Pulp polyp / Chronic hyperplastic pulpitis~~

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(5)

DEPARTMENT OF ORAL PATHOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

THEORY MARKS RECORD Date- 13/06/2022

Sr. no	Roll No	Name of Student	Sec A (20marks)	Sec B (20mrk)	Sec C (20mrk)	Total (60mrk)	Points (3 mrk	Sign
1	07	HARDIK BHATTI	08	7.50	3.50	19.00	0.95	
2	26	SANIA JAMNA	13	15.50	12.50	41.00	2.05	
3	71	BHUVANESHWARI SONAR	09	10	11	30	1.50	
4								

DEPARTMENT OF ORAL PATHOLOGY

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THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

PRACTICAL MARKS RECORD Date- 13/06/2022

Sr. no	Roll No	Name of Student	SLIDES (35mrk)	SPECIMENS (25mrk)	Total (60mrk)	Points (3 mrk)	Sign
1	07	HARDIK BHATTI	03	08	11	0.85	
2	26	SANIA JAMNA	27	19	46	2.30	
3	71	BHUVAN ESHWARI SONAR	10	17	27	1.35	
4							

SIGNATURE OF HOD

DY Patil Dental School, Pune

Department of Oral Pathology and Microbiology

(Regular Batch 2023)

NOTICE

IIIrd Year Additional Examination is Scheduled on 26/10/23

Date: 26/10/23 Time. 9 am

EXAMINATION SYLLABUS

Entire syllabus of Oral pathology and microbiology is included for examination

Signature of Head of the Department

DEPARTMENT OF ORAL PATHOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

PRACTICAL ATTENDANCE RECORD Date- 26/10/2023

Sr. no	Roll No	Name of Student	Signature
1.	27	Pranjali Jadhav	Pranjali
2.	25	Chaitali Jadhav	Jadhav
3.	41	Shwetank Nande	Nande
4.	28	Tejasvi Jadhav	Tejasvi
5.	08	Darshan Bamb	Bamb
6.	46	Aishwarya Panikar	[illegible]
7.	57	Aishwarya Pillay	Pillay
8.	35	Ellena Chamthikulangara	[illegible]
9.	32	Shubhangi Kalyankar	[illegible]
10.	62	Aditi Rode	[illegible]
11.	15	Spurti Dalimbha	Dalimbha
12.	17	Shorvori Deo	[illegible]
13.	19	Mitali Gaikwad	[illegible]
14.	48	Ritu Pardeshi	Pardeshi
15.	12	Shubham Chikhale	Chikhale
16.	45	Shamal Padmawar	Shamal
17.			
18.			
19.			
20.			

SIGNATURE OF HOD

DEPARTMENT OF ORAL PATHOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

THEORY ATTENDANCE RECORD Date- 26/10/2023

Sr. no	Roll No	Name of Student	Signature
1.	06	Suvidhi Bhosle	
2.	41	Shwetank Nande	
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7.	17	Shreyasi Deo	
8.	19	Mitali Gaikwad	
9.	25	Chaitali Jadhav	
10.	27.	Pranjali Jadhav	
11.	28	Tejasvi Jadhav	
12.	35	Ellena Kuruthukulangara	
13.	45	Shamal Padmawar	
14.	46	Aishwarya Panikar	
15.	48	Ritu Pardeshi	
16.	57	Aishwarya Pillay	
17.	61	Aditi Rode	
18.			
19.			
20.			

SIGNATURE OF HOD

3RD YEAR BDS REG BATCH 2023-2024, ADDITIONAL INTERNAL ASSESSMENT EXAM , DATE – 26/10/2023

SECTION A MCQS (20 marks)

Hansen's disease is another name of:
a) leprosy b)TB c) syphilis d) tetanus

Chronic excessive vomiting has long been recognized as a cause of
a. Abrasion b. Abfraction c. Attrition d. Erosion

Target lesions are observed in case
a. Erythema multiforme b. Lichen planus c. Epidermolysis Bullosa d. Psoriasis

Abtropfling affect is seen in
a. Junctional nevus b. Pemphigus
c. Apthous ulcer d. Erythema multiforme

Early tongue changes in scarlet fever is:
a. raspberry tongue b. strawberry tongue c. auspitz's sign d. nikolsky's sign

Talon casp is associated with which of the following syndromes:
a)kleinfetter's syndrome b)rubinstein- taybi syndrome c)down's syndrome d)marfan's syndrome

...al layer in primordial cyst is arranged in the form of
a. Tennis racket b. Picket fence c.Linear d.Irregular

Most common variety of BCC is –
a.Cystic BCC b.micronodular BCC c.Nodular BCC d.pigmented BCC

What does the granules in granular cell subtype of ameloblastoma made of ?
a.Lysozome b.Azuriphillic material c.Lectoperoxidase d.None of the above

Paulbunnel test is positive in .....
a.Multiple myeloma b.Infectious mononucleosis c.Rubella d. malignant tumours

Most common carcinoma in salivary glands is
a)Mucoepidermoid carcinoma b)Adenoid cystic carcinoma c) Salivary duct carcinoma d) Acinic cell carcinoma

Early invading bacteria in carious lesions are called
a) Microcosm b) Pioneer bacteria c) Advancing bacteria d) Anaerobic bacteria

. Tuberculosis of skin is known as:
a. lupus vulgaris b. scleroma c. scleroderma d. verruca vulgaris

Among unicystic ameloblastoma, high recurrence rate is seen in which of the following type?
a)Luminal b.Intraluminal c.Mural d.None

The common site for necrotizing sialometaplasia is:
a. Cheeks b. Dorsum of tongue c. Palate d. Gingiva

bleeding time is prolonged in
a.haemophilia b.vonwillebrands diseas c.henochschenoleinpurpura d.telangiectasia

Serum alkaline phosphatase levels are increased in
a) Osteoarthritis b) Dentinogenesis imperfect c) Paget's disease d) Rheumatoid arthritis

Characteristic feature of basal cell carcinoma is
a.Psammoma bodies b.Nuclear palisading c.foam cells d.keratin pearls

Generalised hypercementosis is seen in
a) Hypophosphatsia b) Paget's disease c) Fibrous dysplasia d) Cherubism

Onion skin appearance of radiographs is seen in
a. Fibrous dysplasia b. Osteosarcoma
c. Ewings sarcoma d. Condrosarcoma

THIRD BDS (REG BATCH 2023)

ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

Subject: Oral Pathology and Microbiology **Date: 26/10/2023** **Total Marks: 60 Time: 3 hrs**

Instructions:

questions are compulsory
aw diagrams wherever necessary
ures to the right indicate full marks

-Do not write anything on question paper, it will be treated as copy.
-First 20 minutes for section A (MCQs)
-Write section B and section C in one answer book

on B
hort answer question (2 marks each x 10=20 marks)

Write about Lab diagnosis of Oral Candidiasis.
Pathogenesis and Histopathology of Paget's Disease
Define Dysplasia , Neoplasia, Metastasis. Describe briefly about Modes of Metastasis.
Describe Histopathology of Pindborg Tumor
Discuss briefly about Oral Manifestations of Diabetes Mellitus.
Write about pathogenesis and Histopathology of Rodent Ulcer
Xerostomia
Pathogenesis of Pleomorphic Adenoma
Pink Tooth of Mummery
. Caries Activity Tests

tion C
ong answer question (10 marks each x 2=20 marks)
Classify Odontogenic Tumors (2marks). Describe the clinical features (2 marks), radiological features (2 marks) and topathology of Adenomatoid Odontogenic Tumor. (4 marks).
Classify Vesiculobullous Lesions. (2 marks), Discuss the Pathogenesis (3 marks), Clinical Features (2 marks), Histopathology of ichen Planus (3 marks)

THIRD BDS (REG BATCH 2023)
ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

Subject: Oral Pathology and Microbiology **Date: 26/10/2023** **Total Marks: 80 Time: 3 hrs**

Instructions:

-All questions are compulsory
-Draw diagrams wherever necessary
-Figures to the right indicate full marks
-Do not write anything on question paper, it will be treated as copy.
-First 20 minutes for section A (MCQs)
-Write section B and section C in one answer book

Section B
I Short answer question (4 marks each x 10=40 marks)

1. write about Lab diagnosis of Oral Candidiasis.
2. Pathogenesis and Histopathology of Paget's Disease
3. Define Dysplasia , Neoplasia, Metastasis. Describe briefly about Modes of Metastasis.
4. Describe Histopathology of Pindborg Tumor
5. Discuss briefly about Oral Manifestations of Diabetes Mellitus.
6. Write about pathogenesis and Histopathology of Rodent Ulcer
7. Xerostomia
8. Pathogenesis of Pleomorphic Adenoma
9. Pink Tooth of Mummery
10. Caries Activity Tests

Section C
II Long answer question (10 marks each x 2=20 marks)
1. Classify Odontogenic Tumors (2marks). Describe the clinical features (2 marks), radiological features (2 marks) and histopathology of Adenomatoid Odontogenic Tumor. (4 marks).
2. Classify Vesiculobullous Lesions. (2 marks), Discuss the Pathogenesis (3 marks), Clinical Features (2 marks), Histopathology of Oral Lichen Planus (3 marks)

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

D.Y.PATIL DENTAL SCHOOL, LOHEGAON.

THIRD YEAR B.D.S REG BATCH (2023-2024) – ADDITIONAL INTERNAL ASSESSMENT EXAMINATION

M.C.Q. KEY **Date- 26/10/2023**

M.C.Q. No	Answer	M.C.Q. No	Answer
1	A	11	A
2	D	12	B
3	A	13	A
4	A	14	C
5	B	15	C
6	B	16	B
7	B	17	C
8	C	18	B
9	A	19	B
10	B	20	B

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student: Darsan Bamb

Name of the Examination: Additional Examination Class: IIIrd yr.

Subject: oral pathology

Roll No.: 08 Date: 26/10/23

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											3 /20
Marks obtained in Section B	1	1	1	1	1	1	1	0	0	0	7 /20
Marks obtained in Section C	4	4									8 /20
Grand Total											18 /60

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section-A

1 c) Syphilis

2 b) Abfraction

3 c) Epidermolysis Bullosa

4 c) Aphthous Ulcer

5 a) Raspberry tongue.

6 b) Rubinstein-Taybi Syndrome.

7 d) Irregular.

8 b) micronodular BCC.

9 b) Azurinophilic material

10 a) Multiple Myeloma

11 b) Adenoid Cystic Carcinoma

12 b) Pioneering bacteria

13 c) Scleroderma

14 c) Mural

15 d) gingiva.

16 b) von Willebrand disease

17) d) Rheumatoid Arthritis

18) d) Keratin pearls ~~Psoriasis~~ Waldenstrom's disease

19) d) Chemotherapy

20) c) Ewing's Sarcoma.

Section - B.

Oral Candidiasis

a) Oral Candidiasis is a fungal disease.
b) Oral Candidiasis has various types of lesions present on our whole body
c) Oral Candidiasis affects various parts of our body, but it mainly affects our skin & oral cavity.
d) Small patchy like appearence, redness on skin, itchiness are some of the characteristics feature of oral Candidiasis on the skin.
e) In oral cavity it affects the buccal mucosa, labial mucosa tongue, gingiva, soft palate aswell as hard palate & but mainly affects buccal mucosa.
f) Inflammatory cells produce inflammatory infiltrate which causes redness & inflamation
g) Keratinized stratified squamous epithelium is observed.
h) When scratched, it doesnot get caid off, at it a hard lesion & causes primarly & secondary pain
i) This is the lab daignosis of oral Candidiasis.

1

② Paget's Disease.

Pathogenesis - Mainly osteoclast resorbs the bone & causes weakening of the bone same takes place in the case of Paget's Disease. The number of osteoclast increases as compared to number of osteoblasts, which causes formation of bone, this leads to resorption of bone & weakening of bone, this is the pathogenesis of Paget's Disease.

Histology - Mainly Paget's disease is a Bone disease
- Inflammatory infiltrate is present
- Connective tissue stroma is observed.
- osteo-clast are present on the bone surface, which is osteoblast.
-

a) Dysplasia - It is regressive growth of the tissues which cause harm to the human body is known as Dysplasia.

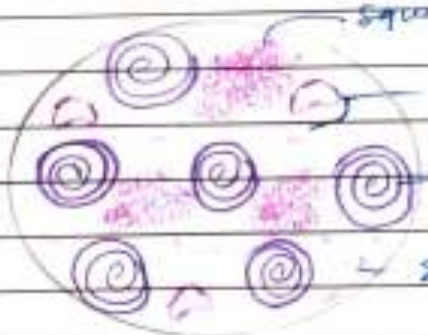
b) Neoplasia - It is a regressive cancerous, malignant growth of a specific tissue of our body which causes harm to human body this is known as Neoplasia.

c) Metastasis - Metastasis can be defined as, extracellular growth of a particular tissue at a very fast rate or it is the multiplication of a specific tissue or cell at very fast rate, this is known as Metastasis.

(1)

Modes of Metastasis - Normal, fast, very fast.

4) Maculy pindborg Tumor is known Calcifying Epithelial odontogenic Tumor.



(1)

pindborg tumor.

Histopathology

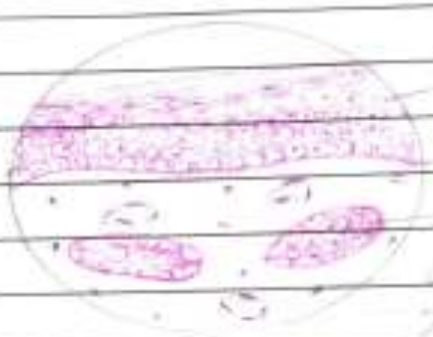
a) It is known as Calcifying epithelial odontogenic tumor.
b) It has epithelial in origin
c) It is odontogenic in Nature
d) It has big-big Calcified structure present due to deposition of Minerals & due to demineralization by various Cells.
e) It is intraosseous & Extra osseous in nature.
f) This is Histopathology of Pindborg Tumor.

(5) Daibetes Mellitus.

Daibetes Mellitus is a daibetic diaease
It is mainly caused due to decreased level of insulin our body
It leads to increased sugar level in our body which affects various parts of our body, one of which is oral Cavity.
Due to Daibetes Mellitus, the gingiva gets loosened up, more chances of displacement of the teeth is observed.
Swelling is observed in periapical region of the teeth
Resorption of bone takes place
High chances of displacement of teeth is observed. Redness is observed in Buccal Mucosa.
This is known as oral Manifestation of Daibetes Mellitus

(1)

Mainly Rodent Ulcer means Basal cell carcinoma.



Basal Cell Carcinoma.

Basal cell carcinoma - It has non-keratinized stratified squamous epithelium
- Basal cell layer get detached slowly & slowly.
- decaying of Basal layer is observed.
- Connective tissue stroma is seen
- Inflammatory infiltrate is also seen.
- Small patches of cells or group of cells is observed in the tumor.
- The tumor is benign in nature & can be aggressive in nature.

1

7) Xerostomia - Mainly the word Xerostomia means Dry-ness of Mouth

a) Temporary causes
- ~~de~~ Sailostia
- denticalculi

b) Permanent causes
- Syrödgene Syndrome
- Aplasia
- Desalivation
- Radiotherapy

1

cf - It is intermittent in nature
- Excessive pain & soarness in oral cavity
- Bad odour takes place due to No salivation
- Lymph Node enlargement
- Desalivation in oral cavity
- depapillation takes place in oral cavity
- Complete dryness is observed, in case cases lesions on tongue is also observed.
- Loss of apeptite, Bad odour is also observed
- In rare cases their is swelling is also observed
- Finally it means Dryness of mouth

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Supplement Sheet

me of the Student Darshan Bands

me of the Examination _____ Class _____

ject _____

No. _____ Date _____

plement No. (1) Invigilator Signature _____

Pleomorphic Adenoma.

The bacteria enters the cervical third of the tooth into gingiva

↓

causes & leads to infection in the periapical region

↓

This results in Periapical granuloma

↓

formation & leading to swelling of that part

↓

Starting of Cyst formation takes place

↓

Finally leads to formation of tumor

↓

formation of Pleomorphic Adenoma.

1) Pink Tooth of Mummery

- It is also known as Resorption of the tooth
- In the cervical third region, the gingiva starts to move down, this leads to opening, the structure of root
- In Pink tooth of Mummery, Roots of the tooth are clearly visible by our eyesight, because of resorption takes place
- Gingiva becomes pink in color, therefore known as Pink tooth of Mummery.
- It is mainly seen in Mandible as compared to Maxillary
- It is mainly seen in Anteriors in Caniues but also observed in Posteriors
- It is seen in old age population, above 50 years in age, for resorption, it takes time, so seen in late stage of life.
- This is known as Pink Tooth of Mummery.

Section-C

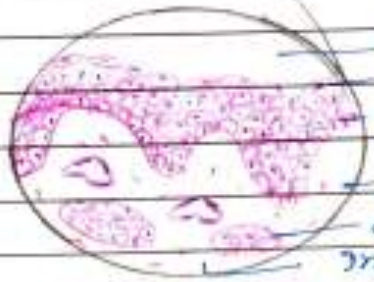
odontogenic tumors

Benign

Arise from epithelium	Arise from Connective tissue	Arise from epithelium & CT
· Ameloblastoma	· odontogenic Myxoma	· Ameloblastic Fibrosis
· Squamous Cell Carcinoma	· odontogenic Fibroma	
· Basal Cell Carcinoma		
· Adenomatoid odontogenic Tumor		

Malignant

Arise from epithelium	Arise from Connective tissue	Arise from epithelium & CT
Ameloblastosarcoma	Myxoid Sarcoma	Ameloblastic Fibrotic Sarcoma
Squamous Cell Carcoma	Fibrotic Sarcoma	
Basal Cell Sarcoma		



Adenomatoid odontogenic tumor (AOT)

C/F - It is known as 2/3rd tumor

a) It is 2/3rd of eruption
b) It is 2/3rd of Maxilla
c) It is 2/3rd of Canine

- It is known as 2/3rd of tumor because ; every where in oral cavity, the part related to tumor, it is related to 2/3rd therefore known as 2/3rd of tumor of Adenomatoid odontogenic tumor.
- Mainly found in age of 40-60 years.
- Sex - Female > Male.
- Site - found in oral cavity ; oral Mucosa, buccal & labial Mucosa, Hard palate, dorsum of tongue, ~~tongue~~
- It is Benign in Nature
- It is odontogenic in existence.
- Tumor is about 5-10mm in size

R/F - It is unilocular ; No Bilocular.
- oval / circular Radiopacity is observed
- Radio opacity Varies in Size
- Translucency is observed in other parts.

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Supplement Sheet

the Student Daylan Bamb

the Examination _____ Class _____

Date _____

ent No. (2) Invigilator Signature _____

stological features - It is epithelial in origin
- It is Benign in nature
- It is odontogenic in its Existence.
- The epithelium layer present is thin in size
- 5-10 layers of epithelium is present
- No Rete Ridges is present
- Parakeratinization in the cell layer has been observed.
- eccentric Nucleus is observed with it Hyperchromatized eosinophilic cytoplasm is observed
- Coagulum with straw coloured liquid is filled in the the parts of the cells
- It is Highly aggressive in Nature & cause damage at higher rate the the adjacent tissues also
- High rate of Recurrence is seen
- It is odontogenic in Existence.

(2) Oral lichen planus.

C/F - mainly caused to 4-6 decades of population
- causes to female over males
- No predilecation in mandible & Maxilla.
- Sites - mainly causes Buccal Mucosa, tongue, Palate, Pharynx, Larynx, gingiva, Lips.
- It is pre-malignent lesion, which is highly aggressive in nature
- If it affects the maxillary, Maxillary sinus gets affected.
- Primarily there is no pain, it is asymptomatic, Secondary it causes ulcerations, high pain, to much toxicity
- It comes under Pre-malignent condition it has high chances of cancerous development

H/F - It is a skin lesion & comes also affects the oral cavity
- It is affected by. [illegible]

(4)

- It is Malignent in Nature
- It has thin layer of epithelium present on it due to it is highly affected
- It has high chance of recurrence rate, due to its aggressiveness
- No rete Ridges present
- Ortho & para Keratinization is seen in cells of oral lichenplanus. Ortho is maximumly seen
- Squamous Stratified epithelium is seen
- Highly aggressive in nature.



Stratified Squamous Epi.

~~Malignant cells~~

Connective tissue stroma

oral Lichen planus cells

Inflammatory infiltrate

oral Lichen planus.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Darshan Bansb

Name of the Examination Additional Examination Class III

Subject oral pathology

Roll No. 8 Date 26/10/23

Students Signature [signature] "Seen No. Complaint"

Cherubism

3

6

9/60

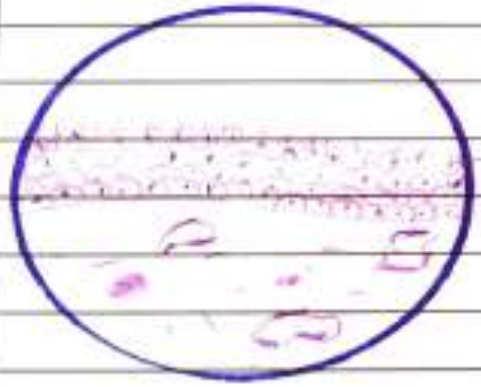
3



Compound ~~[illegible]~~

Granular odontogenic cyst

gobler cells



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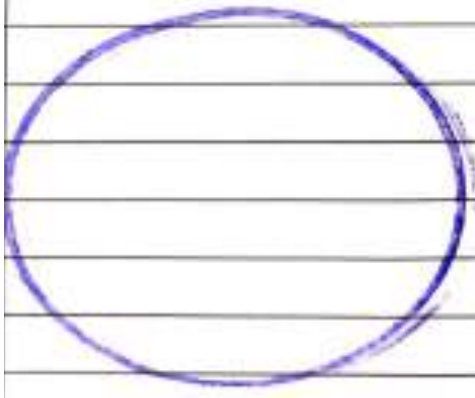

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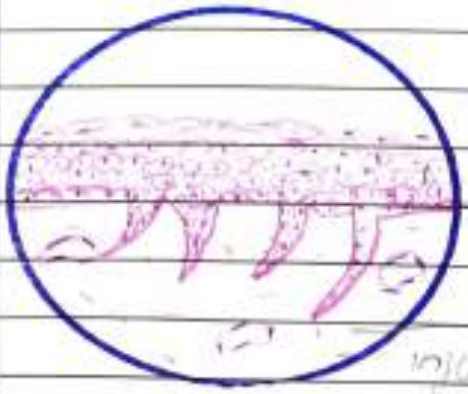
Radicular Cyst

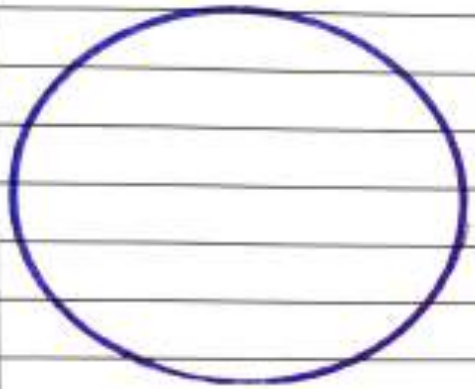


Basal layer

Connective tissue

Inflammatory infiltrate

5



6

Phemphigoid



Squamous cells

Basal layer

Connective tissue

Inflammatory infiltrate

7

Oral Fibroma



Keratinized stratified squamous epithelium

Connective tissue

Fibroma

Inflammatory infiltrate

White lesions are present
It is oral submucous fibrosis

0

Tongue Furcations
Deep grooves are present on the tongue
It is seen on dorsum surface of the tongue
Sulci & grooves are present surface of dorsum side of the tongue
It is seen in females more as compared to males
It is seen in age of 30-50 years.

1

Bilaterally - Cleft palate.
The cleft is observed from both Maxillary lateral incisors
It is seen mainly in Maxillary Arch of oral cavity
It starts from nose continues through lateral Maxillary incisors & through Hard palate in U-shape directions.

2

11 It is a Destigenous Cyst.

Circumferential Dental Cyst, where cyst is fully cove the tooth from all side

1

12

- The Angulation of the root is seen.
- where the root is curved in shape
- in this case, Root canal treatment is difficult
- Here it takes place mainly in posterior tooth, both in Maxillary & Mandible

2

section - A

MCQ

1. d – tetanus
2. b – Abfraction.
3. a – Erythema multiformae
4. a – Junctional nevus
5. c – auspitz's sign

8

6. a – Kleinfelter syndrome
7. d – Irregular
8. d – pigmented BCC
9. b – Azuriphillic material
10. b – Infectious mononucleosis

11. a – mucoepidermoid carcinoma.
12. b – pioneer bacteria
13. b – sclerema
14. b – Intraluminal
15. d – Gingiva.

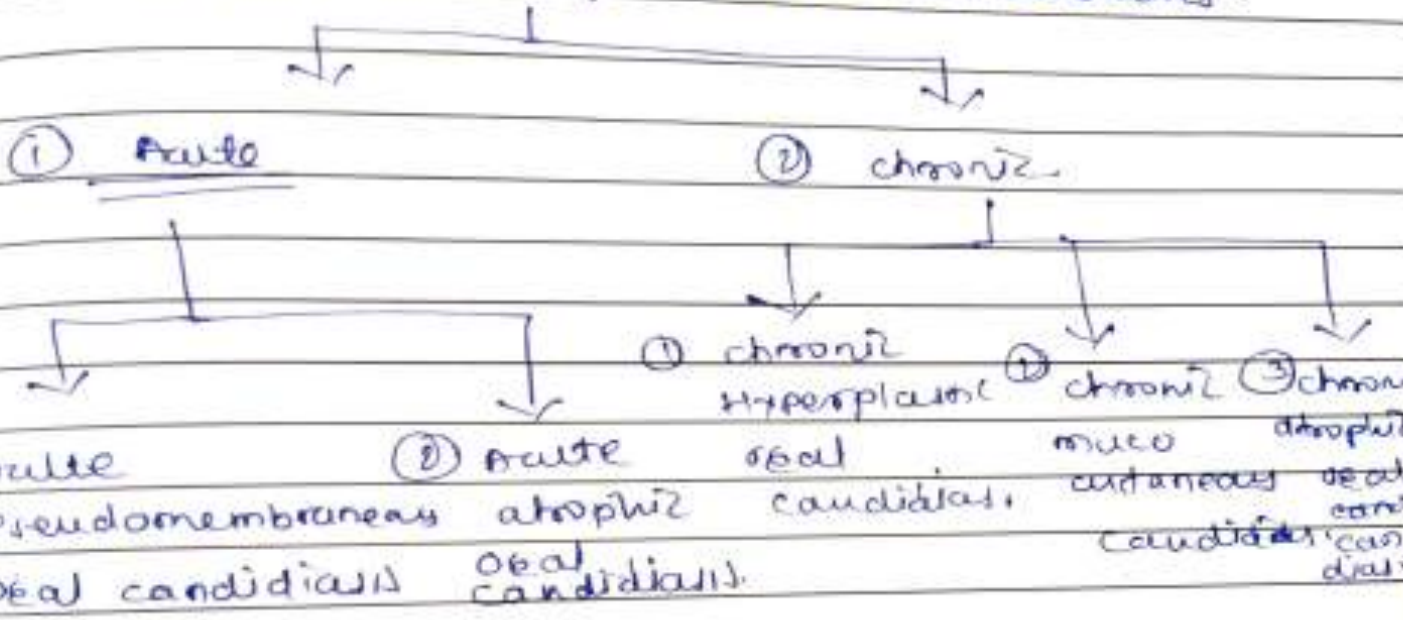
16. b – vonwillebrand's disease
17. c – paget's disease.
18. b – nuclear palisading.
19. d – cherubism
20. a – Fibrous dysplasia.

Section-B

① Oral candidiasis

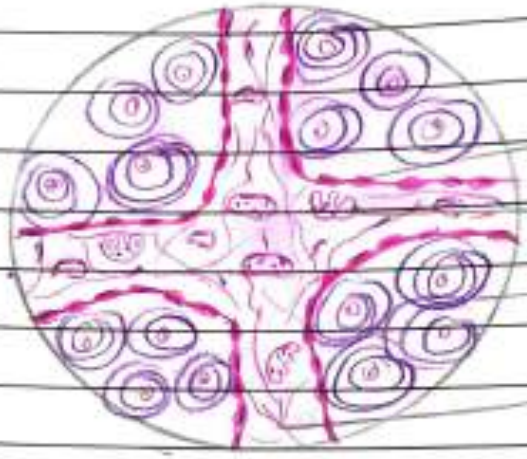
Oral cadiadiasis is a fungal infections ~~disease~~ disease caused by candida albicans.

classification of candidiasis albicans.



lab Diagnosis of oral candidiasis

(2) paget's disease.



paget's disease

- paget's disease is ~~Bone~~ Bone disease
- occurs in male & female
- It is most likely occur in mandible.

(1) In Histopathology of paget's disease woven bone with osteoblastic forming
(2) osteoclast cell also presents in paget's disease of bone with pretence of connective tissue.

(3) Dysplasia / neoplasia / metastasis.

metastasis – metastasis is a condition in which cells are proliferated or spread from one place to another place

In case of cancer metastasis of cancerous cells most occur

neoplasia – (1) neoplasia is condition in which

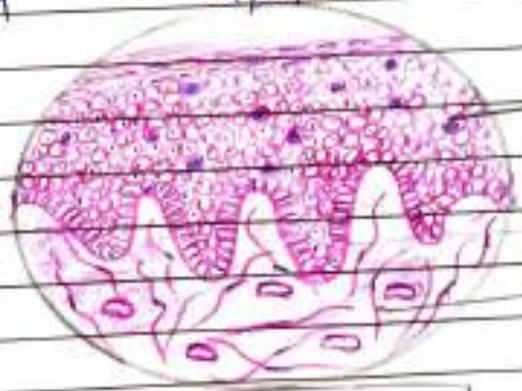
Dysplasia – Dysplasia

(1) well differentiated dysplasia

(2) moderately differentiated dysplasia

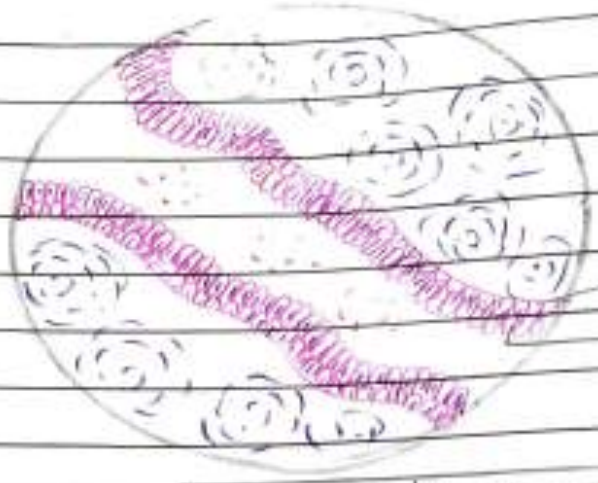
(3) poorly differentiated dysplasia

1



Dysplasia

Q (5)



Warthin Tumor

Q (5) Oral manifestation of Diabetes mellitus.

(6) Rodent Ulcer

(2)

(7) Xerostomia :-

(1) Xerostomia is also called as "Dry mouth" condition.

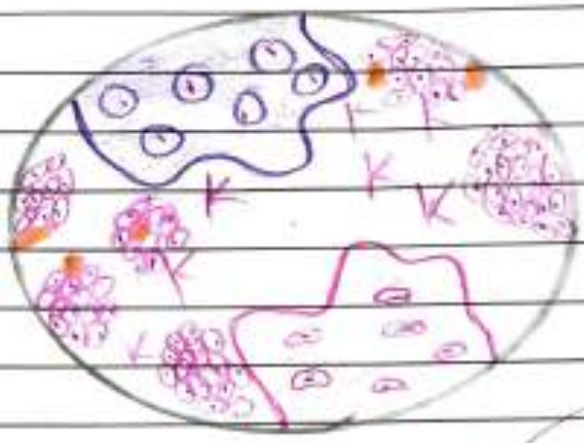
(2) In case of Xerostomia salivary secretion is decreased or Reduce

(3) It occurs in Both male & Female.

(4) Reduced or decresed in secretion of saliva results in "dryness of mouth."

(1)

(8) pleomorphic adenoma :-



0.5

(9) PMK Tooth mummery

0

(10) caries activity Test

(1) In caries activity Test "patch Test" is also included.

(2) "patch Test" is done in caries activity Test.

0.5

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Supplement Sheet

the Student alaifali fadhan

the Examination Additional Internal assesment exam Class III Ed BDS

oral pathology & microbiology

25 Date 26/10/23

ment No. (1) Invigilator Signature

section C

LAQ

classification of odontogenic Tumors

(1) Benign	(2) Malignant
	carcinoma
(1) Ameloblastoma	(1) Ghost cell carcinoma
(2) squamous odontogenic Tumor	(2) clear cell carcinoma
(3) Adenomatoid odontogenic Tumor	(3) malignant Ameloblastoma
calcifying epithelial odontogenic tumor	(4) Ameloblastic Fibrosarcoma
(4) myxoma	
(5) odontogenic Fibroma	(5) Ameloblastic fibrodentinosarcoma
(6) Ameloblastic Fibroma	
(7) Ameloblastic Fibro dentinoma	(6) Ameloblastic fibrodontosarcoma
(8) Ameloblastic Fibro	

(9) Complex odontoma

(10) Compound odontoma

Adenomatoid odontogenic Tumor

clinical features :

(1) It occurs in 2nd to 3rd decade of life

(2) Male predilection.

· Radiological features :

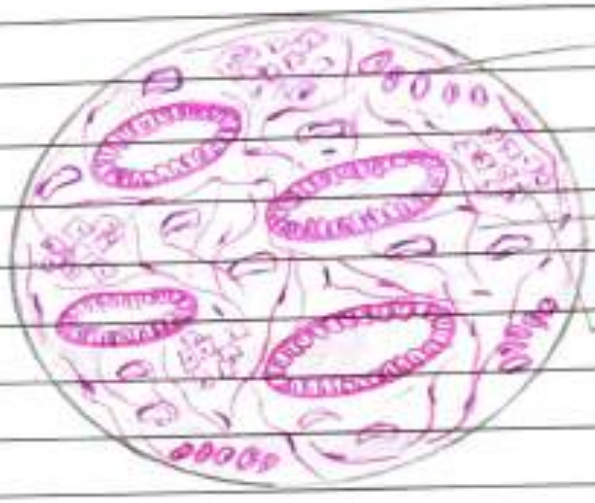
(1) On Radiologically it appears ~~radiolucency~~ Radiolucency.

(2) It show Rosette pattern.

Histopathology :-

(1) In Adenomatoid odontogenic Tumor it is ~~Benign~~ Benign odontogenic Tumor.

) Adenomatoid odontogenic Tumor there
→ is Rossette patter arrangment
→ there
) connecting tissue with sheath of rest cell present in Adenomatoid odontogenic Tumor.



5

Adenomatoid odontogenic Tumor

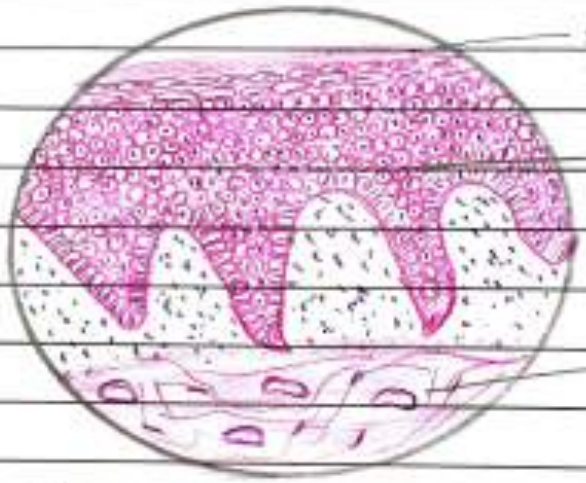
) classification of vesiculobullous lesion.

-) oral lichen planus
- ① pemphigus
  - ① pemphigus vulgaris
  - ② pemphigus Foliaceous
  - ③ Erythema multiformae
- pemphigoid

Oral lichen planus:

- Oral lichen planus is mucocutaneous lesion

- Clinical features –
  1. It is affected both male & female
  2. It is affected to middle aged & aged peoples



Oral lichen planus.

1. In Histopathology of oral lichen planus, there is hyperkeratosis of cell
2. Basal cell degeneration with presen connective tissue.

DEPARTMENT OF ORAL PATHOLOGY
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THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

THEORY MARKS RECORD **Date- 26/10/2023**

Sr. no	Roll No	Name of Student	Sec A (20mrk)	Sec B (20mrk)	Sec C (20mrk)	Total (60mrk)	Points (3 mrk)	Sign
1	08	Darshan Bamb	03	07	08	18	0.90	
2	12	Shubham Chikhale	11	6.5	12	30	1.50	
3	15	Spurti Dalimbkar	10	10	12	32	1.60	
4	17	Sharvari Deo	09	07	10	26	1.30	
5	19	Mitali Gaikwad	13	15	10	38	1.90	
6	25	Chaitali Jadhav	08	05	10	23	1.15	
7	28	Tejasvi Jadhav	10	08	07	25	1.25	
8	32	Shubhangi Kalyankar	11	6.5	06	24	1.20	
9	45	Shamal Padmawar	15	11	14	40	2.00	
10	46	Aishwarya Paniker	14	11	12	37	1.85	
11	48	Ritu Pardeshi	12	16	13	41	2.05	
12	57	Aishwarya Pillay	10	04	11	25	1.25	
13	61	Aditi Rode	10	10.5	07	28	1.40	

DEPARTMENT OF ORAL PATHOLOGY
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THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

PRACTICAL MARKS RECORD **Date- 26/10/2023**

Sr. no	Roll No	Name of Student	SLIDES (35mrk)	SPECIMENS (25mrk)	Total (60mrk)	Points (3 mrk)	Sign
1	08	Darshan Bamb	03	06	09	0.45	
2	12	Shubham Chikhale	08	11	19	0.95	
3	15	Spruti Dalimbkar	12	10	22	1.10	
4	17	Sharvari Deo	07	09	16	0.80	
5	19	Mitali Gaikwad	08	11	19	0.95	
6	25	Chaitali Jadhav	04	03	07	0.35	
7	28	Tejasvi Jadhav	08	07	15	0.75	
8	32	Shubhangi Kalyankar	04	12	16	0.80	
9	45	Shamal Padmawar	20	11	31	1.55	
10	46	Aishwarya Paniker	06	08	14	0.70	
11	48	Ritu Pardeshi	03	12	15	0.75	
12	57	Aishwarya Pillay	07	04	11	0.55	
13	61	Aditi Rode	03	07	10	0.50	

SIGNATURE OF HOD

DEPARTMENT OF ORAL PATHOLOGY
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THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

THEORY MARKS RECORD **Date- 26/10/2023**

Sr. no	Roll No	Name of Student	Sec A (40mrk)	Sec B (20mrk)	Sec C (20mrk)	Total (80mrk)	Points (4 mrk)	Sign
1	06	Sunidhi Bhosale	10	05	03	18	0.90	
2	27	Pranjali Jadhav	11	14	13	38	1.90	
3	35	Ellena K.	13	16	10	39	1.95	
4	41	Shwetank Nande	18	14	09	41	2.05	

DEPARTMENT OF ORAL PATHOLOGY
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THIRD YEAR B.D.S REG BATCH – ADDITIONAL INTERNAL ASSESSMENT

PRACTICAL MARKS RECORD **Date- 26/10/2023**

Sr. no	Roll No	Name of Student	SLIDES (45mrk)	SPECIMEN (35mrk)	Total (80mrk)	Points (4 mrk)	Sign
1	06	Sunidhi Bhosale	02	15	17	0.85	
2	27	Pranjali Jadhav	04	14	18	0.90	
3	35	Ellena K.	10	19	29	1.45	
4	41	Shwetank Nande	07	14	21	1.05	

LIST OF STUDENTS WITH MARKS FOR ADDITIONAL EXAM

(2022)

SR.NO.	NAME OF THE STUDENT	MARKS OBTAINED			TOTAL	MARKS POINTER
		SECTION A (20)	SECTION B (20)	SECTION C (20)	(60)	(03)
1.	SHRUSHTI MANEK	14	12	10	36	1.8
2.	SURYAWANSHI VIJAYALAXMI	10	12	8	30	1.5

PROFESSOR & HEAD
Dept. Of Oral Medicine & Radiology
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

ORTHODONTICS

D Y Patil Dental School

Dept of Orthodontics

Notice

Additional theory and Practical exam

14/08/2021

This is to bring to the notice of IV BDS exam going student that Department of Orthodontics will be conducting additional Theory and Practical Examination on **18th August 2021.**

Dr Sandeep Jethe

HOD

Dept of Orthodontics

PROFESSOR & HEAD

D Y Patil Dental School

Dept of Orthodontics

18/08/21

Attendance Theory

Roll no	Name of student	sign
63	Anshika Rajgopal	Anshika

PROFESSOR & HEAD
Dept. of Orthodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y Patil Dental School

Dept of Orthodontics

18/08/21

Marks Obtained Theory

Roll no	Sec A (20)	Sec B (40)	Sec C (20)	Total (80)	Out of 4	Sign
63	12	22	9	43	2.15	

PROFESSOR & HEAD
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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y Patil Dental School,Pune

Department of Orthodontics & Dentofacial Orthopedics

Preliminary Exam (Additional)

Final year (Regular Batch) **Date:03/08/2021**

Time: 3hrs **Max Marks: 80**

INSTRUCTIONS

**All questions are compulsory. (Compulsion is bad, we know)*

**Draw neat & labelled diagrams.(Where Necessary, Try not to be Picaso)*

**Marks will be given on depth of your answer not on length. (You are trained to be dentist not story writer)*

SECTION A (MCQ) (1x 20 = 20)

1. The portion of the flame used for soldering is at the tip of
    a. Cold mixing zone
    b. Oxidizing zone
    c. Partial Combustion zone
    d. Reducing zone

    d
2. In Cephalostat, the X ray source is placed
    a. 4 feet
    b. 4.5 feet
    c. 5 feet
    d. 5.5 feet

    C
3. All are true about Trajectorial Theory Except
    a. The trabeculae are thicker in areas of less stress
    b. Trabeculae in spongy bone followed trabecular lines like in a mechanical structure
    c. Bony trabeculae follow the pathways of maximal tension
    d. Most of the Trajectories crossed at right angles

    a
4. The classification of maloclussion which depends on three anthropological planes is
    a. Angle's
    b. Ackerman – Proffit
    c. Simon's
    d. WHO/FDI

    C

5. In Pericision
    a. Supracrestal group of fibres sectioned with no. 15 blade
    b. Supracrestal and circular fibres sectioned with no. 11 blade a
    c. Supracrestal fibres sectioned with no. 11 blade
    d. Trans-septal and circumferential fibres sectioned with no. 15 blade
6. Classificaton of mouth breathing is
    a. Anatomic
    b. Obstructive d
    c. Habitual
    d. All of above

7. The condition in which no retention is required is
    a. Corrected anterior crossbite with inadequate overbite b
    b. Corrected anterior crossbite with adequate overbite
    c. Corrected posterior crossbite when axial inclination remains reasonable after correction
    d. Highly placed canines treated by extraction
8. β –Titanium wires are
    a. Nitinol wires
    b. Elgiloy wires b
    c. Australian wires
    d. TMA wires
9. Fixed orthodontic appliaces exert
    a. Continuous force a
    b. Interrupted force
    c. Intermittent force
    d. Both a and b
10. In bodily tooth movement centre of rotation is
    a. At the apex
    b. At the incisal edge c
    c. At infinity
    d. Between centre of resistance and apex
11. Orthopaedic force uses to d
    a. Restrain maxillary growth
    b. Stimulate maxillary growth
    c. To restrain mandibular growth
    d. All of the above
12. Sutural theory is given by
    a. Scott
    b. Sicher b
    c. Brodie
    d. Petrovic

13. Stage 3 of Cervical Vertebrae Maturity indicator is
    a. Acceleration
    b. Transition
    c. Deceleration
    d. Maturation

b

14. Growth centre
    a. Controls the overall growth of the bone
    b. When transplanted to another area do not continue to grow
    c. Is a region of periosteal or sutural bone formation and remodeling
    d. They are places where exaggerated growth takes place

a

15. Incisor liability is compensated by
    a. Increased intercanine width
    b. Use of interdental spacing
    c. Labial eruption of incisors
    d. All of the above

d

16. Open bite can be due to
    a. Tongue thrusting habit
    b. Mouth breathing habit
    c. Thumb sucking habit
    d. All of the above

d

17. Consequences of malocclusion are all except
    a. Breathing difficulty
    b. Hypersensitivity of teeth
    c. High frequency of fractures of maxillary incisors
    d. Difficulty in articulation of certain words

b

18. To initiate orthodontic tooth movement, duration of forces applied should be minimum for
    a. 1-2 hours
    b. 2-3 hours
    c. 3-4 hours
    d. 4-5 hours

c

19. The wire which cannot be soldered and welded is
    a. SS wire
    b. TMA wire
    c. Nitinol wire
    d. Elgiloy wire

c

20. 23 year old female patient with Class II Div I malocclusion with 20mm overjet should be treated
    a. Orthodontically
    b. Removable Functional appliance
    c. Fixed Functional appliance
    d. Surgical Orthodontics

d

SECTION B (SAQ) (4x 10 = 40)

1. Define Optimum Orthodontic force & discuss importance of it.
2. Write a note on difference between Begg's technique and Edgewise technique.
3. Define retention & relapse. Discuss schools of thought of retention.
4. Classify Angles malocclusion in detail.
5. Define & discuss reinforced anchorage with examples.
6. Enumerate theories of biology of tooth movement & discuss Pressure-Tension theory in detail.
7. Enumerate different mixed dentition analysis & write in detaul about Tanaka-Johnston analysis.
8. Write in detail on Down's cephalometric analysis.
9. Define Adolescent & discuss different stages of growth for boys and girls.
10. Enumerate methods of gaining space. Write a note on appliance used for Rapid palatal expansion.

SECTION C (MCQ) (2 x 10 = 20)

1. Define & classify myofunctional appliance. Discuss in detail treatment option for Class II Division 1 malocclusion.
2. Enumerate theories of growth & write in detail Functional matrix theory.

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Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	SIXTY THREE - Anshika Rajagopal
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Preliminary Examination - Additional
SUBJECT	Orthodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Anshika

Candidate Signature

12/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior / Junior Supervisor Or Who Is Rude Or Disobedient Is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Anshika Rajagopal

Name of the Examination Preliminary Examination Class Final Year

Subject Orthodontics

Roll No. 63 Date 18/08/21

Pledge

I hereby declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											12
Marks obtained in Section B	2	2	3	4	1	3	2	2	0	2	22
Marks obtianed in Section C	5	4									9
Grand Total											43

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SECTION B

Short Answer Question (4x10 = 40)

Ans ① Optimum Orthodontic Force

- Optimum Orthodontic Force is defined as that force which produces rapid teeth movement in a desired direction, with least possible trauma to the tissues & maximal patient comfort.

Importance of Optimum Orthodontic Force

* Clinical Characteristics

1) Rapid teeth movement in desired direction.
2) Minimal trauma to the supporting structures like periodontium.
3) The lag phase should be minimum.
4) There should not be tooth mobility.

* Histological Characteristics

1) Maximum / Increased cellular response.
2) Stability of the periodontium.
3) Appropriate remodelling of Bone.

Ans ②

Edgewise Technique	Begg's Technique
1) Was given by Edward Angle	1) Was given by Raymond Begg.
2) Rectangular bracket slot & rectangular arch wire used.	2) Uses knee or canine or molar
3) Increases friction	3) Decreased friction
4) Three order bends given: (a) First order bend ~~but~~ for buccolingual bulge of the teeth. Inset for lateral ~~(b) Second order bend~~ Incisor, offset for canine & molar. (b) second order bend - for mesio-distal discrepancy (c) Third order bend or Torque	4) Differential intermittent force
5) Cannot bring tipping movement.	5) Cannot bring tipping Movement.
6) More traumatic to tissues.	6) less traumatic to the tissues

Ans(1) * Retention & Relapse

1] Retention - is defined by Mayers as the ability of the teeth to be stable in its position, to aid in longevity of correction.

2] Relapse - is defined as loss of any correction after orthodontic treatment.

* Schools of Thought of Retention

- There are 4 schools of thought of Retention

(1) School of Occlusion
- given by Kingsley
- He said that the stability of occlusion post orthodontic treatment is a determining factor for Retention & Relapse.

(2) School of Apical Base
- given by Andrew Lundstrom, Mayer & Nance.
- Andrew Lundstrom evaluated & said that the apical base is an important factor in determining retention & relapse.
- Mayers said that the intercanine & intermolar width should be minimum.
- Nance said that the arch perimeter / length of cannot be permanently increased beyond a value.

(3) School of Mandibular Incisor
- given by Ciriveus & Tweed
- According to this school of retention, the mandibular

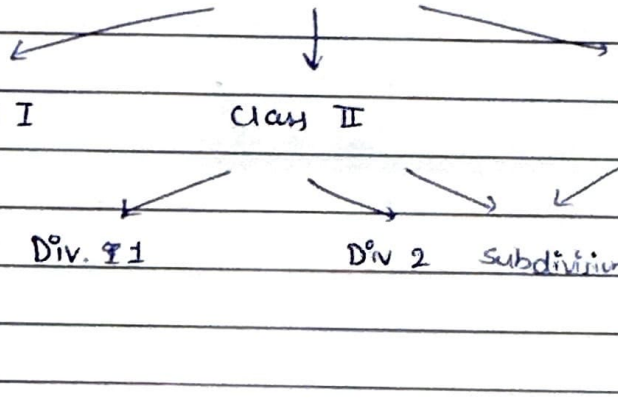
Incisors should be upright / slightly retroclined.

(4) School of Muscle function

- According to this school of Retention, the facial muscles & soft tissue helps in maintaining the stable position of teeth post orthodontic treatment

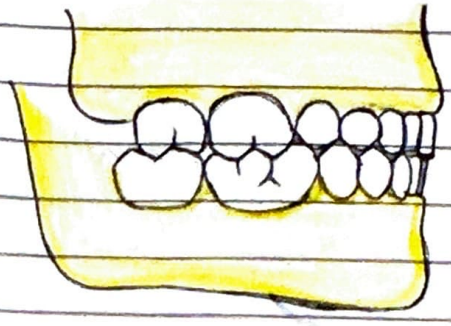
Ans: (4) Angle's Malocclusion

- Edward Angle classified malocclusion into 3 main categories



1.] Class I Malocclusion

- According to Angle, the Maxillary 1st Permanent molar is a fixed point and he classified occlusion based on the relation between maxillary 1st molar & mandibular 1st molar.



Angle's Class I Malocclusion

- In Class I malocclusion, the Mesiobuccal cusp of the permanent Maxillary 1st molar seats on the Buccal groove of the permanent Mandibular 1st molar.

II] Class II Malocclusion

- In class II, the Distobuccal cusp of permanent maxillary 1st molar seats on the Buccal groove of permanent mandibular 1st molar.
- The maxilla can be prognathic in these cases. Or there could be mandibular retrognathism.
- Class II is further divided into 2
  (1) Class II div 1 - In this, there is class II molar relationship with proclined maxillary anterior.

*Features of Class II div. 1

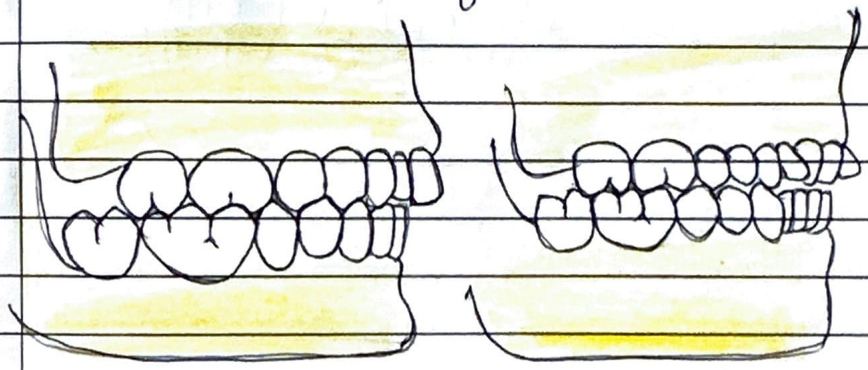
1) V-shaped maxillary arch
2) Proclined maxillary anteriors
3) Due to ~~for Buccinator mechanism~~ Narrow arch, the position of tongue is downward, which produces downward & forward displacement of the mandible, & the Buccinator mechanism comes into play.
4) Hypotonic upper lip.
5) Lip trap - lower lip trapped between palatal surface of maxillary anteriors & labial surface of mandibular incisors.
6) Hyperactive mentalis muscle.
7) Increased overjet.
8) Deep Bite may be present.

(2) Class II div 2

- In this, there is class II molar relationship & with Retroclined central incisors and labially tipped lateral incisors.
- Variant of this is - retroclined central & lateral incisors & labially tipped canines.

* Features of class II div. 2

(1) Unlike class I, class II has square ~~arch~~ maxillary or palatal arch.
(2) Retroclined central incisors.
(3) No involvement of Buccinator mechanism.



Class II Div. 1 Class II div 2.

*(2) Class II Subdivision

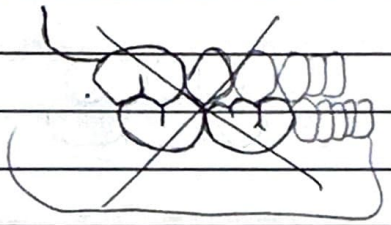
- One Quadrant class I other class II

III.] Class III Malocclusion

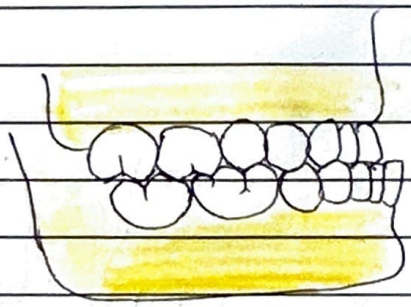
- In this, the ~~disto~~ ~~mesio~~ distobuccal ~~mesiobuccal~~ cusp of permanent maxillary 1st molar is present interdentally between the mandibular 1st & 2nd molar.

- * They are further classified into True & Pseudo Class III

True	Pseudo / Hysterical
- Due to mandibular prognathism	- In this the patient places the mandible in foward position while closing the jaw.



Class III malocclusion



* Features

1) Protruded mandible
2) Crossbite may be present
3) Mandibular incisors labial to maxillary incisors / edge to edge relationship

Ans(5) Proximal stripping

- It is a method for space gaining in the maxillary & mandibular arches.
- Also called as Interproximal stripping / Reproximation
- It is done in cases where there is less amount of space required.
- About 2.5 mm of space can be created using proximal stripping.

- It is done using discs which can be manual or electronic rotary device.
- It oscillates in particular rate & trims the proximal surfaces of the teeth.
- Mostly done in anterior region.
- Can cause hypersensitivity later on - Disadvantage.

Ans. (6) Theories of Biology of Tooth movement

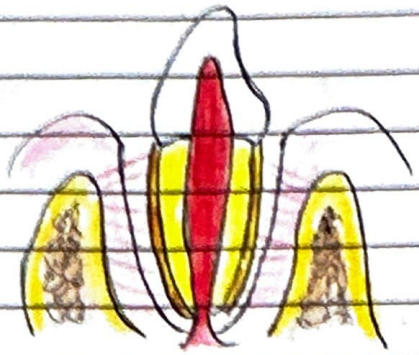
- There are 3 theories of Biology of Tooth movement
  (1) Pressure - Tension Theory
  (2) Fluid dynamic / Blood flow theory
  (3) Bone bending theory

(1) Pressure Tension Theory

- given by Oppenheim & Schwarz.
- According to this theory, when orthodontic force is applied it creates two areas

Pressure areas	Tension areas
- In these areas there is resorption of bone	- In these area there is deposition of bone.
- Opposite side of the Orthodontic force application	- On the same side of Orthodontic force application.

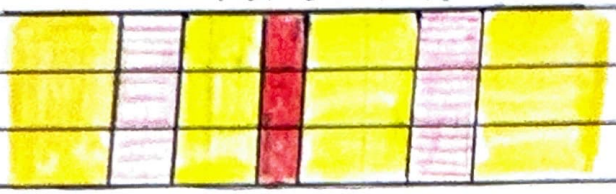
ORTHODONTIC FORCE



Area of Tension

Area of Pressure

Normal Force

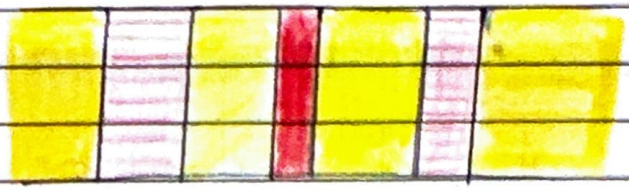


Areas of Resorption

Tension Areas

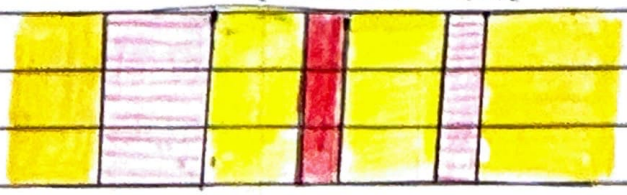
Areas of Deposition

Mild Force



Pressure Areas

Extensive Force



- Pulp
- Dentin
- Periodontal ligament
- Bone

Ans (7) * Mixed Dentition Analysis

(1) Moyer's Analysis
(2) Hixon & Old Father's Model Analysis
(3) Huckaba's Analysis
(4) Tanaka - Johnston Analysis

* Tanaka - Johnston Analysis

- given by Tanaka & Johnston
- In this analysis, the measurement of the lower incisor width is calculated to determine the amount of space required for the erupting canine & premolars.

Formula:

Predetermined value of Maxillary pm width = $\left(\frac{1}{2}\right)$ Sum of lower incisors + 11

Predetermined value of mandibular pm width = $\left(\frac{1}{2}\right)$ sum of lower incisors + 10.5

Ans (8) (10) Down's Cephalometric Analysis

- Down conducted studies on 20 Caucasian children ranging from 12-17 years of both ~~sex~~ sexes & gave this analysis.
- In this, he gave total 10 parameters, out of which 5 are Skeletal parameters & 5 are Dental parameters.

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Skeletal Parameters

(1) Facial Angle - Line drawn from Nasion to Pogonion & the Frankfort Horizontal plane gives this angle. This has a mean value of ~~8~~ 87.8° Average 82°-95°

- This tells the growth pattern of the person especially mandibular horizontal growth.
- ~~Positive~~ Increased in Class III & ~~Negative~~ Decreased in Class II

(2) Angle of convexity - Line drawn from Nasion to Point A & from Point A to Pogonion gives this angle. Ideally should be 0° Average (-8 to 10°)

(3) AB angle - Line drawn from Nasion to Pogonion and from point A to point B. ~~Average value~~

(4) Mandibular plane angle

- Line drawn from mandibular plane & ~~from~~ Frankfort Horizontal plane gives this angle.
- 21.7° - Mean Value
- Depicts vertical growths of mandible.

(5) Y-axis (Growth angle

- Line drawn from Sella ~~to~~ ~~Se~~ Gnathion & ~~Mandibular plane~~ Frankfort Horizontal Plane.
- This also depicts the vertical growth of the mandible

* Dental Parameters

(1) Cants of Occlusal plane
- Angle - Frankfort Horizontal Plane with mandibular plane

(2) Inter-incisal angle
- Angle made by line drawn along the long axis of the maxillary and mandibular central incisors
-

(3) Upper incisor with Frankfort Horizontal Plane

- gives an idea about maxillary protrusion / retrusion.

Any 9 Adolescence - the period of growth which exhibits puberty is called as adolescence & a person in adolescence is called as an Adolorent.

* Stages of Growth for Boys & Girls

(1) Before birth
(2) Infant - upto 3 years
(3) Juvenile / Prepubertal phase
Boys - 9 - 11 years
Girls - 7 - 9 years
(4) Pubertal phase
Boys - 14 - 15 years
Girls - 11 - 13 years

Ans: (10) * Methods of Gaining Space

(1) Proximal stripping
(2) Extraction
(3) Expansion
(4) Distalization of Molars
(5) Uprighting of Posteriors

* Rapid Palatal Expansion

- Done in cases with narrow maxillary arch.
- Appliances for Rapid Palatal Expansion can be

Removable
↓
eg: Coffin Spring

Fixed
↓
Tooth-tissue Borne
↓
eg: Dierschweiler, Hass
↓
Acrylic plate is split at the midsutural area & screws can be placed

Tooth borne
↓
eg: Isaacson
↓
- No acrylic component
- attached to molar by soldering

SECTION C

Long Answer Question (2×10=20)

Ans:① Anchorage

- Anchorage is a unit which resists tooth movement in abnormal direction.

* Classification

1) Classified into



2)



3)



* Reinforced Anchorage

- Reinforced anchorage is the one in which multiple anchorage units are taken.
- Some of the examples are
  (1) Upper inclined planes
  (2) Transpalatal arch
  (3) Sured appliance

* Upper Inclined plane

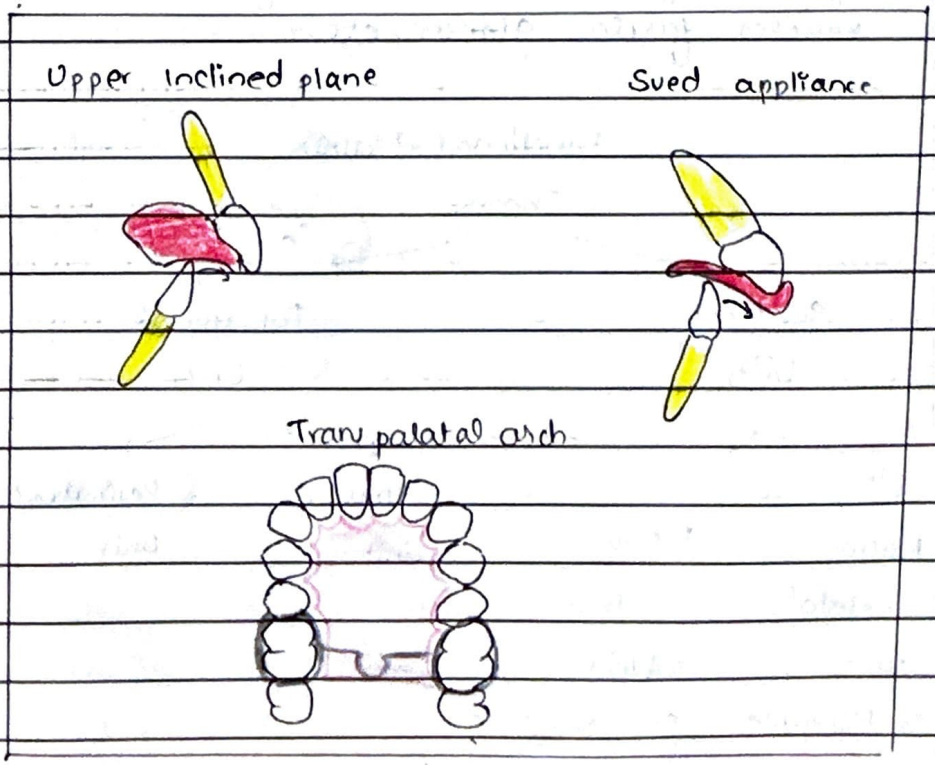
- Used in cases of retroclined mandible.
- It has an anterior inclined plane in which the mandible is forced to close in forward position.

* Sved appliance

- This is a modification of upper inclined plane in which there is incisal capping given to upper anteriors.

* Transpalatal Arch

- In this anchor units are the maxillary molars.
- A wire is soldered on the bands enclosing the molars on both the sides.



Ans: ② * Theories of Growth:

(1) Genetic Theory
(2) Cartilaginous Theory
(3) Sutural Theory - Sicher
(4) Remodelling Theory
(5) Functional Matrix Theory - Melvin Moss
(6) Servosystem theory
(7) Enlow's V principle
(8) Enlow's ~~coutter~~ counteract theory
(9) Neurotrophic Theory

* Functional Matrix Theory

- was given by Melvin Moss.
- According to this theory, the origin, form, and structure of the oral ~~structures~~ & facial structures depends on the function of the soft tissues surrounding it like muscles, fascia, glands, etc.

Functional Matrix Theory

- Skeletal Units
  - Macro-skeletal unit (ex: Mandible)
  - Micro-Skeletal Unit (ex: Coronoid process)
- Functional Units
  - Capsular unit
  - Periosteal Unit

(1) Macro-skeletal unit

- The facial bones like maxilla, mandible, cranium make this unit.
- It is formed by the combination of micro-skeletal units.

(2) Micro-skeletal unit

- Micro-skeletal units are the bones which together make macro-skeletal unit.
- ex: Mandible - Coronoid
  - Angle
  - Condyle
  - Ramus
  - Body
  - Symphysis

  Maxilla - Alveolar Bone
  - Palate
  - Maxillary tuberosity

  Facial - Orbit
  - Cranium
  - Ethmoid
  - Temporal
  - Parietal bones.

(3) Capsular unit

- In this, the capsules are centres of growth & help in the growth of an individual.
- ex: Neurocranium

(4) Periosteal Unit

- The periosteum layer which is the outermost portion of the bone determines the bone growth.

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Dept of Orthodontics

Notice

Additional Practical exam

27/06/2022

This is to bring to the notice of IV BDS (Regular batch) exam going student that Department of Orthodontics will be conducting additional Theory and Practical Examination on **29 June 2022.**

The practical exam will be conducted in department at 09.30am.

Dr Sandeep Jethe

HOD

Dept of Orthodontics

PROFESSOR & HEAD
Dept. of Orthodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y Patil Dental School

Dept of Orthodontics

Attendance

29/06/2022

Roll no	Name	Sign
05	Rutuja Bardeskar	
06	Shivani Bhoir	
10	Nandini Borade	
12	Anuradha Chavan	
53	Pallavi Naikwade	

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Dept. of Orthodontics
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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

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Dept of Orthodontics

Marks obtained

Roll no	Spotter (10)	Model analysis (10)	Wire bending(30)	Viva (10)	Total (60)
06	18	-	24	10	48
05	07	05	18	05	35
10	06	06	15	05	32
12	05	05	16	06	32
53	05	06	17	05	33

Marks obtained

Roll no	Spotter (10)	Model analysis (10)	Wire bending(50)	Viva (10)	Total (80)
05	06	05	27	05	43
10	05	05	26	05	41
12	05	06	28	06	45

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

Name of the Student Rutuja Appaso Bardeskar

Name of the Examination 4th (II) (Additional-I) Class IV BDS

Subject Orthodontics

Roll No. 05 Date

Supplement No. Invigilator Signature

I / II / III Internal Exam		
	Marks Obtained	Out Off
Spotter	07	10
Model Analysis	05	10
Wire Bending	18	30
Viva	05	10
Total	35	60

Spotters :-

1] Spot No. 4 → Bihelix

Type of expansion = Slow ~~maxillary~~ expansion.

Uses = ① Arch expansion in mandible
② Correction of crossbite.
③ Molar rotation correction
④ Habit breaking appliance.

2] Spot No. 18 → Extended labial bow.

Indication = ① Minor anterior space closure.
② Minor overjet reduction
③ Closure of space distal to canine
④ Guidance of canine during retraction.

Modification = Mill's retractor
Robert's labial bow.

3] Spot No: 20 Hawley's appliance with anterior bite plate.

Uses → ① Causes an anterior open bite. this will allow the anterior tooth to erupt.
② A post. bite plate is used to correct an anterior open bite.
③ May also be used ~~to~~ alongwith fixed appliance to correct anterior crossbite by allowing clearance.

4] Spot No. 5 = ~~tip bumper~~ Catlang's appliance.
Uses = ① To correct single tooth cross bite or segment of the upper arch in cross bite in young patient whose permanent molars have not erupted & deciduous molars are also lost due to extraction.

5] Spot No - 18 = Begg's wrap around retainer.
Indications =
① Used after orthodontic correction for providing stability. to the achieve
② Stabilizes periodontally weak dentition.
③

6] Spot No. 6 = Class III malocclusion.
Clinical features = ① Concave profile.
② Anterior facial divergent
③ Retrusive maxillary area.
④ Protrusive mandibular area.
⑤ Steep mandibular plane occlusion

7) Spot no: 7 Jackson's screw (Sle
Type of expansion = Slow expansion.
Uses = ① Correction of cross bite.
② Used alongwith myofunctional growth.
③ Ret Used in retrusive maxillary growth.
④ Helps in class III malocclusion.

8) Spot No :- 3. Oral screen.
Modifications = Haltz's modification
Double oral screen
In case of mouth breathers.

9) Spot No :- 1 Trans palatal arch
Indications = ① Can be used for derotation of molar.
② Arch expansion.
③ Anchorage reinforcement.

10) Spot No :- 2. Lingual arch
Uses = ① Space maintainer for lower teeth.
② Stabilize molar position.
③ Activate, expand or reduce Intermolar distance to rotate molar.

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Supplement Sheet

Name of the Student Rutuja Appaso Bardeskar

Name of the Examination 4th ~~II~~ nd Class IV BDS

Subject Orthodontics

Roll No. 05 Date

Supplement No. 2 Invigilator Signature

MODEL ANALYSIS

Patients name = Shakambari Kulkarni

1) Individual tooth analysis = Mesiodistal width of maxilla & mandible.

11	8	8	8	8	10	10	8	8	8	7	11
6	5	4	3	2	1	1	2	3	4	5	6
6	5	4	3	2	1	1	2	3	4	5	6
12	8	8	7.5	6.5	6	6	6.5	7.5	8.5	8	12.5

2 Analysis of whole arch =

		Maxillary	Mandible.
1]	Total tooth material 1st molar to 1st molar	105 mm	97 mm
2]	Sum of incisor	36 mm	24 mm
3]	Arch symmetry	Grossly symmetrical	Grossly symmetrical
4]	Arch shape	U shaped	U shaped.
5]	Midline	Coincide	Shift 1mm
~~6~~]	Curve of spee		
7]	Palatal depth	20 mm	
8]	Crowding		3 mm
9]	Spacing	7 mm	

Analysis of models in occlusion.

	Particular	Right	left
i]	Angle's molar relⁿ	Angle's class II	malocclusion.
ii]	Canine relⁿ	Class I	class I
iii]	Incisor relⁿ	class I	class I
iv]	Proclination	4 mm	4 mm.
v]	Overjet	7 mm	
vi]	Overbite	5 mm	
vii]	Midline		
viii]	Crossbite.		

Total tooth material

Premolar diameter = 48

Premolar basal arch width = 49

PM BAW > PMD = Expansion possible.

$$\text{PM BAW \%} = \frac{49 \times 100}{105} = 46.6$$

No need for extraction.

2) For mandibular arch

a] Nance 3 carey's index.

LD	Brass wire calculated	difference
72.5	73	0.5 mm.

b] Arch perimeter analysis.

ITM	AI	Difference
91	89	2 mm.

c] Bolton's analysis.

$$\text{Anterior ratio} = \frac{\text{mand} \times 100}{\text{max}} = \frac{40 \times 100}{52} = 76.9.$$

$$\text{Overall ratio} = \frac{\text{mand} \times 100}{\text{max 12}} = \frac{97 \times 100}{105} = 91.9.$$

Overall mandi = Acutal mand. correcteed excess

$$= 96.97 - \frac{105 \times 100}{81.3}$$

$$= 0.5 \text{ mm}$$

Anteror max. excess = Actual max 6 – correcteed

$$= 52 - \frac{40 \times 100}{77.2}$$

$$= 0.18 \text{ mm}$$

Inference :-

(i) Overall mandibular excess = 0.5 mm

(ii) Anterior maxillary excess = 0.18 mm.

Space required -

Condition to correct	Amount (mm)
proclination (9 – 2) x2	14

Space available

Particular	Amount
- Existing Interdental space	7 mm
- ~~Exp~~ Extraction	7.5 ~~mm~~
- Distalization	
- Extraction	
- Interproximal stipping	
Total	14.5 mm

Space required to achieved by Group A anchorage. Mandibular arch.

Space required.

Condition to correct	Amount (mm)
Proclination (4 – 0) x2	8
Crowding	3
Curve of spee	–
Impacted Extraction	
Total	11 mm

Space available

Particular	Amount
1] Existing interdental space	
2] Extraction 16-16	3
correction at retroclined teeth	
Distalization	
Interproximal stripping	3
Total	11 mm.

Treatment plan

1] Preorthodontic phase - Scaling, filling
Extraction $\bar{c}$ $\frac{5|5}{5|6}$

2] Orthodontic phase

Phase I	Interproximal red^n	3
Phase II	leveling & alingment	labial bow C $\frac{321|123}{321|123}$
Phase II	Canine retraction	Helical canine retraction.
Phase IV	Incisior retraction	labial bow $\bar{c}$ $\frac{321|123}{321|123}$

3] Post orthodontic phase - Scaling - polishing
Desensting tooth paste
Oral hygiene instruction
follow up.

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Supplement Sheet

Name of the Student Rutuja Appaso Bardeskar

Name of the Examination Preliminary Examination. (Additional) Class IV BDS

Subject Orthodontics

Roll No. 05 Date

Supplement No. Invigilator Signature

I / II / III Internal Exam		
	Marks Obtained	Out Off
Spotter	06	10
Model Analysis	05	10
Wire Bending	27	50
Viva	05	10
Total	43	80

① Spot No:- 2 Lingual arch.

Uses → ① Space maintainer for lower teeth.
② Stabilize molar position.
③ Activate, expand or reduce intermolar distance to rotate molar.

② Spot No :- 1 Transpalatal arch

Indications = ① Can be used for derotation of molar
② Arch expansion
③ Anchorage reinforcement.

③ Spot No :- 3 Oral screen.

Modifications = Holtz's modification
Double oral screen
In case of mouth breather.

4] Spot No: 7 Jackson's screw
Type of expansion = slow expansion.
Uses = ① Correction of cross bite.
② Used alongwith myofunctional growth
③ Used in retrusive maxillary growth.
④ Helps in class III malocclusion.

5] Spot No: 6 Class III malocclusion.
Cf = ① Concave profile
② Anterior facial divergence
③ Retrusive maxillary area
④ Protrusive mandibular area
⑤ ~~Step~~ steep mandibular plane occlusion.

6] Spot No 8 - Begg's wrap around retainer.
Indications =
① Used after orthodontic correction for providing stability.
② Stabilizes periodontically weak dentition.

7] ~~St~~ Spot No 5 = Catlang's appliance.
Uses = To correct single tooth cross bite or segment of upper arch in cross bite in young patient whose permanent molars have not erupted & deciduous molars are also lost due to extraction.

8] Spot No: 20 = Hawley's appliance with anterior bite plate.
Uses = ① Causes an anterior open bite this will allow the anterior tooth to erupt.
② May also be used along with fixed appliance to correct ant. crossbite by allowing clearance

(3) May also be used alone. A post bite plate is used to correct an anterior open bite.

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Indication = ① Minor anterior space closure.
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③ Closure of space distal to canine.
④ Guidance of canine during retraction.
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④ Habit breaking appliance.

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Dept of Orthodontics

Notice

Additional theory and Practical exam

24/05/2023

This is to bring to the notice of IV BDS exam going student that Department of Orthodontics will be conducting additional Theory and Practical Examination on **27 th may 2023.**

The practical exam will be conducted in department at 09.30am.

The theory exam will be conducted in department at 12.30pm.

Dr Sandeep Jethe

HOD

Dept of Orthodontics

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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D.Y. Patil Dental School,Pune

Department of Orthodontics and Dentofacial Orthopeadics

Final year **Internal Exam** **27/05/2023**

Time: 3hrs **Max. Marks: 60**

MCQ **(20x1= 20)**

1) In orthodontic tooth movement which is involved

a)Osteoblast c) Osteoclast

b)Both of above d) None of above

2) All are methods of space gaining except

a) Extraction b) Expansion c) De-rotation of anterior d) Distalization

3) For bodily movement of teeth, the force required is

a) 20-30 g b) 40-75 g c) 120-150 g d) more than 150 g

4) The first tissue to react when orthodontic forces are applied is

a) PDL b) Cementum c)Dentin d) Alvoelar bone

5) Which are used for proximal stripping

a) Proximal stripping gauge b) Proximal stripping burs

b) Abrasive strips d) All of above

6) Serial extraction is indicated in

a) Arch perimeter- tooth material discrepancy
b) Skeletal deformity
c) Dental spacing
d) None of the above

7) Quad helix gives which type of expansion

a) Slow b) Rapid c) Both d) None

8) Optimum orthodontic forces should not exceed the

a)Arterial blood pressure c) Venous blood pressure

b) capillary blood pressure d) Maticatory pressure

9) Which of the following appliances not used for slow maxillary expansion

a) Jack screw b) Coffin spring c) Quad helix d) Hyrax

10) The lag phase of tooth movement usually lasts for

a) 2-3 min
b) 2-3 hours
c) 2-3 weeks
d) 2-3 days

11) Which of the following permanent tooth is least extracted

a) Canines b) Molars c) First premolars d) Incisors

12) Premature exfoliation of primary mandibular canine results in

a) Caries b) Trauma c) Serial Tooth Extraction d) Arch length Deficiency

13) Following are procedures for Preventive Orthodontics except

a) Topical fluoride application
b) Serial extraction
c) Thumb sucking correction
d) Lip guard

14) Rapid maxillary expansion indicated after .....age.

a) 6 years b)9 years c)12 years d)19 years

15) FH plane is formed by joining

a) Sella-nasion b) PNS-ANS c) Gonion-Gnathion d) Orbitale-Porion

16) Following are theories for the process of tooth eruption EXCEPT:

e) Hammock ligament c) Bone remodeling
f) Periodontal ligament traction d) Piezoelectric theory

17) In ceplalostat distance from Xray source to mid sagittal plane of patient is

b) 5 cm b) 5 inch c) 5 meter d) 5 feet

18) Father of serial extraction is

a) Nance b) Tweed c) Dewey d) Angel

19) Baker anchorage is

a) Intermaxillary b) Intramaxillary c) both d) None

20) Tweed's Analysis reference lines are :

a) FMIA b) FMA c)IMPA d) All of above

Short Answer Question **(2*10=20)**

1. Baker's anchorage
2. Rapid maxillary expansion
3. Scammon's growth curve
4. CVMI
5. Facemask
6. Methods of studying growth
7. Serial extraction
8. Proximal stripping
9. Difference between PEA and edgewise appliance appliance
10. Distal shoe space maintainer.

Long answer question **(2*10=20)**

1. Describe phases of tooth movement. Write in detail about theories of tooth movement.

2. Define & Classify Anchorage and explain each in detail

MCQ Answer Key

1. b
2. c
3. c
4. a
5. b
6. a
7. a
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12. d
13. b
14. c
15. d
16. d
17. d
18. d
19. a
20. d

D Y Patil Dental School

Dept of Orthodontics

27/05/23

Attendance Theory

Roll no	Name of student	sign
59	Aishwarya Raut	
78	Pushpak Khade	

Attendance Practical

Roll no	Name of student	sign
09	Ishan Chandorkar	

PROFESSOR & HEAD
Dept. of Orthodontics
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Dept of Orthodontics

27/05/23

Marks Obtained Theory

Roll no	Sec A (20)	Sec B (20)	Sec C (20)	Total (60)	Out of 3	Sign
59	14	10	12	36	1.8	
78	12	8	12	32	1.6	

Marks Obtained practical

Roll no	Spotter 10	Model Analysis 10	Wire bending 30	Viva 10	Total 60	Out of 3	Sign
09	8	5	20	5	38	1.9	

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Seventy Eight.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam.
SUBJECT	Orthodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

7 8

QUESTION BOOKLET VERSION NO.

A

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1		●			11	●				21				
2			●		12				●	22				
3	●				13	●				23				
4	●				14			●		24				
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8		●			18	●				28				
9		●			19	●				29				
10		●			20				●	30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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III Internal Exam

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
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N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Khade Pushpak Prabhu.

Name of the Examination Additional Exam Class IVth yr.

Subject Orthodontics

Roll No. 78 Date 27/05/23

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											12
Marks obtained in Section B	0	1	1½	1½	0	0	1½	1½	0	1	8
Marks obtained in Section C	7	5									12
Grand Total											32

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section-C

1.

→ **Tooth movement :-**

- Tooth movement is process ~~by~~ in which teeth are moved from its position with the help of orthodontic appliances to achieve the proper occlusion.

* **phases of tooth movement :-**

- There are mainly three phases of tooth movement.
  1) Initial phase
  2) Lag phase
  3) post lag phase.

1) **Initial phase -**

- In this phase very rapid tooth movement is observed over short period of time which is then stops
- It represents displacement of teeth in periodontal membrane space and bending of alveolar bone upto certain extend.
- Tooth movement in initial phase is 0.4 to 0.9mm occurs within week of time

2) Lag phase :-

- During Lag phase there is little to none tooth movement
- In this stage formation of hyalinized tissue in the periodontal ligament which has to be resorbed before further tooth movement can occur.
- If light forces applied → area of hyalinization will be small.
- If heavy forces applied → area of hyalinization will be large.
- In case of heavy forces the lag phase will be longer to.

3) Post-Lag phase :-

→

- This phase starts after the lag phase.
- In this phase the tooth movement progresses rapidly after the hyalinized tissue is removed and bone undergoes resorption

* Theories of Tooth movement :-

- Theories of tooth movement are as follows:

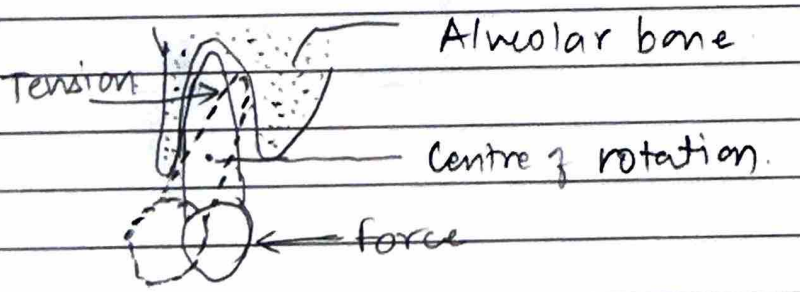
1) Blood ~~bone~~ flow theory
2) pressure tension theory.
3) ~~peizo~~ piezoelectric theory.

1) Blood ~~bone~~ flow theory :-

- According to this theory tooth movement occurs as a result of alterations in fluid dynamics in PDL located in periodontal ligament space
- PDL space contains fluid system made up of interstitial fluid, cellular elements, blood vessels, viscous ground substance. in addition to PDL fibers.
- It is a confined space and passage of fluid in space is limited
- This theory was given by Bien.

2) Pressure tension Theory :-

- This theory was given by Schwarz.
- It is also called Classic theory of tooth movement.
- In this theory continuous pressure is applied on the tooth which leads to pressure on the tooth surface where force ~~pressure~~ is applied and tension is created on the opposite end of long axis of tooth.



① Tissue changes in pressure zone -

- If light forces are applied frontal resorption will occur.
- If heavy forces are applied then hyalinization and undermining resorption may occur.

If the orthodontic force increases more than capillary pulse pressure then hyalinization occurs.
i.e. more than 20-30 gm as PDL gets compressed and blood supply gets cut off.

2)

→ Anchorage :-

- Anchorage is a resistance used to overcome the retension of applied force
- Anchorage works on principle of Newtons third law of motion i.e. for every action there is equal and opposite reactin

Classification of Anchorage :-

- Anchorage is classified as follows :

① According to manner of force application :-

1) Simple anchorge
2) Stationary anchorage
3) reciprocal anchorage

② According to Jaw involved :-

1) Intramaxillary anchorage
2) Intermaxillary anchorage
   - Balcers anchorge

③ According to site :-

1) Intraoral anchorage
2) Extraoral anchorage
3) Musculature anchorage.

④ According to no. of anchorage units :-

① Single anchorage
② Compound anchorage
③ reinforced anchorage.

⑤ Bite & gardiner classified anchorage into 6 categeories :

i) Simple Anchorage
ii) stationary anchorge
iii) reciprocal anchorage
iv) reinforced anchorage
v) intermaxillary anchorge
vi) Extraoral anchorage

Section - B

8)

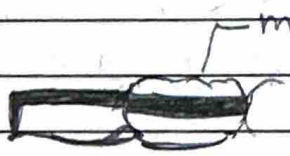
→ Interproximal stripping :-

- Interproximal stripping is reduction of tooth material interproximally.
- In Interproximal stripping the enamel is reduced for gaining space for tooth movement.
- In this method the enamel is reduced upto 50 % of thickness - not more than that
- Interproximal stripping is done in cases of crowding and tooth material discripancy less than 5mm.
- for the interproximal stripping of tooth material different types of methods are used
  1) proximal stripping burs.
  2) Abrasive strips.
  3) proximal stripping guages
- It is done in case of antesior crowding and
- micromotors along with the proximal stripping burs are used most Commanly.

10)

→ Distal shoe Space maintainer :-

- Distal shoe space maintainer is a device used to prevent the loss of arch perimeter.

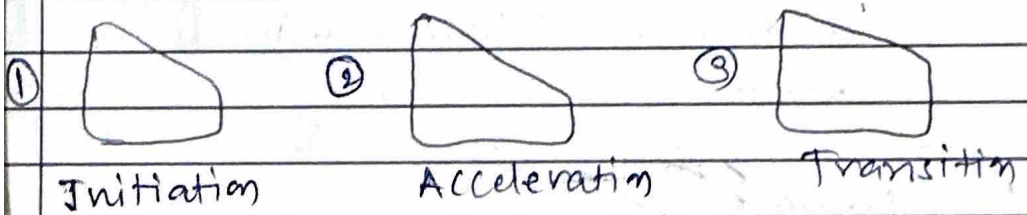


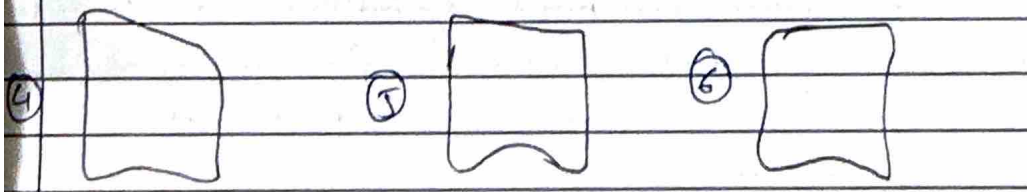
- It is used in cases of;
  1) Early exfoliation of primary and molar
  2) loss of second permanent molar
  3) In cases of arch perimeter deficiency
  4) To prevent loss arch perimeter length after the extraction of teeth.
  5) To prevent the movement of the molars in mesial direction
  6) Used after serial extraction of teeth.

4)

→ CVMI :-

- CVMI stands for cervical vertebral maturation index.





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The cervical vertebral maturation is done in following phases;

1) Initiation -
   - very significant amt of adolescence growth is expected
   - C_2, C_3, C_4 inferior vertebral body.
   - are flat.
   - Superior are tapered.

2) Acceleration
   - Significant amt of adolescence growth is expected.
   - Concavities develope in lower border of C_2 & C_4.

- Lower body flat
- C_3, C_4 are rectangular in shape

~~Deceleration~~

③ Transition -
- In this stage moderate growth.
- C_3, C_4 shows distinct concavity
- C_4 developing concavity in lower body

④ Deceleration -
- small amount of adolescence growth
- Distinct concavity C_2, C_3, C_4.
- C_3, C_4 are nearly square in shape.

⑤ Maturation -
- accentuated growth is present.
- deep concavity present.

⑥ completion -
- no growth is seen in this phase.
- C_2, C_3 & C_4 reach the mature stage
-

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Supplement Sheet

Name of the Student Khade Pushpak Prabhu.

Name of the Examination Additional Exam. Class IV th yr.

Subject Orthodontics.

Roll No. 78 Date 27/05/23.

Supplement No. 1 Invigilator Signature

7)

→ Serial Extraction :-

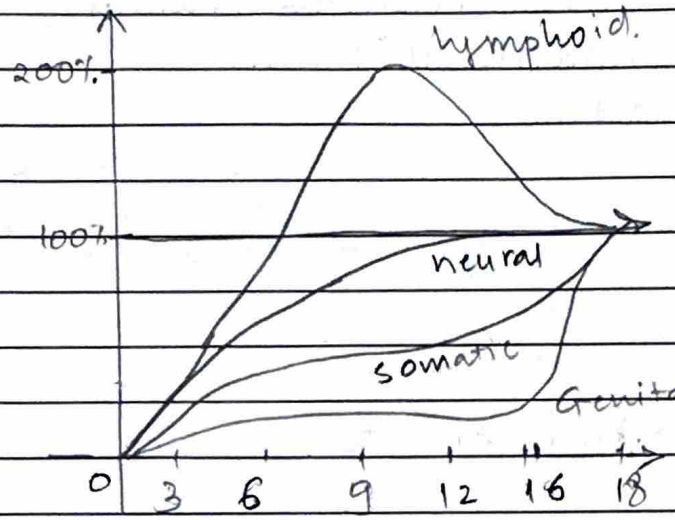
Serial Extraction is method by which the extraction of permanent & primary teeth is done in chronological order to fascilitate the eruption of permanent teeth and in orthodontic treatment for correction of the malocclusion.

- Serial extraction is done by following methods.
  1) Nance's method
  2) Tweeds method.
  3) Dewels method.

- Serial extraction is indicated in Cases of
  1) Anterior crowding
  2) Arch perimeter discripancy more than 7 mm.
  4) V shaped mandibular arch.

3) Scammons Growth Curve :-

→



- The Growth of the child is explained by Scammon by the Scammons growth Curve.
- It mainly includes;
  1) Somatic growth
  2) Genital growth
  3) lymphoid growth
  4) Neural growth.

1½

- It explains the pattern of growth in the human body.

1) Somatic growth -

- In human body somatic growth follows the 'S shaped' pattern.
- growth is rapid in early age of life and decelerates in age of 9-12 yrs
- the growth is again accelerated in adolescence age.
-

2)

→ Genital Growth.

- Genital growth shows slow growth in early age of life
- It accelerates during adolescence and reach 100% by age of 18 yrs.

3) lymphoid growth

- lymphoid growth is rapid in early years of life and reach upto 200% by age of 9 yrs.
- It reaches maturity by age of 18 yrs.

4) Neural growth.

- The developement of brain and neural tissue is completed by age of 12 yrs in children.

2)

→ Rapid maxillary Expansion :-

- Rapid maxillary Expansion is expansion of palatal sutures before fusion.
- Rapid expansion is done before the fusion of midpalatine suture.
- It is done in age of 9-12 yrs.
- Rapid maxillary expansion is done by;
  1) Hyrax appliance
  2) Coffin spring
  3) Jack's screw.

- It is mainly done in patients with the arch length deficiency.
- In patients with severe maxillary anterior crowding
- 'V' shaped maxillary arch.
- In patients with tooth material discrepancy more than 7mm

- Rapid maxillary expansion is done by seperating right & left palatal plates by applying the force and kept until fusion of the midpalatine suture.
- It is not indicated in patients after fusion of midpalatine suture.

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Fifty Nine
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional exam
SUBJECT	Orthodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1		●		
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Examiner Name & Signature

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III Internal Exam

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student: Aishwarya Raut

Name of the Examination: 2nd Internal Assessment Class: IV yr

Subject: Orthodontics (Additional examination)

Roll No.: 59 Date: 27/05/23

Pledge

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Raut

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											14
Marks obtained in Section B	1½	1½	1½	1½	1½	0	2	0	0	0	9.5
Marks obtained in Section C	6	6									12
Grand Total											36

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Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

1. Baker's anchorage

i) It's a type of 'Intermaxillary anchorage'

ii) The anchorage is taken from the opposite arch and the teeth to be moved is present in other arch.

iii) e.g. class II elastics

class III elastics

Subdivisions are

i) Simple anchorage

ii) Stationary anchorage

iii) Reciprocal anchorage

a. Rapid maxillary expansion

i) Rapid maxillary expansion is one of the methods of gaining space. The appliance was first given by 'Angel' and noticed the palatal expansion.

i) The RME causes splitting of palatal bone into two shelves.

Applied anatomy

The intermaxillary suture and internasal suture combining forms the midpalatal suture. The RME causes breaking of this suture and the expansion of palate takes place. The appliance should be given before the ossification of the suture takes place. The splitting of palate takes place in butterfly / triangular shape. The splitting is wider in the anterior region and narrower in the posterior region. The appliance is given before ossification i.e. In girls - 14-16 and In boys - 16-18 yrs can be given

Indications

i) Narrow arch palate - To expand the palate and to get desired occlusion.

ii) In conjugation with myofunctional appliances where in case of class II, there is forward and downward growth of maxilla so to get the proper occlusion simultaneous widening of maxilla is also required

iii) With surgical corrections

iv) Medical conditions like nasal obstruction, nasal stenosis septal defects, allergic rhinitis, recurrent ear and nose infections, etc.

v) Also used in cases of cleft palate.

Contraindications

The individual beyond the growth spurt to give the appliance

Features

i) The RME affects skeletal as well as dentoalveolar component.

ii) The force applied is 10-20 pound

iii) The pitch is larger.

iv) The treatment is completed within 1-2 weeks

v) There is breaking of mid palatal suture and hemorrhage is observed.

vi) Chances of relapse are more.

vii) Midline diastema will be present which will be corrected later.

Effects

i) on maxilla - The forward and downward growth of maxilla.
Expansion of palate

ii) on Mandible - The forward & backward rotation of mandible

iii) on Nasal - Free passage of airway
Correction of defects (septal)

iv) Midline diastema will be present.

Modifications

A) i) Derichweir type ii) Haas type - Tooth + tissue borne.

B) ii) Isaacson type ii) Hyrax type - Tooth borne

3. Scammon's growth curve

This is the graphical representation of various types of tissues in the body. The tissues are skeletal, Neural, Lymphoid, genital.

i) Skeletal / somatic

The skeletal type of tissue shows growth of cells, tissues, organ, organ systems in the human body. The graph is classical 'S' shaped curve. i.e. It represents the growth of tissue in postnatal period slow than at the child phase. Later on it's stable in adult life.

ii) Neural

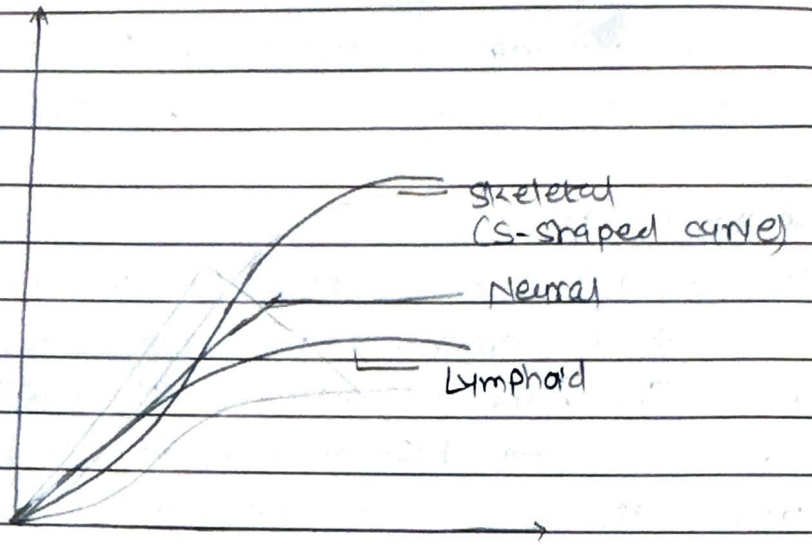
The Neural tissue attains 90-95% of growth in child at growing period later it slows down.

iii) Lymphoid

The lymphoid tissue shows almost 100% of growth at the time of birth and deareased activity in adults. It starts regressing throught the adult life

iv) Genital

The growth of genital tissue ~~occurs~~ as a influence of hormones secreted in the body. The genital tissue growth at the time of birth has not started. The growth starts at the time of puberty. The growth of male and female genital organs takes place in accordance in growth spurts.


Skeletal
(S-shaped curve)
Neural
Lymphoid

4. CVMI

This is one of the methods to determine the skeletal growth by studying growth of cervical vertebrae (C_2, C_3 and C_4). This helps in prognosis and treatment planning of an individual.

There are certain steps of growth of cervical vertebrae are as follows:

i) Step 1 - Initiation

In this phase, C_2, C_3 and C_4 Vertebral growth has not started. There is 80-100% growth is expected. The inferior border is flat and superior border is sloping in an antero-posterior direction. The shape is rectangular.

ii) Step 2 - Acceleration

This is the second phase where growth of C_2 and C_3 has started but not the C_4. The expected growth is 65-85%. The inferior border is slightly concave and the shape of vertebrae is rectangular. The C_4 has not started the growth.

iii) Step 3 - Transition

The all three vertebrae are growing in this phase. The expected growth is 25-65%. The inferior border is more concave in this phase of C_2 and C_3. The C_4 vertebrae started the growth. The shape of vertebrae is square shape.

iv) Step 4 - Deceleration

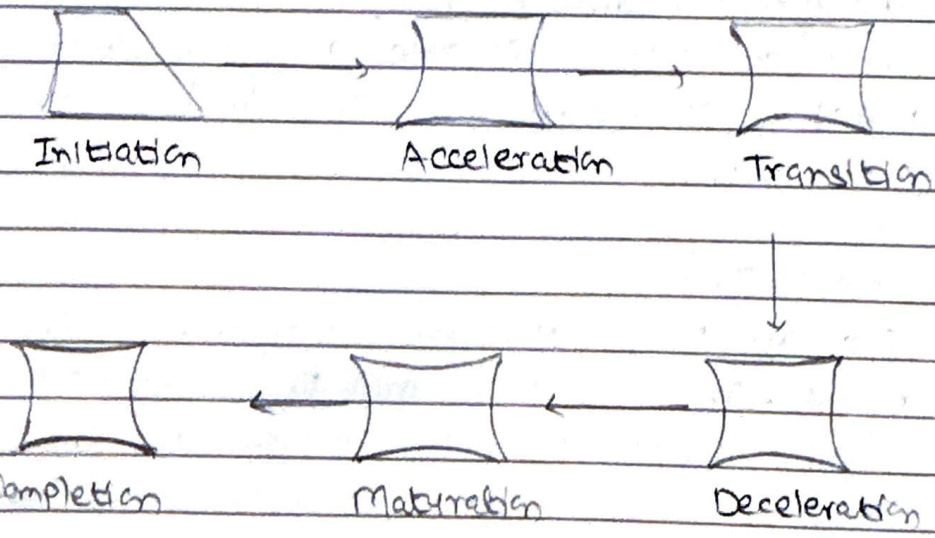
The growth of vertebrae has started decreasing in this phase. The expected growth is 10-25%. The inferior border is more concave in this phase. The shape of vertebrae is square.

v) Step 5 - Maturation

The growth of vertebrae is almost completed in this phase. <10% is expected growth. The square shaped vertebrae are present in this phase.

vi) Step 6 - Completion

The vertebral growth is completed in this phase. No growth is expected. The inferior border is most concave.



5. Facemask

i) It is removable appliance used in the treatment of class III patients.

ii) It is used to backward positioning of mandible (i.e. Mandibular prognathism)

iii) It affects both skeletal as well as dentoalveolar component.

iv) There are 2 types of face mask
a) cervical & b) occipital

v) The forehead and chin are used as extraoral anchorage and alveolar support can be taken as intraoral anchorage.

vi) Patient's compliance is necessary to use the appliance.

6. Methods of studying growth

i) Lateral cephalometry

ii) Skeletal maturity indicators

a) Hand wrist radiographs

b) Cervical vertebral growth indicators

iii) Growth curves (Scammon's growth curves)

iv) Growth spurts

7. Serial extraction

The procedure carried in interceptive orthodontics in which the deciduous and some permanent teeth are serially extracted in order to gain the space and to prevent the malocclusion. The term serial extraction is given by 'Nance'.

Indications

i) The class I malocclusion having normal skeletal & muscular growth.
ii) Severe tooth material - arch length discrepancy which can not be corrected.
iii) Absence of physiologic spacing
iv) Presence of minor crowding
v) Absence of deciduous canines
i.e. early exfoliation of deciduous canines
vi) Impaction of lateral incisors.
vii) presence of rotated teeth.

Contraindications

i) Presence of physiologic spacing / spaced dentition
ii) Class II & class III malocclusion.
iii) Severe skeletal & dentoalveolar malocclusion.
iv) Midline diastema

There are 3 methods by which serial extraction is carried -

1) Dewey Method

According to this method, the deciduous canine is extracted at first. A year later, deciduous molar is extracted followed by extraction of erupting 1st premolar.

ii) Tweed's Method

According to this method, there is extraction of deciduous 1st molar followed by extraction of deciduous canine and 1st premolar

iii) Nance. Method

According to this method, there is extraction of deciduous 1st molar followed by simultaneous extraction of deciduous canine and 1st premolar



Name of the Student _____

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Supplement No. _____ Invigilator Signature _____

8. Proximal Stripping

It's the method of space gaining in orthodontics

Indications

i) in cases of minor crowding

ii) When required space is less

iii) where extraction is not indicated according to bolton's analysis.

- Proximal Stripping can be done using proximal stripping guage, proximal stripping burs and abrasive strips
- The stripping at each contact point is only upto 0.3 - 0.5 mm
- There should not be excessive stripping which will cause enamel abrasion and demineralization & eventually cause caries.
- Topical fluoride application should be done after proximal stripping to prevent the tooth from caries.
- It's the best method where required space is less to correct the malocclusion.
- It avoids unnecessary extraction of teeth. by creating required space.

10. Distal shoe space maintainer

i) It's the type of space maintainer.

ii) It's also called as 'Rochet space maintainer.

iii) It's given in cases where there is extraction of 2nd deciduous molar due to grossly carious structure.

iv) Indicated where the 2nd deciduous molar is extracted and the 1st permanent molar is not erupted yet.

v) It's given soon after the extraction to avoid the space loss (both early/immediate as well as late).

vi) Given in mixed dentition period, where permanent 1st molar can be seen in radiograph.

vii) The 1st deciduous molar is used as a template on which band is applied and loop is created in the space area.

viii) The Distal shoe prevents the mesial migration of the 1st permanent molar so that premolar eruption is easier.

ix) The measurement are taken before the extraction of tooth by taking alginate impression.

x) Band & loop are formed by using diagnostic cast. All the procedures of fabrication are carried. Then band & loop are soldered using silver metal wire.

xi) The fabricated distal shoe is applied on patient's tooth.

LAQ

1. Phases of tooth movement

Theories of tooth movement

Basically there are 3 theories of tooth movement-

1) Pressure - Tension theory
2) Fluid - dynamic theory
3) Piezoelectric theory / bone remodelling theory

1) Pressure - Tension theory

According to Schwartz, there are areas of pressure and tension created on the sides of tooth. The pressure area is present where the tooth has to be moved and the tension area is opposite to the tooth to be moved. At the site of pressure bone resorption takes place and the tooth moves towards the desired direction. At the site of tension, bone deposition takes place.

2) Fluid - dynamic theory

The periodontal ligament space contains the periodontal fibers, cellular elements, intracellular substance and blood vessels. During the normal force application such as mastication, the PDL acts as 'shock absorber' and is given by 'Bien' i.e. it receives the forces and when the forces are removed it again replenishes the fluid via capillary walls. This is called 'Squeeze film effect' by bien.

But, when the orthodontic forces are applied, the fluid in the PDL space travels in the apical and cervical regions. So, there is compression of the PDL fibers and blood vessel stenosis. Above the stenosis of vessel, there is formation of ballooning of vessels called as 'Aneurysms' and simultaneous there is scarcity of oxygen. The environment is favorable for osteoclasts so, there is resorption of bone takes place. According to Bien, the fluid dynamics in the PDL space is critical factor for the tooth movement.

9) Piezoelectric theory / Bone remodelling theory
According to this theory, due to the deformation of crystalline structure there is production of an electric current which leads to the simultaneous osteoblastic and osteoclastic activity.
According to this theory,
Crystalline structures which has potential to generate an electric current are
1) Hydroxyapertite crystals
2) Interface of hydroxyapettite and Cellulose
3) Mucopolysaccharides
Wherever there is application of orthodontic force, these crystalline structures deforms and there is production of an electric current.
So, there are areas of Concavity and Convexity in the alveolar bone. The areas of concavity leads to bone deposition whereas areas of convexity leads to areas of resorption.

Supplement Sheet

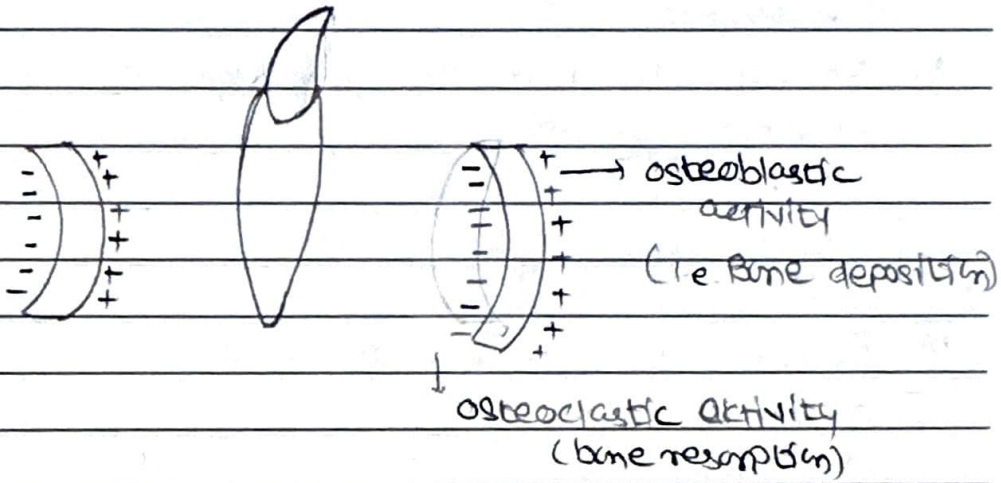
Name of the Student _____

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Supplement No. _____ Invigilator Signature _____



2 Anchorage

~~The nature and degree of displac~~

~~Anchorage is defined as the resistance offered by the anch~~ According to Graber,

Defn - "The nature and degree of resistance offered by anchoraging units to the displacement is called as Anchorage."

(It takes ~~place~~ to get desired tooth movement)

Classification

A) According to type of anchorage.
- Simple
- Stationary
- Reciprocal

B) According to the jaw involved
i) Intermaxillary
ii) Intramaxillary

c) According to the site
- Extraoral
- Intraoral

D) According to the number of anchoraging units involved -
i) Single
ii) Compound
iii) Reinforced

A) 1) Simple anchorage

- The nature & degree of the resistance to the tipping movement of teeth offered by anchoraging units.
- e.g. The resistance offered by posterior teeth to its mesial movement while retracting the anterior proclined teeth.

It's a type of simple anchorage.

2) Stationary anchorage

The resistance offered by anchoraging units to the bodily movement of teeth to get the desired movement of teeth.

e.g. the resistance offered by teeth in the dental arch to get the palatally placed single tooth in the dental arch.

But this type of anchorage is not popular.

3) Reciprocal anchorage

This type of anchorage is based on the Newton's 3rd law of motion. In this type, there is movement of teeth in an equal & opposite direction.

eg. In case of midline diastema there is movement of two teeth in an equal & opposite direction

4) Transpalatal arch

expansion of palate in a opposite direction

5) Lingual arch

to expand the mandibular arch

6) Coffin spring

B) i) Intermaxillary anchorage

i) The anchorage is taken from the opposite arch and the teeth to be moved are present in another arch.

ii) It's also called as 'Baker's anchorage'

eg. Class II elastics
Class III elastics

ii) Intramaxillary elastics

The anchorage is present in the same arch to that of teeth to be moved.

C) According to No. of anchoraging units

i) Single

In this type, the anchorage provided by tooth should have more bone support than the teeth has to be moved.

eg. the mandibular molar is bonded, to get the desired movement of mandibular premolar.

ii) Compound

The anchorage is having 2 achoraging units which are directed to correct the malocclusion.

iii) Reinforced

There are multiple anchoraging units are present which provides desired tooth movement.

eg. For correction of crossbite, the palatal side of maxillary molar is bonded and the buccal side of mandibular molar is bonded to correct the crossbite.

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Supplement Sheet

Name of the Student Ishan Chandorkar

Name of the Examination 4th Postend (Additional exam) Class IV BDS

Subject Orthodontics

Roll No. 9 Date 17/5/23

Supplement No. Main Invigilator Signature

I / II / III Internal Exam		
	Marks Obtained	Out Off
Spotter	8	10
Model Analysis	5	10
Wire Bending	20	30
Viva	05	10
Total	38	60

2) Coffin Spring (1)

→ Slow maxillary expansion.

3) Acid Etchant

→ 37% Phosphoric Acid
→ Etching of tooth surface (1)
Bonding of bonding agent

4) Class II div. 1 (1/2)

→ Maxillary protusion

5) Twin block

→ Class I malocclusion (1)
Class II div. 1
Class II div. 2 to correct mandibular retrognathism.
Class III

6) Frankfurt Horizontal Plane (1)

Mandibular plane.

7) Activator.

→ Class I
Class II div. 1 (1/2)
Class II div. 2
Class III ~~div~~

8) Tongue crib. (1/2)

→ To cease tongue thrusting ~~and~~ + habit and also thumb sucking.

9) Catalan's Appliance

→ Crossbite. (1)
Single tooth crossbite
Developing crossbite

10) Quad. Helix. (1)

→ Slow Maxillary Expansion.

1) Transpalatal Arch.

→ Retention of molar. (1/2)
Anchorage
Prevent ~~of~~ extrusion of molars.
Slow palatal expansion.

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Supplement Sheet

Name of the Student Ishan Chandorkar

Name of the Examination 4th Int Post End Examination Class IV BDS

Subject Orthodontics

Roll No. 9 Date 6/5/23

Supplement No. _____ Invigilator Signature _____

Patient Name : Shivani Waghmode.

Teeth Measurements.

132

17	16	15	14	13	12	11	21	22	23	24	25	26	27
12	11	8	8	9	8	10	10	8	9	8	8	11	12
13	12.5	8.5	8.5	9	7	6	6	7	9	6.5	8.5	12.5	12.5

	Maxillary	Mandibular
Total Tooth Material	132	128.5
Sum of incisors	36	12
Arch Symmetry	Bilaterally symmetrical	Bilaterally symmetrical
Arch Shape	U-shaped	U-shaped
Midline	Present	Present
Palatal depth	23	
Crowding	2	3
Spacing	Absent	Absent
	Right	Left
~~Dias~~ Angle's molar relation	Class I	Class I
Canine relation	Class I	Class I
Incisor relation	Class I	Class I
Overjet	2 mm	2 mm
Overbite	2mm	2mm

* Analysis :—

A) Maxillary :—

1) Pont's index :—

	Actual	Calculated	Difference
Premolar width	33.5	45	11.5
Molar width	46	56.25	10.25

Inference : Expansion needed.

2) Ashley Howe's Index :—

PMBAW = 40

$$\frac{40}{108} \times 100 = 37\%$$

Inference : Borderline case.

B) Mandibular :—

1) Nancy S Carey :—

Brass wire = 63

LD = 61

Difference = 2

Inference : Non-extraction

* Space Analysis:—

A) Maxillary:—

Space Required:—
Proclination = 14
Crowding = 02
Anterior Rotation 4
Impacted = —
Supernumerary = —
Total = 20

B) ~~Mandibular:—~~
Space Available:—
Existing interdental spaces :—
Expansion :—
Correction of Retroclined teeth
Distalisation = —
Extraction of supernumerary teeth = —
Extraction = 21:3

Total = 21:3
Inference : Group A

B) Mandibular:—

Space Required:—

Proclination = —
Crowding = 3
Impacted = —
Others = —
Total = 3

Space Available : —

Extraction = 22.6

Available = 22.6

Inference : Group A

ORAL AND MAXILLOFACIAL SURGERY

D Y PATIL DENTAL SCHOOL

LOHEGAON PUNE

ADDITIONAL EXAMINATION NOTICE

The additional examination for the final year regular batch (2018-19) is scheduled as follows

Date : 06/02/2019

Time : 9.30 am to 12.30 pm

Venue : examination hall

syllabus : syllabus for 1st internal examination

HOD

DEPT. OF OMFS

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Ku), Via Lohegaon [illegible]

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

THEORY ATTENDANDACE RECORD
DATE:06/02/2019

SR NO.	ROLL NO.	NAME OF THE STUDENT	SIGNATURE
1	21	Apurva Garge	Apurva.

PRU[illegible]
Dept. of [illegible]
D[illegible]
D Y Pa[illegible]
Charoli (Bk), Via [illegible]

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

PRACTICAL ATTENDANDACE RECORD
DATE: 06/02 / 2019

SR NO.	ROLL NO.	NAME OF THE STUDENT	SIGNATURE
1	21	Apurva Gharje	

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41

D.Y. PATIL DENTAL SCHOOL, PUNE.

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY DATE: 06/02/2019

ADDITIONAL EXAMINATION

SECTION – A

MCQs- (1 X 20 = 20 marks)

1. In patient with recent H/O hepatitis the LA to be given is from
a. Ester group
b. Amide group
c. None
d. Both

2. The most important suture while closing incision for impacted mandibular 3rd molar is
a. Suturing of vertical limb
b. Suturing of horizontal limb
c. Suture immediately distal to 2nd molar
d. None of above

3. The principal action of ammonia in syncope is
a. Respiratory stimulant
b. Vagal stimulant
c. Vasomotor stimulant
d. Inhibitor of vasomotor tone

4. Disposable syringe is sterilized by
a. Ethylene oxide
b. Gamma radiation
c. Both A & B
d. Autoclaving

5. Lefort I fracture is characterized by
a. Bleeding from ear
b. Bleeding from antrum
c. CSF Rhinorrhea
d. All of the above.

6. Preoperative vitamin k is induced in patients with
a. Diabetes mellitus
b. Chronic peritonitis
c. Liver dysfunction
d. None of the above

7. Buccal advancement flap is also [illegible]
a. Ashley's flap.
b. von Rehermann's flap.
c. Moczair's flap.
d. None of the above.

8. Treatment of Ameloblastoma
a. Excision of tumour
b. Resection of mandible along with tumour
c. Incisional biopsy and Marsupialization
d. None of the above

9. Reactionary hemorrhage is the hemorrhage after surgery that occurs
a. Within 24 hours
b. After 24 hours
c. After 72 hours
d. After 7 days

10. TMJ is a
a. Di-arthroidal & ginglymoidal joint
b. Ball & socket joint
c. Fibrous joint
d. Hinge joint

11. "Panda Facies" is commonly seen after
a. Lefort I fractures
b. Lefort II fractures
c. Mandibular fractures
d. Lefort III fractures

12. The lingual split technique was advocated by
a. Ward.
b. Kelsey Fry.
c. Killey.
d. Kay.

13. Trismus associated with infection in the lateral parapharyngeal space is related to irritation of the
a. Medial pterygoid muscle
b. Masseter muscle
c. Lateral pterygoid muscle
d. Medial constrictor of the pharynx

14. Ankylosis of the TMJ is best treated with
a. Sclerosing solution b. Exercise and massage
c. Condylectomy d. Antibiotic.
15. Elevator used in Gilli's temporal approach to elevate zygoma is
a) Winter cryer elevator
b) Apexo elevator

c) Bristow's elevator
d) Brisment's elevator

16. In Caldwell-Luc operation, approach to the antrum is through
a) The incisors
b) The molars
c) Inferior meatus
d) Canine fossa

17. Muscle with dual nerve supply is
a) Temporalis
b) Masseter
c) Lateral pterygoid
d) Digastric

18. During extraction of wisdom tooth, a pregnant woman in late 2nd trimester faints, which of the following position should she be placed in
a) Left lateral
b) Right lateral
c) Supine head down
d) Supine head up

19. Tram line pattern on the face is due to
a) Circumorbital ecchymosis
b) Subconjunctival haemorrhage
c) CSF rhinorrhea
d) Related to suture.

20. Multiple odontogenic keratocysts are associated with which of the following syndrome
a) Sturge weber syndrome
b) Basal cell nevus syndrome
c) Horner's syndrome
d) Down's syndrome

SECTION-B

Short answer question (2 marks each = 20 marks)

1. Management of hemorrhage from third molar extraction socket
2. Management of Oroantral fistula.
3. Marsupialization Vs Enucleation
4. Lefort I osteotomy: indications and technique.
5. Dean's Alveoloplasty.
6. Gilley's Temporal Approach
7. Indications for open reduction for condylar fracture.
8. Mention 5 principles of suturing.
9. Enumerate age changes in maxillary sinus.
10. Enumerate 4 diagnostic criteria of trigeminal neuralgia.

SECTION-C

Long answer question (10 marks each = 20 marks)

1. Define fracture. Classify mandibular fractures. Write in detail management of bilatera parasymphysis fracture of mandible in 30 year old male patient

2. Enumerate various facial spaces. Describe clinical features and management of Ludwig's Angina.

key (2019)

1) d
2) c
3) b
4) a
5) b
6) c
7) b
8) b
9) b
10) a
11) d
12) b
13) c
14) c
15) c
16) d
17) d
18) a
19) c
20) b

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Internal Assessment Examination

SECTION A

Sr. No.

ANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN
h Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be n The Answer Sheet • Do Not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

T NO. IN WORDS	TWENTY ONE
ESTION BOOKLET SION NO. IN WORDS	
IE OF EXAMINATION	ADDITIONAL EXAMINATION
SUBJECT	ORAL & MAXILLOFACIAL SURGERY
PAPER	

SWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	2	1

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

7/20

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

ame of the Student APURVA RAMTILAK GARJE

ame of the Examination BETTERMENT - 1st INTERNAL Class 4th BDS

bject ORAL & MAXILLOFACIAL SURGERY

oll No. 21 Date 9/4/19

Pledge

here declare that I have gone rough the instruction given bove & pledge to abide by them.

Apurva

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											7/20
Marks obtained in Section B											15/20
Marks obtained in Section C	7	3									10/20
Grand Total											32/60

Seen & No. Complaint

Apurva

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Short Answer Question

1) Management of hemorrhage from third molar extraction socket

Ans • Management include:

1) Gentle irrigation with warm saline followed by superficial suctioning

2) Iodoform Pack gauze soaked medication every day for 3-6 days

3) Intraalveolar medicaments

4) If bleeding is due to soft tissue laceration should be sutured

5) Use of pressure packs

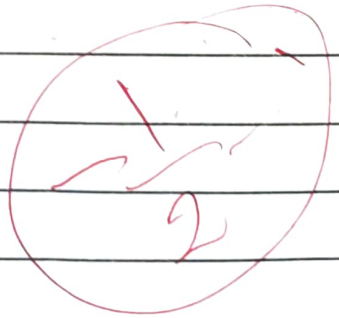
1) Management of oroantral fistula

- Immediate management
- The primary purpose is closure of the defect & prevention of sinusitis through
  1) Suturing or periodontal pack
  2) Rinses with physiologic solution
  3) Rinses with antibiotic solvent
  4) Antibiotic Prophylaxis

- Treatment for delayed cases
- Sinus infection is treated by nasal decongestants & antibiotics

- Enlarging & excision of fistulous tract

- Daily irrigation of sinus with warm sterile saline



3) Marsupialisation Vs Enucleation

Answ

Marsupialisation	Enucleation
- It is creating a surgical window in wall of cyst, evacuating the contents of cyst & maintaining continuity	- It is the process by which the total removal of cystic lesion is achieved without rupture of its lining if possible
- the only portion of cyst is removed is piece removed to produce a window	- It should be performed with care in an attempt to remove the cyst in one piece without fragmentation
- Indicated in large cysts encroaching soft tissue	- Indicated in small cysts which do not encroach vital structures
- Contraindicated in cysts with tumour potentials	- Contraindicated in large cysts, cyst with friable lining membrane
- Advantage is protects neighbouring structure	- Advantage is it removes all pathological tissue
- Disadvantage, maximum post operative care required	- Disadvantage is Risk of fracture mandible

Le fort I Osteotomy: indications & technique

- Indications

1) Altering vertical dimensions of maxilla
   - Superior positioning in long face syndrome
   - Inferior positioning

2) Anteroposterial movements of maxilla
   - In cleft palate patients
   - Congenitally deficient maxilla
   - maxillary advancement
   - Maxillary set back in maxillary prognathism

3) levelling of occlusal plane

4) surgical expansion of maxilla

5) Narrowing of maxilla

Technique - Proceeding from lateral nasal wa across the anterior maxillary wall & throu the posterior lateral maxillary horizontal wall osteotomy is completed
Separation of nasal septum & vomer from maxillary crest is carried out with septal osteotome directed downward & posteriorly

5.) Dean's Alveolplasty

Ans.

- It is an alternative to removal of alveolar ridge irregularities by simple alveoplasty involving removal of intraseptal bone with repositioning of labial cortical bone rather the removal of excessive or irregular areas of labial cortex



- It is done in maxillary anterior region to reduce gross maxillary overjet.

- Mostly done immediately after extraction of anterior teeth

6.) Gilley's Temporal approach

Ans

- An instrument is inserted deep in the temporalis fascia & superficial to the temporalis muscle
- Using back & forth motion instrument is advanced until it is medial to depressed zygomatic arch
- The dissection continues through
- the subcutaneous tissue & superficial temporal fascia down to the deep portion of deep temporal fascia
- This fascia is then incised to expose the temporalis muscle



Indications for open reduction for condylar fracture

- Absolute indication
  - Displacement into middle cranial fossa
  - Impossibility of obtaining adequate occlusion by closed reduction
  - lateral extracapsular displacement
  - Invasion by foreign body

- Relative indication
  - Bilateral Condylar fracture in an edentulous patient without a splint
  - Unilateral or bilateral condylar fracture where splinting cannot be accomplished for medical reasons
  - Periodontal problems
  - loss of teeth
  - unilateral condylar fracture with unstable base
  - Bilateral condylar fractures with comminuted, midfacial or fractures with prognathism & retrognathism

8) Mention 5 principles of suturing

Ans: ① Grasp the needle 2/3rd front & 1/3rd behind the needle drives

② The needle should pass perpendicular to the tissue

③ The needle should pass an equal depth & distance from both side of wound

④ Pass from thinner to thicker tissue

⑤ The suture should never be closed under tension

⑥ The knot should be placed at 2-3 mm from the incision

⑦ Suture should pass over dental papilla, not the empty socket



Age Changes in maxillary sinus

1) 0-3 yrs
- avoid appearance
- volume 6-8 ml
- 3rd year ½ adult size

2) 3-4 yrs
- Increase in width with facial growth
- Position 2nd deciduous molar & Crypt of 1st permanent molars

3) 7-9 yrs
- Dimensions increases
- Volume 10-12 ml

4) 9-12 yrs
- Antral floor same level with nasal floor
- Assumes pyramidal shapes

5) 12-18 yrs
- floor of sinus 5-12 mm below nasal floor
- volume 15-20 ml
- floor is between 1st and molars & 2nd premolar

6) Old age
- Resorption of ridge - thinning of Sinus wall
- Extension of sinus till crest

10) Enumerate 4 diagnostic criteria of trigeminal neuralgia

Ans 1.) Based on characteristic signs
- Paroxysm of pain in area of face, forehead lasting from seconds to minutes
- Localisation of pain in area of one or few branches of trigeminal neuralgia

2.) Absence of neurologic deficit

3.) Sweet diagnostic criteria
- The pain may be provoked by light touch to the face (trigger zone)

4.) Pain is unilateral

5.) Stereotyped attacks for same patient



Define fracture. Classify mandibular fractures write in detail management of bilateral sy. parasymphysis fracture of mandible in 30 yr old male patient.

- Fracture - A break in structural continuity of bone is called as fracture

- Classification of mandibular fractures

1.) Angular mandibular fractures
   - Single fracture
   - Single fracture with basal triangle

2.) Ascending ramus fracture
   - Isolated ascending ramus fracture
   - Isolated coronoid process fracture

3.) Subcondylar / Condylar fractures
   - Subcondylar fracture of O.F lower third
     - Without luxation
     - With luxation
   - Subcondylar middle third fracture
   - Subcondylar upper third fracture
   - Condylar head fracture

4.) fracture of symphysis

5.) fracture of body of mandible

6.) fracture of angle of mandible

• Management of bilateral [illegible] fracture of mandible

Ans ① The patient is placed in supine [illegible] & nasally intubated by anesthesia [illegible]

② Fracture site is approached by an intra[illegible] incision or extraoral or laceration

③ Prior to exposing fracture line patient is placed in MMF this accomplishes gross reduction of fracture, places post erior teeth in occlusion & produces some stability at alveolar margin

④ After adequate exposure of fracture lines reduction is achieved. Inspection of teeth & occlusion & alignment of teeth on either side of fracture lines should confirm that proper reduction has happened

⑤ Rigid hardware is then placed with attention to the technique appropriate for system chosen

- When using champy miniplate system 2 plates 1st plate inferior margin & other at alveolar level

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

of the Student APURVA GARJE

of the Examination BETTERMENT / 1ST INTERNAL Class 4th BDS

ject oral surgery

No. Q1 Date 9/4/19

dents Signature Apurva "Seen No. complaint"

- while using titanium craniofacial system techniques - tension banding to alveolar level is required to avoid distraction at lingual surface
  → Bilat. parasymphysis #.

6. When fracture is midline alternative to plate fixation is use of screws

7. After placement of rigid internal fixation remove patient from MMF

8. If intraosseous wire is used MMF is required for 4-6 weeks.

- Post-operative
  - Analgesics & Antibiotics are indicated
  - If MMF is used precautions to prevent nausea & vomiting are paramount

- Follow up
  - weekly

2.) Enumerate various facial spaces. Desc
Clinical features & management of Ludw
angina

Ans • Various facial spaces

1.) Masseteric
2.) Retropharyngeal
3.) Lateral pharyngeal
4.) Pterygomandibular
5.) Sublingual
6.) Submandibular
7.) Submental
8.) Prevertebral
9.) Parotid space
10.) Infratemporal

• Clinical features of Ludwig's Angina

1.) Poor oral hygiene, tooth pain
2.) Tachypnea, Tachycardia, fever
3.) swelling, pain in floor of the mou
4.) Dysphagia, drooling, trismus & fetid
5.) Hoarseness, respiratory distress
6.) Elevation of tongue
7.) Suprahyoid swelling
8.) Bull's neck appearance
9.)

D Y PATIL GROUP

- management

1) Systemic antibiotics.

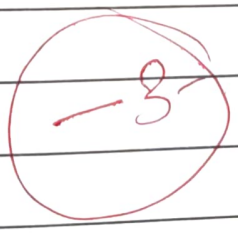
2)

2) Incision & drainage of abscess

3) Tracheostomy

4) Surgery

- Horizontal incision with wide exposure
- Tissues have 'salt pork' appearance with woody induration, watery edema & little bleeding
- Multiple drains, wound kept open



Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

TOTAL MARK LIST RECORD

DATE:9/04/2019

ROLL NO	NAME OF STUDENTS	SEC A (20MRK)	SEC B (20MRK)	SEC C (20MRK)	TOTAL (60MRK)	POINTS (3MRK)	SIGN
21	APURVA GARJE	07	15	10	32	1.60	

PROFESSOR & HEAD
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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

D Y PATIL DENTAL SCHOOL

LOHEGAON PUNE

ADDITIONAL EXAMINATION NOTICE

The additional examination for the final year regular batch (2020-21) is scheduled as follows

Date : 30/1/2021

Time : 9.30 am to 12.30 pm

Venue : examination hall

syllabus : syllabus for 1st internal examination

HOD

DEPT. OF OMFS

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

THEORY ATTENDANDACE RECORD
DATE:30/01 /2021

SR NO.	ROLL NO.	NAME OF THE STUDENT	SIGNATURE
1	64	Roshni Rankawat	Roshni

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

PRACTICAL ATTENDANDACE RECORD
DATE: 30/01/21

SR NO.	ROLL NO.	NAME OF THE STUDENT	SIGNATURE
1	64	Roshni Rankawat	Roshni

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412...

AJEENKYA D.Y. PATIL DENTAL SCHOOL, PUNE.

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY DATE: 30/01/2021

ADDITIONAL EXAMINATION

SECTION – A

MCQs- (1 X 20 = 20 marks)

1) Which of the following local anesthetic is vasoconstrictor by itself?

a) Lignocaine b) Prilocaine

c) Mepivacaine d) Cocaine

2) The following drug is given for the management of status epilepticus

a) Carbamazepine b) Dilantin

c) Carbazepine d) Diazepam

3) Mucus lining of maxillary sinus is

a) Pseudostratified ciliated columnar epithelium b) Squamous epithelium

c) Cuboidal epithelium d) None of the above

4) Nitrous oxide cylinders usually are available in..... colour

a) Black b) White

c) Blue d) Red

5) Amide type local anesthetics are metabolized in

a) Serum b) Liver

c) Spleen d) Kidneys

6) Buccal advancement flap is also known as:

a) Ashley's flap b) von Rehermann's flap

c) Moczair's flap d) None of the above

7) Multiple odontogenic keratocysts are associated with which of the following syndrome

a) Sturge weber syndrome b) Basal cell nevus syndrome

c) Horner's syndrome d) Down's syndrome

8) Trismus during extraction of mandibular third molar is due to involvement of

a) Temporalis muscle b) Masseter muscle

c) Buccinator muscle d) None of the Above

9) In Caldwell Luc operation, approach to the antrum is through

a) The incisors
b) The molars
c) Inferior meatus
d) Canine fossa

10) Catgut is sterilized by

a) Autoclaving
b) Boiling
c) Dry heat
d) Ethylene oxide

11) Hematoma is most severe following which nerve block

a) PSA nerve block
b) Pterygomandibular nerve block
c) Infraorbital nerve block
d) Mental nerve block

12) Normal Platelet Count is

a) 1.5 – 3 lakhs / cumm
b) 4 – 11 thousand / cumm
c) 5 – 6 lakhs / cumm
d) 290 – 800 / cumm

13) Most of mucoceles are caused by

a) Sialolithiasis
b) Infection
c) Tooth extraction
d) Trauma

14) Exodontia elevators are based on principle of

a) Lever
b) Wedge
c) Wheel and axle
d) all of the above

15) Muscle with dual nerve supply

a) Temporalis
b) Masseter
d) Lateral pterygoid
d) Digastric

16) The most commonly occurring intra-oral cyst

a) Residual cyst
b) Radicular cyst
c) Dentigerous cyst
d) Keratocyst

17) The length of needle used for pterygomandibular nerve block should be

a) 1 inch
b) 1 5/8 inch
c) 1 ¼ inch
d) 1 ¾ inch

18) During extraction of wisdom tooth, a pregnant woman in late 2nd trimester faints, which of the following position should she be placed

a) Left lateral
b) Right lateral
c) Supine head down
d) Supine head up

19) A nasal antrostomy following Caldwell-Luc operation is created in

a) Inferior meatus of nose
b) Middle meatus of nose
c) Superior meatus of nose
d) It depends on the age of the patient

20) Irregular masses of dentin and enamel are present with no anatomic resemblance to a tooth in

a) Complex Odontome
b) Compound Odontome
c) cementoma
d) Fibro-odontoma

SECTION-B

Answer in brief (2 X 10= 20 marks)

(Draw appropriate diagrams wherever necessary)

1) Principle of autocalve
2) Classify impacted mandibular third molars according to Pell and Gregory
3) Signs and symptoms of oro-antral fistula
4) Pathophysiology of shock
5) Winter lines
6) Mention the theories of local anesthesia and write in detail about the most accepted theory.
7) Principles of elevators
8) Describe in detail healing of extraction socket
9) Indications of Caldwell-Luc operation and explain its procedure in brief.
10) Boundaries and contents of pterygomandibular space with diagram

SECTION-C

Long answer question (2 X 10= 20 marks)

1) Discuss clinical, radiographic and histological features of ameloblastoma. Write in detail about the treatment of ameloblastoma.

2) Define cyst and tumor. Discuss clinical and radiographic features of keratocystic odontogenic tumour. Write in detail about the treatment of keratocystic odontogenic tumour.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon Pune - 412105

Internal Assessment Examination

SECTION A

Sr. No.

IPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN r Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be eated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be one On The Answer Sheet • Do Not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	SIXTY FOUR
QUESTION BOOKLET ERSION NO. IN WORDS	
AME OF EXAMINATION	ADDITIONAL EXAMINATION
SUBJECT	ORAL AND MAXILLOFACIAL SURGERY
PAPER	

NSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

14/20

SEAT NUMBER

0	0	0	6	4

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

ne of the Student Roshni Rawkawat

ne of the Examination Betterment Examination Class IVth Year

ject Oral and Maxillofacial Surgery

No. 64 Date 30/1/21

Pledge

ere declare that I have gone ough the instruction given ove & pledge to abide by them.

Roshni

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											14/20
Marks obtained in Section B											7½/20
Marks obtained in Section C											12/20
Grand Total											33½/60

Seen & No. Complaint

Section B

1] Principle of Autoclave

→ All of the used instruments should be cleaned first and washed thoroughly to remove any debris from it before we put into Sterilisation

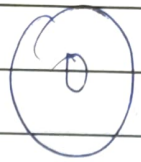
→ The Steam that is produced reaches all the surfaces of the instruments and touches each and every part of it irrespective where it is in gaseous form or it settles on it in the form of water

→ Servicing of the autoclave is necessary for its proper functioning. The temperature, humidity of the autoclave should be checked and tested regularly

→ Manufacturers instructions should be followed properly

Impacted Third Molars

They are classified as :- i) Horizontal Impaction
ii) Vertical Impaction
iii) Oblique Impaction



3) Signs and Symptoms of Oro Antral fistula

Oro Antral fistula is formed by the ~~connection~~ communication between the Maxillary Sinus and the oral Cavity.

~~Sign~~ Symptoms during the Early Stage of Oro Antral fistula :-

Escape of fluid :- There is passage of fluid from the mouth into the Nasal passage during gargling or blowing

Epistaxis :- The blood collected escapes from the Nasal Passage hence causing Bleeding of Nose

Excruciating Pain :- There is pain sometimes due to forceful blowing and inflammation of the Cavity

Escape of air :- When Nose is closed and air is forced out through mouth there is a whistling Noise which is due to expulsion of air through the antrum

Air Column :- There is derangement of the air column hence there is change in the voice

Late Symptoms :-

Pain :- The pain is almost negligible as the passage has been formed that allows the fluid to flow through it easily

Persistent, purulent or mucopurulent, foul, unilateral Nasal Discharge.

Popping Antral Polyp :- The polyp may arise from the antral space

Theories of local Anesthesia

Acetylcholine theory

- This theory states that as the local anesthetic agents are given there is decreased release of acetylcholine which hampers the passage of impulse

ii) Calcium Displacement theory

This theory states that since Calcium helps in the passage of Sodium ions in the channels the local anesthetic agents when administered displaces the Calcium which then does not allow the Sodium ions to travel

iii) Repulsion theory

This theory states that when Local anesthetic agents are given they stick to the membrane and due to its highly positive charges it increases the threshold potential of the membrane thereby decreasing the excitability and does not allow ion exchange

iv) Membrane Expansion theory

According to this theory when local anesthetic agents are given they attach to the membrane which stretches the surface of membrane and does

not allow Sodium ions to travel through the membrane

Specific Receptor Theory

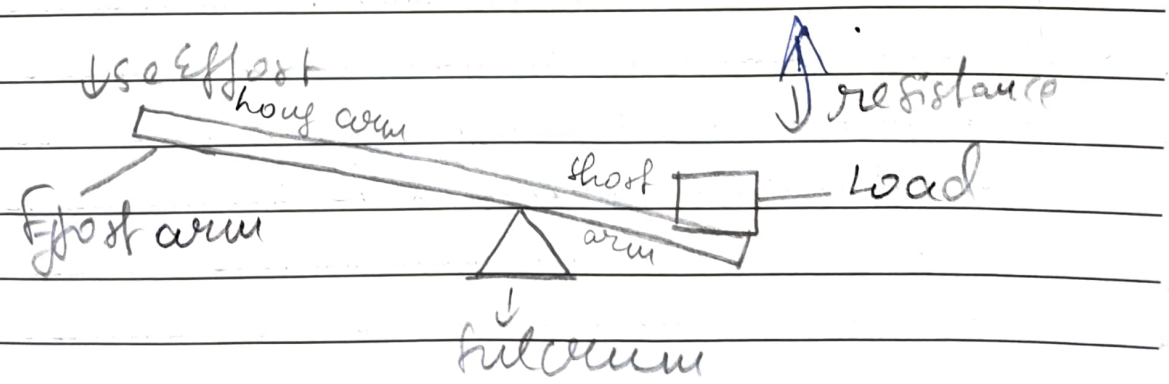
⇒ This is the most accepted theory.
⇒ This states that there are specific receptors present on the surface of the membrane. The local anesthetic agents only combine to these specific receptors
⇒ They inhibit the Sodium ions to enter inside the membrane
⇒ As the Sodium ions do not enter there Potassium ions do not go out
⇒ Hence there is No depolarization
Even if this step goes on for a few Nodes of Ranvier the nerve impulse will not reach the ganglion and there will be no conduction

(2).

Principles of elevators

i) lever Principle

As the name states it is based on the principle of lever which means there is presence of fulcrum, load and effort arm present
The load here is the tooth which is the resistance as well
Effort is the force that we apply on the handle
The fulcrum is the adjacent tooth for the bone
The lever is the elevator that we use
In this the effort arm is longer while the load arm is shorter. This is done to decrease the amount of resistance and decrease the amount of force used for the extraction
Eg : Coupland's Elevator



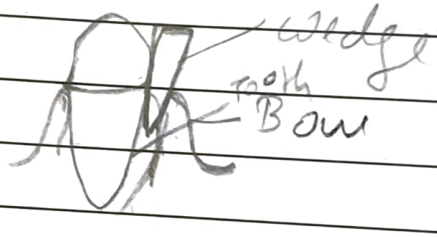
LEVER PRINCIPLE

ii) Wedge Principle

In this a wedge is placed between the root of the tooth and the bone. This wedge helps in the reduction of the forces applied in the removal of the tooth

By creating a space between the root and the bone it increases the movement of tooth and easy removal.

Eg :- James Elevators



(iii) Wheel and axle Principle

This works on the principle of wheel and axle. As the wheel rotates around the axle and helps in the easy removal through the rotational action the elevator is place near the tooth and rotated and removed to allow easy removal In case of forceps this method can be used too. The tooth is held through forceps and rotated and removed.

(2)

8) Healing of Extraction Socket

-> After the tooth is extracted the socket is covered with gauze and pressed to avoid excessive bleeding and increase the speed of healing process

-> For 3-4 hours nothing has to be eaten. to avoid any dislodgement of clot

-> As the gauze is removed there is a clot which is seen formed by the collection of Platelets and Red Blood cells

-> After some time there is deposition of fibrin in that area

-> This fibrin seals the clotting area and prevents further bleeding

-> There is then multiplication and formation of Epithelial layer which covers the periodontium

-> smoking should be avoided during healing period to avoid Dry Socket.



Sechon C

1] Ameloblastoma

Clinical features

→ It is most present in the anterior region of Maxilla and Mandible
→ It may expand through bone damaging the cortical region
→ It causes loosening of the teeth and may lead to its subsequent extraction
→ Swelling and Pain
→ Affects Maxilla more as compared to Mandible
→ Plexiform is one of the common types of Ameloblastoma

Radiographic features

→ It is either unilocular or Multilocular in origin
→ It is mostly Radiolucent but may also have Radiopaque features
→ It has a soap bubble appearance of a Bag of Marble appearance due to several spaces present in it.

Name of the Student Roshni Rautani

Name of the Examination 1st Internal Examination Class IV th Year

Subject Oral and Maxillofacial Surgery

Roll No. 64 Date 30/1/24

Supplement No. Invigilator Signature

Histological features

Pleriform

In this the stellate reticulum cells are replaced the pleriform type cells.

Desmoplastic

In this the cells become elongated in structure

Acanthomatous

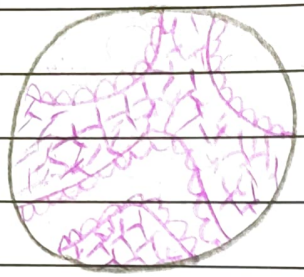
In this the cells are replaced by squamous cells

Granular

The cells are replaced by the Granular cells

Unicystic

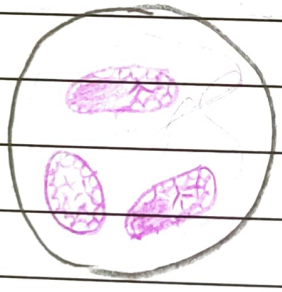
In this the cells of unicystic lesion the cavity

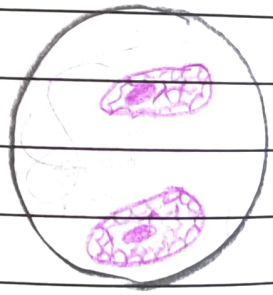




Plexiform type

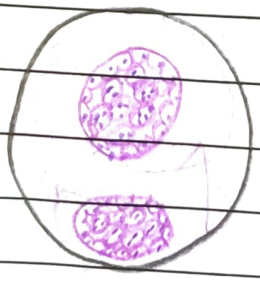
Desmoplastic

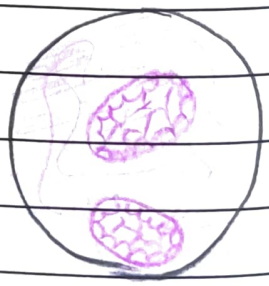




Unicystic type

Acanthomatous





Granular

Treatment

Usually surgical treatment is done for the removal of Ameloblastoma
Marsupialization is done in some cases where the incision is made either circular, elliptical or U-shape
After the incision the bone plate is examined if it is thin then it is broken using the instruments only while if it is thick drills are made for access
Drainage is done and then the lining is tested and sent for Histopathology
After the opening is closed by packing and suturing
The area is analysed after follow up.
It is also plugged in some cases
Antibiotics and Analgesics are given for 5 days

A cyst is a fluid filled cavity which may not be lined by epithelium and is filled with gaseous or liquid but not pus.

A tumor is a collection of tissue of the same origin where it is present but have a higher multiplication property than the normal counterpart.

Keratocystic Odontogenic tumor

-> It is a type of cyst but recently it has been reclassified into tumor due to its behavior and properties
-> It is a Neoplastic cyst
-> It can either be orthokeratinized or Parakeratinized in Nature
-> It is usually associated with a syndrome
- Gorlin Goltz syndrome
- Basal Nevus Syndrome
-> It is Bimodal in Age Occurrence if present with syndrome i.e it may occurs both during Young Age as well as old Age
-> It is the 3rd Most common occuring after dentigerous and Radicular Cyst.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

Name of the Student Roshni Rawtawat

Name of the Examination 1st Internal Examination Class IVth Year

Subject Oral and Maxillofacial Surgery

Roll No. 64 Date 30/1/21

Supplement No. Invigilator Signature

Clinical features

- It occurs in Both Young Age as well as old age
- It is more prevalent in Maxilla as compared to Mandible
- It May Cause Swelling
- It has a high Recurrence Rate
- The cyst consists of Many Satellite cysts as well.

Radiographic feature

- It is Multilocular in structure due to presence of Many Satellite cysts
- The Satellite cysts are seen as Radiolucent areas in the Radiograph
- It is a well defined structure
- It May be seen as unilocular as well.
- It May affect the position of teeth due to widespread action as well.

Treatment

→ The tumor has to be treated carefully due to its high recurrence rate.
→ The epithelium is thin and fragile in structure and has chances of its breakage due to its nature while removal
→ Since it consists of many satellite cysts Enucleation is done
→ In this the incision is made and the tumor is removed along with the epithelium to avoid any remaining satellite cysts
→ After incision the hold is made wide with the Rangeurs elevator and the bone is removed
→ The Tumor is examined and removed as a whole with the Connective part facing the epithelium
→ The space is then packed and closed with suturing
→ Regular Examination for Non Recurrence has to be done Clinically and Radiographically

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

TOTAL MARK LIST RECORD

DATE:30/01/2021

ROLL NO	NAME OF STUDENTS	SEC A (20MRK)	SEC B (20MRK)	SEC C (20MRK)	TOTAL (60MRK)	POINTS (3MRK)	SIGN
64	ROSHNI RANKAWAT	14	7.5	12	33.50	1.67	Roshni

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

D Y PATIL DENTAL SCHOOL

LOHEGAON PUNE

ADDITIONAL EXAMINATION NOTICE

The additional examination for the final year regular batch (2021-22) is scheduled as follows

Date : 23/2/2022

Time : 9.30 am to 12.30 pm

Venue : examination hall

syllabus : syllabus for 1st internal examination

HOD

DEPT. OF OMFS

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

THEORY ATTENDANDACE RECORD
DATE:23/02/2022

SR NO.	ROLL NO.	NAME OF THE STUDENT	SIGNATURE
1	69	Nikita Poojary	Poojary

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

PRACTICAL ATTENDANDACE RECORD
DATE:23/02/2022

SR NO.	ROLL NO.	NAME OF THE STUDENT	SIGNATURE
1.	69	Nikita Poojary	Poojary

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

(1)

AJEENKYA D.Y. PATIL DENTAL SCHOOL, PUNE.

DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY DATE: 23/02/2022

ADDITIONAL EXAMINATION

FINAL YEAR REGULAR BATCH

SECTION – A

MCQs- (1 X 20 = 20 marks)

1) Which of the following local anesthetic is inherent vasoconstrictor by itself?
   a) Lignocaine b) Prilocaine
   c) Mepivacaine d) Cocaine

2) Zygomatic arch fractures are best visualized in
   a) Water's view b) Towne's view
   c) PA view d) Submentovertex view

3) Mucus lining of maxillary sinus is
   a) Pseudostratified ciliated columnar epithelium b) Squamous epithelium
   c) Cuboidal epithelium d) None of the above

4) An absolute contraindication for extraction of teeth is
   a. Hypertension
   b. H/O Myocardial Infarction
   c. Periapical infection
   d. Central Hemangioma

5) Amide type local anesthetics are metabolized in
   a) Serum b) Liver
   c) Spleen d) Kidneys

6) Buccal advancement flap is also known as:
   a) Ashley's flap b) von Rehermann's flap
   c) Moczair's flap d) none of the above

7) Multiple odontogenic keratocysts are associated with which of the following syndrome
   a) Sturge weber syndrome b) Basal cell nevus syndrome
   c) Horner's syndrome d) Down's syndrome

8) Tram line pattern on the face is due to
   a) Circum-orbital ecchymosis b) Subconjunctival haemorrhage
   c) CSF rhinorrhea d) related to suture.

9) In Caldwell Luc operation, approach to the antrum is through
a) The incisors
b) The molars
c) Inferior meatus
d) Canine fossa

10) Catgut is sterilized by
a) Autoclaving
b) Boiling
c) Dry heat
d) Ethylene oxide

11) Hematoma is most severe following which nerve block
a) PSA nerve block
b) Pterygomandibular nerve block
c) Infraorbital nerve block
d) Mental nerve block

12) Carnoy's solution includes all except
a. Glacial acetic acid
b. Chloroform
c. ethanol
d. Ether

13) Most of mucoceles are caused by
a) Sialolithiasis
b) Infection
c) Tooth extraction
d) Trauma

14) Le Fort III fracture is the same as
a. Craniofacial dysjunction
b. Guerin's fracture
c. Pyramidal fracture
d. None of the above

15) Muscle with dual nerve supply
a) Temporalis
b) Masseter
d) Lateral pterygoid
d) Digastric

16) The most commonly occurring intra-oral cyst
a) Residual cyst
b) Radicular cyst
c) Dentigerous cyst
d) Keratocyst

17) During extraction of wisdom tooth, a pregnant woman in late 2nd trimester faints, which of the following position should she be placed
a) Left lateral
b) Right lateral
c) Supine head down
d) Supine head up

18) A nasal antrostomy following Caldwell-Luc operation is created in
a) Inferior meatus of nose
b) Middle meatus of nose

c) Superior meatus of nose d) It depends on the age of the patient

19) Methemoglobinemia is a complication due to administration of
a)Lignocaine b)Benzocaine
c)Prilocaine d)Procaine

20) Which of the following cannot be used for the treatment of OAF
a. Buccal advancement flap
b. Gold foil
c. Tongue flap
d. Abbe's flap

SECTION-B

Answer in brief (2 X 10= 20 marks)

1) Principle of autoclave
2) Classify impacted mandibular third molars according to Pell and Gregory classification
3) Clinical and radiological features of Odontogenic Keratocyst
4) Write any 5 principles of suturing.
5) Winter lines
6) Mention the theories of local anesthesia and write in detail about the most accepted theory.
7) Classify mandibular fractures.
8) Describe in detail healing of extraction socket
9) Indications of Caldwell-Luc operation and explain its procedure in brief.
10) Mucocele

SECTION-C

Long answer question (2 X 10= 20 marks)

1) Discuss clinical, radiographic and histological features of ameloblastoma. Write in detail about the treatment of ameloblastoma.

2) Define oro-antral fistula. Describe clinical features and management of chronic oro-antral fistula.

(May 2022)

| | | |

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Sixty Nine
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Assessment Exam
SUBJECT	Oral and Maxillofacial Surgery
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

13/20

SEAT NUMBER: 6 9

QUESTION BOOKLET VERSION NO.: A B D G M N P S U

ANSWERS

	A	B	C	D
1			●	
2				●
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Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Nikuta. Poojary

Name of the Examination Betterment Assessment Class IV th BDS

Subject Oral & maxillofacial Surgery

Roll No. 69 Date 23/2/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Poojary

Signature of Candidate

38/60

1+1=2

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											13
Marks obtained in Section B											11
Marks obtained in Section C											14
Grand Total											38

Section B

1] i) Autoclave is the sterilizing unit / machine which is widely accepted and used.

ii) Autoclave is classified under the Heat [Physical] sterilization above the temperature of 100°c.

iii) Autoclave works by the principle that:

→ The water in the Autoclave machine will be heated when its temperature of Boiling matches that of the Atmospheric pressure.

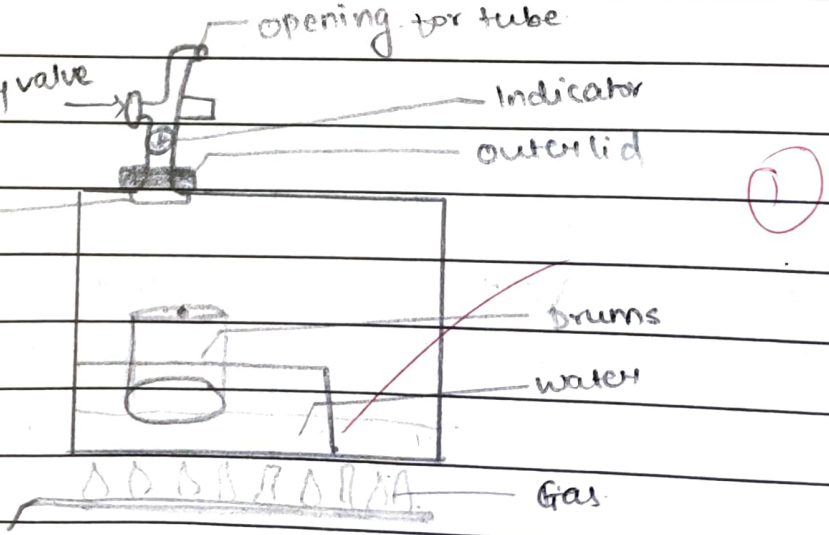
→ The temperature in the Autoclave increases, heat vapour appears to a certain limit and then the Condensation process starts the water vapour with heat transforms to water by killing the micro-organisms present in the closed atmosphere of the Autoclave unit.

→ The Temperature and time of the Autoclave are 121°c for 15 mins for 15 lbs per sq inch

→ Other temperatures are

126°c for 10 mins for 20 lbs psi

130°c for 5 mins for 30 lbs psi



Section B

2] Classification of Impacted mandibular third molars according to Pell and Gregory classification.

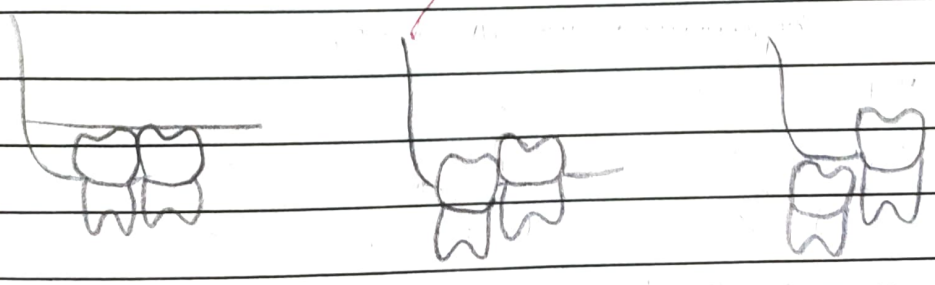
According to the depth of the Impacted Molars:

→ Pell and Gregory classified into 3 positions with respect to the depth of the Impacted molars according to the occlusal plane made along second molars.

Position A: The mandibular third molar is placed at the same level or highest position of occlusal plane with the respect to the Adjoining second molar.

Position B: The occlusal crown of mandibular third molar is placed is placed lower to the occlusal plane but above the cervical line of the aspect of the mandibular Ajoining second molar.

Position C: The third molar is placed at lower level to the cervical aspect of the mandibular second molar (adjoining)



Position A Position B Position C.

8] Odontogenic Keratocyst

→ i) Odontogenic Keratocyst was previously known as Cholesteatoma, Keratin Dermoid Cyst, Keratinizing Cystic Odontogenic Tumor.

ii) Odontogenic Keratocyst has the third most commonest Cystic occurence.

iii) OKC mostly occurs in the Mandibular region, specially to the Molar Ramus Angle of mandible.

iv) OKC is mostly seen in males, the ratio of males: female occurence is 3:2.

v) OKC's occurence is never related with the tooth, but it might occur in the place of tooth.

vi) There is presence of extraoral swelling, whenever the cystic lesion grows outwards in size.

vii) The growth of the Cystic lesion is Anteroposterior rather than Buccolingual.

Radiological features of Odontogenic Keratocyst.

i) There is presence of Sunburst appearance in radiograph.

ii) Few Radiographical types of OKC are:

a) Replacemental
b) Embedded.
c) Extranous
d) mesially positioned.

iii) If the lesion is filled with mucopurent along with the Bony fragments, it might appear radiopaque.

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4] 5 Principles of Suturing:

1) The suture should be placed perpendicular to the tissue with no amount of tearing or laceration of the Adjacent tisue.

2) The Needle should be ~~held~~ grasped by Needle holder at 1/3rd of the size for proper grip and accurate suturing techniques.

3) The suture placement should be done at proper Intervals i.e at equal distance with the Adjacent incision.

4) The suture Needle should penetrate the tissue at equal levels from both sides.

5) The sutures should be placed in the similar manner in both the incision sites.

6) The Needle ~~should~~ holder should tightly hold the needle at 1/3rd of the distance from the head.

7) The suture ~~we~~ should be done proper distance with the adjoining.

8) The ~~suture~~ should be placed at equidistance.

9) Needle should be 1/3rd of the distance from the edge.

10.

5] Winters lines.

→ George. winter in the year 1926 gave the winters lines for the classification for the dipicting of the difficulty index of the Third molar extraction process.

→ He classified winter lines as WAR lines.

A) White line : Occlusal plane

B) Amber line : Bone level

C) Red line : The Amount of tooth inside bone

A) White line

→. The white line depicts the Occlusal plane of the tooth with the second molar adjacent to the and extending towards the Ramus region.

B) Amber line.

↳ It denotes the line drawn at the Bone level from the mid postion of the tooth region.

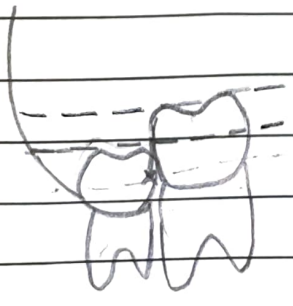
→. This Amber line is placed at the midlevel region of the 2nd molar tooth.

C) Red line:

→ It is an Imaginery line drawn perpendicularly from the Amber line towards the Bony aspect inside the Bony region

→. If the level of Red line even extends by 1mm the level of difficulty increases by 3 folds. The Difficulty index has been assigned noting 7-9 → Extremely difficult

5-7 → Moderately difficult



Winters line.

6) There Theories of local Anesthesia are as follows.

i) Acetyl choline theory
ii) Calcium displacement theory
iii) Membrane Expansion theory
iv) Specific Receptor theory
v) Specific charge theory.

⇒ The most Accepted theory is specific receptor theory.

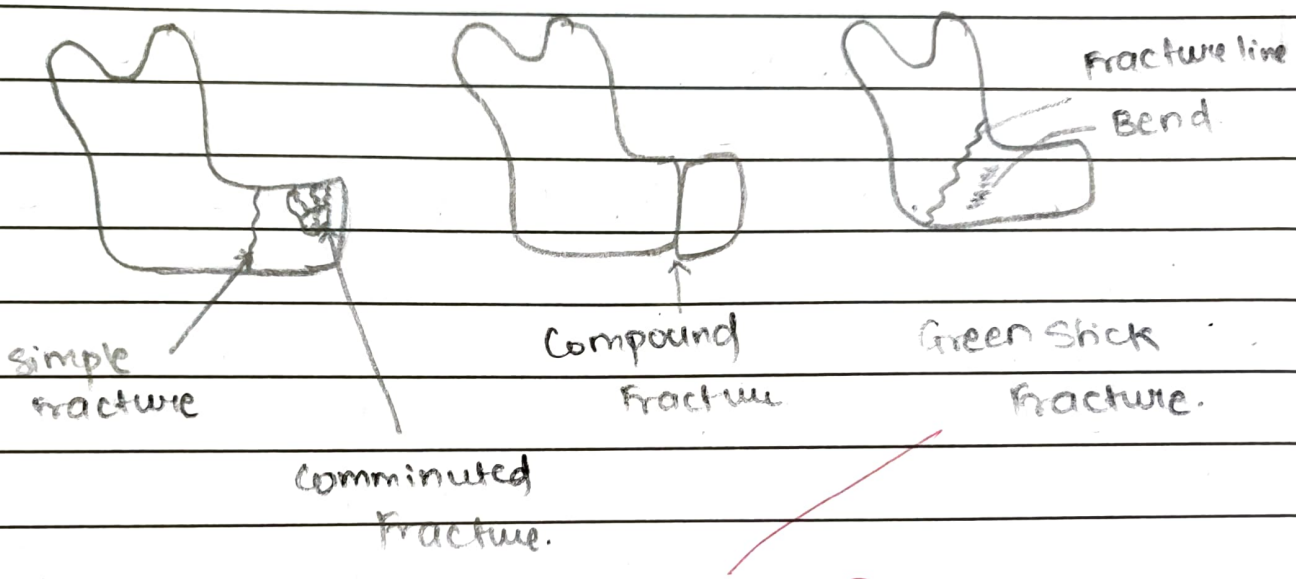
→ In this theory, it has been mentioned that when the local Anesthetic has been injected or reached to that region, it works by hampering the Nerve Impulse Generation.

→ It follows Nerve Conduction principle, so when the LA agent reaches to the site where the Nerve Induction occurs, it spreads over the region and doesn't let the Na^+ & K^+ ions to travel to the Cell membrane, intramembrane or extra cellular membrane, It blocks the Impulse generation.

→ It acts on the Receptors specific for that Nerve Conduction.

7) The mandibular fractures are classified as.

(I) Simple fracture
(II) Compound fracture
(III) Comminuted fracture
(IV) multiple fracture
(V) Green stick fracture



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8] Healing of Extraction socket.

The Healing of the Extraction socket takes place in three phases or steps.

→ There is presence of primary Healing, Secondary Healing and the final closure of the region with primary closure tissues.

(1) In Primary healing,

If there is no Infection present over the extraction socket region, it is kept open, since it will heal on its own, because that's how the tissues normally heal.

→ If there is need of Sutures, then we can place it over the ~~reg~~ extraction wound.

→ The Inflammatory, Body defense cells will act on those region to start the healing process of the wound of the socket.

(2) In secondary healing process, the region of the tissue surface is started healing by the layer of Granulation tissue formation, and Revascularization of the tissue surface Region.

(3) Then with the help of Neutrophils, and the other cells, the extraction socket heals with new growth of tissue over that area.

9] Caldwell - Luc Operation:

- Indications:

i) Retained roots after Extraction.

ii) Presence of the foreign materials or debris in the Maxillary sinus

iii) Displacement of tooth structure into the Maxillary sinus.

iv) In cases of chronic Oro-Antral fistula. , if there's no other option.

v) Presence of sinusitis [chronic].

vi) Impacted or retained decidous tooth over the sinus region.

⇒ The Procedure for Caldwell-Luc Operation are:

i) Anesthetize the region which needs to be operated or we can put the patient on General Anesthesia.

ii) Make a window incision . the approach to the Antrum is through the Canine fossa.

iii) There should be appropriate visibility over to that region to be operated, so expose the area fully.

iv) Debridement procedure is done along with proper removal of the foreign object from maxillary sinus.

v) closure of the region with Interrupted sutures.

vi) Post-operative Instructions.

10] Mucocele:

→ Mucocele is the mucous extravasation cyst present over the region of the submandibular gland region.

→ Most of the mucoceles are caused by the reason due to sialolithiasis.

→ Due to the presence of less saliva production, and also due to the gravity process, there is reduced saliva production over the submandibular salivary gland region.

→ It leads to the mucous retention.

→ Most commonly occurs floor of the tongue.

→ Features: → Inflammed salivary gland.
→ Swelling of the region.
→ Painful region
→ Base of the tongue getting mostly affected leading to reduced food intake.
→ Painful eating.

→ Treatment: → Drainage of the region.
→ medications.

Section C.

1] 1) Ameloblastoma is the most commonly occuring Odontogenic Tumor found in the Oral Cavity.

2) Ameloblastoma is also known as Adamantinoma, Adeno ameloblastoma, etc.

3) The genetic causative factor is the ENAM gene or Amelogenin present.

4) Clinical features:

i) It is mostly seen in males, but even females are affected in large scale. [3:2]

ii) The mostly affected zone of occurence in Mandible region.

iii) The Occurence of Ameloblastoma is Bimodal in Age It may occur at any age.

iv) There is presence of swelling over that area.

v) The swollen region leads to the extreme painful effect.

vi) If the Ameloblastoma has affected to an extreme level, then it leads to the effect of the "Egg shell crackling effect" is seen.

vii) This is due to the excessive growth pattern of Ameloblastoma leading to Bone thinness and growing Buccally so there might lead to the fracture of the Bone of that region.

viii) Chance of fracture over the region.

ix) The Growth of the tumor is expansive in nature, leading to Breaking of the Bones.

⇒ Radiographical features:

i) multilocular Radiolucency seen over the affected regio

ii) Presence of Infection to the affected sites.

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Supplement Sheet

Name of the Student Nikhita Poojary

Name of the Examination 1st Internal Assessment Class IV BDS

Subject Oral & maxillofacial Surgery

Roll No. 69 Date 23/2/22

Supplement No. 1 Invigilator Signature

LAQ

→ There is sunburst appearance in the Radiographical examination.

→ Various methods for Radiographical diagnosis is CT scan, MRI, ~~RA waters~~. for specialized diagnosis.

→ There is uneven distribution of Radiolucency and Radiopacity.

Histological features of Ameloblastoma are:

i) The Histological types of Ameloblastoma are as follows.

→ Follicular Ameloblastoma.

→ Acanthomatous Ameloblastoma

→ Granular cell Ameloblastoma.

→ Striated Ameloblastoma.

ii) In Follicular Ameloblastoma, the cells of the Acanthotic growth are present in the follicules.

iii) The Granular cell Ameloblastoma, has the accumulation of Granular cell in the ~~Basal~~ middle layer of the region of the cell.

iv) The Keratinized Ameloblastoma, has the keratin granules present in the region of the layer.

v) The Basal layer are covered with columnar epithelial layer. with presence of Basal Nucleus.

→ Treatment of Ameloblastoma:

i) The Initial diagnosis of the Ameloblastoma should be done by accurate clinical, radiographical and histological diagnosis before initiating the Treatment

ii) Since this is a Tumor, then Complete Removal of the tissue must be the main treatment plan and then Curettage should be followed by it.

iii) Curettaging the Region and Debridement of the remaining Structure should be done inorder to avoid any remnant to stay behind and causing the Regrowth of the tisue with metastasis.

iv) There should be marginal Enucleation done to remove the part of the tissue.

v) After enucleation, Debridement procedure should be to not leave any minimal of the tissue of the Ameloblastoma growth.

vi) There should be placement of the Antiseptic pack to avoid any Bacterial Infection or Regrowth of the Infection.

vii) After the placement of the Antiseptic pack, the suture should be placed over the Incised Operative area leading to closure of the tissue.

viii) The patient is then recalled after 1-2 weeks for the removal of sutures or and Re-evaluation of the tisue.

Oro-antral Fistula:

→ When there is communication of the Oral and the Nasal antrum, it is known as the Oro-antral communication.

→ When this Oro-antral communication has been epithelialized leading to a track with epithelium, it is known as Oro-Antral fistula.

→ The clinical features of Oro-Antral fistula is same as the sinusitis and Rhinitis, due to the communication of the maxillary sinus present.

→ The features seen are:

i) Exposure to Air
ii) Exposure to water/debris.
iii) There is swelling of the lining of the mucosa.
iv) Since there is fistula present, the water or food may get accumulated in the maxillary sinus region.
v) Presence of infection over the region.
vi) Bacterial growth leading to exudate formation.
vii) Pain on Breathing or Eating.
viii) Blockage of the Airway due to such Abnormal communication

→ The management of chronic Oro-Antral fistula are:

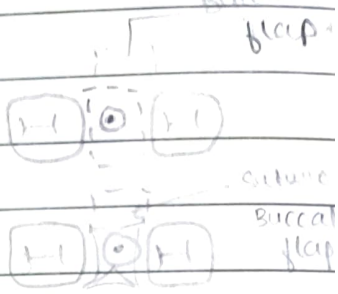
(I) Buccal flap
   i) Buccal Advancement flap [von Rehermann's flap]
   ii) Buccal bridge flap.
(II) Palatal flap.
   i) Ashley's flap
(III) Buccal and Palatal flap.
   ↳ Bridge flap.
(IV) Tongue flap.
(V) Buccal pad of fat.
(VI) Alveolonasal flap.

LAQ-2

① Buccal Advancement flap:

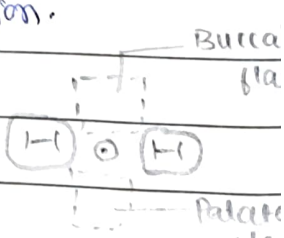
→ Normally, if there is presence of Acute Oroantral fistula the treatment plan is to make an Incision and then Reflect the mucoperiosteal flap, Remove
→ Remove the Epithelialized lining connection accurately and the suture and close the incision neatly.

① In Buccal Advancement flap,
Also known as the Von Rehrmann's flap.



→ The Buccal flap is raised, inorder to cover the Incision placed over the Oroantral fistula.
→ The epithelial living is removed safely and accurate then the region is debrided with no amount of placement or remnant of any debris over that area
→ Then place the sutures accordingly over the region to fully close and cover the region over that ar
→ Then send the patient and recall him after 1 week for the suture removal. Also give the postoperative Instru

② Buccal and Palatal flap [Bridge flap of Buccal and Palatal region.



i) In this Bridge flap, the flaps are taken from both Buccal and Palatal aspects for the proper and strong Bonding of the sutures with tissues, with less chance of Relapse.
ii) After the removal of the oroantral fistula, closure of the site with Interrupted sutures and proper Attachment.
iii) This leads to accurate healing with less chances of infection.

Department of Oral And maxillofacial surgery

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FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

TOTAL MARK LIST RECORD

DATE:23/02/2022

ROLL NO	NAME OF STUDENTS	SEC A (20MRK)	SEC B (20MRK)	SEC C (20MRK)	TOTAL (60MRK)	POINTS (3MRK)	SIGN
69	NIKITA POOJARY	13	11	14	38	1.9	Nikita

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

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LOHEGAON PUNE

ADDITIONAL EXAMINATION NOTICE

The additional examination for the final year regular batch (2022-23) is scheduled as follows

Date : 19/05/2023

Time : 9.30 am to 12.30 pm

Venue : examination hall

syllabus : syllabus for 1st internal examination

HOD

DEPT. OF OMFS

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D.Y. Patil Dental School
D.Y. Patil Knowledge City
Charholi (BK), Via Lohegaon, Pune - 412105

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

THEORY ATTENDANDACE RECORD
DATE: 22/05 / 2023

SR NO.	ROLL NO.	NAME OF THE STUDENT	SIGNATURE
1	48	Sakshi Narkhede	Narkhede

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

PRACTICAL ATTENDANDACE RECORD
DATE: 22/05/23

SR NO.	ROLL NO.	NAME OF THE STUDENT	SIGNATURE
1	48	Sakshi Narkhede	Narkhede

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D.Y Patil Dental School
D.Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

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Department Of Oral and Maxillofacial Surgery

Additional Examination

SECTION – A

MCQs- (1 X 20 = 20 marks)

1) Bulls eye appearance on IOPA can be seen in

a. Bucally placed third molar

b. Lingually placed third molar

c. Inverted third molar

d. Disto angular third molar

2) The mechanical advantage obtained from wheel and axle principle is

a. 2.5

b. 3

c. 4.6

d. 6

3) Major duct of submandibular gland is:

a) Bartholin's duct.

b) Minor salivary gland's duct.

c) Stenson's duct.

d) Wharton's duct.

4) In WINTER'S classification, white line tells us:

a) Depth of the impacted tooth.

b) Angulation of the impacted tooth.

c) Point of application for elevator.

d) Used to classify fracture of the tooth.

5) Stenson's duct opens opposite the:

a) Upper 2nd molar.

b) Upper 3rd molar.

c) Lower 2nd molar.

d) Lower 3rd molar.

6) Patient comes with history of cardiac problem taking aspirin, what will be the possible complication if you do extraction:

a) Increased bleeding time.

b) Increased prothrombin time.

c) Increased clotting time.

d) Increased partial thrombin time.

7) Cross bar elevator works on mechanical principle of:

a) Wedge.

b) Lever.

c) Wheel & axle.

d) Pulley.

8) Enucleation means:

a) Creation of surgical window.

b) Removal of entire lesion without rupture.

c) Composite resection.

d)

9) Surgical blade used for drainage of abcess is:

a) Blade no.12.
b) Blade no.11.
c) Blade no.15.
d) Blade no.24.

10) Dean's technique is also called:

a) Inter radicular alveoloplasty
b) Intra septal alveoloplasty
c) Simple alveoloplasty
d) Vestibuloplasty

11) Most common complication of posterior Superior alveolar nerve block is:

a) Trismus.
b) Hematoma.
c) Infection.
d) Facial palsy.

12) Disto buccal root of upper 1st molar is supplied by:

a) Middle superior alveolar nerve.
b) Posterior superior alveolar nerve.
c) Infra orbital nerve.
d) Mental nerve.

13) Which of 2 nerves blocked when injection is given in pterygomandibular space?

a) Buccal & lingual nerve.
b) Lingual & inferior alveolar nerve.
c) Buccal & inferior alveolar nerve.
d) Buccal nerve & infra orbital nerve.

14) Most common complication of rheumatoid arthritis involving TMJ is:

a) Ankylosis.
b) Subluxation.
c) Osteoma of condyle.
d) Recurrent dislocation.

15) Local anesthetic solution with highest tissue irritancy is:

a) Procaine
b) Lignocaine.
c) Bupivacaine.
d) Mepivacaine.

16) In case of multiple extractions, teeth that should be removed last are:

a) 1st molar& canine.
b) 2nd molar & canine.
c) 1st & 2 nd molar.
d) 2nd molar & 1st premolar.

17) INR is indicative of

a) Prothrombin time
b) Activated partial thromboplastin time
c) Clotting time
d) Glomerular filtration rate

18) Pericoronitis is seen in relation to

a) Impacted third molar only
b) Around incompletely erupted crown
c) Completely erupted crowns only
d) none of the above

19) Which of the following cannot be used for the treatment of OAF

a) Buccal advancement flap

b) Gold foil

c) Tongue flap

d) Abbe's flap

20) Irregular masses of dentin and enamel are present with no anatomic resemblance to a tooth in

a) Complex Odontome

b) Compound Odontome

c) Fibrous oontome

d) Fibro-odontoma

Section B

Answer in brief (4 X 10= 40 marks) (diagrams wherever necessary)

1. Describe Interpositional Arthroplasty
2. Define cyst and write a short note on OKC
3. Composition of LA
4. Contra indications of exodontia
5. Sweets criteria of trigeminal neuralgia
6. WAR lines
7. Champy's principle
8. Management of Ameloblastoma
9. Methods of hemostasis
10. Management of epileptic attack

SECTION-C

Long answer questions (2 X 10= 20 marks) (diagrams wherever necessary)

1. Define Impaction. Enumerate various theories of impaction. Classify impacted maxillary canine and describe surgical technique for extraction of buccally impacted maxillary canine.

2. Describe Lefort I fracture lines, clinical features and management of lefort I fracture in a young healthy male patient.

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Internal Assessment Examination

58 / 80

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	048 - Fourty Eight
QUESTION BOOKLET VERSION NO. IN WORDS	-
NAME OF EXAMINATION	Additional examination
SUBJECT	Oral & maxillofacial Surgery
PAPER	06

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

14/10

SEAT NUMBER

0	0	0	4	8
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	●	4
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7	7	7	7	7
8	8	8	8	●
9	9	9	9	9
●	●	●	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1	1
B	B	2	2	2
D	D	3	3	3
G	G	4	4	4
M	M	5	5	5
N	N	6	6	6
P	P	7	7	7
S	S	8	8	8
U	U	9	9	9
		0	0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Vaishali

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
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N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

ame of the Student Sakshi S. Narkhede

ame of the Examination Additional Examination Class IV BDS

ubject Oral & Maxillofacial Surgery

oll No. 048 Date 22/05/23

1 + 3 = 4

Pledge

here declare that I have gone rough the instruction given ove & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											14/20
Marks obtained in Section B	4	3	3	4	3	3.5	2.5	1.5	2.5	2.5	30/40
Marks obtained in Section C	7	7									14/20
Grand Total											58/80

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B

(1)

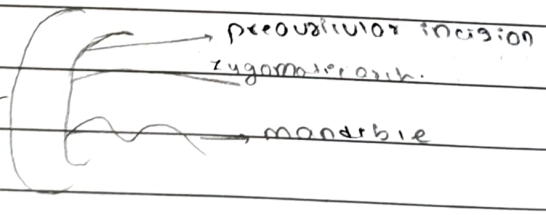
~~Impaction is defined as inability of tooth to erupt in oral cavity~~

Interpositional Arthroplasty is the technique used in surgical management of TMJ Ankylosis.

This technique is used in bony type of ankylosis.

∴ Technique

1. Incision is given - preauricular incision is given.



2. Skin and subcutaneous tissue are raised to expose temporal fascia.

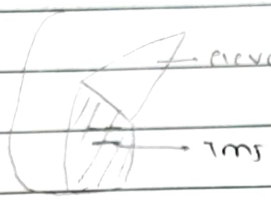
3. Incision is given in temporal fascia based on -

Type A - If bone overgrowth is beyond zygomatic arch incision is given till superficial surface of temporal fascia

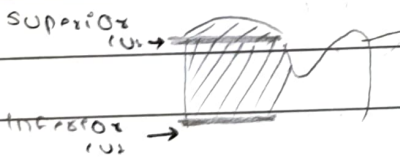
Type B - If bone overgrowth is at zygomatic arch, incision is given at periosteum.

Type C - If bone overgrowth is below zygomatic arch, incision at TMJ capsule.

4. Incision in TMJ capsule to expose TMJ



5. Osteotome cuts are given to remove excess bone overgrowth. 2 cuts -
1. Superficial - at glenoid fossa
2. Inferior - at condylar neck.



6. Bone is removed.
7. About 1-1.5cm of bone is removed.
8. To prevent relapse, interpositional materials to placed in created space. Those are -

1. Autogenous - Cartilagenous graft:
Temporal fascia
Temporal muscle
Fascia
Dermis

Heterogenous - from pig bladder
Bovine cartilage.

Alloplastic - Metallic - stainless steel
titanium
Nonmetallic - Acrylic, teflon

9. ~~There are~~ Suturing & wound closure.



- Interpositional arthroplasty prevents relapse and preferred management of ankylosis.

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(2)

Cyst is defined as fluid filled cavity lined by epithelium.

Odontogenic keratocyst.

- It is the primordial odontogenic cyst.
- It occurs individual of ~~2nd, 3rd and~~ 4th decade of life.
- It mostly occurs in males.
- It commonly affects mandible
- In mandible it commonly affects molar ~~en~~ area and ramus area.
- It is initially a small cyst
- It is usually asymptomatic unless diagnosed in routine checkup.
- In later stages it expands bone.
- It begins in medullary cavity hence not seen clinically early but seen in later stages on bone expansion.
- It causes displacement of teeth.
- Single extraction tooth spaces have more probability to suspect cyst.

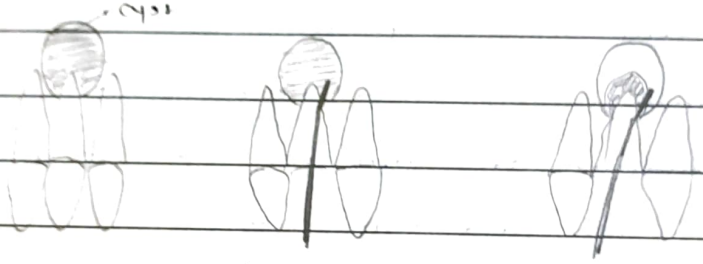
Radiographic features -

1. It is seen as unilocular or multilocular cyst
2. It has smooth ~~rem~~ with scalloped borders.

→ Management -

1. Small cyst can be surgically excised intraorally.
2. In case of large cyst, enucleation is done.

In process of enucleation entire cystic lining and content is removed without fracturing into fragments.



Cyst with tooth | Tooth extracted and instruments into cyst | Entire content is removed without fracturing

* Enucleation

3. Carnoy's solution

It consist of ferric chloride, chloroform.

It is used in irrigating and removal of lining of OKC.

- OKC has highest chances of recurrence due to presence of satellite cyst hence it is needed to keep check on its recurrence.

3)

Local anesthesia is method of producing anesthesia of circumscribed region by either inhibition of nerve impulse or disruption on conduction of nerve impulse

Composition of local anesthesia include-

1. Lignocaine - Local anesthetic agent

2. Adrenaline - Vasoconstrictor
   It reduces hemorrage during surgery & minimizes chances of formation of post extraction hematoma and increase duration of action of lignocaine

3. Preservative - Sodium Metabisulphite (Parabens)

4. Ringer's solution - buffering action or NaCl

5. Thymol - Fungicide

6. Waxes - Vehicle for local anesthetic agent.

3

(9) Exodontia is process of removal of tooth or root without causing trauma to adjacent hard & soft tissue and uneventful healing.

Contraindications :-

1. Relative contraindications are-
   1. Uncontrolled diabetes mellitus
   2. Uncontrolled hypertension
   3. Cardiovascular diseases
   4. Respiratory diseases
   5. Toxic goitre
   6. Hepatic failure
   7. Renal failure

2. Absolute contraindications are-
   1. Within 6 months of myocardial infarction.
   2. Recently irradiated areas
   3. First and last trimester of pregnancy.
   4. Tooth associated with any malignant condition.

3. Physiologic contraindications-
   1. In menstrual cycle-
      Estrogen level increase which leads to increased pregnancy.
   2. In pregnancy
   3. In extremes of age.

(6) WAR lines -

- These are the imaginary lines drawn on radiograph to detect impaction of third molar.

These lines are -

1. White line -

This line passes from the occlusal level of 1st and 2nd molar.

It indicates the occlusal level of 3rd molar from occlusal level of 2nd and 1st molar.

2. Amber line -

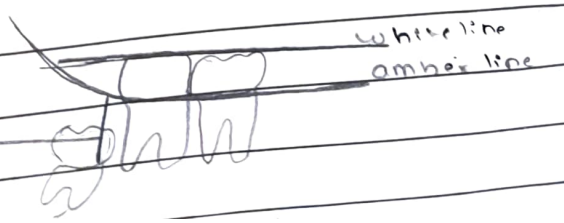
This line is drawn along the bone contour of external ridge.

It indicates the level of bone ~~ove~~ covering the impacted tooth.

3. Red line -

This line is drawn perpendicular ~~between~~ to amber line.

It indicates the point ~~till~~ of elevator insertion during removal of tooth.



(E) Champy's principle states ideal lines of osteosynthesis for placement of screws in bone.

- Mandible is parabola shaped with central spongiosa

- Cortex is thick in this region so it is suitable for placement of osseointegration screws.

- In the alveodental process, thickness of cortex varies according to shape and size of teeth, so it is unfavourable to place screws in this process.

- According to this champy principle there are some osteosynthesis lines, lines of tension where adequate forces are neutralised and where osseointegration screws can be placed.

- These lines are lines of tension where osteosynthesis can take place and can be favourable for placement of screws.

23

(8) Ameloblastoma is an tumor of epithelial origin where it does not undergo differentiation to point of enamel formation.

It most commonly occurs from:

- Remnant of epithelial cells like Cells Rest of Wers or cell Rest of Malassez.
- Lining of odontogenic cyst
- Enamel organ

- It occurs in 10-90 years of age
- It occurs most commonly in male
- Mandible ~~is~~ most commonly affects molar angle area.
- It is causes displacement of teeth
- ~~It also causes paresthesia of~~

- Radiographically:

- It is seen as compartred radiolucency due to septa forming compartments.

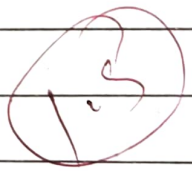
- It has characteristic soap bubble appearence

→ Management:

1. It can be managed by curettation.
   It involves removal of entire tissue lining and filling with clot and leading to healing by granulation tissue formation.

2. It can be managed by marsupialization where the cystic contents are broken into fragments and excised.

3. Surgical excision of entire affected site in case of large lesions.



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Examination

Sr. No.

the Student Sanvi S. Narkhede

the Examination Additional exam. Class IV

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48

Date 22/05/23

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9) To control hemorrhage or to achieve hemostasis ~~following~~ post extraction following measures are taken-

1. Digital compression of extraction site

2. Gauze soaked in adrenaline is compressed on bleeding site.

3. Blood vessel if injured or cut should be ligated

4. Any soft tissue injury should be sutured.

5. Deep ~~non~~ injuries should be irrigated and flap should be used to cover wound.

6. Pressure pack should be placed.

7. Patient is advised to apply ice pack on site to achieve hemostasis.

2 3

(10)

Epileptic attack is the attack in which patient gets seizures.

Management of epileptic attack.

- Patient is made to lie comfortable in open circulation area.
- Anticonvulsant drug should be administered to patient.
- Intravenous Diazepam should be given to patient.
- Oxygen ventilation with 100% oxygen can be given to patient.

2.5

Section C

1) Impaction is defined as inability of tooth to erupt in oral cavity due to hard or soft tissue hinderance or congenital absence of tooth.

Various theories of impaction are-

1. Phylogenic theory
2. Mendelian theory
3. Orthodontic theory

2. Phylogenic theory states that impaction is due to cause of ~~evolution~~ evolution as there is small jaw size to permit tooth to erupt and hence third molar remains impacted in oral cavity.

2. Mendelian theory states that impaction is due to genetic factors

3. Orthodontic theory states that impaction is due to arch shape deformities or any deformity in angulation or malposition of tooth.

- Canines are the 2nd most common tooth in oral cavity to be impacted.

- Canines are classified as -

1. Buccally placed - Canine are placed in buccal position.

2. Lingually placed - Canine are placed in lingual ~~direction~~ or palatal direction

3. Aberrant placed - Canine are placed in any other position like in maxillary sinus etc.

→ Surgical technique for extraction of canine are -

Steps are -

1. Isolation and drying of site
2. Local anesthesia
3. Incision making
4. Reflection of flap
5. Bone cutting
6. ~~Luxation and extraction of tooth~~
7. ~~Debridement~~
8. Irrigation

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Sr. No.

of the Student Sakshi Narkhede

of the Examination Additional Courses Class TY

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6. Tooth sectioning

7. Luxation

8. Extraction of ~~tooth~~ tooth

9. Debridement

10. Suturing and wound closure.

1. The surgical site should be cleaned with betadine
   - It should be isolated well from other oral cavity.

2. Administration of local Anesthesia-
   1. For maxillary canine - Nasopalatine nerve block is given along with infiltration.

3. Incision making -
   - Incision is placed buccally.
   - Semilunar incision is placed along the gingival margin of buccally placed canine.

4. Mucoperiosteal flap are elevated with help of periosteal elevator to enable the visibility of underlying bone.

5. Bone cutting is done to uncover the bone covering the tooth.
It is done with help of bur attached to rotary motor.

6. Tooth sectioning -
If necessary tooth sectioning is done.

7. Luxation of canine is done with help of elevator to elevate it from the socket.

8. After adequate luxation tooth is extracted with help of forcep.

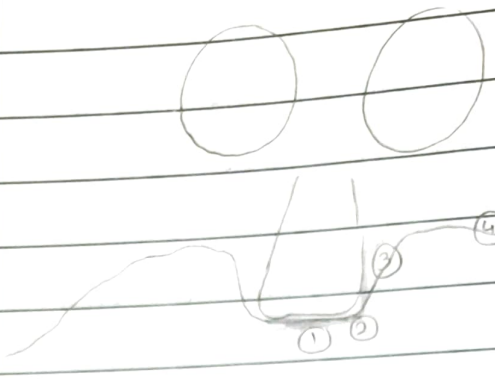
9. Extraction socket is examined for any remnants of tooth or tooth root.

10. Flap is placed back in position and ~~sut~~ wound is closed ~~w~~ by suturing.

~~Care~~ Post extraction instruction to be given to patient and antibiotics, analgesic should be prescribed.

Le Fort 1 osteotomy is a type of subzygomatic fracture.

- It is also called as floating fracture.
- It is the fracture which extends from nasal floor to pterygoid plate.
- Fracture line starts from anterior nasal floor leading to fracture of nasal septum.
- It then passes to pyriform aperture.
- From pyriform aperture it passes to lateral wall of nose that is base of maxillary sinus leading to fracture of nasal bone and sinusitis.
- It then passes laterally below zygomatic arch, to
- It then passes posterior and downward to ~~pterygoid plate~~ inferior part of pterygoid plate.



1. Anterior nasal floor
2. Pyriform aperture
3. Lateral wall of nose
4. Floor of zygomatic arch
5. Inferior border of pterygoid plate.

→ Clinical Features

1. Edema of upper lip
2. Swelling of midface
3. Pain in midface region
4. Dentoalveolar process of maxillary region becomes floating causing disrupt in occlusion.
5. Increases air resonance in maxillary sinus.
6. Epistaxis.
7. Escape of fluid from mouth into nose
8. Excruciating pain
9. Escape of air from mouth to nose
10. Inability to speech.

→ Management of Le Fort I fracture-

1. Manual reduction-

Reduction by digital compression and intraosseous wiring can be done.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

me of the Student Sakshi. N

me of the Examination Additional exam Class IV BDS

bject OS

oll No. 48 Date 22/05/23

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1. In case of delayed treatment, fibrotic changes take place, so maxillary tray loaded with impression compound placed and tray seated and stabilization of arch done.

3. In cases of oro antral fistula - flap surgery

1. Buccal ~~flap~~ advancement flap

- Where excision of fistulous tract is done. marginal incision is given 3-4mm to fistulous tract and excised.
- 2 divergent flaps into buccal sulcus and irrigation of sinus done.

2. Ashley flap.

4. Intermaxillary fixation with help of plate and screws can be done.

5. Immobilization by bandaging of face can be done.

Section B

5. Sweets criteria of trigeminal neuralgia-

Trigeminal neuralgia is disease affecting trigeminal nerve.

It's sweets criteria is -

1. Unilateral pain -
Pain on unilateral side of face.

2. Pain is aggravated even on slight stimulus.

3. On clinical examination no finding can be observed clinically.

4. Pain is in the area of division of trigeminal nerve only.

Department of Oral And maxillofacial surgery

D.Y. PATIL DENTAL SCHOOL LOHEGAON,PUNE

FINAL YEAR B.D.S. REGULAR BATCH – ADDITIONAL EXAMINATION

TOTAL MARK LIST RECORD

DATE:22/05/2023

ROLL NO	NAME OF STUDENTS	SEC A (20MRK)	SEC B (20MRK)	SEC C (20MRK)	TOTAL (60MRK)	POINTS (3MRK)	SIGN
48	SAKSHI NARKHEDE	14	31	14	58	2.9	Sakshi

PROFESSOR & HEAD
Dept. of Oral & Maxillofacial Surgery
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 41210

ORAL MEDICINE AND DENTAL RADIOLOGY

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

ADDITIONAL EXAMINATION

NOTICE

Date- 01-11-18

The Additional examination for the final year regular batch (2018-19) is scheduled as follows-

Date- 10-11-18

Time- 9.30-12.30pm

Venue- Examination Hall

Syllabus- syllabus for first internal exam- Basic Radiology

Signature

HOD,

Dept of OMDR

PROFESSOR & HEAD

Dept. Of Oral Medicine & Radiology

D Y Patil Dental College

D Y Patil Knowledge

Charoli (Bk), Via Lohegaon, Pune - 412105

D.Y. Patil Dental School, Lohegaon, Pune

Department of Oral Medicine and Radiology

Final Year Additional Examination

Date- 10/11//2018

Marks: 60

SECTION A

Q.1. Multiple Choice Questions **20 marks** **(20 x 1=20 marks)**

1. Process of forming an ion pair is called as
   a. Radiation b. Electrostatics
   c. Neutralization d. Ionization
2. X-rays were discovered on
   a. 9th November 1995 b. 8th November 1985
   c. 8th November 1895 d. 7th November 1895
3. The angle of truncation (in degree) is-
   a. 40 b. 20
   c. 10 d. 25
4. The father of radiation protection is
   a. William Herdert Rollins b. C Edmund Kells
   c. Wilhelm Roentgen d. Philip Lenard
5. The dimensions of size 1 film are
   a.22x35 mm b. 24x40 mm
   c.28x40 mm d. 25x40 mm
6. SMV projection is indicated for viewing
   a.Maxillary sinus b. Head of the condyle
   c.Base of the skull d. Nasal fossa
7. Extra-oral projection for diagnosis of maxillary sinusitis
   a. PA Mandible b. Reverse - Towne's view
   c. PA Water's view d. Occlusal view
8. Asymptomatic radiolucency below the mandibular canal in mandibular angle region is
   a. mandibular foramen b. mental foramen
   c. Stafne's cyst d. clivus
9. Condensing osteitis is
   a. an artifact on radiograph b. a periapical radiolucency
   c. a periapical radiopacity d. an optical illusion
10. SLOB rule
    a. is used to treat MPDS b. is same as rule of isometry
    c. is diagnostic for AIDS d. is a localization technique rule
11. The rate of loss of energy from a particle as it moves along its track through matter (tissue) is its
    a. linear energy transfer (LET). b. Potential energy
    c. Kinetic energy d. Mechanical energy
12. The following is the restrainer used in developer solution
    a. Metol b. Gluteraldehyde
    c. KBr d. Potassium carbonate
13. The Harderner used in fixing solution is
    a. Aluminium phospate b. Aluminium trioxide
    c. Aluminium sulphate d. Aluminium dioxide

14. The following materials appear radiopaque on radiographs except
    a. Silicates b. Amalgam
    c. Gutta percha d. Silver points
15. The following projection should be taken in open mouth position-
    a. PA water's view b. Reverse towne's projection
    c. OPG d. Lateral Cephalogram
16. The atomic number of lead is
    a. 80 b. 88
    c. 82 d. 84
17. The cells/organ with low radiosensitivity are-
    a. Muscle cells b. Bone marrow
    c. Testes d. Fine vasculature
18. Jug handle view best demonstrate
    a. Zygomatic arch fracture b. calvarium of skull
    c. roof of sinus d. supero-inferior width of pathology
19. Oral mucosa breaks down with exposure of the underlying bone. This condition is termed as
    a. Osteoclasis b. Osteitis
    c. Osteomorphosis d. osteoradionecrosis
20. The optimal operating potential of dental x-ray units is between
    a. 60-70 kVp b. 70-80 KVp
    c. 85-95KVp d. 50-60KVp

SECTION B

Q.2. Short Answer Questions - Answer in brief **20 marks (10 x 2=20)**

1. Enumerate the principles of projection geometry.
2. Developer solution
3. Indications for PA Water's view
4. Direct and indirect effects of radiation
5. Radiation caries.
6. Composition of film
7. Formation of latent image.
8. Indications for bitewing projection.
9. Discuss factors affecting Density of a radiograph.
10. Enumerate properties of X-rays.

SECTION C

Q.3. Long Answer Questions - Answer in detail **20 marks (10 x 2=20)**

1) Define ideal radiograph with it's requirements.Compare and distinguish between Paralleling and Bisecting angle technique for IOPA radiography.
2) Discuss the principle for Panoramic radiography with the help of a neat and labelled diagram. Add a note on advantages & disadvantages of panoramic imaging compared with full mouth radiography.

MCQ answer key
1-b
2-c
3-c
4-c
5-a
6-c
7-d
8-a
9-a
10-c
11-b
12-d
13-c
14-a
15-A
16-c
17-d
18-c
19-c
20-d
21-c

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

me of the Student Dhole Shrutika

me of the Examination Additional exam Class

bject oral medicine and radiology

l No. Date 10-11-2018

Pledge

ere declare that I have gone ough the instruction given ove & pledge to abide by them.

Signature of Candidate

Section B + Sec'n C

$\frac{14}{20} + \frac{12}{20} = \frac{26}{40}$

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

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Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SECTION B

Q2.

1. Principles of projection geometry are —
   - Image sharpness and resolution
   - Image magnification
   - Image shape distortion
   - Object localisation
   - peripheral egg shell effect.
   - The radiation source should be as small as possible
   - The source tooth distance should be large
   - Tooth and film should be parallel.

2. Developer solution

Developer and fixer are two special chemical solutions that are necessary for film processing.
Developer solution has following ingredients :-

- Developing agent
- Preservative
- Activator
- Retrainer
- Hardener.

Developing agent

Reducing agent, contains -

a. Hydroquinone
b. Elon or Metol
c. Metol/ phenindion

Purpose - reduce exposed silver halide crystals to black metallic silver.

Preservative

Sodium sulphite is used

Prevents oxidation of developer solution and forms sulphonates

Activator

Sodium carbonate is used. Provides pH of 11 required for hydroquinone to act.

Causes emulsion to swell and gives soapy touch

Other activators - sodium hydroxide, sodium metaborate, sodium tetraborate

Restrainer

Potassium bromide or benzothiazole is used

Prevents chemical fog also known as developmental fog.

Hardener

Glutaraldehyde is used to prevent emulsion from softening and sticking to the rollers.

3. Indications of PA's Water view

- It is particularly useful to demonstrate the maxillary, frontal and ethmoidal sinus

- Sphenoidal sinuses can be seen if patient is asked to open mouth, where by the sphenoidal sinuses are projected on the palate

- The orbit, frontozygomatic suture, nasal cavity, coronoid process of mandible and zygomatic arch are also seen.

(1)

Indications :-

- Investigations of frontal sinuses
- Conditions affecting cranium
  - Paget's disease
  - Multiple myeloma
  - Hyperparathyroidism
- Evaluate facial growth and development
- Trauma
- Developmental abnormalities.

Direct and Indirect effects of radiation.

Direct effects

Interaction of ionizing radiation directly with DNA

Atoms in DNA may be ionized or excited which leads to biological change.

DNA directly affected to energy absorbed undergoes to Shaud breakage

Direct effect is proportional to LET of Radiation.

Indirect effects

Interaction of ionizing radiation with other molecules except DNA.

Most probable phenomenon due to 70% water composition

Radiation interacts water molecules results free radical generation

H_2O_2 and HO_2 formed with life time of 10^{-5} secs.

Prevent nutrition of neighbouring cells by oxidization.

Finally results in cell death due to nutrional deficiency.

5. Radiation caries

→ It is a rampant type of dental caries that occur due to radiotherapy

→ Patients who have recieved therapeutic radiation to head and neck may suffer loss of salivary gland function leading to xerostomia.

→ In postirradiation period, due to lack of normal cleansing action of saliva, accumulation of local irrit results in increased incidence of dental caries

→ Destruction begins at cervical region and aggressive encircle entire tooth.

Clinically there are three types of radiation caries:

1) Widespread superficial lesion
2) Circumferential caries
3) Pigmentation of crown.

Composition of film

Xray base film used in dentistry has four basic components :-

1) Film base

- Flexible piece of polyester plastic (polyethylene terephthalate) withstands heat, moisture, Transparent and exhibits slight blue tint that is used to emphasize contrast.

2) Adhesive layer

Subcoating that consists thin layer of adhesive material that covers both side of film.
Serves to attach emulsion to base.

3) Film emulsion

- Coating that gives film greater sensitivity to X-ray radiation.
- It is a homogeneous mixture having two principal components.
- Silver halide crystals.
- Gelatin matrix.

4) Protective layer

- Protective layer is a thin, nonabrasive, transparent supercoat placed over emulsion.
- Serves to protect emulsion surface from manipulation as well as mechanical damage.

8 Indications for bitewing projection.

- Screening for incipent proximal carious lesions
-
- To check health of interdental alveolar bone in normal and periodontal diseases and detect calc deposits.
- Detecting secondary caries under restorations.
- To know relationship of deciduous to permanent in children.
- Routine annual evaluation of patients.
-

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

ıme of the Student Shirsat Sonal

ıme of the Examination Additional exam Class

ıbject Oral medicine and Radiology

ıll No. Date 10-11-2018.

Pledge

here declare that I have gone ırough the instruction given bove & pledge to abide by them.

Signature of Candidate

Sec B + Sec C

$\frac{14}{20} + \frac{12}{20}$

$= \frac{26}{40}$

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

9. An ideal radiograph is the one that has desired density, overall blackness which shows the part completely without distortion with maximum details.

Factors affecting density of radiograph:-

- Tube current
- Tube voltage
- Exposure time
- Filtration
- Collimation
- Inverse square law
- Quantity of X-ray beam
- Quality of X-ray beam
- Half value layer (HVL).

1) Tube current

Number of X ray photos generated is determined by tube current and time

↑ mA —— ↑ electrons —— ↑ X ray photons

2 Tube voltage

measurement of electrical forces that moves the electrons from +ve to -ve.

Properties of X-rays (3)

Physical Properties

Travel through space in a wave motion.

Cannot be focused by a lens.

They require no medium for propagation.

In free space they obey inverse square law.

X rays are produced by collision of electrons with tungsten atom.

Cannot be reflected, refracted or deflected by electric or magnetic field.

1. Heating effect
2. Compton effect.

Chemical Properties

X-ray induces colour changes of substances or soln's
Eg: Methylene blue gets bleached.

1. X-ray causes destruction of fermenting power of enzymes.

3. X-rays being chemical changes in soln which are otherwise stable because X-rays produce highly active radical hydroxide (OH) in water.

LAQs

1. Ideal radiograph :-
Has desired density, overall blackness which shows the part completely without distortion and with maximum details and has right amount of contrast to make details fully apparent.

Factors affecting X-ray beam
- Tube current
- Tube voltage
- Exposure time
- Filtration
- Collimation
- Inverse square law
- Quality of X-ray beam
- Quantity of X-ray beam
- Half value layer (HVL).

1. Tube current
↑ mA — ↑ electrons — ↑ X ray photons

2. Tube voltage

↑ KVp — energy of electrons ↑ — ↑ X-ray pho

Exposure time

Exposure time ↑ photons ↑

Filtration

Process of removing x-ray photons of less penetrating power by placing a filter in the path of primary beam

They may get absorbed by soft tissue if not filtered



Aluminium disc → Added alum. dis. → Total

Sum of both
- 1.5 mm of aluminium upto 70 kvp.
- 2.5 mm above 70 kvp.

Inherent filtration - filtration produced by the materials it encounters

Eg- oil, glass wall

5) Collimation
- LEAD
- Device which restricts the size of X-ray beam striking the patient's tissue.

→ Diaphragm - Decreased amount of scattered protons

→ Rectangular - Decreased irradiated tissues

→ Tubular - Minimises film fog and enhance quality.

* Bisecting angle technique	Parallel line angle tech
- Distortion of image occurs	→ Sharpness is more comparatively.
- Elongation and shortening of image is more	→ It is less.
- Bending of film is common	→ Bending is uncomm
- Shadows of alveolar bone tends to fill interproximal spaces	→ Alveolar crest is see in true relationship with teeth
→ Easier and less space required	→ Needs trained technician and more space
→ Superimposition of zygomatic arch occurs on apices of molars	→ Superimposition of zygomatic arch occ on apices of molar te

2 Panoramic Radiography.. (6)

Principle. It is a radiographic procedure that produces a single tomographic image of facial structures.

Principle:

- If the film moves at a speed that follows the moving projection of a certain point, this point will always be projected on the same spot on the film and will not appear unsharp.

- In the OPG, the film is attached to a rotati system and moves in the same direction as th beam. This film is given correct speed by opposing the movement with a contrary movem relative to the beam.

Advantages

- Convenient for patient
- Useful for patients with gagging problems and uncooperative children.
- Minimal time required.
- Radiation dose to patient is relatively low.
- OPG aids in patient education and case presentati
- Impactions, eruption patterns easily illustrated.
- OPG covers entire mandible upto orbits.
- Anatomical structures are most identifiable.
- Allows assesment of presence & position of unerupted teeth.
- Demonstrates periodontal disease.

- All parameters are standardized
- Useful for mass screening.
- Helps in localisation of objects.

Disadvantages

- Areas outside focal trough are poorly visualised
- Image is of poor diagnostic quality.
- Tomograms show magnification and distortion
- Anterior teeth poorly registered in pronounced incli
- Number of radiopaque and radiolucent are are present.
- Patient with facial asymmetry cannot be X-r
- Ease of obtaining OPG encourages careless evaluation of patient.
- OPG units produce overlapping teeth images.
- OPG can be easily overused
- Because of its high cost, extra investment f practitioners
- Artefacts like nose ring are easily misinterpreted.

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DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

ADDITIONAL EXAMINATION

NOTICE

Date- 22-02-21

The Additional examination for the final year regular batch (2020-21) is scheduled as follows-

Date-02-03-21

Time-9.30-12.30pm

Venue- Examination Hall

Syllabus- syllabus for first internal exam- Basic Radiology

Signature

HOD,

Dept of OMDR

PROFESSOR & HEAD
Dept. Of Oral Medicine & Rad
D Y Patil Dental Schoo
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412

D.Y. Patil Dental School, Lohegaon, Pune

Department of Oral Medicine and Radiology

Final Year Additional Examination

Date- 02/03/2021 Marks: 60

SECTION A

Q.1. Multiple Choice Questions 20 marks (20 x 1=20 marks)

1. Processing of forming an ion pair is called as
   a. Radiation b. Electrostatics
   c. Neutralization d. Ionization
2. The father of radiation protection is
   a. William Herdert Rollins b. C Edmund Kells
   c. Wilhelm Roentgen d. Philip Lenard
3. Which of the following is electromagnetic radiation
   a. Xray b. alpha rays
   c. beta rays d. none
4. The angle of truncation (in degree) is-
   a. 40 b. 20
   c. 10 d. 25
5. Fundamental particle present in protons
   a. boson b. lepton
   c. quark d. neutrino

6. Which is not electromagnetic cathode
   a.Cosmic b. gamma
   c.cathod d.microwave
7. Inherent filter is made up of
   a.aluminum b. copper
   c.tin d. Insulating oil
8. Extra-oral projection for diagnosis of maxillary sinusitis
   a. PA Mandible b. Reverse - Towne's view
   c. PA Water's view d. Occlusal view
9. Asymptomatic radiolucency below the mandibular canal in mandibular angle region is
   a. mandibular foramen b. mental foramen
   c. Stafne's cyst d. clivus
10. Condensing osteitis is
    a. an artifact on radiograph b. a periapical radiolucency
    c. a periapical radiopacity d. an optical illusion
11. Size of focal spot influence radiographic
    a. Sharpness b. density
    c. contrast d. all
12. Film speed measured in
    a. m/sec b. cm/sec
    c. roentgen d. reciprocal roentgen

13. Which film size is used to take by bitewing in an 8yr old child
    a.0 b. 1

c.2 d. 3

14. The Harderner used in fixing solution is
    a. Aluminium phospate b. Aluminium trioxide
    c. Aluminium sulphate d. Aluminium dioxide
15. all are added to increase the sensitivity of film except
    a.iodide b.silver
    c.sulphur d.gold
16. The following projection should be taken in open mouth position-
    a. PA water's view b. Reverse towne's projection
    c. OPG d. Lateral Cephalogram
17. The atomic number of lead is
    a. 80 b. 88
    c. 82 d. 84
18. The cells/organ with low radiosensitivity are-
    a. Muscle cells b. Bone marrow
    c. Testes d. Fine vasculature
19. the base of xray film is composed of
    a. polyester b. gelatin
    c.nylon d.bromide
20. Xray are discovered in
    a. 1897 b. 1895
    c. 1896 d. 1890

SECTION B

Q.2. Short Answer Questions - Answer in brief **20 marks (10 x 2=20)**

1. Difference between parallleling and bisecting angle technique
2. Step in taking periapical radiograph
3. Indications for PA Water's view
4. Direct and indirect effects of radiation
5. Radiation caries.
6. Composition of developer
7. Formation of latent image.
8. Object localization technique.
9. latent Enumerate properties of X-rays.
10. Indications for TMJ view

SECTION C

Q.3. Long Answer Questions - Answer in detail **20 marks (10 x 2=20)**

1) Define ideal radiograph with it's requirements.Compare and distinguish between Paralleling and Bisecting angle technique for IOPA radiography.
2) Discuss the principle for Panoramic radiography with the help of a neat and labelled diagram. Add a note on advantages & disadvantages of panoramic imaging compared with full mouth radiography.

MCQ answer keys

1.a
2.b
3.c
4.a
5.d
6.a
7.b
8.b
9.c
10.a
11.c
12.c
13.b
14.c
15.c
16.a
17.b
18.c
19.d
20.d

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Internal Assessment Examination

SECTION A

Sr. No.

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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional exam
SUBJECT	Oral medicine and radiology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

9/20 + 11/20 + 11/20 = 31/60

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

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ne of the Student Maria N

ne of the Examination Additional exam Class

ject oral medicine and radiology

No. Date 2-03-22

Pledge

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Signature of Candidate

Sec. B: 11/20 + Sec. C: 09/20 = 20/40

Signature of Junior Supervisor

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Marks obtained in Section C											
Grand Total											

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Name & Signature of IC / H.O.D.

1 Paralleling angle technique	Bisecting angle technique
→ Bending of film is uncommon	→ Bending is commen
→ Elongation and shortening of image is less	→ Elongation and shortening of image is more.
→ Sharpness is more	→ Distortion of image occurs.
→ Alveolar crest is seen in true relationship with teeth	→ Shadow of alveolar bone tends to fill the interproximal spaces
→ Need trained technician and more space	→ Easier and less space required.

Indications of PA Water's View:

Demonstrates maxillary, frontal and ethmoidal sinus.

Sphenoidal sinus can be seen when projected on palate.

Orbit, frontozygomatic suture, nasal cavity, coronoid process of mandible and zygomatic arch are also seen.

Indications:
Investigations of frontal sinuses.
Evaluate facial growth and development
Trauma
Developmental abnormalities.

Conditions affecting cranium
- Paget's disease
- Multiple myeloma
- Hyperparathyroidism.

4. Direct and indirect effects of radiation. (2)

→ Direct effects

1. Interaction of ionising radiation directly with DNA.
2. Atoms in DNA may be ionized or excited which leads to biological change.
3. DNA directly affected to energy absorped undergoes to strand breakage.
4. Direct effect is proportional to LET of Radiation.

→ Indirect effect

1. Interaction of ionising radiation with other molecules except DNA.
2. Most probable phenomenon due to 70% water composition.
3. H_2O_2 and HO_2 formed with life time of 10^{-5} secs
4. Prevent nutrition of neighbouring cell by oxidisation.
5. Finally results in cell death due to nutritional deficiency.

Radiation caries

(1)

It is a rampant type of dental caries that occurs due to radiotherapy.

Patients who have recieved therapeutic radiation to head and neck may suffer loss of salivary gland function leading to xerostomia.

In post irradiation period, due to lack of normal cleansing action of saliva, accumulation of local irritants result in increased incidence of dental caries.

Destruction begins at cervical region and aggressively encircles entire tooth.

Clinically there are three types of radiation caries :-

1) Widespread superficial lesion
2) Circumferential caries
3) Pigmentation of crown.

6. Composition developer

The developer solution has following ingredients

1. Developing agent
Contains :-
a) Hydroquinone
b) Elon or Metal
c) Metoll phinindion

2. Preservative
- Sodium sulphite is used.
- Prevents oxidation of developer solution and forms sulphonates.

Activator
- Sodium carbonate is used.
- Causes emulsion to swell and gives soapy touch.

Restrainer
- Potassium bromide or benzothiazole is used.
- Prevents chemical fog.

Hardener
- Glutaraldehyde is used.

Object localisation technique

PA film identifies object vertically and in horizontal direction

For buccolingual location two techniques :-

1

Right angle technique
(Miller's Technique) (Occlusal Projection)

Tube-shift technique
(SLOB rule; Clark's rule).

To obtain 3D information of location of objects such as.

- Foreign bodies
- Supernumerary teeth
- Soft tissue calcifications
- Retained roots
- Intra osseous tumors
- Broken needles
- Impacted, unerupted teeth
- Calculi in gland.

9. Properties of X-rays.

(2) Physical properties

1. Travel through space in wave motion
2. Cannot be focused by a lens.
3. They require no medium for propagation.
4. In free space obey inverse square law.
5. X rays are produced by collision of electrons with tungsten atom.
6. Cannot be reflected, refracted or deflected by electric or magnetic field.
7. Heating effect
8. Compton effect.

Chemical properties

1. X-ray induces colour changes of substances o solns. Eg: Methylene blue gets bleached.

2. X-ray causes destruction of fermenting po of enzymes.

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Internal Assessment Examination

SECTION B & C

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me of the Examination Additional exam Class _____

bject _____

ll No. _____ Date _____

Pledge

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Signature of Candidate

Signature of Junior Supervisor

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Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

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10 Indications for TMJ view.

- TMJ dysfunction syndrome
- Disease within joint
- Pathology - condylar heads
- Fracture of condylar head and neck
- Condylar hypo/ hyperplasia.

Long Answer Questions.

(5)

1. Ideal Radiograph:
Has desired density, overall blackness which shows the part completely without distortion and with maximum details and has right amount of contrast to make details fully apparent.

Factors affecting X-ray beam:

2. Tube current
- voltage of tube.
- Exposure time
- Filtration
- Collimation
- Inverse square law
- Quality of X-ray beam
- Quantity of X-ray beam
- Half valve layer (HVL).

1. Tube current

↑ mA — ↑ electrons - ↑ X-ray photons.

2. Tube voltage

↑ kvp - energy of electrons ↑ - ↑ X-ray photons

3. Exposure time

If exposure time ↑
Photons ↑

4. Filtration

- Process of removing X-ray photons of less penetrating power by placing a filter in the path of primary beam.
- They may get absorbed by soft tissue if not filtered.
- Inherent filtration:

Filtration produced by the materials it encounters.
Eg- oil, glass wall.

Collimation - LEAD.
Device which restricts the size of X-ray beams striking the patient's tissue.

Diaphragm - Decreased amount of scattered prtns

Rectangular - Decreased irradiated tissues

Tubular - Minimises film fog and enhance quality

Bisecting angle technique	Parallel line angle technique
Distortion of image occurs.	→ Sharpness is more comparatively.
Elongation and shortening of image is more	→ It is less.
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Easier and less space required.	→ Needs trained technician and more space
Superimposition of zygomatic arch occur on apices of molars	→ Superimposition of zygomatic arch occurs on apices of molar teeth

Q. Panoramic Radiography

It is a radiographic procedure that produces a single tomographic image of facial structures.

Principle

- If the film moves at a speed that follows the moving projection of a certain point, this point will always be projected on the same spot on the film and will not appear unsharp
- In the OPG, the film is attached to a rotating system and moves in the same direction as the beam. This film is given correct speed by opposing the movement with a contrary movement relative to the beam.

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- Convenient for the patient.
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Impactions, eruption patterns easily illustrated.

OPG covers entire mandible upto orbit.

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Helps in localisation of objects.

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- Image is of poor diagnostic quality.
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- Anterior teeth poorly registered in pronounced inclination.
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- OPG units produce overlapping teeth image
- OPG can be easily overused.
- Because of its high cost, extra investment f practitioners.
- Artefacts like nose ring are easily misinterpreted

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DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

ADDITIONAL EXAMINATION

NOTICE

Date- 25-2-22

The Additional examination for the final year regular batch (2021-22) is scheduled as follows-

Date-4-3-22

Time-9.30-12.30pm

Venue- Examination Hall

Syllabus- syllabus for first internal exam- Basic Radiology

Signature

HOD,

Dept of OMDR

PROFESSOR & HEAD
Dept. Of Oral Medicine & Radiology
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

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Internal Assessment Examination

SECTION A

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SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional exam.
SUBJECT	Oral mediane & Radiology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

10/20 + 12/20 + 14/20 = 36/60

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

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TO BE FILLED BY THE STUDENT

me of the Student Manek Shrushti

me of the Examination Additional exam Class IV

bject Oral Medicine and Radiology

ll No. Date 4/3/22

Pledge

here declare that I have gone rough the instruction given ove & pledge to abide by them.

Signature of Candidate

$\frac{12}{20} + \frac{10}{20} = \frac{22}{40}$

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

1. Film holders are of various types:

- Blade type
  - Throat stick
  - Acrylic blade with slot
  - Snap A ray
- Bite block
  - Styrofoam block
  - Snap A ray
  - Artery forceps with bite block
- PID

→ Advantages -

- It allows the film to be placed parallel to long axis of teeth, maintaining
- Maintains a flat plane all the time.
- Retains the film in position until properly exposed.

→ Disadvantages

- Mouth closing over block prevents the operator from checking the position of the film in the mouth.
- Due to presence of bite block resting on teeth, film cannot be extended far enough beyond apical region & structures.
- Difficulty in angulating the tube to meet abnormal conditions.

Exposures with the use of film holders results in distortion of teeth.

Developer Solution

The developer Solution Consists of

Hydroquinone 1) Reducing agents (1)

2) Preservative

3) Activator

4) Restrainer

5) Hardner

6) Fungicide.

7) Buffer

8) Solvent

Reducing agents - Hydroquinone is a benzene derivative which is concerned with production of high Contrast in radiograph.

- It becomes inactive in low temperature.

Metol - It a byproduct of aniline dyes & helps develop the shadows area of gray film bring out the details.

Metolphenidone - Serves as 1st electron donor that converts Silver ions to metallic Silver at the latent image site.

The e^- transfer generate the oxidized form of phenidone.

Hydroquinone provides an electron to reduce the oxidized phenidone back to original active State so it can continue to reduce Silver halide grains to metallic Silver.

Preservative

Sodium Sulphite - It inhibits the tendency of developing agent to combine with oxygen dissolved in water or in air.

- It act as preservative & keeps the solution in an usable condition for several weeks
- Oxidation of developing agent forms colored substances which would stain the film & add film fog.

Activator

Potassium Carbonate - It added to developing solution to provide alkanity in which the developing agent cause function.
Also called as 'accelerator' because it Speeds up the development

Restrainer -

Potassium bromide - Has restraining action in that slows down the reduction action of the developing agents & has its greatest retarding effect on the development of unexposed crystals

Hardner -

Glutaraldehyde - This added Sp. in automatic processing to prevent emulsion from softening & sticking to the rollers.

Fungicide - Prevent growth of bacteria.

Buffer - maintains pH

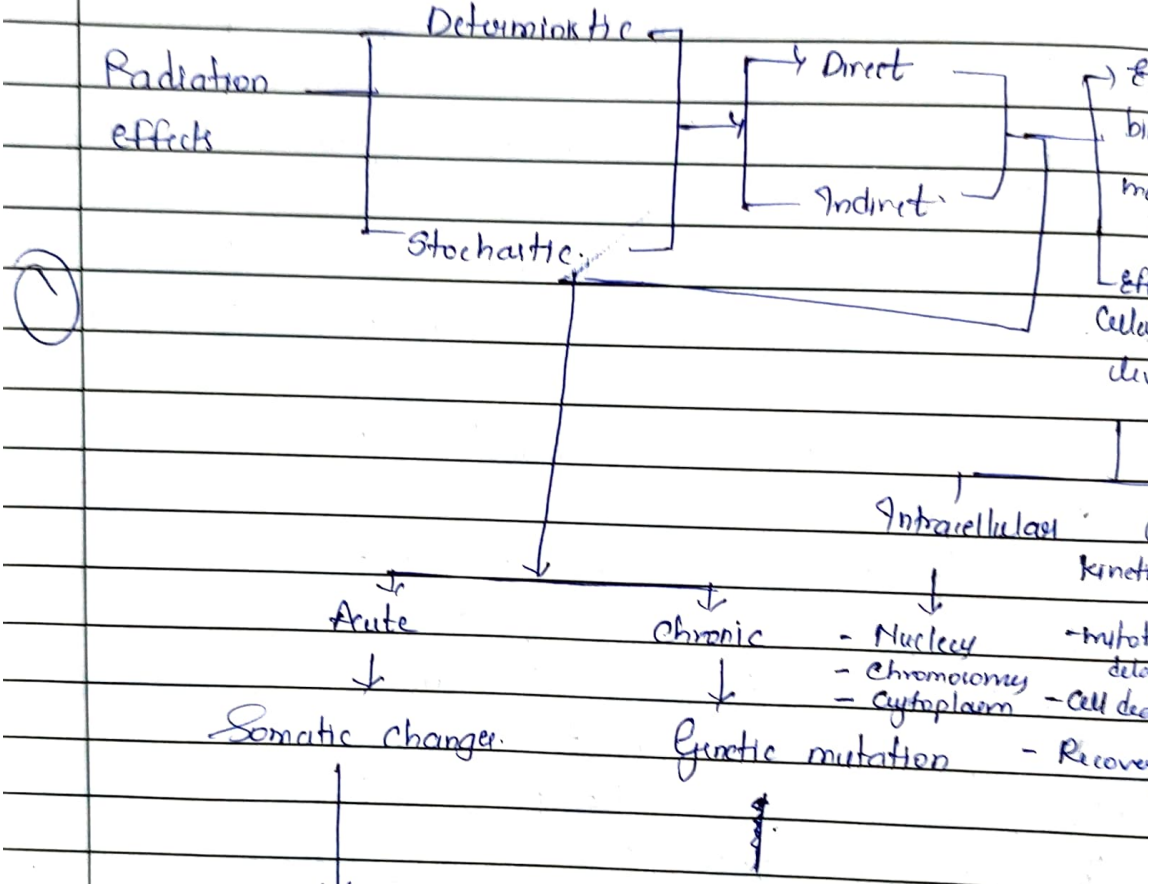
Solvent - water.

Steps in taking periapical radiograph:

For intra-oral radiography the patient should be positioned comfortably in the dental chair ideally with the occlusal plane horizontal & parallel to the floor.

- Spectacles, dentures & orthodontic appliances should be removed
- A protective lead thyroid collar should be placed.
- Intraoral film packets should be positioned carefully to avoid trauma to soft tissues.
- The desired tooth & film should be in contact or as close together as possible.
- The tooth & film should be parallel to each other
- The film packet should be place vertical for anterior teeth & horizontal for posterior & sufficient film space beyond the apices should be present.
- They tube head should be placed so the beam meets the tooth at rightangle.
- The positioning should be reproducible.

4. Direct & indirect radi. periapical radiography effects of radiation



→

Radiation effects

- Deterministic
- Stochastic

→ Direct
→ Indirect

→ E
bi
m
Ef
Cell
de

Intracellular

- Nucleus
- Chromosomes
- Cytoplasm

Kineti
- mitot
delo
- Cell dea
- Recove

Acute → Somatic changes → Injury during ~~life~~ lifespan

- Immediate acute radiation Syndrome
- late chronic low exposure

Chronic → Genetic mutation

Bitewing radiography advantages & disadvantages.

(1)

Advantages	Disadvantages
Detection of interproximal Caries	• Uncertain determination of Surface Status.
• Monitoring progression of dental Caries.	• Low Sensitivity if lesions are not located within the beam.
• Detection of Secondary Caries below restoration.	• Exposure to Ionizing radiation.
- Adequate Sensitivity for early proximal lesions.	• Radiographs are not reproducible
• Facilitating long term monitoring of lesion used with standardized or individualized holders.	• Cone Cutting is Common.

6. Composition of film

→ The Xray film is made up of

Base, Substratum, Emulsion and Supercoat

- Base - It is transparent supporting material upon which the emulsion is coated.

It is composed of polyethylene terepthalate about 0.2mm thick.

(2)

Substratum - It is a thin adhesive material on both sides of the base, which ensures good adhesion between the sensitive emulsion & the filmbase.

Emulsion - It is coated on both sides of the base containing silver bromide crystals suspended in gelatin. It is photosensitive to visible to light & Xrays.

This layer consists of

a) Silver halide crystals - These are photosensitive & composed of silver bromide & silver iodide. The mean diameter of silver halide grain is about 0.70 - 0.75 mm.

The presence of silver iodide crystals add great sensitivity to the crystals.

b) Gelatin matrix - This supports the silver halide crystals which are suspended in gelatin in framework applied to both sides of supporting the base.

Supercoat - It is protective, transparent, non abrasive layer over the emulsion. It additional layer of gelatin applied to the surface act as barrier & protects the film from damage.

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

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ıe of the Examination Additional exam Class IV

ject Oral medicine & Radiology

No. Date 4/3/21

Pledge

ere declare that I have gone ough the instruction given ove & pledge to abide by them.

Signature of Candidate

$\frac{11}{20} + \frac{11}{20} + \frac{9}{20}$

$= \frac{31}{60}$.

Signature of Junior Supervisor

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by mechanical handling. Such as Scratching Contamination, & pressure rollers during automatic processing.

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8) Types of processing method.

- Different processing methods are as follows

→ Manual method

- Time temperature method
- Visual method
- Rapid processing method.

→ Automatic method

→ Monobath method

→ Daylight method

→ Digitized processing method.

→ Self developing films.

(1)

O.D

Q. Indications for Bitewing projection are

A.

a) Detection of interproximal caries.

b) Monitoring progression of dental caries

c) Detection of Secondary caries below restoration

d) Evaluating periodontal conditions

e) Useful for evaluating alveolar bone crest changes in bone height can be assessed by comparison with adjacent teeth in the cavity.

f) This also used for detecting Calculus deposited in the interproximal areas.

9) Darkroom equipments

The primary function of darkroom is to provide a completely darkened environment where the Xray can be handled & proceed to produce a diagnostic image in efficient & precise procedures.

Equipments

1) Processing tanks

It has 2 parts.

a) Master tank - Size 8" x 10"

b) Insert tank

Tanks should be made of Stainless steel as it doesn't react with the processing solution.

Thermometer → required to check & maintain temperature of the solutions

Timer - is required to control the time of development & fixation.

Drying racks - wet films are subjected to damage from scratching & abrasion if not handled properly

Stirring rod & Stirring paddle - It used to agitate the developer & fixer solution prior to developing so as to mix the chemicals & equalize the temperature of the solutions

Plastic apron - to protect clothing during processing of films

10 Properties of Xray

The properties are classified into
→ Physical
→ Chemical
→ Biological
→ Physicochemical.

(9)

physical properties.

- They are electromagnetic radiations having wavelength 10 Å & 0.01 Å
- They travel through space in wave motion.
- In free space they travel in Straightline.
- They have no energy, no mass & they transfer energy from place in the form of quanta.
- They cannot be reflected, refracted or deflected by magnet
- Xrays are produced by collision of electrons with tungsten atoms.
- Fra

Diagnostic properties.

They travel in Straightline.

- Penetration
- Absorption
- Ionizing Capability
- Fluorescence
- Effect on film - produce an image.
- Effect on living tissue - Cause biological changes.

Section C.

(5)

1. Xray radiation effects are short term & long short term.

Short term effects -

- There effect of radiation on a tissue determined primarily by the sensitivity of its parenchymal cells
- If continuously proliferating cells are mediated the effect of radiation become apparent & relatively quickly,
- Tissue is compoud of cells that rarely divide, demonstrate little / no radiation indued Hypoplasia

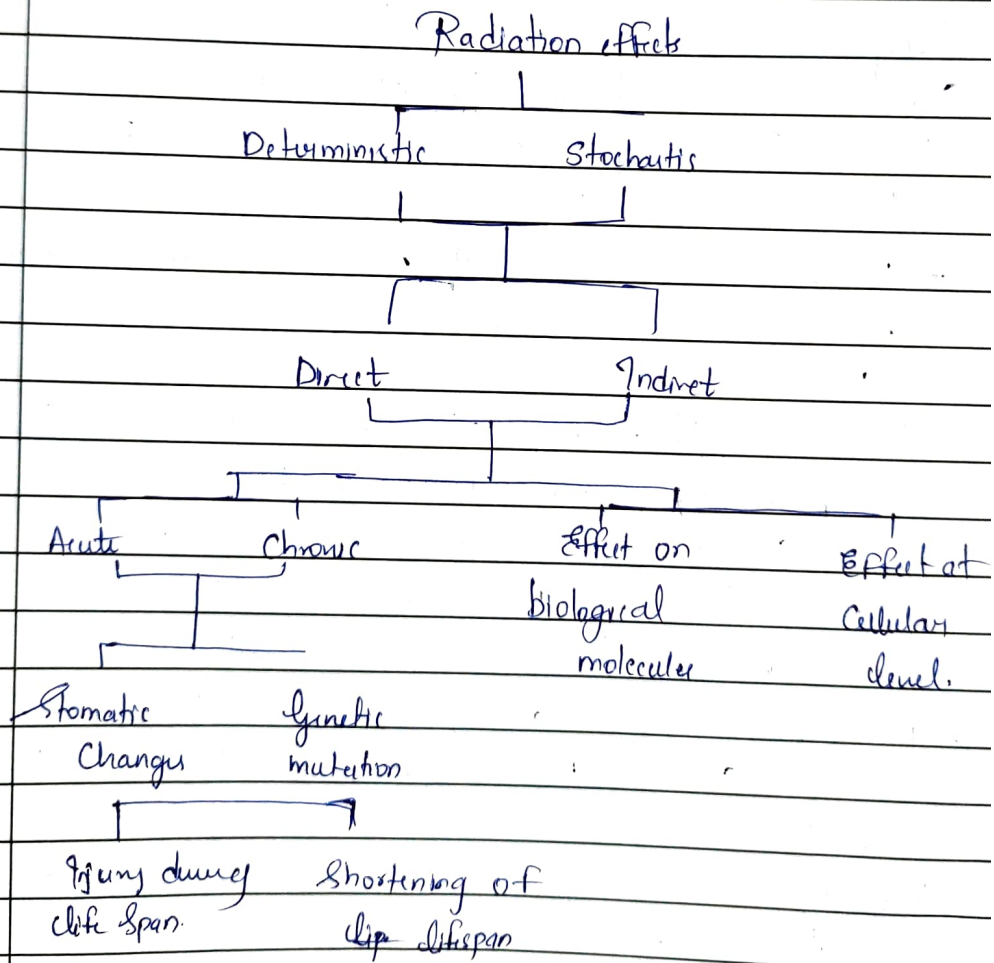
long term effects.

- The long term deterministic effect of radiation on tissues & organ depend primarily on the extent of damage to the fine Vasculature.
- Radiotherapy is frequently used as an adjuvant form of treatment in the management of head & neck Cancer.
- Radiosurability - or it the ability of radiations to reduce the number of malignant cells below a critical level such that no further clinical manifestation of their presence will occur during remaining life time of the host
- Radio Sensitivity - ability of radiation to biologically change cell Comprising a tumor or other tissue.

Radioresponsiveness refers to time required for any changes to occur & can be measured in terms of the rate at which the clinical manifestation of radiation induced biological change take place.

Deterministic effect

- It is an effect in which the severity of the response is proportional of the dose.
- There effect have a dose threshold below which the response is not seen.
  eg- oral changes after the radiation therapy
- This effects usually in cell killing & may occur in all people when the dose is large enough.



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Internal Assessment Examination

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e of the Examination Additional Exam Class

ject Oral medicine & radiology

No. Date 4/3/22

~~Supplement no 2~~

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Effects at cellular levels

- Nucleus - Inhibition of cell division.
- Chromosomes - Single or double armed Chromosomal aberrations.

Cell Cytoplasm

- Increased permeability of plasma membrane to Sodium & potassium ions.
- Swelling & disorganization of mitochondria
- Focal Cytoplasmic necrosis.

Effects on Cell kinetics

There effect are given in

- Mitotic delay - Inhibition of progression of cell through Cell cycle.
- Cell death - If damage is total there can be no recovery.
- Recovery - The capacity to recover depends on the above given factors.
  - Acute exposure
  - Chronic exposure.
  - Stomatic damage.
  - Genetic damage

(5)

5. Panoramic radiography

It is radiographic procedure that produces a single tomographic image of facial structures including both maxillary & mandibular arches & their supporting structures.

Principle of Panoramic radiograph

If the film moves at a speed that follows the moving projection of a curvin point, this point will always be projected on the same spot on the film & will not appear unsharp.

In panoramic radiography the film is attached to a rotating system & moves in the opposite direction to the beam.
The film is given the correct speed by opposing this movement with a contrary movement relative to the beam.

→ Advantages.

- Simple procedure requiring very little compliance.
- Convinent for patient
- Time required is minimal Compared to full mouth intraoral periapical radiograph.
- Part portion of maxilla & mandible lying within the focal trough can be visualized on a single film.
- Useful in patient with trismus & gagging problems.
- The patient dose is relatively low.
- Taken for diagnostic purpose & Valuable visual aid for education purpose.
- Useful for mass Screening
- It dimonstrate periodontal disease in a generalway Manifesting generalized bone loss.
- The radiation dose of app. 0.085mv is about 1/3rd of the dose from a full mouth Survey of intraoral film.
- The anatomic structures are most identifiable & the teeth are oriented in their correct relationship to the adjacent structures & to eachother.

=> Disadvantages

Area of diagnostic interest outside the focal trough may be poorly visualized
eg- swelling on palate.

- Comparatively this radiograph is of poor diagnostic quality, in terms of magnification & detail.
- Number of radio-opaque & radiolucent area may be present due to superimposition of real / double image & because of soft tissue shadows & airspaces.
- The cost of machine is very high.
- Artifacts are easily misinterpreted & are more commonly seen eg- nose ring as radiopaque lesion.
- The density of spine, especially in short necked people can cause clack of clarity in the central portion of film.

—y—

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

ADDITIONAL EXAMINATION

NOTICE

Date-9-12-22

The Additional examination for the final year regular batch (2022-23) is scheduled as follows-

Date-16-12-22

Time-9.30-12.30pm

Venue- Examination Hall

Syllabus- syllabus for first internal exam- Basic Radiology

Signature

HOD,

Dept of OMDR

PROFESSOR & HEAD
Dept. Of Oral Medicine & Radiology
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 4121

D.Y. Patil Dental School, Lohegaon, Pune

Department of Oral Medicine and Radiology

Final Year Additional Examination

Date-16/12/2022 Marks: 60

SECTION A

Q.1. Multiple Choice Questions **20 marks** **(20 x 1=20 marks)**

1. Wavelength of Xray is
   a. 0.01-0.1 A b.0.1-1 A
   c.1-10 A d.10-100 A
2. X-rays were discovered on
   a. 9th November 1995 b. 8th November 1985
   c. 8th November 1895 d. 7th November 1895
3. The angle of truncation (in degree) is-
   a. 40 b. 20
   c. 10 d. 25
4. The father of radiation protection is
   a. William Herdert Rollins b. C Edmund Kells
   c. Wilhelm Roentgen d. Philip Lenard
7. The dimensions of size 1 film are
   a.22x35 mm b. 24x40 mm
   c.28x40 mm d. 25x40 mm
6. Process of forming an ion pair is called as
   a. Radiation b. Electrostatics
   c. Neutralization d. Ionization
7. Extra-oral projection for diagnosis of maxillary sinusitis
   a. PA Mandible b. Reverse - Towne's view
   c. PA Water's view d. Occlusal view
8. Asymptomatic radiolucency below the mandibular canal in mandibular angle region is
   a. mandibular foramen b. mental foramen
   c. Stafne's cyst d. clivus
9. Condensing osteitis is
   a. an artifact on radiograph b. a periapical radiolucency
   c. a periapical radiopacity d. an optical illusion
10. SLOB rule
    a. is used to treat MPDS b. is same as rule of isometry
    c. is diagnostic for AIDS d. is a localization technique rule
11. SMV projection is indicated for viewing
    a.Maxillary sinus b. Head of the condyle
    c.Base of the skull d. Nasal fossa
12. The following is the restrainer used in developer solution
    a. Metol b. Gluteraldehyde
    c. KBr d. Potassium carbonate
13. The Harderner used in fixing solution is
    a. Aluminium phospate b. Aluminium trioxide
    c. Aluminium sulphate d. Aluminium dioxide
14. The following materials appear radiopaque on radiographs except

a. Silicates b. Amalgam
c. Gutta percha d. Silver points

15. The following projection should be taken in open mouth position-
a. PA water's view b. Reverse towne's projection
c. OPG d. Lateral Cephalogram

16. The atomic number of lead is
a. 80 b. 88
c. 82 d. 84

17. The cells/organ with low radiosensitivity are-
a. Muscle cells b. Bone marrow
c. Testes d. Fine vasculature

18. Jug handle view best demonstrate
a. Zygomatic arch fracture b. calvarium of skull
c. roof of sinus d. supero-inferior width of pathology

19. Oral mucosa breaks down with exposure of the underlying bone. This condition is termed as
a. Osteoclasis b. Osteitis
c. Osteomorphosis d. osteoradionecrosis

20.The rate of loss of energy from a particle as it moves along its track through matter (tissue) is its
a. linear energy transfer (LET). b. Potential energy
c. Kinetic energy d. Mechanical energy

SECTION B

Q.2. Short Answer Questions - Answer in brief **20 marks (10 x 2=20)**

1. Enumerate the principles of projection geometry.
2. Fixer solution
3. Indications for TMJ view
4. Factor affecting production of x ray
5. Classification of Radiation
6. Formation of latent image.
7. Indications for bitewing projection.
8. Discuss factors affecting Density of a radiograph.
9. Discuss heel effect
10. Types of collimeter

SECTION C

Q.3. Long Answer Questions - Answer in detail **20 marks (10 x 2=20)**

1) Define ideal radiograph with its requirements. Compare and distinguish between Paralleling and Bisecting angle technique for IOPA radiography.
2) Discuss the parts of intraoral x ray machine with the help of a neat and labelled diagram. Add a note on advantages & disadvantages of panoramic imaging compared with full mouth radiography.

MCQ ANSWER

1.a
2.c
3.a
4.b
5.d
6.a
7.a
8.d
9.b
10.a
11.d
12.c
13.a
14.c
15.d
16.a
17.b
18.c
19.d
20.a

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Oral medicine & Radiology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

08/20 + 12/20 + 10/20 + 30/60 = daily

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

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Candidate's Signature

Examiner Name & Signature

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oll No. _____ Date 16/12/22

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Signature of Candidate

12/20 + 08/20 = 20/60

Signature of Junior Supervisor

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1. Principles of projection geometry are as follows:-

a) The Source of radiation (effective focal Spot) Should be as Small as possible.
b) The distance between the object & the film Should be as Small as possible.
c) The object & film Should be parallel to each other.
d) The Source distance Should be as long as possible.
   -i- focal Spot to object distance.
   -ii- focal Spot to film distance.

e) The Central ray must Strike the tooth, object and film at right angles.
f) There Should be no movement of the tube, film or patient during exposure

Fixer Solution:

- The function of fixer is to remove the Undeveloped Silver halide Crystals from the emulsion & to harden the emulsion.
- Constituents of fixer solution &

Constituents	Property	function.
Ammonium thiosulfate.	Fixing agent	Removes unsensitized Silver halide Crystals
Sodium Sulfite.	Preservative.	It prevents deterioration of fixing agents & maintains chemical balance
Aluminum Chloride	Hardner	It shrinks & hardens the gelatin.
Acetic acid.	Acidifier	Maintains pH & stops development by neutralizing developer.
Water	Solvent	It dissolves chemical.

3. Indications of TMJ View

a) This radiographic technique is widely used to evaluate overall health of maxillofacial structures.

1) Trauma - The evaluation of trauma & fracture of all parts of mandible except in anterior region.

2) Third molar assessment - It is used to know exact location of third molar if it is horizontally impacted & cannot be seen on radiograph (periapical)

3) Pathous - It is used to asses the extensive pathosis like Cyst, tumor & their size & shape.

4) Developmental anomalies - Used for evaluation of anomalies like missing teeth, impacted teeth, embedded teeth

5) orthodontic assessment - to note the presence & position of the developing permanent dentition.

6) TMJ joint - Investigation of articular surface of condylar heads of TMJ. It is more useful if patient is unable to open the mouth

7) Implants.

Factors affecting radiation production of Xray beam actually affect no. of photons or penetration power of photons in Xray beam

1. Target material
2. Xray tube Current
3. Tube Voltage
4. Exposure time
5. filtration
6. Collimation
7. Source to film distance.

(2)

Tube Voltage - It measurement of force that is future potential between two electric charges. In other words, Voltage measurement of electrical forces that cause electron to move from negative cathod to positive anode.
As kV increases, there is increase in energy of electrons which is converted to x ray photons
- Kilovoltage peak is controlled by kilovoltage peak adjustment on Xray Control panel
It Maximum or peak Voltage.
When kilovoltage is increased by 15, then exposure time should be decreased by half & Vice versa.
- Exposure time determines the length of X ray production.
- Tube Current: The quantity of radiation produced by an Xrey tube is directly related to tube Current and time, the tube is operated.
- Milliampere Second. When increases the exposure time must be decreased.

5. Clarification of Radiation.

Particle beam — Ionizing radiation — α particle
β particle
proton beam

— indirectly ionizing radiation — neutrino, Neutron beams

— Electromagnetic Waves — X rays, γ rays.

Non-ionizing radiation — Microwaves, infrared, Visible rays.

c) Formation of latent Image

→ It is an invisible image that is produced in film emulsion by light on Xray before processing and is converted int a visible image by processing

- The Silver iodide & bromide grains or Crystals are flat & triangular.
- They all are held together by electrovalent force.
- The Silver Crystals increase Sensitivity as they are present in Spaces between lattice
- Silver halide Crystal absorb Xray during exposure & Store energy.
- Amount of energy Stored depends upon the density of the object & in the area of exposure.
- If the object is denser, Silver halide Crystals will receive less radiation.
- If object is less dense, then Silver halide crystal will receive more radiation.

7. Indications of bitewing projection are as follows
a) Proximal caries are easily detected
b) Progression of dental caries is detected
c) Secondary / recurrent caries under restoration
d) periodontal Status - It important to know the height of alveolar bone and change the bone.
e) Calculus - for calculus deposition in interproximal areas.
f) Relationship between prepared cavity & pulp chamber. - It useful in checking their relation ship.
g) Can show overhanging margins of restorations.
h) Also used to see relationship between deciduous to permanent teeth in children with mixed dentition.

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ame of the Student _____

ame of the Examination Additional exam Class IV

ubject Oral medicine & radiology

oll No. _____ Date 16/12/22

Supplement no-1

Pledge

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Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

8) Factors affecting density of radiograph

a) Kilovoltage peak - when it is increased while other exposure parameters remain constant, the resultant X ray photons will have more penetrating power.
It increase density.
If kvp is decreased, the density is decreased film appear lighter.

b) Miliamperage - An increase in milliampere result in production of electrons hence there will be increased production of X ray photons leading to increased overall density of radiograph forming a darker image.

Intensity of X ray film - The amount of dens. dark areas in radiograph depends upon the amount X ray energy that reaches to film to produce latent image.
If Intesity is more, no. of X ray photons which reach the film will be more.

Exposure time - Increase in exposure time cause increased no. of X ray photons which will again increase the density of the film.

Filtration - If an added filtration is used in machine, it will decrease the amount xray reaching film & thus reduce density.

Grid - Grid decreases density of film.

Thickness of natural or subject thickness affects the density. Thick tissue density is less.

9. Heel effect

The intensity of Xray films not Uniform throughout

The intensity of Xray beam on anode side of Xray tube is significantly less than that of cathode side. It called heel effect

The reason for this effect to occur are

Self absorption. The Xray photons are emitted on anode side through thickness of anode than cathode side.

Most photons are produced inside the surface of the target, they are absorbed by the target before they reach absorption.

It results reduced intensity on anode side.

10. Types of collimeter

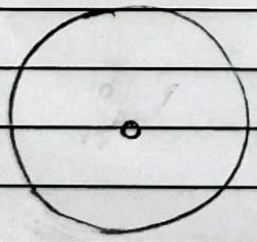
a) Diaphragm - Its thick plate of radio-opaque material usually lead with circular aperture opening in it.

It is placed over the port in xray head which emerges xray.

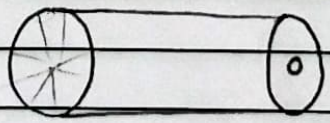
- Consists of sheet of lead with a hole in the centre.
- Size & Shape of hole determine the size & shape of the xray beam.
- Main disadvantage is that it produces large penumbra at periphery of xray beam.
- The width of penumbra can be reduced by keeping the aperture diaphragm four away from xray target as possible.

Tubular -

It is simply a tube lined with / constructed of a radio-opaque material.



Diaphragm



Tubular



rectangular

Rectangular- It further limits the beam to a size just larger than the size of xray beam. Some types of film holding also provide rectangular collimation of xray beam

Slit type- only used in the OPG machine

Section C (4)

1) A Ideal radiograph.

An ideal radiograph is one that has desired density & overall blackness & which shows the part completely without distortion with maximum details & has the right amount of contrast & make the details fully apparent.

Bisecting angle technique	Paralleling Technique.
- Can be used when tooth is longer than the film	Cannot be used when tooth is longer than film.
- More factors to be Standardized	Less factors to be standardized.
- It is difficult to use when patient is in Supine position.	Not difficult as PIDs are used.
- Requires less exposure	Requires more exposure
- Kvp is reduced	Kvp is increased.
- Divergent rays used for image formation	parallel rays used for image formation

Sterilization of holders required as they are not used usually.	Sterilization must, holders need to be autoclaved.
Unnecessary exposure because patient touches the film.	Film holders are used to unnecessary exposure.
Based on Cieszynski principle · rule of isometry.	Based on the fact that xray film is supported parallel to long axis of tooth being radiographed.
Central ray is perpendicular to imaginary bisector of angle formed by film of long axis of tooth.	Central ray of xray beam is directed at right angle of tooth & film.

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Internal Assessment Examination

SECTION B & C

Sr. No.	

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me of the Examination Additional Exam Class IV

bject oral medicine & radiology

ll No. Supp Supplement no-2 Date 16/12/22

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Signature of Junior Supervisor

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Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

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2. Parts of Intra oral Xray machine

- It may be Constructed from tempered glass or Combination of glass & Ceramics of metal may be used.

Xray machine is made of following parts

a) Tubehead - Its important part of the machine which Consist of Cathode & anode. Its 6inch long & ½ inch wide.

b) Positioning arms - They are used for proper placement of tubehead. It Suspends the Xray tube head & houses the electrical wire that extends from the Control panel to tubehead

c) Control panel - This is the area from which exposure time & Xray Specification can be Controlled. The Control panel is plugged in to electrical outlet. It can be Supported on wall it can be mounted floor

d) Circuit - It provide electric Supply to machine. Two major circuits in Xray machine are filament Circuit & high Voltage Circuit.

e) Supporting Stand - The Stand Supporting the Xray tube head is especially designed for dental Xray positioning & allows the Xray beam to align rapidly & accurately

Panoramic Imaging

(14)

Advantages

- Simple procedure requiring very little compliance.
- Convenient for patient
- Time required is minimal compared to full mouth radiograph.
- The patient dose is relatively low.
- Useful in patient with trismus & gagging problems.
- That portion of maxilla & mandible lying with focal trough can be visualized on single film
- Taken for diagnostic purpose & valuable aid for education.
- Useful for mass screening
- It demenonstrates periodontal diseases in a general way manifesting the generalized bone loss.
- The radiation dose is approx. 0.005 mv is about 1/3 of the dose from a full mouth survey of intra-oral film.

Disadvantages

- Areas of diagnostic interest outside the focal trough may be poorly visualized eg. Swelling on palate
- Comparatively this radiograph is of poor diagnostic quality, interms of magnification & detail.
- Number of radiopaque & radiolucent area may be present due to superimposition of real / double image & because of soft tissue shadow & spaces.
- The cost of machine is very high.
- Artefacts are easily misinterpreted and are commonly seen

PEDODONTICS

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular (2018-19) – ADDITIONAL INTERNAL ASSESSMENT

CIRCULAR

Date – 14/4/2019

To

Final year BDS students

This is to inform that below mentioned student's additional exam will be held on 20/4/2019. All the students, whoever are concerned, are informed to present for the exam.

Sr No	Roll No	Name of the Student
1	49	Suman Panja

Sign of HOD

Department of Pediatric and Preventive Dentistry

Dept. of Paediatric & Preventive Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular(2018-19) – ADDITIONAL INTERNAL ASSESSMENT

Theory Attendance Record **Date – 20/4/19**

Sr No	Roll No	Name of the Student	Signature
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Sign of HOD

Department of Pediatric and Preventive Dentistry

PROF. [illegible]
Dept. of Paediatric & Preventive Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

ADDITIONAL EXAMINATION.

20/04/2019

MCQ'S (20 marks each)

1. Reinforcement technique is based on
   a.Social learning
   b. Freudian psycho analytical theory
   c. Skinners theory
   d. Masslers theory

2. ID ego super ego are part of
   a. Piaget theory
   b. Freuds psychoanalytical theory
   c. Stone and Churchills theory
   d. Erikson theory
3. Restoration of choice in endodontically treated primary secondary molar in 9 year old child is
   a. Stainless steel crown
   b. Cast gold crown
   c. Amalgam
   d. Zine oxide eugenol
4. The CAT in paediatric dentistry is
   a. Caries activity test
   b. Cries advancement test
   c. Caries risk assessment tool
   d. Child aptitude test
5. Preventive resin Restoration is used
   a. Used in cavitated pit & fissure sealants
   b. Used in non cavitated pit and fissure sealants
   c. In deep caries
   d. In non accessible proximal areas
6. Which of following in more common in children
   a. Gingivitis
   b. Periodontitis
   c. ANUG
   d. Pericoronitis
7. When natal teeth are present the most common and preferable approach is to
   a. Extract the teeth
   b. Grind the sharp incisal edge
   c. Take radiograph and determine the status of adjacent unerrupted teeth
   d. Retain the teeth if possible

8. Ranula is
   a. Type of epulis
   b. Sublingual thyroid
   c. Thyroglosal cyst
   d. Cystic swelling in floar of the mouth
9. Junctional epithelium in
   a. Lines the gingiral sulcus
   b. Is permeable
   c. Is derived initially from the outer enamel epithelium
   d. Is attached to enamel by desmoses
10. Decidious teeth are lighter in colour then permanenant teeth
   a. Due to colour of surrounding tissues
   b. Dentin is thinner in case of primary teeth
   c. Due to difference in crystalline structure
   d. There is difference in refractory indices
11. Pulse oxymetry is used to determine
   a. Rate of blood flow
   b. Oxygen saturation
   c. Blood volume
   d. Blood coefficient
12. The easiest and the most natural method of brushing technique recommended for preschool and young children
   a. Vertical roll method
   b. Bass methos
   c. Modified still mans technique
   d. Circular scrub technique
13. Height of maxilla is increased by the
   a. Growth of maxilla sutures
   b. Growth of alvleolar process
   c. Growth of the palatal vault
   d. Any of the above
14. If tooth is present at the time of birth is known as
   a. Neonatal tooth
   b. Perinatal tooth
   c. Natal tooth
   d. Prenatal tooth
15. Fluroride in any form is contraindicated in
   a. Chronic renal failure
   b. Ostcoporosis
   c. Hypertention
   d. Thyrotoxicosis
16. Who gave the term ECC
   a. Davies
   b. Moss

c. Winter
d. Dilley

17.Stainless steel crown was introduced by

a. Humphery

b.Stewart

c. Mac Donald

d. Pinhalm

18. GIC is done for primary teeth mainly became of

a. its colour

b. Its adhesion to dentin and enamel

c. Fluoride release

d. All of the above

19. Apex of pedodontic tringle is formed by

a. Dentist

b. Child

c. Mother

d. None of the above

20. HOME is

a. aversive technique

b. Remodelling

c. psychologic improvement

d. None

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

ADDITIONAL EXAMINATION.

20/04/2019

SAQ (10x3=30 M)

1) Tender Love Care
2) Write the recommendations and regimen for antibiotic prophylaxis against subacute bacterial endocarditis required before dental procedures.
3) Storage media for avulsed tooth and its ideal properties.
4) Conscious sedation
5) APF gel
6) Acute herpetic gingivostomatits
7) Cognitive development theory
8) Defluoridation
9) Turku sugar study
10) Apexogenesis v/s Apexification

LAQ (2X10=20 M)

1) Define and classify deleterious habit. Describe the diagnosis, clinical features and management of tongue-thrust habit.
2) What is early childhood caries? Discuss in detail various methods to control and manage ECC.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular(2018-19) – ADDITIONAL INTERNAL ASSESSMENT

MCQ ANSWERSHEET

QUESTION NO	ANSWER	QUESTION NO	ANSWER
1	C	11	B
2	A	12	D
3	A	13	D
4	C	14	A
5	B	15	A
6	A	16	A
7	B	17	A
8	D	18	D
9	C	19	B
10	B	20	A

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Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Suman Panja Forty Nine
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Pedodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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~~2019~~ 2021

Internal Assessment Examination

SECTION B & C

Sr. No.

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Name of the Student Suman Panja.

Name of the Examination Additional exam. Class

Subject Pedodontics.

Roll No. 49 Date 28/4/2019

Pledge

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Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

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Marks obtained in Section A											11
Marks obtained in Section B											13.5
Marks obtained in Section C											10.5
Grand Total											35

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28/4/19

Name & Signature of IC / H.O.D.

1) Tender love care

- one of the most common & well accepted form of treatment is tender love care.
- A good children dentist must show the care and attention needed to understand this tender age, guide them through their fear of coming to a clinic and getting treated.
- These skills will allow them to attain & maintain healthy teeth.

In order to achieve this goal we must take extra effort & time with each patient.

2) Def. complex disease involving maxillary primary incisors within a month after eruption & spreading rapidly to the other primary teeth is called childhood caries

Prevention of ECC

Home care - Dietary Habits
- Oral hygiene
- fluoride dentifrice
- Transmission of bacteria

Professional - Early detection of caries
- pit & fissure sealant
- fluoride appliance

community - Health education
- community development
- water fluoridation

b) Natural

Tap water
- saliva.
- Egg white
- propolis
- coconut water
- Green tea.
- Soya milk
- Emdogain

Synthetic
- viaspan.
- saline solution
- Gatorade
- castor oil

Ideal properties.
- capable of preserving cellular PDL viability.
- promote nitrogenicity
- Non. toxic
- preserve functional capabilities.
- osmolarity 290-330 mosm/L
- pH 6.6 to 7.8*

4) Conscious Sedation

Objective

(1) It should alter the patient mood thus making the psychologically receptive to dental treatment.

(2) It must result in patient co-operation

(3) It should allow protective reflexes to remain intact.

(4) It should produce only small variation in vital sign.

(5) It may produce a variable degree of amnesia.

5) APF Gel.

- It is a topical fluoride agent which directly apply to the erupted tooth.
- fluoride ions in such agent do not penetrate deeply into enamel.
- These ions only tend to provide topical application.

Acute herpetic gingivostomatitis

- AHG - is a viral infection of oral mucosa membrane caused by herpes simplex virus.
- Occur most frequently in infants & children younger than 6yrs.

Clinical Feature.

- 1-3 days of fever.
- loss of apetite & myalgia.
- cervical lymph adenopathy.

congnitive development therapy.

- Theory of cognitive development is comprehesive theory about nature & development of human inteligence
- It deals with the nature of knowledge itself & how humans come gradually to acquire it. construct it & use it.

8) Defluoridation.

Defluoridation was the convention & widely tested method for supplying safe water to the fluorosis affected communities.

classification:

(1) Adsorption technique.
(2) Ion exchange technique.
(3) precipitive technique.
(4) other technique which include electro-chemical defluoridation & reverse osmosis.

9) Turku sugar study.

participants.

125 subjects. of all age gr.

Objectives

To find out the effect of diet on dental caries increment.

3 Groups.

2st group [35] chewing gums containing sucrose.

2nd groups [38] chewing gum containing fructose

3rd group [52] chewing gum containing Xylitol.

Apexogenesis vs apexification

Apexogenesis	Apexification
(1) It is defined as the treatment of vital pulp by caping or pulpotomy in order to permit continued growth	- It is defined as the method to induce development of the root apex of an immature pulpless tooth by formation of bone.
(2) It is a physiological process of redevelopment in vital infected tooth	(2) It is the method of inducing the regenerative potential in non-vital tooth
(3) Normal root end development takes place	(3) Normal root development takes place rarely.

LAQ.

1. Habit :- Habit can be defined as fixed or constant practice established by frequent repitition.

Deletrious Habits.

① Thumb Sucking
② Lip sucking
③ Nail biting
④ Tongue Thrusting
⑤ Bruxism.

Tongue thrusting.

Tongue Thrust is the forward movement of the tongue tip bet" the teeth to meet the lower lip during deglutition & in sound of speech so that the tongue lies inter dental.

Diagnosis.

History.

1. check for hereditary etiology facto
2. Information regarding upper respiratory infection. sucking habits and neuro-muscular habit.

Examination

- Study the posture of tongue.
- Observe the tongue during various swallowing procedures.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

ame of the Student

ame of the Examination

ubject Class

oll No. Date

tudents Signature "Seen No. Complaint"

Clinical Features:

① Lip posture - lip separation is greater in tongue thrust both at rest and in function

② Mandibular movement - more erratic, no correlation bet" the movement of tongue & mandible

Management:

- often self corrects by 8 or 9yrs of a
- Myofunctional exercise
  - → 2s exercise
  - → 4s exercise

other exercise - child is asked to whistle

- count from sixty to sixty nine

2. Def :- complex disease involving maxillary primary incisor within 6 month after eruption & spreading rapidly to the other primary it is called childhood caries.

Prevention of ECC:

Home care :- Dietary Habits.
- Oral hygiene
- fluoride dentifrice

professional - Early detection of caries
- diet counselling
- fluoride appliances.
- pit & fissure sealants

community - Health education
- community development

Treatment of childhood caries can be conducted with different types of intervention depending on the progression of disease. The child's age level of cariogenic bacterial film, as well as the social, behavioral dental & medical history of child

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Internal Assessment Examination

SECTION B & C

Sr. No. 1

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Name of the Examination _____ Class _____

Subject _____

Roll No. 49 Date 20/4/19

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Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

20/4/19

Name & Signature of IC / H.O.D.

Long case -

Name - Suhani Gaikwad
Nickname - Many
Birth date - 5/11/24
Age - 9 years
Gender - female
Address - Kalwad wasti, Pune
Telephone No - 8793396373
Mother tongue - Marathi
Name of accompanying person -

parents	father	mother
name	Sachin	dipali
occupation	Job	housewife
education	10th	12th
income	15,000/-	—

pediatrician name - Dr Kamat.
Chief complaint - pt complain of pain in lower left back region of jaw since 1 month

HOPI - patient was apparently asymptomatic for 1 month then starts experiencing pain in mandibular left posterior region of jaw the pain was severe, sharp shooting last for few min pain aggravated on mastication

1) past medical histy -
- premature | full term - full term
- Birth weight - 3 kg.
-

- Immunization status - not aware
-

past → dental histy.
Dental visit - 2-4 times.
Dental treatment - pediatric endo. treatment & RS.
Behaviour of child - co-operative.
past dental experience - good.

* Infant feeding histy -
  1) H/O breast feeding -
     - Duration - 1 year
     - Freq - 5-6 times/day
     - Night feeding - -
  2) Bottle feeding -
     Duration - 2-3 hrs
     Content - cow milk without sugar.
  3) Use of pacifier - No
  4) Weaning - 6 months

* Diet -
  Meals per day - 2 meals.
  Balanced diet - ✓

	food		score
sweet score = 10	chapati	2×6	12
Nutrient score = 2	Bhaji	1×6	6
food score = 30	Rice	1×6	6
	Dal	1×6	6
			30

Diet score = food score + Nutrient score - sweet score
= 30 + 10 - 2 = 38

oral habits -
Trauma - NKH
Frankle behaviour - positive ⊕

3) Examination

① General - Height - 3 feet
- wt - 23 kgs
- echnomorphic

Head, neck, face = normal.

* Intra-oral - OHI

16	21	26
0	0	1
2	0	2
46	41	36

16	21	26
0	0	0
0	2	0
46	41	36

Total score = $\frac{6}{6} + \frac{2}{6} = \underline{\underline{1.3}}$

Soft tissue examination - normal.
Hard tissue examination - primary = 16
permanent = 8

Teeth present

51 52 53 54 55 26
41 31 32 33 34 35 36

DMFT = 1+2+3 = 6 DMFS = 1+0+0+1 = 2

Area of chief complaint = mandibular left post.
C̄ 74.

proximal diagnosis = Distorsion cum 74.

Radiographic interpretation IOPA C̄ 74.
Teeth completely seen C̄ 75, 74, 36.
Teeth incompletely seen C̄ 73.

Treatment plan –
1) oral prophylaxis –
2) Topical fluoride
3) diet – counselling required
4) Restoration C̄ 74, 36

5) Recall – After 1 month.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular(2018-19) – ADDITIONAL INTERNAL ASSESSMENT

Theory Marks Record **Date – 20/4/19**

Sr No	Roll No	Name of the Student	Sec A (20 marks)	Sec B (30 marks)	Sec C (20 marks)	Total (70 Marks)	Viva (10 marks)	Points (4 marks)	Signature
1	49	Suman Panja	11	13.5	10.5	7	42	2.10	Suman

Sign of HOD

Department of Pediatric and Preventive Dentistry

Dept. of Paediatric & Preventive
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Referred (2019-20) – ADDITIONAL INTERNAL ASSESSMENT

CIRCULAR

Date – 10/6/2019

To

Final year BDS students

This is to inform that below mentioned student's additional exam will be held on 16/10/2019. All the students, whoever are concerned, are informed to present for the exam.

Sr No	Roll No	Name of the Student
1	09	Vyankat Kshirsagar
2	12	Mansi Patil

Sign of HOD

Department of Pediatric and Preventive Dentistry

Dept. of Paediatric & Preventive Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Referred (2019-20) – ADDITIONAL INTERNAL ASSESSMENT

Theory Attendance Record **Date – 16/10/19**

Sr No	Roll No	Name of the Student	Signature
1	09	Vyankat Kshirsagar	
2	12	Mansi Patil	

Sign of HOD

Department of Pediatric and Preventive Dentistry

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Charoli (Bk), Via Lohegaon, Pune - 412105.

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

FINAL BDS ADDITIONAL EXAMINATION.

16/10/2019

MCQ'S

(20 Marks)

1. AGE CLOSURE OF SPHENOOCCIPITAL SYNCHONDROSIS

1) 6 YEARS

2) 12 YEARS

3) 18 YEARS

4) 25 YEARS

2. Growth sites in maxilla is/are

1) maxillary tuberosity

2) sutures

3) nasal septum

4) all of above

3. leeway space is

1) 1.7mm and greater in mandible

2) 1.7mm and least in mandible

3) 3.4mm and greater in mandible

4) 3.4mm and least in mandible

4.The positioning of tongue in infantile swallowing is

A) posterior

B) medial

C) lateral

D) anterior

5. Caries in 4 year old child is best assessed by

A. previous caries experience

B. maternal caries

C. school fluoridation

D. daily fluoride mouthwash

6. Preventive pit and fissures sealant in children should have

A. high compressive strength

B. low viscosity

C. hybrid composite filler

D. none of above

7. Keys traid include all expect

A. HOST

B. AGENT

C. Environment

D. DISEASES

8. Who gave the word ECC i.e EARLY CHILDHOOD CARIES

1. Davis

2. Moss

3. Winter

4. Dilly

9. Handover mouth technique was first described by

1. DR.Evangeline

2. Addelson and gold Fried

3. Dr. Goldman

4. DR. GV Black

10. Jean PAIGET put forth the theory of

1. Psychoanalytic theory of psychosexual development

2. social learning

3. cognitive devlopment

4. cultural adaptation

11. What is the name for form of caries,which is rapidly progressing

1. Rampant caries

2. Nursing caries

3. Acute dental caries

4. Chronic dental caries

12. Distal shoe space maintainer is mainly indicated to

A) Guide eruption of premolars

B) Guide eruption of mandibular first molar

C) Present space closure in maxillary premolar area

D) None of above

13. ALL of above are chemomechanical meathods of caries removal except

1) Air abrasion

2) Carisolv

3) Caridex

4) Papacarie

14. DENTITIA TARDA

1) Resorption of deciduous dentition

2) Premature loss of deciduous dentition

3) Retarded erruption of deciduous dentition

4) Early eruption of deciduous dentition

15. The change observed in the arch length of child between 3 to 18 years is

1) 4mm

2) 11mm

3) 17mm

4) 34mm

16. In primary molar the shape of pulpal floor

A) Convex

B) Concave

C) Flat

D) Round

17. Difference between primary and permanent teeth

1. Primary teeth have more cervical buldge

2. Permanent roots are more slender and divergent

3. Primary enamel is more dense

4. Less enamel dentin ratio for permanent teeth

18. Small pea size FLOURIDE TOOTH PASTE contain

1. 125mg

2. 250 mg

3. 500 mg

4. 1000mg

19. 2nd window of infectivity is seen at

1. 13 years

2. 18 years

3. 6-12 years

4. Primary dentition

20. Distal shoe space maintainer also called as

1. Willets applaince

2. Nance appliance

3. Andrwes appliance

4. Holtz appliance

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular Referred (2019-20) – ADDITIONAL INTERNAL ASSESSMENT

MCQ ANSWERSHEET

QUESTION NO	ANSWER	QUESTION NO	ANSWER
1	B	11	A
2	B	12	B
3	B	13	C
4	C	14	A
5	D	15	D
6	B	16	D
7	A	17	D
8	D	18	A
9	D	19	B
10	C	20	D

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Internal Assessment Examination

SECTION A

Sr. No.

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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Venkat Kshirsagar Nine
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Pedodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

9

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1		●		
2		●		
3		●		
4			●	
5				●
6		●		
7	●			
8				●
9				●
10			●	
11	●			
12		●		
13			●	
14	●			
15	●			
16				●
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18	●			
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30				

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

2020

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Venkyat Kshirsagar

Name of the Examination Additional. Class

Subject Redo

Roll No. 9 Date 16/10/19

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

22.5/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											9
Marks obtained in Section B											6.5
Marks obtained in Section C											7
Grand Total											22.5

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ

1) Dunlop Hypothesis

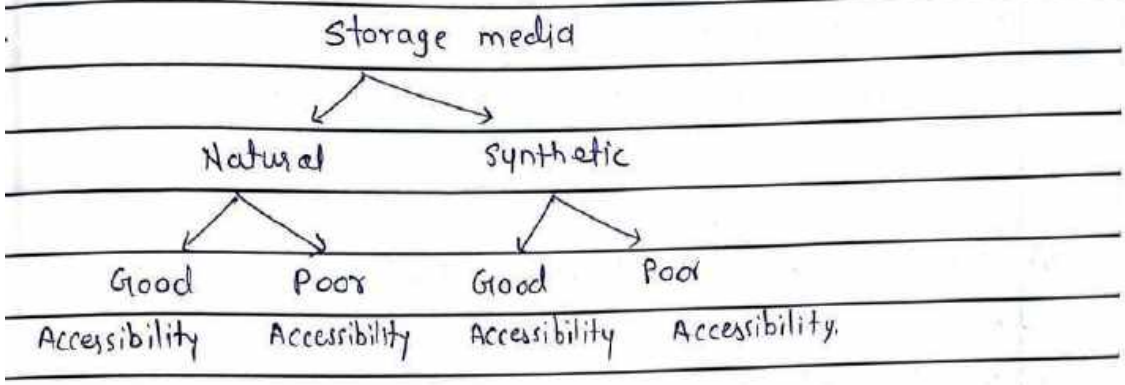
→ According to ~~by~~ Dulop's Beta hypothesis if a subject is forced to concentrate on a habit at the time he practices it. he can learn to stop performing the habit.

- This theory states the best way to break a habit is by its conscious, purposeful repetition

- Dunlop suggests that the child should be asked to sit in front of a mirror & aspect to suck his thumb; observe himself as he indulges in the habit

- This will make him realize how awkward he looks & want to stop sucking the thumb.

storage media



storage media = Media used to store the avulsed tooth for immediate replantation

Ideal Storage media -

- Capable of preserving cellular PDL (viability)
- Promotes Mitogenicity
- Non toxic
- Preserve functional capabilities
- pH of 6.6 to 7.8

Natural storage media

e.g. Milk, coconut water, water, saliva, Honey milk, Aloevera

Synthetic storage media

e.g. Normal saline, contact lens solution, ORS

3) Other names of Distal shoe.

→ Intra-alveolar appliance
Distal extension space maintainer

4) Modifications of stainless steel crown

→

a) Adjacent SSC
b) Adjacent SSC with amalgam restoration
c) Adjacent SSC with arch length loss
d) Undersized tooth / oversized crown
e) Oversized tooth / Undersized crown
f) Deep subgingival caries
g) Open contacts

Serial extraction

Serial extraction is an interceptive orthodontic procedure usually initiated in the early mixed dentition.

It is a procedure that includes the planned extraction of certain deciduous teeth & later specific permanent teeth in an orderly sequence & pre-determined pattern to guide the erupting permanent teeth into a more favourable position.

Dewel's method:

3 step serial extraction procedure

1st deciduous canines are extracted

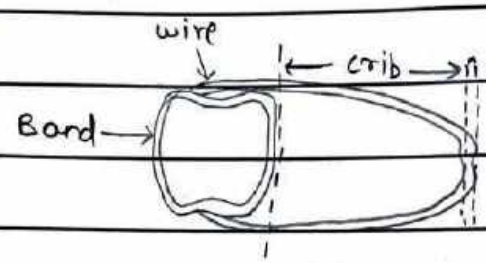
Deciduous 1st molar extracted a year later

Followed by extraction of erupting 1st premolar.

6) Band & loop space maintainer

→ It is a most common space maintainer

- Unilateral, non-functional, passive, fixed applrance for space maintenance in posterior segments when single tooth is lost.
- It has simple cantilever design
- The loop has limited strength
- The loop must be wide faciolingually to allow eruption of permanent molar without its removal



Indications →

- Usually indicated for preserving space created by premature loss of single primary molar
- Bilateral loss of single 1° molar before eruption of permanent incisors. This is because developing succedaneous tooth buds are placed lingually to permanent incisors so other space maintainer like lingual arch can lead to obstruction of thos teeth
- Indicated when 2nd primary molar is lost after eruption of first permanent molar.

Masochistic habits

It is a self - injurious habit in which the patient enjoys inflicting damage to himself. It is rare in normal children

Receptive acts that result in physical damage to the individual. This habits show an increased incidence in the mentally related population

Deliberate mutilation of a body part without the intention of causing death

self injury is an effort to relieve intense, painful & distressing feelings.

classification based on etfology by Ayer & Levin

a) organic

e.g. lip, tongue, finger biting

b) Functional

e.g. skin lesion perpetuated by a skin biting habit.

Supplement Sheet

of the Student

of the Examination Class

ct

No. Date

lement No. Invigilator Signature

Transpalatal v/s Nance palatal space maintainer

→ ⊙ Transpalatal space maintainer

- It is indicated when one side of arch is intact & several primary teeth on other side are missing.
- used to esthablish & maintain arch width
- Derotate unilateraly or bilateraly rotated molars
- Better compatibility with soft tissues.
- No soft tissue Irritation & inflammation

⊙ Nance palatal space maintainer

- It is earliest modification of transpalatal arch space maintainer.
- Used when bilateraly tooth are missing.
- can cause tissue hyperplasia
- Irritation to palatal tissues
- Pressure effects on palate
- can't be used in patients allergic to acrylic
- can cause lack of hygene on palate

10) Treatment for anterior cross bite

→ It is the malocclusion resulting from lingual of maxillary anterior teeth in relationship with th mandibular anterior teeth.

Treatment →

a) occlusal equilibration
b) Tongue blade therapy
c) Lower inclined plane
d) Reverse stainless steel crown
e) Composite incline
f) Removable Howley's appliance with 'Z'-spring
g) Fixed appliance with auxillary spring.

LAQ

→ Methods to treat vital primary teeth.

This includes:
- Indirect pulp capping
- Direct pulp capping
- Pulpotomy.

Indirect pulp capping.

It is defined as a procedure where in small amount of carious dentin is retained in deep areas of cavity to avoid exposure of pulp followed by placement of a suitable medicament & restorative material that seals off the carious dentin & encourages pulp recovery

Indications →

- Deep carious lesion, which are close to, but not involving the pulp in vital primary or young permanent teeth.
- No mobility
- When pulp inflammation is seen as normal & there is a definite layer of affected dentin after removal of infected dentin.

Contraindications →

- Mobility of tooth
- Discolouration of teeth
- Negative reaction of electric pulp testing

B] Direct pulp capping.

- It is defined as placement of a medicament or non-medicament on a pulp that has been exposed course of excavating the last portion of deep dec caries or as a result of trauma.

Indications →

- small mechanical exposure surrounded by sound de in asymptomatic vital primary teeth or young permanent teeth
- Exposure should have bright red hemorrhage that is easily controlled by dry cotton pellet with minima pressure.
- True pin point exposure

Contraindications →

- Severe toothache at night
- Spontaneous pain
- Tooth mobility
- Radiographic appearance of pulp, periradicular degener
- Excess hemorrhage at the time of exposure.
- Externally internal root resorption
- swelling / fistula.

c] Pulpotomy.

- It is defined as the complete removal of coronal portion of the dental pulp, followed by placement of a suitable dressing or medicament that will promote Pressure vitality of teeth.

Name of the Student

Name of the Examination Class

Subject

Roll No. Date

Supplement No. Invigilator Signature

classification.
- Devitalization
- Preservation
- Regeneration
- Mortal pulpotomy.

Indications →
- Mechanical pulp exposure in primary tooth.
- Teeth showing large carious lesion but free of radicular pulpitis.
- History of only spontaneous pain
- Hemorrhage from exposure sites bright red & can be controlled.
- Absence of abscess or fistula.
- No interradicular bone loss.
- No interradicular radiolucency.

Contraindications →
- Persistent toothache
- calcification of pulp
- Pathological mobility
- swelling / fistula
- Tenderness on percussion
- External / Internal resorption

2) → Defn:.

a) Behaviour management → The means by which the dental health team effectively & efficiently performs treatment for a child & at the same time, instils a positive dental attitude.

b) Behaviour modification → It is defined as the attempt to alter human behaviour & emotion in a beneficial manner according to the laws of modern learning theory.

c) Behaviour shaping → This is the procedure, which slowly develops behaviour by reinforcing a sucessive approximation of the desired behaviour until the desired behaviour comes into being.

Non-pharmacological management techniques.

a) communication
b) Use of second language
c) Tell-show-do
d) Desensitization
e) Modelling
f) Behaviour shaping
g) Contingency management
h) externalization
i) Distraction
j) Assimilation & coping
k) Parental presence or absence
l) Visual strategy.

Communication -

Dental terminology		word substitute
Rubber dam	→	Rubber raincoat
Rubber dam clamp	→	Tooth button
Rubber dam frame	→	coat rack
Sealant	→	Tooth paint
fluoride varnish	→	Tooth vitamins
Air syringe / water syringe	→	Air gun / water gun
Suction	→	Vaccum cleaner.

Desensitization -

It means to take away one's sensitivity to a type of behaviour.

contingency management -

- Positive reinforcement
- Negative reinforcement
- Omission or time out
- Punishment.

Behaviour management

- Assimilation & coping
- Use of poetry & drawings
- Hypnosis
- Retraining
- Distraction.

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Internal Assessment Examination

SECTION B & C

Sr. No.

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Name of the Examination _____ Class _____

Subject _____

Roll No. 9 Date 16/10/09

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Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

16/10/09

Name & Signature of IC / H.O.D.

Long Case

Name - Alan Khan
Date of Birth - 10/5/17
Age - 5 years
Gender - Male
Address - Dhanori, Pune
Telephone No - 9284072562
Mother tongue - Hindi
Name of accompanying person

parents	Father	Mother
Name	Rufflyan	Shahazin
occupation	Teacher	Teacher
Education	Graduate	Graduate
Income	-	

family physicians name - -

Chief complaint - patient complains of pain in lower left back region of jaw since 15 days swelling is present

HOPI - patient was apparently asymptomatic 15 days ago then he started experiencing pain which is short, sharp & aggravated on mastication. It lasts for few minutes swelling is present pain relieves on its own.

Hisky -

i) family hisky

a) premature / full term - full term.

b) Birth weight - 2.8 kg.

c) H/O hypoxia -

d) H/O medication

e) H/O allergy

f) H/O hospitalization

} NRH

Immunization status - upto date.

past dental experience - NRH

Infant feeding hisky -

1) H/O breast feeding -

- Duration - 2 yrs.
- frequency - 5-6 times
- Night feeding - -

2) H/O bottle feeding -

- Duration freqy -
- Night feeding -
- contents of bottle -

} NRH

- Use of pacifiers. -
- H/O weaning -

Diet

Meals per day - 3 times of day

Diet includes - paratha, dal chaval, tea, biscuits, milk, fruits, meat.

Type & freq of snake - liquid
Balanced diet - poor

Diet score -

Food score = 38, Nutrient score = 10,
sweet score = 15.

Dental health diet score = (38+10) - 15 = 33
≤56 - not adequate
- counselling with diet modification.

Oral hygiene maintainance -

whether child brushes himself - himself.
since when - 5 years.
how many times - once daily.
tooth paste - fluoridated
How often the changes tooth brush - 2 months.

Trauma to tooth - NRH

oral habits - NAH

Behavioural rating scale - Frankl's
positive - (+)

Examination

General - Height = 113 cm, wt = 17.5 kg
mesomorph

Head, neck, face - Convex, bilaterally symmetrical,
Competent lips.

Intra-oral - staying - absent
Soft tissue examinations - Normal.

Hard tissue examination -
No. of teeth present - 20 in primary - 20.
Deciduous dentition - present - 0

55 54 53 52 51 61 62 63 64 65 2.5 - 3 years.
85 84 83 82 81 71 72 73 74 75

Occlusion - primary dentition -
molar - mesial step mesial step
canine - class I class I

Dental caries - 84, 74, 51, 52, 61.
Mobility - absent

Exposed pulp - 74.
Deft = 5, Dmfs = 7
Area of CC - Mand. left post. region (3rd quadrant)
Radiographic interpretation - In given area of CC teeth seen - all teeth seen with deciduous permanent teeth.
Crown str. is not seen in distal aspect of 74 radiolucency is seen around the roots of 74 with out furcation involved.

Final diagnosis - Dentoalveolar abscess - 74.

Treatment plan :-

1) Emergency treatment -

2) Planned treatment -

- oral prophylaxis - proper tooth brushing (Fones tech.)
- topical fluoride application - After completion of all treatments.

Pit & fissure sealants -

After eruption of permt molars.

Restorative phase -

Caries excavation & restoration ☐ 84, 51, 52, 61

Obturation : ☐ 74 followed by SS crown.

Recall - After 1 week.

D Y PATIL GROUP

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Internal Assessment Examination

SECTION A

Sr. No.

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SEAT NO. IN WORDS	Mansi Patil Twelve
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Pedodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1	Ⓐ	●	Ⓒ	Ⓓ
2	Ⓐ	●	Ⓒ	Ⓓ
3	Ⓐ	Ⓑ	Ⓒ	●
4	Ⓐ	Ⓑ	●	Ⓓ
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11	●	Ⓑ	Ⓒ	Ⓓ
12	Ⓐ	●	Ⓒ	Ⓓ
13	Ⓐ	Ⓑ	●	Ⓓ
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15	●	Ⓑ	Ⓒ	Ⓓ
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17	Ⓐ	Ⓑ	Ⓒ	●
18	●	Ⓑ	Ⓒ	Ⓓ
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20	Ⓐ	Ⓑ	Ⓒ	●
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Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

2020

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

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TO BE FILLED BY THE STUDENT

Name of the Student Manasi Patil

Name of the Examination Internal exam Class

Subject Periodontics

Roll No. 12 Date 16/10/19

Pledge

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Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

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Grand Total											23

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Short Answer Questions :-

Dunlop Hypothesis

if subject is forced to concentrate on Habit at time the practices it, he can learn to stop performing habit.

This theory states that best way to break habit is by it's conscious. Purposeful repetition

Dunlop suggests that child should be asked to sit in front of mirror & asked to suck his thumb observe himself as he indulges in habit.

This will make him realize how awkward he looks & want to stop sucking his thumb.

Storage Media

Natural		synthetic	
Good Accessibility	Poor Accessibility	Good Accessibility	Poor Accessib

storage media - used to store Avulsed tooth for immediate reimplantation

Ideal storage media :-

- Capable of preserving cellular PDL
- Promote mitogenicity
- Non toxic
- Preserve functional capabilities
- PH - 6.6 - 7.8

Natural storage media :-

eg. Milk, coconut water. water, saliva, Honey Milk, Aloevera.

Synthetic storage media :

eg. Normal saline, ORS

other names - Distal shoes : -
- Intra Alveolar appliance
- Distal extension space maintainer.

Modification - stainless steel crown

1. - Adjacent stainless steel crown
2. - Adjacent SSC with Amalgam restoration.
3. - Adjacent SSC with arch length loss.
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5. - oversized tooth / undersized crown
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5)

Serial Extraction

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- it is Procedure that includes Planned extracti of certain deciduous teeth & later specific Permanet teeth in an orderly sequence & Pre determined Pattern to guide erupting Permanent teeth into more favourable Pusitio

Dewell's Method :

3 step serial extraction Procedure.

1st - Deciduous canines extracted.

- Deciduous 1st Molar extracted a year later. followed by extraction of erupting 1st premolar

Band & loop space Maintainer.

Most common space Maintainer.
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When single tooth lost.
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Indications :
usually indicated for Preserving space created by Premature loss of single Primary molar.

Bilateral loss of single 1° molar. before erupts of Permanent incisor.

indicated when 2nd Primary molar is lost after eruption of 1st permanent molar

7) Masochistic Habits

- it is self - injurious Habit in which Patien enjoys inflicting damage to Himself. it is rare in normal children.
- Respective acts that result in Physical dama to individual.

classification based on

Etiology :: (by Ayer & Levin)

a) organic
eg. Lip, tongue, finger biting.

b) Functional :-

eg. Skin lesion perpetuated by skin biting Habit.

Name of the Student _____

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Supplement No. _____ Invigilator Signature _____

8) Gluteraldehyde & formocresol Pulpotomy.

Glutaraldehyde seems to be superior to formocresol for Pulpotomy.

Advantages of gluteraldehyde over formocresol :=

- Excellent Antimicrobial.
- Less Necrosis of pulpal tissues.
- Antigenicity
- lower cytotoxicity.
- Less systemic distribution.
- less dystrophic calcification in Pulp canals.

Disadvantage :-

- Success rate low
- Poor shelf life of Product.

g)

Transpalatal space Maintainer:

- better compatibity with soft tissues
- NO soft tissue irritation & inflammation.
- used to establish & Maintain arch width.
- Derotate unilaterally or bilaterally rotated M

Nance Palatal:

- cause tissue Hyperplasia
- irritation to Palatal tissues
- Pressure effects on Palate
- used when bilaterally tooth missing.

Ant. cross bite

it is malocclusion resulting from lingual portion of maxillary Ant. teeth in relationship with mandibular Ant.

TIP :-

- occlusal equilibration
- Tongue blade therapy
- Lower inclined Plane
- Reverse stainless steel crown.

LAQ

1) Methods to Treat vital Primary Teeth.

This includes :-

IPC
DPC
Pulpotomy.

1) IPC :-

defined as Procedure where in small amount of caries dentin retained in deep areas of cavity to avoid exposure of pulp. followed by Placement of suitable medicament & restorative material that seals off the carious dentin & encourages pulp recovery.

indication :-
- No Mobility
- Deep carious Lesion.
- Pulp inflammation.

Contraindication :-
- Mobility of teeth
- Discolouration.

ame of the Student _____

ame of the Examination _____ Class _____

bject _____

oll No. _____ Date _____

upplement No. _____ Invigilator Signature _____

2 DPC :-

defined as Placement of medicament on Pulp that has been exposed in course of excavating last portion of deep dentinal caries.

Indications :-

- True Pin Point exposure
exposure should have bright red Hemorrhage.
small mechanical exposures.

Contraindications :-

- severe toothache at night.
- spontaneous Pain
- Tooth mobility

B) Behaviour Management:-

Means by which dental Health team effictively & efficiently Performs treatment for child & at same time. Positive dental attitude.

Behaviour Modification:-

Attempt to alter Human behaviour & emotion in beneficial manner acc. to Law of modern learning theory.

Non - Pharmacologic Management:-

- communication
- use of 2nd language
- Tell - show - do
- Modelling
- Distraction
- visual strategy
- behaviour shaping.

communication.

Dental terminology	Word substitude
Rubber dam	Rubber raincoat
Rubber dam clamp	tooth button
sealant	tooth paint
suction	vacum cleaner.

Densensitization :-
Take away one's sensitivity to type of behaviar.

contingency management :-

Positive reinforcement

Negative reinforcement

Punishment.

Behaviour Managment :-

Assimilation & coping

Hypnosis

Retraining

Distraction

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Mansi Patil

Name of the Examination _____ Class _____

Subject _____

Roll No. 12 Date 16/10/19

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

16/10/19

Name & Signature of IC / H.O.D.

I) Patient inform:

1) Name - Kavya Matti

Nickname - Kay

DOB - 5th July

Age = 11yrs.

Gender = F

Parents Nagur Dhanori

Mother - Marathi

II) Parents Father Mother

Name	Sunil Kadi	Pekha
Education	SSC	SSC
Occupation	Pvt job	Housewife
Income.	20 - 25K	

Chief complaint: Pt - comp of pain & swelling on lower left back region of Jaw since 7-10 days.

HOPI: Pt. was asymptomatic 10 days back, experiencing sudden pain during mastication which lasted for minutes to hours after removal of stimulus at mandibular left post. region patient also observed swelling area. Night pain present.

iii) History

family —

Infant feeding History:

i) breast feeding : duration - yrs.

frequency - 5-6 times a day

night feeding

both feeding - symptoms

duration 4-5 days

weaning - at 2-3 years.

ii) Diet - Mixed

Meals / day - 4 meals / day.

Food score = 49

Nutrient score = 10

sugar score = 3

Milk	1 × 1	1
cereals	1 × 0	0
vegetables	1 × 0	0
fruits	2 × 0	12
egg	1 × 0	0
dal	1 × 0	0
		45

Diet score : 47

Not adequate -

counselling with

diet modified

iv) Oral Hygiene maintenance -

child brushes himself - yes

Time 3-4 yrs.

2 times

Fluorinated Toothpaste

changes Toothbrush 2 months

Behavioural Rating Scale

Frankl - 4

iv) Examination:

General - ht - 4.3

wt - 19 kg

gen - Normal

Face - symm.

class II convex

Incompetent lips

Intraoral.

Debris			Calculus		
16	11	26	16	11	26
0	0	0	0	0	0
0	1	1	0	0	0
46	31	36	46	31	36

= 1/3 0

Caries ε

Mesioproximal = 55, 65

Distoproximal = 45, 85

Provisional Diagnosis : Dentoalveolar Abscess ε 75

Investigation

Radiograph ε 75

Final Diagnosis

Dentoalveolar Abscess ε 75

Treatment plan :

1) Emergency Mt

1) Emergency access opening ε 75

Amoxicillin (250 mg/1 ml)

Planned

1) oral prophylaxis

Topical fluoride applicn.

pit & fissure sealant.

Suggested phase - Extra 75

Recall - Follow up after 3 days.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Referred(2019-20) – ADDITIONAL INTERNAL ASSESSMENT

Theory Attendance Record **Date – 16/10/19**

Sr No	Roll No	Name of the Student	Sec A (20 marks)	Sec B (20 marks)	Sec C (20 marks)	Total (60 Marks)	Viva (10 marks)	Points (3 marks)	Signature
1	09	Venkat Kshirsagar	09	6.5	7	22.5	5	1.18	
2	12	Mansi Patil	10	7	6	23	5	1.20	

Sign of HOD

Department of Pediatric and Preventive Dentistry

Dept. of Paediatric & Preventive Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Referred (2020-21) – ADDITIONAL INTERNAL ASSESSMENT

CIRCULAR

Date – 18/6/2021

To

Final year BDS students

This is to inform that below mentioned student's additional exam will be held on 25/6/2021. All the students, whoever are concerned, are informed to present for the exam.

Sr No	Roll No	Name of the Student
1	09	Aashvini Pawar
2	13	Namrata Gholve

Sign of HOD

Department of Pediatric and Preventive Dentistry

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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Referred (2020-21) – ADDITIONAL INTERNAL ASSESSMENT

Theory Attendance Record **Date – 25/6/21**

Sr No	Roll No	Name of the Student	Signature
1	09	Aashvini Pawar	
2	13	Namrata Gholve	

Sign of HOD

Department of Pediatric and Preventive Dentistry

Dept. of Paediatric & Preventive Dentistry
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D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

FINAL BDS ADDITIONAL EXAMINATION.

25/06/2021

MCQ'S **(20 Marks)**

1. Apex of pedodontic triangle is formed by
   A. mother
   B. child
   C. dentist
   D. society

2. Caries-activity tests:

   A. Saliva sugar content test

   B . Saliva buffer capacity test

   C. Saliva viscosity test

   D. Salivary secretion ratio test

3. Rubber dam was introduced by

   a. Tom Hanks
   b. S.C. Barnum
   c. Hedstrom
   d. G.V.Black

4. The most exposed tooth to traumatic injury in the permanent dentition in childhood is:

   A. upper central incisor

   B. upper lateral incisor

   C. lower central incisor

   D. lower lateral incisor

5. period of infancy is

   a. first two years
   b. first year after birth
   c. first 6 months
   d. first 3 years

6. Which types of antibiotics must not be given to children under 8 years of age?

a. Penicillins

b. Tetracyclins

c. Cefalosporins

d. Macrolids

7. arch criminal in caries

a. Fructose

b. Glucose

c. Sucrose

d. Xylitol

8. From what alloy is used to make orthodontical arche wires in appliance treatment?

a. Stainless steel

b. Titanium-molybdenum

c. Chromium-cobalt-nickel

d. Nickel-titanium

9. Riga fede syndrome is seen in

a. infant

b. adult

c. adolescent

d. old age

10. Belongs to the group of terminal anaesthesia:

a. mucosal anaesthesia

b. submucous infiltration

c. intramucous infiltration

d. intraligamental anaesthesia

11. type GIC used in ART

a. type 5

b. type 2

c. type 9

d. type 8

12. Symptoms of overdosing local anaesthetics

a. palpitation

b. muscle tremor, spasm

c. urticaria

d. drop in blood pressure

13. caries in a 4 year old is best assessed by?

a. previous caries experience

b. maternal caries

c. school water fluoridation

d. dentifrice

14. The bases of complex caries prevention in childhood are:

a. proper diet

b. using fluorides

c. breast-feeding and regular chewing

d. good oral hygiene

15. Fear of closed spaces like dental clinics is called as

a.nyclophobia

b.zoophobia

c.xenophobia

d.claustrophobia

16. True for sweeteners:

a.Do not raise blood sugar level

b. Not metabolized, or partially metabolized (rate and amount lower) by oral microorganisms

c. High consumption can cause obstipation

d. A lot more expensive than sugar

17. Maximum amount of fluoride allowed in children toothpaste:

a. 1000 ppm

b. 250-500 ppm

c. 1200-1500 ppm

d. below 1000 ppm

18. CAT in pediatric dentistry is

a. Caries activity test

b. caries advancement test

c. caries risk assessment tool

d. child aptitude test

19. The bases of complex caries prevention in childhood are:

a. proper diet

b. using fluorides

c. breast-feeding and regular chewing

d. good oral hygiene

20. thickness of rubber damn in children

a. 6x6

b. 5x5

c. 6x5

d. 5x6

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

ADDITIONAL FINAL BDS EXAMINATION.

25/06/2021

SAQ (10x3=30 M)

1) Tongue thrusting habit.
2) Dental HOME.
3) Scope of pediatric dentistry.
4) Write a note on stages in development of occlusion.
5) Conscious sedation.
6) Balanced diet.
7) Oral microflora.
8) Turku study.
9) Classify myofunctional appliance.
10) Streptococcus mutans.

LAQ (2X15=30 M)

1) Diet and dental caries.
2) Treatment plan for non vital primary tooth.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Referred(2020-21) – ADDITIONAL INTERNAL ASSESSMENT

MCQ ANSWERSHEET

QUESTION NO	ANSWER	QUESTION NO	ANSWER
1	B	11	D
2	B	12	D
3	B	13	B
4	A	14	B
5	B	15	D
6	B	16	D
7	C	17	A
8	A	18	C
9	A	19	B
10	D	20	B

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Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

Ashwini paway

SEAT NO. IN WORDS	09
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional examination - 21
SUBJECT	Pedodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

2021

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.	

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TO BE FILLED BY THE STUDENT

Name of the Student Ashwini Pawar.

Name of the Examination Additional Exam Class

Subject Pedodontic.

Roll No. 9 Date 27/12/21

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											11
Marks obtained in Section B											12
Marks obtained in Section C											11
Grand Total											34

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ's

1 Tongue thrusting habit

Defination :- Thrusting of tongue be the anterior teeth, especially in initial stage of swallowing. It is combined with a resting position a between the teeth that can inhibit normal eruption and so produce a open bite.

Classification

① Simple tongue thrust
② Lateral tongue thrust
③ Complex tongue thrust.

Treatment.

① Tongue thrusting often self-corrected by 8-9 years of age by time permanent teeth apart.
② If tongue thrusting is associated with other habits, then the associated habit must be treated first.
③ Hawley's appliances used
④ Tongue crib used.

Dental HOME

① The dental HOME is the ongoing relationship between the dentist and patient inclusive all aspects of oral health care delivered in safe, culturally-sensitive, individualized, comprehensive, continuous, accessible, co-ordinated compassionate and patient and family centered way regardless of race, ethnicity, religion circumstances.

② Dental home should be established no later than 12 months of age to help children and their families institute a lifetime of optimal oral health.

Scope of Ipediatric Dentistry

- Pediatric and preventive dentistry encompasses a variety of disciplines, technique, procedures & /skills that logically share a common basis with other specialties but are modified, transformed or adapted to the special needs of children & adolescence and those with special health care needs.
- Pediatric dentistry have extended service to fulfill the needs of the special child including the physically, mentally & medically handicapped. They also have the good fortune of being important team memb. in children's hospital & in the management of cleft lip & palate patients & other such ailments.

4) Stages in development of occlusion.

1) predentate Period.
2) The deciduous dentition period.
3) The Mixed (transitional) dentition period
4) The permanent dentition period.

① predentate period.

This is the period soon after birth During this, the neonate has no teeth but the relation of the gum pads is equal importance.

② The deciduous period.

The initiation of primary teeth occurs during first 6 weeks of intrauterine life and the first primary tooth erupts at the age of 6 months. The individual variations apart, it takes around 2.5 - 3.5 years for all primary teeth to establish their occlusion

③ Mixed dentition period.

The period during which both the primary & permanent teeth are present in the mouth together is known as mixed dentition.

④ Permanent dentition

The entire permanent dentition is formed within the jaws after birth expect for the cusps of first molars which are formed before birth.

Conscious Sedation.

Objectives - ① Reduce or eliminate anxiety
② Raise the pain reaction threshold.
③ Reduce gagging.
④ Increase tolerance for longer appointme

Goles :- ① To prevent the most comfortable efficient & high-quality dental service for the patient.
② To control inappropriate behavior that interferes with such provision of care.
③ To promote patient welfare & safety.

Indications :- ① Lack of psychological maturity
② Medical, physical, congnitive disability.
③ Fearful, highly anxious or obstreperous patient.
④ Certain patient with special heathcare needs.

Balanced diet.

- One which supplies all the nutrients in the right quantity & proportion.
- Requirement of an adult sedentary male : 2400 kcal, ie. unit of energy.
- Supplementation during pregnancy: 300 kcal
- During loctation: 600 kcal extra
- Exchange for non-vegetarians.
  - 50% legumes + 1 egg/ 30g meat / fish
  - No legume, 1 egg + 30g meat/ fish
  - No legume, no egg, 60g meat / fish.

7) Oral microflora

- Carious lesion occur only when d bacteria produces a sufficiently ac environment that can dissolute the Crystalline structure of tooth.
- Hypothesis concerning the pathoge the plaque is that metabolic activi the plaque bacteria determines H onset & progression of the carious lesions in the oral cavity.

① Non-Specific plaque hypothesis
② Specific plaque hypothesis
③ Ecologic plaque hypothesis

8) Turku Study

The purpose was to study differen in caries increment rate as influences by various sugars.

- A second important intervention study was the turku study. This was controlled longitudinal study carrie out in Finland in 1970's
- The study investigated the effect o almost total substitution of sucrose in normal diet with either fructose or xylitol on caries development.

Classify Myofunctional appliances.

~~I. by Tom Graber.~~

I. Functional appliances (removable)

i) Group I - Teeth Supported

eg. Catlan's appliance, inclined planes.

ii) Group II - Teeth / Tissue Support.

e.g. activator, binator.

iii) Group III - Vestibular Positioned appliances

e.g. lip bumpers, Frankel's appliance

II. With advent of Fixed functional appliance

i) Removable Functional.

e.g. Activator, Bionator.

ii) Semi - Fixed.

e.g. Den Holtz, Bass appliance

iii) Fixed.

e.g. Herbst.

III. With Concept of hybridization

i) Classical Functional Appliance

e.g. Activator, Frankel's appliance

i) Hybrid Appliance

e.g. Propulsor.

(d) Streptococcus mutans

~~As in~~ The main bacteria implicated i
Ecc are of the group now termed
mutans Streptococci' which the Species
S. mutans & S. Sobrinus are most Comm
isolated in human dental caries

1) Virulence of mutans Streptococci
2) Colonization of mutants Streptococci
in dental plaque.
3) Establishment of mutans Streptococci
in infants.
4) Transmission of mutans
Streptococci.

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Supplement Sheet

me of the Student _____

me of the Examination _____ Class _____

bject _____

ll No. _____ Date _____

pplement No. _____ Invigilator Signature _____

LAQ's

Diet & dental caries

Diet :- the types and the amount food eaten daily by an individual

Dental caries :

an irriversible microbial disease of calcified tissue of the teeth. Characterized by demineralization of inorganic portion & distruction of the organic portion substance of the toot which often leads to cavitation.

Etiology of Dental caries.

- Dental caries is a multifactorial disease.
- Diet
- Bacteria.
- Susceptible tooth surface
- Time.

Relationship betn Diet & Dental Car
- Concept of Noble Savage.
- Developed during part of 18th centu
- An understandable development fro
this ideal was the brief that the
apparent freedom from caries
enjoyed so called primitive races
should be attributed to natural die
on which they existed.
- Humans started eating soft process
food. highly fermentable carbohydrat
which did not properly excercise
the masticatory apparatus & lead to
dental decay.

observational Studies
① Epidemological observation
② World war II studies
③ Hopewood studies
④ Vipholm Studies
⑤ Turku Sugar Study
⑥ Plaque pH studies

Sweet Score Table.

liquid.	Solid & sticky	Slowly
Soft drink,	cake, Sweet rolls,	dissolving
fruit drink,	pastry, banana.	Hard candies,
beverage,	dried fruit	breath mint
ice-cream,		antacid tablet
Custard.		

2) Treatment plan for non-vital tooth

Pulpectomy.

- It is also referred to as root canal therapy
- Total removal of pulp tissue & subsequent filling of the canal with suitable biocompatible materia & to maintain the tooth in non infected state.

1st appointment.

- Application of local anesthesia
- Isolation of tooth with rubber dam
- Removal of caries.
- Removal of roof of the pulp chamber with a bur & a high speed hand piece.
- Amputate the coronal portion of the pulp with bur & low speed hand piece.
- Identification of the orifice of the canal
- diagnostic radiograph is taken with files in root canal.
- Remaining pulp in root canal is removed using endodontic files
- clean canal the irrigation with normal saline 1% sodium hypochlorite solution.
- Dry canal with paper points
- Apply cotton polate in the canal.
- If no symptoms are found in few days,

2nd appointment. - filling canal with suitable material

D Y PATIL DENTAL SCHOOL

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Ashwini Pawar

Name of the Examination _____ Class _____

Subject _____

Roll No. 9 Date 25/6/24

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

41/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

21/6/24

Name & Signature of IC / H.O.D.

Long case

Name - Samiksha Gaikwad.
Date of birth - 7/3/16
Age - chiku
Gender - Female
Address - 7 Years.
Telephone number - 9281775824
Mother tongue - Marathi
Name of accompanying person. -

parents,	father	mother
Name	Vinod	-
Occupation	Teacher	-
Education	Graduate	-
Income	-	-

Chief complaint - patient complains of pain in lower left back region of jaw since 15 days.
HOPI - patient was apparently asymptomatic 15 days ago then she started experiencing pain which is short, sharp & aggravated on mastication. # lasting for few minutes swelling is present pain relieves on its own.

History -
i) Family history -
a) premature / full term - full term
b) birth weight - 17.55 kg.
c) H/O Hypoxia -
d) H/O Medication -
e) H/O Allergy -
f) H/O Hospitalization -
} NRH

Immunization status - upto date.
past dental experience - NRH

Infant feeding history -
1) H/o breast feeding -
- Duration - 1.5 year
- Frequency - 4-5 times
- Night feeding -

2) H/o bottle feeding -
- Duration - } NRH
- Night feeding -
- Contents of bottle -
- Use of pacifier -
- H/o decay -

Diet -
Meals per day - 3 times a day.
Diet - paratha, dal chawal, tea, biscuits, milk, fruits, meat.

Type & frequency of snacks - liquid.
Balanced diet - present.

Diet score -
Food score = 38, Nutrient score = 10
Sweet score = 15.
Dental health diet score - (38+10) - 15 = 33
< 56 - not adequate
- counselling with diet modification.

Oral hygiene maintainance -
Whether child brushes herself - Yes
Since when - 4-5 years.
How many times - once daily.
Tooth paste - fluoridated.
How often she changes tooth brush - 3 months.

Trauma to teeth - NRH.
oral habits - NRH.

Behavioural rating scale -
Frankel's - positive (+).

Examination -
General - Height = 115 cm, wt = 18 kg,
- mesomorph
Head, neck, face - convex. Competent lips.
bilaterally symmetrical.
Intra-oral - decays - absent.
soft tissue examination - normal.

Hard tissue examination -
No. of teeth present - 20 primary - 20
Deciduous dentition -

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

Occlusion - primary dentition
molar - mesial step - mesial step
Canine - class I - class I

D Y PATIL GROUP

Dental Caries ∈ 84, 74, 51, 52, 61.
Mobility - absent.

Exposed pulp ∈ 74
Deft = 5, Dmfs = 7
Area of CC - Mand. left post. region

Radiographic interpretation - In the given area of CC
teeth seen - all teeth seen with developing permanent teeth.
Crown structure is not seen in distal aspect of 74.
radiolucency is seen around the roots of 74 without furcation involvement.

Final diagnosis - Dentoalveolar abscess ∈ 74.

Treatment plan -

1) Emergency treatment -
2) Planned treatment -
   - oral prophylaxis
   - topical fluoride
   - pit & fissure sealant application

Restorative phase -
- Caries excavation & restoration ∈ 84, 51, 52, 61
  Obturation ∈ 74 followed by SS crown.

Recall - After 1 week.

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Internal Assessment Examination

SECTION A

Sr. No.

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WRONG (X)(B)(C)(●) RIGHT (A)(B)(●)(D)

Namrata Khole.

SEAT NO. IN WORDS	13
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional examination - 21
SUBJECT	Pedodontics.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	Ⓐ	●	Ⓒ	Ⓓ	11	Ⓐ	●	Ⓒ	Ⓓ	21	Ⓐ	Ⓑ	Ⓒ	Ⓓ
2	Ⓐ	●	Ⓒ	Ⓓ	12	●	Ⓑ	Ⓒ	Ⓓ	22	Ⓐ	Ⓑ	Ⓒ	Ⓓ
3	Ⓐ	●	Ⓒ	Ⓓ	13	Ⓐ	●	Ⓒ	Ⓓ	23	Ⓐ	Ⓑ	Ⓒ	Ⓓ
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7	Ⓐ	Ⓑ	●	Ⓓ	17	Ⓐ	●	Ⓒ	Ⓓ	27	Ⓐ	Ⓑ	Ⓒ	Ⓓ
8	Ⓐ	●	Ⓒ	Ⓓ	18	Ⓐ	Ⓑ	●	Ⓓ	28	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9	●	Ⓑ	Ⓒ	Ⓓ	19	Ⓐ	●	Ⓒ	Ⓓ	29	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10	●	Ⓑ	Ⓒ	Ⓓ	20	Ⓐ	●	Ⓒ	Ⓓ	30	Ⓐ	Ⓑ	Ⓒ	Ⓓ

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

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Internal Assessment Examination 2021

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Namrata Ghodke.

Name of the Examination Additional Exam. Class

Subject Pedo.

Roll No. 13 Date 25/6/21

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											12
Marks obtained in Section B											11
Marks obtained in Section C											10
Grand Total											33

Seen & No. Complaint

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Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ's

1. Tongue thrusting habit

Definition:- Thrusting of tongue between the anterior teeth, especially in the initial stage of swallowing. It is combined with a resting position also between the teeth that can inhibit normal eruption and so produce an open bite.

Classification

① Simple tongue thrust
② Lateral tongue thrust
③ Complex tongue thrust

Treatment

① Tongue thrusting often self-corrected by 8-9 years of age by time permanent teeth apart
② If tongue thrusting is associated with other habits, then the associated habit must be treated first
③ Hawley's appliances used
④ Tongue crib used.

Dental HOME

① The dental HOME is the ongoing relationship between the dentist and patient inclusive all aspects of oral health care delivered in safe, culturally - sensitive, individualized, comprehensive, continuous, accessible, co-ordinated, compassionate and patient and family centered way regardless of race, ethinicity, religion circumstances

② Dental home should be established no later than 12 months of age to help children and their families institute a lifetime of optimal oral health

Scope of Pediatric Dentistry

- Pediatric and Preventive dentistry encompasses a variety of disciplines, technique, procedures and skills that logically share a common basis with other specialities but are modified, transformed or adapted to the special needs of children and adolscence and those with special health care needs
- Pediatric dentistry have extended services to fullfill the needs of the special child including the physically, mentally & medically handicapped. They also have the good fortune of being important team member in children's hospital and in the management of cleft lip & palate patients & other such ailments

4) Stages in development of occlusion

1) Predentate Period.
2) The deciduous dentition Period.
3) The Mixed (Transitional) period
4) The permanent dentition period.

① Predentate Period

This is the period soon after birth. During this, the neonate has no teeth but the relation at the gum pads is of equal importance

② The deciduous Period.

The initiation of Primary teeth occurs during first 6 weeks of intrauterine life and the first primary tooth erupts at the age of 6 months. The individual variations apart, it takes around 2.5 - 3.5 years for all primary teeth to establish their occlusion.

③ Mixed dentition Period.

The period during which both the primary and permanent teeth are present in the mouth together is known as mixed dentition

④ Permanent dentition

The entire permanent dentition is formed within the jaws after birth except for the cusps of first molar which are formed before birth

Conscious Sedation.

Objectives:- (1) Reduce or eliminate anxiety
(2) Raise the pain reaction threshold
(3) Reduce gagging.
(4) Increase tolerance for longer appointment

Goals - (1) To prevent the most comfortable efficient and high-quality dental service for the patient.
(2) To control in appropriate behaviour that interferes with such provision of care.
(3) To promote patient welfare and safety

Indications:- (1) Lack of psychological maturity
(2) Medical, physical, cognitive disability
(3) Fearful, highly anxious or obstreperous patient.
(4) certain patient with special healthcare needs

Balanced diet
- One which supplies all the nutrients in the right quantity & proportion.
- Requirement of an adult sedentary male:- 2400 kcal re 1 unit of energy
- Supplementation during pregnancy: 300 kcal energy
- During lactation: 600 k cal extra.
- Exchange for non-vegetarians
  - 50% legumes + 1 egg / 30 g meat / fish
  - No legumes: 1 egg + 30 g meat / fish
  - No legumes: no egg: 60 g meat / fish

7 Oral microflora

- Carious lesion occur only when a mass bacteria produces a sufficiently acidic environment that can dissolute the crystalline structure of tooth.
- Hypothesis of concerning the pathogenicity the plaque is that metabolic activity the plaque bacteria determines the onset & progression of the carious lesions in the oral cavity

① Non-specific plaque hypothesis
② Specific plaque hypothesis
③ Ecologic plaque hypothesis.

8 Turku study

The purpose was to study differences in caries increment rate as influenced by various sugars

- A second important intervention study was the turku study. This was controlled longitudinal study carried out in Finland in 1970's
- The study investigated the effect of almost total substitution of sucrose in normal diet with either fructose or xylitol on caries development.

Classify Myofunctional appliances

I. Functional appliances (removable)

i. Group I - Teeth supported

Eg: Catlan's appliance, inclined planes

ii. Group II - Teeth / Tissue support

Eg: activator, bionator

iii. Group III - Vestibular positioned appliances

Eg: Lip bumpers, Frankels appliance

II. With advent of Fixed functional appliance.

i) Removable Functional

Eg: Activator, Bionator

ii) Semi-Fixed

Eg: Den Holtz, Bass appliance

iii) Fixed

Eg: Herbs

III. With concept of hybridisation

i) Classical Functional Appliance

Eg: Activator, Frankels appliance

ii) Hybrid Appliance

Eg: Propulsor.

10) Streptococcus mutans

The main bacteria implicated in ECC are Of the group now termed mutans Strepto which the species S. mutans & S. sobrinus are most commonly isolated in human dental caries.

1) Virulence of mutans streptococci
2) Colonization of mutans streptococci in dental plaque.
3) Establishment of mutans streptococci in infants
4) Transmission of mutans streptococci

LAQ's

Diet & dental caries.

Diet :- the types and the amount of food eaten daily by an individual.

Dental Caries

an irreversible microbial disease or calcified tissue of the teeth characterized by demineralization of inorganic portion and destruction of the organic portion substance of the teeth which often leads to cavitation.

Etiology of Dental Caries

- Dental caries is a multifactorial disease
  - Diet
  - Bacteria
  - Susceptible tooth surface
  - Time

Relationship between Diet & Dental Caries

- Concept of Noble Savage
- Developed during part of 19th century
- An understandable development from this ideal was the belief that the apparent freedom from caries enjoyed so called primitive races should be attributed to natural diet on which they existed
- Humans started eating soft processed food highly fermentable carbohydrate which did not properly excercise the masticatory apparatus lead to dental decay

Observational studies

(1) Epidemological observation
(2) World war II studies
(3) Hope wood studies
(4) Vipholm Studies
(5) Turku Sugar study
(6) Plaque pH studies

Sweet Score table

Liquid	Solid & Sticky	Slowly dissolv
soft drink, fruit drink, beverage, ice-cream, custard	Cake, sweet rolls, pastry, banana, dried fruit	Hard candies, breathmint, antacid tablet

Treatment plan for non-vital tooth

Pulpectomy

- It is also referred to as root canal therapy
- Total removal of pulp tissue & subsequent filling of the canal and to maintain the tooth in non infected state.

1st appointment:

- Application of local anesthesia
- Isolation of tooth with rubber dam
- Removal of caries
- Removal of roof of the pulp chamber with a bur & a high speed hand piece
- Amputate the coronal portion of the pulp with bur & low speed hand piece.
- Amputate the identification of the orifice of the canal
- Diagnostic radiograph is taken with files in root canal.
- Remaining pulp in root canal is removed using endodontic files
- Clean canal the irrigation with normal saline 1%. Sodium hypochloride Solution.
- Dry canal with paper points
- Apply cotton pellet in the canal
- If no symptoms are found in few days 2nd appointment - filling canal with suitable material

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Namrata Ghdarg

Name of the Examination _____ Class _____

Subject _____

Roll No. 13 Date 25/6/24

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

38/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

25/6/24

Name & Signature of IC / H.O.D.

Date -

Name of student - Renuka.

Patient Information.

Name - Asad pathan

Nick Name - Asad

Dob - 9-3-14

Age - 10 yrs.

Gender - M

Adress - chalisi, pune

Tel No - 8788120254

Mother tongue - Hindi.

Name of Accompanying person.

Parents	Mother	father
Name	Nayima	Hamid
occupath	Housewife	electrician
Educath	12th	-
Income	-	40-50/day

c/c - patient complains of Misaligned tooth in upper right region of jaw since 2 days.

History

family History - NRH

* Past Medical History

Preema - full term

- Birth weight - 3kg
- Immunization - up to date

* Past Dental History - NRH.

Infant feeding History

Duration - 1.5 yrs

Frequency - 7-8 times / day.

H/o Bottle feeding - No

Pacifier - NO

Weaning - 6 months

Diets

	Frequency	Score
Banana	1	6
chapati	2	12
tea	1	5
Toast	1	6
	total	32

Diet → Not adequate.

Counseling with Diet Modification.

Oral Hygine Maintenance.

brushesh his teeth with floorneted tooth past 1 time.

Trauma to teeth - NRM.

Oral Habits → Tonge thrusting.

* Behaviour rating scale.

Frankle Behavior rating scale - 3

Rating - 3 → positive.
Acceptance of treatment.

Examination

General

Height 100 cm
weight 20 kg
Gait - Normal
skin normal

Head Neck & face.

symmetrical
profile - straight
Lips compitant

Intral oral

Oral hygne status.

0	1	0
54	61	64
85	82	75.
0	1	0

$1 + \frac{1}{6} = 1.16 \rightarrow$ Good

Hard tissue examination

No of teeth - 26. Primary - 8.

permnt - 16

Dentin

Teeth present - 16 55 14 13 12 | 11 21 22 63 24 65

46 85 84 83 42 41 | 31 32 53 74 75 36

Occlusion - Right - Left

flush : Mesial step.

terminal

Dental caries - Deep occlusal - $\bar{c}$ 75 85

Distoproxeml $\bar{c}$ 74, 84, 15

DMFT / DeFT

d	4
c	0
f	0
T	4

chief complaint Accion

Max Ant. teeth.

Provisional Diagnosis - Mesodense.

IOPA / OPG - This is OPG.

Radiograph Interpretation - Mesiodense &
Permnt CI & LI can seen
supernumerary teeth present
It is cond in shape -

Treatment

Oral prophylaxis - Brush twice.

Topical Fluoride Application - Naf

Restorative endodontic treatment
$\bar{c}$ 74, 75, 85, 84.

Surgical phase - Extraction of Mesodense ↓LA

Recall - 1 week.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Referred(2020-21) – ADDITIONAL INTERNAL ASSESSMENT

Theory Attendance Record **Date – 25/6/21**

Sr No	Roll No	Name of the Student	Sec A (20 marks)	Sec B (20 marks)	Sec C (20 marks)	Total (60 Marks)	Viva (10 marks)	Points (3 marks)	Signature
1	9	Aashvini Pawar	11	12	11	34	1.70		
2	13	Namrata Gholve	12	11	10	33	1.65		

Sign of HOD

Department of Pediatric and Preventive Dentistry

Dept. of Paediatric & Preventive Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular (2018-19) – ADDITIONAL INTERNAL ASSESSMENT

CIRCULAR

Date – 21/5/2022

To

Final year BDS students

This is to inform that below mentioned student's additional exam will be held on 1/6/2022(theory) and 3/5/2022 (practical). All the students, whoever are concerned, are informed to present for the exam.

Theory

Sr No	Roll No	Name of the Student
1	05	Rutuja baradsakar
2	87	Prince Singh

Practical

Sr No	Roll No	Name of the Student
1	06	Pooja Gayakwad
2	09	IshwariParadeshi

Sign of HOD

Department of Pediatric and Preventive Dentistry

D Y Patil Knowledge City,
Charoli (Bk), Via Lohegaon, Pune - 412105.

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular(2021-22) – ADDITIONAL INTERNAL ASSESSMENT

Theory Attendance Record **Date – 1/6/22**

Sr No	Roll No	Name of the Student	Signature
1	05	Rutuja baradankar	RutujaB.
2	87	Prince Singh	P.Singh

Practical Attendance Record **Date – 3/6/22**

Sr No	Roll No	Name of the Student	Signature
1	06	Pooja Gayakwad	Pooja G.
2	09	IshwariParadeshi	Ishwari. P

Sign of HOD

Department of Pediatric and Preventive Dentistry

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D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

ADDITIONAL FINAL BDS EXAMINATION.

01/06/2022

1. Preventive pit and fissures sealant in children should have

A. high compressive strength

B. low viscosity

C. hybrid composite filler

D. none of above

2. In primary molar the shape of pulpal floor

A) Convex

B) Concave

C) Flat

D) Round

3. Small pea size FLOURIDE TOOTH PASTE contains

1. 125mg

2. 250 mg

3. 500 mg

4. 1000mg

4. What instrument use to prepare the cavity for ART?

A. Remove carious by high speed drill

B. Remove carious by low speed drill

C. Remove carious by hand instruments

D. Remove carious by high speed and low speed drill

5. Which GIC have more fluoride release?

A. GIC Fuji I

B. GIC Fuji ii

C. GIC Fuji IX

D. GIC Fuji VII

6. Ectopic eruption is

A. Eruption of tooth before its eruption date

B. Eruption of tooth at abnormal place

C. Delayed eruption of a tooth

D. Eruption of an extra tooth

7. For partially eruption permanent molars the appropriate sealant is :

A. Glass ionomer cement

B. Dimethacrylate

C. Polyurathane

D. Cyanoacrylate

8. In the preparation for stainless steel crown the occlusal reduction is:

A. 1-1,2mm

B. 1-1,5mm

C. 1-1,7mm

D. 1-1,9mm

9. Treatment of uncomplicated crown fracture is:

A. Root canal treatment

B. Ceramic crown

C. Extraction

D. Ca(OH)2/GIC lining and composite

10. Treatment of complicated crown fracture is:

A. Extraction

B. Splinting

C. Cvek pulpotomy with Ca(OH)2 for permanent teeth

D. Filling with Amalgam

11. Treatment of complicated crown root fracture is:

A. Extraction for primary teeth

B. Root canal treatment

C. Stainless Steel crown

D. Ceramic crown

12. In order to adequately anesthetize tooth #T, you would provide:

A.long buccal and lingual nerve infiltrations

B.long buccal and lingual nerve infiltrations, plus inferior alveolar nerve block

C. inferior alveolar nerve block only

D. inferior alveolar and mental nerve block.

13. While removing caries from tooth #F, you have a very small exposure of the distoincisal pulp horn. It is approximately 0.5 mm in cross-section and is surrounded by healthy, caries-free dentin. The tooth has been asymptomatic. There was slight bleeding, but hemostatis was immediately achieved by light pressure. You proceed with a _____ of the exposed pulp.

A.ZOE pulpectomy

B.ferric sulfate pulpotomy

C.calcium hydroxide direct pulp cap

D.MTA indirect pulp cap

14. A child's tooth #J had required endodontic procedure and was temporarily restored with an intermediate restorative material, however, there is still active caries at the mesial contact area. The distal surface is caries-free. The treatment of choice is a(n) _____.

A.mesiloocclusal composite

B.mesiloocclusal amalgam

C.stainless steel crown

D.extraction

15. An _____ procedure on an immature permanent tooth assumes there is vital tissue present that is capable of continued root development.

A.apexogenesis

B.apexification

C. both

D.none

16. The natural spacing distal to the mandibular canines is known as _____.

A.leeway space

B.intercanine width

C.interdental space

D.primate space

17. An orthodrontic band fits well -- there are no gaps or spaces between band and tooth and the band's occlusal edges are:

A.easily burnished over the marginal ridge of the tooth

B.just below the marginal ridge of the tooth

C.at the level of the contact area

D. Both B and C

18. A 5-year-old girl exhibits an anterior open bite with labial flaring of the maxillary anteriors, slight lingual inclincation of the mandibular anteriors which adds to a 5 mm overjet. At rest, her midlines line up but when she closed into maximum intercuspation, she must shift her jaw to one side, resulting in a posterior crossbite. Assuming this is not a congenital condition, what would be the cause of her malocclusion?

A.Digit sucking

B.Lip sucking

C.Pacifier (dummy) sucking

D. Any of the above

19. The most common post-operative analgesic used with the child patient:

A.contains codeine combined with acetaminophen or ibuprofen

B.is an over the counter product like acetaminophen or ibuprofen

C. Opiods

D. all of the above

20. As a child grows into adolscence, their blood pressure _____ and their heart rate _____.

A.increase, increases

B.decreases, decreases

C.increases, decreases

D.decreases, increases

D.Y. PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

ADDITIONAL FINAL BDS EXAMINATION.

01/06/2022

SAQ (10x2=20 M)

1) Anticipatory guidance
2) Nalgonda technique
3) Plaque control in children
4) Indications of serial extraction
5) Modifications of stainless steel crowns
6) Buckley's formocresol
7) Chronic fluoride toxicity
8) Diazepam
9) Nance palatal arch
10) Stephan curve

LAQ (10x2=20 M)

1) Define Pulpectomy. Enumerate the obturating materias and discuss in detail different obturating techniques for primary teeth.
2) Minimally invasive dentistry

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular(2021-22) – ADDITIONAL INTERNAL ASSESSMENT

MCQ ANSWERSHEET

QUESTION NO	ANSWER	QUESTION NO	ANSWER
1	C	11	A
2	A	12	B
3	A	13	A
4	A	14	C
5	B	15	A
6	B	16	B
7	D	17	B
8	A	18	D
9	A	19	C
10	C	20	A

D Y PATIL DENTAL SCHOOL

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Internal Assessment Examination

SECTION A

Sr. No.

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WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

Ruhija Bavadrakar

SEAT NO. IN WORDS	05
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	additional examination - 22
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

12

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	Ⓐ	Ⓑ	●	Ⓓ	11	●	Ⓑ	Ⓒ	Ⓓ	21	Ⓐ	Ⓑ	Ⓒ	Ⓓ
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3	●	Ⓑ	Ⓒ	Ⓓ	13	●	Ⓑ	Ⓒ	Ⓓ	23	Ⓐ	Ⓑ	Ⓒ	Ⓓ
4	Ⓐ	Ⓑ	Ⓒ	●	14	Ⓐ	Ⓑ	●	Ⓓ	24	Ⓐ	Ⓑ	Ⓒ	Ⓓ
5	Ⓐ	●	Ⓒ	Ⓓ	15	●	Ⓑ	Ⓒ	Ⓓ	25	Ⓐ	Ⓑ	Ⓒ	Ⓓ
6	Ⓐ	●	Ⓒ	Ⓓ	16	Ⓐ	●	Ⓒ	Ⓓ	26	Ⓐ	Ⓑ	Ⓒ	Ⓓ
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8	●	Ⓑ	Ⓒ	Ⓓ	18	Ⓐ	Ⓑ	Ⓒ	●	28	Ⓐ	Ⓑ	Ⓒ	Ⓓ
9	●	Ⓑ	Ⓒ	Ⓓ	19	Ⓐ	Ⓑ	●	Ⓓ	29	Ⓐ	Ⓑ	Ⓒ	Ⓓ
10	Ⓐ	Ⓑ	●	Ⓓ	20	●	Ⓑ	Ⓒ	Ⓓ	30	Ⓐ	Ⓑ	Ⓒ	Ⓓ

Seen and No Complaint

Candidate's Signature

Examiner Name & Signature

2022-

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

Name of the Student Rutuja Baradkar.

Name of the Examination Additional Exams Class

Subject pedodontics

Roll No. 5 Date 1/6/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											12
Marks obtained in Section B											14
Marks obtained in Section C											12
Grand Total											38

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ

1) Anticipatory Guidance

→ It is a proactive development based counselling technique that focus on the needs of a child at each stage of life.

- It is a compliment to caries Assessment Tools.
- The aim of AG is to address protective factors in effect to prevent oral health problem.
- AG would include discussion on oral development, diet & nutrition, flouride adequacy, oral habits, injury Prevention & oral hygine

Prenatal Counselling:

→ Parents should be educated regarding
- oral development of their child
- Appropriate feeding practice
- Dental disease process
- oral hygine measures
- Mother's health during pregnancy
- 1st food demand during pregnancy

Nalgonda Technique

Working principle

This involved the addition of three readily available chemicals, i.e sodium aluminate / lime, bleaching powder & filter alum to the fluoride water in the same sequence which leads to flocculation sedimentation & filtration.

This technique can be used both for domestic as well as for community water supplies.

Advantages

- No regeneration of media
- No handling of caustic acids & alkalies.
- Readily available chemicals are used
- Adaptable to domestic usage.

Disadvantages

- Desalination may be necessary
- Hardness of the raw water in the range of 200-600 mg/L requires precipitation softening.
- Large amount of alum needed to remove flouride.

Modification

→ Polyaluminium chloride (PAC)

→ Polyaluminium hydroxy sulfate (PAHS)

3) Plaque control in children

→ Plaque control is the removal of plaque & the prevention of its accumulation on the & adjacent gingival surface.

Methods of plaque control

A) Mechanical plaque control
- Dentrifice
- Toothbrush
- Dental floss
- Oral irrigation
- Interdental cleaning aids.

B) Chemical plaque control
- Mouthwash
- chlorhexidine
- other compounds.

Indications
- Pt education
- Instructions to pt about plaque control
- self assessment by the pt.
- Assessment of the elimination
- Preparation of plaque indices.

Indications of Serial Extraction

- Premature loss of deciduous teeth
- Arch length deficiency & tooth size discrepancy.
- Absence of physiologic spacing
- Lingual eruption of lateral incisors
- Mesial drift of buccal segments
- Canines erupting mesial to the lateral incisors.
- Abnormal eruption direction & eruption sequence
- Gingival recession on labially displaced incisors
- Ankylosis, ectopic eruption, ankylosis etc
- Deleterious oral habits.
- Crowded maxillary & mandibular incisors with extreme labial proclination

1) Modification of stainless steel crowns.

- Adjacent stainless steel crowns
- Adjacent stainless steel crowns with arch length loss.
- oversized / undersized crown
- ~~overbo~~ Contralateral 1st primary molar
- Crown extension for deep proximal lesions
- for space loss
- open face SSC
- for open contact
- Abutment to space maintainer
- other modifications by Hall
- Preveneered SSS
- Modification in extruded opposing teeth

Buckley's formocresol

formocresol was introduced by Buckley in 1904 since then a lot of modifications have been advocated regarding the technique of formocresol pulpotomies.

composition.

Cresol - 35%.
Glycerol - 15%.
Formaldehyde - 19%.
Water - 31%.

Preparation:

Currently we use 1/5th conc. Buckley's formula. which is prepared by following method

Dilute 3 parts (90ml) glycerine with 1 part (30ml) dilute sterile water

↓

Add 1 part (30ml) formocresol to 4 part diluent.

↓

Add 30ml of formocresol to 120ml of diluent to obtain 150ml of dilute formocresol i.e 1/5th strength.

MOA: It prevents tissue autolysis by bonding to the proteins. This bonding is of peptide groups of side chain amino acids & is a reversible accomplish without changing the basic structure of protein molecule

7) Chronic flouride toxicity

→ It is defined as ingestion of variant dose flouride over prolonged time. It is of two types
- Dental
- Skeletal flourosis

a) Dental flourosis

It is a developmental disturbance of dental enamel caused by successive exposures to high concentration of flouride during tooth development, leading enamel with lower mineral.

Causes - Excessive flouride in water
- Non prescribed use of flouride supplements
- Ingestion of topical flouride

b) Skeletal flourosis

Also called osteoflourosis

Causes- water flouride level over 4ppm causes mild variant but levels over 10ppm causes severe skeletal flouroses.

Cf :- - ↑ed in bone density
- change in bone contours
- Irregular periosteal growth

Diazepam

Benzodiazepines are a group of medications most commonly used for moderate sedation.
Commonly used BZD are Diazepam, Lorazepam & midazolam.

Diazepam & Lorazepam have similar profiles
Lorazepam has similar duration of action but is approximately 5X as potent as diazepam.
Diazepam can cause mild reduction in BP, cardiac output & peripheral vascular resistance.
Due to diazepam prolonged duration of action, they may not be suitable for outpatient procedures.

Dosage guidelines.
Adults (10-64 years of age - 5mg which may be repeated every 5 min to a max dose of 20mg
onset - 1-5 min.
Elderly (>65) & those with COPD: 2.5mg which may be repeated every 5 min to max of 10mg
Duration of action :- 1-8 hours.

9) Nance palatal Arch

→ It is a Bilateral, non-functional passive, maxill fixed appliance that does not contact the ant. teeth but approximates the anterior palate via a acrylic button that contacts the palatal tissue which provides resistance to the anterior movem of posterior teeth in a horizontal direction.

Indications:

Nance palatal arch may be used in maintaining t maxillary 1st permanent molar positioning when there is bilateral premature lost of primary teeth with no loss of space in arch of favourable mix dentition analysis

Advantages.

Arch stabiling

Disadvantages.

May cause tissue hyperplasia

Irritations to palatal-tissue.

pressure effects.

Cannot be used in pts allergic to acrylic

Modifications:

Modified Nance appliance for unilateral molar distalization

- Effective Nance palatal Arch

Stephan's Curve

It is a graph published By Stephan & Miller in 1944 which reflected the fall in salivary pH following a glucose rinse.

Stephan selected pt who were either caries free or caries inactive or who exhibited various degrees of caries activity.

Subjects were asked not to brush their teeth for 3-4 days prior to the measurement of the plaque bio film pH on the labial surfaces of the anterior teeth.

Prior to rinsing with 10ml of a 10% glucose soln for 10sec pH reading were obtained.

After rinsing with the glucose solution, pH readings were obtained at various time intervals until the pH returned to its original value

The graph has four landmarks namely, resting pH, the rapid fall in pH, the critical pH & the recovery phase

LAQ.

(1) → Pulpectomy - Removal of all pulpal tissue coronal & radicular portion of the tooth

Materials used for obturation

- ZOE
- $Ca(OH)_2$
- Iodoform
- Vitapex
- Walkhoff paste
- KRI paste
- Maisto paste
- Mineral trioxide aggregate (MTA)
- Endoflas.

Techniques of Obturation

- Endodontic pressure syringe
- Mechanical syringe
- Jiffy tubes
- Tuberculin syringe
- Incremental filling techniques.
- Reamer techniques.
- Insulin syringe technique
- Navi Tip.
- Bidirectional spiral.
- Fast inject
- Lentulo spiral technique

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student

Name of the Examination Class

Subject

Roll No. Date

Students Signature "Seen No. Complaint"

Minimally Invasive Dentistry.

Conventional management of carious lesion was performed by removing the decayed tissue surgically followed by pulp protection & the placement of suitable restorative material.

With the emergence of minimal invasive dentistry, preservation of healthy tooth structure using non-invasive technique has replaced the traditional approaches.

Silver Diamine Fluoride in Dentistry

The powerful antimicrobial properties of silver with the benefits of high dose of Fluoride were combined & this formulation also resulted in a precipitate that occluded dentinal tubules are reduced the hypersensitivity.

Indications

SDF is currently approved in US to treat dentin hypersensitivity & is conservative alternative to restorative treatment for individual who experienced sensitivity from gastroesophageal reflux Disease

→ Contra-indications

It includes individuals with a silver allergy h
with open oral lesion of teeth with irreversible pul
- SDF can irritate already sensitive oral lesions of
should be used with caution until the symp
subsides

Application of SDF

- It is easy for both clinical & field use in community settings.
- The lesions is isolated & the solution is painted onto the clean caries lesion & dried
- This application process is simple & requires little equipment & its low cost per application makes it "ideal material" for large population & for large population & for children where cooperation over longer period of time is a question.

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Internal Assessment Examination

SECTION B & C

Sr. No.

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Name of the Student Ruturaj Barodkar

Name of the Examination _____ Class _____

Subject _____

Roll No. 05 Date 1/6/22

Pledge

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Signature of Candidate

42/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Patient Information:-

Name :- Suhani Galkwad

Nickname - manu

Birth date - 5/11/24

Age 9yr

Gender - female

Address - Kalwad wasti pure.

Telephone No - 8793366373

Mother tongue - Marathi

Name of accompanying person - Father

Parents.	Father	Mother
Name	Sachin	dipali
occupation	Job	Housewife
Education	10th	12th
Income	15000 - 16000	-

10) Pediatrician Name - Dr. Kamat

* Chief complain:- Pt. complain of pain in lower left Back Region of jaw since 1 month

HOPI :- Patient was Apparently asymmptomatic for 1 month then starts expressing pain in mandibular left posterior Region of jaw the pain was seven sharp shuting last for few mins pain intermidiant while mastication

1) Past medical History :-

Premature / Full term - full term - Normal

Birth weight - 3kg

Hypoxia / Cyanosis / Jaundice

medication

allergy

Illness & Hospitalization

HRH

Immunization Status - Not Aware.

2) Past dental History :-

Dental visit - 2-4 hrs

Dental Treatment - Pediatric endodontic treatment - 75, 85

- Behaviour of child during dental visit - co-operative

- Past Dental experience - good

II) Infant feeding History

1) H/O Breast feeding

- Duration - 1 yr

- Frequency 5-6 hrs a day

- Night feeding - 1 hre

- Bottle feeding

Duration 2-3 hrs.

Night -

Content - cow milk without sugar

3) Pacifer - No

4) Weaning - 6 month - ~~give~~

III) Diet :-

1) Meal per day - 2 meal

Diet include - 2 chapati + Bhaji + Bisuit + Rice + dal

Type of snake - solid once a day

Balanced diet - Not Adequate

food		score
Chapati	2	12
Bhaji	1	6
Rice	1	6
dal	1	6
		30

Sweet score = 10

Nutrient score = 1+1 = 2

food score = 30

diet score :- Food score + Nutrient score - Sweet score

30 + 10 - 2 = 38

IV) Oral Hygiene
Child Brushes - Herself
Since - 2yr
2 times, colagate After 6 month change
Bus

V) Habit :- No Relevant Habit
VI) Trauma - No Relevant History
VII) Behavioral Rating - Positive

3] Examination :-
1) General - Height - 3 feet
weight 25 kg
Somatotype - ectomorphic
Gait - Normal
Stan - Normal
Head Neck Face - No lymphnode, Non tender
Non palpable, No clicks,
deviation

* Intraoral :- OHI

16	21	26
0	0	1
2	0	2
46	41	36

16	21	26
0	0	0
0	2	0
46	41	36

Total score - $\frac{6}{6} + \frac{2}{6} = 1.3$

4) Soft tissue examination Normal
5) Hard tissue
Primary - 16
Permanent 8.

Teeth present :- 16 55 54 53 12 11 | 21 22 63 64 65 26
46 85 84 83 42 41 | 31 32 73 74 75 36

dental Age - 8-9yr

* occlusion - Primary :- left Right
molar mesial step mesial step
canine class I class I

c) mixed / Permant Dentition

Overjet - Normal

overbite Normal

Deep Bite - Absent

crossbite -

* Teeth Restored :- Pediatric endodontic treatment done c̄ 75, 85 + stainless steel crown

* Dental caries - Distoproximal caries c̄ 74

Pitt fissure caries c̄ 36

DMFT / Deft

deft	DMFT
d - 1	D - 1
e - 0	M - 0
f - 2	F - 0
t - 3	T - 1

* Area of chief complaint mandibular left posterior c̄ 74

Provisional diagram - Disto proximal caries 74

Investigation

Radiograph - IOPA c̄ 74

* Radiographic interpretation - Tooth completely seen 75, 74, 36

Tooth Incomplete seen - 73

* Treatment plan →

1) oral prophylaxis :-

2) Parophical fluoride

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X)(B)(C)(●) RIGHT (A)(B)(●)(D)

SEAT NO. IN WORDS	87
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional examination - 22.
SUBJECT	Pedodontics.
PAPER	

Prince Singh.

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

13

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

2022

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Internal Assessment Examination

SECTION B & C

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TO BE FILLED BY THE STUDENT

Name of the Student Prince Joseph.

Name of the Examination Additional Exam Class

Subject Peds

Roll No. 87 Date 1/6/22

Pledge

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It is a compliment to caries assessment tool.
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prenatal counselling
- parents should be educated regarding
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  - Appropriate feeding practices.
  - Dental disease process.
  - oral hygiene measures
  - mother health during pregnancy
  - Increased food demand during pregnancy

2) Nalgonda technique

→ Working principle

This includes addition of three ready available chemicals. i.e. sodium aluminate, bleeding powder & filter alum to fluoride water in the same sequence which leads to flocculation, sedimentation & filtration

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  - No regeneration of media
  - No handling of caustic acids alkalies.
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  - Adaptee to domestic purpose

- Disadvantages
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  - Hardness of raw water in the range of 200-600mg/L requiring precipitation softening.
  - Large amount of alum to remove fluoride

- Modifications.
  - polyaluminium chloride (PAC)
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Q) plaque control in children

→ plaque control is removal of plaq. of the prevention of accumulation on teeth & adjacent gingival surfaces

Methods of plaque control

1) mechanical plaque control
   - dentifrice
   - toothbrush
   - dental floss
   - oral irrigation
   - Interdental cleaning aids.

2) chemical plaque control
   - mouth wash
   - chlorhexidine
   - other compounds

- Indications
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- Instructions to patient about plaque control
- self assessment by the patient
- assessment of clinician
- preparation of plaque indies

4) Indications of serial extraction

→

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- Arch length deficiency & tooth size discrepancy
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- for space loss.
- for free ssc
- for open contacts
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- modifications in crowding opposing teeth

6)

→ Buckley's formocresol

- formocresol was introduced by Buckley in 1905 & since then a lot of modifn have been tried & advocated regarding the technique of formocresol pulpotomies

Composition of formocresol : Buckley's

- cresol : 35%
- Glycerol : 15 : 90.
- formaldehyde : 19%
- water : 31%

preparation

currently we use 1/5th conc. of Buckley's formula, which is prepared by following method

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7) chronic fluoride toxicity

→ It is defined as injection of various doses of fluoride over a prolonged period of time. It is of two types
- Dental
- skeletal

a) Dental fluorosis

causes: Excessive fluoride in water
- non prescribed use of fluoride
- Ingestion of topical fluorides

b) skeletal fluorosis
Also called as osteofluorosis

causes: water fluoride level over 4ppm cause a mild variant but levels over 8 ppm cause severe skeletal fluorosis

cf - Increased bone density
- change in bone contours
- Irregular periosteal growth

6) Diazepam

Benzodiapines are a group of medicines most commonly used for moderate sedation

- Diazepam & lorazepam have similar profiles
- lorazepam has similar duration of action but is approximately five times as potent as diazepam
- due to diazepam prolonged duration of action they may not be suitable for out patient procedures

- Dosing guidelines
- Adults 16-64 yrs of age: 5mg which may be repeated every 5 min to non dose of 20 mg onset: 1-5 min
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- duration of action: 1-8 hrs

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→

It is bilateral non-functional, passive maxillary fixed appliance that does not contact the anterior teeth but approaches the anterior palate via an acrylic button that contacts the palatal tissue.

which provides resistance to anterior movements of posterior teeth in horizontal direction

Advantages

Arch stabilizing.

Disadvantages

may cause tissue hyperplasia

- Irritation to palatal tissues
- pressure irritation
- cannot be used in allergic patients

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- Estheta nance palatal arch.

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The graph has four named regions namely resting pH, rapid fall in pH, the critical pH and recovery phase

LAQ

1)

→ pulpectomy: It defines as removal of pulpal tissue from the coronal & radicular portion of tooth.

materials used for obturation
- zinc oxide eugenol.
- calcium hydroxide
- Iodoform
- vitapam
- Walkhoff paste
- KPI paste
- Maisto paste
- mineral trioxide aggregate (MTA)
- Endoflas.

Techniques of obturation
① Endodontic pressure syringe
② mechanical syringe
③ Jiffy tube.
④ Tuberculin syringe
⑤ Incremental filling technique
⑥ Reamer technique
⑦ Insitive syring technique
⑧ Navi Tip
⑨ Bidirectional spiral
⑩ past inject (micromega)
⑪ Lentulo spiral

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

me of the Student

me of the Examination Class

bject

l No. Date

dents Signature "Seen No. Complaint"

Minimal Invasive Dentistry

- conventional management of carious lesion was performed by removing the decayed tissue surgically following by pulp protection & placement of suitable restorative material
- with the emergence of minimal invasive dentistry (MID) preservation of healthy tooth structure using non-invasive techniques has replaced the traditional approaches

Silver Diamine fluoride in dentistry (SDF)

The powerful antimicrobial property of silver with benifits of high dose of fluoride were combined and this formulations also resulted in a precipitate that occluded dentinal tubules and reduced hypersensitivity

Indications

SDF is currently approved in US to treat dentin hypersensitivity is a conservative alternate to restorative treatment for.

treatment for individuals who experienced sensitivity from gastroesop reflex disease (GERD)

- when dental care cannot be completed due to medically compromi conditions SDF can be interim mean until more definite treatment can b accomplished.

- Contraindications
- It includes with a silver alloy. th with open oral lesion and teeth wi irreversible pulpitis.
- SDF can irritate already sensitive oral lesions & should be used with cauti until the symptoms subside
- symptomatic treatment of mucosa is adv

D Y PATIL DENTAL SCHOOL

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Internal Assessment Examination

SECTION B & C

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TO BE FILLED BY THE STUDENT

Name of the Student Prince Singh

Name of the Examination _____ Class _____

Subject _____

Roll No. 87 Date 1/6/22

Pledge

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Signature of Candidate

33/60

Signature of Junior Supervisor

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Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

11/6/22

Name & Signature of IC / H.O.D.

Name : Nidhi Tushar Adawade
Nick name : Nidhu
Date of birth : 13-12-2018
Age – 5years
Gender – female

Address – Yerwada, Pune

Telephone – 9028753361
mother tongue – Marathi

Parents	Father	mother
Name	Tushar	Dipika
occupation	Job	Housewife
Education	10th	12th
Income	50,000/yr	

Chief complaint –
Patient experiences pain on mastication. The duration of pain is intermediate with a dull nature and throbbing progression.

History –
past medical history – NRH

Birth wt – 2kgs

H/o allergy –
H/o – medication –

Past dental history –

Dental visits –

Dental treatment –

DIET –

Meals per day – 2 times

Diet includes – chapati, bhaji

Frequency – chocolate, patty

Balanced diet – not adequate.

Oral hygiene maintenance –

- Brushes by herself.
- since 2 yrs
- Twice a day
- uses fluoridated tooth paste.

How often changes brush – 2 months.

Trauma to teeth and supporting tissues –

When – NRH

Where – NRH

How – NRH

Oral habits —

Tongue thrusting - —

Thumb sucking - —

lip/nail biting - —

mouth breathing - present.

Bruxism — —

Intra oral examination —

oral hygiene status - good

Deposits — Hard -

Soft —

Stains — Intrinsic -

Extrinsic —

Soft tissue examination — labial mucosa/lips — Normal

Buccal mucosa —

floor of mouth

palate

Tonsils —

Gingiva

Occlusion —

Primary dentition —	Right	left
Molar	Mesial step	-u-
canine	class I	class I
incisor	class I	class I

Area of chief complaint — mandibular left posterior

provisional diagnosis - deep occlusal caries $\bar{c}$ 75

Investigations — Radiograph — IOPA

vitality —

Final diagnosis — ✱ chronic pulpitis $\bar{c}$ 75

Treatment —

Emergency treatment — Access opening $\bar{c}$ 75

oral prophylaxis - fluoridated ~~tooth~~ paste

restorative endodontic treatment $\bar{c}$ 75 followed by stainless steel crown

Follow up after 7 days

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

Name of the Student ~~Nandake Shalaka~~ Pooja Gaikwad

Name of the Examination 1st Internal Practical Class

Subject Pedodontics

Roll No. Date 3/6/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

38/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											12
Marks obtained in Section B											12
Marks obtained in Section C											14
Grand Total											38

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

CASE HISTORY

Date: 3/8/22
Name of the Student: Pooja Gaikwad OPD No: 107101
Teacher: Dr. Paitesh. Case History No: 01

PATIENT'S INFORMATION:

1) Name: Abhinav Mutkar
2) Nick Name: Abhi
3) Date of Birth: 6/3/2012
4) Age: 10 years
5) Gender: Male
6) Address: 205 B, Shobha Park, Alandi road, Vidyanagar Khadki - East Pune - 03.
7) Telephone No: 8275712280
8) Mother Tongue: Marathi
9) Name of the accompanying person:

PARENTS	FATHER	MOTHER
a) Name	Atul Mutkar	Vidya Mutkar
b) Occupation	Private Job	House Wife
c) Education	B.Com	B.Sc
d) Income	15-20 K/month	—

10) Pediatrician Family Physician's Name & Contact No.

CHIEF COMPLAINT: [Origin/Onset/Duration/Progress/Nature of Pain/H/O Present Illness/Aggravating Factors/Relieving Factors]

CC - Patient Complains of pain in upper & lower back region of jaw since 2 weeks.

HOPI - It was well before 2 week then experience pain in upper & lower back region of your pain was the throbbing not radiating localised of relieved by its own

2) HISTORY

i) FAMILY HISTORY

1) Past Medical History : NRH.

- Premature / Full term : Full term
- Birth Weight : 2 kg.
- H/o Hypoxia / Cyanosis / Jaundice :
- H/o Medication :
- H/o Allergy :
- H/o illness & hospitalization.

} NRH.

- Immunization Status : Vaccination up to date.

2) Past dental History :

- Dental Visits :
- Dental Treatment
- Behavior of Child during Dental Visit :-
- Past dental experience.

II) Infant Feeding History :

1) H/o Breast feeding.

- Duration : 7-8 months.
- Frequency : 5-6 times
- Night feeding : 2 times

2) H/o Bottle feeding

- Duration Frequency :-
- Night Feeding.
- Contents of Bottle -

HOPI - It was well before 2 week then experience pain in upper & lower back region of jaw pain was throbbing not radiating localised of relieved by its own

2) HISTORY

1) FAMILY HISTORY

1) Past Medical History: NRH.

- Premature / Full term: Full term
- Birth Weight: 2 kg.
- H/o Hypoxia / Cyanosis / Jaundice: NRH.
- H/o Medication
- H/o Allergy
- H/o illness & hospitalization.
- Immunization Status: Vaccination up to date.

2) Past dental History:

- Dental Visits:
- Dental Treatment:
- Behavior of Child during Dental Visit:-
- Past dental experience.

II) Infant Feeding History:

1) H/o Breast feeding.

Duration: 7-8 months.

Frequency 5-6 times

- Night feeding: 2 times

2) H/o Bottle feeding

- Duration Frequency -
- Night Feeding.
- Contents of Bottle -

3) Use of Pacifier - NRH.
4) H/O Weaning - after 8 months

III) DIET:
1) Meals per day: 4 times
2) Diet includes: Breakfast: milk with sugar
Lunch: chapati Bhaji.
Snacks: Tea with biscuit.
Dinner: chapati Bhaji; Rice Dal.

3) Type & frequency of snacks: Once a day.
4) Balanced Diet: Sugar score: 56 or less
5) Any other: Counselling needed

IV) ORAL HYGIENE MAINTENANCE
1) Whether child brushes himself/herself: himself.
2) Since when: 2 years
3) How many times: Once a day.
4) Which tooth paste / Fluoridated / Non fluoridated / Flouridated
5) How often does he/she change his/her tooth brush:

V) Trauma to teeth and supporting tissues:
1) When:
2) Where:
3) How:
4) If fracture (?)
} No abnormality detected.

VI) ORAL HABITS (Duration / Frequency / ~~Foot~~ Intensity)
1) Tongue thrusting:
2) Thumb sucking:
3) Lip/Nail Biting
4) Mouth Breathing
} NRH.

b) Behaviour } NRH
c) Any other :

VI) Behavioral Rating Scale :

1) Frankl Behaviour Rating Scale : Positive (+)

3) Examination

1) General

- Height : 4:8
- Weight : 32 Kg.
- Somatotype : Mesomorphic
- Gait : bipedal biphasic
- Skin :
- Nails : } WNL
- Hairs :

2) HEAD, NECK & FACE :

- Symmetry : Bilaterally symmetrical.
- Profile : Convex
- TMJ : Bilaterally symmetrical.
- Lips : Potentially incompetent.
- Lymph nodes : Palpable / non Palpable. Tender / Non-Tender

INTRA-ORAL

1) Oral hygiene status : Fair

2) Deposits :

- Hard : No
- Soft : (+) Present.

3) Stains :

- Intrinsic : Not seen
- Extrinsic : (+)

4) Soft tissue Examinations:
- Lips / Labial Mucosa.
- Buccal Mucosa
- Floor of Mouth.
- Tongue.
- Palate.
- Tonsils.
- Gingiva.

} N.A.D.

5) Hard Tissue Examination:

A) No. of teeth present: 24 A) Primary. 4
B) Permanent: 20

B) Dentition: Mixed dentition.

C) Teeth present (FDI system): 18 55 14 13 12 11 21 22 23 24 26
46 85 44 42 41. 31 32 33 34 35

D) Dental Age: 10 - 11 year

E) occlusion:

1) Primary dentition: Left. Right
Molar: Mesial shift. Mesial shift
Canine: Class I. Class I

2) Permanent.
Molar. Class II Class III

2) Mixed / Permanent Dentition.
- Overjet
- Overbite
- Deepbite.
- Crossbite
- Any other Findings.

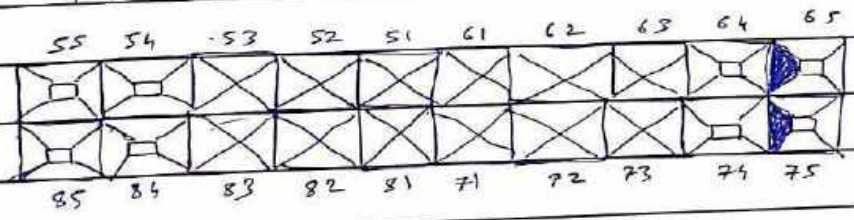
} Need ~~over~~ overjet overbite.

F) Tooth restored (Material used)
G) Dental Caries : $\bar{c}$ 65, 75
H) Fractured tooth : –

Classification:

I) Developmental defects
J) Discoloration of tooth:
K) Mobility : Grade III mobility $\bar{c}$ 65, 55.
L) Pulp: A) Not exposed
B) Exposed.

M) Missing tooth:
DMFT / Deft:
DMFT – d = 2
t = 2



AREA OF CHIEF COMPLANT: $\bar{c}$ 65, 75.

PROVISONA DIAGONSIS: Mesial caries $\bar{c}$ 65, 75.

INVESTIGATION:
- Radiograph (IOPA Bitewing OPG) –
- Vitality –
- Model Analyses
- Photographs
- Routine blood examinations (HB, BT, CT)
- Any others

Radiographic Interpretation:

Final Diagnosis:
Medical Cases: $\bar{C}$ 65 75
(Grade III Mobility)

Treatment Plan:
1) Emergency Treatment:
2) Planned Treatment:
a) Preparatory & Preventive Phases:
i) Oral Prophylaxis: Patient is advised for proper brushing twice a day.
ii) Topical Fluoride Application: Recommended
iii) Pit & Fissure sealant: Recommended
$\bar{C}$ 16, 26, 36, 46
iv) Dietary counseling: Reduce sugar intake.
Take protein rich diet.
b) Restorative Phase / Endodontic Treatment:
Restoration $\bar{C}$ 65, 75.
c) Surgical Phase:
d) Orthodontic Phase:
e) Recall: Recall after 15 days

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Pooja Gaikwad

Name of the Examination _____ Class _____

Subject _____

Roll No. 6 Date 8/6/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

33/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

3/6/22

Name & Signature of IC / H.O.D.

Patient's information:-

1) Name : Kavya Sunil Katti.
2) Nick name : Kau.
3) D/o Birth : 5th July
4) Age = 11 years.
5) Gender = Female.
6) Address = Parandi Nagar, Dhanori.
7) Ph. No. = 7841016101.
8) Mother tongue = Marathi.

Parent's	father	Mother.
Name	Sunil Katti	Rutuja Katti
Education	SSC	SSC.
Occupation	Pvt Job	House wife.
Income	20.25 K	-

Chief Complain = Pt. complains of pain & swelling in lower left back region of jaw since 1-10 days

HOPI : Pt. was asymptomatic 10 days back, she experience sudden spontaneous pain during mastication which lasted for minutes to hours after removal of stimuli at mandibular left posterior region, patient also observed swelling area.
Nigral pain reported.

2) History

i) Family history - Grandmother - hypertension.

1) Past medical history.

- Cesarean section delivery
- Chickenpox.

2) Past dental history - NAD.

ii) Infant feeding history.

1) Breast feeding - Duration - 2 years
frequency - 5-6 times a day
Night feeding - present.

2) Bottle feeding - Physiological.
Duration - 4-5 times.

3) weaning - at 2-3 years

iii) Diet : Mixed.

1) Meals / Day - 4 meals / Day

2) Food score = 44 Nutrient score = 10 Sweet score = 5.

Milk	1 x 8	8
Chapati	1 x 6	6
Vegetable	1 x 6	6
Fruits	2 x 6	12
Rice	1 x 6	6
Dal	1 x 6	6
		44

Diet score = 49

Not adequate - counselling with diet modification.

iv) oral hygiene maintenance

1) whether child brushes herself - yes

2) Since - 3-4 years.

3) 2 times

4) Fluoridated toothpaste.

5) ~~[illegible]~~ 2 ~~[illegible]~~ changes toothbrush 2 months.

vi) Behavioral Rating Scale.

Frankl's Behavior Rating Scale = 4 (definetly positive)

3) Examination.

i) General. Ht = 4'3''

wt = 19 kg.

Gait = normal.

Nail = normal.

ii) Head neck face - symmetrical.

Class II convex profile.

Incompetent lip.

Intraoral.

1) Debris

16	11	26
0	0	0
0	1	1
46	31	36

$\frac{0+2}{6} = \frac{1}{3}$

Calculus

16	11	26
0	0	0
0	0	0
46	31	36

$\frac{0}{6} = 0$

4) Soft tissue.

- Lip : normal
- Buccal mucosa : normal
- Tongue : normal
- Gingiva - swelling $\bar{c}$ 75.

5) Hard tissue.

i) No of teeth - Primary - 4
Permanent - 20

ii) Dentition : mixed

Teeth present :- 16 55 14 13 12 11 21 22 23 24 65 26
46 85 44 43 42 41 31 32 33 34 75 36

iii) Age (Dental) = 11-12 yr.

6) Caries $\bar{c}$

Mesio proximal caries $\bar{c}$ 55, 65.

Disto proximal caries $\bar{c}$ 75, 85.

Provisional Diagnosis : Dento alveolar abscess $\bar{c}$ 75.

Investigation

- Radiograph $\bar{c}$ 75.

Final Diagnosis :- Dentoalveolar abscess $\bar{c}$ 75.

Treatment plan:

1) Emergency treatment

(1) Emergency access opening $\bar{C}$ 75

(2) Ibuprofen (200mg/5ml) - for 3 days

5ml - 5ml - 5ml

(3) Amoxicillin (250mg/5ml)

5ml - 5ml - 5ml - for 3 day

2) Planned.

1) Oral prophylaxis.

2) Topical fluoride application - NOF application

2nd, 3rd & 4th application at weekly int.

at 3, 7, 11 & 13 year of age.

3) Pit & fissure sealant - At -

4) Surgical phase - Extraction $\bar{C}$ 75.

e) Recall = follow up after 3 days

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Internal Assessment Examination

SECTION B & C

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TO BE FILLED BY THE STUDENT

Name of the Student: Ishwari Pardeshi

Name of the Examination: 1st Internal Practical Class:

Subject: Pedodontics

Roll No.: Date: 3/6/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

35/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											12
Marks obtained in Section B											10
Marks obtained in Section C											13
Grand Total											35

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Case history

Patient's information:

1) Name: Sneha Shinde
2) Nick Name: Sneha
3) D.O.B: 2/2/17
4) Age: 5 years
5) Gender: Female
6) Address: Tingrenagar, Pune
7) Telephone No: 9983139947
8) Mother tongue: Marathi
9) Name of accompanying person:

Parents	Father	Mother
1) Name	Arjun Shinde	Soniya Shinde
2) Occupation	Construction	Housewife
3) Education	12th pass	5th pass
4) Income	5-6K	—

Chief complaint: Patient complains of pain in lower left back region of jaw since 4-5 days.

HOPI: Patient was asymptomatic 4-5 day ago. Suddenly she experienced pain in lower left back region of jaw. Pain was localised. It aggravated during intake of food.

2) Family history

1) Past Medical History: NRH

- Premature / Full term - Full term
- Birth weight : 2.5 kg
- Immunization status: Vaccination up to date

2) Past dental history:

- Dental visits : NRH
- Behaviour of child during dental visit: +

ii.) Infant feeding history

1) H/o breast feeding.
- Duration - 1 year
- Frequency - 5-6 times
- Night feeding - 3 times

2) H/o bottle feeding - NRH

3) Use of pacifiers - 2-3 days (2 times a day)

4) H/o weaning - 1.5 years

iii.) Diet

1) Meals per day - 3 times

2) Diet includes: Milk, dal, juice, chapati, vegetable.

3) Type & frequency: Once a day

IV) Oral hygiene maintenance:

1) Whether child brushes himself/-herself

2) Since when: 2 months

3) How many times: Once

4) Tooth paste: Colgate

V) Trauma to teeth & supporting tissues – NRH.

VI) Oral habits: NRH

VII) Behavioral rating scale: Positive

3) Examination

1) General.

- Height: 90 cm
- Weight: 12 kg
- Somatype: Mesomorphic

- Gait : Bipedal Anphasic

- Skin
- Hair } NAD
- Nails

2) Head, Neck & face

- Symmetry : Bilaterally Symmetrical

- Profile : Straight

- TMJ : No clicking

- Lips : Competent

- Lymph nodes : Non palpable, non tender

Intra-oral

1) Oral hygiene status : Fair

2) Deposits : Hard - Not seen
Soft - (+)

3) Stains : Not seen

4) Soft tissue examination - NAD

5) Hard tissue examination:

A) No of teeth present : 19
- Primary : - 19
- Permanent : - 0

B) Dentition - Primary

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

D) Dental ~~Age~~ 2·5 - 3·5 years

E) Occlusion :

F) Primary

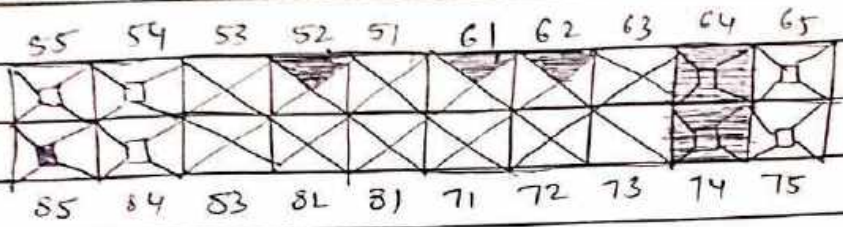
	Left	Right
Molar	flush terminal	Mesial shift
Canine	Class I	—

F) Teeth restored - None

G) Dental caries : Occlusal caries c̄ 85
Mesioproximal caries c̄ 52
Smooth surface caries c̄ 62
Distoproximal caries c̄ 74

dcft : d - 6
c - 0
f - 0
t - 6

dmfs : d - 10
t - 10



Area of chief complaint : $\bar{c}$ 74

Provisional diagnosis : Distoproximal caries $\frac{\bar{c}\ 74}{85}$,
Smooth surface caries $\bar{c}$ 62, 61
Occlusal caries $\bar{c}$ 85

Investigations:
IOPA $\bar{c}$ 74

This is an IOPA of lower left back region of jaw

- Teeth completely seen $\bar{c}$ 74, 75
Teeth partially seen $\bar{c}$ 36

Tooth of interest $\bar{c}$ 74
Crown : Radiolucency seen in enamel & dentin approaching pulp

Lamina dura : Not intact

Cancellum : NAD

Bone - NAD

Inference : Ill defined radiolucency involving enamel & dentin approaching pulp suggestive of caries.

Final diagnosis :

Early childhood caries ~
Acute pulpitis ~ #4

Treatment plan :

1) Emergency : -
2) Planned :
3) Preparatory phase :
   i) Oral prophylaxis : Proper brushing twice a day
   2) Topical fluoride application - Not recommended
   3) P & F sealant - Not recommended

a) Dietary counseling : Reduce sugar intake
↑se protein rich diet
↑se fibrous diet

b) Restorative Phase:

Pulpectomy ē 74
Restoration ē 85, 52, 62

c) Surgical phase : —

d) Orthodontic phase —

e) Recall : After 7 days

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Internal Assessment Examination

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TO BE FILLED BY THE STUDENT

Name of the Student Ishwari Pardeshi

Name of the Examination _____

Subject _____ Class _____

Roll No. 9 Date 3/6/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

35/40

Signature of Junior Supervisor

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Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

3/6/22

Name & Signature of IC / H.O.D.

Patient's information -

Name - Aarradhya Salunke

Nick Name - Aaru

Date of Birth - 24-4-2018

Age - 5 year

Gender-female

Address - kandwe Nagar, Lohgaon.

Parents - Father - Prafulla - Education - Mcom

Income - 10 Lakh.

mother - prafulla - education - Nursing

Income - -

Chief complaint -

Patient complains of pain in upper right & left back region of jaw since 15-20 days. patient was apparently asymptomatic before 15 days then started experiencing pain on mastication. Nature of pain was severe, sharp, shooting.

Past Medical History - NRH

Past Dental History - NRH.

Infant feeding history -

H/O Breast feeding -

Duration - 1.5 yr.

Frequency - 5-6 times

Night feeding - 2-3 times.

H/O Bottle feeding -

Duration - -

Night feeding -

Pacifiers – No

H/O weaning - 6 months, semisolid.

Diet -

Meals / day = 4

Diet includes =

	Freq.	Score
Fruits	1	6
Milk	1	8
Chapati	3	3×6=18
Rice	2	12
	Total	=44

Type & freq. of snack - cookies, cake, milk, fruit. ~~Sugarcane~~

Diet score = 44+7-10 = 41

Oral Hygiene Maintenance

W^e Child brushes himself / herself

Since when = 3yrs.

How many times = 2 times

Which tooth paste = Colgate - fluoride.

She changes his/her tooth brush after 3 months.

Frankl Behaviour Rating scale = 3 Positive

Examination -

General - Height - 95 cm

Wt - 15 kg

Somatotype - mesomorphic

Gait - Normal

Skin - Normal

Nails - Normal

Hair - Normal.

Head, Neck, face -

symmetry - symmetrical

Profile - straight

TMJ - No clicking sound, No deviation

lips - Normal compitent.

lymphnodes - Non-palpable.

OHI -

DI =

54	61	64
0	0	0
0	0	0
55	82	75

CI.

54	61	64
0	0	0
0	0	0
55	82	75

OHI = DI + CI = 0.

= Good

Soft tissue examination =

Lips / Labial mucosa - Normal

Buccal mucosa - Normal

Floor of mouth - Normal

Tongue - Normal

Palate - U-type.

Hard tissue examination -

No. of teeth present = 20.

dentition = primary.

Dental age = 2.5 - 3yrs.

5 4 3 2 1	1 2 3 4 5
5 4 3 2 1	1 2 3 4 5

	R	L
occlusion - Molar R.	Mesial step	mesial step.
Canine R	I	I

Dental caries = Grossly decayed $\bar{c}$ 55, 65

Disproximal caries $\bar{c}$ 64, 74.

Provisional Diagnosis : Deep occlusal caries ē 55 -

Investigations - IOPA

Final Diagnosis : Acute pulpitis

Treatment plan -

① Emergency treatment -

② Planned treatment

a) Preparatory & Preventive phase -

① Oral prophylaxis -

Brush Twice a day

use fluoridated toothpaste

② Topical fluoride Applications -

2, 3, 4 are given at weekly interval

at ages 3, 7, 11 & 13 yr

b) Restorative phase -

pediatric endodontic therapy ē 51, 65 followed by stainless steel crown ē 55

Recall - after 1 week

Department of Pediatric and Preventive Dentistry

D Y Patil Dental School, Pune

Final BDS Regular(2021-22) – ADDITIONAL INTERNAL ASSESSMENT

Theory Attendance Record **Date – 1/6/22**

Sr No	Roll No	Name of the Student	Sec A (20 marks)	Sec B (20 marks)	Sec C (20 marks)	Total (60 Marks)	Points (3 marks)	Signature
1	05	Rutuja Baradsakar	12	14	12	38	1.9	Rutuja B
2	87	Prince Singh	13	14	12	39	1.95	P. Singh

Practical Attendance Record

Date – 3/6/22

Sr No	Roll No	Name of the Student	Sec A (20 marks)	Sec B (20 marks)	Sec C (20 marks)	Total (60 Marks)	Points (3 marks)	Signature
1	6	Pooja Gayakwad	12	12	14-	38	1.60	Pooja G.
2	9	IshwariParadeshi	12	10	13	35	1.75	

Sign of HOD

Department of Pediatric and Preventive Dentistry

Dept. of Paediatric & Preventive Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105.

PERIODONTOLOGY

Department of Periodontology

D Y Patil Dental School, Lohegaon, Pune

Date: 08/10/19

All final BDS referred batch students kindly make a note of Additional / Betterment theory Examination is scheduled on 18/10/19. Those who were absent in any internal assessment examination or those who want to improve their score can appear for the examination.

HOD

Dept. of Periodontology

Periodontology

2019 ref

Name of the Student	Attendance
Tanya Aroroa	P
Shivani Gupta	P
Sahin Mollick	P
Ayushi Bhavsar	P
Saini Simran	P

for

HOD Periodontics

DY Patil Dental School, Pune

Department of Periodontics

IV BDS referred 2019

Additional/Betterment Examination

Section A MCQ's - 20 questions – 1 mark each 20 minutes 18/10/2019

1. Drug Induced Gingival Overgrowth is associated with
   a. Immunosuppressive Drugs b. Antiemetics
   c. Antihistamines d. All of the above
2. All are other names of ANUG except
   a. Trench mouth b. Fusospirillary gingivitis
   c. Desquamative gingivitis d. Plaut – Vincent stomatitis
3. Tzank cells are seen in
   a. ANUG b. Primary herpetic gingivostomatitis
   c. Aggressive Periodontitis d. Chronic periodontitis
4. Which of the following is true for generalized aggressive periodontitis
   a. Usually seen below 30 years of age
   b. Localised first molar / incisor presentation with interproximal attachment loss on atleast two permanent teeth, one of which is a 1st molar, and involving no more than two teeth other than 1st molars and incisors
   c. Generalised interproximal attachment loss affecting atleast 3 permanent teeth other than 1st molars and incisors
   d. Both a and c
5. Living leukocyte in saliva is known as
   a. Free granulocyte b. Orogranulocyte
   c. Obligocyte d. Omnicyte
6. In ENAP, _____ incision is placed below the bottom of the pocket.
   a. Internal bevel b) External bevel c) Horizontal d) Interdental
7. _____number of walls are present in three walled bone defects.
   a. One b) Two c) Three d) None
8. Following drugs are secreted significantly in GCF
   a. Metonidazole & Tetracycline b. Ciprofloxacin & Penicillin
   c. Clindamycin & Penicillin d. Cefalosporins & Streptomycin
9. Normal fasting blood glucose levels are
   a. < 70mg/dL b. 70-100mg/dL
   c. 140-200mg/dL d. >200mg/dL
10. Dentogingival unit is formed by
    a. Periodontal ligament
    b. Periodontal ligament and Alveolar bone

c. Junctional epithelium and Periodontal ligament
d. Junctional epithelium and gingival fibres

11. Following is not a sign of gingival inflammation
    a. Swollen/ enlarged interdental papillae b. Bleeding on probing
    c. Mobility of tooth d. Loss of stippling
12. Cell to cell signaling in biofilm is known as
    a. Chemotaxis b. Quorum sensing
    c. Apoptosis d. Cell mediated immunity
13. True periodontal regeneration can take place when the cells that reach the periodontal defect are from
    a. Connective tissue b. Epithelium
    c. Alveolar bone d. Periodontal ligament
14. Barrier membranes are used for
    a. Space maintenance
    b. Prevent the ingrowth of epithelial cells
    c. Facilitate the growth of PDL cells
    d. All of the above
15. Chemically modified tetracycline (CMTs) used in host modulation therapy is
    a. Nonantibiotic b. host modulatory c. anticollageneolytic
    d. all of the above
16. Two patients with comparable levels of remaining bone and attachments prognosis generally poor in:
    a) Younger patients b) Older patients c) both a and bd) none of the above
17. When are babies called LBW babies
    a) Weight less than 2.5kg
    b) Weight 2.5kgs
    c) Weight more than 2.5kgs
    d) None of the above
18. Osseous form is considered to be “ideal” when the bone is constantly more _____ on the interproximal surfaces then at the facial and lingual surfaces.
    a. Apical b. Cervical
    c. Mesial d. Coronal
19. When adaptive capacity of tissues to withstand occlusal forces is impaired by bone loss is termed as
    a)acute Trauma from occlusion
    b)primary Trauma from occlusion
    c)secondary Trauma from occlusion
    d)all of the above
20. Cul-de-sac seen in _____grade of furcation
    a. I b. II c. III d. IV

Answer key

1. a
2. c
3. b
4. d
5. b
6. a
7. c
8. a
9. b
10. d
11. c
12. b
13. d
14. d
15. d
16. a
17. a
18. d
19. c
20. b

DY Patil Dental School, Pune

Periodontology

IVBDS referred 2019

Additional/ Betterment Examination

Date: 18/10/2019 Time: 12.30 – 3.30 pm

Pattern of Question Paper: Total Marks (A+B+C) = 60 marks

Section A MCQ's - 20 questions – 1 mark each

Section B SAQ's-10 questions- 2 marks each

Section C LAQ's -2 questions -10 marks each

Answer section A in MCQ's answer sheet

Answer section B and C in main answer sheet

All questions are compulsory and draw diagramwherever necessary.

Section B SAQ's 2 Marks each

1. GTR.
2. LDD in Periodontal treatment.
3. Classify dental implants and write parts of dental implants.
4. Gingival recession classification. Enumerate root coverage procedures.
5. Prognosis.
6. Clinical, radiographic features of Localized Aggressive Periodontitis.
7. Difference between supra and subgingival calculus. Crystalline forms of calculus.
8. Chlorhexidine.
9. Differentiate between periodontal and periapical abscess.
10. Blood supply, nerve supply and lymphatics of gingiva.

Section C LAQ's 10 marks each

1. Define& classify Periodontal flap and write in detail about Modified Widman Flap (with diagrams)
2. Enumerate various components of Defense mechanisms of gingiva and write in detail about GCF.

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Sabin Mallick

Name of the Examination Additional examination Class IV yr

Subject Periodontics

Roll No. 11 Date 18/10/19

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											15
Marks obtained in Section B	1.5	+A	0.5	1.5	1.5	1.5	1	1	1.5	1.5	12.5
Marks obtained in Section C	5	6									11.5
Grand Total											38/60

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B

1. GTR (Guided Tissue Regeneration)

i) The procedure is non-graft associated regenerative procedure in periodontal therapy.

ii) The procedure causes intentional regeneration of desired periodontium at the site of defect.

iii) Principle - The guided tissue regeneration uses a membrane which is placed in between the connective tissue & the exposed flap which acts as a barrier. The membrane prevents the insertion of connective tissue fibers thereby restricting repair mechanism and leading to regeneration of periodontium.

iv) The membrane can be resorbable or Non-resorbable.

Non-resorbable	Resorbable
i) PTFE	i) Collagen membrane
	ii) Vicryl mesh

v) The tissue which compete for regeneration are - i) periodontal ligament
ii) alveolar bone
iii) cementum

vi) Due to GTR, there is growth & differentiation of cells & intercellular substance which leads to formation of new tissues & structures.

vii) It's now widely used technique for regeneration over the graft associated techniq

Applications

i) Used in case of 'Infrabony pockets' (i.e. Vertical bone loss). Because there is regeneration of bone in the defect and the newly formed bone has strength to accomodate forces.

ii) Used in 'Furcation Involvement'.
It's used in 'class II furcation' cases which has deep periodontal defect. There will be formation of bone in inter-radicular areas and the defect is closed.

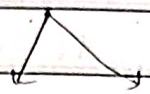
iii) Used in cases of 'Gingival Recession'
It's also used in recession cases but there are 2 problems faced mainly are.
a) Inadequate space between the membrane and the denuded root surface area.
b) Inadequate coverage of root surface by the membrane.

iv) It's also used in cases of 'Implant' to get the desired level of bone for implant placement and used after the extraction of the tooth in the extracted tooth socket. Also, used in cases where there's degeneration of around implant placed previously.

v) Used for bony defects. (1.5)

3.

Dental implants



Extraoral
i) cranial
ii) Occular

Intraoral
Based on implant placement
- Bone level
- Tissue level

Based on material used
i) Zirconium
ii) Chromium - Molybdenum - Nickel
iii) Titanium
iv) Titanium - Zirconium

0.5

Parts of implant
i) Screw - placed in the bone
ii) Crown

According to P.D. Miller,

Gingival Recession is classified as,

Class I - Marginal tissue destruction is at the mucogingival junction. There is no bone loss and soft tissue loss is present The prognosis is excellent.

Class II - Marginal tissue destruction is at the mucogingival junction or sometime beyond the MGJ. There is no soft tissue as well as bone loss present. The prognosis is excellent.

Class III - Marginal tissue destruction is at/beyond the mucogingival junction. There is loss of soft tissue and bone loss is also present. The prognosis is fair.

Class IV - Marginal tissue destruction is at/beyond the mucogingival junction. There is severe loss of soft tissue as well as bone loss. severe destruction is present.

Root coverage procedures (Gingival augmentation coronally)

- Pedicled
  - Rotational
    1. Laterally displaced Flap
    2. Double papilla Flap
  - Advanced
    1. Coronally displaced Flap
    2. Semilunar Flap
- Free soft tissue graft
  - Non-submerged
  - Submerged

Submerged flap can be combination of one of the following flaps -

i) connective tissue + laterally positioned flap

ii) connective tissue + double papilla flap

iii) connective tissue + coronally placed flap.

→ (1.5)

Prognosis

'Prognosis' is the prediliction of origin, course and progression of the disease.

Types of prognosis

i) Excellent - There is neither clinical attachment loss nor bone loss is present. So, the results after therapy are good.

ii) Good - There is also not much clinical attachment loss & bone loss observed.

iii) Fair - There is 20-40% of bone loss along the same degree of attachment loss also present.

iv) Questionable - There is 40-60% of bone loss and increased attachment loss.

v) Poor - There is 60-80% of bone loss and extremely lost soft tissue attachmer clinically.

vi) Hopeless - severely destroyed bone with loss of clinical attachment. The tooth have to be extracted.

i) To know the outcome of the procedure / surgery, before the surgery the accurate prognosis of the disease is very important.

ii) Rather prognosis will decide the treatment — planning of the teeth.

6. Localised Aggressive periodontitis

Clinical Features

i) The periodontitis is associated with minimum plaque & calculus accumulation.

ii) The disease is seen in young individual.

iii) There individual is otherwise systemically healthy and there is no any underlying systemic condition.

iv) There is predisposition of familial heredity.

v) In case of localised aggressive periodontitis, the involved teeth are permanent incisors and 1st permanent molar.

vi) There is no inflammation in this type of periodontitis but 'pocket formation' is present.

vii) There is clinical attachment loss and bone loss associated with involved teeth (mostly incisor & molar).

viii) Sometimes there might be 'midline diastema' present due to severe clinical attachment loss.

Radiographic Features (1.5)

i) 'Arc shaped radiolucency' is the characteristic feature seen in the localised aggressive periodontitis. The classical radiolucency is present from distal surface of 2nd premolar to the mesial surface of 2nd molar is opposite arch.

ii) Mirror shaped pattern is seen on OPG.

Supra gingival calculus	Sub-gingival calculus
Calculus is present only on the crown portion	Calculus is present on crown as well as radicular portion of tooth.
Routine scaling procedures are enough to get rid it off.	Through scaling & root planing is necessary.
	Root filling is also done with the help of root files)

8. Chlorhexidine

Chlorhexidine is used as
- periodontal dressing
- as a mouth wash after periodontal therapy

Now-a-days, chips of chlorhexidine are also available.

It acts on bacterial membrane → penetration of the membrane → breakdown of proteins → DNA denaturation → kills the bacteria.

05

Periodontal abscess	Periapical abscess
i) It's caused due to the inflammation of periodontium	i) Periapical abscess is caused due to the progression of caries.
ii) There is no classical pathway associated with caries progression.	ii) There is a basic pathway of caries progression leading to abscess formation.
iii) Pain on percussion will be present as a result of periodontal inflammation.	iii) Tenderness on percussion is positive as pulpal response.
iv) The microbial culture is having microbes associated with periodontitis. e.g. Fusobacterium nucleatum Prevotella intermedia Aggregatibacteractinomycetem comitans	iv) The microbial culture reveals the microbes associated with caries. e.g. Staphylococcus aureus
v) There will be clinical attachment loss and bone loss ā associated tooth.	v) There is less chance of attachment loss & bone loss.
vi) The treatment includes periodontal surgery.	vi) The treatment includes Root canal treatment.

10. Principle fibers of PDL

i) Transeptal fibers

These are the group of fibers running over the alveolar crest & embedded on the cement of adjacent tooth. The fibers have regenerati capacity even after destruction. Sometimes called capacity even after destruction. Someti called as gingival fibers.

ii) Alveolar crest fibers

These fibers runs from cementum to bone in oblique direction. These fibers are firmly attached to the alveolar bone & are not destroyed even during periodontal surgery. These fibers resist the tipping / lateral movem

iii) Horizontal group of fibers

These fibers run from cementum to bone The fibers resist the lateral forces applied on t the tooth.

iv) Oblique - group of fibers

These fibers run from cementum to the bone is oblique direction i.e. in coronal direction These fibers resist the vertical forces / the masticatory forces. applied on tooth.

v) Apical fibers

The fibers run from cementum to the bone. The fibers resist the forces of tipping, luxatio & maintain the position of tooth in the socket.

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Supplement Sheet

Name of the Student _____

Name of the Examination _____ Class _____

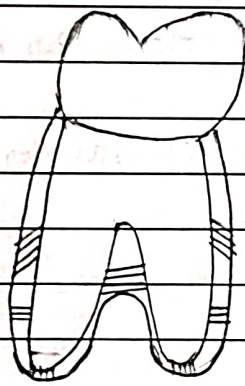
Subject _____

Roll No. 59 _____ Date _____

Supplement No. _____ Invigilator Signature _____

vii) Interradicular fibers

In case of multirooted teeth, these fibers are present in between the roots of teeth. i.e. in furcation areas. These fibers also resists the forces of lifting, luxation and rotation.



labeling!

1.5

periodontal fibers

Section C

1. Periodontal Flap

Periodontal flap is the part of gingiva or the part of mucosa which is used to correct the defects caused due to progression of periodontal disease process or the cases like supraeruption.

Classification

A) Depending on the exposure of bone
   i) Full thickness flap
   ii) Partial thickness flap (split thickness flap)

B) Depending on the displacement of flap:-
   i) Undisplaced flap
   ii) Displaced flap
   e.g. Apically displaced flap, coronally displaced flap

C) Depending on the position of interdental papilla
   i) Papilla preservation flap
   ii) Conventional flap

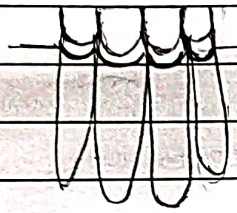
Modified Widman Flap

The flap is designed to reduce the periodontal pocket depth. It's the modification of the widman flap designed to decrease the pocket depth.

Procedure -

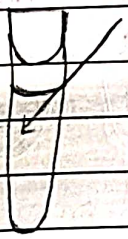
Step 1 - The internal bevel incision is given 0.5 - 1 mm away from the gingival margin. The incision is also called the reverse incision (∵ it's opposite to gingivectomy incision). The incision is given in scalloped fashion as present on the gingival

margin. The incision is directed at the alveolar crest. In this case both split thickness or full thickness flaps can be given but the split thickness flap is better as it provide connective tissue & which heals by primary intention. BP blade 15 is used mostly.



Internal bevel incision given 0.5-1 mm away from the gingival margin.

Step 2 - In the 2nd step, 2nd horizontal incision is given. The crevicular incision is given from the base of the pocket to the crest of alveolar bone. After the incision is given, all the granulation tissue is removed and the epithelium is made free of inflammation.



Crevicular incision

Step 3 - Then, the through scaling and root planing is carried out. The debris and calculus is cleaned. The exposed root surface is irrigated.

Step 4 - The 3rd interdental incision is given. It's a releasing incision.

Step 5 - Interrupted sling sutures are given at the site. The wound is allowed heal.

Q. Defence mechanisms of gingiva

- Epithelium (Keratinocytes, Non-keratinocytes)
- Connective tissue
- Lymphocytes
- Leukocytes (PMNLs)
- Macrophages
- Gingival crevicular Fluid (GCF)

GCF - The gingival crevicular fluid is present in the gingival sulcus or within periodontal pocket as a result of periodontal diseases.

Methods of collection of GCF

i) Absorbing paper strips - The absorbant paper strips can be introduced within the periodontal pocket and the GCF can be collected. But due to introduction of paper strip into the base of pockets, there is mechanical irritation of the tissues. So, there will be increased GCF quantity. So, placing the paper strips at the entrance might be helpful. But again the quantity of GCF is not adequate.

ii) Preweighted threads - The preweighted threads can be placed into the periodontal pocket and the volume of threads is measured. As the threads are preweighted, the volume of GCF can be calculated.

iii) Capillarity - There is introduction of micropipette into the pocket and the GCF travels along the capillary tube by capillarity. As the internal diameter of tube is known, the distance

Supplement Sheet

Name of the Student _____

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Supplement No. _____ Invigilator Signature _____

traveled by GCF can be calculated. But, again the problem is there is not adequate quantity of GCF to travel and the collected GCF can not be removed totally.

iv) Crevicular washing - It's the recent method of collection of GCF. There is hard acrylic plate attached in the maxilla and 4 collection tubes are attached to collect the GCF. But the procedure is complicated.
So, there is advancement of this procedure where 2 tubes are attached ; one is at the entrance of pocket and other is outside the pocket (i.e. collection tube) This method is helpful.

Composition of GCF
GCF is basically composed of —
i) Host cells
ii) Host tissue
iii) Host factor
iv) Microbial plaque.

A) Host cells

① Leukocyte

② Lymphocyte

③ Lactoferrin

④ Metalloprotein

B) Host tissues

- matrix protein. (osteonectin)

c) Host factor

Complement factor

Immunoglobulins (IgG, IgA, IgM)

d) Microbial plaque

Eicosanoids

Myloperoxidase

Characteristics of GCF

i) Circadian Periodicity

There is marked increase in GCF from 6Am to 10pm. The GCF shows increased levels in day time.

ii) sex

Females have increased levels of GCF during the pregnancy, menstruation, ovulation period.

iii) Smoking

Smoking has transient effect on the amount of GCF.

iv) Pathological conditions

The GCF increases during the pathological disease conditions such as periodontitis due to increased microbial invasion.

vi) After periodontal therapy

There is increased level of GCF after 1 week of periodontal therapy.

vii) Mechanical stimulation

The quantity of GCF increases due to the action of coarse food, mechanical trauma such as forceful brushing techniques, flossing, etc.

GCF is one of the important diagnostic tools in periodontal diseases. After the collection of GCF; the fluid is sent to investigation to determine the microbial culture involved in the disease progression.

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Internal Assessment Examination

15/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG: (X) (B) (C) ●

RIGHT: (A) (B) ● (D)

SEAT NO. IN WORDS	Elevan
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional examination
SUBJECT	Periodontology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

			\	/
1	1	1	●	●
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	(A)	1	1	1
B	(B)	2	2	2
D	(D)	3	3	3
G	(G)	4	4	4
M	(M)	5	5	5
N	(N)	6	6	6
P	(P)	7	7	7
S	(S)	8	8	8
U	(U)	9	9	9
		0	0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	●	(B)	(C)	(D)	11	(A)	(B)	(C)	●	21	(A)	(B)	(C)	(D)
2	(A)	(B)	●	(D)	12	(A)	●	(C)	(D)	22	(A)	(B)	(C)	(D)
3	(A)	●	(C)	(D)	13	(A)	(B)	(C)	●	23	(A)	(B)	(C)	(D)
4	(A)	(B)	(C)	●	14	(A)	(B)	(C)	●	24	(A)	(B)	(C)	(D)
5	(A)	(B)	●	(D)	15	(A)	(B)	(C)	●	25	(A)	(B)	(C)	(D)
6	(A)	(B)	●	(D)	16	(A)	●	(C)	(D)	26	(A)	(B)	(C)	(D)
7	(A)	(B)	●	(D)	17	●	(B)	(C)	(D)	27	(A)	(B)	(C)	(D)
8	●	(B)	(C)	(D)	18	(A)	(B)	(C)	●	28	(A)	(B)	(C)	(D)
9	(A)	●	(C)	(D)	19	(A)	(B)	●	(D)	29	(A)	(B)	(C)	(D)
10	(A)	(B)	●	(D)	20	(A)	●	(C)	(D)	30	(A)	(B)	(C)	(D)

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

Department of Periodontology

D Y Patil Dental School, Lohegaon, Pune

Date: 27/10/20

All final BDS referred batch students kindly make a note of Additional / Betterment theory Examination is scheduled on 07/11/20. Those who were absent in any internal assessment examination or those who want to improve their score can appear for the examination.

For

HOD

Dept. of Periodontology

Periodontology

2020 ref

Name of the Student	Attendance
Jay Mane	P
Zain Patel	P
Tosh Kumar	P
Apurva Perke	P

HOD Periodontics

DY Patil Dental School, Pune

Department of Periodontics

IV BDS referred 2020

Additional Internal Assessment Examination

Section A MCQ's - 20 questions – 1 mark each 20 minutes 07/11/20

1. Gingiva is a part of
   a. Lining mucosa b. Masticatory mucosa
   c. Specialized mucosa d. None of the above
2. Width of attached gingiva is maximum among which of the following tooth region
   a. Mandibular first premolar b. Mandibular first molar
   c. Maxillary first premolar d. Maxillary central incisor
3. Intermediate cementum is present between
   a. Cementum and dentin b. Cementum and enamel
   c. Acellular and cellular cementum d. Present within the cementum
4. what is true of alveolar bone
   a. most stable of the periodontal tissue
   b. it is in a constant state of flux
   c. it is not regulated by systemic and local influences
   d. all of the above
5. Living leukocyte in saliva is known as
   a. Free granulocyte b. Orogranulocyte
   c. Obligocyte d. Omnicyte
6. Drug Induced Gingival Enlargement does not occur in:
   a. Maxillary Anterior b. Mandibular Posterior
   c. Edentulous Areas d.All of the Above.
7. Angiogranuloma is gingival enlargement caused in:
   a. Pregnancy b. Puberty
   c. Vitamin C Deficiency d.None of the above.
8. Following drugs are secreted significantly in GCF
   a. Metonidazole& Tetracycline
   b. Ciprofloxacin & Penicillin
   c. Clindamycin & Penicillin`
   d. Cefalosporins& Streptomycin
9. Which cells are predominant in Stage III of gingival inflammation in gingival tissue?
   a. Plasma cells & B lymphocytes
   b. Plasma cells & T lymphocytes
   c. Plasma Cells & monocytes
   d. Plasma cells & eosinophils

10. Gingiva which is free from significant accumulation of inflammatory cells histologically is known as
    a. Superhealthy gingiva
    b. Pristine gingiva
    c. Both a & b
    d. Classical gingiva
11. Chronic Periodontitis can be characterized as moderate periodontitis if Clinical Attachment Loss(CAL) is:
    a. 1-2mm
    b. 2-3mm
    c. 3-4mm
    d. 4-5mm
12. Cell to cell signaling in biofilm is known as
    a. Chemotaxis
    b. Quorum sensing
    c. Apoptosis
    d. Cell mediated immunity
13. Which of the following is not theory of Calculus formation
    a. Precipitation theory
    b. CO2 theory
    c. Microbial theory
    d. Thixotropic theory
14. What causes thinning of PDL space
    a. Embedded teeth & teeth in infra occlusion
    b. Physiological aging & trauma intruded teeth
    c. All of the above
    d. None of the above
15. Exaggerated response of the gingiva to plague may be seen in
    a. Menses
    b. Pregnancy
    c. Menopause
    d. All of the above
16. Microbe usually associated in individuals with Aggressive Periodontitis is
    a. Prevotella intermedia
    b. Tanerella forsythia
    c. Aggregatibacteractinomycetemcomitans
    d. Campylobacter rectus
17. Absolute neutrophil count less than----- is diagnostic for neutropenia:
    a. 1000-1500 cells/µl
    b. 1500-200 cells/µl
    c. 2000-2500 cells/µl
    d. 2500-3000 cells/µl
18. Vit.C deficiency does not lead to:
    a.Ginigivits
    b.Periodontal pockets
    c. Bleeding on probing
    d. Petechial haemorrhages
19. Early colonizers in plaque formation are
    a. Aerobes and obligatory anaerobes
    b. Aerobes and facultative anaerobes
    c. Only facultative anaerobes
    d. Majorly obligatory anaerobes
20. . Junctional epithelium has
    a. Internal basal lamina
    b. External basal lamina
    c. None of the above
    d. Both of the above

Answer Key

1. b
2. d
3. c
4. b
5. b
6. c
7. a
8. a
9. a
10. c
11. c
12. b
13. d
14. c
15. b
16. c
17. a
18. b
19. b
20. d

DY Patil Dental School, Pune

Periodontology

IVBDS referred 2020 Additional

Internal Assessment Examination

Date: 07/11/20

Pattern of Question Paper: Total Marks (A+B+C) = 60 marks

Section A MCQ's - 20 questions – 1 mark each

Section B SAQ's-10 questions- 2 marks each

Section C LAQ's -2 questions -10 marks each

Answer section A in MCQ's answer sheet

Answer section B and C in main answer sheet

All questions are compulsory and draw diagramwherever necessary.

Section B SAQ's 2 Marks each

1. Stages of Gingivitis.
2. Modes of attachment and crystalline forms of Dental Calculus.
3. Diabetes and Periodontium.
4. CPITN.
5. Enumerate cells of Gingiva and add a note on Gingival fibers.
6. Methods of collection and measurement of GCF.
7. Define Dental Plaque and add a note on microbial complexes.
8. Classify cementum and add a note on Hypercementosis.
9. Functions of Periodontal ligament.
10. Classify gingival diseases.

Section C LAQ's 10 marks each

1. Define Alveolar bone. Write a note on parts, composition and clinical considerations of Alveolar bone.
2. Classify gingival enlargements and write in detail about conditioned gingival enlargements.

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Zain Patel

Name of the Examination Additional Internal A. Examination Class IV - BDS

Subject Periodontology

Roll No. 9 Date 07/11/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Zain

Signature of Candidate

1+1 = 2

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											15
Marks obtained in Section B	1.5	2	1.5	2	2	1.5	1.5	1.5	1.5	1.5	16.5
Marks obtained in Section C	7	6.5									13.5
Grand Total											45/60

Seen & No. Complaint

Student's Signature

Dr. Rajesh Mutha

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ.

1)

→ Stages of Gingivitis →

Stage	Time (Days)	Blood vessel	Junctional & sulcular Epithelium	Predominant cell Immune cell
I. Initial lesion	2-4	Vascular dilation Vasculitis	Infiltration of PMNs	PMNs
II. Early Lesion	4-7	Vascular proliferation	Same as stage I Rete pegs Atrophic areas	Lymphocytes
III. Established lesion	14-21	Same as stage II + blood stasis	Same as stage II but more advanced	Plasma cells

	Collagen	Clinical findings
I.	Prevascular loss	Gingival fluid flow
II.	Increased loss around infiltrate	Erythema Bleeding on probing
III.	Continued loss	Changes in color, size, texture & so on.

1.8

2)

→ Mode of attachment & crystalline forms of Dental Calculus →

four types of attachment of calculus to tooth surface have been reported.

1. Attachment by means of an organic pellicle.
2. Mechanical interlocking into surface irregularities, such as resorption lacunae & caries.
3. Penetration of calculus bacteria into cementum
4. Close adaptation of calculus under surface depressions to the gently sloping mounds of the unaltered cementum surface

* Crystalline forms of Dental Calculus →

1. Hydroxyapatite
2. Magnesium whitlockite
3. Octacalcium phosphate
4. Brushite.

3)

→ Diabetes & Periodontium →

Periodontal Disease

Diabetes mellitus

Periodontal pathogen → Insulin resitance → Hyperglycemia → AGE product

↓

Endotoxin, cell membrane products toxins

↓

Proinflammatory cascade

↓

Secreation of TNF-α & IL-1β

↓

Connective tissue destruction & bone resorption

↑

Macrophage AGE - receptor

↓

Synthesis & secreation of TNF-α & IL-1β

↓

Degradative cascade

↓

Hydrolase, MMP collagenase secretion

↓

Connective tissue degradation.

1.5

4)

- CPITN → Community periodontal Index of Treatment Needs.

Criteria →

Periodontal status –

1) Healthy periodontium
2) Bleeding observed directly on by using mouth mirror
3) Calculus felt during probing, but the entire blunt area of the probe is visible.
4) Pocket 4 or 5 mm.
5) Pocket more than 6mm.

Treatment needs –

0 - No treatment needed
1 - Oral hygiene needs improvement
2 - Oral hygiene improvement, professional scaling,
3 - Oral hygiene improvement, professional scaling, & complex treatment.

Advantage →

- The value of community periodontal index of treatment need (CPITN) is that it permits rapid examination of a population to determine periodontal treatment needs

5)

→ Cells of Gingiva →

i) Fibroblast
ii) Mast cells
iii) Macrophages
iv) Inflammatory cells.

* Gingival fibers →

1) Principal group fibers →
   i) Dentogingival fibers
   ii) Alveolar gingival fibers
   iii) Dentoperiosteal fibers
   iv) Circular fibers
   v) Transeptal fibers.

2) Fibers of the secondary group →

   i) Periosteogingival fibers.
   ii) Interpapillary fibers
   iii) Transgingival fibers
   iv) Intercircular fibers
   v) Intergingival fibers
   vi) semicircular fibers.
   vii) Oxytalan fibers
   viii) Elastin fibers.

6)

Dental Plaque →

Dental plaque is an adherent intercellular matrix consisting primarily of proliferating microorganism along with a scattering of epithelial cells, leukocytes & macrophages.

* Microbial Complexes →

Complex	Type of Organism	Clustering organism
Purple	Gram-positive rods & cocci	- Veillonella parvula - Actinomyces odontolyticus
Yellow	Gram-positive facultative cocci	- Streptococcus sanguinis - Streptococcus gordonii - Streptococcus oralis - Streptococcus mitis
Green	Gram-positive & gram-negative rods / cocci, some motility	- Fusobacterium nucleatum - Prevotella intermedia - Eubacterium nodatum - Streptococcus constellatus - Campylobacter gracilis

7)

→ GCF → Gingival crevicular fluid

Methods of Collection →

i) Absorbing paper strips
ii) Preweighted twisted threads.
iii) Micropipettes
iv) Capillary tubes

Measurement of GCF →

1) Electronic Method →

i) For measuring the fluid collected on a "blotter" (Periopaper) with use of an electronic transducer (Periotron, Harco Electronics, Winnipeg, Manitoba, Canada.)

2) GCF collected on a paper strip can be evaluated in a variety of ways. The wetted area can be made more visible by staining with ninhydrin; it is then measured planimetrically on an enlarged photograph or with a magnifying glass or a microscope.

* GCF volume in the proximal spaces from the molar teeth ~~range~~ ranged from 0.43 to 1.56 μL.

8) Cementum Classification →

Acc. to Schroeder,

i) Acellular afibrillar cementum (AAC) →
- Contains neither cells nor extrinsic or intrinsic collagen fibers, except for a mineralized ground sus.
- It is product of cementoblast.
- Found as coronal cementum in humans.
- Thickness of 1-15 um.

ii) Acellular extrinsic fiber cementum (AEFC) –
- Composed of densely packed bundles of Sharpey fibres & Jacks cells.
- It is product of fibroblast & cementoblasts.
- Found in the cervical third of root in humans.
- Thickness is b/w 30 & 230 um.

iii) Cellular mixed stratified cementum (CMSC) –
- Composed of Sharpey & intrinsic fibers & contain cells
- It is coproduct of fibroblast & cementoblast
- Found in the apical third of the roots & apices & in furcation areas.
- Thickness ranges from 100 to 1000 um.

iv) Cellular intrinsic fiber cementum (CIFC) –
- Contains cells but no extrinsic collagen fibers.
- Formed by cementoblast.
- It fills the resorption lacunae.

3)

→ Functions of Periodontal Ligament →

1) Physical Functions →

(1) Provision of a soft tissue "casing" to protect the vessels & nerves from injury by mechanical force
(2) Transmission of occlusal forces to the bone.
(3) Attachment of the teeth to the bone.
(4) Maintenance of the gingival tissues in their proper relationship to the teeth.
(5) Resistance to the impact of occlusal forces.

2) Formative / Remodeling function —

- Cells of periodontal ligament participate in the formation & resorption of cementum & bone.

3) Nutritional & Sensory functions —

- The periodontal ligament supplies nutrients to the cementum, bone, & gingiva by way of the blood vessels. &
- Also provides lymphatic drainage.
- The periodontal ligament is abundantly supplied with sensory nerve fibre that are capable of transmitting tactile, pressure & pain sensations via the trigeminal pathway.

10)

→ Gingival Disease Classification →

1) Dental plaque - induced Gingival Diseases →

i) Gingivitis associated with dental plaque only.

ii) Gingival diseases modified by systemic factors.

iii) Gingival disease modified by medications.

iv) Gingival disease modified by malnutrition.

2.) Non-plaque - induced Gingival Lesions -

i) Gingival diseases of specific bacterial origin.

ii) Gingival diseases of viral origin.

iii) Gingival diseases of fungal origin.

iv) Gingival lesion of genetic origin.

v) Gingival manifestations of systemic conditions.

vi) Traumatic lesions.

vii) Foreign - body reactions

viii) Not otherwise specified

(5.9)

LAQ's

1)

→ Alveolar Bone –

Alveolar bone is the portion of maxilla & mandible that forms & supports the tooth sockets.

* Parts of alveolar process –

- The alveolar process consists of the following –

1) An external plate of cortical bone is formed by haversian bone & compacted bone lamellae.
2) The inner socket wall of thin, compact bone called the alveolar bone proper is seen as the lamina dura in radiographs.
3) Cancellous trabeculae b/w these two compact layers acts as supporting alveolar bone. The interdental septum consists of cancellous supporting bone enclosed within a compact border.

* Composition of Bone –

Inorganic (Two-Third)	Organic (One-Third)
i) Hydroxyapetite crystals	- Non collagenous protein & collagen type-I
ii) Calcium	- Osteopontin
iii) Phosphate	- Osteonectin
iv) Carbonate	- Phosphoprotein
v) Magnesium	- Sailoprotein
vi) Trace amount of other ions (Na, F)	- paracrine factors (Chemokines, cytokines)

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Zain Patel

Name of the Examination Addition Examination Class IV - BDS

Subject Periodontology

Roll No. 09 Date 07/11/2020

Students Signature Zain "Seen No. Complaint"

* Clinical considerations —

1) Physiologic Migration of the Teeth —

- Tooth movement does not end when active eruption is completed & the tooth is in functional occlusion.
- With time & wear, the proximal contact areas of the teeth are flattened, & the teeth tend to move mesially.
- This is referred to as physiologic mesial migration

2) External forces & the Periodontium —

- Alveolar bone undergoes constant physiologic remodelling in response to external forces.
- The socket wall reflects the responsiveness of alveolar bone to external forces.
- Forces exerted on the tooth also influence the number, density & alignment of cancellous trabeculae.
- When forces are increased, the cancellous bony trabeculae increase in no. & thickness.

2)

→ Gingival Enlargement –

Gingival enlargement can be classified according to etiologic factors & pathologic changes as follows -

1) Inflammatory enlargement -
   a) Chronic
   b) Acute

2) Drug - induced enlargement -
   a) Anticonvulsants
   b) Immunosuppressants
   c) Calcium - channel blockers

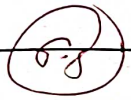
3) Enlargement associated with systemic diseases or conditio

a) Conditioned enlargement -
   1) pregnancy
   2) Pubery
   3) Vitamin C deficiency
   4) Plasma cell gingivitis
   5) Non-specific conditioned enlargement (pyogenic granuloma)

b) Systemic diseases that cause gingival enlargement
   1) Leukemia
   2) Granulomatous disease (eg. Wegner granulomato & sarcoidosis)
   3)

4) Neoplastic enlargement (gingival tumors)
   a) Benign tumors
   b) Malignant tumors

5) False enlargement
   a) Underlying osseous lesions
   b) Underlying dental tissues.



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D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

15/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Nine
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	Periodontology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

			0	9
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	●
0	0	0	●	0

QUESTION BOOKLET VERSION NO.

A	(A)	1	1	1
B	(B)	2	2	2
D	(D)	3	3	3
G	(G)	4	4	4
M	(M)	5	5	5
N	(N)	6	6	6
P	(P)	7	7	7
S	(S)	8	8	8
U	(U)	9	9	9
		0	0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	(A)	(●)	(C)	(D)	11	(A)	(B)	(●)	(D)	21	(A)	(B)	(C)	(D)
2	(A)	(B)	(C)	(●)	12	(A)	(●)	(C)	(D)	22	(A)	(B)	(C)	(D)
3	(A)	(B)	(●)	(D)	13	(A)	(B)	(C)	(●)	23	(A)	(B)	(C)	(D)
4	(A)	(●)	(C)	(D)	14	(A)	(B)	(●)	(D)	24	(A)	(B)	(C)	(D)
5	(A)	(B)	(●)	(D)	15	(A)	(B)	(●)	(D)	25	(A)	(B)	(C)	(D)
6	(A)	(●)	(C)	(D)	16	(A)	(B)	(●)	(D)	26	(A)	(B)	(C)	(D)
7	(●)	(B)	(C)	(D)	17	(A)	(●)	(C)	(D)	27	(A)	(B)	(C)	(D)
8	(A)	(●)	(C)	(D)	18	(A)	(●)	(C)	(D)	28	(A)	(B)	(C)	(D)
9	(●)	(B)	(C)	(D)	19	(A)	(●)	(C)	(D)	29	(A)	(B)	(C)	(D)
10	(A)	(B)	(●)	(D)	20	(A)	(B)	(●)	(D)	30	(A)	(B)	(C)	(D)

Seen and No. Complaint

Candidate's Signature

Dr. Rakesh

Examiner Name & Signature

Department of Periodontology

D Y Patil Dental School, Lohegaon, Pune

Date: 27/12/21

All final BDS referred batch students kindly make a note of Additional / Betterment theory Examination is scheduled on 04/01/22. Those who were absent in any internal assessment examination or those who want to improve their score can appear for the examination.

For Mutte

HOD

Dept. of Periodontology

Periodontology

2021ref

Name of the Student	Attendance
Urvashi Deshmukh	P
Namrata Gholave	P
Krishna Solanke	P
Dimple Salunkhe	P
Neil Sonar	P

For,

HOD Periodontics

DY Patil Dental School, Pune

Department of Periodontics

IV BDS (Referred) Dec 2021

Additional Exam

Section A MCQ's - 20 questions – 1 mark each 20 minutes 04/01/2022

1. Drug Induced Gingival Overgrowth is associated with
   a. Immunosuppressive Drugs b. Antiemetics
   c. Antihistamines d. All of the above
2. All are other names of ANUG except
   a. Trench mouth b. Fusospirillary gingivitis
   c. Desquamative gingivitis d. Plaut – Vincent stomatitis
3. Tzank cells are seen in
   a. ANUG b. Primary herpetic gingivostomatitis
   c. Aggressive Periodontitis d. Chronic periodontitis
4. Which of the following is true for generalized aggressive periodontitis
   a. Usually seen below 30 years of age
   b. Localised first molar / incisor presentation with interproximal attachment loss on atleast two permanent teeth, one of which is a 1st molar, and involving no more than two teeth other than 1st molars and incisors
   c. Generalised interproximal attachment loss affecting atleast 3 permanent teeth other than 1st molars and incisors
   d. Both a and c
5. Living leukocyte in saliva is known as
   a. Free granulocyte b. Orogranulocyte
   c. Obligocyte d. Omnicyte
6. In ENAP, _____ incision is placed below the bottom of the pocket.
   a. Internal bevel b) External bevel c) Horizontal d) Interdental
7. _____number of walls are present in three walled bone defects.
   a. One b) Two c) Three d) None
8. Following drugs are secreted significantly in GCF
   a. Metonidazole& Tetracycline b. Ciprofloxacin & Penicillin
   c. Clindamycin & Penicillin d. Cefalosporins& Streptomycin
9. Normal fasting blood glucose levels are
   a. < 70mg/dL b. 70-100mg/dL
   c. 140-200mg/dL d. >200mg/dL
10. Dentogingival unit is formed by
    a. Periodontal ligament
    b. Periodontal ligament and Alveolar bone

c. Junctional epithelium and Periodontal ligament
d. Junctional epithelium and gingival fibres

11. Following is not a sign of gingival inflammation
    a. Swollen/ enlarged interdental papillae b. Bleeding on probing
    c. Mobility of tooth d. Loss of stippling
12. Cell to cell signaling in biofilm is known as
    a. Chemotaxis b. Quorum sensing
    c. Apoptosis d. Cell mediated immunity
13. True periodontal regeneration can take place when the cells that reach the periodontal defect are from
    a. Connective tissue b. Epithelium
    c. Alveolar bone d. Periodontal ligament
14. Barrier membranes are used for
    a. Space maintenance
    b. Prevent the ingrowth of epithelial cells
    c. Facilitate the growth of PDL cells
    d. All of the above
15. Chemically modified tetracycline (CMTs) used in host modulation therapy is
    a. Nonantibiotic b. host modulatory c. anticollageneolytic
    d. all of the above
16. Two patients with comparable levels of remaining bone and attachments prognosis generally poor in:
    a) Younger patients b) Older patients c) both a and bd) none of the above
17. When are babies called LBW babies
    a) Weight less than 2.5kg
    b) Weight 2.5kgs
    c) Weight more than 2.5kgs
    d) None of the above
18. Osseous form is considered to be "ideal" when the bone is constantly more _____ on the interproximal surfaces then at the facial and lingual surfaces.
    a. Apical b. Cervical
    c. Mesial d. Coronal
19. When adaptive capacity of tissues to withstand occlusal forces is impaired by bone loss is termed as
    a)acute Trauma from occlusion
    b)primary Trauma from occlusion
    c)secondary Trauma from occlusion
    d)all of the above
20. Range of effectiveness of bacterial plaque is ____ mm in which it can induce bone loss.
    a. 1.5-2.5 b. < 1.5 c. 2.5 d. 2 – 3

Answer Key

1. a
2. c
3. b
4. d
5. b
6. a
7. c
8. a
9. b
10. d
11. c
12. b
13. d
14. d
15. d
16. a
17. a
18. d
19. c
20. a

DY Patil Dental School, Pune

Periodontology

IVBDS (Referred) Dec 2021

Additional Examination

Date: 04/01/2022

Pattern of Question Paper: Total Marks (A+B+C) = 60 marks

Section A MCQ's - 20 questions – 1 mark each

Section B SAQ's-10 questions- 2 marks each

Section C LAQ's -2 questions -10 marks each

Answer section A in MCQ's answer sheet

Answer section B and C in main answer sheet

All questions are compulsory and draw diagram wherever necessary.

Section B SAQ's 2 Marks each

1. GTR.
2. Classify bone grafts .
3. Classify dental implants and add a note on Osseointegration.
4. Methods of root coverage.
5. Prognosis.
6. Clinical, radiographic features and reasons for localized distribution of Localized Aggressive Periodontitis.
7. Enumerate patterns of bone loss. Add a note on bony architecture with diagram.
8. Crystalline forms of calculus. Theories of calculus formation.
9. BANA test.
10. Local drug delivery in Periodontal treatment.

Section C LAQ's 10 marks each

1. Define& classify Periodontal flap and write in detail about Modified Widman Flap (with diagrams)
2. Enumerate various components of Defense mechanisms of gingiva and write in detail about GCF.

D Y PATIL DENTAL SCHOOL

2021

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.	

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
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N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Urvashi Deshmukh

Name of the Examination Additional Exam Class IV BDS

Subject periodontology.

Roll No. 2 Date 04/01/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

U. Deshmukh

Signature of Candidate

1+1 = 2

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											15
Marks obtained in Section B	01	~~1~~ 2	1.5	1	1.5	1	1.5	1.5	1	1.5	13.5
Marks obtained in Section C	6	6									12
Grand Total											41/60

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - B.

(1) GTR – Guided Tissue Regeneration –

→ GTR is used for prevention of epithelial migration along the cemental wall of the pocket & maintaining space for clot stabilization.

- This method is based on the assumption that ~~potential~~ periodontal ligament & perivascular cells have potential for regeneration of the attachment apparatus of tooth.

- GTR consists of placing barriers of different types to cover the bone & PDL thus temporarily seprating them from the gingival epithelium & connective tissue.

- Excluding epithelium & gingival C.T from root surface during the post surgical healing phase not only prevents epi. migration into wound but also favours repopulation of area by cells the PDL & bone.

(2)

Classification of Bone Grafts →

① Based on Origin →

A. Autografts — Bone is obtained from same individual.

B. Allograft – obtained from diffrent individual.

C. Xenograft – obtain from diff. ~~individual~~ species usually bovine & porcine.

d. Alloplasts – synthetic graft

(2) Based on Mode of Actions →

a. Osteogenic Grafts
b. Osteoinductive Graft
c. Osteoconductive Graft.

(3) Based on Rate of their bioresorption –

a. Fast resorbing - 8-10 Weeks
b. Slow resorbing - Stay for months.
c. Non resorbing - don't resorb for years.

(3)

Classify - Dental Implants.

(1) Based on Method of placement →

One-Stage (Non-submerged) | Two-stage (submerged).

(2) On the basis of Number of implants used -

one piece implant. | Two-piece implant.

(3) on basis of Density

Hallow | solid.

(4) Based on Device reaction.

osteopte | Osseofixation.

5) Based on surface.

Threaded

Vented

smooth, machined

Osseointegration -

Three types of osseointegration →

1) Bio-integration - Acchieved by bioactive material like hydroxyapatite which bonds with collagen of bone.

2) Chemical integration - Achieved by formation of various bonds like vander waal forces, ionic bond, hydrogen bond.

3) Mechanical integration - when bone to implant contact by screws, vents, dimple etc.

(4) Root Coverage Procedures.

surgical	Non-surgical
-	- Monitoring &

1) Non-surgical Treatment -

- Monitoring & prevention
- use of de-sensitizing agents
- composite restoration
- ~~Or~~ Removable gingival veneers
- Orthodontics.

surgical –

1) pedicle soft tissue graft procedures –

a) Rational • Laterally positioned Flap b) Advanced - semilar
• Double papilla flap. - Coronally positioned

2) Free soft tissue graft

3) Non- submerged graft – one stage
two stage.

4) submerged graft: - C.T graft + laterally position flap
- C.T graft + double papilla flap
- C.T graft + coronally positioned

• Additive treatment – • Root surface modificatn agent.
• Guided tissue regeneration
• Enamel matrix protein.

(5) Prognosis –

It is the prediction of the probable course, duration & outcome of disease & likelihood response to tocatment based on general knowledge of pathogenesis of disease & presence of risk factors.

Types of prognosis –.

(1) Good
- control of etiologic factors & adequate periodontal support ensure the tooth will easy to maintain by pt.

(2) Fair
- 25% attach. ment loss & class I furcation involvement.

(3) Poor
50% attachment loss. class II furcation involvement

④ Questionable

>50% attachment loss, poor crown-& depth ϕ, poor root form.
- Class II furcations.
-> 2+ mobility

⑤ Hopeless

- Inadequate attachment to maintain health, comfort & function.

⑥ Localised Aggressive periodontitis —

LAP is generally found in younger individuals than GAP.

1) Clinical Features → characterised as having localised to 1st molar/incisor presentation with interproximal attachment loss on at least two permanent teeth; one of which is first molar & involving no more than two teeth other than 1st molar & incisors.

2) Radiographic features —

1. vertical bone loss noted around 1st molar & incisors begin around puberty in healthy teenagers.
2. classical arc-shaped loss of alveolar bone extend from distal surface of second pm to the mesial surface of second molar.

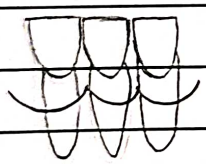
(7) Patterns of Bone Loss →

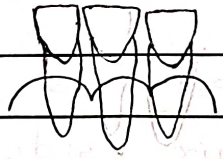
periodontal disease alters the morphologic features of the bone in addition to reducing bone height.

1. Horizontal Bone Loss
2. Bone deformities (osseous defects)
3. Vertical (OR) Angular defects
4. Osseous craters
5. Bulbous bone contours
6. Reverse architecture
7. Ledges
8. Furcation involvment.

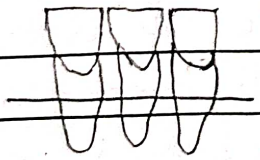
Bony Architecture —

(1) Positive Architecture (2) Negative Architecture.



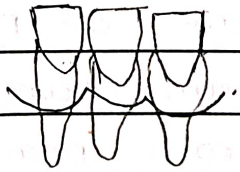


(3)



Flat Architecture.

(4)



Ideal Architecture.

(8) Crystaline Forms of Calculus.

Dental calculus consist of mineralized bacterial plaque that forms on the surfaces of natural teeth & dental prosthesis.

- At least 2/3rd of the inorganic component

is crystalline structure.

- Hydroxyapatite $Ca_{10}(OH)_2(PO_4)_6$ - 58%
- Magnesium whitlockite - 21%.
- octacalcium phosphate - 12%.
- Brucite $CaHPO_4 \cdot 2H_2O$ - 9%.

Theories of Calculus formation →

1. Precipitation Theory
2. Booster Mechanism
3. Epitactic Concept
4. Inhibition Theory
5. Transformation Theory
6. Bacterial Theory
7. Enzymatic Theory.

9. BANA Test →

It is chair-side usauge Test.

- It is test strip which composed of benzoyl-DL-arginine-a-naphthylamide & detects short chain fatty acids & proteolytic obligate gram-negative anaerobes, which hydrolyze the synthetic trypsin substrate & causes Halitosis
- It detects especially Treponema denticola, P. gingivalis & T. Forsynthesis associated with periodontal disease.

By using BANA Test - we can detect not only halitosis but also periodontal

Risk assesment.

Sample of saliva that contain these bacteria is placed within BANA testing compound they cause its breakdown.
- Test compound changes its colour indicating a positive reaction.

(10)

Local Drug Delivary in Periodontal Treatment

- To overcome the undesirable effects; several local drug delivary systems have been developed.
- Also called as "site-specific Delivary"

GOAL OF Local Drug Delivary -
- Primary goal in using intra-pocket device for delivary of an antimicrobial agent - is achievement & maintainance of therapeutic levels of drug for the required Period of time.
- This inhibits (or) kills the pathogens without any harm to tissue.

- principle site For Local Drug Delivary
  1. Natural Reservoir
  2. Easily accessible for insertn of devices
  3. GCF is leaching medium
  4. Gets distributed from pocket.

periodontal pocket is natural site for treatment with local drug delivary system.

Section-C.

(1) * periodontal Flap —

periodontal Flap is section of gingiva and / or mucosa surgically seprated from the underlying tissue to provide visiblity & access to the bone & root surface.

(2) Classification of Flaps →

(1) Bone exposure after Flap reflection →
- Full Thickness (mucoperiosteal)
- partial Thickness (mucosal).

(2) placement of Flap after surgery →
- Non-displaced Flaps
- Displaced Flaps.

(3) Management of papilla.
- Conventional Flaps.
- papilla preservation Flaps

* Design of the Flap →
1. split of the papilla
2. preserve it.

(3) * Modified Widman Flap *.

1974 - presented by Ramiford & Nissle.

- The original "Widman" Flap.
  - The Flap is elevated to

expose 2-3 mm of the alveolar bone.
- The soft tissue collar incorporating the pocket epithelium & C-T was removed; The exposed root surface scaled & bone recontoured to re-establish a 'physiologic' alveolar form.

⇒ Modified Widman Flap →
- Exposure of the interproximal bone & elimination of infrabony defects by osseous recontouring is not carried out.
(No surgical pocket elimination & apical displacement of Flap.).
- Incase of esthetic consideration, intracrevicular incision starting at the free gingival margins are used to minimize postsurgical gingival shrinkage.
- Vertical releasing incisions are usually not used.

* Indication.
- Effective with pocket depth - 5-7 mm

* Contraindication -
- Lack of ~~the~~ very thin & narrow attached gingiva can teach. difficult.
- Because a narrow band of attached gingiva doesn't permit the initial scalloped incision (internal gingivotomy)

Advantage -

1. Root cleaning done with direct vision.
2. Healing by primary intention
3. Minimal Crestal bone resorption
4. Lack of post operative discomfort.

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Urvashi Deshmukh.

Name of the Examination Additional Exam Class IV BDS.

Subject periodontology

Roll No. 2 Date 04/01/22

Students Signature U. Deshmukh "Seen No. Complaint" (1) (1)

(2) Components OF Defence Mechanism.

Defence Mechanism

- Nonspecific
  - Host - microbial
  - Tissue Resistance
    - Anatomical factors
    - Mucous barrier
      - Saliva
      - Gingival crevicular fluid.
    - Epithelial Barrier
    - Local inflammatory response
- Specific.
  - Adaptative Immunity

(1) Gingival crevicular fluid →.

The gingival sulcus which is "V-shaped grooves around the tooth structure ranged in depth from (0.5 - 2 mm) filled with fluid called Gingival crevicular fluid.

—

Recently ; it is agged that GCF is secreted as ∴ Transudate due to osmotic gradient in health & it changes into exudate upon in response to inflammation during periodontal disease.

Composition OF GCF →

(1) cellular elements →
Bacteria
Desquamated epithelial cells &
Leukocytes.

(2) Inorganic component —
pottasium
sodium
calcium

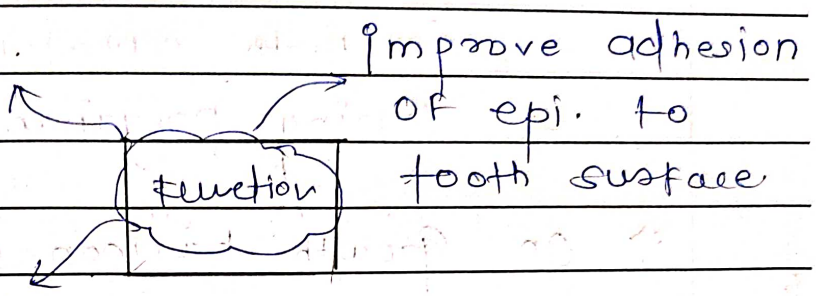
(3) Organic Compounds —
Carbohydrates
Glucose
proteins.

(4) Enzymes —
Acid phosphatase
Alkaline phosphatase
Collagenase

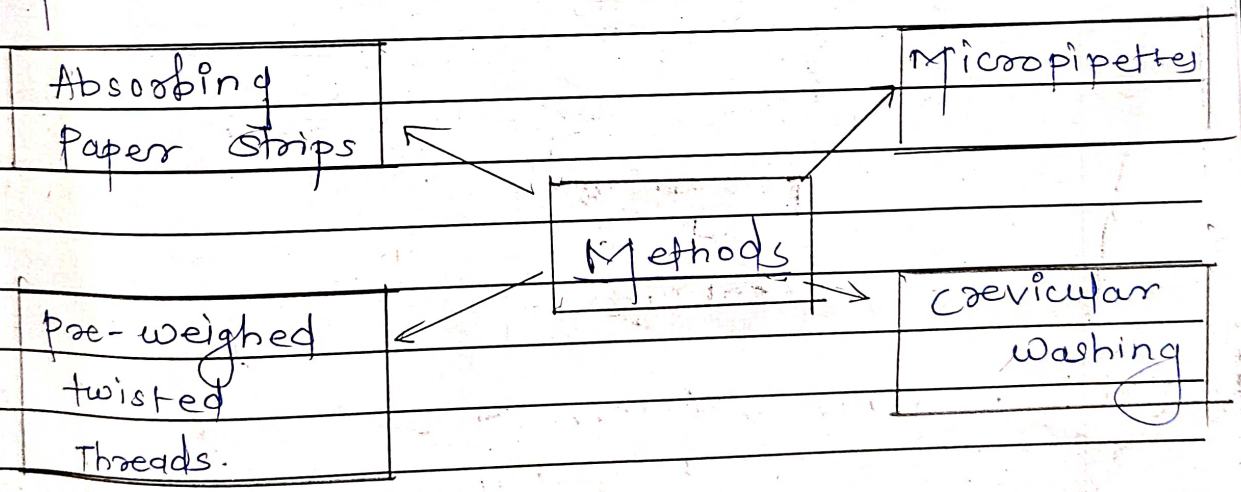
Mettabolic & bacterial products.

Function OF GCF.

Flushing Action.



* Method OF GCF collection.



* Method OF GCF measurement —.

1. An electronic method (Periotron)
2. Weighing the strip.

- Clinical significance –

1) Gingival fluid & sex hormones
   - During menstruation - ↑se in GCF
   - on Birth control pills - ↑se in GCF
   - During pregnancy - ↓s

2) On Growth hormones.

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Two
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Exam
SUBJECT	Periodontology.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

U. Deshmukh

Candidate Signature

SEAT NUMBER

			0	2
1	1	1	1	1
2	2	2	2	●
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	●	0

QUESTION BOOKLET VERSION NO.

A	A	1	1	1
B	B	2	2	2
D	D	3	3	3
G	G	4	4	4
M	M	5	5	5
N	N	6	6	6
P	P	7	7	7
S	S	8	8	8
U	U	9	9	9
		0	0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr Parag Hoje

Examiner Name & Signature

Department of Periodontology

D Y Patil Dental School, Lohegaon, Pune

Date: 27/04/22

All final BDS regular batch students kindly make a note of Additional / Betterment theory Examination is scheduled on 07/05/22. Those who were absent in any internal assessment examination or those who want to improve their score can appear for the examination.

HOD

Dept. of Periodontology

Periodontology

2022 regular

Name of the Student	Attendance
Rutuja Bardeskar	P
Nishigandha Padile	P
Prince Singh	P
Bakul Patode	P
Neha Pitale	P

HOD Periodontics

DY Patil Dental School, Pune

Department of Periodontics

IVBDS (Regular) 2022

Additional Internal Assessment Examination

Section A MCQ's - 20 questions – 1 mark each 20 minutes 07/05/2022

1. True periodontal regeneration can take place when the cells that reach the periodontal defect are from
   a. Connective tissue b. Epithelium
   c. Alveolar bone d. Periodontal ligament
      a. Punched out gingival margin is seen

2. Which of the following bony defect will have better prognosis
   a. One walled defect c. Hemiseptum
   b. Two walled defect d. Three walled defect

3. Gingival enlargement in pregnancy is called as
   a. Angiogranuloma c. pyogenic granuloma
   b. Idiopathic enlargement d. A& B

4. Aggressive periodontitis was also known as by the following names except
   a. Diffuse atrophy of alveolar bone c. Necrotizing periodontitis
   b. Deep cementopathia d. Juvenile periodontitis

5._____ are outgrowths of bone of varied size and shape.
   a. Buttressing bone b. Exostoses c. hemiseptum d. Angular defects

6. Which of the following is true for generalized aggressive periodontitis
   a. Usually seen below 30 years of age
   b. Localised first molar / incisor presentation with interproximal attachment loss on atleast two permanent teeth, one of which is a 1st molar, and involving no more than two teeth other than 1st molars and incisors
   c. Generalised interproximal attachment loss affecting atleast 3 permanent teeth other than 1st molars and incisors
   d. Both a and c

7. Following statement is true
   a. Modified Widman flap is not intended to eliminate or reduce pocket depth
   b. Apically displaced flap reduces attached gingiva
   c. For regenerative and reconstructive procedures papilla preservation flap is not preferred.
   d. All of the above

8. Following statements are correct except
   a. Extension of the Junctional Epithelium along the root requires the presence of healthy epithelial cells
   b. Marked degeneration and necrosis of the Junctional Epithelium accelerates pocket formation
   c. When the relative volume of PMNs reaches approximately 60%or more of the Junctional Epithelium, the tissue loses its cohesiveness and detaches from the tooth surface

d. In infrabony pockets, the pattern of bone destruction is vertical

9. Modified Widman flap includes following incisions except:

a. Internal bevel c. External bevel

b. Crevicular d. Interdental

10. Cul-de-sac seen in _____grade of furcation

a. I b. II c. III d. IV

11. Tzank cells are seen in

a. ANUG b. Primary herpetic gingivostomatitis

c. Aggressive Periodontitis d. Chronic periodontitis

12. Regeneration occurs through growth from_____

a. same type of cells c. different type of cells

b. both a and b d. none of the above

13. Drug induced gingival enlargement does not occur in:

a. Maxillary anteriors

b. Mandibular anterior.

c. Maxillary Posteriors

d. Edentulous Areas

14. Localized aggressive periodontitis is best treated in early stage by _____

a. Tetracycline 250 mg 4 times daily for 14 days

b. Tetracycline 250 mg once daily for 7 days

c. Tetracycline 250 mg twice daily for 7 days

d. Tetracycline 250 mg 4 times daily for 3 days

15. The instrument used for checking furcation involvement is

a. Explorer c. Nabers probe

b. Michigan 'O ' probe d. DNA probe

16. The following barrier membrane requires a second surgical entry for its removal

a. Collagen membrane

b. Polyglycoside membrane

c. PTFE membrane

d. Calcium sulphate barrier

17. Bone graft which is obtained from different species is called as

a. Autograft c. Allograft

b. Xenograft d. Alloplast

18. Critical zone in pocket surgery

a. soft tissue pocket wall b. tooth surface c. underlying bone d. all of them

19. Barrier membranes are used for

a. Space maintenance

b. Prevent the ingrowth of epithelial cells

c. Facilitate the growth of PDL cells

d. All of the above

20. Internal bevel incision in modified Widman flap is given at___ distance from gingival margin

a. 0.5-1mm b. 1-2mm c. 2-3mm d. 3-4mm

Answer Key

1. d
2. d
3. d
4. c
5. b
6. d
7. a
8. b
9. c
10. b
11. b
12. a
13. d
14. a
15. c
16. c
17. b
18. d
19. d
20. a

DY Patil Dental School, Pune

Periodontology

IVBDS (regular) 2022

Additional Internal Assessment Examination

Date: 07/05/22 Time: 12.30 -3.30 pm

Pattern of Question Paper: Total Marks (A+B+C) = 60 marks

Section A MCQ's - 20 questions – 1 mark each

Section B SAQ's-10 questions- 2 marks each

Section C LAQ's -2 questions -10 marks each

Answer section A in MCQ's answer sheet

Answer section B and C in main answer sheet

All questions are compulsory and draw diagram wherever necessary.

Section B SAQ's 2 Marks each

1. Classify chronic periodontitis and write about its signs and symptoms.
2. Enumerate bony defects. Explain in detail about architecture of bone with appropriate diagrams.
3. Microtopography of soft tissue wall of periodontal pocket.
4. GTR
5. Define trauma from occlusion. Write in detail about stages of trauma from occlusion.
6. Resective osseous surgery. Indications and armamentarium.
7. Classify furcation involvement and write its treatment.
8. Clinical and radiographic features of localized aggressive periodontitis.
9. Drug induced gingival enlargement.
10. Write a note on Bone Autografts.

Section C LAQ's 10 marks each

1. Define and classify periodontal flap. Write in detail about Modified Widman flap.
2. Enumerate various acute gingival infections. Write in detail on clinical features, histopathological features, etiology and treatment of NUG.

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Bakul Patode

Name of the Examination Additional Examination Class IV BDS

Subject Periodontology

Roll No. 70 Date 7/5/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

BPatode

Signature of Candidate

1+1 = 2

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											15
Marks obtained in Section B	1	2	1.5	1.5	1.5	1.5	1.5	1	1.5	1.5	14.5
Marks obtained in Section C	7	6.5									13.5
Grand Total											43/50

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B

(1) Chronic periodontitis

localised Generalised

localised form - < 30% of site involved

Generalised form - > 30% " " "

slight - 1-2 mm clinical attachment loss

Moderate - 3-4 mm " " "

severe > 5 mm " " "

(1)

Sign & symptoms

(1) Prevalent in adult but can occur in children.

(2) Amount of destruction consistent with local factors

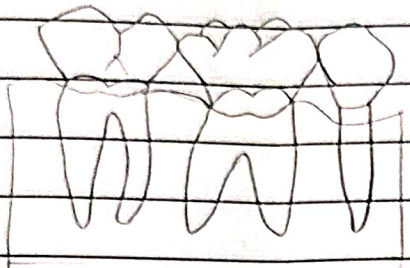
(3) Accociated with variable microbial pattern

(4) subgingival calculus frequently found

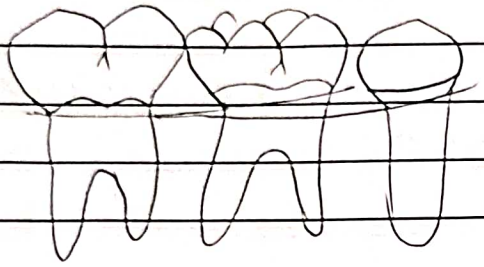
(5) slow to moderate rate of progression.

(2) Bony defects

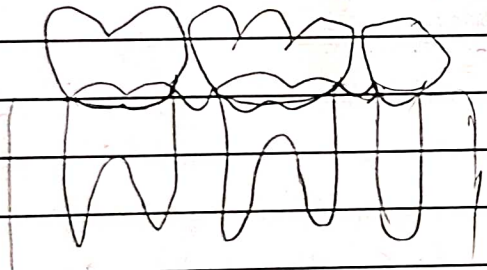
Pritchard	Glickman
Interproximal craters	osseous craters
inconstent margins	Intra bony defect
Hemisepta	Hemisepta
furcation involvement	bulbous bony contour
Intra bony defect.	ledges
combination of above	Horizontal bone loss
fenestration.	



(A) Positive bony architecture



Flat bony architecture



(2)

Reversed / negative bony form

3) Microtopography of gingival wall

(1) Area of Relative Quiescence
- flat surface with minor depression
- occlusional shedding of cells

(2) Area of bacterial accumulation
- Depression on epi. surface
- Abundant debris
- Bacterial dumps penetrating into space

③ Area of emergence of leukocyte.
- leukocyte appear in pocket wall.

④ Area of leukocyte bacteria interaction.
- Leukocyte are present & covered with bacteria in apparent proces of phagocytosis.

⑤ Area of intense epithelial disquamation
- semi-attached / folded epi.

1.5

④ GTR.

PI is procedure attempting to regenerate lost periodontal structures through differential tissue response.

(world workshop in periodontics)

Foundation of GTR

Placing barrier of diff. type to cover bone & PDL

↓

Temporary sepearting them from gingival epithelium.

1.5

Excluding epi & gingival CT from root surface during post surgical healing
- Prevent epithelial migration into wound
- favours repopulation of area by cells from PDL & bone cells.

Criteria for GTR device

Gottlow & Hardwick

- Biocompatibility
- cell exclusion
- Tissue intigrity
- Biological activity

Trauma from occlusion.

Excessive occlusal force may also

It is tissue injury rather than occlusal force

Stages

① Stage I - Injury

- Tissue injury produced by excessive occlusal force. Bony attempt to repair injury & restore periodontium.

a) slight excessive pressure

stimulate resorption of alveolar bone

↓

widening of PDL space

b) Slight Excessive tension

elongation of PDL fibre & apposition of bone

c) Greater pressure

Gradation of change in PDL

↓

compression of fibre

↓

Produce area of hyalinization

Stage II – Repair

Repair occur constantly in normal periodontium & trauma from occlusal stimulate increased reparative activity

Damaged tissue removed

↓

New CT, fiber bone & cementum formed to restored injured periodontium.

Stage III – Adaptive remodeling of periodontium

widening of PDL

↓

which is funnel shaped at crest & angular defect in bone. with no pocket formation.

↓

involved teeth become loose

↓

↑ vascularisation reported (1.8)

(6) Resective osseous surgery

Armamentarium

(1) Piezoelectric surgical instrument
(2) Rongeurs – friedman
(3) 90° blumenthal (1.1)
(4) Carbide round bur
(5) slow speed handpiece
(6) Diamond bur
(7) surgical length friction grip
(8) interproximal files

(10) Back action chisel.
(11) Ochsenbein chisel.

Indication
Exostosis ledge & ridge deformity.
Incipient furcation involvement
Removal of fractured roots.
Crown lengthening

Furcation classification by Glickman's.
Grade I - incipient & slightly noticable with periodontal probe.

Grade II - involve one / more furcation of one tooth.
Horizontal component of few mm

Grade III - communication from one furcation to another on same tooth with loss of gingival attachment in fornix of furcation.
- Bone not attached to furcation
- furcation is filled with soft tissue.

Grade IV - interdental bone destroyed.
PDL recession.
furcation opening clinically

Treatment
① closed / open scaling with odontoplasty.
② Tunning procedure.
③ Hemisection with maintainance of one root
④ Tooth extraction, replacement with dental implant

(8) Clinical & Radiographic Feature of localised aggressive periodontitis.

Clinical feature

- Age of onset around puberty
- interproximal attachment loss on at least two permanant teeth
- lack of clinical inflammation despite presence of PDL pocket
- Plaque form. thin biofilm

Radiographic Feature

- vertical bone loss around I & 1st molar in puberty
- Arc shaped bone loss extend from distal of 2nd PM to Mesial surface of 2nd M
- bilateral symmetrical pattern of bone loss

(1)

(9) Drug induced gingival enlargement

- most commonly in males.

(a) Anticonvulsants
(b) Immunosuppressants
(c) Calcium-channel blockers

(a) Anticonvulsants.

- Dilantin is hydantoin that was introduced for treatment of all form of epilepsy
- other hydantoins known to induce gingival enlargement
  (1) ethotoin (Peganone)
  (2) Mephenytoin (Mesantoin)
  (3) It occur more often in younger patients

8) Immunosuppresants

- cyclosporine is potent immunosuppresive agent used to prevent organ transplant
- cyclosporine induced gingival enlargement more vascularized than phenytoin enlargement
- other side effects are nephrotoxicity, hypertension hypertrichosis.

9) Calcium channel blockers

- Developed for treatment of cardiovascular condition such as ① hypertension
  ② Angina pectoris.
  ③ coronary artery spasm.
  ④ cardiac arrythmias.

they inhibit calcium-ion influx across cell membrane of heart & smooth muscle cell.

- Nifedipine which is one of most often used induce gingival enlargement in 20% patients.
- other drugs ① Diltiazem ③ Felodipine.
  ② verapamil.

10) Bone Autografts.

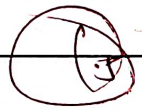
The bone graft can be taken from person's own healthy bone

It can be taken from frozen donated bone.

- There is evidence of ridge augementation success rates were as to 100% for onlay bone graft & implant survival rates were 90.4% for onlay grafts

It is placed around an existing tooth to reduc mobility & provide additional support.

- In most cases,
  Bone graft for dental implant must heals completely before actual implant is placed.
- Used in severe gum disease i.e. periodontitis
- It helps to grow new bone to replace bone destroyed by periodontitis.



Section C

1A Q

1). Periodontal flap

It is section of gingiva / mucosa that is surgically seperated from the underlying tissue to provide visibility & access to bone & root surface.

- Flap is also allow gingiva to be displaced to different location in patients with mucogingival involvement

Classification of periodontal flap

on the basis of

① Bone exposure for reflection -

- Full thickness (mucoperiosteal)
- Partial " (mucosal)

↓

It include only epithelium & layer of underlying connective tissue.

- Bone remain covered by layer of CT that include periosteum. called split thickness flap

② Placement of flap after surgery

- Non-displaced flap

when flap returned & sutured in its original position

- Displaced flap

which is placed apically, coronally / laterally to their original position

③ for management of interdental papilla

•) Conventional flap.

Used for

- interdental space are too narrow.
- flap is to be displaced
- when there is break in continuity of interdental papilla.

•) papilla preservation flap.

incorporated entire papilla in one of flap.

* Modified widman flap

In 1995 morris revived technique called unrepositioned mucoperiosteal flap

same procedure prevented in 1974 by Ramfjord & Nis called it modified widman flap.

steps

1> Initial incision is an internal bevel incision to alveolar crest starting 0.5mm to 1mm away from gingival margin.

↓

Gingiva reflected by periosteal elevator

↓

A cervicular incision made from bottom of pocket to bone in such a way that it circumscribes triangular wedge of tissue

↓

After flap reflected, 3rd incision made in interdel space coronal to bone with curette / orban knife

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Rakul Patode

Name of the Examination Additional Examination Class IV BDS.

Subject Periodontology.

Roll No. 70. Date 7/5/22.

Students Signature B Patode "Seen No. Complaint"

↓

Tissue tag & granulation tissue are removed with curette. Root surface checked & then scaled & planed

↓

Bone architecture is not corrected unless it prevents good tissue adaptation to neck of teeth.

↓

continious independent sling suture placed in both facial & palatal area

(7)

(2) Acute Gingival disease

① Traumatic lesion of Gingiva
- Physical injury
- chemical "

② viral Infection
- Herpangina
- Measles
- Herpes zoster
- Glandular fever.

③ Bacterial infection
- ANUG.
- Tuberculosis
- syphilis.

④ Fungal disease
- candidiasis.

Necrotising ulcerative gingivitis (ANUG)
It is painful inflammatory destructive disease which affect marginal & papillary gingiva & less frequently attached gingiva

Other Name - Trench mouth
Vincent's infection
Acute ulceretomembranous gingivitis

Etiology
fusospirochetal organism

fusiform bacillus
spirochetes

clinical feature

- punched out, crater like depression of interdental papilla
- greyish pseudomembranous slough.
- Fetid odor & ↑ salivation.
- Gingival hemorrhage
- metallic foul taste
- local Lymphadenopathy.

Steps

Necrosis of top of interdental papilla
↓
Necrosis of entire papilla
↓
Extending to gingival margin
↓
Extend to attached gingiva
↓
Extend to labial & buccal mucosa
↓
Exposing alveolar bone
↓
Necrosis perforating skin of cheek

Treatment

↓

Non ambulatory patient — Ambulatory patient

Non ambulatory pt

Day-1

Gently remove necrotic pseudomembrane with cotton saturated with H_2O_2.

- Advice bed rest
- rinse mouth every 2 hr with dil. 3% H_2O_2
- Antibiotics- penicillin / metronidazole prescribed

Day 2 -

After 24 hr.

- bedside visit
- Again include gentle swab area with H_2O_2
- instructions repeated

Day 3 -

most cases condition improved

Ambulatory pt

- topical anesthetic
- Area clean with warm water
- swabbed with cotton
- calculus removed by ultrasonic scaler

instructions

Avoid smoking & alcohol

Rinse with 3% H_2O_2 for every 2 hr

65

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Internal Assessment Examination

15/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Seventy.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination.
SUBJECT	Periodontology.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

BPatak

Candidate Signature

SEAT NUMBER

			7	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	●	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	●

QUESTION BOOKLET VERSION NO.

A	(A)	1	1	1
B	(B)	2	2	2
D	(D)	3	3	3
G	(G)	4	4	4
M	(M)	5	5	5
N	(N)	6	6	6
P	(P)	7	7	7
S	(S)	8	8	8
U	(U)	9	9	9
		0	0	0

ANSWERS

	A	B	C	D
1	(A)	(B)	(C)	(●)
2	(A)	(B)	(C)	(●)
3	(A)	(B)	(●)	(D)
4	(A)	(B)	(●)	(D)
5	(A)	(B)	(●)	(D)
6	(A)	(B)	(C)	(●)
7	(●)	(B)	(C)	(D)
8	(A)	(●)	(C)	(D)
9	(A)	(B)	(●)	(D)
10	(A)	(●)	(C)	(D)
11	(A)	(●)	(C)	(D)
12	(A)	(●)	(C)	(D)
13	(●)	(B)	(C)	(●)
14	(●)	(B)	(C)	(D)
15	(A)	(B)	(●)	(D)
16	(A)	(B)	(●)	(D)
17	(A)	(●)	(C)	(D)
18	(A)	(B)	(●)	(D)
19	(A)	(B)	(C)	(●)
20	(●)	(B)	(C)	(D)
21	(A)	(B)	(C)	(D)
22	(A)	(B)	(C)	(D)
23	(A)	(B)	(C)	(D)
24	(A)	(B)	(C)	(D)
25	(A)	(B)	(C)	(D)
26	(A)	(B)	(C)	(D)
27	(A)	(B)	(C)	(D)
28	(A)	(B)	(C)	(D)
29	(A)	(B)	(C)	(D)
30	(A)	(B)	(C)	(D)

Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

Department of Periodontology

D Y Patil Dental School, Lohegaon, Pune

Date: 06/05/23

All final BDS regular batch students kindly make a note of Additional / Betterment theory Examination is scheduled on 26/05/23. Those who were absent in any internal assessment examination or those who want to improve their score can appear for the examination.

For, Gaikwad

HOD

Dept. of Periodontology

Periodontology

2023 reg

Name of the Student	Attendance
Aishwarya Raut	P
Pushpak Khade	P
Jui Mahajan	P
Khushabu Maurya	P
Ruhma Shaikh	P

For,

HOD Periodontics

DY Patil Dental School, Pune

Department of Periodontics

IV BDS regular 2023

Additional/Betterment Examination

Section A MCQ's - 20 questions – 1 mark each 20 minutes 26/05/2023

1. Drug Induced Gingival Overgrowth is associated with
   a. Immunosuppressive Drugs b. Antiemetics
   c. Antihistamines d. All of the above
2. All are other names of ANUG except
   a. Trench mouth b. Fusospirillary gingivitis
   c. Desquamative gingivitis d. Plaut – Vincent stomatitis
3. Tzank cells are seen in
   a. ANUG b. Primary herpetic gingivostomatitis
   c. Aggressive Periodontitis d. Chronic periodontitis
4. Which of the following is true for generalized aggressive periodontitis
   a. Usually seen below 30 years of age
   b. Localised first molar / incisor presentation with interproximal attachment loss on atleast two permanent teeth, one of which is a 1st molar, and involving no more than two teeth other than 1st molars and incisors
   c. Generalised interproximal attachment loss affecting atleast 3 permanent teeth other than 1st molars and incisors
   d. Both a and c
5. Living leukocyte in saliva is known as
   a. Free granulocyte b. Orogranulocyte
   c. Obligocyte d. Omnicyte
6. In ENAP, _____ incision is placed below the bottom of the pocket.
   a. Internal bevel b) External bevel c) Horizontal d) Interdental
7. _____number of walls are present in three walled bone defects.
   a. One b) Two c) Three d) None
8. Following drugs are secreted significantly in GCF
   a. Metonidazole & Tetracycline b. Ciprofloxacin & Penicillin
   c. Clindamycin & Penicillin d. Cefalosporins & Streptomycin
9. Normal fasting blood glucose levels are
   a. < 70mg/dL b. 70-100mg/dL
   c. 140-200mg/dL d. >200mg/dL
10. Dentogingival unit is formed by
    a. Periodontal ligament
    b. Periodontal ligament and Alveolar bone

c. Junctional epithelium and Periodontal ligament
d. Junctional epithelium and gingival fibres

11. Following is not a sign of gingival inflammation
    a. Swollen/ enlarged interdental papillae b. Bleeding on probing
    c. Mobility of tooth d. Loss of stippling
12. Cell to cell signaling in biofilm is known as
    a. Chemotaxis b. Quorum sensing
    c. Apoptosis d. Cell mediated immunity
13. True periodontal regeneration can take place when the cells that reach the periodontal defect are from
    a. Connective tissue b. Epithelium
    c. Alveolar bone d. Periodontal ligament
14. Barrier membranes are used for
    a. Space maintenance
    b. Prevent the ingrowth of epithelial cells
    c. Facilitate the growth of PDL cells
    d. All of the above
15. Chemically modified tetracycline (CMTs) used in host modulation therapy is
    a. Nonantibiotic b. host modulatory c. anticollageneolytic
    d. all of the above
16. Two patients with comparable levels of remaining bone and attachments prognosis generally poor in:
    a) Younger patients b) Older patients c) both a and bd) none of the above
17. When are babies called LBW babies
    a) Weight less than 2.5kg
    b) Weight 2.5kgs
    c) Weight more than 2.5kgs
    d) None of the above
18. Osseous form is considered to be “ideal” when the bone is constantly more _____ on the interproximal surfaces then at the facial and lingual surfaces.
    a. Apical b. Cervical
    c. Mesial d. Coronal
19. When adaptive capacity of tissues to withstand occlusal forces is impaired by bone loss is termed as
    a)acute Trauma from occlusion
    b)primary Trauma from occlusion
    c)secondary Trauma from occlusion
    d)all of the above
20. Cul-de-sac seen in _____grade of furcation
    a. I b. II c. III d. IV

Answer key

1. a
2. c
3. b
4. d
5. b
6. a
7. c
8. a
9. b
10. d
11. c
12. b
13. d
14. d
15. d
16. a
17. a
18. d
19. c
20. b

DY Patil Dental School, Pune

Periodontology

IVBDS regular 2023

Additional/ Betterment Examination

Date: 26/05/2023 Time: 12.30 – 3.30 pm

Pattern of Question Paper: Total Marks (A+B+C) = 60 marks

Section A MCQ's - 20 questions – 1 mark each

Section B SAQ's-10 questions- 2 marks each

Section C LAQ's -2 questions -10 marks each

Answer section A in MCQ's answer sheet

Answer section B and C in main answer sheet

All questions are compulsory and draw diagramwherever necessary.

Section B SAQ's 2 Marks each

1. GTR.
2. LDD in Periodontal treatment.
3. Classify dental implants and write parts of dental implants.
4. Gingival recession classification. Enumerate root coverage procedures.
5. Prognosis.
6. Clinical, radiographic features of Localized Aggressive Periodontitis.
7. Difference between supra and subgingival calculus. Crystalline forms of calculus.
8. Chlorhexidine.
9. Differentiate between periodontal and periapical abscess.
10. Blood supply, nerve supply and lymphatics of gingiva.

Section C LAQ's 10 marks each

1. Define& classify Periodontal flap and write in detail about Modified Widman Flap (with diagrams)
2. Enumerate various components of Defense mechanisms of gingiva and write in detail about GCF.

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Jui Mahajan

Name of the Examination Additional Examination Class IV year

Subject Periodontology

Roll No. 37 Date 26/05/2023

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											13
Marks obtained in Section B	2	1.5	0.5	1	1.5	2	1	1	0.5	1.5	12.5
Marks obtained in Section C	8	8									16
Grand Total											41.5 = 42/60

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

'Section C'
(LAQs)

1. Periodontal Flap is defined as that Section of Surgically ta Gingiva which is reflected to expose alveolar bone and root surface of the tooth.

Periodontal Flap is classified On the basis of

1. Thickness of Flap

- Full thickness Flap / Periosteal flap → Gingiva along with periosteum is reflected to expose alveolar bone & root surface.
- Partial thickness Flap → Periosteum is not reflected & is remained to be intact

2. On the basis of location

- Non-displaced Flap → Flap is sutured back to its Original position
- Displaced Flap → Flap is sutured either → Laterally / → Apically / → coronally

3. On the Basis of type of Flap

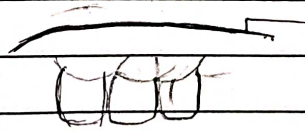
Conventional Flap	Papilla Preservation Flap
Interdental papilla is not preserved in this type of flap	- Interdental papilla is preserved
example - Modified Widman Flap	- Usually carried out in anterior aesthetic areas of oral cavity.

MODIFIED WINDMAN FLAP

- Conventional flap
- Can be Displaced
- Full thickness flap
- most commonly used

Following are the steps of Modified Windman Flap

Step 1 - Internal bevel incision is taken 0.5 - 1mm above gingival margin
- Flap is reflected



Step 2 - Horizontal / Gingival Crevicular incision is taken

bone loss.

Step 3 - Interdental incision is taken

Periosteal

Step 4 - The flap is reflected to expose alv. bone and root surfaces

~~Step 5~~

Step 5 - The exposed root surface is planned
- Removal of Granulation tissue, Debris, plaque, subgingival calculus is removed thoroughly.
- With proper irrigation all the debris is removed.

Step 6 - The flap is sutured back to either its original position or laterally, apically or coronally. → interrupted sutures

Step 7 - If non-resorbable sutures are given, After 14-21 days, suture removal is done.

2. There are various Defense mechanisms of gingiva.

They are as follows -

1. Lymphocytes
2. Macrophages
3. Monocytes
4. Polymorphonuclear leukocytes
5. Epithelial cells
6. Antibacterial cells
7. Organic, inorganic components.

Components of Various Defense Mechanisms of Gingiva

- Enzymatic
  - Enzymes from the Host
    - Anti microbial enzymes
    - Lipase
    - Hydrolases
  - Enzymes from the bacteria
- Non-Enzymatic
  - Cellular Components
    - Lymphocytes
    - Macrophages
    - Monocytes
    - PMNs
    - Epithelial cells
  - Inorganic components
    - Calcium
    - Flouride
    - Sodium
    - Phosphate
    - Magnesium
  - Organic Components
    - Carbohydrates
      - poly saccharides
    - Proteins
      - Glycoproteins
    - Lipids (From damaged bacterial wall)

GCF

- Known as Gingival Crevicular Fluid
- It is an exudate present in the sulcus of gingiva which plays important role in maintaining health of the gingiva.
- It is affected by any changes in the oral environment.
- Has very important biomarkers which are used for detection of periodontal health.
- One of the major part of Defense mechan of Gingi

GCF - Components

↓

1. Serum Components
2. Water
3. Lymphocytes, Macrophages, Monocytes
4. PMNs
5. Epithelial cells
6. Biomarkers - TNFα, Growth Factors, Interleukins etc
7. Enzymes - Host, bacterial enzymes
8. Organic components → Polysaccharides, Proteins, Aminoacids, Glycoproteins, Glycosaminoglycans, Lipids
   ↳ Antimicrobial enzymes
   to some extent.
9. Inorganic components → Calcium, Sodium, Phosphates, Magnesium etc.

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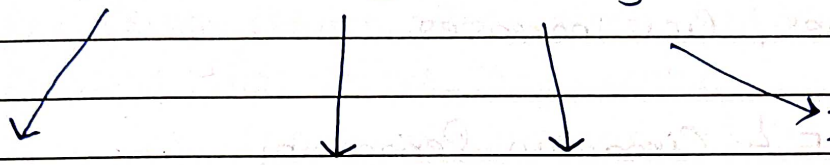
Methods of collecting GCF

- GCF is collected for obtaining biomarkers, for assessing health of the Gingiva & periodontium.

It is collected by following methods



* Periotron → Electronic device that is used to measure volume & components of GCF
→ Latest method of collection of GCF
→ Uses electrodes & electric current to collect & measure volume of GCF

Clinical Significance of GCF

1. GCF & Sex Hormones
→ Usually measured & seen in Females.
→ Volume of GCF increases in pregnancy, menstruation
→ In case of oral contraceptives taken by the females, GCF increases.

2. GCF & Circadian Periodicity
→ Volume of GCF increases in the morning
→ Volume of GCF decreases in the night

3. GCF - more in males than in Females

4. Drugs & GCF
→ Drug secretions are present in GCF
→ It was found that drugs like Tetracycline to have more concentration presence in GCF than in serum. when taken systemically.
→ Tetracycline Concentration in GCF was 5 times more than Serum tetracycline Concentration.
Other drugs to be found in GCF - metronidazole, Clindamycin

5. Smoking
- Smoking increases GCF volume.
- Here the increase in GCF volume is transient

6. Mechanical Action
- During mastication, volume of GCF is said to be

- During Trauma from Occlusion, Volume of GCF increases.

7. Periodontal therapy and GCF
- After oral Prophylaxis, Volume of GCF increases for 1 week
- Later it goes back to pre-treatment levels.
- After Gingivectomy procedure, Volume of GCF is increased for about 3-5 weeks.
- After 3-5 weeks, the volume of GCF goes back to pre-treatment levels.

Section B

1. GTR - Guided Tissue Regeneration procedure

Bone graft

- Non - Regenerative procedure
- Carried out to produce new attachment in the defect containing area.
- In this procedure, Non bone graft membrane is placed between the epithelial membrane and the defect.
- Membrane can be — Naturally derived
  — Synthetically.

Membrane can be - Collagen membrane

Bio Resorbable ↓ Non-Resorbable - Synthetic membrane - Core-Tex etc.

- Rationale of GTR → True Periodontal Regeneration takes place when epithelial cell migration into the defect is prevented by placing a membrane between epithelium & the defect and periodontal ligament cells are allowed to migrate into the defect which give rise to New Attachment & the defect is healed/ Filled.

Advantages	Disadvantages
1) True Periodontal Regeneration takes place.	1) Requires second surgery for removal of non-resorbable membrane.
2) New attachment is formed.	

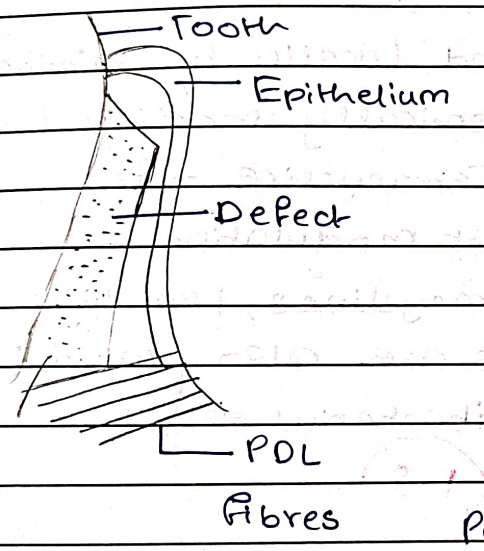
Indications -

1) One walled defects
2) Furcation Grade. I & II
3) No mobility
4) No gingival recession
5) Good oral hygiene
6) Patient compliance

Contraindications

1) Three walled defects
2) Mobility
3) Severe Recession
4) Furcation Grade III, IV
5) Poor oral hygiene

Defect



GTR



(2)

bone loss.

2. - Local Drug Delivery in Periodontal treatment is new, latest invention.

- It has several advantages over routine systemic drug delivery for periodontal diseases. Suchas -

1. Rapid onset
2. Long duration of action
3. Minimum systemic absorption
4. Concentrated, localised effect
5. Increased efficacy
6. NO systemic drug reactions

treat

Various drugs are delivered locally to periodontal diseases such as - Chemically modified Tetracycline - for Broad spectrum Host modulation

- Antibiotics like - Tetracyclines, Penicillins
- Chlorhexidine chips are also placed in the gingival sulcus for antibacterial effect.

1.5

3. Dental Implants - Parts

1) Fixture
2)

0.5

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Supplement Sheet

Name of the Student Jui Mahajan

Name of the Examination Additional Examination Class IV year

Subject Periodontology

Roll No. 37 Date 26/05/2023

Supplement No. 1 Invigilator Signature

4. Millers classification of Gingival Recession

Class I - Marginal gingiva not extending upto mucogingival junction.
No soft tissue - interdental loss
No bone loss
Root coverage procedure - 100% effective

Class II - Marginal gingiva extending upto or beyond mucogingival junction.
No interdental soft tissue loss
No bone loss
Root coverage procedure effective

Class III - Marginal gingiva extending upto or beyond mucogingival junction
Interdental soft tissue loss is seen
Root coverage procedure - contraindicated
No severe bone loss.

Class IV - Marginal gingiva extending upto or beyond mucogingival junction with severe interdental soft tissue & alveolar bone loss.

5. Prognosis is defined as oral health of the patient after the periodontal therapy is carried out

Types of Prognosis

Overall

Overall prognosis is considered for all the teeth present in the oral cavity.

Factors affecting / influencing Overall prognosis are

1) Age
2) Sex
3) Systemic diseases - Diabetes, Hypertension etc
4) Habit - Smoking, tobacco, Alcohol etc.
5) Patient compliance
6) Maintenence of oral hygiene

Individual

Individual prog is considered for An individual toot & the factors affecting indivi tooth

Factors affecting individual tooth

→ 1) Tooth mobili
2) Recession
3) Total attachm nt lo
4) Periodontal pocket
5) Furcation involvement
6) Bone defect

15

Localised Aggressive Periodontitis is caused by Aggregatibacter actinomycetomicans & Capnocytophaga.

Clinical Features

1) Age - Below 30 years of age
2) Localised 1st molar / incisor presentation with attachment loss on atleast 2 permanent teeth
3) Out of which is 1st molar, involving no more than 2 teeth other than 1st molars & incisors.
4) No Presence of bleeding on probing
5) No Gingival inflammation
6) Periodontal Pocket depth with more than 5mm
7) mobility of teeth involved
8) ~~Food~~ Poor oral hygience
9) Bone loss, bone defects
10) Gingival recession - class 3 & class 4
11) Furcation involvement Sometimes.

Radiographic Features

1) Arc Shaped bone loss Seen radiographically

2) mirror image bone loss seen
- Bone loss is in the form of mirror image i.e. Same amount of bone loss on the ~~same~~ involved teeth

7)	Supragingival calculus	Subgingival calculus
	Calculus	
1)	Calculus present above gingival margin	1) Present below gingival margin.
2)	Clinically visible	2) Clinically not visible
3)	Requires supragingival scalers to remove it	3) Requires subgingival scalers to remove it

8) Chlorhexidine – Bisbiguanide

– Third Generation of Chemical plaque control agents

– Chlorhexidine gluconate 2% is used

– Dose - 10ml 2% chlorhexidine - twice daily – for efficient chemical plaque control.

– Dicationic molecule → causes attachment to the surface of the tooth, from one end & other end attaches to the bacteria.

– Protects tooth surface from bacterial invasion & plaque formation.

– Destroyes bacterial cell wall, causes coagulation of cytoplasm of bacteria

– Has Pin cushion effect

– Its most important property is - Substantivity i.e. It gets absorbed in oral soft tissues & is released slowly over the period of time. Its longer duration of action – more benefits.

– Biocompatible, Non-irritant, Used as routine oral hygiene prophylaxis

– Comes as - mouthwash, chips - Local drug delivery system.

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Supplement Sheet

Name of the Student Jui Mahajan

Name of the Examination Additional Examination Class IV year

Subject Periodontology

Roll No. 37 Date 26/05/2023

Supplement No. 2 Invigilator Signature

9) Periodontal abscess | Periapical abscess

1) Is localised to periodontium. Not necessary as a result of bacterial invasion

I) As a result of bacterial invasion from tooth surface into PDL space

9.5

10) Principal fibres of Periodontal ligament are

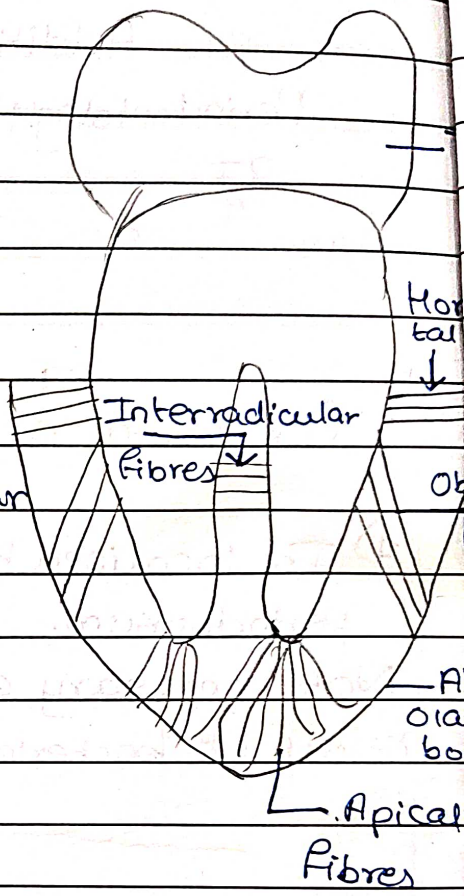
- Trans-Septal fibres
- Horizontal fibres
- Oblique fibres
- Apical fibres
- Interradicular fibres.

↳ considered As a part of Gingival fibres as a result of No osseous attachment

* Along with the principal fibres, network of supporting fibres are also present in the Periodontal ligament.

1. Horizontal Fibres - Extend Horizontally from cementum of the root till the crest of alveolar bone.
- Prevent - Lateral movement of the tooth.

2. Oblique Fibres - Extend vertically in oblique direction from cementum to the crest of alveolar bone.
- Prevent extrusion of the tooth from the Socket
- Also transfer Occlusal forces along the long axis of the tooth to the supporting alveolar bone.



3. Apical Fibres - Present as a cluster extending or radiating from apex of the root cementum to the alveolar bone crest.
Prevent luxation, extrusion of tooth from the socket (1.5)

4. Interradicular Fibres - PDL fibres extending between two roots of the tooth

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

13/20

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Thirty Seven - Jui Mahajan
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	Periodontology
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	3	7
1	1	1	1	1
2	2	2	2	2
3	3	3	●	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	●
8	8	8	8	8
9	9	9	9	9
●	●	●	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1	1
B	B	2	2	2
D	D	3	3	3
G	G	4	4	4
M	M	5	5	5
N	N	6	6	6
P	P	7	7	7
S	S	8	8	8
U	U	9	9	9
		0	0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	●	B	C	D	11	A	B	●	D	21	A	B	C	D
X2	A	●	C	D	12	A	●	C	D	22	A	B	C	D
3	A	●	C	D	13	A	B	C	●	23	A	B	C	D
4	A	B	C	●	14	A	B	C	●	24	A	B	C	D
5	A	●	C	D	15	A	B	C	●	25	A	B	C	D
X6	A	B	●	D	X16	A	●	C	D	26	A	B	C	D
X7	●	B	C	D	17	●	B	C	D	27	A	B	C	D
8	●	B	C	D	X18	A	●	C	D	28	A	B	C	D
9	A	●	C	D	X19	A	B	C	●	29	A	B	C	D
X10	A	●	C	D	20	A	●	C	D	30	A	B	C	D

Seen and No. Complaint

Candidate's Signature

Dr. Parag Madge

Examiner Name & Signature

PROSTHODONTICS

Final BDS regular batch 2019-2020

Circular for additional exam

Students who have missed any of the internal exam are required to attempt additional exam

Subject: Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- Report 15 minutes prior to start of examination
- Confirm syllabus for the examination from Prosthodontics department
- Follow the specific instruction (if any) of the Prosthodontics department regarding the examination

Date	Subject	time
15/06/2020	Prosthodontics	9:00am

HOD

Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon,Pune - 412105

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Prosthodontics

(Departments of Prosthodontics, including Crown, Bridge &Implantology)

ADDITIONAL Examination

Subject: *Prosthodontics*

Year: IV BDS, Regular Batch (2020)

Total marks: 60 **Section A: 20 marks; Section B & C: 40 marks Date: 15/06/2020**
Time: 9.30 pm to12.30 pm **Duration: 3 hours**

SECTION – A(20x1=20)

(MCQ's)

i. Use blue/black ball point pen only, Fill (dark) the appropriate empty circle below the question number once only.
ii. Each question carries one mark
iii. A student will not be allotted any marks if he/she overwrites, strikes out or Puts white ink on the circle once filled (darkened).
iv. Do not write anything on the blank portion of the question paper. If written Anything, such type of act will be considered as an attempt to resort to unfair Means

1. A patient complains of generalised soreness over the entire mandibular ridge. This probably is due to
   a. Occlusal imbalance
   b. Excessive vertical dimension
   c. Over-extended borders
   d. Under-extended borders

2. The coronoid process is
   a. Limits the extension of maxillary posterior teeth setting
   b. Limits the thickness of the distobuccal flange of the upper complete denture
   c. Limits the thickness of the distobuccal flange of the lower complete denture
   d. Determines Posterior palatal seal

3. The finish line of choice when fabricating all ceramic crown is:
   a. 90 degree, 1mm shoulder
   b. Bevel
   c. Chamfer
   d. 45 degree, 0.25mm shoulder

4. One of the major dis-advantage of immediate denture treatment is
   a. Reduced post-operative pain
   b. Easy patient adaptation
   c. Need for reline
   d. Difficulty in managing occlusions

5. Functional technique of relining and rebasing utilizes
   a. Functional wax
   b. Tissue conditioner
   c. ZOE
   d. Alginate

6. The most important reason for retaining healthy roots and prescribing an over denture rather than extractions and a conventional complete denture is:
   a. To preserve the alveolar bone
   b. An over denture is easier to construct rather than a complete denture
   c. The apparent ease with which the patient adapts to an over denture

d. None of the above

7. A surgical obturator is given
   a. Before the surgery
   b. Immediately after the surgery
   c. One week after surgery
   d. None of the above

8. In a complete cast crown the ideal occlusal clearance for functional cusp is:
   a. 0.5mm
   b. 1.5mm
   c. 2mm
   d. 2.5mm

9. A patient who wears complete denture is having trouble in pronouncing the letter 't'. This is probably is caused by:
   a. Too thick palatal seal area
   b. Improper positioning of mandibular incisors
   c. Incorrect position of maxillary incisors
   d. Excessively thick mandibular base

10. The upper denture falls when the patient opens his mouth wide. This is due to:
    a. Thick labial flange
    b. Under extended borders
    c. Thick disto-buccal flange
    d. Poor peripheral seal

11. Which impression material is very stiff, which makes it very difficult to remove without rocking?
    a. Irreversible hydrocolloids
    b. Polysulfides
    c. Polyethers
    d. Condensation silicones

12. Guiding planes are
    a. Located adjacent to the edentulous area
    b. Located far anterior to the edentulous area
    c. Helps in the stability of the denture
    d. Provides the different path of insertion and removal

13. Lingual bar is used in condition when
    a. Lingual sulcus is deep
    b. Lingual sulcus is shallow
    c. When splinting of adjacent teeth is require
    d. When abutment teeth have poor bony support

14. The terminal end of a retentive arm is optimally placed at
    a. Middle of the gingival third of the clinical crown
    b. Middle of the middle third of the clinical crown
    c. Under the gingival sulcus in the clean area

d. Middle of the occlusal third of the clinical crown

15. Which among the following has great flexibility
    a. Cast circumferential clasp arm
    b. Wrought circumferential clasp arm
    c. Cast bar clasp arm
    d. Bar clasp arm

16. The ideal crown-root ratio of a tooth to be utilized as a bridge abutment is?
    a. 3:1
    b. 2:1
    c. 2:3
    d. 1:1

17. Labially inclined anterior teeth preventing conventional clasp designs may be better implemented with the
    a. Snow shoe effect
    b. Swing lock concept
    c. Boucher's concept
    d. Kennedy's concept

18. In mandibular Kennedy's class-I condition with opposing maxillary complete denture, which occlusion is preferred
    a. Group occlusion
    b. Canine guided occlusion
    c. Balanced occlusion
    d. Lingualised occlusion

19. Relining for a complete denture is contraindicated when
    a. There is resorption of the ridge
    b. Centric occlusion and centric relation do not coincide
    c. There is excessive over closure of the vertical dimension
    d. None of the above

20. Resiliency like effect of tissues is knowns as:
    a. Snow show effect
    b. Bezold-Brucke effect
    c. Realeff effect
    d. spectral curve

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Prosthodontics

(Departments of Prosthodontics, including Crown, Bridge &Implantology)

Additional Internal Examination

Subject: *Prosthodontics*

Year: IV BDS, Regular Batch (2020)

Total marks: 60 **Section A: 20 marks; Section B & C: 40 marks each** **Date: 15/06/2020**
Time: 9:30 pm - 12:30 pm **Duration: 3 hours**

1. ***All questions are compulsory***
2. ***The number to the right indicates full marks***
3. ***Draw diagrams wherever necessary***
4. ***Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as attempt to resort to unfair means***

SECTION B

(Prosthodontics)

Write Short Notes: (2*10=20MARKS)

1. Importance of try-in in complete denture.
2. Compare Akers clasp Vs Roach clasp.
3. Describe the various dimensions of colour.
4. Enumerate any four margin designs with their indications
5. Enumerate the components of RPI system and its indications.
6. Classify and enumerate the various Compensating curves
7. Enumerate die materials and die systems.
8. Write ideal requirements of an extra coronal direct retainer.
9. Diagramatically explain post and core with their ideal dimensions.
10. Write the design and indication of Maryland Bridge.

SECTION C

Write Long answer: (2 x10=20)

1. Define balanced occlusion. What are the advantages with dentures having balanced occlusion. Discuss the factors affecting balanced occlusion in complete denture. (2+3+5)
2. What are biomechanical principles of tooth preparation? Discuss biologic principles in detail. (5+5)

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Departments of Prosthodontics

Additional Examination, Regular batch, Subject: *Prosthodontics*

Year: IV BDS, Regular Batch 2020 **Dated: 15.06.20**

MCQ Key

1. B
2. B
3. A
4. C
5. B
6. A
7. B
8. B
9. C
10. C
11. C
12. A
13. A
14. A
15. B
16. C
17. B
18. C
19. B
20. C

Head of Department of Prosthodontic
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon,Pune - 412105

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example If You Darken More Than One Circle Your Answer Will Be Treated As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	Twenty Eight
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	Prosthodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Joshi V

Candidate Signature

SEAT NUMBER

a	0	0	2	8
1	1	1	●	1
2	2	2		2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	●
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	A	●	C	D	11	A	B	✗	●	21	A	B	C	D
2	A	●	C	D	12	●	B	C	D	22	A	B	C	D
3	●	B	C	D	13	●	B	C	D	23	A	B	C	D
4	A	B	●	D	14	●	B	C	D	24	A	B	C	D
5	A	●	C	D	15	A	●	C	D	25	A	B	C	D
✗	A	B	●	D	16	A	B	●	D	26	A	B	C	D
7	A	●	C	D	17	A	●	C	D	27	A	B	C	D
✗	A	B	●	D	✗	●	B	C	D	28	A	B	C	D
9	A	B	●	D	18	A	●	C	D	29	A	B	C	D
10	A	B	●	D	20	A	B	●	D	30	A	B	C	D

Seen and No. Complaint

Candidate's Signature

15/20

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

me of the Student Joshi Vedika

me of the Examination Additional Examination Class IV BDS

bject Prosthodontics

ll No. 28 Date 15/06/2020

Pledge

here declare that I have gone rough the instruction given ove & pledge to abide by them.

Joshi V

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											16
Marks obtained in Section B	2	3	25	2	2	2	1.5	1.5	1	2	18
Marks obtained in Section C	7	8									15
Grand Total											49

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section-B

1) Importance of try-in in complete denture -

→ A preliminary verification of a removable denture wax-up or a partial denture casting or a finished restoration to determine the fit, aesthetics, maxillomandibular relation.

Importance:

- It is the last opportunity to evaluate many of the previous steps already accomplished.
- Chance to change setup.
- Opportunity to improve the final result.

(2)

2) Akers clasp Vs Roach clasp

Akers clasp.	Roach clasp.
- Also known as Circlet clasp.	- Bar clasp (Roach)
- The most universally employed of all clasps design.	- Body, approach arm, retentive tip, bracing tip, reciprocal arm, & shoulder.
- It is a double arms clasp relatively rigid.	- Approaches the undercut from the gingival portion of the tooth.
- Engages an undercut of 0.01 inch on the buccal or lingual surfaces of molars or premolars far from the edentulous area.	- Eg. I. Bar, T-bar, Modified T.

(3)

Dimensions of colour.

There are three dimensions of colour—

- **Hue :-**
  Is the name given to a color, such as red, yellow, green or violet. It distinguishes one color from another.

- **Value :-**
  - It the lightness or darkness of color. The values of color ranges ~~from~~ on gradation scale from almost white to almost black.

- **Intensity :-**
  - Is the brightness or dullness of color. Very strong, bright colours are said to have high intensity.

t) →

Margins	Indications
① Chisel edge	- Occasionally on tilted teeth.
② Bevel	- Facial margin of maxillary partial-coverage restorations and inlay-onlay margins
③ Sloped shoulder	- Facial margins of bulk ceramic ~~cloud~~ crowns
④ Chamfer	- Cast metal restorations lingual margin of metal ceramic crowns.

5) → The current concept of increasing the retention & stability of RPD by changing the fulcrum locations is known as RPI system.

R — Mesio-occlusal rest

P — proximal plate

I — I-bar of clasp assembly.

Indications:

- small degree of undercut (0.01 inch) exist in cervical third of abutment tooth which can be approached gingivally.
- Used in tooth supported partial denture or tooth supported modification area.
- Distal extension case
- Esthetics concern.

6) → Compensating Curves:

- The arc introduced in the construction of complete removable dental prostheses to compensate for opening influences produced by the condylar & incisal guidance's during lateral & protrusive jaw movements.

① Antero-posterior compensating curve
   - Curve of spee

② Medio-lateral compensating curve
   - Curve of Monson
   - Curve of Wilson
   - Anti Monson curve

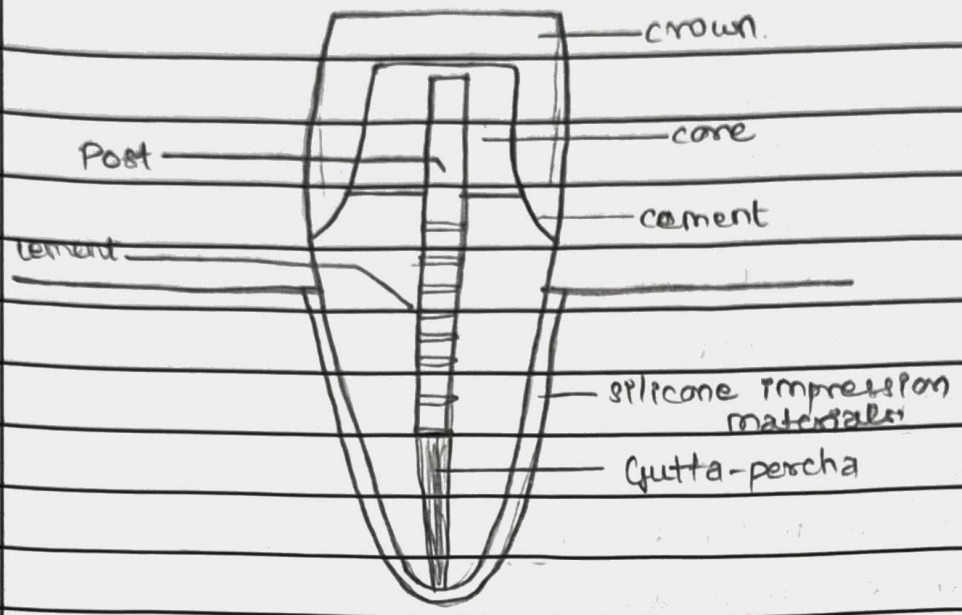
→ Die materials:

1) Non-metallic
   - Gypsum products
   - Refractory die materials
   - Silicophosphate cement.
2) Metallic die materials
   - Electroformed dies
   - Amalgam
   - Metal sprayed dies.
3) Polymeric die materials (2.5)
   - Flexible die materials
   - Epoxy resins

→ Ideal requirements of extracoronal direct retainers:

- Should cause least amount of destruction to the abutment
- Least destroyes the outline form of the tooth.
- Marginal line should be finished with great accuracy.
- Rigidity → Withstand requisite load. (1.5)

(9)



Post & Crown (1)

- The post should be 1⅓ of the length of crown.

(10) – Maryland bridge:

- An electrolyte etching procedure for non-precious ceramic bonding alloys to provide a microporous surface that allows micromechanical interlock with the cement.
- Thinner wings and no perforations.

Indications (2)

- Short span edentulous area
- Pt unwilling or unsuitable for surgical treatment
- Post-orthodontic fixed retention.

D Y PATIL GROUP

Section - C.

Balanced occlusion:

It is defined as the bilateral, simultaneous, anterior & posterior occlusal ~~surface~~ contact of teeth in centric & eccentric positions.

Advantages:

- Enhances the stability of the dentures
- It enhances the retention of complete denture during mastication.
- Hence balance is maintained.

Factors affecting balanced occlusion

1) Condylar guidance
- Mandibular guidance generated by the condyle and articular disc traversing the contour of the glenoid fossae.
- The posterior determinent of mandibular movement

2) Incisal guidance
- decrease incisal guidance angle by either increasing overlap & decreasing vertical overlap.

- Incisal guidance angle ~~is~~ varies directly with the vertical overbite & inversely with the horizontal overjet

3) Plane of occlusion

- Its inclination can be altered slightly.
- It is not as important as other factors.

4) Cusp height & Angulation:

- Anatomic teeth are easier to balance than non-anatomic teeth.
- Cuspal inclines should not be too steep as it can increase lateral forces.
- It is possible to decrease cuspal height by using compensating curves.

5) Compensating curves:

The steepness of the curve necessary to achieve balance is the result of guiding influence of angle of condylar guidance & angle of incisal guidance.

- Curve of monson
- curve of spee
- (2)
-

- Incisal guidance & plane of occlusion can be altered only a slight amount because of aesthetic + physiologic limitations.

Supplement Sheet

ame of the Student

ame of the Examination Class

ubject Prosthodontics

oll No. Date 15/06/2020

upplement No. Invigilator Signature

Biochemical principles of tooth preparation:

1) Prevention of damage during tooth preparation

- Adjacent teeth
- Soft tissue
- Pulp.

2) Conservation of tooth structure.

3) Avoidance of ~~overmow~~ overcountouring
- Axial reduction.

4) Marginal integrity & preservation of periodontium
- Margin location
- Margin adaptation
- Margin geometry or finish line configuration

5) occlual consideration

6) Preventing tooth fracture

Principles of tooth preparation -

The principles of tooth preparation may be di
into three categories -

1) Biologic considerations
   which affects the health of oral tissues
2) Mechanical considerations
   which affects the integrity & durability of
   the restoration.
3) Esthetic considerations
   which affects the appearance of the patient.

Margins - [Biologic considerations]

Supragingival margin
subgingival margin
feather edge - not recommended
Beveled
Chamfer
Shoulder
Sloped shoulder - facial margins of metal -
ceramic crown

Advantages -
- Ease of preparation
- conservation of tooth structure
- Distinct boundary for wax pattern fabrication
- Sufficient bulk of material

- Avoidance of over contouring
- Margin placement & adaptation
- conservation of tooth structure
- protection against tooth structure
- Harmonious occlusion

DY Patil Dental School : Department of Prosthodontics

Year :- IV B.D.S (Regular Batch) 2019-20

Prosthodontics:Theory Additional **Exam-15.06.20**

Roll No	Name of the student	Section A	Section B	Section C	TOTAL	Out of 3
13	Dani Rutuja	17.00	16.00	15.00	**48.00**	2.40
28	Joshi Vedika	16.00	**18.00**	**15.00**	49.00	2.50
45	Neha Patil	19.00	**19.00**	**14.00**	**52.00**	2.60
64	Purohit Rahul	17.00	**12.00**	**17.00**	**46.00**	2.30

Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon,Pune - 412105

Final BDS regular batch 2020-2021

Circular for additional exam

Students who have missed any of the internal exam are required to attempt additional exam

Subject: Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

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- Confirm syllabus for the examination from Prosthodontics department
- Follow the specific instruction (if any) of the Prosthodontics department regarding the examination

Date	Subject	time
21/08/2021	Prosthodontics	9:00am

HOD

Department of Prosthodontics

Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon,Pune - 412105

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune – 412105

Prosthodontics

(Departments of Prosthodontics, including Crown, Bridge &Implantology)

Additional Examination

Subject: Prosthodontics, Year: IV BDS, Regular Batch (2020-21)

Total marks: 80 **Section A: 20 marks; Section B & C: 60 marks each** **Date: 21/08/2021**
Time: 09:30 pm - 12:30 pm **Duration: 3 hours**

i) All questions are compulsory
ii) The number to the right indicates full marks
iii) Draw diagrams wherever necessary
iv) Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as attempt to resort to unfair means

SECTION – A (MCQ's) (20x1=20)

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   c. Over-extended borders
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   a. Limits the extension of maxillary posterior teeth setting
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   c. Incorrect position of maxillary incisors
   d. Excessively thick mandibular base

10. The upper denture falls when the patient opens his mouth wide. This is due to:
   a. Thick labial flange
   b. Under extended borders
   c. Thick disto-buccal flange
   d. Poor peripheral seal

11. Which impression material is very stiff, which makes it very difficult to remove without rocking?
   a. Irreversible hydrocolloids
   b. Polysulfides
   c. Polyethers
   d. Condensation silicones

12. Guiding planes are
   a. Located adjacent to the edentulous area
   b. Located far anterior to the edentulous area
   c. Helps in the stability of the denture
   d. Provides the different path of insertion and removal

13. Lingual bar is used in condition when
   a. Lingual sulcus is deep
   b. Lingual sulcus is shallow
   c. When splinting of adjacent teeth is require
   d. When abutment teeth have poor bony support

14. The terminal end of a retentive arm is optimally placed at
    a. Middle of the gingival third of the clinical crown
    b. Middle of the middle third of the clinical crown
    c. Under the gingival sulcus in the clean area
    d. Middle of the occlusal third of the clinical crown

15. Which among the following has great flexibility
    a. Cast circumferential clasp arm
    b. Wrought circumferential clasp arm
    c. Cast bar clasp arm
    d. Bar clasp arm

16. The ideal crown-root ratio of a tooth to be utilized as a bridge abutment is?
    a. 3:1
    b. 2:1
    c. 2:3
    d. 1:1

17. Labially inclined anterior teeth preventing conventional clasp designs may be better implemented with the
    a. Snow shoe effect
    b. Swing lock concept
    c. Boucher's concept
    d. Kennedy's concept

18. In mandibular Kennedy's class-I condition with opposing maxillary complete denture, which occlusion is preferred
    a. Group occlusion
    b. Canine guided occlusion
    c. Balanced occlusion
    d. Lingualised occlusion

19. Relining for a complete denture is contraindicated when
    a. There is resorption of the ridge
    b. Centric occlusion and centric relation do not coincide
    c. There is excessive over closure of the vertical dimension
    d. None of the above

20. Resiliency like effect of tissues is knowns as:
    a. Snow show effect
    b. Bezold-Brucke effect
    c. Realeff effect
    d. spectral curve

SECTION B
(Prosthodontics)

Write Short Notes: (10 x 4 =40)

1. SPA concept.
2. Write Antes law.
3. Classify minor connectors.
4. Write in brief about pontics.
5. Classify methods to record centric jaw relation.
6. Write the disadvantages of immediate complete denture.
7. Criteria for selection of abutment in FPD.
8. What is dental implant? Classify dental implants according to their placement.
9. Write a note on objectives of temporization in FPD.
10. Classify the Articulators according to University of Michigan 1972.

SECTION C

Write Long answer: (2 x10=20)

1. Define balanced occlusion. What are the advantages with dentures having balanced occlusion? Discuss the factors affecting balanced occlusion in complete denture. (2+3+5)
2. What are biomechanical principles of tooth preparation? Discuss biologic principles in detail. (5+5)

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Departments of Prosthodontics

Additional Examination, Subject: *Prosthodontics*

Year: IV BDS, Regular Batch 2020-21 **Dated: 21/08/2021**

MCQ Key

1. B
2. B
3. A
4. C
5. B
6. A
7. B
8. B
9. C
10. C
11. C
12. A
13. A
14. A
15. B
16. C
17. B
18. C
19. B
20. C

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example If You Darken More Than One Circle Your Answer Will Be Treated As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Sixty-Three.
QUESTION BOOKLET VERSION NO. IN WORDS	—
NAME OF EXAMINATION	Additional Examination
SUBJECT	Prosthodontics
PAPER	—

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER: 0 6 3

QUESTION BOOKLET VERSION NO.: A

ANSWERS

	A	B	C	D
1		●		
2			●	
3	●			
4			●	
5		●		
6				●
7		●		
8				●
9			●	
10				●
11				●
12	●			
13		●		
14	●			
15	●			
16		●		
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19		●		
20		●		
21				
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27				
28				
29				
30				

Seen and No. Complaint

Candidate's Signature

10/20

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

me of the Student Rajgopal Anshika

me of the Examination Additional Examination Class IV. Y.

bject Prosthodontics.

ll No. 63 Date 21/08/2021

Pledge

here declare that I have gone rough the instruction given ove & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											10
Marks obtained in Section B	2	2	2	2	2	3	2	2	3	3	23
Marks obtained in Section C	5	5									10
Grand Total											43

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section-B

(1) SPA concept

Anterior teeth selection is based on dentogenic concept = SPA concept.

a) S - sex

b) P = Personality

c) A = Age

- Given by Frush & Fisher.
- To understand form, mold & esthetics of apt.
- sex.

  Male = broader teeth

  female = curved & smaller teeth.

Incisal angle = Males (less rounded)

females (more rounded) (2)

(2) Antes Law.

- The sum of the pericemental areas of the abutment teeth should be equal to or greater than the tooth to be replaced.
- The periodontal area of the abutment should be calculated & if it is not sufficient then an additional tooth should be used as a secondary abutment.

(2)

Minor connectors classification

Minor connectors that connects components to the major connectors.

- Direct retainer
- Indirect retainer
- Denture base

(2)

functions of minor connectors —

- Unification & rigidity
- Stress distribution
- Bracing through contact with guiding planes.

Pontics :

- Artificial crown that occupies the missing space
- Pontics is defined as an artificial tooth on a fixed partial denture that replaces a missing natural tooth restores its function and usually fills the space previously occupied by the clinical crown.

Pontics classification based on mucosal contact :

1) saddle pontic
2) Ridge lap pontics
3) Modified ridge lap
4) Ovate
5) conical
6) spheroidal & modified spheroidal

(2)

(5) Methods to record centric jaw relation:

1) Physiological methods
   - Tactile or interocclusal check
   - Pressure less
   - Pressure
2) Functional
   - Needle house
   - Patterson
3) Graphic method.
   - Intra oral
   - Extra oral
4) Radiographic method.

(6) Disadvantages of immediate complete denture.

- Anterior ridge undercut
- Difficulty in recording centric relation
- No anterior try in
- Remade in 6 months to a 1 year following insertion
- Additional appointments.
- Increased cost
- Does not replace stimulation which was supplied by tooth to bone.

Criteria for selection of abutment in FPD.

- Cantilever FPD is one that has an abutment or abutments at one end only, with the end of the pontic remaining unattached. This is a potentially destructive design with the lever arm created by the pontic.
- Abutment teeth for cantilever FPDs should be evaluated for lengthy roots with a favourable configuration, good crown root ratios & long clinical crown.

2-5

Dental implant.

A dental implant is a material/device placed in and/or on oral tissue to support an oral prosthesis.

classification

- Endosteal → ramus frame
  root form
  blade form.
- Subperiosteal
- Transosteal
- ~~Intraosseous~~
- Intramucosal

2

(9) Objectives of temporization in FPD:-

- Protect pulpal tissue & sedate prepared abutments
- Provide an environment conductive to periodontal health.
- Provide method for immediately replacing missing teeth.
- Provide comfort & function
- Protect teeth from dental caries
- Improves aesthetics.
- Evaluate parallelism of abutments. (3)
- Prevents migration of abutments.

(10) Articulators classification according to University of Michigan 1972.

→ At the International prosthodontic workshop on complete denture occlusion at the university of Michigan in 1972, the articulators classified based on -

- Instrument capability
- Intent
- Recording procedure
- Record acceptance

(3)

Class I - Hinge type
Class II - Arbitary - type A, type B, type C
Class III - Average - type A, type B
Class IV - Special - type A, type B.

Section-C

) → **Balanced occlusion:**

The bilateral, simultaneous, anterior & posterior ~~occlusion~~ occlusal contact of teeth in centric & eccentric position. (GPT8)

Advantages:

1) Enhances the stability of the denture
2) It enhances the retention of complete denture during mastication
3) Hence balance is maintained.

Factors affecting balanced occlusion:

1) **Condylar guidance**

The mechanical form located in the upper post. region of an articulator that controls movement of its mobile member (GPT8)

Mandibular guidance generated by the condyles transversing the contours of the glenoid fossa.

This is the only factor that is obtained from the patient and is not under the dentist's control.

2) The incisal guidance & inclination of the plane of occlusion -
Can be altered within a small range according to esthetic & physiologic (phonetic) & anatomical factors.

3) Cusps of teeth & tooth inclination of cuspless teeth & compensating curve, are the real working tools of balanced occlusion.

4) The compensating curve of the artificial occlusion corresponds to a combination of these curves in natural teeth.
It is considered one of the most important factors in establishing balanced occlusion.

Hanau's Quint (1926)

$$C = \frac{\text{condylar inclination} \times \text{incisal guidance}}{\text{occ. plane} \times \text{cuspal inclination} \times \text{comp. curve}}$$

- The five factors of balanced occlusion related to one another an a balance beam.
- To keep the occlusion in balance is a simple procedure once the factors are related ~~the~~ this way.

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Supplement Sheet

Name of the Student Rajgopal Ankita

Name of the Examination _____ Class IV

Subject Prosthodontic.

Roll No. 63 Date 21/08/202

Supplement No. _____ Invigilator Signature _____

2) Biochemical principles of tooth preparation:

The principles of tooth preparation may be divided into three broad categories.

1) Biologic consideration:
- which affects the health of the oral tissues.
- conservation in tooth structure.
- Avoidance of overcountouring supragingival margins
- Harmonious occlusion protection against tooth fracture.

2) Mechanical consideration:
which affects the integrity & durability of the restoration

3) Esthetic consideration -
which affects the appearance of the patient.

Biologic considerations :

1. Prevention of damage during tooth preparation
   - Adjacent teeth
   - soft tissues
   - Pulp.
2. Conservation of tooth structure
3. Avoidance of overcontouring
   - Axial reduction.
4. Marginal integrity & preservation of periodontium
   - Margin location
   - Margin adaptation
   - Margin geometry or finish line configuration
5. Occlusal considerations
6. Preventing tooth fracture

Prevention of damage during tooth preparation

Adjacent teeth - Iatrogenic damage
- damaged proximal contact
- To avoid

Soft tissues - tongue & cheeks
- careful retraction

Pulp - excessive temperature
- chemical irritation
- microorganisms

Conservation of tooth structure :

Guidelines –

- partial coverage
- minimum taper
- planar occlusal reduction
- Even reduction of axial surfaces
- selection of converging margin.
- Avoidance of unnecessary apical extension of preparation

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Department of Prosthodontics

Additional Examination

IV BDS Regular Batch (2020-21), Prosthodontics Examination : Theory

Date: 21/08/2021

Roll No.	10	Section A (20)	Section B (30)	Section C (30)	Total (80)	Out Of 4
63	RAJAGOPAL ANSHIKA	10	23	10	43.00	2.2
85	SUSHMITA LAKHE				0.00	0.0
86	PRINCE SINGH				0.00	0.0
90	RUTUJA WAGHMODE				0.00	0.0

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Department of Prosthodontics

Department of Prosthodontics Additional Internal Examination (60 marks) - Dat

IV BDS Regular Batch (2021-2022) Prosthodontics Examination : Theory

Roll No	Name	Section A (20)	Section B (30)	Section C (20)	Total (60)	Out of 3
42	KRISHNA KESHAV	12	9.5	15	36.5	1.825

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Departments of Prosthodontics

Additional Internal Examination, Subject: *Prosthodontics*

Year: IV BDS, Regular Batch (2021-22)

Total marks: 60 **Section A: 20 marks, Section B & C: 40 marks** **Date: 23/06/2022**
Time: 12.30 pm to 3.30 pm **Duration: 3 hours**

SECTION – A (MCQ's) (20x1=20)

i. ***Use blue/black ball point pen only, Fill (dark) the appropriate empty circle below the question number once only.***
ii. ***Each question carries one mark***
iii. ***A student will not be allotted any marks if he/she overwrites, strikes out or Puts white ink on the circle once filled (darkened).***
iv. ***Do not write anything on the blank portion of the question paper. If written Anything, such type of act will be considered as an attempt to resort to unfair Means***

1. Primary stress bearing area in maxillary edentulous ridge is:
   a. Maxillary tuberosity
   b. Posterolateral slopes of hard palate
   c. Both a & b
   d. Palatine rugae

2. Posterior vibrating line is located on the:
   a. Junction of hard palate and soft palate
   b. Hard palate
   b.
   c. At junction of muscularis uvulae palatine muscles
   d. On soft palate

3. Anatomic teeth are indicated primarily in:
   a. Flat ridge
   b. Sharp ridge
   c. Poor muscular control
   d. Young adult

4. Which of the following is the best denture patient?
   a. Skeptical
   b. Philosophical
   c. Critical
   d. Indifferent

5. Lingual plate is indicated when there is:
   a. Need for addition of one or more anterior teeth
   b. Deep lingual sulcus
   c. Good ridge support
   d. Lingually tilted teeth

6. High heat resistant investment material is:
   a. Gypsum bonded
   b. Ethyl silica bonded
   c. Phosphate bonded
   d. None of the above

7. Selective pressure impression is made for which of the following cases:
   a. Mandibular Kennedy class I
   b.Mandibular Kennedy class II
   c. Both a & b
   d. Maxillary Kennedy class III

8. Which configuration is used in designing of an RPD with Kennedy class III arch?
   a. Bilateral
   b. Tripodal
   c. Quadrilateral
   d. Unilateral

9. Facebow is used for the following?
   a. Orientation jaw relation
   b. Vertical jaw relation
   c. Centric jaw relation
   d. none of the above

10. Advantages of Over-denture are all except:
   a. Preservation of alveolar bone
   b. Support
   c. Aesthetics
   d. Retention

11. All of the following are components of cast partial denture, *except*:
   a. Rest
   b. Direct retainer
   c. Pontic
   d. Major connector

12. After wearing the denture, patients skin folds & wrinkles get obliterated, *because of*?
   a. Decreased VD
   b. Increased VD
   c. Decreased thickness of flange
   d. Decreased retention

13. Modification spaces are:
   a. Space other than original class
   b. Space posterior to all teeth
   c. Space anterior to all teeth
   d. Additional space in class II

14. Spheroidal theory was proposed by:
   a. Bonwil
   b. Hall
   c. Monson
   d. Hanau

15. A distal extension partial denture receives its support from:
   a. From abutments and the residual ridges
   b. Terminal abutments
   c. Exclusively from residual ridged
   d. Mostly from residual ridge

16. Which pontic design is recommanded for maxillary canine?
   a. Modified ridge lap
   b. Sanitary
   c. Ridge lap
   d. Saddle

17. Compensatory curve is:
   a. An anterior posterior curve
   b A reverse curve
   c. Is a lateral molar curve with convexity facing downwards
   d. Is a lateral premolar curve with convexity facing upwards

18. Recommended margin for all metal prosthesis is:
   a. Feather edge
   b. Chamfer
   c. Shoulder with bevel
   d. Chisel edge

19. All ceramic crowns are indicated in which of the following condition?
    a. high esthetic requirement
    b. high stress areas
    c. posterior region
    d. long span edentulous areas

20. Which of the following is the ideal prosthesis for maxillary missing canine?
    a. Removable partial denture
    b Fixed dental prosthesis
    c. Maryland bridge
    d Implant retained prosthesis

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Departments of Prosthodontics

SECTION B

(Prosthodontics)

Write Short Notes: (10 x 4 =40)

1. SPA concept.
2. Write Antes law.
3. Classify minor connectors.
4. Write steps of tooth preparation for mandibular first molar to receive PFM crown.
5. Classify methods to record centric jaw relation.
6. Write the disadvantages of immediate complete denture.
7. Criteria for selection of abutment in FPD.
8. What is dental implant? Classify dental implants according to their placement.
9. Write a note on objectives of temporization in FPD.
10. Classify the Articulators according to University of Michigan 1972.

SECTION C

Write Long answer: (2 x10=20)

1. Define retention, stability, and support in complete denture. Discuss the factors affecting retention in complete denture. (3+7)

2. Classify pontics in fixed partial denture and explain each pontic design according to the recommended quadrant/site. (4+6)

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Departments of Prosthodontics

Additional Internal Examination, Regular batch, Subject: *Prosthodontics*

Year: IV BDS, Regular Batch 2021-22 Date: 23/06/2022

MCQ Key

1. C
2. D
3. D
4. B
5. A
6. B
7. C
8. B
9. A
10. C
11. C
12. B
13. A
14. C
15. A
16. A
17. A
18. B
19. A
20. D

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Internal Assessment Examination

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SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Forty two.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	Prostho.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Krishna

Candidate Signature

SEAT NUMBER

4 2

QUESTION BOOKLET VERSION NO.

A

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

12/20

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

me of the Student Krishna keshav

me of the Examination Additional Examination Class IV year

bject Prosthodontics.

l No. 42 Date 23/6/22

Pledge

ere declare that I have gone ough the instruction given ve & pledge to abide by them.

Krishna

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / ection	1	2	3	4	5	6	7	8	9	10	Total
larks obtained in Section A	~~0~~	~~1~~	~~1.5~~	~~0~~	~~1~~	~~1~~	~~1~~	~~2~~	~~1~~	~~1~~	12
larks obtained in Section B	0	1	1.5	0	1	1	1	2	1	1	9.5
arks obtained in Section C	8	7.									15
rand Total											36.5

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

1) SPA concept

→

2) Antes law

→ It is combined pericemental area of abudment of supporting a fixed dental prosthesis should be equal / greater to pericemental area of tooth to be replaced.

3) classify minor connectors

→ classified into 4 basic types.

1. clasp assembly - minor connector
2. Indirect retainer or auxiliary rest minor Connector.
3. Denture base minor connector
4. Approach arm minor connector.

4) write steps of tooth preparatn for mandibular 1st molar to receive PFM crown

→

5) → classify methods to record centric jaw relation

A) Static methods
- Wax occlusal rims
- Interocclusal check records

B) Functional method or chew-in method
- Needle - House method
- Patterson method
- Meyer's method.

C] Graphic methods
- Gothic arch tracing
- Pantographic tracing.

6) write disadvantages of immediate complete denture

→ - Anterior try-in not possible, Patient has no idea how the denture will look on the day of insertion.
- Requires more chairside time, additional appointments & cost.
- Bone resorption & shrinkage of unheal soft tissues is greater & faster than the changes in healed tissues. These changes may require frequent relining
- Cannot restore the stimulat' that was supplied to bone by the natural teeth.

Criteria for selection of abutment in FPD

→ ① Abutment Angulations

- In case the abutments are parallel to each other a full veneer retainer can be planned & a single Path of insertion can be obtained.
- In the abutments are nonparallel owing to unfavourable tooth positions, a partial veneer retainer along with another partial or full veneer retainer can be used to get a single path of prosthesis insertion.

② Condition of the Abutment.

- If the abutment teeth are in good health, in terms of both periodontium & caries, a partial veneer retainer can be considered as a treatment option
- In case the abutment is endodontically treated or extensively damaged, a full veneer retainer is recomended.
- If abutments are periodontally weak with exposure of the root surface, conservative resin-bonded retainers are indicated.

8) classify dental implants. what is dental implants

→ Dental implants :- It is a prosthetic device made up of alloplastic materials implanted into the oral tissues beneath the mucosal / & Periosteal layer, & on/or within the bone to provide retention & support for a fixed or RPD.

classification.

I. Based on their location as

1. Endosteal
   - spiral
   - Tripod
   - plates
   - Blades
   - Endodontic
   - Root forms

a. Depending on shape!
   - Cylinders - Threaded, non-threaded
   - Tapered cylinders - Threaded, non-threaded.

b. Depending on connection to abutment.
   - one (single) - piece implants
   - Two - piece Implants

2. Transosteal :- staple bone plates
3. Eposteal :- subperiosteal - complete/unilateral
4. Mucosal :- Intramucosal inserts.

Temporization in FPD

protect pulpal tissue & sedate prepared abutments

provide method for immediately replacing missing teeth

Provide comfort & function

protect teeth from dental caries

Improves esthetics

Evaluate parallelism of abutments

Prevents migration of abutments.

Articulators

→ Classify according to University of Michigan 1972

It is based on
- Instrument capability
- Intent
- Recording procedure
- record acceptance

Class I :- Hinge Type

Class II :- Arbitary - Type A, Type B, Type C

Class III :- Average - Type A, Type B.

Class IV :- Special - Type A, Type B.

LAQ.

Q.1 →

Retention :- That quality inherent in the dental prosthesis acting to resist the forces of dislodgment along the path of placement.

Stability :- The quality of a removable dental prosthesis to be firm, steady, or constant, to resist displacement by functional horizontal or rotational stresses.

Support :- The resistance of the vertical forces of mastication, occlusal forces & other forces applied in a direction towards the basal seat tissues

→ Factors affecting retention

I. Anatomical factors.
- Size of the denture-bearing area
- Tissue displaceability.

II. Physiological factors.
- The amount & consistency of saliva affects retention
- Thin, watery saliva affords best retention.

III. Physical factors.
- Adhesion
- cohesion
- Interfacial surface tension.
- capillarity
- Atmospheric pressure
- Gravity.

2→

Classification of Pontics.

I. Mucosal contact

1. with mucosal. Contact
   - Ridge lap or saddle pontic
   - Modified ridge lap
   - Ovate pontic
   - Conical pontic

2. without mucosal contact
   - Sanitary / hygienic pontic
   - Modified sanitary pontic / perelpontic

II. Material used.

1. All metal pontics
2. All ceramic pontics
3. Metal-ceramic pontics
4. Metal with resin facing puntiffs
5. fibre-reinforced composite pontics.

III. Method of fabrication
   - Custom-made pontics
   - Prefabricated pontics.

Design of each pontic.

① Ridge lap.

→ It overlaps both the buccal & lingual surfac of the ridge. hence it is called 'ridge lap'.

- It forms a large concave contact with the rid.
- It stimulates the emergence profile of the missing tooth.

② Modified ridge lap.

- The gingival surface of the pontic overlaps only the buccal surface of the ridge.
- To enable optimal plaque control, the gingival surface of the pontic should have no depression or hollow. It should be as convex as possible.

③ ovate Pontic.

- convex tissue surface of ovate pontic resides within the ridge.
- The tissue contacting surface of the pontic is bluntly rounded & is set into the concavity within the ridge.

④ Conical pontic

- It is rounded with a small tip in relation to the overall size of the pontic.
- It should be made as convex as possible, with only one point contact at the centre of the ridge.

Sanitary / hygienic pontic

- This design makes no contact with residual ridge thus there are minimal chances of inflammatn.
- It is frequently made in convex configuratn in both faciolingually & mesiodistally.

) Modified sanitory pontic.

- This is an alternative design in which there is a mesiodistal concavity.
- The undersurface is convex faciolingually.

Final BDS regular batch 2021-2022

Circular for additional exam

Students who have missed any of the internal exam are required to attempt additional exam

Subject: Time table for additional Internal Assessment Examination

All the students of second BDS Academic year are instructed to-

- Report 15 minutes prior to start of examination
- Confirm syllabus for the examination from Prosthodontics department
- Follow the specific instruction (if any) of the Prosthodontics department regarding the examination

Date	Subject	time
26/06/2022	Prosthodontics	9:00am

HOD

Department of Prosthodontics
Head of Department of Prosthodontics
DY PATIL DENTAL SCHOOL
DY Patil Knowledge City, Charholi
Lohegaon,Pune - 412105

CONSERVATIVE DENTISTRY AND ENDODONTICS

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

IV YEAR REGULAR BATCH: 2022-23

ADDITIONAL INTERNAL EXAM ATTENDANCE SHEET (THEORY)

ROLL NO.	STUDENT NAME	SIGNATURE
3.	TRUPTI BALGUDE	
11.	SHRADDHA CHAVAN	
37.	JUI MAHAJAN	
43.	AISHWARYA MOHITE	
59.	AISHWARYA RAUT	
78.	PUSHPAK KHADE	

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D Y Patil Knowledge City
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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

IV YEAR REGULAR BATCH (2022-23)

ADDITIONAL EXAM MARKSHEET (THEORY)

ROLL NO.	STUDENT NAME	SECTION A (MCQs)(20)	SECTION B SAQs (20)	SECTION C LAQs (20)	TOTAL (60)	I/A (3)
3.	TRUPTI BALGUDE	16	12·5	13	41·5	2·07
11.	SHRADDHA CHAVAN	17	10	10	37	1·85
37.	JUI MAHAJAN	14	11·5	8	33·5	1·67
43.	AISHWARYA MOHITE	14	10	9	33	1·65
59.	AISHWARYA RAUT	15	11·5	12	38·5	1·92
78.	PUSHPAK KHADE	10	9	7	26	1·3

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ADDITIONAL Examination

Subject: Conservative Dentistry and Endodontics

Year: IV BDS, regular Batch (2023)

Max. Marks 60 Date: 29/05/23

Time: 12:30-3:30 pm Duration: 3 hours

USE BLUE/BLACK BALL POINT ONLY.FILL (DARK) THE APPROPRIATE EMPTY CIRCLE BELOW THE QUESTION NUMBER ONCE ONLY

- *EACH QUESTION CARRIES ONE MARK*
- *A STUDENT WILL NOT BE ALLOTED ANY MARKS IF HE/SHE OVERWRITES,STRIKES OUT OR PUTS WHITE INK ON THE CIRCLE ONCE FILLES(DARKENED)*
- *DO NOT WRITE ANYTHING ON THE BLANK PORTION OF THE QUESTION PAPER.IF ANYTHING WRITTEN,SUCH TYPE OF ACT WILL BE CONSIDERED AS AN ATTEMPT TO RESORT TO UNFAIR MEANS*

SECTION – A (10x2=20)

(MCQ's)

I. Multiple Choice Questions

1. Which of the following wedge is preferred in cavities with deep gingival margins
   a) Plastic
   b) Round
   c) Triangular
   d) None

2. Adhesive system used in bonded amalgam
   (a) 4- META
   (b) HEMA
   (c) TEGDMA
   (d) UDMA

3. During the technique of degassing, heating of the gold foil is performed by
   a) The mica tray
   b) Electric annealer
   c) Using pure ethanol flame
   d) All of the above

4. Recent method of caries diagnosis
   a) Electric conductance measurements
   b) Quantitative laser fluorescence
   c) Digital fiber optic transillumination
   d) All of the above

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5. Sprue is attached at the :
   a) Thinnest portion of the wax pattern
   b) Thickest portion of the wax pattern
   c) At 4mm depth of the wax pattern
   d) None of the above

6. Most important landmark for location of pulp chamber floor is

   (a) CDJ
   (b) CEJ
   (c) DEJ
   (d) Gingival margin

7. Which of the following is a limited mucoperiosteal flap
   a) Triangular
   b) Rectangular
   c) Semilunar
   d) Trapezoidal

8. Preconditioning before Glass Ionomer Cement restoration is done to

   a) Create tags

   b) Remove smear layer

   c) Facilitate mechanical bonding

   d) Smoothen the surface

9. Length of wedges used should be

   (a) 1 /2 inch
   (b) 1 /4 inch
   (c) 1 inch
   (d) 2/3 inch

10. Most important disadvantage of Composite resins is

    a) Low Strength

    b) Polymerization Shrinkage

    c) Low polishability

    d) None of the above

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11. Which is a hot tooth

    a) Difficult to obturate

    b) Difficult to clean and shape

    c) Difficult to irrigate

    d) Difficult to achieve anaesthesia

12. Example of zinc oxide eugenol based sealer is

    a) Grossman's formula

    b) Roth's 801

    c) Tubliseal

    d) All of the above

13. Which is the most common anaesthetic agent employed in endodontics

    a) 2% articaine with 1:100000 epinephrine

    b) 2% bupivacaine with 1:100000 epinephrine

    c) 2% lidocaine with 1:100000 epinephrine

    d) none of the above

14. MTA was developed by

    a) Buonocore

    b) S C Barnum

    c) Mohammad Torabinajed

    d) Sciaky and Pisanti

15. Bur which is useful for access cavity preparation in calcified teeth

    a) Round Diamond

    b) Mueller burs

    c) Long Fissure carbide bur

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d) Transmetal bur

16. Use of smaller instrument in between larger instrument to confirm the initial working length is called

(a) Balanced force technique
(b) Recapitulation
(c) Crown down technique
(d) Step back technique

17. Modifications of K file are

a) K flex

b) H file

c) Reamer

d) Unifile

18. Walking bleach technique is used for

a) Vital tooth on the outersurface

b) Non vital tooth intracoronally

c) For teeth with tetracycline stains

d) vital teeth by using trays

19. Anticurvature filing was given by

a)Ingle and Cohen

b)AbouRass and Jastrab

c) Marshall and Pappin

d) Torabinejad

20. Triad of microsurgery

a) magnification b) Illumination

c) microinstruments d) all of the above

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SECTION B and C (20 Marks each)

All questions are compulsory

The number to the right indicates full marks

Draw diagrams wherever necessary

Do not write anything on the blank portion of the question paper. If written anything,such type of act will be considered as attempt to resort to unfair means.

Short Answer question (10x2=20)

1. Reverse curve
2. Modifications of Class II amalgam cavity preparation
3. Retention features for Inlay cavity preparation
4. Zones of reaction described by Fish
5. Classify of Endodontic Periodontic lesion
6. Enlist pulp vitality tests
7. Etiology of pulpal disease
8. Classification of traumatic injuries
9. Factors determining post selection
10. Wein's modification of working length determination.

Long answer question (2x10=20)

1. What are composite resins (1). Describe indications (2), contraindications (2). Describe different components of composite resins (2). Classify composite resins (2). Write a note on Hybrid composites (1).

2. What are endodontic irrigants (1). Enlist the endodontic irrigants commonly used (3) and describe in detail sodium hypochlorite (4). What is irrigant activation (2).

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Khade Pushpak Prabhu.

Name of the Examination Additional Exam. Class IV th yr.

Subject Conservative dentistry and Endodontics.

Roll No. 78 Date 29/05/25.

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											10
Marks obtained in Section B	NA	1.5	1.5	2	2	2	NA	NA	NA	NA	9.
Marks obtained in Section C	NA	7									7
Grand Total											26

(26)

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section - C

2)

→ Endodontic irrigants :-

- These are substances used for cleaning and debridement of root canals during cleaning and shaping of root canal.
- It is also called root canal irrigants.
- It acts as lubricant, pulp tissue disolvent

* Classification of ~~Endo~~ root canal irrigants :-

- most commonly used irrigants.
  1) Sodium Hypochlorite ($NaOCl$).
  2) Ethylenediaminetetraacetic acid (EDTA)
  3) Chlorhexidine digluconate (CHX).

- Other recently introduced irrigants.

i) 1-Hydroxyethylidine-1,1-bisphosphonate (HEBP)

ii) Iodine potassium iodide (IKI)

iii) Antibiotic containing irrigants;
  - MTAD
  - Tetraclean

iv) QMix.

Sodium Hypochlorite :-(NaOCl).

- Sodium hypochlorite is most commonly used intracanal medicament.
- Its concentration ranges from 0.2 % to 5.25%.
- It has reducing action, straw coloured solution.
- Sodium Hypochlorite was first introduced by Dakin ; he recommended 0.5% concentration to use in world war I for treating wounds

Mechanism of Action :-

- Sodium hypochlorite on ionization produces Hypochlorous acid and Hypochlorite ions.
- These are responsible for the antimicrobial action of sodium hypochlorite.
- Destruction of bacteria occurs in 2 stages

1) Penetration of bacterial cell wall
2) Binding with protoplasm of bacterial cell and disrupting the DNA synthesis.

- The bactericidal properties of sodium hypochlorite occurs due to following properties.
  1) Saponification reaction.

2) Amino acid neutralization
3) Hypochlorous acid formation
4) Chlorination reaction
5) Alkaline pH >11.

* Properties of Sodium hypochlorite :-

1) Concentration -

- Concentration of 0.5% to 5.2% can be used in root canal irrigation.
- The irrigant will act as lubricant, solvent of pulp tissue, and an antimicrobial agent.
- On the basis of published data, 5.25% concentration is most effective and has highest tissue dissolution ability
- However ; 2.5% NaOCl is recommended for the root canal irrigation because it maintains its tissue dissolution and Antimicrobial ability without causing tissue irritation.
- It is recommended to increase the volume as well as exposure time

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Tissue Dissolution ability :-

- Sodium hypochlorite dissolves pulp tissue in 20 mins to 2 hrs next most effective irrigant takes 24 hrs to achieve same result.
- Sodium hypochlorite has excellent tissue dissolution ability but it is most effective in narrow root canals compared to wider ones.
- Tissue dissolution ability is most useful in isthmus areas and C-shaped canals.

Disadvantages :-

- Cytotoxicity and Caustic effect on the periradicular tissue on inadverent administration while irrigating root canal.
- It has bad taste.
- It should be kept in cool and dry place away from the sunlight.

Irrigant activation. :-

- Irrigant activation is process by which the activity and efficacy of intracanal irrigant is increased for maximum results.

1) Heating :-

- While using sodium hypochlorite. it is heated to 60°c to maximize the efficacy of the solution and ionization of sodium Hypochlorite

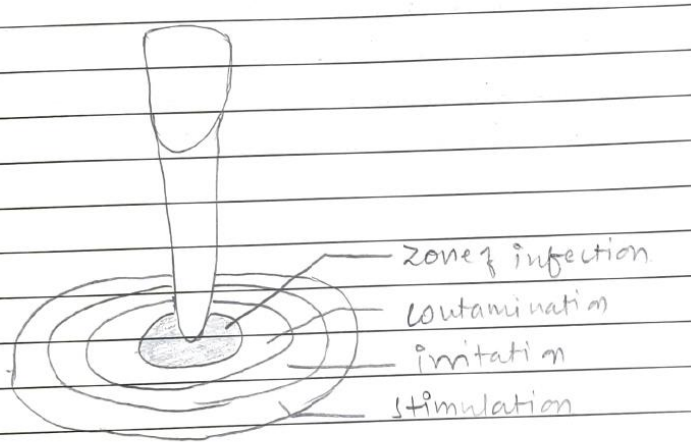
2) ~~Mee~~ Hand instrument
   - while administering the irrigant into the root canal it is activated with the help of file by movement of file.

3) Endodontic instruments
   - rotary instruments are also used for activating the endodontic irrigants.

Section-B

Zones of reaction :-

- Zones of reaction are zones which are affected due to infection and are surrounding the infection.



- According to Fish. the zones of reaction are classified into 4 zones.

1) Zone of infection :-
   - In zone of infection the bacterial foci is present.

2) Zone of contamination :-
   - In zone of contamination the enzymes secreted by bacteria and waste products are present which are formed due to destruction of tooth structure.



3) Zone of irritation:

- In this zone irritation of the surrounding tissue occurs due to bacterial invasion and byproducts of destruction

4) Zone of stimulation:

- In zone of stimulation the reactionary changes occur in tissue surrounding the infection
- It is outermost layer
- In this layer formation of reactive[2] dentin and calcification occurs in reaction to the infection.

Pulp vitality Tests:-

- pulp vitality tests are used to check the vitality of pulp tissue

Various pulp vitality tests includes;

1) Thermal tests:-
   - cold test
   - Hot Test
2) Electrical pulp testing.
3) Bite testing
4) Anaesthesia test.
5) Cavity Test.
6) percussion test.

- These tests are used in carious teeth to check the vitality of pulp.

2)

→ Class II cavity preparation :-

- Class II cavity preparation for the amalgam includes
- ~~formation of Cavi~~
- Preparation of cavity on occlusal surface
- preparation of Gingival seat and Gingival box is prepared proximally on the site of presence of Caries.
- retention features such as dovetails and retentive walls are prepared. to support the restoration and give bulk and retention to the ~~Cavity~~ amalgam restoration.

Modifications of Class II amalgam Cavity.

1) Bevels -
- In cases of wide carious lesion the bevels are given on the axial walls to give better retention to the amalgam restoration.

2) S curve -
S curve is given on the axial walls of the gingival seat to provide retention to the amalgam restoration.

Endodontic periodontic lesions:

classification of endo-perio lesions.

1) primary endodontic lesion.
2) primary endodontic 2° periodontic lesions
3) primary periodontic lesions.
4) primary periodontic 2° endodontic lesions.

1) Primary endodontic lesion :-
- These lesions are exclusively endodontic lesion and there is no need of periodontic treatment is required.
eg. caries.

2) Primary endodontic & 2° periodontic lesions :-

- These are endodontic lesions which are primarily endodontic but are spread in periodontal tissues
- These type of lesions requires endodontic as well as periodontal treatment.
eg. periapical abscess.

3) primary periodontal lesion.
- primary periodontal lesions are are confined to periodontal region only
- These lesions do not require endodontic treatment.
- * chronic periodontitis

4) primary periodontal & endodontic lesions

- These are periodontal lesions which are spreaded into the tooth structure causing infection to pulp tissue and surrounding tooth structure.
- These type of lesions require periodontal as well as endodontic treatments.
  eg. Aggressive periodontitis.

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Additional

~~First~~ Internal Examination

Subject: Conservative Dentistry and Endodontics

Year: IV BDS, Referred Regular Batch **Date:** 22/12/23

Max. Marks 60 **Duration: 3 hours**

Time: 12:30-3:30 pm

USE BLUE/BLACK BALL POINT ONLY.FILL (DARK) THE APPROPRIATE EMPTY CIRCLE BELOW THE QUESTION NUMBER ONCE ONLY

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SECTION – A **(10x2=20)**

(MCQ's)

I. Multiple Choice Questions

1. While polishing the amalgam restoration

   (a) Avoid heat generation by using wet polishing paste
   (b) Wait 24 hours
   (c) A and B
   (d) None of the above

2. Which of the following materials has been shown to stimulate reparative dentin formation most effectively when applied to the pulpal wall of a very deep cavity

   (a) Copalite varnish (b) calcium hydroxide preparation

   (c) zinc phosphate cement (d) anhydrous glass ionomer cement

3. Stainless steel pin is used in amalgam for

   (a) Increased retention (b) Increased resistance

   (c) Increased strength (d) A and B

4. The X-ray of choice to detect the proximal caries is

   (a) Periapical X-ray (b) bitewing x-ray

   (c) Occlusal X-ray (d) none of the above

5. Composite resin is lined by

   (a) Glass ionomer cement (b) Reinforced ZoE

   (c) Cavity Varnish (d) ZoE with epoxy cement

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6. In Cavity preparation for inlay, width of cavity should be

(a) 1/4th intercuspal distance (b) 2/4th intercuspal distance

(c) 1/3rd intercuspal distance (d) 2/3rd intercuspal distance

7. Bevels in inlay cavity is given with which number bur

(a) 145 (b) 171

(c) 1691 (d) 8862

8. Hand instrument which is used to plane gingival cavo-surface margins in class II cavity

(a) chisel (b) angle former

(c) hoe (d) enamel hatchet

9. Most common fracture occurring in amalgam restoration is seen at

(a) Cavosurface margin (b) the contact area

(c) the isthmus area (d) proximal box

10. Correct sequence of Zones of dentinal caries from Deeper layer to Superficial layer is

(a) Zone of fatty degeneration, dentinal sclerosis, decalcification, bacterial invasion, decomposed dentin

(b) Zone of fatty degeneration, decalcification, decomposed dentin, dentinal sclerosis, bacterial invasion

(c) Zone of decomposed dentin, decalcification, dentinal sclerosis, fatty degeneration, bacterial invasion

(d) Zone of decomposed dentin, bacterial invasion, decalcification, dentinal sclerosis, fatty degeneration

11. What is the shape of the access cavity for upper and lower incisors

(a) triangular

(b) ovoid

(c) round

(d) rhomboid

12. The purpose of root canal sealers is to

(a) seal the dentinal tubules

(b) stimulate healing in periapical region

(c) prevent discoloration

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(d) fill the space between solid core material and pulp canal walls

13. In restoring an endodontically treated tooth for post & core, an absolute minimum of apical fill of gutta-percha to be left over to prevent leakage is:

(a) 1mm (b) 7mm

(c) 3mm (d) 5mm

14. Its working motion is circumferential

(a) K-flex file (b) H-file

(c) Both a and b (d) none of the above

15. The diagnostic radiograph informs the dentist

(a) about the configuration and length of the root

(b) about the pathologic changes of the root

(c) about the numbers of the canal

(d) all of the above

16. Following is used to dry the root canal space

(a) chlorhexidine point (b) paper point

(c) sterile cotton pellet (d) calcium hydroxide point

17. Role of Intracanal irrigant is

(a) flush out the debris

(b) lubricant

(c) antimicrobial action

(d) all of the above

18. K- File is manufactured from which blank

(a) triangular blank (b) round blank

(c) square blank (d) Diamond shaped blank

19. What percentage of sodium hypochlorite is used for root canal irrigation

(a) 1% (b) 5%

(c) 7% (d) 10%

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20. Which of the following structure is rich with proprioreceptors

(a) dentin layer (b) periapical area (c) dental pulp stroma (d) odontoblastic layer

SECTION B and C

All questions are compulsory

1. ***The number to the right indicates full marks***
2. ***Draw diagrams wherever necessary***
3. ***Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as attempt to resort to unfair means.***

Short Answer question **(10x2=20)**

1. Significance of Wedge
2. High Copper amalgam alloys
3. Properties of Inlay Wax
4. Self-Etch Adhesives
5. Control of pain during cavity preparation
6. Rationale of Endodontics
7. Pulp vitality tests
8. Mechanism of action of Calcium Hydroxide
9. Pain Pathway
10. Irrigating Solutions

Long answer question **(2x10=20)**

1. Define Isolation (1) Classify isolating methods (3) Write in detail about local anesthesia and Drugs used for isolation (3) Write in detail about rubber dam sheet and rubber dam clamps (3)
2. Classify Periapical diseases (2) Write in detail about causes of periapical disease (3) Write in detail about Chronic periapical abscess and Condensing osteitis (5)

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Rated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Forty Two
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	1st ~~Internal~~ Additional Examination
SUBJECT	Conservative dentistry & endodontics
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0	0	0	4	2

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

	A	B	C	D
1			●	
2			●	
3			●	
4			●	
5	●			
6		●		
7		●		
8			●	
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Seen and No. Complaint

Candidate's Signature

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Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Krishna Kushwaha

Name of the Examination ~~Internal~~ (additional) examination Class IVth BDS

Subject Conservative dentistry & Endodontics

Roll No. 42 Date 6/06/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No.	1	2	3	4	5	6	7	8	9	10	Total
Section											
Marks obtained in Section A											10
Marks obtained in Section B	½ 1		½	0	1	0	1	1	1	1	8
Marks obtained in Section C	8	5									13
Grand Total											31

Seen & No. Complaint

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Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ Section B

Q1 ans:-

Wedge → It is a wooden or plastic mass which is used for tooth seperation frequently during class II cavity preperation

- It provides rapid seperation between tooth
- Wooden wedges also absorbs water when as compared to plastic wed

Types of Wedging:-

1) Normal wedging

2) Double wedging

3) Piggy back wedging



2 →

Amalgam alloy :-

It is an excellent restorati material having high compressive strength.

Amalgam content :-

Tin
Copper
Zinc
Mercury

High copper content :

High copper content provides more strength & less permeability to the restoration.

Copper also oxidised early & release lot of ions which are bacterio-static & bactericidal in nat

(1).

Q3 ans →

Properties of Inlay wax :-

i) Cannot be used repeatedly as looses plasticity
ii) Does not get affected / deform at room temperature
iii) Flow easily when heated
iv) Easy to carve by hand instrument & heated instruments
v) Higher compressability than normal wax. ~~(more)~~
vi) More density leaves very less voids when removing the pattern

1/2

ans

Self etch adhesives :-

0

Q5 ans →

Control of pain during cavity preperation:

i) Do not use micromotor, as it produces more heat while cutting
ii) Keep short appointment (consume less time)
iii) Use the instrument for a very short duration & use it repeatedly
iv) Use topical anesthetic spray
v) Do not use direct water or air spray to irrigate / dry the cavity → as pressurized water & air will cause more pain.
vi) Intraligamentary injection of local anaesthetic

Q 7 ans-

Pulp vitality Test

Non-mechanical

Mechanical

Cold test

Heat test

Pulp tester

Involves excitation of nerve bundles to decide if pulp is vital or not-

Uses deflection of light as a perimeter to decide the vitality of pulp

Ans:-

Mechanism of action of Calcium hydroxide:-

Calcium hydroxide is an intracanal medicament as well as used as cavity liner in deep cavities.

Calcium hydroxide provide basic medium which encourages formation of to neutralize the surrounding acids / enzymes produced by remained by caries causing bacteria.

- It encourages formation of sclerotic dentine.
- Used widely in direct pulp capping

1

Q 9 ans →

Each tooth has 3 types of nerves fibers in its roots & into the tubules i.e

~~A δ, C δ~~

A - δ , B - , C - δ fibers

In these fibers mainly C - δ fibers are mainly responsible for pain sensation.

ass

Irrigating solutions :-

They are liquid/ semisolid material which clean the canal after instrumentation.

i) Saline water
ii) Sodium hypochlorite
iii) EDTA

Sodium hypochlorite :-

It dissolves all organic substances, i.e blood vessels, fibers, tissues.

EDTA :-

It dissolves all ~~organic~~ inorganic substances.

Saline water :- It washes out ~~of~~ debris out of the canal.

1.

LAQ's Section C

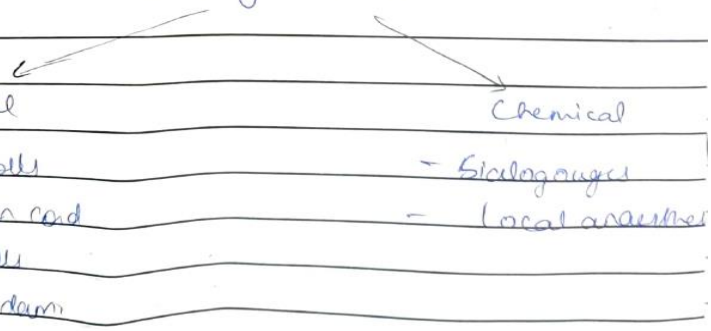
Q1

Isolation :-

It is a state which is created around a tooth on which we are going to work for a better visibility & less infective / less contaminated field.

Isolating methods :-

i) Cotton rolls
ii) Cotton Balls
iii) Retraction cord
iv) Rubber dam
v) Sialogauges
vi) Local anesthesia



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Supplement Sheet

the Student Krishna Keshav

the Examination 1st ~~Internal~~ Additional examinat Class

Endodontics

42

Date 6/6

ment No. 1

Invigilator Signature

Drugs used for isolation are called Sialoga
they prevent salivation at some extent.
- They have direct action on glands.
- Sialogouges are prescribed to the pat
having excessive salivation
tooth cannot be isolated using other

o Local anaesthesia:

Injecting local anaesthesia or apply
superficially over the salivary gland sh
help from excessive salivation till

P. T. O

Rubber dam sheet :-

They are the latex

helps in isolation of teeth

Types of Sheet :-

(1) based on material

a) Latex

b) Non-latex (for

(2) based on size

a) 5×5 inch (for chil

b) 6×6 inch (for adu

(3) Thickness :-

(a) Thin

(b) Medium

(c) Extra thin

(d) Heavy

(e) Extra heavy

(f) Special heavy

With the help of template the location

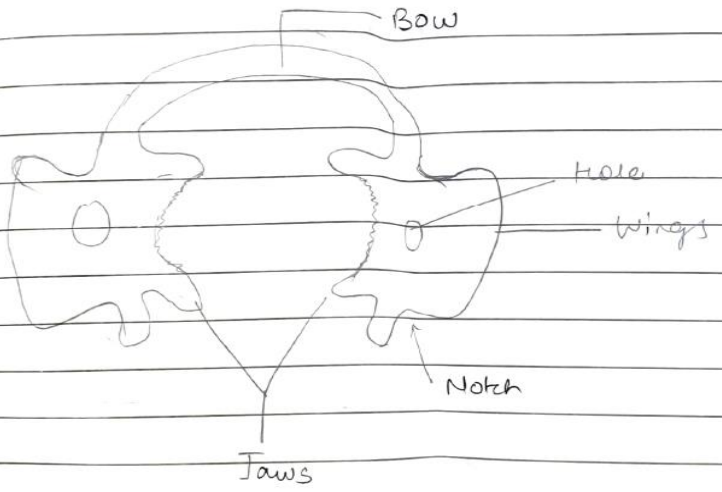
the sheet & it is punched at the local

Rubber dam clamps:-

Rubber dam clamps are stainless steel clamps designed to hold a specific tooth
- They are available in different sizes for different tooth.

Types:-

(a) Winged (b) Non winged



Jaws :- They have serrations as they grip the tooth at cervical margin

Bow :- Connects the two parts of clamp

Hole :- They are used for mounting & demounting clamp from the teeth's using forceps.

Q 2 ans:-

Classification of periapical diseases

(A) Symptomatic
- (1) Primary symptomatic apical pe
- (2) Secondary symptomatic apical pe
- (3) Symptomatic acute alveolar abscess

(B) Asymptomatic
- (1) Asymptomatic apical periodontitis
- (2) Asymptomatic alveolar abscess
- (3) Condensing osteitis

(C) Persistant apical periodontitis

(D) External root resorption

(E) Disease of periradicular tissue

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Supplement Sheet

the Student Krishna Keshav

the Examination 1st ~~Internal~~ Additional Examination Class 4th BDS

Endodontics

42 Date 6/6/22

ment No. 2 Invigilator Signature

Causes of periapical diseases:-

1. Pulp infection
2. Supraeruption (Trauma)
3. Deep periodontal pockets
4. Pulpal necrosis
5. Pulpal ~~generation~~ degeneration
6. Pulpal inflammation
7.

Chronic periapical abscess:-

- It is an asymptomatic condition, mainly due to asymptomatic pulp disease, which further leads to ~~abscess~~ abscess formation
-

5

Condensing osteitis :→

It is a sequlae of untr
chronic periapical ~~abscess~~ abscess. In
abscess cause inflammation of bone &
bone starts of resorb.

DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

FINAL YEAR REFERRED BATCH

16-10-19

YEAR – 2018-2019

FINAL YEAR ADDITIONAL THEORY EXAMINATION

ROLL NO.	NAME OF STUDENT	SIGNATURE
1	Shahin Mollick	
2	Vyenkat Kshirsagar	
3	Snehal Jadhav	
4	Shubhangi Barode	
5	~~Mansi Patil~~	
6	Simran Saini	
7	Angela Johnson	

for HOD

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Department of Conservative Dentistry and Endodontics

Additional Theory Examination

Marksheet

Year: IV BDS, Ref. Batch (Winter 2019)

Date: 16-10-19

Roll no	Name	Marks obtained out of 60	Out of 3	SIGNATURE
2	Barode Shubhangi	32	1.6	
9	Kshirsagar Vyankat	30	1.5	
10	Mollick Sahin	31	1.55	
13	Angela Puthnangady	32	1.6	
14	Simran Saini	28	1.4	
15	Snehal Jadhav	30	1.5	

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Additional Examination

Subject: Conservative Dentistry and Endodontics

Year: IV BDS, regular Batch

Max. Marks 60 **Date: 12/04/19**

Time: 12:30-3:30 pm **Duration: 3 hours**

USE BLUE/BLACK BALL POINT ONLY.FILL (DARK) THE APPROPRIATE EMPTY CIRCLE BELOW THE QUESTION NUMBER ONCE ONLY

- *EACH QUESTION CARRIES ONE MARK*
- *A STUDENT WILL NOT BE ALLOTED ANY MARKS IF HE/SHE OVERWRITES,STRIKES OUT OR PUTS WHITE INK ON THE CIRCLE ONCE FILLES(DARKENED)*
- *DO NOT WRITE ANYTHING ON THE BLANK PORTION OF THE QUESTION PAPER.IF ANYTHING WRITTEN,SUCH TYPE OF ACT WILL BE CONSIDERED AS AN ATTEMPT TO RESORT TO UNFAIR MEANS*

SECTION – A **(10x2=20)**

(MCQ's)

I. Multiple Choice Questions

1. What is the preferred restoration for a cracked tooth

   (a) Post and core (b) cast inlay

   (c) full coverage crown (d) bite test

2. Productive pulpal inflammation is seen in

   (a) reversible pulpitis (b) pulp polyp

   (c) irreversible pulpitis (d) atrophic pulp

3. What is the outline shape of the access cavity for a mandibular 1st molar with 4 canals

   (a) round (b) triangular

   (c) trapezoidal (d) square

4. Which is the best technique to determine if a root contains 2 canals

   (a) apex locator (b) interpreting angled radiographs

   (c) viewing access with a microscope (d) searching with an explorer

5. Lentulospirals are used for

   (a) flaring of the canal (b) extirpation of pulp

   (c) location of canal orifice (d) application of root canal sealer

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6. Transportation of apical portion of a canal is known as

(a) zipping (b) elbow formation

(c) strip perforation (d) ledging

7. Minimum thickness of cast metal for appropriate resistance to fracture

(a) 1.5mm to 2mm (b) 1.5mm

(c) 1 to 2mm (d) 2mm

8. Slice preparation creates

(a) lap joint (b) butt joint

(c) full bevel (d) counter bevel

9. Occlusion is corrected on opposing dentition only if

I) There is high point

II) It is done to correct occlusal plane

III) There is need for reducing pronounced cusp

(a) only I is correct (b) I and II are correct

(c) I and III correct (d) II and III are correct

10. Which of the following cement has highest ultimate compressive strength

(a) glass ionomer (b) zinc polycarboxylate cement

(c) zinc phosphate cement (d) zinc oxide eugenol cement

11 Which methods of cold testing are preferred for pulp testing

(a) regular ice (frozen water)

(b) refrigerant spray or CO_2

(c) flooding the arch with chilled water

(d) blast of air form air/water syringe

12. For amalgam restoration occlusally divergent walls are given for

(a) class I (b) class II

(c) class III (d) class VI

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13. Which of the following is not an advantage of bevelling composite restorations

(a) adjacent minor defects can be included (b) esthetic quality may be enhanced

(c) marginal seal may be enhanced (d) compensate for shrinkage

14. Angle former

I) Is special type of excavator available as a single instrument

II) May be described as combination of chisel and a gingival marginal trimmer

(a) Both statements are true (b) both statements are false

(c) I is true (d) II is true

15. Which of the following is known as Nature's anti-caries agent

(a) plaque biofilm (b) calculus

(c) saliva (d) tongue

16. Physio-chemical bonding is seen with which of the following cements

(a) $Ca(OH)_2$ Cement (b) zinc polycarboxylate cement

(c) zinc phosphate cement (d) zinc oxide eugenol cement

17. Increasing number of pins in dentin during complex amalgam restorations, one of the statement is false

(a) amount of available dentin between pin decreases

(b) crazing of dentin increases

(c) potential for fracture of dentin decreases

(d) paper point

18. Film thickness of liner is about

(a) 5-10 µm (b) 20-25µm

(c) 1-2mm (d) 0.5-1 mm

19. Factors which do not impact healing of periradicular lesions is

(a) size of lesion (b) blood supply

(c) systemic disease (d) length of root

20. The tip diameter size of gates glidden drill no 3 is

(a) 0.5mm (b) 0.7mm (c) 0.9mm (d) 1.1mm

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SECTION B and C

All questions are compulsory

1. ***The number to the right indicates full marks***
2. ***Draw diagrams wherever necessary***
3. ***Do not write anything on the blank portion of the question paper. If written anything, such type of act will be considered as attempt to resort to unfair means.***

Short Answer question **(10x2=20)**

1. Classify pins. Explain friction locked pins in detail
2. Techniques of composite layering with diagrams
3. Explain with diagram structure of a bur
4. Vertical root fracture
5. Single visit endodontics
6. Endodontic flare up
7. Minimal intervention dentistry
8. High copper alloys
9. Flap designs for endodontic surgery
10. Warm vertical compaction

Long answer question **(2x10=20)**

1. Define dentinal hypersensitivity(2) .write its etiology in detail(3).differential diagnosis(2).explain its management(3)
2. What is cleaning and shaping(1). Goals of cleaning and shaping(2).Explain phases of cleaning and shaping in detail with diagrams(5) what is balanced force technique (3).

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ADDITIONAL Examination

Subject: Conservative Dentistry and Endodontics

Year: IV BDS, regular Batch (2019)

Max. Marks 60 Date: 16/10/19 Time: 12:30-3:30 pm Duration: 3 hours

USE BLUE/BLACK BALL POINT ONLY.FILL (DARK) THE APPROPRIATE EMPTY CIRCLE BELOW THE QUESTION NUMBER ONCE ONLY

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SECTION – A (10x2=20)

(MCQ's)

I. Multiple Choice Questions

1. Which of the following wedge is preferred in cavities with deep gingival margins
   a) Plastic
   b) Round
   c) Triangular
   d) None

2. During the technique of degassing, heating of the gold foil is performed by
   a) The mica tray
   b) Electric annealer
   c) Using pure ethanol flame
   d) All of the above

3. Recent method of caries diagnosis
   a) Electric conductance measurements
   b) Quantitative laser fluorescence
   c) Digital fiber optic transillumination
   d) All of the above

4. Sprue is attached at the :
   a) Thinnest portion of the wax pattern
   b) Thickest portion of the wax pattern
   c) At 4mm depth of the wax pattern
   d) None of the above

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5. Most important landmark for location of pulp chamber floor is

(a) CDJ
(b) CEJ
(c) DEJ
(d) Gingival margin

6. Which of the following is a limited mucoperiosteal flap
a) Triangular
b) Rectangular
c) Semilunar
d) Trapezoidal

7. Preconditioning before Glass Ionomer Cement restoration is done to

a) Create tags

b) Remove smear layer

c) Facilitate mechanical bonding

d) Smoothen the surface

8. Length of wedges used should be

(a) 1 /2 inch
(b) 1 /4 inch
(c) 1 inch
(d) 2/3 inch

9. Most important disadvantage of Composite resins is

a) Low Strength

b) Polymerization Shrinkage

c) Low polishability

d) None of the above

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10. What is the outline shape of the access cavity for a mandibular 1st molar with 4 canals

(a) Round
(b)Ttriangular
(c)Ttrapezoidal
(d) Square

11. Which is a hot tooth

a) Difficult to obturate

b) Difficult to clean and shape

c) Difficult to irrigate

d) Difficult to achieve anaesthesia

12. Example of zinc oxide eugenol based sealer is

a) Grossman's formula

b) Roth's 801

c) Tubliseal

d) All of the above

13. Which is the most common anaesthetic agent employed in endodontics

a) 2% articaine with 1:100000 epinephrine

b) 2% bupivacaine with 1:100000 epinephrine

c) 2% lidocaine with 1:100000 epinephrine

d) none of the above

14. MTA was developed by

a) Buonocore

b) S C Barnum

c) Mohammad Torabinajed

d) Sciaky and Pisanti

15. Bur which is useful for access cavity preparation in calcified teeth

a) Round Diamond

b) Mueller burs

c) Long Fissure carbide bur

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d) Transmetal bur

16. Use of smaller instrument in between larger instrument to confirm the initial working length is called

(a) Balanced force technique
(b) Recapitulation
(c) Crown down technique
(d) Step back technique

17. Modifications of K file are

a) K flex

b) H file

c) Reamer

d) Unifile

18. Walking bleach technique is used for

a) Vital tooth on the outersurface

b) Non vital tooth intracoronally

c) For teeth with tetracycline stains

d) vital teeth by using trays

19. Anticurvature filing was given by

a) Ingle and Cohen

b) AbouRass and Jastrab

c) Marshall and Pappin

d) Torabinejad

20. Triad of microsurgery

a) magnification b) Illumination

c) microinstruments d) all of the above

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SECTION B and C (20 Marks each)

All questions are compulsory

The number to the right indicates full marks

Draw diagrams wherever necessary

Do not write anything on the blank portion of the question paper. If written anything,such type of act will be considered as attempt to resort to unfair means.

Short Answer question (10x2=20)

1. Reverse curve
2. Modifications of Class II amalgam cavity preparation
3. Retention features for Inlay cavity preparation
4. Zones of reaction described by Fish
5. Classify of Endodontic Periodontic lesion
6. Enlist pulp vitality tests
7. Etiology of pulpal disease
8. Classification of traumatic injuries
9. Factors determining post selection
10. Wein's modification of working length determination.

Long answer question (2x10=20)

1. What are composite resins (1). Describe indications (2), Contraindications (2) . Describe different components of composite resins (2). Classify composite resins (2). Write a note on Hybrid composites (1).

2. What are endodontic irrigants (1). Enlist the endodontic irrigants commonly used (3) and describe in detail sodium hypochlorite(4). What is irrigant activation (2).

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Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	Ten
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Additional Examination
SUBJECT	Conservative
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

SEAT NUMBER

0 0 0 1 9

QUESTION BOOKLET VERSION NO.

A

ANSWERS

	A	B	C	D
1			●	
2			●	
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Seen and No. Complaint

Candidate's Signature

11/20

Examiner Name & Signature

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Dept. of Conservative Dentistry & Endodontics

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

D Y PATIL GROUP

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Sahin Mollick.

Name of the Examination Additional Examination Class (IV Final)

Subject Conservative Dentistry and Endodontics

Roll No. eTen Date 1/10/19

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											11
Marks obtained in Section B	1½	½	1½		3	1	1½	3			12
Marks obtained in Section C	3	4									~~8~~
Grand Total											22+9=31

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

31/60

Name & Signature of IC / H.O.D.

(3) Retention features of Inlay cavity:

(1) Divergent wall - 2-6° taper increase in case of deeper cavity.

(2) Flat pulpal and cervical floor.

(3) Cavo Surface angle should be 135-145°

(4) Dovetail of the Inlay preparation should be 110°.

(5) Occlusal Surface should be divergent.

(6) Bevel: Bevel given to the occlusal surface
   (a) Full Bevel
   (b) Partial Bevel. 1½

(1) Reverse curve

(1) When the direction of the mesiofacial wall is parallel to the direction of the Enamel wall, thus creating a 'S' shaped curve in the proximal outline.

(2) Provide Butt Joint in the preparation margin
(3) it Relieve the Contact.
(4) to place the proximal margin in a Self cleansing area. 1½

(6) Enlist the pulp vitality test:

(1) Thermal test

(a) Heat test

(b) Cold test.

1

(7) Etiologes of the pulpal disease:

(A) physical:

(1) Heat produce by the used of High speed instrumentation.

(2) Heat produce by cavity preparation.

(3) Mechanical :- trauma, pathological wearing.

(B) chemical :- (1) Resin.

(c) Bacteria :- (1) Endotoxin and Exotoxic produce By Bacteria.

(d) Electrical :- Electrochemical produce by the dissimilar metal.

1½

(7) modification of class II:

(1) slot preparation. (1/2)

(2) Axial Depth of modern design class II preparation should be less than the the normal class II preparation.

(2). pin Retain Restoration.

(8) classification of the traumatic injuries.

(1) Avulsion.

(2) Abfraction.

(3) rotation.

(1)

On the Basis of tooth Involvement.

(1) injury to the Enamel.

(2) injury to Enamel Dentin.

(3) injury of the Dentin without Involving root

(4) injury of the Dentin with Involving root.

(5)

Long question

(1) Composite Resin:- Composite Resin is the Restorative material used in the cavity

indication: (1) Deep carious cavity in class I and class II
(2) esthetically Restored tooth.
(3) fractured tooth.
(4) Anterior cavity preparation Restoration.

(1)

(2)

contraindication :- (1) polymerization shrinkage.
(2.) compressive strength is less.
(3) strength is less than the other Restorative material.

~~Components of the Composite Resin.~~
~~(1) Resin matrix: Silicon oxide / glass particle.~~
~~(2) Activator: light~~

classify:

(1) 1st generation composite Res:
(i) light cure wavelength 435nm.

(2) 2nd generation:- (i) self polymerization

(3) 3rd generation :- light cure 445-445nm

(4) 4th generation:- (i) flouridated.

(2) Endodontics irrigant:

Add

Endodontic irrigant are the irrigating material used for the irrigant the root canal for removing the Necrotic tissue of Entire pulp and Bacterial and their product.

Commonly used Endodontic irrigant:
(1) sodium Hypochlorite.
(2) phenol.
(3) Chloroxidine Gluconal.
(4) EDTA.

(1)

(A) Sodium Hypochlorite:

Sodium Hypochlorite (NaOCl), a Reducing agent. It is a clear, Straw coloured solution. It is usually widely used irrigating solution.

Mechanism of Action:

NaOCl on ionization produces Hypochlorous acid and hypochlorite ion. These are responsible for antimicrobial activity of NaOCl. Destruction of Bacteria place two phases:

(1) penetration into the Bacterial cell wall.

(2) chemical combination with the protoplasm of the Bacterial cell and disruption of DNA Synthesis.

The Mechanism of Action of Sodium Hypochlorite in the following steps:

(1) Saponification
(2) Amino acid neutralization.
(3) chloramination.

Properties:- (1) irrigant will act as lubricant, a Solvent of pulp tissue, and potent Antimicrobial.

- 0.5 - 5.2%. Sodium hypochlorite solution. Can be used as an irrigant into the root canal

- most effective concentration 5.2%. Sodium hypochlorite.

However, 2.5% NaOCl is commonly employed Concentration as it decreases the potential for toxicity.

(b) Tissue Dissolution Ability:
NaOCl dissolve the entire pulp in 2 min. to 2 hrs.
The Next effective solution Required at least 24 hrs to accomplish the Same Result.

Drawbacks of NaOCl:

(1) cytotoxicity and Caustic effect on Healthy periradicular tissue on inadvertent ~~extrusion~~ extrusion during the irrigating procedure.

NaOCl accident are the Reason for lower concentration 0.5 - 1% as 2.5% NaOCl being more Commonly preffered.

(2) It does not Remove the inorganic component
(3) It is unpleasant taste.

(iv) the solution should be kept in a cool place, away from sunlight.

(3)

SAQ

(5) classification of endodontic periodontic lesion

(1) SIMON'S classification:-
classification Based on Etiology:-

(A) primary endodontic lesion
(B) primary endodontic lesions with secondary periodontal involvement

(C) primary periodontal lesions.
(D) primary periodontal lesion with secondary endodontic involvement

(E) True combined lesions
(F) Concominant endodontic and periodontal lesions.

3

8 (1) Ellis and Davey classification

Class I :- Enamel fracture
Class II : Enamel and dentin fracture with pulp exposure.
Class III : fracture involving enamel, Dentin and pulp

Class IV : noncarital
Class V : Avulsion
Class VI : root fracture without involving the crown. ~~root~~ fracture.
Class VII : Displacement of the tooth without fracture of the crown.

Class VIII : loss of crown ~~or~~ root.
Class IX :- trauma of deciduous teeth.

PUBLIC HEALTH DENTISTRY

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 1st internal examination are hereby instructed to undergo 1st internal additional Exam schedule on 16/4/18 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D.Y. Patil Dental School
D.Y. Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412 105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Shrutika Dhole	Present	Present
2.	Vishal Khot	Present	Present
3.	Sayyeed Fehmeen	Present	Present
4.	Thanima Chandran	Present	Present

PROFESSOR &
Dept. of Public Healt
D Y Patil Dental
D Y Patil Knowle
Charoli (Bk), Via Lohegaon,

SECTION A – MCQS (1 MARK EACH)

1. ‘Press finger technique’ in ART is used for condensing -.

A. DFG B. GIC C. Amalgam D. Composite

2. In ART for widening the entrance of the cavity, hatchet is used in which motion

A. Key in lock B. Upward motion C. Downward motion D. Scooping motion

3. Who is considered the “Father of Health Statistics”?

A. John Graunt B. John Snow C. Henry Klein D. Russell A.L.

4. A set of values recorded on one or more observational units is called as:

A. Variable B. Constant C. Data D. Observation

5. Fosdick test is –

A. Calcium dissolution test C. Measures mineral content of patient’s enamel

B. Measures salivary pH after 4 hour D. Counts the growth of bacteria on tooth blade

6. B’ in MSB agar is –

A. Boiled B. Blood C. Bacitracin D. Bacilli

7. Behaviour learning theory are all <u>EXCEPT</u> –

A. Classic conditioning theory

B. Operant conditioning theory

C. Theory of cognitive development

D. Classic psychoanalytical theory

8. Internalized representation of values and morals of society as taught to child by parents –

A. Id

B. Ego

C. Super ego

D. All of above

9. The Consumer Protection Act came into force on:

A. 15th April 1987

B. 7th April 1987

C. 31st May 1987
D. 1st June 1987

10 . In the earlier days, remedy for medical negligence was under:

A. Law of Geneva
B. Law of Tort
C. Law of Helsinki
D. Law of Nuremberg

11. A person who assist a dentist in treating patients is a –

A. Auxiliary
B. Subsidiary
C. Patient
D. All of above

12. Which of the following is NOT a operating auxiliary –

A. School dental nurse
B. Hygienist
C. Laboratory technician
D. Dental therapist

13. Which of these do not categorize as a disaster?

A. Tornadoes
B. Earthquakes
C. Epidemics
D. Warfare

14. The process of classifying the injured based on their severity of injuries and likelihood of survival in disaster is called as:

A. First aid
B. Triage
C. Field care
D. Recovery

15. The oxygen concentration in external air by volume accounts to:

A. 78.1 percent
B. 20.9 percent
C. 10.8 percent
D. 0.03 percent

16. Air is rendered impure by:

A. Sunlight
B. Rain
C. Plant life
D. Combustion of coal

17. The double pot method of adding chlorine to well water was devised by –

A. WHO
B. UNICEF
C. NEERI
D. ICMR

18. Potable water is one in which –

A. Is safe for drinking
B. Can be carried from one place to another
C. Found within 5 metres within surface of earth
D. None of above

19. Internalized representation of values and morals of society as taught to child by parents –

A. Id
B. Ego
C. Super ego
D. All of above

20. Initiative vs guilt is a part of -

A. Development task theory of Erick Erikson
B. Operant conditioning theory
C. Theory of cognitive development
D. Classic psychoanalytical theory

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Section B – SAQ (2 MARKS EACH)

1. Enumerate any four uses of Biostatistics
2. Mention the tools of epidemiology.
3. Mention various sources of fluoride
4. What is Normal curve? Write the characteristic features & diagram of normal curve
5. Write a note on Knutson's technique
6. Compare and contrast: Cohort studies v/s Case-control studies.
7. Mention atleast four indications of topical fluorides.
8. Mention four educational aids used in health education 9. Elaborate the steps in Randomised Controlled Trial.
10. Define sampling and Write types of sampling techniques

Section C – LAQ (10 MARKS EACH)

1. Define Bio-statistics. Write a note on collection of data. Describe in detail various types of presentation of Data. (2+3+5)
2. Define Health education. Enumerate and explain principles of health education. (2+4+4)

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MCQ – Answer Key

1. B
2. A
3. A
4. C
5. A
6. C
7. D
8. C
9. A
10. B
11. A
12. C
13. D
14. B
15. B
16. D
17. C
18. A
19. C
20. A

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Vishal Khot.

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Internal Assessment Examination

209.

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	1ST Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

D Y Pralcash
Invigilator's Signature

17/20

Candidate Signature

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

	1	1	1
A	2	2	2
B	3	3	3
D	4	4	4
G	5	5	5
M	6	6	6
N	7	7	7
P	8	8	8
S	9	9	9
U	0	0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1		●			11	~~●~~	●			21				
2	●				12			●		22				
3	●				13				●	23				
4			●		14		●			24				
5	●				15		●			25				
~~6~~		●			16				●	26				
7				●	17			●		27				
8			●		18	●				28				
9	●				19			●		29				
~~10~~				●	20	●				30				

Seen and No. Complaint

Candidate's Signature

D Y Pralcash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.	

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
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N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Mr Vishal Ghot

Name of the Examination ~~Additional~~ exam Class 4th yr

Subject PHD

Roll No. _____ Date _____

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Section A 17 + Section B 15 + Section C 10

42/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B

Brief Answer question 3)

Breakpoint - Chlorination is point where demand for chlorine has been fully satisfied in terms of chlorine of addition to water

When chlorine is added to H_2O, reaches is produced in compounds present in water These compound utilizes chlorine, results in Zero chlorine residual.

3)

If water to be chlorinated contains significant amount of Ammonia amount of chlorine added will be sufficient only to form monochloramine 2)

2) Function of dental hygienist 3)

1) Removing sutures
2) placing & removing matrix bands
3) Placing Cavity liner.
4) Retracting gingiva.
5) Instruction in oral hygien

3) ADA specification of tooth brush

Brushing surface - length 1 - 1.2 inch
S/G - 3/8 inch

Surf area - 2.54 - 3.2 cm.
No of rows - 2-4 rows of bristles
No of tufts - 5-12
No. of bristle - 80-85

3) Role of write in PHD

1) Health promotion in community.

2) Health impact wrs - tant

3) Health monitoring

4) prevention of non. communicable does & injuries

prevention of infect^n diseases

Implementation of programmer.

SAQ.

2) various sampling technique

↓ Random

↓ non-Random

Simple random
Systemic sampling
Statified
cluster
Area
multi-stag

Judgment
Convenient
Quota
Pand
Snowball

3) Case control

Cohot - study

Re-Inspective
Relatively cheap
Quick results
Study population

Perceptive
often costly
long wait
Study population

LAQ.

2) Dental auxiliary

Classification
↓

Non - operating | Operating

Dental surgery consistent | School / dental
Dental receptionist | Nurse therapist
Dental health educator

functions

office & charting
Placing matrices
Removing matrices

Suctions

Sources of flouride - tea Food, egg
- leafy vegetables
- Tea
- Ground water
- flouride supplements
- Fluidates

) Tools of PHD

- Epidemiology
- Biostatics
- Social survey
- Preventive dentistry

SAQ

Advantage

- Moderate work updates
- Quality to ready population

Disadvantage

- Limited patient
- Conversely setup

4) Federation of pit & fissure

- Presence of deep occlusal pit & fissure
- Newly erupted
- Presence of incipient lesion in pit
- Presence of lingual pit

Contraindication

- Shallow pit & fissure
- Open occlusal carious lesion
- Presence of occlusal caries.
- Uncoperative patient

LAQ

1) Health education

principle
interest
participation
motivation
Compressive
Setting ex.
feed back
leadership

5

Method

Individual	Group	mass
Home visit	Demonstration	Dentu
Counseling	Symposium	Discussion
	Group discussion	
	Workshop	

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Vishal Khot

Name of the Examination Additional exam Class

Subject PHD

Roll No. Date

Students Signature "Seen No. Complaint"

Case history.

44/60

Name - Mangesh Marawade.

Age - 21 yrs Gender - male

Religion - Hindu Marital status - unmarried.

Place of birth - Jalna

Residence in early childhood - Jalna

Source of water - well water

Education - Graduation

occupation - Professor

Income - 30,000 / month

Number of family member - 4.

Socioeconomic status - 7+8+6+21 = upper middle class.

Address - Lohgaon, Pune.

C/C - Pt complains of pain in left upper back region of Jaw since 2 month

HOPI - Pt was apparently asymptomatic 2 months back. Now there is pain the upper left Jaw pain is of dull aching type, aggregates on eating food & relieves on its own.

- Medical history - NRH
- family history - NRH
- Personal history - -
- Habits
- pan chewing - 2-3 times a week
- oral habits - NRH
- oral Hygiene practices.
- type of tooth brushing - circular
- material used - brush & paste
- Frequency - once
- Timing of tooth brushing - once in morning

Diet - History

Time	Diet
7-8 am	Tea
10 - am	Breakfast
2 - 3 pm	lunch
5 pm	Tea
9 - 10 pm	Dinner.

- sugar intake - 2 times, liquid, source - 10/6 (rod)

- general physical examination.

Built - wt - 67 kg
Ht - 5'7'
BMI - 23.5

Gait - Normal Posture - erect
pulse - 75 beats / min Temp - 37°c
- extratoral examination.
- facial symmetry - bilaterally symmetrical
- TMJ - No clicking & deviation

D Y PATIL GROUP

Intra - Oral examination

1) Soft tissue

Labial mucosa - Normal - Normal

Tongue - Normal

Palate - Normal

Gingiva - Colour Pale pink with melanin pigmentation

size - Normal shape. scallope

Consistency - Firm & resilient

Bleeding on probing - Absent

Periodontal examination

pocket - Not seen

Furcation involvment - Not seen

Hard tissue - Examination

No of teeth present 28.

Teeth present

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

Dental Caries

	7.

Top - -ve

filled teeth - Not seen.

Fluorosis - Not seen

Malocclusion - Class I occlusion.

wasting disease - Attrition
Abrasion
Erosion
} Not seen

Trauma from occlusion - Not seen

Any prosthesis - No.

Provisional diagnosis - pulpitis. $\bar{c}$ | $\bar{7}$

Investigation - IOPAC | $\bar{7}$

Diagnosis - chronic Irreversible pulpitis $\bar{c}$ | $\bar{7}$

Treatment plan

levels of prevention -

Levels of prevention.

1) primary.

A) Health promotion

- Patient education & motivation

- Modified brass method of brushing

2) Secondary

A) Early diagnosis & prompt treatment

3) Tertiary

A) Disability limitation

RCT $\bar{c}$ | $\bar{7}$

B) Rehabilitation Crown $\bar{c}$ | $\bar{7}$

- Periodic Recall & check up -

After 1 week

Shrutika Dhole

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Internal Assessment Examination 16/4/2018.

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr Prakash

Invigilator's Signature

Candidate Signature

18/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
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10	●				20	●				30				

Seen and No. Complaint

Candidate's Signature

Dr. Prakash.

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Shruthika Dhole

Name of the Examination Additional Exam (I Internal Exam) Class 4th Year

Subject PHD

Roll No. _____ Date 16/4/18

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Shruthika

Signature of Candidate

~~30~~ 60

Section A 18 + Section B 10 + Section C 12

Prakash

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Shruthika

Student's Signature

Name & Signature of Subject Teacher

K.B

Name & Signature of IC / H.O.D.

section - A

4 uses of Biostatics

1. To evaluate efficiency vaccine
2. To evaluate mortality and morbidity
3. To evaluate achievement of PHD.
4. To fix priorities in PHD.

2. Tools of epidemology.
   1. Rate 2. Ratio 3. proportion.

3. Source of flourides
   1. Fish and towar bavas potatoes
   2. plant like cabbage
   3. dried tea leaves,

4. Normal curve feature and diagrame of nomenclature.

It is smooth bell shaped curved and symmetric about mean of distribution symbolised by letter cus. standard deviation is desoted by σ, σ is horizon. dist. between mean and p.o infection on curve. The mean of standard deviation are 2 porent that completed determine. location of no. of live and shape of normal curve.

knutson tech.

An knutson tech. 4 applications of 24 NaF. at weekly interval in yr. of 3, 7, 11, 13 yrs preparation.

Advantages	Disadvantages
1. chemically stable	- continous application for 4 min.
2. acceptable taste.	- patient has to visit
3. non-irriting to gingiva	make visit in short time.
4. non-discolouration.	- Follow up is
5. strap. and inexpensive	difficult.

Q.6. cohort vs case control studies.

Cohort studies	case controll
Longi study	1. observation study
perspective study	2. either phospective or retrospective study
proceed from effect of disease to its cause	3. proceed from cause of disease to its effect
Do not reg. large sample.	4. Reg.
	Large sample

Q8. educational aids in health education.

1. auditory aid.
Reproducing any kinds of words spoken.

2- Visual aids.

A. projected aids - aids that can be shows on screen.

B.

non- projected AIDS - visual aids that don't rea. any projection.

C. Audio- visual aids
- combines both audio and visual past.

Q9. Sampling defination and its tech.

sampling - process of learning about popn on basis of sample drawn from 19.

Sampling method.

non-probabilith	Mixed
Judgement	multistage
convinience	multiphase
snowball	lost quality
	Assurance

10 Sampling method

↓

3. probabilits.

- simple random
- stratified random
- systenic
- cluster.

3

section-C.

Q1. define biostatics. and note on datas collection.

Biostatics. It can be defined as developement and collection of datas.

Types - 10
- 20

Factors influcing method of collection.

1. availabilib of time
2. da acquired required.
3. collecting agenb
4. object of enquiry
5. nature of enquiry

6

Q2. Health education and its principle

principle
1. credibility
2. Interest
3. participation.
4. Motivation
5. Compression.
6. Reinforcement
7. learning by doing.
8. known to onion.
9. setting an eg.
10. good human relⁿ.
11. community readers
12. Feedback
13. soil - seed - sowcks.

stages of health education.
1. stage of sensitisn.
2. stage of publicity
3. stage of education.
4. stage of attitude change
5. stage of motivation and action.
6. stage of community transition

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student [redacted] - Shrutika Dhole.

Name of the Examination Additional examination (I Internal Exam) Class 4th year.

Subject PhD

Roll No. Date 18/4/18.

Students Signature Shrutika "Seen No. Complaint"

case history.

48/60

Name - Shreyash Shirgaw

Age - 22 years

Gender - Male

Religion - Hindu

Marital status - unmarried

place of birth - pune

Source of water in early childhood - Borwell

education - student

occupation - student

Income -

No. of family members - 4

Socio-economic status -

Residual address - pune

chief complaint - patient complains of decayed tooth in lowers right region of jaw since 4days.

History of presenting illness - apparantly patient was asymptomatic then noticed mild pain since 4-5 days. It aggravates on eating food.

Personal History- NAD.

A. Habits related to oral cavity - NAD.

oral Habit - NAD.

oral hygiene practise.

Type of tooth brushing - vertical

Material used for thooth brushing - Tooth brush & paste

Freaency - once

Timing - Morning.

Diet History, Type of diet - Mixed

24 hrs.

12:00 p.m - dal rice + chapati Bhaji.

9: a.m. - Tea + sugar + coffee + sugar.

Sugar Intake - 5+5 = 10

Freaency - 2

Consistency - liquid.

Time of intake - 2

Sugar score - 10

- good.

General physical examination.

Built - wt - 30 kg

Ht - 5.6

BMI -

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extra-oral examination

Facial symmetry - Bilateral symmetrical.

TMJ Joint - no clicking sound, no deviation.

Lymph node - non-palpable.

Intra-oral examination.

Gingiva - color - highly pigmented

size - non. inflammed

shape/contour - scalloped

consistency - firm & resilient

periodontal examination

periodontal examination.

periodontal examination.

periodontal pocket } absent.

Recession involvement

Hard tissue examination.

no. of teeth - 29

Teeth present - $\frac{7\,6\,5\,4\,3\,2\,1}{7\,6\,5\,4\,3\,2\,1} \mid \frac{1\,2\,3\,4\,5\,6\,7}{1\,2\,3\,4\,5\,6\,7\,8}$

Teeth clinically absent - $\frac{8}{8} \mid \frac{8}{}$

dental caries $\frac{\bar{o}}{5} \mid$

Tenderness on percation - absent

Filled teeth - absent.

provisional diagnosis - Irreversible pulpitis $\frac{\bar{C}}{5}$

Investigation IOPA $\frac{\bar{C}}{5}$

Diagnosis - Irreversible pulpitis $\frac{\bar{C}}{5}$

Treatment plan

emergency treatment -

Levels of prevention -

(a) primary

(b) Health promotion - Brushing technique
- Mouth wash
- diet plan

(B) special protection -

secondary restoration $\frac{\bar{C}}{5}$

Recall.

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Shrutika Dhole	18	22	40	48
2.	Vishal Khot	17	25	42	44
3.	Sayyeed Fehmeen	15	21	36	44
4.	Thanima Chandran	18	25	43	46

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 2nd internal examination are hereby instructed to undergo 2nd internal additional Exam schedule on 3/9/18 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Nisha Dalal	Present	Present
2.	Shraddha Khandare	Present	Present
3.	Siddhi Raut	Present	Present
4.	Aditya Taiwade	Present	Present

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SECTION A – MCQS (1 MARK EACH)

1. Which is not true about Caries tetralogy –
   A. Was proposed by Newbrun
   B. Includes time as a factor for caries
   C. Suggests only tooth, saliva, sugar and bacteria as causative factors for caries
   D. None of the above

2. Hereditary fructose intolerance –
   A. Have high caries activity
   B. Reduced levels of fructose phosphate aldolase
   C. Cannot differentiate sweet taste of sugar
   D. All of the above

3. Tobacco was introduced to india by
   A. Muslims traders
   B. Portugese traders
   C. Native traders
   D. American traders

4. All of the following are smoked tobacco preparations EXCEPT-
   A. Bidi
   B. Chillum
   C. Khaini
   D. Hookah

5. The white soft deposit seen on the cervical region of the teeth in the absence of regular tooth brushing is called:

   A. Plaque
   B. Material alba
   C. Calculus
   D. Slime layer

6. Human plaque is considered to have microorganisms of:
   A. 2 × 109 per mL
   B. 2 × 1010 per mL
   C. 2 × 1011 per mL
   D. 2 × 1012 per mL

7. Ethics which focus on individual and does not consider him part of society

A. Microethics
B. Macroethics
C. Both
D. None of above

8. Which of the following are ethical principles

A. To Do No Harm
B. To Do Good
C. Respect For Persons
D. All of above

9. Optimum daily intake of fluoride in human –

A. 0.05-0.07 mg F per kg body weight
B. 1.7-3.3 mg F in food and water
C. None of the above
D. Both of the above

10. Fluoride content in water is analysed using

A. Chromatography
B. pH
C. Ion specific electrode
D. Turbidity of water

11. Father of epidemiology is

A. Dean
B. John snow
C. Aescaulius
D. All of above

12. Principles of epidemiology are

A. Exact observation
B. Correct interpretation
C. Rational explanation
D. All of above

13. The germ theory of the disease paved way for which concept of health?

A. Biomedical concept
B. Ecological concept
C. Psychosocial concept
D. Holistic concept

14. The multidimensionality of health in terms of social, economic, political

And environmental influences is described by:

A. Biomedical concept
B. Ecological concept
C. Psychosocial concept
D. Holistic concept

15. Most important principle of health education is ?

A. Participation
B. Interest
C. Motivation
D. Learning by doing

16. ---------- is called as “Booster Dose” in health education.

A. Motivation
B. Repetition
C. Participation
D. Comprehension

17. The Indian Dental Association was formed in the year:

A. 1947
B. 1948
C. 1949
D. 1950

18. The Indian Dental Association was registered in Delhi in:

A. 1961
B. 1963

C. 1965
D. 1967

19. Ideal requisite of index 'consistency of measurement at different times and under variety of conditions' is –

A. Reliability
B. Quantifiability
C. Objectivity
D. All of above

20. Criteria for selecting appropriate index are all EXCEPT –

A. Simple to use
B. Time consuming
C. Permit examination of many people in short duration of time
D. Minimum armamentarium required

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DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM - 2ND INTERNAL EXAMINATION - FINAL YEAR 2018 - 19

SECTION B - SAQ (4 MARKS EACH)

1. The Nuremberg code
2. ART
3. APF gel
4. Principles of health EDUCATION
5. Operating auxiliary
6. Tools of public health dentistry
7. Caries vaccine
8. RCT
9. Snyder test
10. Consumer protection act

SECTION C - LAQ (10 MARKS EACH)

1. Define epidemiology. Write in detail about descriptive epidemiology with examples.
2. Different fluoride delivery methods. Write in detail about Knutson technique.

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D Y Patil De...
D Y Patil Knowledge ...
Charoli (Bk), Via Lohegaon, Pu...

MCQ – ANSWER KEY

1. C
2. B
3. B
4. C
5. B
6. C
7. C
8. D
9. D
10. C
11. B
12. D
13. A
14. D
15. B
16. B
17. B
18. D
19. A
20. B

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Shraddha Khandare

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Internal Assessment Examination 2018.

SECTION A

Sr. No. 3/9/18

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr Pralcash. 18/20

Invigilator's Signature

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr Pralcash

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
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N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Shradelka Khandare

Name of the Examination Additional examination (2nd Interval) Class

Subject

Roll No. Date 3/9/2018

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

~~45~~ 46 / 60

Sec-A + Sec-B + Sec-C

18 + 20 + 8

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Section B

SAQ

1] Nuremberg code

→ ① The Nuremberg code is a set of research principle for human experimentation set as a result of Nuremberg Trials at the end of second world war.

② It was the 1st international instrument on the ethics of medical research promulgated in 1947.

③ It identifies four attributes of consent without which consent cannot be considered valid.

④ Justice is often described as fairness or equal treatment given to each other her or his right or due primary duty is service.

3

② ART

→ . Atraumatic restorative treatment

. It is minimally invasive treatment for restoring teeth by means of hand instrumentation for decay removal and fluoride - releasing adhesive materials (glass ionomer) for filling

Advantages:-

2

- Inexpensive
- Healthy tooth structure preserve
- Minimum amount of teeth is loss
- painless

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APF gel :-

- Acidulated phosphate fluoride
- It prevent tooth decay. It may also be used to reduce gum and tooth sensitivity. It works by making your teeth stronger.
- Fluoride is a mineral that plays an important role in the health of your teeth and bone.
- It is mixture of sodium fluoride hydrofluoric acid and orthophosphoric acid.

(2)

(4)

→ Health education :- (principle) :-

① Thomas Denison Wood father of Health education

② Good health education should be designed keeping in mind the people interest and based on felt Needs so it become people programme.

* principle :-

① Motivation
② Interest
③ Learning by doing
④ Known to Unknown
⑤ Feedback
⑥ Leader
⑦ Good human relation
⑧ Reinforcement
⑨ setting an example
⑩ Comprehension
⑪ Credibility - The health education should be
⑫ consistent and backed by scientific knowledge

(3)

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(5) Operating auxilliary :-

→ (1) Operating auxilliary present in India are dental hygienist, laboratory technician and dental surgery assistant which have been recognized by minister of health.

(2) Duties usually include examining teeth and/or gingiva (gums) taking and interpreting intra and extra-oral radio-graph, diagnosing dental caries (decay) periodontal disease, restoring teeth both permanent and deciduous and extraction of teeth and scaling debriment. ✓ (2)

(6) Tools of public health dentistry

→ (1) epidemiology
(2) Biostatics
(3) social science
(4) principle of administration
(5) preventive dentistry

✓ (2)

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7) Caries Vaccine :-

* . Dental caries is major public health problem

. Caries vaccine is an immunological substance designed to produce a specific protection against dental caries.

MOA

Secretory IgA from salivary gland due to direct immunization of GALT

↓

May prevents MS from adhering to enamel surface

↓

May also prevent formation of dextran by inhibiting activity of Glucosyltransferase (GTF).

8) RCT

→ Randomized controlled Trial.

Select suitable population reference or target

↓

select suitable sample

↓

make necessary exclusion Randomize → Those Not eligible

experimental | Control | Those ... Not wish

↓

Manipulation and follow up

↓

Assessment

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(9) Sydor test

→ • It is test used to determine a person's susceptibility to dental caries (cavities)

* Principle :-

• It measure the ability of salivary microorganism to form organic acids from a carbohydrate medium

* Advantages :-

• Relative simple to carry out

• Cost is moderate (2)

(10) Consumer protection act :-

→ • CPA 1986 (COPRA) was an act by parliament of India elected to protect interest of consumer in India.

• It replaced by consumer protection act 2019 made for establishment of consumer council and other authorities for settlment of grievance and matter connected with it.

• The act passed in assembly in Oct 1986 and came in force on Dec 24 1986.

Statute made

↓

Name

(3)

सत्यमेव जयते

Section C ~~EA~~

LAQ

- epidemiology → defined as the study of distribution and determinant of health related r status or event in specified population and application of this study control the health problem.

Indian scenerio :-

① WHO reported DMFF score 3.94 for India

② India Data from National oral health survey states that children age 12 years the caries prevevalance was 53.8% and the mean DMFT is was 7.8 whereas it was 80.2% and 5.4 in 35-44yrs

* Studies :-

- Day and Tandon conducted survey among 756 subject aged b/w 15 - 18 yrs. in Lahore and the point to prevalance of caries was reported 94.0%.
- Chaudhary and Chawla conducted a survey of 29000 school Children at 5-16 yrs old in Lucknow found the dmft 11.1 and DMFT to 1.9

* Descriptive epidemiology :-

- 1st phase of investigation
- Observing distribution of disease health related
- Basically 3 question asked

Who ? → mean affected person

When ? → mean place

where ? → time of distribution.

4

(2)

- different fluoride delivery methods too to prevent dental decay and prevent caries and make teeth strong and healthy

① tooth paste
② mouth rinse
③ Varnish
④ Water supply.

Knutson technique:

Initially clean and polishing of the teeth is done

↓

Isolated with cotton rolls

↓

Teeth are dried thoroughly

↓

2% NaF is applied with cotton application is permitted to dry in the teeth for about 4 min

↓

procedure is repeated for remaining quadrant

↓

After completion, patient is instructed to avoid eating, drinking or rinsing for 30 min

↓

1st 2nd, 3rd, 4th application are done at weekly interval

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Practical / Clinical Examination Answer Book

Examination

48/60

Sr. No.

Name of the Student Shraddha Khandare

Name of the Examination II Internal Additional Exam Class

Subject

Roll No. Date 21/9/18

Students Signature "Seen No. Complaint"

Name of Patient - Sheela Mhatre

Age - 62

Gender - Female.

Religion - Hindu

marital status - Married

Education - B.com.

occupation - Housewife

Address - Lohegaon, Pune.

Chief complaint - Patient complains of pain in lower right back region of jaw since 3 months.

HOPI - Patient was apparently asymptomatic 3 months back started experiencing pain in lower right back region of jaw

Nature - DW & continuous

Duration - Minutes to hours.

Nocturnal pain.

Aggrevated on - Hot & cold food.

Medical History - OM since 4 years

Dental History - NKH

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Personal History - NRH

Oral Hygiene -

Brushing Technique - Horizontal

Material used - Tooth paste & Tooth brush

Frequency - once.

Diet - Score - 10

Good

General Examination -

Height - 178 cm

Weight - 49 kg

Gait - Normal.

Extra oral examination.

symmetry - Grossly symmetrical

TMJ - No c-clicking, No tenderness

Lymph Node - non tender, non palpable

Intra oral examination.

Soft tissue - No Abnormality Detected

Gingiva - Colour - Pink

Size - normal

Contour - scalloped.

Texture - stippling.

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Hard Tissue examination.

Teeth present - 27.

caries $\frac{\bar{C}}{6|5}$

Root piece $\frac{\bar{C}}{|7}$

Missing teeth $\frac{\bar{C}}{|6}$

Provisional Diagnosis.

Chronic Irreversible Pulpitis $\frac{\bar{C}}{6|7.}$

Partially edentulous mandibular Arch.

Investigations -

IOPA $\frac{\bar{C}}{6|7.}$

Diagnosis

Root piece $\frac{\bar{C}}{|7}$

Chronic Irreversible Pulpitis $\frac{\bar{C}}{6|}$

Partially edentulous mandibular Arch

Treatment Plan

Levels of prevention.

Primary -

Patient education, Diet counselling, Fluoride application

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Secondary

Restoration $\frac{\bar{C}}{5}$

tertiary

Disability limited

RCT $\frac{\bar{C}}{6}$

Prosthesis $\frac{\bar{C}}{6}$

FPD / Implant $\frac{\bar{C}}{67.}$

Recall after 1 week.

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Nisha Dalal

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Internal Assessment Examination 2018.

SECTION A

Sr. No. 3/9/18

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	.
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr Prakash
Invigilator's Signature

Candidate Signature

19/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr Prakash
Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Nisha Dalal

Name of the Examination Additional examination (2nd internal) Class

Subject

Roll No. Date 3/9/2018

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

37/60

Sec.A + Sec.B + Sec. C
13 19 9

Dr Babale

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Section B

SAQ

① Nuremberg code :-

→ ① The Nuremberg code is a set of research principle for human experimentation set as a result of Nuremberg Trials at the end of second world war.

② It was the 1st international instrument on the ethics of medical research promulgated in 1947.

③ It Identifies four attributes of consent without which consent cannot be considered valid.

④ Justice is often described as fairness or equal treatment give to each other her or his right or due primary duty is service. (3)

① ART :-

→ • Atraumatic restoration treatment

• It is minimally invasive treatment for restoring teeth by means of hand instrument for decay removal and fluoride - releasing adhesive material (GTC) for filling (2)

Advantages :-

• Inexpensive

• painless

• Minimum tooth structure loss

• Healthy tooth preserve

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(3) APF gel :-

- Acidulated phosphate fluoride.
- It prevent tooth decay It may also be used to reduce gum and tooth sensitivity it works by making your teeth stronger.
- Fluoride is a mineral that plays an important role in the health of your teeth and bone
- It is mixture of NaF and hypoflouric acid and orthorphophoric acid

(3)

(4) Health education principle :-

① Thomas Denison wood farther of Health education.

② Good health education should be designed to people intrest and 'felt need'

* principle :-

① motivation
② Intrest
③ learning by doing
④ known to unknown
⑤ Feedback
⑥ Good human relation
⑦ leader
⑧ Comprehension
⑨ Credibility
⑩ participation.

(2)

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(5) Operating auxillary:-

→ ① operating auxillary present in India are dental hygienist, laboratory technicians and dental surgery assistant which have been recognized by ministry of Health.

② Duties usually include examining teeth, taking oral history, radiographs, restoring teeth, permanent and deciduous teeth and scaling debridement

(2)

(6) Tools of public health dentistry

→ ① epidemiology

② Biostatics (2)

③ Social science

④ principle of administration

⑤ Preventive dentistry

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(7) Dental Caries Vaccine :-

- Dental caries is major public health problem
- Caries vaccine is an immunological substance designed to produce a specific protection against dental caries

MOA

Secretory IgA from salivary gland

↓

prevent from adhering to enamel surface

↓

prevent formation of dextran by inhibiting activity Glucosyltransferase (GTF)

(8) RCT

Randomized controlled Trial

Select suitable population

↓

select suitable sample → Those not eligible

↓

Make necessary exclusion

Randomized

↓

experimental — Control

manipulation and follow up

↓

[Assessment]

Scanned with CamScanner

(9) Syd Snyder test:-

→ Test used to determine a person's susceptibility to dental caries.

principle:-

It measure the ability of salivary microorganism to form organic acid from a carbohydrate medium.

(2.8)

Advantage:-

- Relative simple to carry out
- Cost is moderate.

(10) Consumer protection act

→ • CPA 1986 (COPRA) was an Indian parliment act dected to protect intreste of consumer in India.

• It replaced by consumer protection act 2019 made for establishment of consumer council and other authorities for settlement of grievance and matter connected with it.

• In Dec 24 1986 came in force

(4)

Statue Made on Name of

सत्यमेव जयते

Section C

LAQ

→ epidemiology :
defined as the study of distribution of and determinant of health related status or event in specified population and application of this study controll the health problem.

* Descriptive epidemiology :-
- 1st phase of investigation
- Observing distribution of disease health related
- Basically 3 question asked
  - Who → mean affected person.
  - When → mean time related
  - Where → mean placed related

(4)

e.g Indian scenario :-
① WHO reported DMFT score 3.94 for India
② India Data from National oral health survey state that children age 12 yrs the caries prevalance was 63.8% and mean DMFT was 7.8 whereas it was 80.2% and 5.4 in 35 - 45 yrs.

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(2)

→ ① different fluoride delivery method to prevent tooth decay and prevent caries and make tooth strong and healthy

② tooth paste

① Mouth rinse

③ Varnish

④ Water supply

Application technique :-

Initially clean and polishing of teeth is done

↓

Isolated with cotton roll

↓

(5) Teeth are dried thoroughly

↓

2% sodium fluoride is applied with cotton application is permitted to dry in the teeth for about 4 min

↓

procedure is repeated for remaining quadrant

↓

After completion patient is instructed to avoid eating, drinking, or rinsing

↓

2nd, 3rd, 4th application are done at weekly intervals

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

45/60

Sr. No.

Name of the Student Alisha Dalal

Name of the Examination II Internal Additional exam Class

Subject

Roll No. Date 4/9/18

Students Signature "Seen No. Complaint"

Name of the Patrent - Arifa Shaikh
Age - 39 yr.
Gender - female
Religion - Muslim
Marital status - Unmarried
Education - 12th
Occupation - Private job.
Address - Alandi Pune.

Chief Complaint - Patrent complains of pain in lower right back region of jaw since 2 month

HOPI - Patrent was apparently asymptomatic 3 months back started experiencing pain in lower right back region of jaw.
Nature - Dull & continuous.
Duration - Minute to hours.
Noctural pain.
Aggrevated on - Hot & cold food

Medical History - OM since 4 years.
Dental History - NRH

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Personal History - NAD.

Oral Hygiene -
Brushing Technique - Horizontal
Material used - Tooth paste & tooth brush.
Frequency - once.

Diet - score - 10
Good.

General examination.
Height - 171 cm
weight - 50 kg
Gait - Normal

Extraoral examination
symmetry - Grossly symmetrical
TMJ - No c. clicking, No tenderness,
Lymph node - Non tender, Non palpable.

Intra oral examination.
soft tissue - No abnormality Detected.

Gingiva -
Colour - Pink
Size - Normal
Contour - scalloped.

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Texture - Stippling.

Hard Tissue examination.

Teeth present - 27

Caries $\frac{C}{6|5}$.

Root piece $\frac{-}{7|}$

Missing teeth $\frac{-}{6|}$

Provisional Diagnosis -

chronic Irreversible Pulpitis $\frac{C}{6|7}$.

Partially edentulous mandibular Arch.

Investigations -

IOPA $\frac{C}{6|7}$

Diagnosis

Root piece $\frac{-}{7|}$.

Chronic Irreversible Pulpitis $\frac{C}{6|}$

Partially edentulous mandibular Arch

treatment plan

levels of prevention

primary -

Patient education, Diet counselling, Fluoride application.

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Secondary

Restoration :- 5

Tertiary.

Disability Limitated

RCT :- 6

Prosthesis :- 6

FPD / Implant :- 67

Recall after - 1 week.

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Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Nisha Dalal	19	28	47	45
2.	Shraddha Khandare	18	28	46	48
3.	Siddhi Raut	18	24	42	44
4.	Aditya Taiwade	15	23	38	40

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the Prelims examination are hereby instructed to undergo Prelims Additional Exam schedule on 8/4/19 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D.Y. Patil Dental School
D.Y. Patil Knowledge City
Charholi (Bk), Via Lohegaon, Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Mayuri Chordia	Present	Present
2.	Shrushti Hange	Present	Present
3.	Anish Pradhan	Present	Present
4.	Snehal Deokar	Present	Present

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

SECTION A – MCQS (1 MARK EACH)

1. Non sterile gloves are appropriate for:
   A. Examinations
   B. Episectomy
   C. Extraction
   D. Pulpotomy

2. Penetration of liquids through undetected holes in the gloves is called:
   A. Washing
   B. Donning
   C. Wicking
   D. Wiping
   E.

3. The International Sanitary Conference, origin of international health cooperation was held in:
   A. 1851 in Paris
   B. 1851 in London
   C. 1875 in Germany
   D. 1875 in Africa

4. The objective of the International Sanitary Conference was to bring in:
   A. Social equality
   B. Health equality
   C. Uniformity in quarantine measures
   D. Improved economy of countries

5. The term oral hygiene was coined by-
   A. Guy de Chauliac
   B. M L Rhein
   C. James Snell
   D. Hippocrates

6. Slogan of ‘a clean tooth never decays’ was introduced by –
    A. Alfred fones
    B. Edward angle
    C. Leon Williams
    D. Churchill

7. Functions of proteins are
    A. Body building
    B. Repair of tissues
    C. To supply energy
    D. All of above

8. Functions of lipids are
    A. Supply energy
    B. Carry fat soluble vitamins
    C. Add satiety to food
    D. All of above

9. Which of these classifies under chemical occupational hazards in dentistry?
    A. Heat electrical hazards
    B. Exposure to ultraviolet radiation
    C. Mercury inhalation
    D. Noise

10. International Commission of Radiological Protection has set the maximum permissible level of occupational exposure at:

A. 5 rem
B. 10 rem
C. 15 rem
D. 20 rem

11. Private third party plans are all <u>EXCEPT</u> –
    A. Insurance companies
    B. Delta plans
    C. Capitation plans
    D. Fee for service

12. Most culturally accepted payment plan –
    A. Fee for service

B. Insurance companies
C. Delta plans
D. Capitation plans

13. Prophylactic Odontomy was coined by
    A. Hyatt
    B. Bodecker
    C. Black
    D. All of above

14. Fissure eradication was suggested by
    A. Hyatt
    B. Bodecker
    C. Black
    D. All of above

15. The deficiencies in health that call for preventive, curative, control or eradicate measures are termed as:
    A. Health needs
    B. Planning
    C. Evaluation
    D. Objective

16. Designing a course of action for a circumscribed health problem is:
    A. Problem solving planning
    B. Program planning
    C. Coordination of efforts and activities planning
    D. Planning for allocation of resources

17. Professional factor for location of practice set up does not include:
    A. Revenue earnings
    B. Growth
    C. Climatic preference
    D. Opportunities for referral practice

18. What is the miminal area required to set up a clinic:
    A. 100 – 200 sq feet
    B. 200 – 400 sq feet
    C. 400 – 600 sq feet

800 – 1000 sq feet

19. Following type of inter-dental cleaners is used for Type II embrasures

A. Tooth brush
B. Dental floss
C. Unitufted brush
D. Interdental brush

20 .Which is NOT an inter-dental aid –

A. Super floss
B. Tooth brushes
C. Bottle brushes
D. Perio aid

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM – PRELIMINARY EXAMINATION - FINAL YEAR 2018 - 19

SECTION B - SAQ (3 MARKS EACH)

1. Mention contents of health education.
2. Chort Study Vs Case control Study
3. Enumerate any 4 uses of biostatistics
4. UCR concept
5. Sources of fluoride
6. Write a note on slow sand filters
7. List any 4 factors affecting the sealant retention in oral cavity
8. Mobile dental clinic.
9. Levels of supervision
10. Consumer protection act

SECTION C - LAQ (10 MARKS EACH)

1. Write in detail about DCI and enumerate its roles and responsibilities in brief.
2. Define dental auxiliary. Classify and discuss the functions of various dental auxiliaries.

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Charoli (Bk), Via Lohegaon, Pune - 412105

MCQ - ANSWER KEY

1. C
2. C
3. A
4. C
5. B
6. C
7. D
8. D
9. C
10. A
11. D
12. A
13. A
14. B
15. A
16. B
17. C
18. D
19. D
20. B

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Charoli (Bk), Vi... Pune - 412105

Srushti Hange

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Internal Assessment Examination

2019

SECTION A

Sr. No. 8/4/19

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelims Additional Examination
SUBJECT	PHD.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash
Invigilator's Signature

Candidate Signature

14/20

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

	1	1	1
A	2	2	2
B	3	3	3
D	4	4	4
G	5	5	5
M	6	6	6
N	7	7	7
P	8	8	8
S	9	9	9
U	0	0	0

ANSWERS

	A	B	C	D
1		●		
2			●	
3		●		
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29				
30				

Seen and No Complaint

Candidate's Signature

Dr. Prakash
Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Sharushti Mange

Name of the Examination Prelim's additional Exams. Class

Subject

Roll No. Date 8/4/2019

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Section A + Sec B + Sec C
15 20 10

45/70

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Sec- B (SAQ)

1) Contents of health education
   1. Human biology
   2. Nutrition
   3. Primary health Care
   4. Hygiene
   5. Mental health
   6. Prevention of accidents
   7. Use of health

2)

Case control study	Cohort study
1. Retrospective	1. Prospective
2. Disease has already occurred	2. Disease expected to occur in future
3. Easy to carry out	3. Time consuming
4. Only derives odd ratio	4. Derives relative risk.

3) Uses of biostatistics
   1. To assess state of oral health
   2. To indicate basic factors underlying state of oral health.
   3. To determine success or failure of specific oral health care program
   4. To promote health legislation

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1) UCR concept. (2)
- Stands for to:
(1) Usual → charged for given services
(2) Customary → charged for in range of usual fees.
(3) Reasonable → A fee is reasonable if it meets above criteria.
- Preffered method for dentists

2) Sources of fluorides. (2)
(1) Sea food
(2) Eggs
(3) Leafy vegetable
(4) Ground water
(5) Rock salt.

3) Slow sand filters. (2)
- Area required is more
- Sand graded & small
- Rate of filtration is slow.
- Skilled labour not needed.
- Cleaned by scraping.

4) Factors affecting sealant retention in oral cavity (1)
1) Type of sealant
2) Position of teeth in mouth.

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(3) Clinical skill of operator
(4) Age of child
(5) Eruption status of teeth.

8) Mobile dental clinic
⇒ Advantages
(1) easy to reach remote areas
(2) cost to operate in areas where there is no electricity.
(3) Helps in creating awareness.
⇒ Disadvantages
(1) time consuming
(2) Physically tiring for dentist.
(3) Cost effectiveness.

9) Levels of prevention
(1) Preliminary
(2) Primary
(3) secondary
(4) tertiary

10) Consumer Protection Act.
- Dated → 15th April, 1986.
- Welfare legislation mainly tilting towards consumer but as the Industrial disputes act is loaded in favour of workers.
⇒ Procedure of for lodging complaint
(1) District level
(2) State level
(3) National level

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LAQ

1) Dental council of India.
- formed on 11th April 1949.
- Representative of following groups contribute to composition of DCI:

(1) 1 registered dentist possessing a recognised qualification elected by dentists registered on part 'A' of each state.

(2) One member elected from amongst themselves by members of medical council of India.

(3) 1 member of each university established by law

(4) 6 members maintained by central government.

(5) Director general of Health Services.

⇒ Functions & Responsibilities
(1) Basic principles for maintenance of the education standard for BDS.
(2)

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(2) Min. physical requirements of dental college.

(3) Min. Staff pattern for UG colleges

(4) Basic qualification & teaching experience required to teach BDS & MDS students

(5) General establishment of dental facilities

(6) Migration & transfer Rules for students

(7) Regulation & Scheme of exams of BDS & MDS exams.

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D Y PATIL GROUP

Dental auxiliary

Definition

- person who is given responsibility by a dentist so that he or she can help dentist render dental care, but who is not himself or herself.

Classification

1) Non operating

① Clinical

- Person who assists dentists in his clinical work but doesn't carry out any independent procedures in oral cavity

② Laboratory

- Person who assists professionals by carrying out certain technical laboratory procedure.

2) Operating

- Person who not being a professional is permitted to carry out certain treatment procedures in mouth under direction & supervision of a professional.

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⇒ Revised Classification

1) Non operating ancillaries
① Dental surgery assistant
② —u— secretary
③ —u— Lab technician
④ —u— Health education

2) Operating ancillaries
① School dental nurse
② Dental therapist
③ —u— hygienist
④ Expanded function dental ancillaries.

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Srushti Hange

Name of the Examination Prelims Additional Exam Class

Subject

Roll No. Date 9/4/19

Students Signature "Seen No. Complaint"

50/80

Case history

Patient detail

Name - Palavi Manwar.

Age - 23 yrs

Sex - Female

Address - Pride world city, Pune.

Cheif Complaint -

Patient Complains of pain in upper left back region of Jaw since 2-3 days

HOPI

Patient was asymptomatic 8 days before then he experienced pain in upper left back region of jaw. Pain was throbbing, no radiation pain aggregated by food intake & relieved by own

Medical history - NRH

Habits - NRH.

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Diet history

Time	Diet
9:00 am	milk
12:00 pm	Chapati Bhaji Dal Rice

Sugar score = 0

Patient comes under excellence

Extra oral findings

TMJ - No clicting & No deviation

Facial Symmetry - Bilaterally symmetrical

Lymph node - non palpable

Intra oral findings.

Soft tissue Examination - NAD.

Gingiva

Color - Pink

Contour - Scalloped with knife edge appearance

Size - Adequate

Consistency - firm & resilient

Stippling - present

Hard tissue examination.

Teeth present 7 6 5 4 3 2 1 | 1 2 3 4 5 6

7 6 5 4 3 2 1 | 1 2 3 4 5 6

Wasting disease

Attrition = } NRH

Abrasion = }

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Erosion
Hypoplastic } NRH
Fluorosis

Provisional diagnosis

① Dental Caries C 26 (mesioocclusal Caries reaching dentin)

② Partially edentulous mandibular arch

Investigations
IOPA C - 31, 32, 16, 26

Final diagnosis
① Mesioocclusal Caries C 26 (reaching dentin)
② Partially edentulous mandibular arch
③ Root piece C 16
④ Ellis class I fracture 31, 32

Treatment

Primary -
Health Promotion - Brushing twice a day
Specific Protection - Oral prophylaxis

Secondary -

Early diagnosis & prompt treatment

Appropriate return C 31, 32, 26

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③ Tertiary

disability limitation

Extraction ⏌ 16

Rehabilation -

FPD

Implant ⏌ 16

Recall / follow up

After 15 days

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Mayuri Chordia

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

2019

Internal Assessment Examination

8/4/19.

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelims Additional Examination.
SUBJECT	PHD.
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. prakash

Invigilator's Signature

Candidate Signature

15/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1	●			
2			●	
3			●	
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28				●
29			●	
30		●		

Seen and No. Complaint

Candidate's Signature

Dr. prakash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.	

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

Name of the Student Mayuri Chordia

Name of the Examination Previous Additional Exam Class

Subject

Roll No. Date 8/4/2019

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Section A + Section B + Section C

15 + 12 + 11.

38/40

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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D Y PATIL GROUP

Sec - B (SAQ).

1. Contents of health education.
   1. Human biology.
   2. Nutrition.
   3. Primary health care.
   4. hygiene.
   5. Prevention accidents.
   6. Mental health.

2. Case control study

Case control study	Cohort study
Consumptive.	1. Expensive
1. a disease has already occurred.	2. Disease expected.
3. Easy to carry out.	3. too occur in future.
4. only derive data ratio	4. Permo recurrence rec.

3. Uses of Bioslatistics.

1. To assess state of oral health.
2. To indicate basic factors underlying state of oral health.
3. To determine success or failure of oral health care program.
4. To promote health regression.

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(4) UCR Concept -
- Stands for :
① Usual → Unchanged for given lesion.
② Customary → income of usual fees.
③ Reasonable → ① fee is reasonable if it meets following criteria.
④ Preferred method for dentists.

(5) Sources of fluorides -
① Sea food.
② Eggs.
③ Leafy vegetable.
④ Ground waters.
⑤ Rock salt.

(6) Glass ionomer cement.
- Area required is more.
- Sand particle of small.
- Rate of failure is slow.
- Skilled laborer not needed.
- Cleaned by scraping.

(7) Factors affecting retention in oral cavity.
① Type of sealant.
② Position of teeth in mouth.
③ Clinical skill of operator.
④ Age of child.
⑤ Eruption status of teeth.

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8. Mobile dental clinic.

• Advantages.

① Easy to reach remote areas.

② Easy to operate in areas where there is no electricity.

(1) ③ Keeps increasing awareness

* Disadvantages.

① Time consuming

② Physically tire for dentist.

③ Legal effections.

(9) Levels of prevention.

(2) ① preliminary.

② primary.

③ secondary.

④ tertiary.

(10) Consumer protection Act.

- Date → 15th April 1986.

(2) Well are logistic mainly tilting towards continuing leaf as the individual disruption act as looking in factor of workers.

⇒ procedures for lodging complaints,

① District level,

② State level

③ National level.

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LAQ.

(1) Dental Council of India.
- formed on 4th April 1949.
- Representative of following groups contribute to
(5) Composition DCI :

(1) 1 required dentist practice & required qualification all by dentist registration in part 'A' of each state.

(2) one member elected from amongst fellow by members of medical council of India.

(3) 1 member of each university established by law

(4) 5 members maintained by central govt.

(5) Director general of health services.

⇒ Function & Responsibilities.

(1) Basic principles for maintenance of Education Standard for BDS.

(2) Min. physical requirements of dental college.

(3) Min. staff pattern for UG colleges.

(4) General establishment of dental facilities.

(5) Regulation of scheme of examination of BDS & PTDS examinations.

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2) Dental Auxiliary -

= Definition -

- Person who is given responsibility to a dentist or that he or she can help dentist remains dental care but who is not himself or herself.

⇒ Classification -

① Non - operating.

① Clinical

- Person who assists dentists in his clinical work but doesn't carry out any independent procedure in oral cavity.

② Laboratory -

- Person who assists professional he carries out certain technical laboratory procedures.

③ Operating.

- Person who not being a professional is permitted to carry out certain treatment procedures in mouth under direction & supervision of a professional.

D Y PATIL GROUP

⇒ Revised classification.

1. Non-operating anomalies.
2. Dental fixing assistant.
3. — " — sanitary
4. lab technician.
5. Health educator.

2. Operating anomalies.
1. School dental nurse.
2. Dental therapist.
3. — " — hygienist.

Scanned with CamScanner

D Y PATIL DENTAL SCHOOL

D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

Name of the Student Mayuri Chordi.

Name of the Examination Prosthodontics Practical Exam Class IV BDS

Subject PHD

Roll No. Date 9/4/19.

Supplement No. Invigilator Signature

45/50

Name - Trushna Deshmukh

Age - 20 years

Gender - F

Religion - Hindu

Marital status - Unmarried

Place of Birth - Pune

Source of water in childhood - PMC

Education - 12th grade

Occupation -

Residential address - Vishrantwadi Chowk, Pune

Chief Complaint - Patient complains of pain in lower right back region of jaw since 1-2 months.

HOPI - Patient was apparently asymptomatic 2 months ago & experienced pain in lower back region of jaw

Aggravated on mastication. Pain is dull, throbbing continuous in nature.

Relieved on medication.

Medical History - NKH

Scanned with CamScanner

Personal History - NAH

Oral Habits

Tooth Brushing - Horizontal

Materials Used - Toothbrush & Toothpaste.

Diet History

12:pm - Khari & Tea

3 pm - Tea

8am - Milk + Biscuit.

Sugar Intake

Sugar score - 20

Watch out.

General Examinatn

Built - Average

Gait - Normal

Pulse - 186pm

Extra Oral Examination

Facial symmetry - Bilaterally symmetrical

Lymph nodes - Non Palpable

TMJ - No tenderness

Non Palpable

No clicking sound

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Intra Oral Examination

Soft Tissue - Normal

Gingiva -

Colour - Pink with melanin

Size - Adequate

Surface Texture - Stripped.

Bleeding on Probing - Present

Periodontal Examination - Absent.

Hard Tissue Examinatn

Number of Teeth - 28

Tenderness on percussion - ē 27, 36, 37, 46

Stains +

Calculus ++

Provisional Diagnosis

Apical Periodontitis ē 26, 36, 37, 46

Chronic Generalised marginal gingivitis

Treatment Plan

Levels of Prevention

Primary

(A) Health Promotion - Demonstratn of Proper Tooth Brushing

(B) Specific Protectn -

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Secondary

Early Diagnosis & Prompt Treatment

① Oral prophylaxis

Tertiary

Disability Limitation

RCT ∈ 26, 36, 37, 46

Rehabilitation -

Crown ∈ 36, 26, 37, 46

Periodic Recall & Check Up

After 7-10 days

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Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Mayuri Chordia	15	23	38	45
2.	Shrushti Hange	14	30	44	50
3.	Anish Pradhan	15	24	39	44
4.	Snehal Deokar	18	22	40	44

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via [illegible] Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 1st internal examination are hereby instructed to undergo 1st internal additional Exam schedule on 21/10/19 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via ...ngaon, Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Neha Sardar	Present	Present
2.	Jay Mane	Present	Present
3.	Khole Manali	Present	Present
4.	Mahesh Sose	Present	Present

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via ...gaon, Pune - 412105

SECTION A – MCQS (1 MARK EACH)

1. ‘Press finger technique’ in ART is used for condensing -.

A. DFG B. GIC C. Amalgam D. Composite

2. In ART for widening the entrance of the cavity, hatchet is used in which motion

A. Key in lock B. Upward motion C. Downward motion D. Scooping motion

3. Who is considered the “Father of Health Statistics”?

A. John Graunt B. John Snow C. Henry Klein D. Russell A.L.

4. A set of values recorded on one or more observational units is called as:

A. Variable B. Constant C. Data D. Observation

5. Fosdick test is –

A. Calcium dissolution test C. Measures mineral content of patient’s enamel

B. Measures salivary pH after 4 hour D. Counts the growth of bacteria on tooth blade

6. B’ in MSB agar is –

A. Boiled B. Blood C. Bacitracin D. Bacilli

7. Behaviour learning theory are all <u>EXCEPT</u> –

A. Classic conditioning theory

B. Operant conditioning theory

C. Theory of cognitive development

D. Classic psychoanalytical theory

8. Internalized representation of values and morals of society as taught to child by parents –

A. Id

B. Ego

C. Super ego

D. All of above

9. The Consumer Protection Act came into force on:

A. 15th April 1987
B. 7th April 1987
C. 31st May 1987
D. 1st June 1987

10 . In the earlier days, remedy for medical negligence was under:

A. Law of Geneva
B. Law of Tort
C. Law of Helsinki
D. Law of Nuremberg

11. A person who assist a dentist in treating patients is a –

A. Auxiliary
B. Subsidiary
C. Patient
D. All of above

12. Which of the following is NOT a operating auxiliary –

A. School dental nurse
B. Hygienist
C. Laboratory technician
D. Dental therapist

13. Which of these do not categorize as a disaster?

A. Tornadoes
B. Earthquakes
C. Epidemics
D. Warfare

14. The process of classifying the injured based on their severity of injuries and likelihood of survival in disaster is called as:

A. First aid
B. Triage
C. Field care
D. Recovery

15. The oxygen concentration in external air by volume accounts to:

A. 78.1 percent
B. 20.9 percent
C. 10.8 percent
D. 0.03 percent

16. Air is rendered impure by:

A. Sunlight
B. Rain
C. Plant life
D. Combustion of coal

17. The double pot method of adding chlorine to well water was devised by –

A. WHO
B. UNICEF
C. NEERI
D. ICMR

18. Potable water is one in which –

A. Is safe for drinking
B. Can be carried from one place to another
C. Found within 5 metres within surface of earth
D. None of above

19. Internalized representation of values and morals of society as taught to child by parents –

A. Id
B. Ego
C. Super ego
D. All of above

20. Initiative vs guilt is a part of -

A. Development task theory of Erick Erikson
B. Operant conditioning theory
C. Theory of cognitive development
D. Classic psychoanalytical theory

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Section B – SAQ (2 MARKS EACH)

1. Enumerate any four uses of Biostatistics
2. Mention the tools of epidemiology.
3. Mention various sources of fluoride
4. What is Normal curve? Write the characteristic features & diagram of normal curve
5. Write a note on Knutson's technique
6. Compare and contrast: Cohort studies v/s Case-control studies.
7. Mention atleast four indications of topical fluorides.
8. Mention four educational aids used in health education 9. Elaborate the steps in Randomised Controlled Trial.
10. Define sampling and Write types of sampling techniques

Section C – LAQ (10 MARKS EACH)

1. Define Bio-statistics. Write a note on collection of data. Describe in detail various types of presentation of Data. (2+3+5)
2. Define Health education. Enumerate and explain principles of health education. (2+4+4)

MCQ – Answer Key

1. B
2. A
3. A
4. C
5. A
6. C
7. D
8. C
9. A
10. B
11. A
12. C
13. D
14. B
15. B
16. D
17. C
18. A
19. C
20. A

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Charoli (Bk), Via Lohegaon, Pune - 412105

Jay Mate

D Y PATIL GROUP

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X)(B)(C)● RIGHT (A)(B)●(D)

SEAT NO. IN WORDS	three
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	additional exam (21/10/19) (I Internal)
SUBJECT	PhD
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

15/20

SEAT NUMBER 0 0 0 0 3

QUESTION BOOKLET VERSION NO. A

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr Bulcsh

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Jay Mane

Name of the Examination Additional Exam. (I Internal) Class Final Year

Subject PHD

Roll No. Date 21/10/19

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

39/60

Sec. A + Sec. B + Sec. C
15 16 8

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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section-B.

Q1. 4 uses of Biostatistics.

1. To evaluate efficacy of vaccines.
2. To measure mortality & morbidity.
3. To evaluate achievements of public health
4. To fix priorities in public health programmes.

Q2. Tools of epidemiology:

1. rate & Ratio & proportion.

Q3: sources of flourides.

1. Fish. 2. Toor, Bajara, potatoes.
3. Plants like taro. Cabbage
4. Dried tea leaves, contain 100-400 ppm F.

Q4. normal curve & feature.

- It is smooth bell shaped curve and it symmetric about mean of distribution symbolised by letter eg. standard deviation is denoted by σ. σ is horizon dist. between mean and p.o inflection on curve. The mean of standard deviation are 2 parent that completed determine location of no. of tire and shape of normal curve.

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(5) Knutson tech

A knutson tech. 4 applications of 24 NaF, at weekly internal in yr of 3, 7, 11, 13 yr preparation.

Advantages	disadvantages:
1. chemically stable	- continous application for 4 min.
2. acciptable taste	- patient has to visit in short time.
3. non-irriting to gingiva	- Follow up is difficult
4. non-discolourable	
5- strap and inexpensive.	

Q6. cohort vs case controll studies.

cohort studies	case controll
Longi study	1. observation study
Perspective study	2. either phospective or retrospective study
proceed from effect of disease to its cause	3 proceed from cause of disease to its effect
Don't reg large sample.	

(7) Indication of Flouride -

high risk of caries of smooth tooth surface

patient undergoing head & neck radiation.

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Q8. educational aids in health education.

1: audition aid.

Reproducing any kinds of words spoken.

2. visual aid

A. projected aids - aids that can be shown on screen.

B.

Non-projected AIDS - visual aids that don't require any projection.

C. Audio-visual aids.

Q9. Sampling defination and ph tech.

Sampling - process of learning about popn on basis of sample drawn from it.

sampling method

non-probability	Mixed
Judgement	multistage
convinience	multiphase
Snowball	lost quality
	Assurance.

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(10) Sampling method.

↓

3. probability

- simple random
- stratified random
- systemic
- cluster.

Section-C.

Q 1. define Biostatics & note on data collection:

Biostatics - It can be defined as developement and collection of data.

Type - 10
- 20.

Factors influcing method of collection.

1. availability of time
2. acquired required
3. collecting agent
4. object of enquiry
5. nature of enquiry.

Q2 Health education & its principle.

1. credebility
2. Interest
3. participation
4. Motivation
5. comprehension

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6. Reinforcement
7 learning by doing
8 known to opposition unknown
9 setting an example.
10 good homes relation.
11 community needs
12. Needs eac.
13. soil- seed- sources.

stages of Health education.

1. stage of sensitisn.
2. stage of publicity
3. Stage of education.
4 stage of attitude change
5. Stage of motivation
6. stage of community transition

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Jay Mane

Name of the Examination Additional Exam (I Internal) Class Final year

Subject PHD

Roll No. Date 22/10/19

Students Signature Jmane "Seen No. Complaint"

47/60

Case- History.

Name - Nishika

Age - 10yrs

Gender - F

Religion - Hindu

Marital status - unmarried

place of birth - Pune

Source of water in early adulthood - Borewell.

education - student

occupation - student.

Income -

No. of Family member - 4

address - Dhanori

Chief complaint - patient complains of pain in lower rt back region of jaw since 2-4 days

HOPI - patient has mild pain since 2-4 days aggravates after eating hard food.

Medical History - NAD

dental History - NAD.

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personal history

Habit related to oral cavity - smoking.

other habit - NRM.

oral hygiene practise

Type of tooth brush - horizontal

Material used for tooth brushing - Tooth brush & paste

Freaency - once

diet history - 10 am - chai + Idli

2 pm - dal chawal

Snack - chai

no dinner.

sugar intake

Freaency

Consistency

Timing of intake

sugar score - 3x5 = 15.

General examination

Built - moderately built.

wt - 53 kg

Ht - 162 cm

BMI - 20.2

Gait. normal.

posture - normal

pulse - 74 beats/min

temperature - afebrile

Anemia } not seen

Ictus }

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extra-oral examination.

Facial symmetry - apparently symmetrical

Lymph node - non-palpable

TMJ - no clicking, deviation seen.

Intra-oral examination

color - coral pink

size - normal

shape - scalloped

consistency - firm & resilient.

Hard tissue -

No. of teeth present - 28

Teeth present : 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

Teeth clinical absent - none

Tenderness on Percussion - no.

Filled Tooth - no

Fractured teeth - elli's class-I.

malocclusion - class-I.

provisional diagnosis - chronic generalized marginal gingivitis.

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Treatment -

emergency treatment

Level of prevention.

primary -

Health promotion - scaling

- Brush tooth c̄ toothpaste

- Reduce sugar intake.

specific protection. change in brushing technique

secondary - out treatment.

Tertiary - AD disability incitation

Rehabilitation.

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Neha Sarkar

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination 2019.

SECTION A

Sr. No. 21/10/19

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	1st Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr Prakash

Invigilator's Signature

17/20

Candidate Signature

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	(A)	●	(C)	(D)	11	●	(B)	(C)	(D)	21	(A)	(B)	(C)	(D)
2	●	(B)	(C)	(D)	12	(A)	●	(C)	(D)	22	(A)	(B)	(C)	(D)
3	●	(B)	(C)	(D)	13	(A)	(B)	(C)	●	23	(A)	(B)	(C)	(D)
4	(A)	(B)	●	(D)	14	(A)	●	(C)	(D)	24	(A)	(B)	(C)	(D)
5	●	(B)	(C)	(D)	15	●	(B)	(C)	(D)	25	(A)	(B)	(C)	(D)
6	(A)	●	(C)	(D)	16	(A)	(B)	(C)	●	26	(A)	(B)	(C)	(D)
7	(A)	(B)	(C)	●	17	(A)	(B)	●	(D)	27	(A)	(B)	(C)	(D)
8	(A)	(B)	●	(D)	18	●	(B)	(C)	(D)	28	(A)	(B)	(C)	(D)
9	●	(B)	(C)	(D)	19	(A)	(B)	●	(D)	29	(A)	(B)	(C)	(D)
10	(A)	●	(C)	(D)	20	●	(B)	(C)	(D)	30	(A)	(B)	(C)	(D)

Seen and No. Complaint

Candidate's Signature

Dr Prakash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Nehal Sardar.

Name of the Examination Additional exam (I Internal) Class Final year.

Subject PHD.

Roll No. _____ Date 21/10/19

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

N Sardar.

Signature of Candidate

Sec. A + Sec. B + Sec. C.
17 + 12 + 8
37/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

N Sardar.

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Section - B.

Q.1 + Uses of Biostatistics

1. To evaluate efficiency of vaccines.
2. To measure mortality & morbidity.
3. To evaluate achievements of public Health.
4. To fix priorities in Public Health programmes.

Q.2 Tools of epidemiology.

1. Rate 2. Ratio 3. Proportion

Q.3 Sources of fluorides:

1. Fish. 2. Jowar, Bajra, Potatoes.
3. Plants like taro. Cabbage.
4. Dried tea leaves, contain 100 - 400 ppm F.

Q.4 Normal curve & Feature.

- It is smooth bell shaped curve & it symmetric about mean of distribution symbolised by letter curs. Standard deviation is denoted by σ. σ is horizon dist. between mean & P.O infection on curve. The mean of standard deviation are 2 parent that completed determine location of NO. of live & shape of normal curve.

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(5) Hutchinson teeth.

A. Hutchinson teeth, 4 application of 2% NaF, at weekly internal in yr of 3, 7, 11, 13 yr. preparation.

Advantages	disadvantages
1. Chemically stable	- Continuous application for 4 min.
2. Accipatable taste.	- patient has to visit in short time.
3 Non-irritating to gingiva.	
4. Non-discolorable	- Follow up is difficult.
5. Steap & inexpensive.	

Q6. Conart vs case controll studies.

Conart Studies	Case Controll.
Longi Study.	1. Observation Study
(1) Perspective Study	2. Either phospective or retrospective study
Proceed from effect of disease to its cause.	3. Proceed from cause of disease to its effect.
Dent reg. large sample.	

(7) Indication of fluoride

(1) High risk of caries of smooth tooth surface patient undergoing head & neck radiation.

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Q8 Educational aids in health education:-

1. Auditory aid.
Reproducing any kinds of words spoken.

2. Visual aid.

A. Projected aids. aids that can be shown on screen.

B.

Non-. Projected Aids. Visual aids that don't require any projection.

Q9.

Sampling -

Process of learning about population

Sampling Method.

Non-probability
Judgement
Convenience.
Snowball.

Mixed
Multistage
Multiphase.

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(10).

Sampling Method.

↓

3. Probability.

(1) - Simple random.
- Stratified random.
- Systemic
- Cluster.

Section - C.

Q.1.

Biostatistics -

It can be defined as development & collection of data.

Type - 10
- 20.

Factors influencing methods of collection

(4) 1. Availability of fire.
2. Required required
3. Collecting agents.
4. Nature of enquires.

Q.2. Health education & its principle.

1. Credibility
2. Interest
3. Participation

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4. Motivation
5. Compression
6. Reinforcement.
7. Learning by doing
8. Known to Unknown
9. Setting an example.
10. Good human relation.
11. Community Roads.
12. Reedbeac
13. Soil seed sowcks.

Stages of health education
1. Stage of sensitisation.
2. Stage of publicity
3. Stage of education.
4. Stage of attitude change.
5. Stage of motivation.
6. Stage of community & transition.

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D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

48/60

Sr. No.

Name of the Student Neha Sardar.

Name of the Examination Additional exam (I Internal) Class Final year.

Subject PHD.

Roll No. Date 22/10/19

Students Signature "Seen No. Complaint"

Case History.

Name - Nishika.
Age - 10 yrs.
Gender - F.
Religion - Hindu.
Marital Status - Unmarried.
Place of Birth - Pune.
Source of water in early adulthood - Borewell.
Education - Student.
Occupation - student.
Income -
No. of family member - 4.
Address - Dhanori.

Chief Complaint - Patient complains of pain in lower rt. back region of jaw since 2-4 days.

HOPI - Patient has mild pain since 2-4 days aggravates after eating hard food.

Medical History - NRH.
Dental History - NRH.

Scanned with CamScanner

Personal History -

Habit related to oral cavity - Smoking

Other habit - NRH.

Oral hygiene practice

Type of tooth brush - Horizontal

material used for tooth brushing - Toothbrush & paste.

Frequency - Once.

Diet History - 10am - chai + Idli

2pm - dal chawal

Snack - Chai

No dinner.

Sugar intake.

Frequency

consistency

Timing of intake.

Sugar score - 3x5 = 15.

General Examination

Built - moderately built

Wt - 53 kg

Ht - 162 cm.

BMI - 20.2

Gait - Normal

Posture - Normal

Pulse - 74 beats/min.

Temp - afebrile.

Anemia

Icterus } Not seen

Scanned with CamScanner

Extra-oral examination.

Facial symmetry - apparently symmetrical.

Lymph Node - Non-palpable.

TMJ - No clicking, deviation seen

Intra oral examination -

Colour - Coral pink.

Size - Normal.

Shape - Scalloped.

Consistency - Firm & resilient.

Hard tissue -

No. of teeth present - 28

Teeth present $\frac{7\,6\,5\,4\,3\,2\,1 \mid 1\,2\,3\,4\,5\,6\,7}{7\,6\,5\,4\,3\,2\,1 \mid 1\,2\,3\,4\,5\,6\,7}$

Teeth clinical absent - None.

TOP - No.

Filled tooth - No.

Fractured teeth - Ellis class I.

Malocclusion - Class-I.

Provisional Diagnosis - Chronic Generalized Marginal Gingivitis

Scanned with CamScanner

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Neha Sardar	17	20	37	48
2.	Jay Mane	15	24	39	47
3.	Khole Manali	16	22	38	45
4.	Mahesh Sose	17	24	41	42

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 2ND Internal examination are hereby instructed to undergo 2ND Internal additional Exam schedule on 20/1/20 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City,
Charoli (Bk), Via Lohegaon, Pune - 412 105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Snehal Mhatre	Present	Present
2.	Anjali Lingoji	Present	Present
3.	Batul Shaikh	Present	Present
4.	Mayuri Sonune	Present	Present

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

SECTION A – MCQS (1 MARK EACH)

1. Which is not true about Caries tetralogy –
   A. Was proposed by Newbrun
   B. Includes time as a factor for caries
   C. Suggests only tooth, saliva, sugar and bacteria as causative factors for caries
   D. None of the above

2. Hereditary fructose intolerance –
   A. Have high caries activity
   B. Reduced levels of fructose phosphate aldolase
   C. Cannot differentiate sweet taste of sugar
   D. All of the above

3. Tobacco was introduced to india by
   A. Muslims traders
   B. Portugese traders
   C. Native traders
   D. American traders

4. All of the following are smoked tobacco preparations EXCEPT-
   A. Bidi
   B. Chillum
   C. Khaini
   D. Hookah

5. The white soft deposit seen on the cervical region of the teeth in the absence of regular tooth brushing is called:

   A. Plaque
   B. Material alba
   C. Calculus
   D. Slime layer

6. Human plaque is considered to have microorganisms of:
   A. 2 × 109 per mL
   B. 2 × 1010 per mL
   C. 2 × 1011 per mL
   D. 2 × 1012 per mL

7. Ethics which focus on individual and does not consider him part of society

A. Microethics
B. Macroethics
C. Both
D. None of above

8. Which of the following are ethical principles

A. To Do No Harm
B. To Do Good
C. Respect For Persons
D. All of above

9. Optimum daily intake of fluoride in human –

A. 0.05-0.07 mg F per kg body weight
B. 1.7-3.3 mg F in food and water
C. None of the above
D. Both of the above

10. Fluoride content in water is analysed using

A. Chromatography
B. pH
C. Ion specific electrode
D. Turbidity of water

11. Father of epidemiology is

A. Dean
B. John snow
C. Aescaulius
D. All of above

12. Principles of epidemiology are

A. Exact observation
B. Correct interpretation
C. Rational explanation
D. All of above

13. The germ theory of the disease paved way for which concept of health?

A. Biomedical concept
B. Ecological concept
C. Psychosocial concept
D. Holistic concept

14. The multidimensionality of health in terms of social, economic, political

And environmental influences is described by:

A. Biomedical concept
B. Ecological concept
C. Psychosocial concept
D. Holistic concept

15. Most important principle of health education is ?

A. Participation
B. Interest
C. Motivation
D. Learning by doing

16. ---------- is called as “Booster Dose” in health education.

A. Motivation
B. Repetition
C. Participation
D. Comprehension

17. The Indian Dental Association was formed in the year:

A. 1947
B. 1948
C. 1949
D. 1950

18. The Indian Dental Association was registered in Delhi in:

A. 1961
B. 1963

C. 1965
D. 1967

19. Ideal requisite of index 'consistency of measurement at different times and under variety of conditions' is –

A. Reliability
B. Quantifiability
C. Objectivity
D. All of above

20. Criteria for selecting appropriate index are all EXCEPT –

A. Simple to use
B. Time consuming
C. Permit examination of many people in short duration of time
D. Minimum armamentarium required

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM - 2ND INTERNAL EXAMINATION - FINAL YEAR 2019 - 20

SECTION B - SAQ (4 MARKS EACH)

1. PRR
2. Gaussian distribution
3. Ethics in dental research
4. Topical fluorides
5. Tools of community dentistry
6. Planning cycle
7. Define potable water. Write about rapid sand filtration
8. Visual aids in health education.
9. Stephan's curve
10. Dental floss.

SECTION C - LAQ (10 MARKS EACH)

1. Define epidemiology. Write about its aims, objectives and scope.
2. Define plan. Write in detail about procedural steps in planning to improve oral health of rural community study. Add a note on evaluation.

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

MCQ – ANSWER KEY

1. C
2. B
3. B
4. C
5. B
6. C
7. C
8. D
9. D
10. C
11. B
12. D
13. A
14. D
15. B
16. B
17. B
18. D
19. A
20. B

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charholi (Bk), Via Lohegaon, Pune - 412105

Surgical Maestro

D Y PATIL GROUP

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

2020

SECTION A

Sr. No. 20/1/2020

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd Internal & Additional Exam
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

14/29

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1			●	
2		●		
3			●	
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8				●
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Seen and No. Complaint

Candidate's Signature

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Mhatre Snehal

Name of the Examination Additional Exam (2nd Internal) Class

Subject

Roll No. Date 20/1/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

38/60

Sec A + Sec B + Sec C
14 + 14 + 10
Total = 38

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ

1) PRR – Preventive Resin restoration

A PRR protects the tooth by sealing deep grooves creating a smooth, easy to clean surface.

- PRR can protect teeth from decay for many years, but need to be checked for wear and chipping at regular dental visits

Reasons for PRR :-

1) Children and teenagers → As soon as six year molars appear or anytime throughout the cavity prone years of 6-16

2) Adult = Tooth surface without decay that have deep grooves or depression

3) Baby teeth = occasionally done if teeth have deep grooves or depression & child is cavity prone.

→ 2) Gaussian distribution :-

- The normal distribution is also known as gaussian distribution, or probability bell curve.
- It is symmetric about the mean & indicates that value near the mean occurs more frequently that the value that farther away from mean.

$$f(x) = \frac{1}{\sigma\sqrt{2\pi}} e^{-\frac{1}{2}\left(\frac{x-\mu}{\sigma}\right)^2}$$

The parameter μ is the mean or expectation of distribution while the parameter σ is its standard deviation.

- The variance of distribution is σ^2

3)
→ Ethics is the philosophy of human human Conduct, a way of standing and evaluating principles by which problems of behaviour can be solved.
- Ethics is concerned with standards judging whether actions are right or wrong.
- Dental ethics simply means moral duties & obligations of dental towards patient, professionals and colleagues and to the society
- Ethics deals with choice we make and our actions in relation to those choice.

4)
→ Topical flourides
They are placed directly on the teeth, some preparat provide high or low concentration of flourides over a short period of time

Topical flourides

professionals
- Neutral sodium flourides
Stannous flourides
APF solution
Varnish

self applied
- Dentifrices
- Mouth washes
- flourides gels.

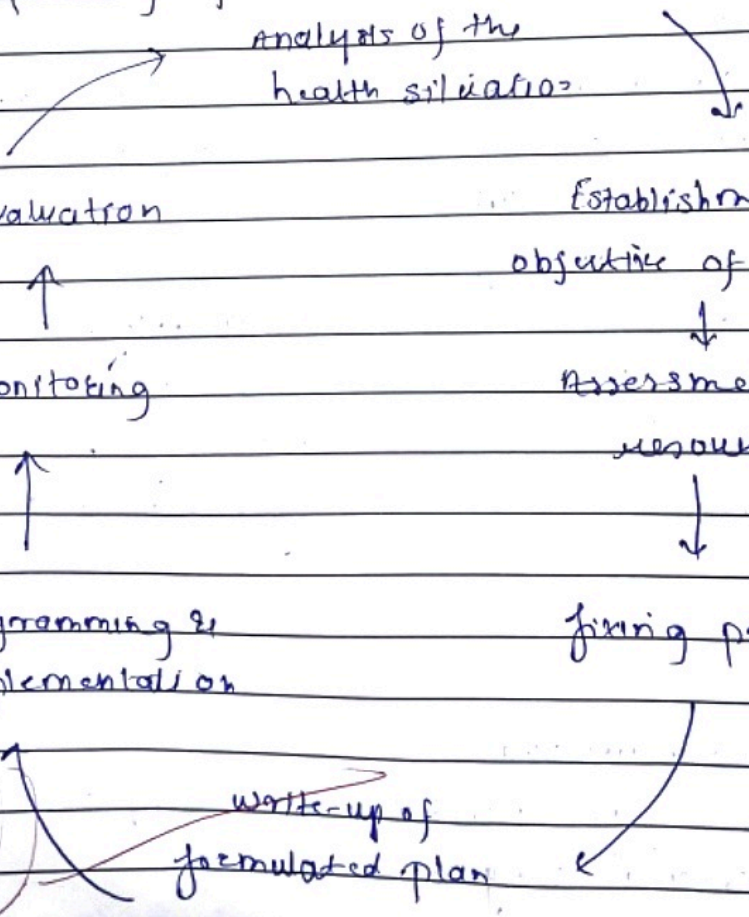
Indication -
① caries active individual
② children shortly after period of tooth eruption
③ After periodontal surgery

→ 5) community dentistry defined as the science & art of preventing oral disease, promoting oral hygiene, health & improving the quality of life through the organized efforts of society

- Tools :-

1) mouth mirror
2) dental probe
3) Anaesthetic agents
4) Dental syringe
5) x-ray
6) Dental drill
7) spoon excavator
8) Burnisher
9) scaler
10) mould.

→ 6) Planning cycle :-



7)
→ Potable water has been filtered, cleaned or treated to meet the standard for drinking water.
meaning that it is reasonably clear of contaminant and harmful bacteria
- This make the water safe for drinking and cooking
- water purified via reverse osmosis
Distilled or UV filtered and water treated within municipal water systems all qualify as Potable water
- Two types of RSF are typically used
  a Rapid gravity Sand filters
  b Rapid pressure sand filters

8)
→ Visual aids in health education
the addition of visual aids to written or spoken instruction can positively impact adherence, comprehension, and recall, which can lead to better patient outcomes.
visual such as - pictures, drawing., charts, graph & daigram.
can be effective tools for communication health information. visuals can make the presentation of complex information easier.

9) → Stephan's curve is a graph that shows what happen after the consumption of sugar in relation to dental caries showing the fall in pH below the critical level of pH 5.5 at which demineralization of enamel occurs following the intake of fermentable carbohydrates, acidic liquids or sugar in the presence of acidogenic bacteria.

10) → Dental floss - a soft, strong, waxed or unwaxed thread usually made of nylon, for drawing between the teeth to move food particles and prevent the build up of plaque.

LAQ.

1) Epidemiology - It defined as the study of the distribution & determinants of health related states or event is specified population & the application of this study to control the health problem.

Aim - i) To describe disease distribution & size in human population
ii) Identified causative factors
iii) Provide data to plan

(5)

objectives — ① Infectious disease epidim—
② Cardiovascular epi.

2)

→ plans —

planning is a systemic approach to defining the problems setting priorities developing septic goals & objectives & determining alternative strategies & methods of implementation

steps —

1) Identify problem
2) determine priority.
3) programme goals
4) objectives
5) Activities

Resolves identification identifying and concerning.

5) identify alternative strategies
develop implementation statement
implementation
monitoring
evaluation

Anish Inamii

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

46/60

Sr. No.

Name of the Student Snehal Mhatre.

Name of the Examination Additional Exam (II Internal) Class

Subject

Roll No. Date 21/1/2020

Students Signature "Seen No. Complaint"

Patient information

Name of patient = Sudhakar Bhosale

Age = 48 yrs

Gender = Male

Religion = Hindu

Place of birth = Pune

Address = Koregaon Park

Education = ~~BSc~~ M.Com

Nationality = Indian

Income = 55,000/- Per month.

Chief complaint -

Pt complains of pain in lower right back region of jaw since 8 days.

HOPI -

Patient was apparently alright 8 days ago. Then he experienced pain in lower right back region of jaw.

Pain was dull, continous, radiating in lower jaw which aggravates by eating cold & hot beverages and relieved on its own.

Medical history
Dental history
Family history
} NRH

Personal history

A] Habits related to oral cavity

Pan chewing
Smoking
Alcohol
} NRH

B] Other habits - NRH

C) Oral hygiene practices -

Type of brushing - Hz tooth brushing

Materials used for brushing - toothbrush / paste

Frequency of brushing - once a day.

Timing of brushing - absent

D] Diet history

Type of diet - Mixed

24 hrs. diet chart

Time	Diet
7:30	tea + biscuits = 5+10
8pm	Chapati + bhaji + rice - 10+10+10=30

General physical examination

① Built weight = 40kgs.
Height = 5'4

② Gait = Bipedal biphalis

③ Posture = erect

④ Temperature - Afebrile.

5) Pulse - 72 bpm

6) Anemia
Cynosis
icterus
} Absent

extra oral examination

(1) Facial symmetry - gross bilatesally symmetri

(2) TMJ
lymph node
} NAD

Intra oral examination

(1) soft tissue examination

labial mucosa
Buccal mucosa
} NAD

Gingiva

colour - pink

size - normal

shape - normal

consistency - firm

BOP - Negative

(2) Hard tissue examination

Teeth present

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

Dental caries C̄

8 6	5

TOP C̄

6

filled ~~teeth~~ teeth - absent

Malocclusion - Angle's Class I malocclusion

Provisional diagnosis :-

1) Apical periodontitis $\bar{c}$ 6 (TOP +ve)

2) Occlusal caries $\bar{c}$ 5

Investigation - IOPA $\bar{c}$ 86

Final diagnosis -

Periapical absecc $\bar{c}$ 6

Dental caries $\bar{c}$ 5

Treatment plan

Emergency treatment

Amoxicillin (500 mg) TID : 5 days.

Levels of prevention

RCT $\bar{c}$ 6

Restoration $\bar{c}$ 5

Anjali Lingaji

D Y PATIL DENTAL SCHOOL

D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination 2020.

SECTION A

Sr. No. 20/1/2020

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X)(B)(C)● RIGHT (A)(B)●(D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd Internal Assessment Additional Exam
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Dr. Prakash

Candidate Signature

11/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

ANSWERS

	A	B	C	D
1			●	
2		●		
3	●			
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9				●
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Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Anjali Lingoji

Name of the Examination Additional Exam (3rd Internal) Class

Subject

Roll No. Date 20/1/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

39/60

Sec. A + Sec. B + Sec. C
11 17 + 10

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAQ.

1)

→ PRR - Preventive Resin Restoration

A PRR Protects the tooth by sealing deep grooves, creating a smooth, easy to clean surface.

PRR can protect teeth from decay for many years, but need to be checked for wear and chipping at regular dental visits

Reasons for PRR :

(i) Childrens & Teenagers = As soon as the six year month molars apper or any time throughout the cavity prone years of 6-16.

(ii) Adults = Tooth surface without decay that have deep grooves or depression

(iii) Baby teeth = occasionally done if teeth have deep grooves or depression & child is cavity prone.

2)

2)

→ Gaussian distribution :

- The normal distribution is also known as Gaussian distribution or probability bell curve.
- It is symmetric about the mean & indicates that value near the mean occur more frequently that the value that are farther away from the mean.

$$f(x) = \frac{1}{\sigma\sqrt{2\pi}} e^{-\frac{1}{2}\left(\frac{x-\mu}{\sigma}\right)^2}$$

The parameter μ is the mean or expectation of the distribution while the parameter σ is its standard deviation.

The variance of the distribution is σ^2. A random variable with a Gaussian distribution is said to be normally distributed and is called a normal deviate.

3)

→ Ethics in dental research

Ethics is the philosophy of human conduct, a way of stating and evaluating principles by which problems of behavior can be solved.

Ethics is concerned with standards judging whether actions are right or wrong.

Dental ethics simply means moral duties & obligations of dental towards patients, professionals & colleagues and to the society.

It considers how we should 'act best' in the light of our duties & obligations as moral agents.

Ethics deals with the 'choice we make' and 'our action' in relation to those choice

It deals with the choices made by both clinicians and patients.

4)

→ Topical flourides :-

Its selective action on the hard tissue of the body attributes significantly to prevention and control of dental caries.

flourids delivery methods

① Topical flourides

② systemic flourides

Topical flourides

- These are placed directly on the teeth
- Some preparation provide high or low concentration of flourides over a short period of time

Indications :-

① caries active individuals

② Children shortly after periods of tooth eruption

③ After periodontal surgery when root of teeth have been exposed

Topical flourides

Professional	self applied
- Neutral sodium flourides	- Dentrifrices
- Stannous flouride	- Mouth washes
- APf solu	- flouride gels
Varnish	

Q 5)

Tools of community dentistry

→ Community dentistry - Defined as the science & art of preventing oral disease, promoting oral health & improving the quality of life through the organized efforts of society

Tools used in community dentistry:

Mouth mirror -
Dental probe
Anaesthetic agent
Dental syringe
Dental Drill
Spoon excavator
Burnisher
Scaler
curette
Suction device
X-ray
Mould

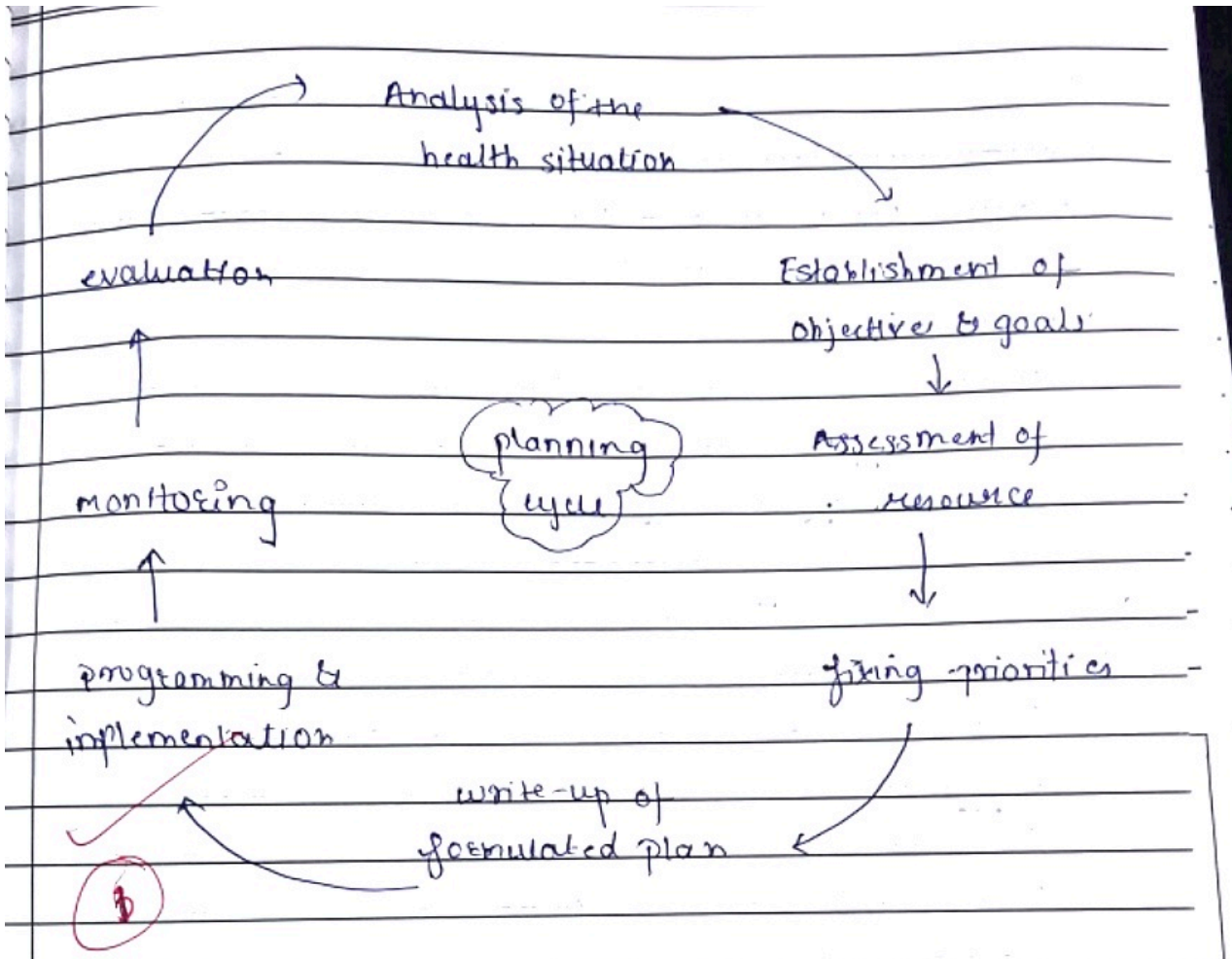
Q. 6)

→ Planning cycle :-

The process of analyzing the system for defining the problem. Assessing the extent of which the problem exists as a need.

- formulating goals and objectives to alleviate the needs. Assessment of resource.

Planning cycle.



(Q 4) Define potable water.

↳ Potable water :-

Potable water has been filtered, cleaned or treated to meet the standards for drinking water.

- Meaning that it is reasonably clear of contaminant and harmful bacteria.
- This make the water safe for drinking & cooking. Water purified via reverse osmosis, distilled or UV filtered and water treated with in municipal water systems all qualify as potable water

Rapid sand filtration - Is a purely physical drinking water purification method.
Rapid sand filters provide rapid and efficient removal of relatively large suspended particle.
Two Types of RSF are Typically used.
① Rapid gravity sand filters
② Rapid pressure sand filters.

8)
→ Visual aids in health education
The addition of visual aids to written or spoken instructions can positively impact adherence, comprehension, and recall, which can lead to better patient outcomes.

visual such as : Pictures, drawings, charts, graphs and diagrams.
Can be effective tools for communication health information. Visuals can make the presentation of complex information easier to comprehend and more attractive.

They can reinforce ~~the~~ written or spoken health messages.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student _____

Name of the Examination Additional Exam (II Internal) Class _____

Subject _____

Roll No. _____ Date 20/1/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

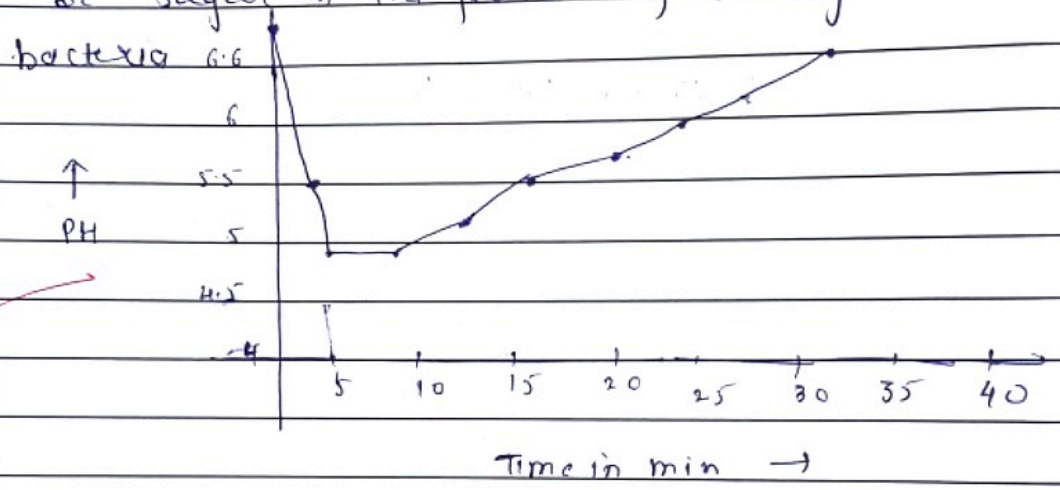
Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q.9

→ stephan's curve is a graph that shows what happen after the consumption of sugar in relation to dental caries

- Showing the fall in pH below the critical level of PH 5.5 at which demineralization of enamel occurs following the intake of fermentable carbohydrates, acidic liquids or sugar in the presence of acidogenic bacteria



→ 10) Dental floss :-

A soft, strong, waxed or unwaxed thread, usually made of nylon, for drawing between the teeth to move food particles and prevent the buildup of plaque.

- uses :- Helps to remove food particles & plaque bet^n the teeth and along the gum lines.

- Removal of plaque from below the gumline which can be erode tooth enamel & develop into tartar. can cause teeth discoloration

LAQ.

1)

"Epidemiology is defined as the study of the distribution and determinants of health related States or event in specified population and the application of this study to control the health problems."

Aim :- (i) To describe disease distribution & size in human population

(ii) Identified causative factors.

(iii) Provide data to plan

(iv) Implement & evaluate health programs.

objectives :- (i) Infectious disease epidemiology

(ii) cardiovascular epidemiology

(iii) Cancer epidemiology

(iv) Environmental Epidemiology

2) Use :- (1) Search of cause / causes of disease

(2) Help to describe the health Status of population

(3) Help to discover and bridge gaps in natural history of disease

(4) Helps in controlling disease

(5) Help in better management of Health service

2)

→ Plan :-

Planning is a systemic approach to defining the problem, setting priorities, developing specific goals and objectives & determining alternative strategies & methods of implementation.

Steps :- 1) Identify the problem
2) determine priorities
3) Development of program goals, objectives and activities
4) Resource identification
5) Identifying constraints
6) Identify alternate strategies
7) develop implementation strategies
8) Implementation
9) Monitoring
10) Evaluation

Evaluation :- The process of judging or calculating the quality, importance, amount or value of something

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

48/60

Sr. No.

Name of the Student Anjali Lingaji

Name of the Examination II Internal Additional Exam Class

Subject

Roll No. Date 21/1/2020

Students Signature "Seen No. Complaint"

Patient information.

Name of patient - Aishwarya Mulik

Gender - Female

Age - 30 yrs.

Religion - Hindu

Place of birth - Mumbai

Address - Kurla

Education - MSc

Nationality - Indian

Income - 20,000/- per month.

Chief complaint -

Pt. complains of pain in lower right back region of jaw since 8 days.

HOPI -

Patient was apparently alright 8 days ago. Then he experienced pain in lower right back region of jaw.

Pain was dull, continuous and radiating in lower jaw which aggravates by eating cold & hot bevereges. was relieved on its own.

Medical history - NRH

Dental history - NRH

Family history - NRH

Personal history

A] Habits related to oral cavity

Pan chewing
smoking
alcohol
} NRH

B] Other habits - NRH

C] oral hygiene practices

Type of brushing - Hz tooth brushing

Material used for brushing - toothbrush / paste.

Frequency of tooth brushing ~ once a day.

Timing of brushing - absent.

D] Diet history

Type of diet - Mixed

24 hrs diet chart

Time	Diet
7:30	Tea + biscuit : 5 + 10
8pm	Bhaji + chapati + Rice : 10 + 10 + 10 = 30

General physical examination

① Built weight : 40 kg
Height = 5'4

② Gait = Bipedal biphalic

③ posture = erect

④ Temperature = Afebrile.

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⑤ Pulse - 72 bpm

⑥ Anemia
Cynosis
Icterus
} Absent

Extra Ora examination:

① Facial symmetry - Gross bilaterally Symmetry.

② TMJ
lymph node
} NRH

Intra oral examination:

① soft tissue examination

Labial Mucosa
Buccal Mucosa
} NRH

Gingiva -

colour - Pink
size - normal
Shape - normal
consistency - firm
BOP - Negative

② Hard tissue examination

Teeth present

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

Dental caries C̄

86	5

TOP C̄

6

Filled tooth - Absent
Stains +
Calculus +

Malocclusion - Angle's class I Malocclusion

Provisional diagnosis :-

1) Apical periodontitis $\frac{\bar{C}}{6|}$ (TOP +ve)

2) Occlusal caries $\frac{\bar{C}}{|5}$

Investigation - IOPA $\frac{\bar{C}}{86|}$

Final diagnosis

Periapical abscess $\frac{\bar{C}}{6|}$

Dental caries $\frac{\bar{C}}{|5}$

Treatment plan

Emergency treatment-

Amoxicillin (500 mg) TID = 5 days.

Levels of prevention

RCT $\frac{\bar{C}}{6|}$

Restoration $\frac{\bar{C}}{|5}$

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Snehal Mhatre	14	24	38	46
2.	Anjali Lingoji	11	27	38	48
3.	Batul Shaikh	15	21	36	46
4.	Mayuri Sonune	16	24	40	43

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the Prelims Examination are hereby instructed to undergo Prelims Additional Examination schedule on 16/6/20 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune- 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Mayuri Kadam	Present	Present
2.	Nikita Gautam	Present	Present
3.	Shaikh Yumna	Present	Present
4.	Titiksha Thakur	Present	Present

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SECTION A – MCQS (1 MARK EACH)

1. Non sterile gloves are appropriate for:
   A. Examinations
   B. Episectomy
   C. Extraction
   D. Pulpotomy

2. Penetration of liquids through undetected holes in the gloves is called:
   A. Washing
   B. Donning
   C. Wicking
   D. Wiping
   E.

3. The International Sanitary Conference, origin of international health cooperation was held in:
   A. 1851 in Paris
   B. 1851 in London
   C. 1875 in Germany
   D. 1875 in Africa

4. The objective of the International Sanitary Conference was to bring in:
   A. Social equality
   B. Health equality
   C. Uniformity in quarantine measures
   D. Improved economy of countries

5. The term oral hygiene was coined by-
   A. Guy de Chauliac
   B. M L Rhein
   C. James Snell
   D. Hippocrates

6. Slogan of ‘a clean tooth never decays’ was introduced by –
    A. Alfred fones
    B. Edward angle
    C. Leon Williams
    D. Churchill

7. Functions of proteins are
    A. Body building
    B. Repair of tissues
    C. To supply energy
    D. All of above

8. Functions of lipids are
    A. Supply energy
    B. Carry fat soluble vitamins
    C. Add satiety to food
    D. All of above

9. Which of these classifies under chemical occupational hazards in dentistry?
    A. Heat electrical hazards
    B. Exposure to ultraviolet radiation
    C. Mercury inhalation
    D. Noise

10. International Commission of Radiological Protection has set the maximum permissible level of occupational exposure at:

A. 5 rem
B. 10 rem
C. 15 rem
D. 20 rem

11. Private third party plans are all <u>EXCEPT</u> –
    A. Insurance companies
    B. Delta plans
    C. Capitation plans
    D. Fee for service

12. Most culturally accepted payment plan –
    A. Fee for service

B. Insurance companies
C. Delta plans
D. Capitation plans

13. Prophylactic Odontomy was coined by
    A. Hyatt
    B. Bodecker
    C. Black
    D. All of above

14. Fissure eradication was suggested by
    A. Hyatt
    B. Bodecker
    C. Black
    D. All of above

15. The deficiencies in health that call for preventive, curative, control or eradicate measures are termed as:
    A. Health needs
    B. Planning
    C. Evaluation
    D. Objective

16. Designing a course of action for a circumscribed health problem is:
    A. Problem solving planning
    B. Program planning
    C. Coordination of efforts and activities planning
    D. Planning for allocation of resources

17. Professional factor for location of practice set up does not include:
    A. Revenue earnings
    B. Growth
    C. Climatic preference
    D. Opportunities for referral practice

18. What is the miminal area required to set up a clinic:
    A. 100 – 200 sq feet
    B. 200 – 400 sq feet
    C. 400 – 600 sq feet
    D. 800 – 1000 sq feet

19. Following type of inter-dental cleaners is used for Type II embrasures

A. Tooth brush
B. Dental floss
C. Unitufted brush
D. Interdental brush

20 .Which is NOT an inter-dental aid –

A. Super floss
B. Tooth brushes
C. Bottle brushes
D. Perio aid

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DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM – PRELIMINARY EXAMINATION - FINAL YEAR 2019 - 20

SECTION B - SAQ (3 MARKS EACH)

1. Folkways
2. Fluoride varnish.
3. Classify pit and fissure sealant
4. Personal protective barriers.
5. Classify types of inspection and examination in oral health survey.
6. Define and classify index
7. ADA specification of tooth brush
8. Define various sampling techniques
9. Tools to measure central tendency
10. Functions of dental hygienist

SECTION C - LAQ (10 MARKS EACH)

1. Define epidemiological triad and etiological factors of oral cancer. Add a note on levels of prevention of oral cancer.
2. Define ART. Mention the indications, contraindications and steps for ART procedures.

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MCQ - ANSWER KEY

1. C
2. C
3. A
4. C
5. B
6. C
7. D
8. D
9. C
10. A
11. D
12. A
13. A
14. B
15. A
16. B
17. C
18. D
19. D
20. B

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Mayuri Kadam

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Internal Assessment Examination

2020.

SECTION A

Sr. No. 16/6/2020

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelims Additional Exam (II Internal)
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Dr. Prakash

Candidate Signature

15/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

Section B.

1) Folkways

- According to Sumner, folkways represent man's unique means of adapting himself to environment.

→ Nature of folkways

1) Social in nature
2) Repetitive in character
3) Unplanned in origin
4) Folkways are numerous
5) Folkways are subject to change

2) Fluoride varnish

- Fluoride varnish is protective coating that is painted on teeth to prevent cavities.
- protect from demineralisation or erosion

→ Type

1) Duraphat
- 1st developed in Germany.
- Shown caries reduction between 30 - 40 % in permanent dentition

2) Carex.
- efficacy efficacy that of duraphat

3) classification
i) pits & fissure
ii) According to chemical structure of monomer used.
iii) Based on generation
iv) Based on filler content
v) Based on color
vi) Based on curing

4) i) Gown
- fully cover from neck to knee, arms to end of wrists & wrap around the back
- fasten in back of neck & waist

2) ii) Mask of respirator
- fit flexible band to nose bridge

3) Goggle or face shield
- place over face & eye & adjust to fit

4) Gloves
- extend to cover wrist of isolation gown

5)

Type I - Complete examination using mouth mirror, explorer, good illumination, full mouth radiograph

Type II - Limited examination.

Type III - Inspection

Type IV - screening procedure

6) Index

Define -

- By arrangment or by searching structure or by specific fields or by purpose

- Classification

1) Coordinate indexes

2) faceted indexes

- form of index

1) By arrangment.

2) By type of material index

3) By physical form

7) ADA specification of tooth brush

1) Brushing surface
length 1-1.25 inches & 5/16-3/8 inches wide

2) surface area
- 2.54-3.2 cm

3) No of rows -
2-4 rows of bristle

4) No of tufts -
5-12 tufts per row.

5) No of bristle -
80-85 bristle per tuft

8) sampling techniques

Types

probability	Non-probability
1. Stratified random	1. convenient
2. systematic random	2. consecutive
3 cluster / multistage	3 quota
4. simple	4. snow ball
	5. purposive.

9) tools to measure Central tendency.

Statistician have developed 4 different methods for measuring central tendency.

1) The Mean
2) Median
3) mode

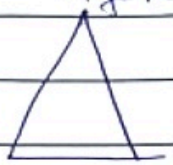
Mean → weighted
1) Geometrical Harmonic

tendency of data to concentrate around some central value.

10) Dental hygenist

- operating auxillary licenced & registered to practice dental hygiene under laws of appropriate state, provinc, territory or nation.
- function →
  1) scaling & polishing of teeth
  2) Topical Application of flouride
  3) provision of dental health education.
  4) Alfred civilian Forces.

1) i) epidemiological triad.



ii) etiological factor of Cancer

1) cigarette, Cigar & pipe smoking
2) use of smokeless tobacco.
3) Excessive use of Alcohol
4) combined use of alcohol & tobacco.

iii) levels of prevention.

1) primary

Tools - Removal / Reduction of risk factors

objective - Avoiding onset of disease

2) Secondary

Tools - Early detection / Screening Biopsy exfoliative cytology

objective - improving prognosis

3) Tertiary

Treatment of existing lesion

Curing preventive details

2) ART

- Minimally invasive care approach in preventing dental caries & stopping its further progression.

→ Indication

- only in small cavities
- accessible to Hand Instrument
- uncooperative / Fearful pt
- In Heath program

→ Contraindication

1. presence of swelling or Fistula.
2. pulp of ~~of~~ tooth exposed
3. Teeth have been painful.

→ steps

1. ARRang Good working environment
   - outside mouth
   - Inside
2. Restoring cavity
3. Hygiene & control of Cross Infection

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Supplement Sheet

49/80

Name of the Student Mayuri Kadam

Name of the Examination 4th 1st Practical Exam (II Internal) Class IV BDS

Subject PHD

Roll No. Date 17/6/2020

Supplement No. Invigilator Signature

Name - Mr. Parshuram Tade

Age 53

Gender - Male

Religion - Hindu

Marital status - Married

Education - 12th

Occupatn - Farmer

Address - Alandi, Pune

Chief complaint - Patient complains of pain in lower right back region of jaw since 3months.

HOPI Patient was apparently asymtomatic 3 months back. started experiencing pain in lower right back region of jaw.

Nature - Dull & continuous

Duration - Minutes to hours

Nocturnal pain

Aggravates on - Hot & Cold food.

Medical History - DM since 4 years

Dental History. NRH

Personal History - NAH

Oral Hygiene -

Brushing Technique - Horizontal

Material Used - Tooth paste + Tooth brush

Frequency - Once

Diet

7:00 Tea

5pm Tea

Diet score - 10

good.

General Examinatn

Height - 178 cm

Weight - 70 kg

Gait - Normal

Extraoral Examinatn

Symmetry - Grossly symmetrical

TMJ - Nor clicking, No tenderness

Lymph Node - Non tender, Non palpable

Intra oral examinatn

Soft tissue - No Abnormality Detected.

Gingiva

Colour - Pink

Size - Normal

Contur - Scalloped

Texture - Stippling

Hard Tissue Examinat^n

Teeth present - 27

Caries $\frac{\overline{C}}{6|5}$

Root piece $\frac{\overline{C}}{|7}$

Missing teeth $\frac{\overline{C}}{|6}$

Provisional Diagnosis

Chronic Irreversible Pulpitis $\frac{\overline{C}}{6|7}$

Partially edentulous mandibular Arch.

Investigations

IOPA $\frac{\overline{C}}{6|7}$

Diagnosis

Root piece $\frac{\overline{C}}{|7}$

Chronic Irreversible Pulpitis $\frac{\overline{C}}{6|}$

Partially edentulous mandibular Arch.

Treatment Plan

Levels of Prevention

Primary-

Patient education, Diet counselling

Fluoride application

Secondary -

Restoration $\frac{\bar{c}}{5}$

Tertiary

Disability Limitated

RCT $\frac{\bar{c}}{6}$

Prosthesis $\frac{\bar{c}}{6}$

FPD / Implant $\frac{\bar{c}}{67}$

Recall after - 1 week.

Nikita Gautam

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Internal Assessment Examination

2020

SECTION A

Sr. No. 16/6/2020

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X)(B)(C)(●) RIGHT (A)(B)(●)(D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelims. Additional Exam - I
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Dr. Bakaya

Candidate Signature

16/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A (A)
B (B)
D (D)
G (G)
M (M)
N (N)
P (P)
S (S)
U (U)

ANSWERS

	A	B	C	D
1	(A)	(B)	(●)	(D)
2	(A)	(●)	(C)	(D)
3	(●)	(B)	(C)	(D)
4	(A)	(B)	(●)	(D)
5	(A)	(●)	(C)	(D)
6	(●)	(B)	(C)	(D)
7	(A)	(●)	(C)	(D)
8	(A)	(●)	(C)	(D)
9	(A)	(B)	(C)	(●)
10	(A)	(B)	(C)	(●)
11	(●)	(B)	(C)	(D)
12	(A)	(B)	(●)	(D)
13	(A)	(B)	(●)	(D)
14	(A)	(B)	(●)	(D)
15	(A)	(●)	(C)	(D)
16	(A)	(●)	(C)	(D)
17	(●)	(B)	(C)	(D)
18	(●)	(B)	(C)	(D)
19	(●)	(B)	(C)	(D)
20	(A)	(B)	(●)	(D)
21	(A)	(B)	(C)	(D)
22	(A)	(B)	(C)	(D)
23	(A)	(B)	(C)	(D)
24	(A)	(B)	(C)	(D)
25	(A)	(B)	(C)	(D)
26	(A)	(B)	(C)	(D)
27	(A)	(B)	(C)	(D)
28	(A)	(B)	(C)	(D)
29	(A)	(B)	(C)	(D)
30	(A)	(B)	(C)	(D)

Seen and No. Complaint

Candidate's Signature

Dr. Bakaya

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Nikita Gautam

Name of the Examination IIIrd Internal Additional Exam Class

Subject

Roll No. Date 16/6/2020

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Sec.A + Sec.B + Sec.C.
16 17 13

Total = 46/70

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

1) Folkways

- According to Sumner, Folkways represent man's unique means of adapting himself to environment

→ Nature of Folkways:

(2) 1) social in nature
2) Repetitive in character
3) unplanned in origin
4) Folkways are numerous
5) folkways are subject to change

2) Fluoride Varnish

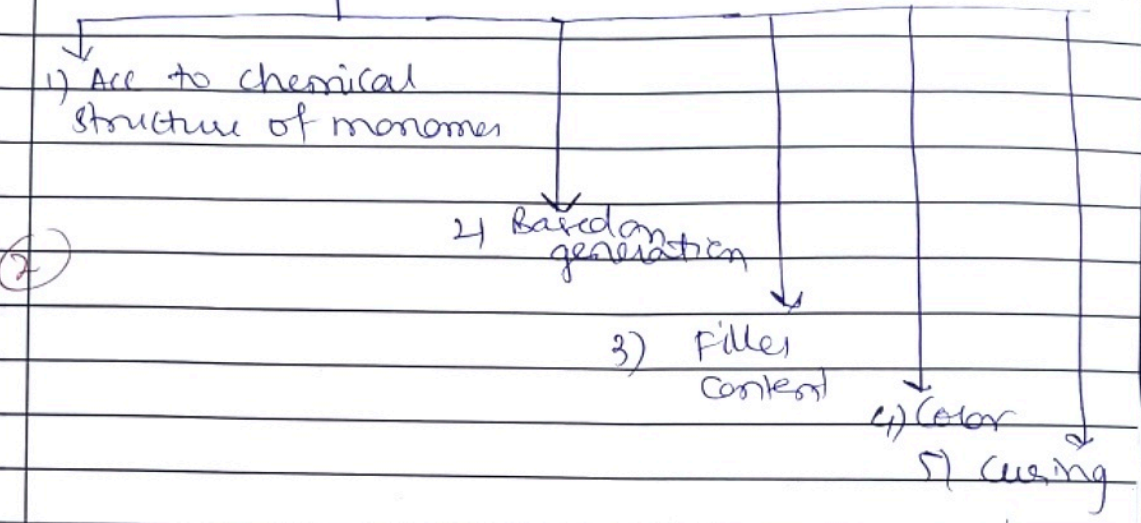
1. Fluoride varnish is protective coating that is painted on teeth to prevent cavities
2. protect from demineralisation or erosion

→ Type

(2) 1) Duraphat
- 1st developed in Germany
- Shown caries reduction between 30 - 40% in Permanent dentition

2) Carex
efficiency that of duraphat

3) Classi
. Pit & Fissure



(2)

4) PPE
- Fully covers from neck to knee, arm to end of wrist & wrap around back
2) Mask of respirator.
- Fit flexible band to nose bridge
3) Goggle or face shield
- place over face & eye & adjust to fit
4) Gloves
- extend to cover wrist of isolation gown

5) type I - Complete examination

type II - limited examination

III - Inspection.

IV - Screening procedure.

6) Index -

By arrangement or by searching structure or by specific fields or by purpose

→ classi

1) coordinate
2) faceted

→ forms

1) By arrangement
2) By type of material index
3) By physical form

7) ADA specification of [illegible]

1) Brushing surface
length - 1 - 1.25 inches ± 5/16 - 3/8 inches wides

2) Surface area
2.54 - 3.2 cm.

3) No of rows
2-4 rows of bristle

4) No of tufts
- 5-12 tufts per row

5) No of bristle
80 - 85 bristle per tuft

) Sampling techniques

Types

Probablity	Non-probability
1) Simple	1. Convenient
2) Stratified	2. Consicutive
3) cluster / multistage	3. Quota
4) systemic	4. Show ball
	5. Purpose

9) tools to measure central tendency

statisticians have developed 4 different methods for measuring central tendency

(1) 1) The Mean
2) median
3) mode

1) Mean

Geometrical Harmonic weighed

(b) Dental Hygienist

operating auxiliary Licenced & registered to practice dental hygiene under law of

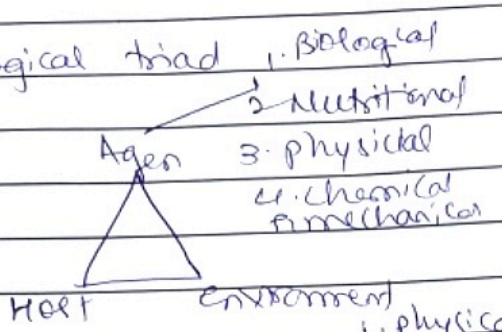
(2) appropriate state, province, territory or nation

function →

1) scaling & polishing of teeth
2) Topical Application of fluride
3) prevention of dental Health education
4) Afford civilian forces

Section C

1) i) epidemiological triad



ii) Etiological factor of lancer

i) Cigarette, cigar, pipe smoking

ii) use of tobacco

iii) alcohol

7

iii) level of prevention

i) primary

- Removal / Reduction of risk factor
- Avoiding onset of disease.

ii) secondary

- Early detection / screening Biopsy
  exfoliation cytology
- Improving prognosis

3) Tertiary

- Treatment of existing lesion
- Curing preventive details

4 ART

- Minimally invasive Cave approach in preventing dental caries & stopping its further progress

→ Indications

- only in small cavities
- accessible Hand instrument
- uncooperative / fearful pt

→ contraindication

6 1. presence of swelling or fistula.
2. pulp of tooth exposed
3. Teeth have been painful.

→ Steps

1. Arrange Good working environment
   - outside mouth
   - inside
2. Restoring cavity.
3. Hygiene & Control of Cross infection.

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Practical / Clinical Examination Answer Book

Examination

46/80

Sr. No.

Name of the Student Gautam Nikita

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date 17/6/2020

Students Signature _____ "Seen No. Complaint" _____

Name of the Patient - Tukaram Mane

Age - 58

Gender - Male

Religion - Hindu.

Marital status - Married

Education - 12th

Occupation - farmer

Address - Alandi, Pune.

Chief Complaint - Patient complains of pain in lower right back region of jaw since 3 months.

HOPI - Patient was apparently asymptomatic 3 months back started experencing pain in lower right back region of jaw

Nature - Dull & continuous.

Duration - minutes to hours.

Nocturnal pain.

Aggrevated on - Hot & cold food.

Medical History - OM since 4 years.

Dental History - NRH

Personal History - NEH

Oral Hygiene -

Brushing Technique - Horizontal

Material used - Tooth paste & Tooth brush

Frequency - Once.

Diet Score - 10

Good.

General Examination -

Height - 178 cm

Weight - 71 kg

Gait - Normal

Extraoral Examination

Symmetry - Grossly symmetrical

TMJ - Noc. clicking, No tenderness

lymph node - Non tender, Non palpable

Intra Oral Examination.

Soft tissue - No Abnormality Detected.

Gingiva -

Colour - Pink

Size - normal

Contour - Scalloped.

Hard Tissue Examination.

Teeth present - 27.

Caries C̄ — 6|5

Root piece C̄ — |7

Missing teeth C̄ — |6

Provisional Diagnosis

Chronic Irreversible Pulpitis C̄ — 6|7

Partially edentulous mandibular Arch.

Investigations -

ZOPA C̄ — 6|7.

Diagnosis

Root piece C̄ — |7

Chronic Irreversible Pulpitis C̄ — 6|

Partially edentulous mandibular Arch.

Treatment Plan.

Levels of prevention.

Primary -

Patient education, Diet counsell

Fluoride application.

Secondary -

Restoration $\frac{\bar{I}}{5}$

Tertiary

Disability Limitated

RCT $\frac{\bar{C}}{6}$

Prosthesis $\frac{\bar{C}}{6}$

FPD | Implant $\frac{\bar{C}}{67}$

Recall after - 1 week.

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Mayuri Kadam	15	33	48	49
2.	Nikita Gautam	16	30	46	46
3.	Shaikh Yumna	18	23	41	42
4.	Titiksha Thakur	16	25	41	44

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 1st internal examination are hereby instructed to undergo 1st internal additional Exam schedule on 4/1/21 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D.Y. Patil Dental School
Pradnyanagar City
Pune 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Uzair Raut	Present	Present
2.	Shital Khade	Present	Present
3.	Neha Londhe	Present	Present
4.	Gautami Kadam	Present	Present

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Dept. of Public Health Dentistry
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D Y Patil Knowledge City
Charoli (Bk), via Lohegaon, Pune - 412105

MCQs

1. Ethical principles guiding the conduct of population based on research and practice is: (a) Micro-ethics (b) Macro-ethics (c) Autonomy (d) Consent

2. The World Medical Association in 1966 reinforced the principles of:
(b) Nuremberg Code (b) Ethical rule for Dentists (c) Declaration of Helsinki (d) Ethical rule for virtue .

3. The ethical principle of doing no harm is termed:
(b) Nonmaleficence (b) Beneficence (c) Veracity (d) Confidentiality .

4. What is the amount of enamel lost by acid etching?
(a) One micrometer (b) Five micrometer (c) 10 micrometer (d) 20 micrometer.

5. The effect caused by a viscous gel to not completely and uniformly wet the entire enamel surface is called: (a) Milling effect (b) Skipping effect (c) Cross over effect (d) Contamination effect

6. The etching time for deciduous molars is:
(a) 30 seconds (b) 60 seconds (c) 90 seconds (d) 120 seconds

7. Which type of Preventive Resin Restoration involves a cavity extending into dentine and placing calcium hydroxide base?

(a) Type A (b) Type B (c) Type C (d) Type D

8. Data for needs assessment can be obtained by:
(a) Survey questionnaires (b) Telephonic calls (c) Video conferencing (d) Internet mailing

9. The planned end point of all activities is:
(a) Goal (b) Objective (c) Resources (d) Health needs

10. Data for needs assessment can be obtained by:
(a) Survey questionnaires (b) Telephonic calls (c) Video conferencing (d) Internet mailing

11. The planned end point of all activities is:
(a) Goal (b) Objective (c) Resources (d) Health needs

9. The process of learning which changes existing patterns of behaviour and attitudes is called as: (a) Cognitive (b) Affective (c) Psychomotor (d) Psychosocial

10. Health education failing as a result of illiteracy is due to:

(b) Physiological barrier (b) Psychological barrier (c) Environmental barrier (d) Cultural barrier

11. Health education failing as a result of illiteracy is due to:

(b) Physiological barrier (b) Psychological barrier (c) Environmental barrier (d) Cultural barrier

12. The art of winning friends and influencing people is called:

(b) Information (b) Education (c) Motivation

13. Express consent is not necessary for:

(a) General anaesthesia (b) Surgical operations (c) Routine sonography (d) Medico-legal cases

14. When two or more people agree upon the same thing in the same sense they are said to: (a) Consent (b) Trade (c) Rule (d) Surrender

15. Which of these is not an important part of consent:

(a) Information (b) Voluntariness (c) Capacity (d) Implementation

16. Consent has to be obtained in case of:

(a) Handlers of food and dairymen (b) Immigrants (c) People who are HIV positive (d) Court orders for psychiatric examination

17. The informed consent should be: (a) Taken even if patient is sedated (b) Local language (c) Taken at once for all procedures (d) Taken after the treatment is completed

18. The Dental Council of India was formed on:

(b) 12th April 1949 (b) 12th May 1949 (c) 12th June 1949 (d) 12th July 1949

19. Identify who is not an office bearer of IDA:

(a) President (b) President elect (c) Honorary treasurer (d) Honorary chairman

20. Those people practicing dentistry as a sole means of livinghood without qualifications are registered under:

(b) Part A (b) Part B (c) Part C (d) Part D

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

TOTAL: 60 Marks

Section B – SAQ (2 MARKS EACH)

1. Mention various sources of fluoride.
2. Enumerate any four errors in survey procedures
3. Classify pit and fissure sealants.
4. Mention atleast four water fluoridation studies.
5. Write a note on Acidulated Phosphate Fluoride (APF) gel.
6. Write in detail about Preventive Resin Restorations (PRR).
7. Enumerate and explain dental ethical principles.
8. Mention atleast four uses of index.
9. Write a note on Personal Protective Barriers.
10. Mention atleast four compounds used in water fluoridation.

Section C – LAQ (10 MARKS EACH)

1. Define Atraumatic Restorative Treatment (ART). Write the principles, indications, contraindications & steps in ART procedure.
2. Define survey. Describe the steps in survey procedure. Add a note on pilot survey and pathfinder survey

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Charoli (Bk), Via Lohegaon, Pune - 412105

MCQ – Answer Key

1. (b) Macro-ethics
2. (c) Declaration of Helsinki
3. (b) Nonmaleficence
4. (c)10 micrometer
5. (b) Skipping effect
6. (d) 120 seconds
7. (c) Type C
8. (a) Survey questionnaires
9. (b) Objective
10. (a) Survey questionnaires
11. (d) Health needs
12. (b) Affective
13. (d) Cultural barrier
14. (c) Motivation
15. (a) General anaesthesia
16. (a) Consent
17. (d) Implementation
18. (c) People who are HIV positive
19. (b) Local language
20. (a)12th April 1949

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Uzair Raut

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D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination 4/1/2021

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) ●

RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	1st Internal Additional Exam
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash

Invigilator's Signature

Candidate Signature

12/20

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	1	1	1
B	2	2	2
D	3	3	3
G	4	4	4
M	5	5	5
N	6	6	6
P	7	7	7
S	8	8	8
U	9	9	9
	0	0	0

ANSWERS

	A	B	C	D
1	●			
2			●	
3	●			
4			●	
5	●			
6				●
7			●	
8	●			
9		●		
10	●			
11				●
12	●			
13	●			
14			●	
15	●			
16	●			
17				●
18	●			
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20		●		
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22				
23				
24				
25				
26				
27				
28				
29				
30				

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Uzair Saut

Name of the Examination Additional exam Class IV

Subject PHD.

Roll No. _____ Date 4/1/2021

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Uzair

Signature of Candidate

Sec A B + C

12 + 11 + 11

34/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Sec. B

→ Brief Ans.

1] Sources of flouride.
- Fruit juices
- Drinking water
- Raisins.

2] Errors in Survey
- Sampling error
- Response bias
- Response error
- Measurement error

3] Classification of Pit & fissure Sealants

1] Based on colour → opaque
→ Transparent

2] Based on generation → 1st
→ 2nd
→ 3rd
→ 4th

3] Based on fillers → filled
→ unfilled.

4] Water fluoridation studies.
Grand Rapids → Muleegan study
Newburgh → Kingston study

SAQ

1] Acidulated phosphate gel

indications → caries active children
→ ↓ salivary flow
→ eating disorder.

→ Methods of preparation
- Dissolve 20g NaF in 1lit. of 0.1M phosphoric acid.
- add 50% hydrofluoride acid to adjust pt at 3

2] Preventive resin restoration
A → superficial caries
B → caries till dentin
C → Deep dentin caries.

3] Principles of ethics
- To do good
- To do no harm
- Truthfullness
- Justice
- Autonomy
- confidentality.

4] Uses of indices.

- To access prevalance & incidence of oral ~~disease~~ disease
- Clinical Trials.
- Study oral health status
- Evaluation of oral health ~~centers~~ centers.

LAQ.

Atraumatic Restorative Treatment.
- Dental caries treatment procedure involving removal of soft, demineralized tissues using hand instruments alone followed by restoration of tooth with adhesive material, GIC.

Principles -
1) Removing caries lesion.
2) Restoration, using adhesive material, GIC

Indications.
- young children.
- Pt. with fear & anxiety
- Caries
- Mentally / Physically handicaped

Contraindications.
- New caries tooth
- exposed pulp
- Pain.

✓ 5

- Procedure.
- isolation
- Preparing Cavity.
- Mixing restorative materials.
- Restoration.

D Y PATIL GROUP

Q) Survey.

An investigation in which information is collected systematically but no experimental method is used.

- Steps.

1) establishing the objective

2) Designing investigation

3) Selecting a sample

4) Conducting examination

5) Analysis of data

6) Drawing conclusions

7) Publishing results.

8) Pilot survey.

Smaller survey taken before sending it to target audience

/6

- Path finda Suevey

- incoepoeates sufficient examination
- Sets to covee all imp: subgeaups on papulation that may have diffeeent disedse levels ue treatment needs.

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D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Uzair Saut

Name of the Examination Additional exam Class IV year

Subject PHD

Roll No. Date 8/1/21

Students Signature Uzair "Seen No. Complaint"

Case History.

40

Name → Swapnali Jadhav.
Age → 30 yrs.
Gender → female
Religion → Hindu.
Marital Status → Married
Place of birth → Latur.
Residence in early childhood → latur.
Source of water in early childhood → River water
education → Diploma
occupation → Technician.
Income → 40000/month
No. of family members → 5
Socioeconomic status → $5P_3P_2 = 10$
Residential address → Alandi, Pune.
Chief Complaint → Pain in upper left back region of jaw since a month.
HOPI → Back & Pain aggravated on eating food
Medical History → NRH
family history → NRH
Personal History → NRH

A. Habits.

	No.	Freq.	Duration
Pan chewing	-	-	-
Smoking	-	-	-
Alcohol	✓	2-3 times in month.	-

B. Other habits.

Thumb Sucking	-	-	-
Tongue thrusting	-	-	-
Mouth breathing	-	-	-

C. Oral hygiene practices.

Type of tooth brushing → Vertical
Material used for brushing → Brush & Paste
Frequency → once a day
Timing → Morning

D. Diet History.

- 24 hr. diet chart.

Time	Diet.
7-8 am	Poha
9 am	Tea
1-2 pm	Chapati Bhaji, Rice
5-5:30 pm	Tea
9:30-10 pm	Chapati, Bhaji

- Sugar intake

Frequency → 2 times a day
Consistency → Solid & liquid

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E. General Physical Examination.
Built - lean
Weight - 45kg
Height → 5 ft 3inches
Gait → normal
Posture → erect
Pulse → 75 bpm
Anemia → -
Cyanosis → -

F. Extra oral examination.
Facial symmetry → Bilaterally symmetrical.
TMJ - No clicking
lymph node → Non palpable.

G. Intraoral Examination.
1 Soft tissue → labial mucosa → Normal
→ Buccal mucosa → normal.
→ Tongue → Normal.

2 Gingiva → Color → Pink.
Size → Normal
Contour → Scalloped
Bleeding on probing → Absent.

3] PDL examination → Pockets → Absent
Furcation → -
Mobility → -

4. Hard tissue examination.
1 No. of teeth present → 30
2 Dental caries → No
3 TOP → No
4 fractured teeth → No
5] Flurosis - No
6 Malocclusion - No
7 Prosthesis is crown c̄ 6

→ Provisional diagnosis
irreversible pulpitis c̄ 56

→ Investigation → IOPA c̄ 56
→ Diagnosis → irreversible pulpitis c̄ 56
→ Treatment plan → RCT

→ levels of prevention
1] Disability limitation RCT c̄ 56
2] Rehabilitation → crown placement.
3] Recall & followup.

Shital Khade

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D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

2021

SECTION A

Sr. No. 4/1/21

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	1st Internal Additional Exam
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash

Invigilator's Signature

Candidate Signature

13/20

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No. 4/1/24

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
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3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Shital Khade.

Name of the Examination Additional exam Class IV

Subject PHD

Roll No. _____ Date _____

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Sec A + B + C

13 + 12 + 11

36/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No. 4/1/21

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

Name of the Student Shital khade.

Name of the Examination Additional exam Class IV

Subject PHD

Roll No. _____ Date _____

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Signature of Candidate

Sec A + B + C
13 + 12 + 11
36/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

SAG.

Acidulated phosphate gel

Indications

Caries active children

Disabled children

Pt. with reduced salivary flow

Pt with eating disorder.

Method of preparation

Dissolve 20g NaF in 1 lit of 0.1 N phosphoric acid

to this add 50% hydrofluoride acid to adjust PH at 3.

Preventive resin restoration

Types → A → Caries in enamel
→ B → Caries in dentin
→ C → Caries deep in dentin

4] Principles of ethics.
- To do good
To do no hoem
Autonomy
Justice
Truthfullness
Confidentality.

5] Uses of indices.
- To assess prevalence & incidence of oral disease.
- in clinical trials
- evaluation of oral health services
- study oral health status.

LAQ

Atraumatic Restorative treatment

A dental caries treatment procedure involving removal of soft, demineralized tooth tissue using hand instrument alone followed by restoration of tooth with an adhesive restorative material (GIC).

Peinciple

- Removing caries lesion with hand instruments only.
- Restoration using adhesive restorative material

Indications.

- in younger children
- Pt. with fear & anxiety.
- enamel caries
- Mentally / Physically handicapped Pt.

Contraindications

- Near carious tooth.
- Pulp exposed
- Painful teeth for long time
- presense of swelling
- pulpal caries.

5

→ Procedure

- isolation
- Cavity preperation.
- Cleaning the prepared cavity
- Mixing of restorative material.
- Restoration of cavity.

D Y PATIL GROUP

2] Survey.

An investigation in which information is collected systematically but in which experimental method is not used.

→Steps →
1] establishing the objective
2] Designing the investigation
3] Selecting a sample
4] Conducting examination.
5] Analysis of data
6] Drawing Conclusions
7] Publishing results
8] Pilot survey.

it is mini survey where the researcher sends out a questionnaire to the samples audience before sending to the target audience.

→Path finds Survey
incorporates sufficient examination sets to cover all important subgroups of the population that may have differing disease levels or treatment needs of at least 3 of age group.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No. 5111/21

Name of the Student Shital Khade

Name of the Examination Additional exam Class IV year.

Subject PHD

Roll No. Date

Students Signature "Seen No. Complaint"

Case History.

Name → Ibrahim Shaikh

Age → 18yrs.

Gender → Male

Religion → Muslim

Marital status → Unmarried.

Childhood Residence → Mumbai

Source of water → water tank.

Education → 12th

Occupation → Student.

Income → -

Number of family members → 10

Socioeconomic Status → lower class

Residential add → Pune, yerwada.

Chief Complaint → left lower region of jaw since 1 month.

Medical history → NAD

Dental history → extraction ~~+~~ 6

Personal history → NAD

other habits → thumbsucking -

→ Mouth breathing -

42/60

B] Oral hygiene practices
Tooth brushing → Horizontal
Material used → Brush & Paste
Frequency → once
Time → Morning.

C] Diet History.
Type - Balanced diet.

Diet chart.	Type of meal.
8:00 am	Tea & Biscuits
9:00 am	Sandwich
12:00 pm	Chapati & Sabzi
8:00 pm	Dal, Rotis & rice

Sugar → Frequency → once
→ Consistency → liquid
→ Timing of intake.
→ Sugar score → 5 (excellent)

D] General Physical Examination.
1] Built → Moderately built
2] Weight → 54 kg.
3] Ht → 4'9"
4] BMI → 22.3
5] Gait → Normal
6] Posture → erect
7] Pulse - 73
8] Temp - 37°C

D Y PATIL GROUP

E] Extra Oral Examination.

1] Facial symmetry → Grossly bilateral

2] TMJ → Normal.

3] Lymph nodes → Nonpalpable

F] Intraoral examination.

1] Labial/ Buccal/ tongue/ palate → Normal.

2] FOM → Normal.

3] Gingiva
- → Colour → Pink.
- → Size → Normal.
- → Shape → scalloped
- → Consistency → firm & Resilient.
- → surface texture → stippling.
- → BOP → NA

G] Hard tissue examination.

1] No. of teeth present → 27

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

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

2] Teeth clinically absent — 6

3] Caries — 6 | 6 — 76 | 57

4] TOP +ve — 6

6] Malocclusion
- → Class II
- → Anterior Crowding — 3

→ Provisional diagnosis
Chr. irreversible pulpitis $\frac{6}{}|\frac{}{5}$

→ investigations
① IOPA $\frac{6}{}|\frac{}{5}$

→ Treatment
① RCT $\frac{6}{}|\frac{}{5}$
② Crown $\frac{6}{}|\frac{}{5}$

→ periodic Recall & Checkup.

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Uzair Raut	18	22	34	40
2.	Shital Khade	13	23	36	42
3.	Neha Londhe	16	22	38	43
4.	Gautami Kadam	17	25	42	44

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D.Y Patil Dental School
D.Y Patil Knowledge City
Charoli (Bk). Pune 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 2nd internal examination are hereby instructed to undergo 2nd internal additional Exam schedule on 13/4/21 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), [illegible] Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Nidhi Degulkar	Present	Present
2.	Shweta Roy	Present	Present
3.	Arush Gupta	Present	Present
4.	Deep Shah	Present	Present

PROFESSOR & HEAD
Dept of Public Health Dentistry
D Y Patil Dental School
D Y Patil [illegible] College City

MCQs

1. Atraumatic Restorative Treatment follows the principle of restoring the cavity with:
   (b) Permanent restorative material (b) Biomimetic restorative material (c) Tooth looking restorative material (d) Temporary restorative material

2. In which year, was ART a theme in World Health Day theme?
   (b) 1990 (b) 1992 (c) 1994 (d) 1996

3. Atraumatic Restorative Treatment was pioneered in 1980s in:
   (b) Tanzania (b) New Zealand (c) Thailand (d) Zimbabwe

4. The ART technique was pioneered by:
   (a) Joe. faencken and Holmgren (b) McKay and Eager (c) Dean and associates (d) Sheiham and Watt

5. The development of a series of procedures that are necessary to restore a diseased dentition to a state of health is called:

   (a) Diagnosis (b) Prognosis (c) Treatment planning (d) Informed consent

6. . The name of a patient is taken in case history to:
   (a) Establish good rapport (b) Render psychological benefit (c) Indicate religion of a person (d) All the above

7. Garre's osteomyelitis occurs in individuals younger than:
   (a) 25 years (b) 45 years (c) 55 years (d) 65 years

8. The germ theory of the disease paved way for which concept of health?
   (a) Biomedical concept (b) Ecological concept (c) Psychosocial concept (d) Holistic concept

9. . The multidimensionality of health in terms of social, economic, political and environmental influences is described by:

   (a) Biomedical concept (b) Ecological concept (c) Psychosocial concept (d) Holistic concept

10. . The "feeling" of being in good health is of:
    (a) Social dimension (b) Spiritual dimension (c) Emotional dimension (d) Mental dimension

11. The process by which a government agency grants permission to qualified people to engage in a given occupation is called:

    (a) Licensure (b) Registration (c) Inspection (d) Examination

12. . The list of qualified individuals listed on an official roster is:

(a) Licensure (b) Registration (c) Inspection (d) Examination

13. . The first dental school established in the world was:

(a) Pennyslvania dental school (b) Baltimore College of Dental Surgery (c) Royal College of Dental Sciences (d) University of Michigan

14. The GIC bonding in ART is:

(a) Mechanical (b) Chemical (c) Physical (d) Both mechanical and chemical

15. The distance from the operator's eye to the patient's tooth is usually between:

(a) 20 – 25 cm (b) 25 – 30 cm (c) 30 – 35 cm (d) 35 – 40 cm

16. For a right handed operator in ART procedure, the assistant should be seated at:

(a) Left side (b) Right side (c) Back of the operator (d) Front of the operator

17. The lowest point in the health disease spectrum is:

(a) Unrecognized disease (b) Mild sickness (c) Severe sickness (d) Death

18. . The way people live is termed:

(a) Culture (b) Lifestyle (c) Behaviour (d) Attitude

19. .The science of mutual relationship between living organisms and their environment is:

(a) Environment (b) Education (c) Ecology (d) Indicator

20. The prescription of the health professional should mention:

(a) Scholarships obtained (b) Awards rewarded (c) Date and timing of consultation (d) Socio-economic status

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM - 2ND INTERNAL EXAMINATION - FINAL YEAR 2020 - 21

TOTAL MARKS – 60

DATE -

SECTION B - SAQ (4 MARKS EACH)

1. Elements of primary health center
2. Steps in conducting survey
3. Bangalore method of composting
4. Topical fluoride
5. Principles of health education
6. CPITN index
7. Presentation of data
8. Levels of prevention
9. UCR
10. Tools of community dentistry

SECTION C - LAQ (10 MARKS EACH)

1. Define biostatistics. Classify data. Write in detail about methods of collection of data. Write a note on uses of biostatistics
2. Describe in detail the various modalities of payment in dental care delivery system.

PROFESSOR & HEAD
Dept. of Public Health
D. Y. Patil Dental College
Charholi (B.), Via Lohegaon, Pune - 412105

MCQ – Answer Key

1. (b) Biomimetic restorative material
2. (b) 1992
3. (b) Tanzania
4. (a) Joe. faencken and Holmgren
5. (a) Diagnosis
6. (a) Establish good rapport
7. (a) 25 years
8. (a)Biomedical concept
9. (a)Biomedical concept
10. (a)Social dimension
11. (a)Licensure
12. (b) Registration
13. (b) Baltimore College of Dental Surgery
14. (b) Chemical
15. (c) 30 – 35 cm
16. (a) Left side 17. (d) Death
18. (b) Lifestyle
19. (c) Ecology
20. (c) Date and timing of consultation

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D.Y. Patil Knowledge City
Charoli (bk), Via Lohegaon, Pune - 412105

Nidhi Degwkar

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination 2021

SECTION A

Sr. No. 13/4/21

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	2nd Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr Prakash

Invigilator's Signature

13/20

Candidate Signature

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1		●		
2		●		
3		●		
4		●		
5	●			
6	●			
7	●			
8	●			
9	●			
10	●			
11				●
12			●	
13			●	
14				●
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17				●
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28				
29				
30				

Seen and No. Complaint

Candidate's Signature

Dr Prakash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No. 13/4/21

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Nidhi Pegulkar

Name of the Examination Additional examination (IInd Internal Exam) Class

Subject

Roll No. Date /2021.

49/60

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

See A 13 + B + C 20 + 16

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

1) Elements of primary health center -

They are -

- Education about prevailing health problems & how to prevent & control them.

- Food supply & proper nutrition.

- Adequate supply of safe water & basic sanitation.

- maternal & child health, family planning.

- Immunisation against infectious diseases

- Prevention & control of endemic disease.

- Treatment of common infection.

2) steps in conducting survey

- surveys are an important means of collecting health & social science information from a sample of people in standardized way to better understand a larger population.

- It includes —
- Establishing the objective -
- Designing the investigation
- Selecting the sample.
- conducting the examination.
- Analysing the data.
- Drawing the conclusion
- publishing the result

- Establishing the objective —
- Investigator must be fully clear about the objective of the investigation.

3) Banglore method of composting —

- It is aneerobic method commonly carried out in pits.
- In Banglore method of composting dry waste method of 25 cm thick spread in a pit & a thick suspension of cow dung in water is sprinkle over moistening.

(2)

method —

- within 7 days heat generation
- Heat persists for 2-3 weeks.
- Destroy all pathogens & parasitic organism.
- End of 4-6 month decomposition is complete.

4) Topical fluoride —
— In 1942, Bibby discovered that the topical application of sodium on potassium fluoride on the tooth surface can be used for reduction of dental caries.

3

topical fluoride.

professional	self applied
— Natural sodium fluoride,	— Dentifrice
	— mouth washes
— Stannous fluoride.	— fluoride gel.
— ADF soln / Gel.	
— varnish.	

5) principle of health education —
— The main principle & goal of public health revolve around promoting health & preventing disease.

3

Aspect — environment, education, prevention, medicine.

1. credibility
2. Interest
3. community participation
4. motivation
5. combination
6. learning by doing
7. known to unknown
8. setting examples
9. good human relation
10. feed back.

6) CPITN Index—

CPITN is a screening procedure for identifying actual & potential problems posed by periodontal disease both in the community & in the individual introduced in 1982

4

- The CPITN record the common treatment condition namely—
  - periodontal pocket
  - gingival pockets
  - dental calculus,
  - other plaque related factors,

7) presentation of data—

- Data collection is a process of collecting information from all relevant sources to find answers to the hypothesis evaluation to outcomes.

4 methods—

Based on data type— i) Discrete
ii) continuous

- Discrete data are distract & separated as also even whole no.

f) levels of prevention—

- The concept of prevention is best defined in context of levels traditionally called primary, secondary & tertiary.

- primary prevention
- secondary prevention
- tertiary prevention.

g) UCR—

- The amount of paid for medical service in geographic area based on what provides in the area. usually similar medical service.

h) Tools of community dentistry—

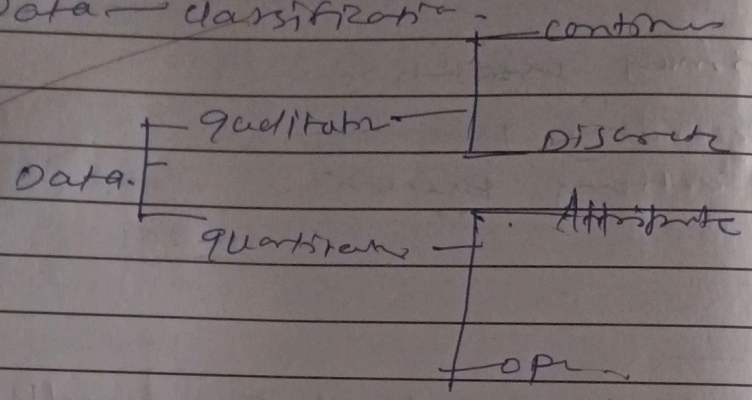
- Epidemiology
- Biostatistics
- Social Sciences
- principle of administration
- Preventive dentistry

LA9

1) (A) biostatics —

- Branch of statics concerned with mathematical facts & data relating biological events.

(B) Data — classification —



2) various moditities of payment in dental care delivery system —

(1) private fee — for services.
(2) post payment plan
(3) private third party service plans
  (a) commercial insurance
  (b) non profit health service
  (c) prepaid group practice
  (d) capitation plans.
(4) salary
(5) public program.

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Practical / Clinical Examination Answer Book

Examination

Sr. No. 11/4/24

Name of the Student Nidhi Degulkar

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Students Signature _____ "Seen No. Complaint" _____

40/100

Name - Radhabai Pakle

Age - 54

Gender - Female

Religion - Hindu

Marital status - Married

Place of birth - Pune

Source of Water - PMC

Occupation - Teacher

Income - 35,000 per month

Residential Address - Lohegaon, Pune.

Chief complaint - Patient complains of pain in lower right Back Region of jaw since 10days.

HOPI - Patient was Apparently Normal ~~10days ago~~ Noticed experiencing pain in Lower Right Back Region of jaw since 10days.

Pain - Dull continuous or Radiating

Aggravating - On eating cold or Hot

Relieved - After Medication

Medical history - NRH.

Dental History - NAH

Personal History - NAH

Oral Hygiene

Type of Tooth Brushing - Horizontal

Material used - Tooth Brush or Tooth Paste

Frequency - Once

Diet History

Type - Mixed

Time	Diet
9:00am	Tea + Biscuit
2 pm	Chappati + Bhaji
4 pm	Samosa + Chocolate

Sugar Score - 20

Watch out Zone.

General Examination

Built - Average

Gait - Bipedal Biphalic

Posture - Erect

Extra Oral Examination

Facial Symmetry - Grossly symmetrical

TMJ - No Clicking sound, No deviation

Lymph Node - Non Palpable.

Intra Oral Examination

Soft Tissue - No Abnormality detected

Gingiva

Colour : Pink

Size : Normal

Surface Texture - Stippling Absent

Periodontal Examination - No Abnormality Detected.

Hard tissue Examination.

Teet Present 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.

Teeth Absent $\bar{c}$ ___ | ___ 6

Dental caries $\bar{c}$ ___ 86 | ___ 5

Tenderness on percussion. $\bar{c}$ ___ 6 | ___

Filled Teeth - Absent

Stains + +

calculus + +

Provisional diagnosis

Apical Periodontitis $\bar{c}$ ___ 6 | ___ (TOP +ve)

Occlusal caries $\bar{c}$ ___ | ___ 5

Chronic Irreversible pulpitis $\bar{c}$ ___ 8 | ___

Final Diagnosis

PeriApical Abscess $\bar{c}$ ___ 8 | ___

Chronic Irreversible Pulpitis $\bar{c}$ 8 /

Chronic Generalized Marginal Gingivitis

Dental Caries $\bar{c}$ / 5

Treatment Plan.

Levels of Prevention.

Primary

Health Promotion - patient education of & motivation

Advice modified Bass Brushing

Specific Protection Flouride Application.

Secondary

Restoration $\bar{c}$ / 5

Tertiary

Root canal $\bar{c}$ 6 /

Extraction $\bar{c}$ 8 /

Rehabilitation

Prosthesis $\bar{c}$ 6 /

Implant / FPD $\bar{c}$ / 6

Recall After 1 week.

Shweta Ray

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Internal Assessment Examination 2021

SECTION A

Sr. No. 13/4/24

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG	RIGHT
Ⓐ Ⓑ Ⓒ ●	Ⓐ Ⓑ ● Ⓓ

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	2nd Internal Additional Examination
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash

Invigilator's Signature

10/20

Candidate Signature

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

	1	1	1
A	2	2	2
B	3	3	3
D	4	4	4
G	5	5	5
M	6	6	6
N	7	7	7
P	8	8	8
S	9	9	9
U	0	0	0

ANSWERS

	A	B	C	D
1		●		
2		●		
3		●		
4	●			
5	●			
6	●			
7				
8	●		●	
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30				

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No. 13/4/24

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Shweta Ray

Name of the Examination Additional examination (IInd Internal Exam) Class /2021

Subject

Roll No. Date

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

35/60

SEE + SEE B + C
10 15 10

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

1) Elements of Primary health center—

→ They are—

- education about prevailing health problems & how to prevent & control them.

- food supply & proper nutrition.

- Adequate supply of safe water & basic sanitation.

- maternal & child health, family planning

- Immunisation against infectious diseases

- prevention & control of endemic disease

- Treatment of common infections.

2) Steps in conducting survey —

— Surveys are an important means of collecting health & social science information from a sample of people in a standardized way to better understand a larger population.

— It includes —

1. Establishing the objectives
2. Designing the investigation
3. selecting the sample
4. conducting the examinations.
5. Analyzing the data.
6. Drawing the conclusion.
7. publishing the result.

1) Establishing the objective :—

Investigator must be fully clear about the objective of the investigation.

3) Bangalore method of composting—

→ It is anaerobic method conventionally carried out in pits.

- In Bangalore method of composting, dry waste material of 25cm thick is spread in a pit & a thick suspension of cow dung in water is sprinkled over moistening.

methods—

- within 7 days heat generated.

- Heat persists for 2-3 weeks.

- destroy all pathogenic & parasitic organism.

- End of 5-6 months decomposition is complete.

- manure — well decomposed, odourless, innocuous material, high manurial ready for application to the land.

4) Topical fluoride —

→ In 1942, Bibby discovered that the topical application of sodium & or potassium fluoride on the tooth surface can be used for reduction of dental caries.

Topical fluorides.

Professional	Self Applied.
– Natural sodium fluoride.	– Dentifrices
– Stannous fluoride	– mouth washes
– Apf sol^n/ Gels	– fluoride gels.
– varnish.	

5) principles of health education —

→ the main principles & goals of public health revolve around promoting health & preventing disease.

– Aspects → environment, education, sanitation, & preventive medicine.

(1) Credibility
(2) Interest
(3) community participation
(4) motivation
(5) comprehension
(6) Reinforcement
(7) Learning by doing
(8) From to unknown
(9) setting an example
(10) good human relation
(11) feedback.

6) CPITN Index.

- CPITN is a screening procedure for identifying actual & potential problems posed by periodontal disease both in the community & in the individual introduced in 1982.

- the CPITN record the common treated condition namely —
  - periodontal pockets
  - gingival inflamation.
  - dental calculus
  - other plaque related factors.

7) presentation of data.

→ Data collection is a process of collecting information from all relevent sources to find answers to the research problem, test the hypothesis & evaluate the outcomes.

methods of presentation —

- Based on data type, representation data also differs.
- There are two different types of data in statistics — i) discrete data
  ii) continuous data
- Discrete data are distinct & separate & also invariably whole numbers eg. no. of death due to particular disease.

8) Levels of prevention —

→ The concept of prevention is best defined in context of levels, traditionally called primary, secondary & tertiary prevention. A fourth level, called primordial prevention, was later added.

(12)

- primordial prevention
- primary prevention.
- secondary prevention.
- Tertiary prevention.

9) UCR ←

- The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical services.

(2)

10) Tools of community dentistry —

→ Epidemiology
Biostatistics
social sciences
principles of administration
preventive dentistry.

(2)

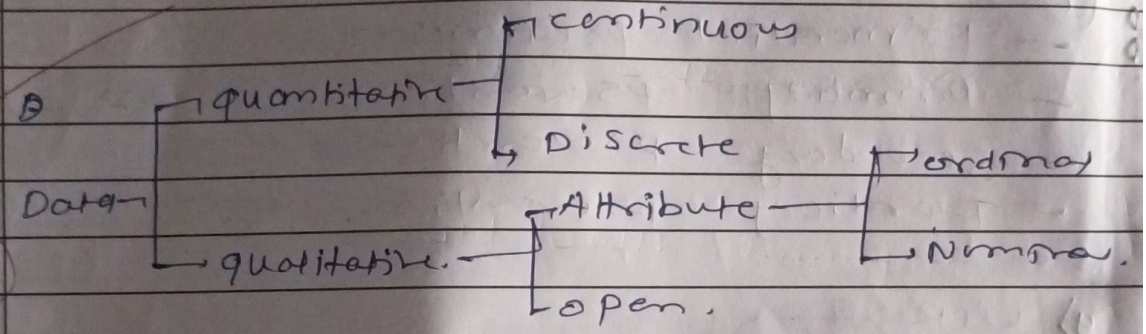
- NKH

LAQ.

1) (A) biostatistics —

- Branch of statics concerned with mathematical facts & data relating biological events.

(B) Data — classification —



2) various modalities of payment in dental care delivery system —

→ (1) private fee — for services
(2) post payment plans.
(3) private third party service plans —
(a) commercial insurance companies.
(b) Non profit health service:
eg:- Delta dental plan
(c) prepaid group practice
(d) capitation plans.
(4) salary
(5) public programs.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Supplement Sheet

14/4/21

Name of the Student Shweta Ray

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Supplement No. _____ Invigilator Signature _____

45/60

Name - Mangesh Baghel
Age - 40
Gender - Male
Marital Status - Married
Place of Birth - Pune
Source of water - PMC
Occupation : Teacher
Income : 30,000 per month
Residential Address - Lohegaon Pune.

Chief Complaint - Patient complains of Pain in lower Right Back Region of Jaw since 5 days.

HOPI - Patient was Apparently alright 5 days ago started experiencing Pain in lower Right Back Region of jaw
Pain Dull, continuous & Radiating
Aggravated - on eating cold or Hot
Relieved - After Medication

Medical History - NRH
Dental History - NRH
personal history - NRH

Oral hygiene:
Type of tooth Brushing Horizontal
Material used - Tooth Brush & Tooth Paste
Frequency - Once.

Diet history
Type - Mixed

Time	Diet
7:00 am	Tea + Biscuits
12 pm	Chapati + Bhaji
4 pm	Samosa + chocolate.

Sugar score - 20
Watch out Zone.

General Examination.
Built : Average.
Gait : Bipedal Biphalic.
Posture : Erect.

Extra oral Examination.
Facial symmetry - Grossly symmetrical
TMJ: No clicking sound. No deviation.
Lymph nodes Non Palpable.

Intra oral Examination
Soft Tissue - No Abnormality detected

Gingiva:
Colour - Pink

D Y PATIL GROUP

Gingiva : ~~Pink~~ Normal

Surface : Normal Texture Stippling Absent

BOP : ~~Texture~~ Negative Stippling ~~Absent~~

Periodontal Examination : No Abnormality detected

Hard Tissue Examination.

Teeth Present 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.

Teeth Absent $\bar{c}$ ___ | 6

Dental caries $\bar{c}$ ___ | ___

8 6 | 5

Tenderness on Percussion $\bar{c}$ ___ | ___

6

Filled Teeth - Absent

Stains + +

Calculus + +

Provisional Diagnosis.

Apical Periodontitis $\bar{c}$ ___ | ___

6

Cervical caries $\bar{c}$ ___ | ___

5

Chronic Irreversible pulpitis $\bar{c}$ ___ | ___

8

Final Diagnosis

Periapical Abscess $\frac{\bar{c}}{8}$

Chronic Irreversible pulpitis $\frac{\bar{c}}{c}$

Chronic Generalised Marginal Gingivitis

Dental Caries $\frac{\bar{c}}{5}$

Treatment Plan:

Levels of Prevention:

Primary:

Health Promotion - patient education (Motivation)
- Advice: Modified Bass Brushing

Specific Protection - Flouride Application:

Secondary:

Restoration $\frac{\bar{c}}{5}$

Tertiary:

Root canal $\frac{\bar{c}}{6}$

Extraction $\frac{\bar{c}}{8}$

Rehabilitation

Prosthesis $\frac{\bar{c}}{6}$

Implant / FPD $\frac{\bar{c}}{6}$

Recall After 1 week

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Nidhi Degulkar	13	36	49	40
2.	Shweta Roy	10	25	35	45
3.	Arush Gupta	16	26	42	44
4.	Deep Shah	17	23	40	42

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the Prelim examination are hereby instructed to undergo Prelim additional Exam schedule on 10/8/21 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk). Via [illegible] Pune 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Kshitija Mehre	Present	Present
2.	Ali Tandel	Present	Present
3.	Prince Singh	Present	Present
4.	Prachi Sharma	Present	Present

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

SECTION A – MCQS (1 MARK EACH)

1. Non sterile gloves are appropriate for:
   A. Examinations
   B. Episectomy
   C. Extraction
   D. Pulpotomy

2. Penetration of liquids through undetected holes in the gloves is called:
   A. Washing
   B. Donning
   C. Wicking
   D. Wiping
   E.

3. The International Sanitary Conference, origin of international health cooperation was held in:
   A. 1851 in Paris
   B. 1851 in London
   C. 1875 in Germany
   D. 1875 in Africa

4. The objective of the International Sanitary Conference was to bring in:
   A. Social equality
   B. Health equality
   C. Uniformity in quarantine measures
   D. Improved economy of countries

5. The term oral hygiene was coined by-
   A. Guy de Chauliac
   B. M L Rhein
   C. James Snell
   D. Hippocrates

6. Slogan of ‘a clean tooth never decays’ was introduced by –
    A. Alfred fones
    B. Edward angle
    C. Leon Williams
    D. Churchill

7. Functions of proteins are
    A. Body building
    B. Repair of tissues
    C. To supply energy
    D. All of above

8. Functions of lipids are
    A. Supply energy
    B. Carry fat soluble vitamins
    C. Add satiety to food
    D. All of above

9. Which of these classifies under chemical occupational hazards in dentistry?
    A. Heat electrical hazards
    B. Exposure to ultraviolet radiation
    C. Mercury inhalation
    D. Noise

10. International Commission of Radiological Protection has set the maximum permissible level of occupational exposure at:

A. 5 rem
B. 10 rem
C. 15 rem
D. 20 rem

11. Private third party plans are all <u>EXCEPT</u> –
    A. Insurance companies
    B. Delta plans
    C. Capitation plans
    D. Fee for service

12. Most culturally accepted payment plan –
    A. Fee for service

B. Insurance companies
C. Delta plans
D. Capitation plans

13. Prophylactic Odontomy was coined by
    A. Hyatt
    B. Bodecker
    C. Black
    D. All of above

14. Fissure eradication was suggested by
    A. Hyatt
    B. Bodecker
    C. Black
    D. All of above

15. The deficiencies in health that call for preventive, curative, control or eradicate measures are termed as:
    A. Health needs
    B. Planning
    C. Evaluation
    D. Objective

16. Designing a course of action for a circumscribed health problem is:
    A. Problem solving planning
    B. Program planning
    C. Coordination of efforts and activities planning
    D. Planning for allocation of resources

17. Professional factor for location of practice set up does not include:
    A. Revenue earnings
    B. Growth
    C. Climatic preference
    D. Opportunities for referral practice

18. What is the miminal area required to set up a clinic:
    A. 100 – 200 sq feet
    B. 200 – 400 sq feet
    C. 400 – 600 sq feet

800 – 1000 sq feet

19. Following type of inter-dental cleaners is used for Type II embrasures

A. Tooth brush
B. Dental floss
C. Unitufted brush
D. Interdental brush

20 .Which is NOT an inter-dental aid –

A. Super floss
B. Tooth brushes
C. Bottle brushes
D. Perio aid

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM – PRELIMINARY EXAMINATION - FINAL YEAR 2020 - 21

SECTION B - SAQ (3 MARKS EACH)

1. Enumerate steps in Pit and fissure sealant
2. EFDA
3. Knutson technique
4. Write a note on mass approach for health education
5. Enumerate measures of dispersion
6. Write a note on panel discussion
7. Attitude of LOW SES group towards oral health.
8. ASHA
9. Deans fluorosis index
10. Caries activity test

SECTION C - LAQ (10 MARKS EACH)

1. Define survey. Write in detail about various steps involved in survey explain path finder survey.
2. Define index discuss in detail about DMFT and DMFS.

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Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Vi... Pune 412105

MCQ - ANSWER KEY

1. C
2. C
3. A
4. C
5. B
6. C
7. D
8. D
9. C
10. A
11. D
12. A
13. A
14. B
15. A
16. B
17. C
18. D
19. D
20. B

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Vi... Pune - 412105

Ali Tandel

D Y PATIL GROUP

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

10/8/2024.

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelims . Additional Exam
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Dr. PK

Candidate Signature

14/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr. Nakagi

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Ali Tandel

Name of the Examination IIIrd Internal Additional Exam Class 4th Year

Subject ~~fire~~ PHD.

Roll No. _____ Date 10/8/2021, 2021

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Sec A + B C

14 20 14

48/40

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q1 pit & fissure sealent. steps

1) polish the tooth surface
2) Isolate & dry the tooth surface
3) Acid etching
4) Rinse the tooth
5) Isolate & dry the mouth
6) material application
7) Evaluate the sealent
8) Check the occlusion
9) Retention & periodic recall examination.

Q2 EFDA

- It is expended fn dental assistant.
  EFDA is a dental assistant who has received further training in duties related to the direct treatment of the patients.
- They doesn't prepare cavity & make decision as to pulp protection after caries has been excavated.

4 level of training & qualification

1. certified dental assistant
2. preventive dental assistant
3. Dental hygienist
4. Dental hygienist with expended duties

Q 3 -> Knutsons tech.

1. Treatment are given in series of 4 appointment

- 1) At the initial opponintment, teeth are 1st cleaned with pumic slurry & then isolated with cotton rolls & dried.
2) Using cotton-tipped applicator sticks 2% Na+ fluoride sol^n is painted on air dried teeth. sol^n is allowed to dry 3-4 min
3) This procedure is repeated from each of isolated segement until all of teeth are treated
4) 2nd, 3rd & 4th fluoride application, each not preceded by the prophylaxis, appx 1 week
5) 4th visit procedure is recommended for age is recommended for age 3, 7, 11, & 13 yr
6 Most of the teeth would be treated soon after their eruption, ~~pro~~ protection afforded by topical application

Q panel discussion

- ~~panel~~ panel of 4 to 8 experts sit & discuss a topic in front of an audience
- Headed by a chairman who open the secussion, introduce the speakers and keep the discussion going.
- Audience are awarded to ask question.
- Chairman sumps up the different viewer presentation

Q ASHA

Accredited social Health Activist

-1. ASHA must Primarily be a women resident of the vallage preferably in the age group of 25 to 45 yr

2. She should be a litrate women with Formal education up to class eight

3. ASHA will be chose through a rigorous process of selection involving various community.

4. ASHA has undergone series of training episodes to acquire the necessary knowledge, skills & confidence for ~~prepof~~ preparing her spelled out roles.

5. ASHA will be Health ~~acti~~ activity in community Health Care

6. There is total ~~ep~~ period of 23 days training in 5 episodes

Q Dean's Fluorosis Index

① Normal - Enamal represent the usual translucent semi-vitrif type of Structure.

② Very mild - Small, opaque, paper white. Creamy sem on tooth

③ Mild - white, opaque surface of tooth involving 1/2 of tooth

④ Moderate - All tooth are involved, Subject to attraction

(4) Moderately severe — Greater depth of enamel appears, smoky, white appearance.

(5) Severe — Hypoplasia is so marked that the form of the teeth, mild pathological, incisal, occlusal.

3

Caries activity test

(1) Lactobacillus Colony count test

(2) Colorimetric snyder test

(3) The Swab Test

(4) S. mutans Count in Saliva

(5) Dip slide method for S. mutans

3

(6) Salivary Buffer Capacity

(7) Salivary Reduction Test

(8) Albon test.

(9) Streptococcus mutans

(10) OPA Test

LAQ

Survey – This the non experimental investigation.
Non-experimental type of research that attempts to gather info.

Steps in surveying

1. Establishing the objective – The objective can either be started in the form of the hypothesis which is to be tested, objective may be started by describing what is to be measured.

2. Designing the investigation – Contain main objective & purpose of survey, ~~provi~~ provisional budget.

3. Selecting the sample – usually impossible to examine every individual in the population under investigation.

4. Conducting the examine – Should be prepare for data collect

5. ~~Analysis the~~ Analysis the data – once the examination procedure is completed of the survey have been completed, the work of assembling the material & interpreting it begins

6. Drawing the conclusion & publishing the report.
~~The~~ Final step in survey procedure should be construction of the report with or without a set of recommendations.

Q Indices → A numerical value describing the relative status of a population on a ~~grade~~ graduated scale with defined upper / lower limits, which is designed to permit & facilate comparison with other populations classified by the same criteria or method

DMFT

- Decayed missing filled Teeth index

Adv

- Simple
- Rapid
- Versatile
- universally accepted

Instrument used

- Mirror
- Explorer

Principle:

1. No tooth must be counted more than one
2. All should be counted separated
3. unerupted tooth, missing teeth due to accident, congenital missing tooth should not be added in missing teeth
4. Deciduous tooth are not included in DMFT
5. tooth several restoration but counted as one

- DMFT - Score 28 / 32 if 3rd order present

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* DMFS

Decayed missing, filled, surface

Adv

more sensitive

preventing agent

Instrument

mount mirror

tripler

Surface of examined

post teeth - 5 surface - facial, lingual, occasional
mesial, distal

Anterior - 4 surface - facial, lingual,
mesial, distal

If 18 teeth present ~~FP~~ 16 post - (16 x 5) = 80 surface
17 Anter - (17 x 4) = 48 surface

7

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Supplement Sheet

Name of the Student Ali Tavadel

Name of the Examination Relims Additional Exam Class Final year

Subject PHD

Roll No. _____ Date 14/8/21.

Supplement No. _____ Invigilator Signature _____

40/80

Case History

Name : Pooja Shinde

Age : 32

Grender : Female

Religion : Hindu

Marital Status : Married.

Education : B Tech

Occupation : Job

Address : Dhanori, Pune.

Chief complaint : Pt c/o pain in lower right back region of jaw since 8 month.

HOPI : Pt was asymptomatic 8 months back until he started experiencing pain in lower right back region of jaw. The pain is dull in Nature & continuous.

Medical History : No relevant History

Dental History : NRH

Family History : NRH

Personal History :

- Habits : Smoking 4-5 times day since 2 years.
- Other habits : No abnormality detected.
- Oral hygiene habit

  Brushing technique - horizontal

  material used for brushing - Toothpaste & brush.

  Frequency - once a day

  Timing - In morning.
- Diet :

  7:00 am - Tea

  12:00 pm - chapati Bhaji

  5:00 pm - Tea

  8:00 pm - chapati Bhaji
- Diet score - Sugar score.

  = 5 + 5 (liq. + liq.) = 10 (Good)

- Good Examination

  Height - 176 cm

  Weight - 78 ~~kg~~

  Gait - Normal

  Temperature : Afebrile

  Anemia, Icterus, Cynosis } No abnormality detected.
- Eschernal Escamination :

  Symmetry of face - grossly symmetrical

  TMJ - No clicking, No tenderness, No deviation

  lymph node - Non tender, Non palpable.

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- Intra oral Examination

Labial mucosa
Buccal mucosa
Tongue
Floor of mouth
} No abnormality detected

Gingiva - Colour - Pink with melanine pigmentation
Size - Normal
Consistency - firm, ~~oedema~~
Surface - stippling present
Contour - Scalloped
Bleeding on ~~probing~~ - present

- Hard tissue Examination -

Total teeth present - 27

Teeth present : 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
7 6 5 4 3 2 1 | 1 2 3 4 5 6 7

Caries : $\overline{6}$ (deep occlusal caries)

Tap -

filled teeth -

Root piece $\overline{c}$ $\overline{7}$

missing / clinically absent teeth : $\overline{6}$

fractured teeth $\overline{c}$ $\overline{1}$

Stain ++ plaque ++ Calculus ++

- Provisional diagnosis

1) chronic irreversible pulpitis : $\overline{6|7}$
2) Ellis class II fracture $\overline{c}$ $\overline{1}$
3) partially edentulous arch (mandible)
4) Chronic generalised marginal gingivitis

Investigation -

Radiographic - IOPA $\overline{c}$ $\overline{\frac{1\,1\,1}{6\,|\,7}}$

Laboratory - CBC
BSC - Fasting & PP
BT, CT
PT - INR

Diagnosis -

1) Chronic irreversible pulpitis $\bar{c}$ $\overline{8|7}$
2) Root piece $\bar{c}$ $\overline{|7}$
3) Partially edentulous mandible arch
4) Chronic generalized marginal gingivitis.

Treatment plan -

① Emergency phase - Access opening $\bar{c}$ $\overline{6|}$
② Non surgical phase - Scaling & root planing
- Patient education & motivation
- Oral prophylaxis.

- Medication - 1) Amoxicillin (500 mg) - 8 time - 5 day
2) Zerodol (625 mg) - 2 time - 5 day
3) Pand (40 mg) - 2 time - 5 (before meal)

③ Surgical - RCT $\bar{c}$ $\overline{6|}$
extraction $\bar{c}$ $\overline{|7}$
④ Restoration phase - Implant $\bar{c}$ $\overline{|67}$
crown $\bar{c}$ $\overline{6|}$

- Prevention

Primary - Patient education
diet conseling
Fluoride application
habin conseling

Secondary - scaling & root planing
Restoration $\bar{c}$ '1'

Tertiary - RCT crown $\bar{c}$ $\overline{6|}$
extraction $\bar{c}$ $\overline{7|}$
implant $\bar{c}$ $\overline{|67}$

Rivee Singh.

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Internal Assessment Examination

10/8/2021

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelims. Additional Exam
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. PV

Invigilator's Signature

Candidate Signature

14/20

SEAT NUMBER

1	2	3	4	5
1	2	3	4	5
2	3	4	5	6
3	4	5	6	7
4	5	6	7	8
5	6	7	8	9
6	7	8	9	0
7	8	9	0	
8	9	0		
9	0			
0				

QUESTION BOOKLET VERSION NO.

A	1	1	1
B	2	2	2
D	3	3	3
G	4	4	4
M	5	5	5
N	6	6	6
P	7	7	7
S	8	8	8
U	9	9	9
		0	0

ANSWERS

	A	B	C	D
1		●		
2			●	
3	●			
4			●	
5		●		
6			●	
7				●
8				●
9			●	
10		●		
11				●
12	●			
13	●			
14			●	
15	●			
16		●		
17		●		
18				●
19				●
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21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Prince Singh

Name of the Examination IIIrd Internal Additional Exam Class

Subject

Roll No. Date 10/8/2024

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

A + B + C

14 + 19 + 12

45/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Q1 pit & fissure sealant
1) polish the tooth surface
2) isolate the & dry the tooth surface
3) Acid etching
4) Rinse the tooth.
5) Isolate & dry the mouth
6) material application
7) Evaluate the sealant
8) Check the occlusion
9) Retention & periodic maintenance

Q2 EFDA
- It's expanded f^n dental assistant
- EFDA is a dental assistant who has received further
- Training is duties related to the direct treatment of the patients.
- They do not prepare cavities or make decisions as to pulp practice affect cavities has been examined.

4 level of training & qualification
1. ~~Ce~~ certified dental assistant
2. preventive dental assistant
3. Dental hygienist
4. Dental hygienist with expanded, duties

Q3 Knatsone tech.

1- Treatment are given in series of 4 appointment

- At the initial appointment teeth are 1st cleared with pumice, slurry & then isolated with cotton rods & dried

2) Using cotton tipped applicator stick, 2% NaF1 sol^n is painted on air dried teeth, sol^n is allowed to dry

3) This procedure is repeated from each of isolated segmented until all of them are treated

4) 4th visit procedure, is recommended for age of 3, 7, 11 & 13 yr

5) Most of the teeth would be treated after their eruption protection affected by topical application.

Q

panel discussion

1. panel of 4 to 8 expert site & discuss a topic in front of an audience

- Needed by a chairman who open the session, introduce the speaker & keep the discussion going

- Audience are awarded to ask question

- chairman sums up the different views presented

Q ASHA

Accredited Social Health Activity

- ASHA must primarily be a women resident of the village preferably in the age group of 25 to 45 yrs

- Shows should be alternate women with formal education up to class eight

3. ASHA will chose through a rigorous process of selection involving various community

4. ASH will be health activity in community health care

6. There is total period of 23 days training in 5 episodes

Q Dean's Fluoid Index

(1) Normal - enamel represent the usual translucent seen type of structure

(2) Very mild - Small, opaque, paper white have seen on teeth

(3) Mild - white opaque surface of teeth involving 1/2 of tooth

(4) Moderate - All teeth are involved, the subjected to attraction

D Y PATIL GROUP

(5) Moderately Severe - greater depth of enamel appear & sharply white appearance

(6) Severe - Hypoplasia, is so marked that the form of the teeth mild pathology, incal, occlusion.

2

(9) Carrier activity test

(1) Lactobacillus colony count test

(2) Calorimetric Snyder test

(3) The Swab Test

(4) S-mutan level in saliva

(5) Dip Slide method for S mutan

(6) Saliva Buffer capacity

(7) Salivary Reduction test

(8) Alban test

3

(9) Streptococcus mutans

10 ORA Test

Unit

Survey — It is the non experimental investigation (non-experimental type of research that attempts to gather info)

Steps in surveying

1. Established the objective - The objective can either be stated in the form of the hypothesis, subject to be tested objective

2. Designing the investigation - Certain main objective & purpose of survey, prepared budget

3. Selecting the sample - usually impossible to examine every individual in the population

4. Collecting the Examine

5. Analysing the data

6. Drawing the conclusion - & publishing the report

7. Final last step in survey process should be construction of the report with / without a set of recommendation

6

Q Indices – A numerical value describing the relative status of a population on a gradation scale with defined upper / lower limits, which is designed to permit & favorable comparison with other popu to clarify by the same criteria of method.

DMFT
· Decayed, missing, filled, Teeth index

Adv.
· Simple
· Rapid
· Versatile
· Universally accepted

Instrument used
· Mirror
· explorer

Principle
1. No teeth must be counted more than one
2. All should be counted separated
3. unerupted teeth, missing teeth due to accepted, Congenital ~~as~~ missing teeth should not be added in missing teeth

4. Deciduous teeth are not included in DMFT

5. teeth several ~~resto~~ restoration but counted as one

· DMFT – score 28/32 if 3rd molar present

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X DMFS

Decayed missing filled, Surfaces

Adv

more sensitive

preventive agent

Instrument

mouth mirror

Explorer

Surfaces examined

permanent teeth - 5 surfaces
- facial, lingual, mesial, distal, occlusal

Anterior teeth - 4 surfaces
- facial, lingual, mesial, distal

If 16 teeth - 16 post teeth - (16 × 5) = 80 surfaces
12 Anterior teeth (12 × 4) = 48 surfaces

(6)

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Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Prince Singh

Name of the Examination Prelims Additional Exam Class 4th Year

Subject PHD.

Roll No. Date 11/8/24.

Students Signature "Seen No. Complaint"

Case History

Name : Rachana kumbhar

Age : 48

Gender : female

Religian : Hindu

Marital status : Married

Educatian : Graduatian

Occupatian : Hause wife.

Address : Lohegaon , Pune

Chief complaint : Pt c/o pain in lawer right back regian of jaw since 8 mauth.

HOPI : Pt was asymptomatic 8 mauths back until he started experiencing pain in lawer right back regian of jaw. The pain is dull in Nature & continuous.

Medical History : No relevant history

Dental history : NRH

Family history : NRH

SZ
8/10

Personal history:

- Habits: Smoking 4-5 times day since 2 years.
- Other habits: No abnormality detected.
- Oral hygiene habit
  - Brushing ~~used for~~ technique - Horizontal
  - Material used for brushing - Toothpaste & brush
  - Frequency - once a day
  - Timing - In morning.
- Diet:
  - 7:00 am - Tea
  - 12:00 pm - Chapati Bhaji
  - 5:00 pm - Tea
  - 9:00 pm - Chapati Bhaji
- Diet score - Sugar score
  - = 5+5 (liq. + liq.) = 10 (Good)

- Good examination
  - Height - 174 cm
  - Weight - 54 kg
  - Gait - Normal
  - Temperature - Afebrile
  - Anemia
  - Icterus } No abnormality detected.
  - Cyanosis

- External examination
  - Symmetry of Face - grossly symmetrical
  - TMJ - No clicking, No tenderness
  - lymph node - Non tender

- Intra oral examination

Labial mucosa
Buccal mucosa
Tongue
Floor of mouth
} No abnormality detected.

Gingiva - Colour - Pink with melanin pigment
Size - Normal
Consistency - Firm bulbous
Surface - Stipling present.

- Hard tissue examination

Total teeth present - 28

Teeth present - 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
7 6 5 4 3 2 1 | 1 2 8 4 5 6 7

Caries = $\frac{}{6}$ (deep occlusal caries)

Top -

Filled teeth

Root piece ⊂ $\frac{}{7}$

missing/ clinically absent teeth = $\frac{}{6}$

Fractured teeth ⊂ $\frac{1}{1}$

Stain ++ Plaque ++ Calculus ++

- Provisional diagnosis

1) Chronic irreversible pulpitis - $\frac{}{6|7}$
2) Ellis class II fracture ⊂ $\frac{1}{1}$
3) Partially edentulous arch (mandible)
4) Chronic generalised marginal gingivitis

Investigation -

Radiographic - IOPA ⊂ $\frac{1|1}{6|7}$

Laboratory - CBC
BSL - Fasting & PP
BT, CT
PT - INR

Diagnosis :-
1) Chronic irreversible pulpitis $\bar{c}$ $\frac{6}{7}$
2) Root piece $\bar{c}$ $\frac{}{7}$
3) Partially edentulous mandible arch
4) Chronic generalized marginal gingivitis.

Treatment plan
① Emergency phase - Acess opening $\bar{c}$ $\frac{}{6}$
② Non Surgical phase - Scaling & Root planing
- oral prophylaxis
• medication - 1) Amoxicilline (500 mg) - 3 time - 5 days
2) Zerodol-P (625 mg) - 2 time - 5 days
3) Pand-D (40 mg) - 2 time - before meal
③ Surgical phase - RCT $\bar{c}$ $\frac{}{6}$
Extraction $\bar{c}$ $\frac{}{7}$
④ Restoration phase - Implant $\bar{c}$ $\frac{}{67}$
crown $\bar{c}$ $\frac{}{6}$
• Prevention
Primary - Patient education
Fluoride application
diet conseling
Secondary - Scaling & root planing
Restoration $\bar{c}$ $\frac{1}{1}$
Tertiary - RCT crown $\bar{c}$ $\frac{}{6}$
extraction $\bar{c}$ $\frac{}{7}$
Implant $\bar{c}$ $\frac{}{67}$

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Kshitija Mehre	16	22	48	45
2.	Ali Tandel	14	34	48	50
3.	Prince Singh	14	33	45	52
4.	Prachi Sharma	15	25	40	43

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 1st internal examination are hereby instructed to undergo 1st internal additional Exam schedule on 11/1/22 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil ... City
Charoli (Bk), Vi... 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Rushikesh Khandekar	Present	Present
2.	Ayushi Pagnis	Present	Present
3.	Sharvari Itankar	Present	Present
4.	Amol Wakore	Present	Present

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil [illegible] City
Charoli (Bk), Via [illegible] - 412105

SECTION A – MCQS (1 MARK EACH)

1. ‘Press finger technique’ in ART is used for condensing -.

A. DFG B. GIC C. Amalgam D. Composite

2. In ART for widening the entrance of the cavity, hatchet is used in which motion

A. Key in lock B. Upward motion C. Downward motion D. Scooping motion

3. Who is considered the “Father of Health Statistics”?

A. John Graunt B. John Snow C. Henry Klein D. Russell A.L.

4. A set of values recorded on one or more observational units is called as:

A. Variable B. Constant C. Data D. Observation

5. Fosdick test is –

A. Calcium dissolution test C. Measures mineral content of patient’s enamel

B. Measures salivary pH after 4 hour D. Counts the growth of bacteria on tooth blade

6. B’ in MSB agar is –

A. Boiled B. Blood C. Bacitracin D. Bacilli

7. Behaviour learning theory are all <u>EXCEPT</u> –

A. Classic conditioning theory
B. Operant conditioning theory
C. Theory of cognitive development
D. Classic psychoanalytical theory

8. Internalized representation of values and morals of society as taught to child by parents –

A. Id
B. Ego
C. Super ego
D. All of above

9. The Consumer Protection Act came into force on:

A. 15th April 1987
B. 7th April 1987
C. 31st May 1987

D. 1st June 1987

10 . In the earlier days, remedy for medical negligence was under:

A. Law of Geneva
B. Law of Tort
C. Law of Helsinki
D. Law of Nuremberg

11. A person who assist a dentist in treating patients is a –

A. Auxiliary
B. Subsidiary
C. Patient
D. All of above

12. Which of the following is NOT a operating auxiliary –

A. School dental nurse
B. Hygienist
C. Laboratory technician
D. Dental therapist

13. Which of these do not categorize as a disaster?

A. Tornadoes
B. Earthquakes
C. Epidemics
D. Warfare

14. The process of classifying the injured based on their severity of injuries and likelihood of survival in disaster is called as:

A. First aid
B. Triage
C. Field care
D. Recovery

15. The oxygen concentration in external air by volume accounts to:

A. 78.1 percent
B. 20.9 percent
C. 10.8 percent
D. 0.03 percent

16. Air is rendered impure by:

A. Sunlight
B. Rain
C. Plant life
D. Combustion of coal

17. The double pot method of adding chlorine to well water was devised by –

A. WHO
B. UNICEF
C. NEERI
D. ICMR

18. Potable water is one in which –

A. Is safe for drinking
B. Can be carried from one place to another
C. Found within 5 metres within surface of earth
D. None of above

19. Internalized representation of values and morals of society as taught to child by parents –

A. Id
B. Ego
C. Super ego
D. All of above

20. Initiative vs guilt is a part of -

A. Development task theory of Erick Erikson
B. Operant conditioning theory
C. Theory of cognitive development
D. Classic psychoanalytical theory

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DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Section B – SAQ (2 MARKS EACH)

1. Write in brief about break point chlorination.
2. Write a note on 'Denturism'.
3. Enumerate methods of economic evaluation.
4. Talk in brief about 'Personal Protective Barriers'.
5. Levels of supervision.
6. Write about slow sand filtration.
7. What are the barriers of communication?
8. List the advantages and disadvantages of mobile dental clinic.
9. Write a note on 'Panel discussion'.
10. Enumerate the requirements of a Mobile Dental Clinic.

SECTION C - LAQ (10 marks EACH)

1. Describe the epidemiological triad and etiological factors of oral cancer. Add a note on levels of prevention for oral cancer. (3+3+4)
2. Define Health education. Enumerate principles of health education. Discuss various methods of health education. (2+2+6)

PROFESSOR & HEAD
Dept. of Publ[illegible]
[illegible]
D Y Pat[illegible]
Charoli (Bk), Via [illegible]

MCQ – Answer Key

1. B
2. A
3. A
4. C
5. A
6. C
7. D
8. C
9. A
10. B
11. A
12. C
13. D
14. B
15. B
16. D
17. C
18. A
19. C
20. A

PROFESSOR & HEAD
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D Y Patil Dental School
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Charoli (Bk), Via Lohegaon, Pune - 412105

RUSHIKESH KHANDEKAR

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

11/1/2022

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.

- Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X)(B)(C)(●) RIGHT (A)(B)(●)(D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	1st Internal Additional Examination.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash

Invigilator's Signature

Candidate Signature

15/20

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

	A	B	C	D
1	○	●	○	○
2	○	○	●	○
3	●	○	○	○
4	○	○	●	○
5	○	●	○	○
6	○	○	○	●
7	○	○	●	○
8	○	●	○	○
9	○	●	○	○
10	●	○	○	○
11	○	○	○	●
12	●	○	○	○
13	○	○	○	●
14	○	○	●	○
15	○	○	○	○
16	●	○	○	○
17	○	○	○	●
18	○	●	○	○
19	○	●	○	○
20	●	○	○	○
21	○	○	○	○
22	○	○	○	○
23	○	○	○	○
24	○	○	○	○
25	○	○	○	○
26	○	○	○	○
27	○	○	○	○
28	○	○	○	○
29	○	○	○	○
30	○	○	○	○

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
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3) Every Answer Should Be Started On A New Page.

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TO BE FILLED BY THE STUDENT

Name of the Student Rushikesh Khandekar

Name of the Examination Additional Examination (I Internal Exam) Class final yr

Subject PHD.

Roll No. [signature] Date 11/1/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Sec A + Sec B + Sec C
15 13.5 11

Total = 39/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Section B

1) Breakpoint of chlorination

The addition of chlorine to water to a point at which free radical chlorine begins to appear is called as breakpoint of chlorination. (1)

2) Denturism -

(1) Desire for autonomy among dental labratory technicians led to formation of denturists. This craft is called denturism. (1)

(2) According to that, if patient is in need of denture, the process of fabricating denture, form the impression onwards is done by technician is direct relationship with patient.

(3) ADA defines denturism, as the fitting & dispensing of dentures illegaly to public

3) Economic evaluation -

(A) An economic evaluation is a comparison of costs & outcome of health care interventions (1)

(B) As such, it provides a measurement of economic efficiency.

(C) To be an economic evaluation a study must be essential features, Both costs & outcomes must be analysed

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4) Personal protective barrier-

The personal protective barrier protection consideration by every practitioner are

1. Use of gloves
2. Use of gowns, mask
3. Mask washes
4. Protective eyewear
5. Use of rubber dam.

5) Slow sand filters

1. It is also known as biological filters
2. It is adapted for purification of water
3. It consists of layer of sand & groves in concrete / plastic container.
4. The water level is maintained above sand level. This water level is allows a bioactive layer to grow on top of sand, which contributes to the reductor of diseases of causing organism

Elements of slow sand filters-

1. supernant water.
2. Bed of graded sound
3. An under drainage system.
4. A system of filter control.

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7) Barriers in communication -

(1) Psychological barriers -
Emotional disturbance, depression, neurosis, any other disorders.

(2) Physiological barriers -
difficulty in self expression
difficulty in hearing

(3) Environmental barriers -
excessive noise
difficulty in vision.

(4) cultural barriers -
Behaviour, habits, customs.

(2)

8) Advantages of mobile dental clinics -

(1) Moderate startup cost.
(2) It addresses the problem of transport.
(3) Serves can be made available at multiple sites.

(2)

disadvantages - (1) high maintainence cost
(2) difficulty to access & store
(3) requires permision for site use
(4) difficulty to use during monsoon.

9) Panel discussion

(1) Panel of 4 to 8 experts title & discuss a topic in front of an audience

(2)

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(2) Headed by a chairman who opens session introduces the speakers & keep discussion going.
(3) Audience are allowed to ask questions.
(4) Chairman sum up the different views.

(d) portable water -

Water intended for human consumption should be safe & wholesome.

(1) Portable water has been defined as
(1) free from pathogenic agents.
(2) free from harmful chemicals.
(3) pleasants to taste . i.e free from colour & odour.

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① Epidemiology –

The study of distribution & determinants of health related states or related states or events in specified populations & the application of this study to control health problems

Aims –

- To describe the size of distribution of disease problems in humans
- To identify etiological factors of pathology of disease
- To provide data essential for planning implementation & evaluation

Principles –

① exact observation.
② correct interpretation.
③ Rational explanation
④ scientific construction

Tools of measurement –

① Rate
② Ratio
③ proportion

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(2) Health education:

It comprises consciously constructed opportunities for learning involvement some form of communication designed to improve health literacy including improving knowledge and developing life skills which are conducive to individuals & community health.

Principle

(1) Ability
(2) Interest
(3) participation
(4) Motivation
(5) Compression.
(6) reinforcement
(7) Learning by doing
(8) known to unknown.
(9) setting an example
(10) Good human relation.
(11) Feedback.
(12) community leaders.

(1) Individual approach.
(2) Group approach.
- chalk & talk
- symposium
- group discussion
- panel discussion

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Work shops.
Roleplay.
Demonstration.

③ Mass approach -
Television
Radio
Documentary films.
Newspaper films
Printed material
Posters.

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

39/60

Sr. No.

Name of the Student Rushikesh Ashandekar

Name of the Examination Additional Examinator (I Internal Exam) Class final yr.

Subject PHD

Roll No. Date 12/1/22

Students Signature "Seen No. Complaint"

Case history.

Name - Shitole durga

Age - 36 yrs

Gender - F

Religion - Hindu

Marital status - Married

Place of birth - osmanbad

Education - 10th pass

Occupation - Housewife.

No. of family members - 4

Socio - economic status - 3+2+1 = 6 (upper lower)

Chief complaint -

Patient complains of pain in lower left region of jaw since 3 months.

HOPI - pt was apparently asymptomatic for 3 months, then started experiencing pain in lower left region of jaw.

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Medical History - NPH

Family History - NPH

Personal History - NPH.

Habits related to oral cavity -

	No	freq.	duration
Pan chewing -	-	-	-
Smoking	-	-	-
Alcohol	-	-	-

Other habits -

Thumb sucking
Tongue thrusting
Mouth breathing
Nail biting
} NPH

2) oral hygiene practices.

Freq of tooth Brushing - 1-2 times daily

Diet history - (24hrs) chart.

Time	Diet
7.8 am	Poha
8 am	Tea
1-2 pm	Chapati + Bhaji
5-5.30 pm	Tea
9:30-10pm	Chapati + Bhaji

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D Y PATIL GROUP

General Examination.

wt - 60 kg

ht - 5.3"

BMI - 23.6.

pulse - 78 beats / min

Temp - Normal

Extra-Oral examination -

facial Symetry - symetrical

gingiva - Colour - pale pink.

Size - Normal

Periodontal Examination

Tooth mobility - Not seen

Hard tissue examination.

No. of teeth - 30.

Teeth present -

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

Fractured teeth - Not seen.

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Malocclusion – Not seen

Diagnosis – Irreversible pulpitis

Periodic recall & checkup

Recall after 6 months

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AYUSHI PAGNIS

D Y PATIL DENTAL SCHOOL

D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

11/1/2022

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X)(B)(C)(●) RIGHT (A)(B)(●)(D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	1st internal Additional exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Prakash

Invigilator's Signature

Candidate Signature

14/20

SEAT NUMBER

1	2	3	4	5
1	2	3	4	5
2	3	4	5	6
3	4	5	6	7
4	5	6	7	8
5	6	7	8	9
6	7	8	9	0
7	8	9	0	
8	9	0		
9	0			
0				

QUESTION BOOKLET VERSION NO.

	1	2	3
A	1	2	3
B	2	3	4
D	3	4	5
G	4	5	6
M	5	6	7
N	6	7	8
P	7	8	9
S	8	9	0
U	9	0	
	0		

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Prakash

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Ayushi Pagnis.

Name of the Examination Additional exam (I Internal Exam) Class Final yr.

Subject PHD.

Roll No. Date 11/1/22

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Section A + Section B + Section C

14 + 11 + 10

Total = 35/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Section B.

(1) Principle of ART.

(1) ① Removing carious lesion using hand instruments
② Restoring the cavity with restorative material that sticks to the teeth.
③ GIC is used as restorative material

(2) Degree of suspensions of auxillaries -

① Non - operating auxillaries.
- Dental surgery assistant.
- Dental secretary
- Dental laboratory technicians
- Dental health educator.

② Operating auxillaries -
- school dental nurses.
- Dental therapist
- Dental hygienist
- expanded function dental auxillaries.

(3) Disadvantage of mobile dental unit
① High cost of maintainence.
② Advance screening is not performed.

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(5) Advance treatment is not performed
(4) limited patient can be benefited
(3) During the diet.
(2) limited range of services.

(1) PRR

Types

① Type A - pit & fissure caries limited to enamel.
② Type B - Incipient lesion.
③ Type C - Deep carious lesion.

→ It is among newer techniques which show long term effect.
→ RRR involves invasive & non-invasive treatment or borderline

Resin placed in carious areas & adjacent area seals them from oral environment

i) Vit. C is proven against scurvey
ii) Vit C is powerful antioxidant keeps away free radicals
iii) It is effective against periodontitis
iv) It reduces inflammation of gums

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vi) Protective against diseases of gums
vii) it aids in faster healing

6) Advantages of mobile dental clinics
- Easy access to oral health
- Mobility
- Scalability
- Accessibility
- Easy to give services

Disadvantages
1) High cost of maintanance
2) No advance treatment
3) Limited patient
4) Limited service

7) Mass approach for health education
- Methods of group teaching
1) Lecture
2) films
3) charts
4) Chemical graph
5) exhibition
6) flash cards

Group discussion
Pannel discussion
Symposium
Workshop
Role playing
Demonstration.

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8) Requirements of mobile dental clinic

i) Mobile van

2) Basic instruments with dental chair installed in van

3) Maintainance of mobile van

4) Easily accessible

5) X-ray facility, sterilization unit

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Section - C

Q1 Dental Auxillary

It is any oral health practioner other than dentist & dental hygienist including supporting team assisting in dental treatment.

Classification -

Non operating auxillaries
- Assistant
- Secretary
- Lab technician
- Health educator

Operating auxillaries
- school/dental nurse
- Dental Therapist
- Dental hygienist

~~Health education~~

Scanned with CamScanner

Health education

(5) It is the combination of learning experience designed to helps individuals & communities improve their health by increasing their health by influencing attitude.

Principles
- feedback
- Motivation
- Reinforcement
- Credibility
- Intrest
- Learning
- Learn to unlearn
- Setting an example
- Good human relation

Intrest - Should be designed by keeping in mind intrest.

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D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No.

Name of the Student Ayushi Pagnis.

Name of the Examination Additional Exam (I Internal Exam) Class final yr

Subject PHD.

Roll No. Date 12/1/22

Students Signature "Seen No. Complaint"

37/60

Case history.

Name - Titendra Lunkad

Age - 53.

Gender - Male

Religion - Hindu.

Marital status - Married

Place of birth - Rajasthan

Residence in early childhood - Pune

Education - 12th

Occupation - Business.

Income - 50,000 ₹ p.m

No. of family members - 6.

Residential address - Vishrantwadi, Pune

Chief complaint - Patient complains of unclean teeth since 5 months.

Medical history - Hypertension.

Family History - NRH.

Personal History - NAH

A) Habits related to oral cavity.

	No	frequency	duration
Pan chewing	—	—	—
Smoking	—	—	—

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Alcohol -

b) Oral hygiene practices.

Type of tooth brushing - circular
Material - Toothbrush & toothpaste.
frequency - 1

c) Diet History -

Type of diet - Veg.

Time	Diet
8 am	Tea
9 am	Upma
2 pm	Roti + subji
5 pm	Tea
9 pm	dal + rice

Sugar intake -

Frequency - 2
Consistency - liquid
Timing of intake - 8 am & 3 pm.
Sugar score - 5+5 = 10.

General Examination -

Built - Normal
Gait - Normal
pulse - Normal
Temp - Normal

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Icterus - Normal
Height - 5'4
wt - 65 kg.

extraoral examination.
facial symetry - symetrical
TMJ - No clicking.
lymph nodes - non tender & non - palpable.

Intra Oral exam^n:
labial mucosa - Normal
buccal mucosa - Normal.
Tongue - Normal
palate - Normal.

Gingiva -
colour - slightly pigmented.
Size - slightly denuaded
consistency - slightly edematous.
position - slightly below CEJ.
bleeding on probing - 31, 41, 47.

No of teeth present - 32
Dental caries - 16, 17, 26, 36, 37, 46.
Stains & calculus - ++.

Provisional diagnosis.

(1) chronic generalized marginal gingivitis

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ii) occlusal caries = 16, 17, 26, 36, 37, 46

Investigation – IOPA = 16, 17, 26, 36, 37, 46.

final diagnosis –

i) Chronic generalized marginal gingivitis.

ii) occlusal caries.

Emergency treatment – Stains, Restoration

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Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Rushikesh Khandekar	15	24	39	39
2.	Ayushi Pagnis	14	21	35	37
3.	Sharvari Itankar	15	22	37	36
4.	Amol Wakore	14	23	37	38

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 2nd internal examination are hereby instructed to undergo 2nd internal additional Exam schedule on 3/5/22 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Anjali Jadhav	Present	Present
2.	Vaibhav Chote	Present	Present
3.	Rutuja Kendre	Present	Present
4.	Tejaswani Patil	Present	Present

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SECTION A – MCQS (1 MARK EACH)

1. Which is not true about Caries tetralogy –
   A. Was proposed by Newbrun
   B. Includes time as a factor for caries
   C. Suggests only tooth, saliva, sugar and bacteria as causative factors for caries
   D. None of the above

2. Hereditary fructose intolerance –
   A. Have high caries activity
   B. Reduced levels of fructose phosphate aldolase
   C. Cannot differentiate sweet taste of sugar
   D. All of the above

3. Tobacco was introduced to india by
   A. Muslims traders
   B. Portugese traders
   C. Native traders
   D. American traders

4. All of the following are smoked tobacco preparations EXCEPT-
   A. Bidi
   B. Chillum
   C. Khaini
   D. Hookah

5. The white soft deposit seen on the cervical region of the teeth in the absence of regular tooth brushing is called:

   A. Plaque
   B. Material alba
   C. Calculus
   D. Slime layer

6. Human plaque is considered to have microorganisms of:
   A. 2 × 109 per mL
   B. 2 × 1010 per mL
   C. 2 × 1011 per mL
   D. 2 × 1012 per mL

7. Ethics which focus on individual and does not consider him part of society

A. Microethics
B. Macroethics
C. Both
D. None of above

8. Which of the following are ethical principles

A. To Do No Harm
B. To Do Good
C. Respect For Persons
D. All of above

9. Optimum daily intake of fluoride in human –

A. 0.05-0.07 mg F per kg body weight
B. 1.7-3.3 mg F in food and water
C. None of the above
D. Both of the above

10. Fluoride content in water is analysed using

A. Chromatography
B. pH
C. Ion specific electrode
D. Turbidity of water

11. Father of epidemiology is

A. Dean
B. John snow
C. Aescaulius
D. All of above

12. Principles of epidemiology are

A. Exact observation
B. Correct interpretation
C. Rational explanation
D. All of above

13. The germ theory of the disease paved way for which concept of health?

A. Biomedical concept
B. Ecological concept
C. Psychosocial concept
D. Holistic concept

14. The multidimensionality of health in terms of social, economic, political

And environmental influences is described by:

A. Biomedical concept
B. Ecological concept
C. Psychosocial concept
D. Holistic concept

15. Most important principle of health education is ?

A. Participation
B. Interest
C. Motivation
D. Learning by doing

16. ---------- is called as “Booster Dose” in health education.

A. Motivation
B. Repetition
C. Participation
D. Comprehension

17. The Indian Dental Association was formed in the year:

A. 1947
B. 1948
C. 1949
D. 1950

18. The Indian Dental Association was registered in Delhi in:

A. 1961
B. 1963

C. 1965
D. 1967

19. Ideal requisite of index 'consistency of measurement at different times and under variety of conditions' is –

A. Reliability
B. Quantifiability
C. Objectivity
D. All of above

20. Criteria for selecting appropriate index are all EXCEPT –

A. Simple to use
B. Time consuming
C. Permit examination of many people in short duration of time
D. Minimum armamentarium required

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM - 2ND INTERNAL EXAMINATION - FINAL YEAR 2021- 22

SECTION B - SAQ (4 MARKS EACH)

1. Methods of central tendency
2. Hopewood house study
3. Recall bias
4. Fluoride toxicity
5. Index age group
6. PRR
7. Principles of health education
8. Changing concepts in public health
9. Methods of evaluation
10. Constituents of cigarettes

SECTION C - LAQ (10 MARKS EACH)

1. Define primary health care. Write in detail about principles of PHC and levels of prevention.
2. Define epidemiology. Write in detail about procedural steps in conducting RCT.

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MCQ – ANSWER KEY

1. C
2. B
3. B
4. C
5. B
6. C
7. C
8. D
9. D
10. C
11. B
12. D
13. A
14. D
15. B
16. B
17. B
18. D
19. A
20. B

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination 3/5/2022.

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG: (X) (B) (C) ●

RIGHT: (A) (B) ● (D)

SEAT NO. IN WORDS	Anjali Jadhav
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr Prakash

Invigilator's Signature

Candidate Signature

18/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A	(A)	1	1	1
B	(B)	2	2	2
D	(D)	3	3	3
G	(G)	4	4	4
M	(M)	5	5	5
N	(N)	6	6	6
P	(P)	7	7	7
S	(S)	8	8	8
U	(U)	9	9	9
		0	0	0

ANSWERS

	A	B	C	D		A	B	C	D		A	B	C	D
1	(A)	(B)	●	(D)	11	(A)	(B)	●	(D)	21	(A)	(B)	(C)	(D)
2	(A)	●	(C)	(D)	12	(A)	(B)	(C)	●	22	(A)	(B)	(C)	(D)
3	(A)	●	(C)	(D)	13	●	(B)	(C)	(D)	23	(A)	(B)	(C)	(D)
4	(A)	(B)	●	(D)	14	(A)	(B)	(C)	●	24	(A)	(B)	(C)	(D)
5	(A)	●	(C)	(D)	15	(A)	●	(C)	(D)	25	(A)	(B)	(C)	(D)
6	(A)	(B)	●	(D)	16	(A)	(B)	●	(D)	26	(A)	(B)	(C)	(D)
7	(A)	(B)	●	(D)	17	(A)	●	(C)	(D)	27	(A)	(B)	(C)	(D)
8	(A)	(B)	(C)	●	18	(A)	(B)	(C)	●	28	(A)	(B)	(C)	(D)
9	(A)	(B)	(C)	●	19	●	(B)	(C)	(D)	29	(A)	(B)	(C)	(D)
10	(A)	(B)	●	(D)	20	(A)	●	(C)	(D)	30	(A)	(B)	(C)	(D)

Seen and No. Complaint

Candidate's Signature

Dr Prakash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Anjali Jadhav

Name of the Examination Additional exam (IInd Internal Exam) Class IV year

Subject

Roll No. Date 3/5/23

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

44.5/60

Section A : 18
Section B : 16.5
Section C : 10

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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① Methods of Central Tendency

→ Def - gives us an idea abt concentra of values in central part of distribu.

- 5 measures :
  (i) Arithmetic mean - average data
  (ii) Median → middle value of data
  (iii) Mode → most common value
  (iv) Geometric mean
  (v) Harmonic mean
  (vi) Weighted mean

① Mean - sum of all scores in distribu divided by total scores
  - Adv - Summarizes data
    - Uses all data
  - Disadv - affected by values

② Median - middle distribu score

③ Mode - most frequent score

→ Best central tendency measure dependson
  (i) Measurement scale
  (ii) Distribu shape

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(2)

- By Sullivan & Hans - 1963
Dental status of children bet^n 7-14 yrs of age residing at Hopewood House, new south wales was studied longitudinally for 10 yrs
- All
- All lived in strict, natural diet with excep^n of occasional serving of egg yolk / was entirely vegetable in natur & largely raw
- At the end of 10 yr, 13 yr old children had mean DMFT per child of 1.6
Corresponding general was 10.7.
- No meat & rigid restric^n of refined carbs.
- Fluoride content of H_2O & food insignificant & no tea

(3)

- Recommended ages :- 5 yr for 1° denti^n
12, 15, 36, 44, 65, 74 For 2° dentition
5th yr → in relation to levels of caries in 1° dent^n that show shorter life span
10th yr. → children leave 1° school ∴ last age where reliable sample may be obtained easily thr. schools.
All 2° teeth erupted except 3rd molars ∴
it is Global Monitoring Age for caries for int. comparison, & monitoring disease trends

3.)

→ When exposure info is differently misclassified for subjects with & with disease.

- Can be particularly problematic in studies where subjects r interviewed to collect info as might occur in case-control & retrospective cohort studies

- In mothers whose recent pregnancies had ended in fetal death / malforma? & grop of mothers whose pregnancies ended mortality normaley

(1) V. common in case-control studies, when participants know their diseases although it can occur thr. cohort studies & trials without participants binding

(6)

→ Utilizes invasive & non invasive t/t of borderline or questionable caries

- Resin placed in carious areas & adjacent caries susceptible areas, seals them from oral envt. & provides valuable t/t

(2) alternative to conventional restora^ like amalgam

→ It requires an excellent isola^ of moisture & saliva contamina^.

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4

→ Also c/a Double edged sword.
less inges^{n} of Fluoride & excess intake of Fluoride causes dental & skeletal Fluorosis

Types

> Excess ingestion (short time :-
Acute toxic effects.
- Gastric disturbance
- Nausea, vomiting
- Death.

> Excess ingestion / long period during tooth development

- Dental fluorosis
- effect of long term fluoride exposure on bone is still controversial

1½

Symptoms	Acute	Chronic
Nausea		Convulsion
Vomiting		Spasms
Tears		Weakness
Diarrhea		BP drop
		arrhythmias

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(7)

→ Main principles & goals of public health revolve around promoting health & preventing dis

- Aspects →
  1. Credibility
  2. Interest
  3. Community Participation
  4. Motivation
  5. Comprehension
  6. Reinforcement
  7. Learning by doing
  8. Known to unknown
  9. Setting an example
  10. Good Human relations
  11. Feedback
  12. Community Leaders

(8)

→ 1. Disease Control Phase (1880 - 1920)
2. Health promoting phase (1920 - 1960)
3. Social engineering phase (1960 - 1980)
4. Health of All phase (1981 - 2000)

- Concepts :- (i) Biomedical Concept
  (ii) Ecological concept
  (iii) Psychological —"—
  (iv) Holistic —"— —

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9

→ Evaluation

- Process evaluation
- Impact evaluation
- Outcome evaluation

> collection & analysis of info to determine programme performance

> Criteria - Effectiveness
- Efficiency
- Appropriateness
- Adequacy

> Levels - Content
- Progress
- Outcome

11/12

10

→ (i) Acetone - solvent
(ii) Cyanhydric acid
(iii) Methanol
(iv) Urethane
(v) Naphthalene
(vi) Toluene
(vii) Pyrene
(viii) Arsenic
(ix) Cadmium
(x) Nicotine
(xi) Dibenzacridine
(xii) Polonium 210
13) DDT
14) CO
15) Vinyl chloride

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LAP

(1)
- Definition → essentially health care made universally accessible to individuals & acceptable to them thr. their full particip? & at cost the community & country affo
- Principles :- (i) Equitable distribu?
  (ii) Community partici?
  (iii) Intersectoral coordina?
  (iv) Appropriate technology
  (v) focus on Prevention
- levels of prevention :- def → context of levels traditionally da 1°, 2°, 3° preve?, 4th level d/a primordial preve? was later added
  (i) Primordial (ii) Primary
  (iv) Tertiary (iii) Secondary

(5)

(2)
→ Def? Epidemiology → Quantitative study of Distribu?, Determinants & Contol of popa? disease
→ Steps of RCT
  (1) x ray of infected area
  (2) Anaesthesia
  (3) Create opening in crown of tooth
  (4) Clean out infected pulp
  (5) Shape space for filling
  (6) fill the root canal
  (7) Closing the opening
  (8) Follow up.

(5)

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AY/60

Supplement Sheet

2022

Name of the Student Anjali Jadhav

Name of the Examination Additional Exam (II Internal) Class

Subject

Roll No. Date 4/5/22

Supplement No. Invigilator Signature

Patient having pain in lower left back region since 8 days

36 advance distal caries

46 missing

11 21 fracture involved in enamel.

27 root piece.

Name :- Anyraj Dongare.

Age :- 25 years

Sex :- Male.

Add :- Dhanori, Lohegaon, Pune,

Religion :- Hindu

Place of birth :- Pune.

Education :- Final year B.Tech

Occupation :- Student

Family Members :- 6

Chief complaint : pt complaints of having pain in lower left back region since 8 days.

HOPI :- Pt was apparently asymptomatic before. 8 days. he started experiencing pain

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Pain in his lower left molar on eating.
Pain was sharp & radiating in nature.

D/H :- extraction $\frac{\bar{C}}{6}$

Other habits :- No relevant history

Oral hygiene practice :- pt brushes his teeth with tooth brush & toothpaste once a day.

Type of diet :- mixed

general examination :-

Gait :- biphasic bipedal
Built :- Normal
Height :- 180 cm
Weight :- 80 kg
BMI :
Pulse :- no
Temperature :- abnormality
Blood pressure :- detected
Icterus :-
cyanosis :-

Extra Oral examination :-
TMJ :- No deviation.
No clicking sound

Facial Symmetry :- bilaterally symmetrical

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Intra- Oral examination :- Oral mucosa : healty

Gingiva : Colour : Pink
Size :- Normal
Consistency :- Firm & resilent
texture :- stippled
contour : scalloped with knife edge.

PDL pocket } NAD
mobility }

Hard tissue :- Teeth :-

Number of teeth present : 31

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

clinically absent : 6|

caries : |6

Fracture : 1|1

root piece : |7

wasting diseases :- Abrasion
Attrition
Abfraction } NAH

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provisional Diagnosis :

dental caries $\frac{|}{6}$

Investigation IOPA $\bar{c}$ $\frac{|7}{6}$

Final Diagnosis

Dental caries $\bar{c}$ $\frac{|}{6}$

grossly decayed $\bar{c}$ $\frac{|7}{}$

Treatment :-

1. primary :

Health promotion :- Brush twice a day

Specific :- Oral prophylaxis

2. Secondary :

3. Tertiary :-

RCT $\bar{c}$ $\frac{|}{6}$

extraction $\bar{c}$ $\frac{|7}{}$

recall after 1 week.

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D Y PATIL GROUP

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Internal Assessment Examination 3/5/2022.

SECTION A

Sr. No.

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X)(B)(C)(●) RIGHT (A)(B)(●)(D)

SEAT NO. IN WORDS	Vaibhav Chole
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr Pralash

Invigilator's Signature

Candidate Signature

19/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr Pralash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

Name of the Student Vaibhav Chok

Name of the Examination Additional exam (IInd Internal Exam) Class

Subject

Roll No. Date 3/5/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

45/60

Section A : 19
Section B : 16
Section C : 10

Ashwaram

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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①

→ Def^n:- gives an idea abt concentra^n of values
centra^n part of distribu^n

- 5 measures r
  (i) Arithmetic mean -
  (ii) Median
  (iii) Mode

(i) Mean → sum of all scores in distribu^n div
by total scores
> Adv - summerizes data
- uses all data

(ii) Median - middle distribu^n scores

(iii) Mode - most frequent score.

iv Geometric mean
Harmonic mean
Weighted mean

Best central denst mas depent on
(i) Mea Scale
Distribu^n shape

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By Sullivan & Harris 1963

Dental status of children betn 7-14 yrs of age residing at Hopewood House, new South Wales was studied longitudinally for 10 yrs

- All lived in strict, natural diet with excepn of occasional, serving of eggs yield, entirely vegetable in nature & largely raw

- At end of 10 yrs, 13 yr old children had DMFT per child of 14.6

1½ Corresponding gen was 107.

- No meat & raw restricn of refined carbn

5 Recommend ages → 5 yrs for 1° dtn
12, 15 3 15, 42 65, 77 for 2° dntion

5th yr → in relan to carries level in 1° dn show shorter lifespan

12th yr → chn leave 1° school ∴ last age where reliable sample may be obtained easily thr schn systems

2 Global Monitoring Age as all 2° teeth erupt except 3rd molar

3.)

→ Exposure info is diff mis classified for subjects with & without dis.

- Can be particularly problematic in studies where subj r interviewed to collect info as might occur to case control & restro spective cohort studies

V. come in case control studies where participants know their disease although it can occur the cohort studies & trials with particular birth.

(2)

(6)

→ Utilizes invasive & non invasive tht of bodo live / quiescence caries

- Resin placed in carious areas & adj caries susceptible areas, seals them from oral event & provides valuable tht alternative to conventional restorative amalgam

(1/2)

→ Requires an excellent isolation & oral & saliva contam..

(4)

→ Also the Drain edged round
less mgs of fluoride & excess intake of
fluoride causes dental & skeletal
fluorosis

Types -

Acute toxic effects → short time
- Gastric disturbance
Nausea vomiting
Death.

→ long period - Dental fun
effect of long term fluoride
exposure on bone is still controversial

Symptoms

Nausea	Convulsion
Vomiting	spasms
~~Tears~~	weakness
Diarrhoea	Spasms
	BP drop
	Arrhythmias

Scanned with CamScanner

(7)

→ Main Principles & goals of public health revolve around promoting health & preventing dis-

→ Aspects -

(1) Credibility
- Interest
- Community Participation
Motivation
Competence
Reinforcement
Learn by doing
Known to unknown
Setting an example
Good Human relations
Feed back
Community Leaders.

(8)

(1) Disease Control Phase (1880 - 1920)
(2) Health Promoting Phase (1920 - 1960)
(3) social engineering phase (1960-1980)
(4) Health of all phase (1981 - 2000)

(9) Concepts (i) Biomedical concept
(ii) Ecological "
(iii) Psychological "
(iv) Holistic "

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(1) Evaluation

Process evaluation — Impact — Outcome

→ Cochran 'of Analysis of info to determine programme performance

Criteria – effectiveness
– Efficiency
– Appropriateness
– Adequacy

→ Levels – Content
– Progress
– Outcome

(2)

(10)

- Acetone
- Cyclohydric acid
Methanol
Urethane
Naphtalene
Toluene
Pyrene
Arsenic
Cadmium
Nicotine
Dibenzacridine
Polonium 210
DDT
CO

(2)

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LA-P

(1)

- Def → essentially health care made universally accessible to individuals & acceptable to them thr their full participa & at cost the comm & county afford.
- Principals :- Equitable distri
  Community coo
  Intersectoral coordin
  Appropriate technologys
  Focus on Preve
- Preve levels → context of all levels traditionally c/a 1°, 2°, 3°, 4th level c/a Primordial was late added

(2)

(1)

Def Epidemiology → Quantitative study of Distribu, Determinants & control of popula disease

→ RCT steps
- X ray of infected area
- Anaesthesia
- Create opening in crown of tooth
- clean out infected pulp
- shape space for filling
- fill the root canal
- Closing opening
- follow

(3)

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D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

45/60

Sr. No.

Name of the Student Vaibhav Chate

Name of the Examination Additional Exam (II Internal) Class

Subject

Roll No. Date 4/5/22

Students Signature "Seen No. Complaint"

NAME :- SHRAVANI MARATHE

AGE :- 21 yrs

GENDER :- Female

RELIGION :- Hindu

MARITAL STATUS :- Unmarried

PLACE OF BIRTH :- Pune

NO. OF FAMILY MEMBERS :- 6

ADDRESS :- Vishrantwadi.

Chief complain

Patient complains of pain in lower right back region of jaw since 1-2 months

History of present illness.

Patient was apparently asymptomatic 2 months ago until she started experiencing pain in lower right back region of jaw which aggravated on mastication.

Pain is dull, continuous, it does not relieve on mastication.

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Medical history }
Dental history } NRH.
Family history }

Personal history
A) Habits related to oral cavity
Pan chewing }
Smoking } NRH
Alcohol }
B) Other habits - NRH.

Oral hygiene habits
Tooth brushing type - Horizontal
Material used - Toothbrush & toothpaste
Frequency - twice a day
Timing - in morning

Diet history
Type of diet
24 hrs diet :-

Time	Diet
12:00 pm	Khana + Tea
3:00 pm	Dal + rice
8:00 pm	Milk + Biscuit

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Sugars Intake -

Frequency - Twice a day

Consistency - liquid + solid

Timing of intake - Morning & Afternoon

General Examination

wt - 50 kg

Height - 5 feet

BMI - 18.

Intra oral exam -

Facial symmetry - bilaterally symmetrical

TMJ } NRH.

Lymph nodes }

Intra oral Examination

1) Soft tissue Examination - NRH.

2) Gingiva

Color - pink with melanin

Size - adequate

Consistency - Scalloped with knife edge

BOP - present

Hard Tissue Examination

No. of teeth present = 28

Teeth present

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

TOP - 27, 36 [TOP+ve]

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Stains + Calculus ++

Provisional diagnosis

1) Apical periodontitis 27, 36
2) Chronic generalized marginal gingivitis.

Investigation

IOPA ☐ 27, 36.

Diagnosis

Apical periodontitis ☐ 27, 36
Chronic generalised marginal gingivitis

Treatment plan -

1) Primary

A) Health promotion -

Proper tooth brushing technique

2) Secondary

Early diagnosis & prompt treatment
RCT ☐ 26, 36, 37, 46
Oral prophylaxis.

3) Tertiary

Crown ☐ 26, 36, 46, 37.

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Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Anjali Jadhav	18	26.5	44.5	48
2.	Vaibhav Chote	19	26	45	45
3.	Rutuja Kendre	17	24	41	41
4.	Tejaswani Patil	18	27	45	40

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the Prelims examination are hereby instructed to undergo Prelims additional Exam schedule on 1/6/22 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil [illegible] City
Charholi (Bk), Vi[illegible] Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Sumantra Tiwari	Present	Present
2.	Shraddha Nikam	Present	Present
3.	Isha Joshi	Present	Present
4.	Shivani Gaikwad	Present	Present

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D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

MCQs

1. The wants, an individual demands a professional to meet is called:
   (a) Wants (b) Demand (c) Normative need (d) Comparative need
2. A principle of health education, which is based on the felt needs of the people is:
   (a) Motivation (b) Participation (c) Interest (d) Comprehension
3. Repetition done at regular intervals to retain the health education message is called: (a) Reinforcement (b) Participation (c) Motivation (d) Credibility
4. The degree to which a message is perceived as trustworthy by the receiver is called:
   (a) Credibility (b) Interest (c) Participation (d) Motivation
5. The chinese proverb—"If I hear, I forget; if I see, I remember; if I do, I know" illustrates:
   (a) Reinforcement (b) Learning by doing (c) Motivation (d) Participation
6. A dentist is criminally liable if he/she commits tort:
   (a) Intentionally (b) Accidentally (c) Unintentionally (d) Under influence
7. The Nuremberg Code proposed which principle of ethics?
   (a) Beneficence (b) Informed consent (c) Justice (d) Veracity
8. The term in which both parties are in agreement is called:
   (a) Express term (b) Impress term (c) Inform (d) Terminate
9. The third party in the private third party pre payment plans is also called:

   a) Agent (b) Risk (c) Carrier (d) Overwriter
10. A stipulated flat sum that the patient must pay to the treatment cost before getting benefits is

    called:

    (a) Group insurance (b) Co insurance (c) Deductible (d) Capitation
11. The Indian Dental Association was formed in the year:
    (a) 1947 (b) 1948 (c) 1949 (d) 1950
12. The Indian Dental Association was registered in Delhi in:
    (a) 1961 (b) 1963 (c) 1965 (d) 1967
13. People eligible for IDA membership but not residing or practicing in the area are:
    (a) Director members (b) Ordinary members (c) Honorary members (d) Affiliated members

14. Anatomical feature in occlusal surfaces not susceptible to dental caries is:

(a) Narrow crevice (b) Isolated grooves (c) Pits (d) Cusp tips

15. The cariostatic property of sealants are due to:

(a) Physical obstruction (b) Chemical obstruction (c) Physio-chemical obstruction (d) Pathological obstruction

16. Occlusal surfaces account to how much percentage of all tooth surfaces?

(a) 7.5% (b) 12.5% (c) 20% (d) 22.5%

17. . Data for needs assessment can be obtained by:

(a) Survey questionnaires (b) Telephonic calls (c) Video conferencing (d) Internet mailing

18. The planned end point of all activities is:

(a) Goal (b) Objective (c) Resources (d) Health needs

19. Data for needs assessment can be obtained by:

(a) Survey questionnaires (b) Telephonic calls (c) Video conferencing (d) Internet mailing

20. The planned end point of all activities is:

(a) Goal (b) Objective (c) Resources (d) Health needs

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM – PRELIMINARY EXAMINATION - FINAL YEAR 2021 - 22

SECTION B - SAQ (3 MARKS EACH)

1. Iceberg phenomenon
2. Write about Vipeholm Study
3. Epidemiological triad
4. Enumerate the role of WHO in public Health
5. Stannous fluoride
6. Enumerate 4 uses of biostatistics
7. Levels of prevention
8. Record maintenance in dental clinic
9. What is normal curve? Write the characteristic feature and diagram of normal curve.
10. Operating auxiliary

SECTION C - LAQ (10 MARKS EACH)

1. School oral health program
2. Define sampling. Write about various sampling methods.

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MCQ - ANSWER KEY

1. (c) Normative need
2. (a) Motivation
3. (a) Reinforcement
4. (a) Credibility
5. (b) Learning by doing 6. (a) Intentionally
7. (b) Informed consent
8. (a) Express term
9. (c) Carrier
10. (c) Deductible
11. (b) 1948
12. (d) 1967
13. (c) Honorary members
14. (d) Cusp tips
15. (a) Physical obstruction
16. (b) 12.5%
17. (a) Survey questionnaires
18. (b) Objective
19. (a) Survey questionnaires
20. (d) Health needs

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Sumantra Tiwari

D Y PATIL DENTAL SCHOOL

2022

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

D Y PATIL GROUP

SECTION A

Sr. No. 1/6/22

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing

• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet. • Rough Work Must Not Be Done On The Answer Sheet. • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelim Additional Exam
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash

Invigilator's Signature

Candidate Signature

15/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO. A B D G M N P S U

ANSWERS

	A	B	C	D
1			●	
2	●			
3	●			
4	●			
5		●		
6	●			
7		●		
8	●			
9			●	
10			●	
11		●		
12				●
13		●		
14				●
15	●			
16		●		
17	●			
18		●		
19			●	
20				●
21				
22				
23				
24				
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28				
29				
30				

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

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D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Sumantra Tiwari

Name of the Examination IIIrd Internal Additional Exam Class BDS Intern

Subject

Roll No. Date 11/6/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Sec A + Sec B + Sec. C.
15 17 14

Total = 30/70

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Section - B.

1] iceberg phenomenon.

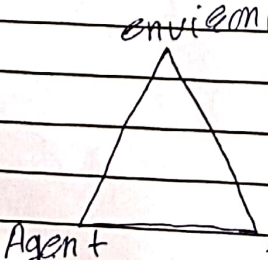
- Health professionals see only a small part of illness in community
- like an iceberg
- it is a situation in which large percentage of a problem is subclinical, unexpected or otherwise hidden from view.

2] Vipeholm Study

- purpose - to find out does an increase in carbohydrate intake causes an increase in dental caries.
- it was 5 year investigation of 436 adult inmates of vipeholm hospital in lund, sweden an institution for mentally challenged.

3] Epidemiological triad

- the occurrence & manifestations of any disease whether communicable or non-communicable are determined by interactions between agent, host & environment which form epidemiological triad



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4] Role of WHO in Public health.

- WHO works world wide to -
  - Promote health
  - keep the world safe
  - serve the vulnerable

(1)

5] Stannous fluoride.

- Stannous fluoride has been used at 8% & 10% concentration in solutions equivalent to 2 & 2.5% fluoride.

(2)

- Although 10% solution is usually used for adults & the 8% for children.

- Most commonly used is 8% stannous fluoride

6] Uses of biostatistics

- To define ~~me~~ normalcy.

- To study correlation or association b/n 2 or more attributes in same population.

(1)

- To evaluate efficiency of vaccines, sera etc.

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- to fix priorities in Public health programme

7] Levels of prevention.
- the preventive levels are -
  - Primordial prevention
  - Primary prevention
  - Secondary prevention
  - Tertiary prevention
- Combined, these strategies aim to prevent the onset & complications of a manifested disease.

8] Record maintainance in dental clinic
- Dental assistance records the patient's
  - Comments.
  - Consents
  - Disposition.
  - vital signs.
  - Medical history
  - Radiographs
  - Diagnostic tools used
  - instructions to patient.
- Necessary for Medicolegal purposes & communication.

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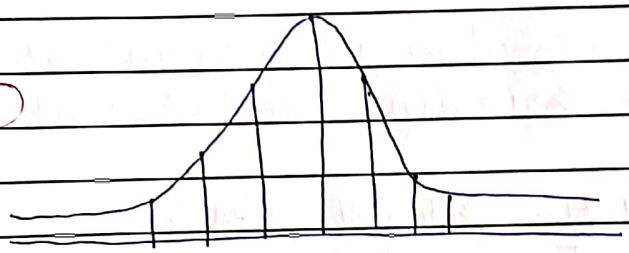
9) Normal curve.

- When data is collected from very large number of people & a frequency distribution is made with normal class intervals resulting curve is smooth & symmetrical & is called normal curve



10) Dental auxilleries.

- it is a person who not being a profession
- -al is permitted to carry out certain treatment procedures in dental clinic.

- Dental auxilleries are → Dental Hygienist
  laboratory technici
  an
  Dental surgery
  assistant.

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Section - C

17] School oral health Program

- program was developed by ADA in 1971 & is presently available to school systems.
- primary goal - to develop knowledge, skills & attitude needed for prevention of dental diseases among school children

→ consideration is also given to increasing knowledge regarding diet & dental health

→ implimentation - 4 level program.

level I - kinder garden through grade 3.

level II - grade 4 through 6

level III - grade 7 through 9

level IV - grade 10 through 12.

→ evaluation - the behavioral objectives provide the basis for evaluating the effectiveness of the lessons all all levels with the exception of levels I & II that includes pre & post testing.

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2] Sampling & Sampling methods.

- Sampling is the process or technique of selecting a sample of appropriate character & size a sample is a part of a population called the universe.

- Sampling methods.
Different methods available based on type & nature of population & their objective.

1] Non-Probability sampling.
   a] Quota sampling
   b] Purposive sampling
   c] Convenience sampling.

2] Probability sampling.
   a] Simple random sampling
      - lottery method
      - table of random numbers.
   b] Systemic sampling
   c] Stratified sampling.
      - Stratified random
      - Stratified systematic.
   d] Cluster sampling.

3] Other sampling methods
   a] Multiphase sampling
   b] Multistage sampling.

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D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

D Y PATIL GROUP

Supplement Sheet

56/86

Name of the Student Sumantra Tiwari

Name of the Examination Additional Exam (prelims) Class

Subject

Roll No. Date 2/6/22

Supplement No. Invigilator Signature

Patient information.
Name of the patient - Rakesh Hossale.
Gender - Male
Religion - Hindu.
Place of birth - Pune.
Address - Nimalkar nagar.
Education - MSc
Nationality - Indian.
Income - 30,000 / per month.

Chief complaint -
Pt. complains of pain in lower right back region of jaw since 8 days.

HOPI -
Patient was apparently alright 8 days ago.
Then he experienced pain in lower right back region of jaw.
Pain was dull continuous & radiating in lower jaw which aggravate eating cold & hot beverage & was relieved on its own.

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Medical history - NRH
Dental history - NRH
Family history - NRH

Personal History.
A] Habits related to oral cavity.
Pan chewing }
Smoking } NRH.
Alcohol }

B] Other habits.
- NRH

C] Oral hygiene practices.
Type of tooth brushing - Nil tooth brushing.
Material used for toothbrushing - toothbrush & paste.
Frequency of tooth brushing - Once a day.
Timing of brushing - Morning

D] Diet history.
Type of diet - Mixed
24 hrs diet chart.

Time	Diet
7:30	Tea + biscuit : 5+10
8pm	Chapati + Bhaji + Rice - 10+10+10=30

General physical examination
① Built - Weight - 40 kg
Height - 5'4
② Gait - Bipedal biphasic
③ Posture - erect
④ Temperature - Afebrile

5) Pulse - 72 bpm
6) Anaemia, Cyanosis, Icterus } Absent.

Extra-oral examination :-

① Facial symmetry - Gross bilaterally symmetrical.
① TMJ, lymph nodes } NAD.

Intra-oral examination.
① Soft tissue examination.
Labial mucosa, Buccal mucosa } NAD.
Gingiva -
Colour - Pink
Size - Normal
Shape - Normal
Consistency - firm
BOP - Negative.

Hard tissue exam. :-
Teeth present 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8
8 6 5 4 3 2 1 | 1 2 3 4 5 6 8 8.

Dental caries - ~~80 | 5~~

FDP - ~~6~~

Filled teeth - absent
Stains +
Calculus +

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Malocclusion - Angle's Class I malocclusion.

Provisional diagnosis :
1) Apical periodontitis c̄ 6 [IOP +ve]
2) Occlusal caries c̄ 5

Investigation :- IOPA c̄ 86

Final diagnosis -

Periapical abscess c̄ 6
Dental caries c̄ 5

Treatment plan.

Emergency treatment
Amoxicillin (500 mg) TID - 5 days.

Levels of prevention -
RCT c̄ 6

Restoration c̄ 5

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Shraddha Nikam

D Y PATIL DENTAL SCHOOL

2022

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No. 1/06/22

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelim Additional Examination.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Invigilator's Signature

Candidate Signature

17/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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TO BE FILLED BY THE STUDENT

Name of the Student Shraddha Nikam

Name of the Examination III Internal Additional Exam Class

Subject

Roll No. Date 11/6/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Sec A + Sec B + Sec C
17 19 13

Total = 49/70

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Section - B.

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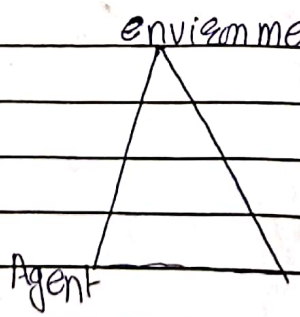
- Health professionals see only a small part of illness in community.
(1) like an iceberg.
- it is a situation in which large percentage of a problem is subclinical, unexpected or otherwise hidden from view.

2] Vipeholm study
- Purpose - to find out does an increase in carbohydrate intake cause an increase in dental caries.
(2) - it was 5 year investigation of 436 adult inmates of vipeholm hospital in lund, sweden an institution for mentally challanged.

3] Epidemiological triad
- the occurance & manifestations of any disease whether communicable or non communicable are determined by interactions between agent, host & environment, which together constitute epidemiological triad.
(2)



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4] Role of WHO in Public health

- WHO works world wide to --
  - → Promote Health
  - → keep the world safe.
  - → Serve the vulnerable.
- the goal is to ensure that billion more people have universal health coverage to protect billion more people from health emergencies & provide further billion people with better health & well being.

5] Stannous Fluoride

- Stannous Fluoride has been used at 8% & 10% concentration in solutions equivalent to 2 & 2.5% fluoride.
- Although 10% solution is usually used for adults & the 8% for the Children.
- There is no evidence of an actual clinical difference between two.
- Most commonly used is 8% Stannous Fluoride preperation.

6] Uses of biostatistics.

- To define normalcy.
- To test whether the difference between two populations, regarding a particular attribute is really a chance occurance
- To study correlation or association between 2 or more attributes in some population.

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- To evaluate efficency of vaccines, sera etc by conteol studies.

- To fix peiceities in public health peogeam.

7] levels of peevention

→ The peeventive stages aee --
peimoedal peevention
Peimoey peevention
Oecondoey peevention
Teetiaey peevention

- Combined, these steategies not only aim to peevent the onset of disease theough eisk eeduction but also downsteeam complications of manifested disease.

8] Recoed maintance in dental clinic.

- the dental assistant: eecoeds the patient: comments, concens & disposition vital signs, medical histoey notations, eadiogeaphs & othee diagnostic tools taken & used & instuctions given to the patients

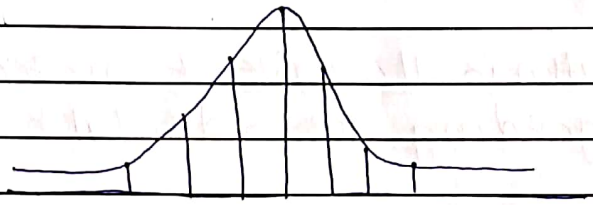
- it is necessoey foe medicolegal pueposes & maintain the patient eecoed.

Scanned with CamScanner

9] Normal curve

- when data is collected from very large number of people & a frequency distribution is made with narrow class intervals. Resulting curve is smooth & symmetrical & is called normal curve.
- the limits on either side of mean are called confidence limits.

(2)



10] Dental auxillaries

- this is a person who not being a professional is permitted to carry out certain treatment procedures in the dental clinic
- Dental auxilleries are - Dental hygienist
  (2) laboratory technician
  Dental surgery assitant.
- Their duties include - examining teeth, gingiva taking & interpreting intra & extra oral radiograph, diagnosing dental caries & periodontal disease.

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Section - C

1] School oral health program

- program was developed by ADA in 1971 & is presently available to school systems.
- primary goal → to develop knowledge, skills & attitudes needed for prevention of dental diseases among school children
- consideration is also given to increasing knowledge regarding diet & dental health.
- → implimentation - program is divided into 4 levels :-

  level I - kindergarden through grade 3

  level II - grades 4 through 6

  level III - grade 7 through 9

  level IV - grades 10 through 12
- → evaluation → the behavioral objectives provide the basis for evaluating the effectiveness of the lessons at all levels with the exception of levels I & II which contains pre-tests & post tests.

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2] Sampling & Sampling methods.

- Sampling is the process or technique of selecting a sample of appropriate character & adequate size. A sample is a part of a population called the universe, reference or parent population.

- Sampling methods
- Different sampling methods are available depending upon type & nature of population & their objective of investigation. They are --

1] Non-Probability sampling.
   a] → Quota sampling.
   b] → Purposive sampling.
   c] → Convenience sampling.

2] Probability sampling
   a] → simple random sampling.
      → lottery method.
      → table of random numbers
   b] → Systemic sampling
   c] → Stratified sampling.
      → Stratified random sampling.
      → Stratified systematic sampling.
   d] → cluster sampling.

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3] other sampling methods →

a] → multiphase sampling.

b] → Multistage sampling.

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Practical / Clinical Examination Answer Book

Examination

58/80

Sr. No.

Name of the Student Shraddha Nikam

Name of the Examination Additional Exam (prelims) Class

Subject

Roll No. Date 2/6/22

Students Signature "Seen No. Complaint"

Patient information

Name of patient - Mr. Sanil Aher

Gender - Male

Religion - Hindu

Place of birth - Pune

Address - Nimbalkar Nagar

Education - MSc.

Nationality - Indian

Income - 30,000 /- per month.

Chief complaint -

Pt complains of pain in lowers right side region of jaw since 8 days.

HOPI -

Patient was apparanetly alright 8 days ago.

Then he experienced pain in lower right back region of jaw.

Pain was dull, continous and radiating in lower jaw which aggravates by eating cold & hot bevereges and was relieved on its own.

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Medical history - NRH

Dental History - NRH

Family history - NRH

Personal history

A] Habit related to oral cavity

Pan chewing
smoking
Alcohol
} NRH

B] Other habits - NRH

C] Oral hygiene practices

Type of tooth brushing - Hz tooth brushing.

Material used for tooth brushing - toothbrush / paste.

Frequency of tooth brushing - once a day.

Timing of brushing - Absent.

D] Diet history

Type of diet - Mixed

24 hrs Diet Chart

Time	Diet
7:30	Tea + biscuit = 5+10
8 pm	Chapati + Bhaji + Rice = 10+10+10 = 50

General physical examination

(1) Built - weigh : 40 kg
(2) Height : 5'4
(3) Gait : Bipedal biphalis
(4) Posture : erect
(5) Temperature : Afebrile.

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⑥ Pulse - 72 bpm

⑦ Anemia, Cynosis, Icterus — Absent

Extra oral examination :-

① Facial symmetry - Gross bilateraly symmetrical

② TMJ, lymph node — ~~Absent~~ NRH

Intra oral examination :-

① Soft tissue examination

Labial mucosa, Bucal mucosa — NRH

Gingiva -

colour - pink

size - normal

shape - normal

consistency - firm

BOP - Negative

Hard tissue examination

Tooth present	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

Dental caries $\frac{\bar{c}}{5\ 6 \mid 5}$

TOP $\frac{\bar{c}}{6 \mid}$

Filled teeth - Absent

stains +

calculus +

Scanned with CamScanner

Malocclusion - Angle's class I malocclusion

Provisional diagnosis :-

① Apical periodontitis $\frac{\bar{c}}{6}$ [TOP +ve]

② occlusal caries $\frac{\bar{c}}{5}$

Investigation - IOPA $\frac{\bar{c}}{86}$

Final diagnosis -

Periapical absess $\frac{\bar{c}}{6}$

Dental caries $\frac{\bar{c}}{5}$

Treatment plan

Emergence treatment

Amoxicillin (500 mg) TID - 5days

Levels of prevention

RCT $\frac{\bar{c}}{6}$

Restoration $\frac{\bar{c}}{5}$

Scanned with CamScanner

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Sumantra Tiwari	15	21	36	56
2.	Shraddha Nikam	17	33	41	58
3.	Isha Joshi	16	26	42	45
4.	Shivani Gaikwad	17	25	42	48

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk.), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 1st internal examination are hereby instructed to undergo 1st internal additional Exam schedule on 6/12/22 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Prince Bhansali	Present	Present
2.	Siddhi Mulik	Present	Present
3.	Pushpak Khade	Present	Present
4.	Sangram Sonawane	Present	Present

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SECTION A – MCQS (1 MARK EACH)

1. Which is not true about Caries tetralogy –
   A. Was proposed by Newbrun
   B. Includes time as a factor for caries
   C. Suggests only tooth, saliva, sugar and bacteria as causative factors for caries
   D. None of the above

2. Hereditary fructose intolerance –
   A. Have high caries activity
   B. Reduced levels of fructose phosphate aldolase
   C. Cannot differentiate sweet taste of sugar
   D. All of the above

3. Tobacco was introduced to india by
   A. Muslims traders
   B. Portugese traders
   C. Native traders
   D. American traders

4. All of the following are smoked tobacco preparations EXCEPT-
   A. Bidi
   B. Chillum
   C. Khaini
   D. Hookah

5. The white soft deposit seen on the cervical region of the teeth in the absence of regular tooth brushing is called:

   A. Plaque
   B. Material alba
   C. Calculus
   D. Slime layer

6. Human plaque is considered to have microorganisms of:
   A. 2 × 109 per mL
   B. 2 × 1010 per mL
   C. 2 × 1011 per mL
   D. 2 × 1012 per mL

7. Ethics which focus on individual and does not consider him part of society

A. Microethics
B. Macroethics
C. Both
D. None of above

8. Which of the following are ethical principles

A. To Do No Harm
B. To Do Good
C. Respect For Persons
D. All of above

9. Optimum daily intake of fluoride in human –

A. 0.05-0.07 mg F per kg body weight
B. 1.7-3.3 mg F in food and water
C. None of the above
D. Both of the above

10. Fluoride content in water is analysed using

A. Chromatography
B. pH
C. Ion specific electrode
D. Turbidity of water

11. Father of epidemiology is

A. Dean
B. John snow
C. Aescaulius
D. All of above

12. Principles of epidemiology are

A. Exact observation
B. Correct interpretation
C. Rational explanation
D. All of above

13. The germ theory of the disease paved way for which concept of health?

A. Biomedical concept
B. Ecological concept
C. Psychosocial concept
D. Holistic concept

14. The multidimensionality of health in terms of social, economic, political

And environmental influences is described by:

A. Biomedical concept
B. Ecological concept
C. Psychosocial concept
D. Holistic concept

15. Most important principle of health education is ?

A. Participation
B. Interest
C. Motivation
D. Learning by doing

16. ---------- is called as “Booster Dose” in health education.

A. Motivation
B. Repetition
C. Participation
D. Comprehension

17. The Indian Dental Association was formed in the year:

A. 1947
B. 1948
C. 1949
D. 1950

18. The Indian Dental Association was registered in Delhi in:

A. 1961
B. 1963

C. 1965
D. 1967

19. Ideal requisite of index 'consistency of measurement at different times and under variety of conditions' is –

A. Reliability
B. Quantifiability
C. Objectivity
D. All of above

20. Criteria for selecting appropriate index are all EXCEPT –

A. Simple to use
B. Time consuming
C. Permit examination of many people in short duration of time
D. Minimum armamentarium required

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

Section B – SAQ (2 MARKS EACH)

1. List the principles of Atraumatic Restorative Treatment (ART).
2. Mention various degrees of supervision of auxiliaries.
3. What all are the disadvantages of the Mobile Dental Care Units.
4. Write in brief about Preventive Resin Restorations.
5. Write a note on Mass approach for health education.
6. Role of Vitamin C and oral health.
7. List the advantages and disadvantages of Mobile Dental Clinic.
8. Enumerate the requirements of a Mobile Dental Clinic.
9. Write a note on 'Panel discussion'.
10. Talk in brief about 'Expanded Function Dental Auxiliaries'

SECTION C – LAQ (10 MARKS EACH)

1. Define 'Dental auxiliary'. Classify 'Dental auxiliary'. Discuss the functions of various dental auxiliaries.

2. Define Health education. Enumerate and explain principles of health education. (2+4+4)

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MCQ – ANSWER KEY

1. C
2. B
3. B
4. C
5. B
6. C
7. C
8. D
9. D
10. C
11. B
12. D
13. A
14. D
15. B
16. B
17. B
18. D
19. A
20. B

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Prince Bhansali

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination 2023 1

SECTION A

Sr. No. 6/12/22

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Ist Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash

Invigilator's Signature

Candidate Signature

18/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No. 8/12/22

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Prince Bansali

Name of the Examination Additional Exam (1st internal) Class IV th Year

Subject P.H.D.

Roll No. 82 Date 15/12/2022

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

45/50

Section A : 18
Section B : 13
Section C : 14

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B

1) Principles of ART -

i) Removing carious lesion using hand instruments

ii) Restoring cavity with sticky material

iii) GIC as restorative material

2) Degrees of supervisions of Auxillaries -

i) Non-operating Auxillaries -

- Dental surgery assistant
- Receptionist / secretary
- Lab technician
- Health educator

ii) operating Auxillaries -

- Schob / Dental Nurse
- Dental therapist
- Hygienist
- Expanded function of dental Auxillaries

3) Disadvantages of mobile Dental care unit -

1) High cost maintainance
2) Advance screening not
3) no Advanced treatments
4) Limited patient
5) Limited service
6) Driving unit

9) PRR

Types -

1) Type A - Pit & fissure caries to enamel

2) TypeB - Incipient lesions

3) Type C - Deep carions lesions

10) Techniques which show long term effect.

PRR involves invasive & non-invasive treatment or borderline & questionable caries

Resin placed in carions area & adjacent seals them from environment.

5) 1) Vit C is against scurvey
2) powerful antioxidant prevents free radicals
3) Anti-Inflammatory
4) against periodontitis
5) reduces inflammation of gums
6) against gum diseases
7) Aids in faster healing.

6) Advantages of mobile Dental unit -

- Easy access
- Mobility
- Scalability
- Accesibility
- Easy to give service.

Disadvantages -

- High cost of maintainance
- No advanced treatments
- Limited patient
- Limited service.

7) Mass approach for Health Education

- Methods of grap teaching -

1) Lecture
2) Films
3) Charts
4) Flannes Graph
5) Exhibition
6) Flashcards

Group discussion
Panel discussion
Symposium
Workshop
Role playing
Demonstration

8) Requirement of mobile Dental clinic

1) Mobile Dental Van
2) Required basic-to advance instrument with dental chair installed in van
3) Maintainance of mobile van
4) Easily accesible
5) X-ray faseility, sterilization unit etc

Section - C

1) Dental Auxillary -

It is any oral health practitioner other than dentist & dental hygienist including supporting team assisting in dental treatment

classification -

1) Non-operating auxillaries
   - Dental surgery assistant
   - Dental secretary / receptionist
   - Lab technician
   - Health educator

2) Operating auxillaries
   - School Dental nurse
   - Dental therapist
   - Hygienist
   - Expand function dental Auxillaries

Functions -
- Office & chair side assistance
- Assisting radiographic exposure
- Taking impression
- Rendering sutures
- Topical Anesthetic
- Oral prophylaxis

2) Health Education

Any combination of learning experiences designed to help individuals & communities improve their health by increasing their knowledge or influencing attitude.

Principles - Feedback
Motivation
Reinforcement
Comprehension
Credibility
Intrest
Learning
Participation
known to unknown
Leadership
Setting an example
Good human relations

Credibility - Should be consistant & backed by scientific knowledge

Intrest - designed by keeping in mind peoples intrest.

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Practical / Clinical Examination Answer Book

Examination

Sr. No. 7/12/22

Name of the Student Prince Bansali

Name of the Examination Additional Exam (1st Internal). Class IV th year

Subject P. H. D.

Roll No. 82 Date 16/12/2022

Students Signature Prince "Seen No. Complaint"

30/60

Hard tissue examination.

no. of teeth present - 30

Teeth present - 7654321 | 1234567

87654321 | 12345678

Dental caries - Not seen

Fractured teeth - Not seen

Any prosthesis - Crown $\bar{c}$ —/56

Provisional diagnosis - Irreversible pulpitis

Diagnosis - Irrevisible pulpitis $\bar{c}$ —/56

Treatment plan RCT

Level of prevention -

Secondary - Early diagnosis & prompt tertiary

A. Disability - Root canal treatment $\bar{c}$ —/56

B. Rehabilitation - Crown placement $\bar{c}$ —/56

Periodic Recall & checkup

Recall after 6 months

Siddhi mulk

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Internal Assessment Examination 2023.

SECTION A

Sr. No. 6/12/22

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) ● RIGHT (A) (B) ● (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	1st Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash
Invigilator's Signature

Candidate Signature

19/29

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1			●	
2		●		
3		●		
4			●	
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13	●			
14				●
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29				
30				

Seen and No. Complaint

Candidate's Signature

Dr. Prakash
Examiner Name & Signature

Name & Signature of IC / H.O.D.

D Y PATIL DENTAL SCHOOL

D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No. 8/12/24

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TO BE FILLED BY THE STUDENT

Name of the Student Siddhi Mulik

Name of the Examination Additional Exam (Ist Internal) Class IVth year

Subject P.H.D.

Roll No. 95 Date 15/12/2024

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Siddhi

Signature of Candidate

49/60

Section A : 19
Section B : 13
Section C : 12

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Siddhi

Student's Signature

Name & Signature of Subject Teacher

K.B.

Name & Signature of IC / H.O.D.

Section - B

1) Principles of ART

i) Removing carious lesion using hand instruments

ii) Restoring cavity with material that sticks to tooth

iii) GIC used as restorative material.

2) Degrees of supervison of Auxillaries

i) Non - operating Auxillaries

- Dental surgery assistant
- Receptionist
- laboratary technician
- Health educator

ii) Operating Auxillaries

- School dental nurse
- Dental therapist
- Expanded function Dental Auxillaries

3) Disadvantages of mobile Dental care unit

i) High cost of maintainance
ii) Advance screening not performed
iii) No advanced treatments
iv) limited patient.
v) limited range of servey
vi) Delay the unit.

4) PRR —

Types -

1) Type A - pit & fissure caries limited to enamel

2) Type B - Incipient lesions

3) Type c - Deep carious lesions

It is among never tech which sha long term effect.

PRR involve inactive & non invasive treatment of borderline & adjusten caries.

Resin placed carious area & adjacent area seals them from oral environment.

5) 1) vit C is proven against scurvy

2) vit C is antioxidant, free radicals

3) Anti inflammatory

4) against periodontitis

5) Reduces infl. of gums.

6) protect gum from diseases

7) Aids in faster healing

6) Advantages of mobile dental unit.

- Easy access to oral health
- Mobility
- Scalability
- Accessibility
- Easy to give service

Disadvantages -

1) High cost maintainance

2) Advance treatment not performed

3) Limited patients

4) Limited range of service

D.Y. PATIL GROUP

1) Mass approach for Health Education

* Methods of group teaching.
  1) Lecture
  2) films
  3) Charts
  4) pannel graph
  5) Exhibition
  6) Flash notes

* Group discussion
  Panel discussion
  Symposium
  workshop
  Role playing
  Demonstration

8) Requirement of Mobile Dental clinic

  i) Mobile Dental van
  2) Required basic to advance instruments
  3) Dental chair installation in van.
  3) maintainance of mobile van
  4) Easily accesible
  5) x-ray fasility, sterilization unit

Section - C

Dental Auxillary -

It is any oral health practitioner others than dentist & dental hygienist including supporting team assisting in dental treatment.

Classification -

1) non operating Auxillary -

6
- Dental surgery assistant
- Dental Secretary
- Receptionist
- Lab technician
- Health Educator

2) Operating Auxillaries
- School Dental Nurse
- Dental therapist
- Hygienist
- Expanded function dental Auxilary

Function - 1) Office & chair assistance
2) Attention in radiographic exposure
3) Taking impressions
4) Removing sutures
5) Applying topical anesthetic
6) oral prophylaxis

1) Health education -

It is any consideration of learning experience designed to help individuals & community improve their health by increasing their knowledge or influencing their attitude.

Principles - feedback
motivation
Reinforcement
Prevension
credibility
Interest
learning
participation
known to unknown
leadership
Setting an example
Good Human relation

Credibility - Should be consistent & based by scientific knowledge

Interest - assigned by keeping in trained people interested

D Y PATIL DENTAL SCHOOL

D Y PATIL GROUP

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No. 7/6/22

Name of the Student Siddhi Mulik

Name of the Examination Additional Exam (2nd Internal) Class IV th year

Subject P.H.D

Roll No. 15 Date 16/12/2022

Students Signature Siddhi "Seen No. Complaint"

50/60

Name - Kiran Mulje
Age - 26 years
Gender - Male
Religion - Hindu
Marital status - Single
Place of birth - Osmanabad, Maharashtra
Education - B.E.
Occupation - Civil engineer
Income - 80000/month
Socio-economic status = 5+3+2 = 10
upper lower class

Residential address - Pimpri, Pune
chief complain - Patient complains of pain in lower left back region of jaw since 4 months.

History of patient illness - It was apparently asymptomatic for 4 months back & then the experienced pain in lower left back region.

Examination 412 105

Medical history
Family history } NRH
Personal history

Habits related to oral cavity

	Number	Frequency	Duration
Pan chewing	—	—	—
Smoking	—	—	—
Alcohol	—	—	—
other habits			
Thumb sucking	—	—	—
Thumb thrusting	—	—	—
mouth breathing	—	—	—
Nail biting	—	—	—
Bruxism	—	—	—

Oral hygiene practice -
Type of tooth brushing - Horizontal ~~mate~~
Material used - Tooth paste & brush.

Diet history
8:00 am - Tea
9:00 am - Breakfast
12:00 pm Lunch
8:50 pm Dinner

General physical examination
Built - lean
wt - 58 kg
height - 6 ft
BMI - 24.4
Gait - Normal

Posture - Erect
Temp - 38°C
Anemia - not seen
Cyanosis not seen

Extraoral exam
facial symmetry - bilateral
TMJ - No clicking

Intraoral exam
i) soft tissue exam
Labial mucosa - Normal
Buccal mucosa } Normal
Tongue
Palate

a) Gingiva
color - Pale pink
Size - Normal
Shape - Scalloped
Consistency - firm & Resilient
Position - At CEJ

b) Perio dontal examination
Periodontal pockets } not
furcation involvement
Tooth mobility

Hard tissue examination

No. of teeth present = 30

Teeth present 7654321 | 1234567

8765 4321 | 12345678

Dental caries } Not seen
fractured teeth }

Any prosthesis - Crown $\bar{c}$ — | 56

Provisional diagnosis
Irreversible pulpitis
Diagnosis - irreversible pulpitis — | 56

Treatment plan - RCT
Level of prevention

secondary - Early diagnosis & prompt treatment

Tertiary -
A - Disability - Root canal treatment $\bar{c}$ — | 56

B - Rehabilitation - Crown placement $\bar{c}$ — | 56

Periodic Recall & checkup
Recall after 6 months

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
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2.	Siddhi Mulik	10	26	36	40
3.	Pushpak Khade	12	27	39	42
4.	Sangram Sonawane	16	24	38	38

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D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the 2nd internal examination are hereby instructed to undergo 2nd internal additional Exam schedule on 2/2/23 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Amit Darade	Present	Present
2.	Eshita Changmayun	Present	Present
3.	Rhuma Shaikh	Present	Present
4.	Vinit Londhe	Present	Present

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D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune 412105

MCQs

1. Atraumatic Restorative Treatment follows the principle of restoring the cavity with:
   (b) Permanent restorative material (b) Biomimetic restorative material (c) Tooth looking restorative material (d) Temporary restorative material

2. In which year, was ART a theme in World Health Day theme?
   (b) 1990 (b) 1992 (c) 1994 (d) 1996

3. Atraumatic Restorative Treatment was pioneered in 1980s in:
   (b) Tanzania (b) New Zealand (c) Thailand (d) Zimbabwe

4. The ART technique was pioneered by:
   (a) Joe. faencken and Holmgren (b) McKay and Eager (c) Dean and associates (d) Sheiham and Watt

5. The development of a series of procedures that are necessary to restore a diseased dentition to a state of health is called:

   (a) Diagnosis (b) Prognosis (c) Treatment planning (d) Informed consent

6. . The name of a patient is taken in case history to:
   (a) Establish good rapport (b) Render psychological benefit (c) Indicate religion of a person (d) All the above

7. Garre's osteomyelitis occurs in individuals younger than:
   (a) 25 years (b) 45 years (c) 55 years (d) 65 years

8. The germ theory of the disease paved way for which concept of health?
   (a) Biomedical concept (b) Ecological concept (c) Psychosocial concept (d) Holistic concept

9. . The multidimensionality of health in terms of social, economic, political and environmental influences is described by:

   (a) Biomedical concept (b) Ecological concept (c) Psychosocial concept (d) Holistic concept

10. . The "feeling" of being in good health is of:
    (a) Social dimension (b) Spiritual dimension (c) Emotional dimension (d) Mental dimension

11. The process by which a government agency grants permission to qualified people to engage in a given occupation is called:

(a) Licensure (b) Registration (c) Inspection (d) Examination

12. . The list of qualified individuals listed on an official roster is:
    (a) Licensure (b) Registration (c) Inspection (d) Examination
13. . The first dental school established in the world was:
    (a) Pennyslvania dental school (b) Baltimore College of Dental Surgery (c) Royal College of Dental Sciences (d) University of Michigan
14. The GIC bonding in ART is:
    (a) Mechanical (b) Chemical (c) Physical (d) Both mechanical and chemical
15. The distance from the operator's eye to the patient's tooth is usually between:
    (a) 20 – 25 cm (b) 25 – 30 cm (c) 30 – 35 cm (d) 35 – 40 cm
16. For a right handed operator in ART procedure, the assistant should be seated at:
    (a) Left side (b) Right side (c) Back of the operator (d) Front of the operator
17. The lowest point in the health disease spectrum is:
    (a) Unrecognized disease (b) Mild sickness (c) Severe sickness (d) Death
18. . The way people live is termed:
    (a) Culture (b) Lifestyle (c) Behaviour (d) Attitude
19. .The science of mutual relationship between living organisms and their environment is:
    (a) Environment (b) Education (c) Ecology (d) Indicator
20. The prescription of the health professional should mention:
    (a) Scholarships obtained (b) Awards rewarded (c) Date and timing of consultation (d) Socio-economic status

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM - 2ND INTERNAL EXAMINATION - FINAL YEAR 2022- 23

DATE - **TOTAL MARKS – 60**

SECTION B - SAQ (4 MARKS EACH)

1. Bangalore method of composting
2. Topical fluoride
3. Planning cycle
4. Define potable water. Write about rapid sand filtration
5. PRR
6. GAUSSIAN DISTRIBUTION
7. Barriers in communication
8. Index age group
9. APF gel
10. Principles of health EDUCATION

SECTION C - LAQ (10 MARKS EACH)

1. Different fluoride delivery methods. Write in detail about Knutson technique.
2. Define biostatistics. Classify data. Write in detail about methods of collection of data. Write a note on uses of biostatistics

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

MCQ – Answer Key

1. (b) Biomimetic restorative material
2. (b) 1992
3. (b) Tanzania
4. (a) Joe. faencken and Holmgren
5. (a) Diagnosis
6. (a) Establish good rapport
7. (a) 25 years
8. (a)Biomedical concept
9. (a)Biomedical concept
10. (a)Social dimension
11. (a)Licensure
12. (b) Registration
13. (b) Baltimore College of Dental Surgery
14. (b) Chemical
15. (c) 30 – 35 cm
16. (a) Left side 17. (d) Death
18. (b) Lifestyle
19. (c) Ecology
20. (c) Date and timing of consultation

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Amit Davade.

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination 2023

SECTION A

Sr. No. 2/2/23

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd Intesnal Additional Exam
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash

Invigilator's Signature

Candidate Signature

17/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

	A	B	C	D
1		●		
2		●		
3		●		
4			●	
5				●
6			●	
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28				
29				
30				

Seen and No. Complaint

Candidate's Signature

Dr. Prakash

Examiner Name & Signature

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No. 2/2/23

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

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N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Amit Dorade

Name of the Examination IInd Internal Additional Exam. Class

Subject

Roll No. Date 2/2/23 2022-23.

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Sec.A + Sec.B + Sec.C
17 13 9
Total = 39/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

Section B - SAQs.

1] Bangalore method of Composting.

1) Solid dry waste is placed in a pit with added moistened soil on top. More solid waste is placed on top so that the soil is sandwiched in b/w two layers of solid waste. This process is repeated until the pit edge reaches about 80 cm.

2) Dry waste material of 25 cm thick spread in pit and a thick ~~sprinkled~~ suspension of cow dung in water is sprinkled over for moistening. A thin layer of dry waste is laid over.

2] Topical fluoride.

- These are placed directly on teeth. Some preparations provide high or low concentration of fluoride over short period.

Topical fluoride

- Professional
  - Neutral Sodium fluoride
  - Stannous fluoride
  - APF 1.23% varnish
- Self applied
  - Dentifrices
  - Mouth washes
  - fluoride gels.

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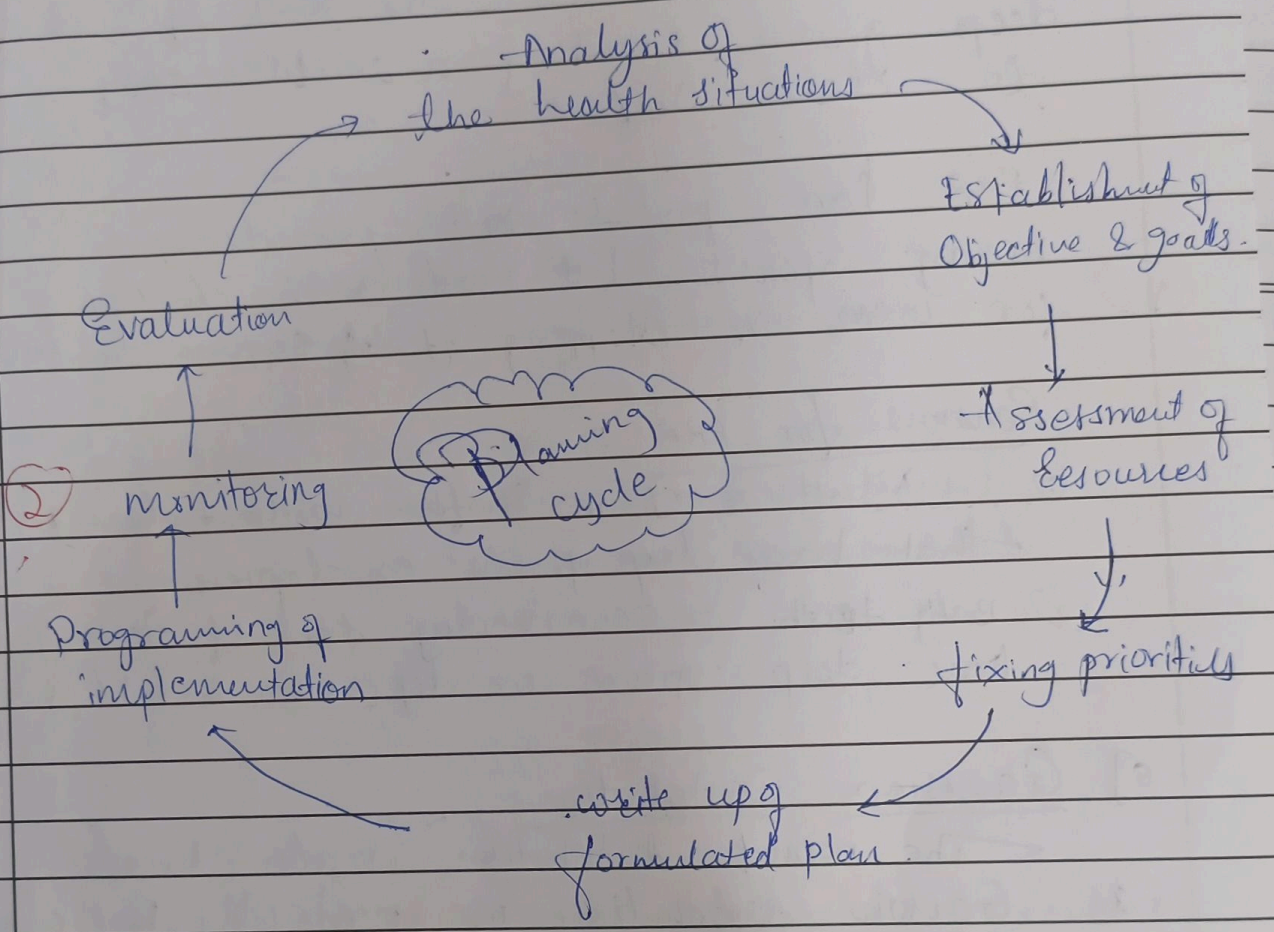
3] Planning Cycle.



4) Define ~~potable~~ water:-

Potable water has been filtered, cleared or treated to meet the standards for drinking water.

(1) Meaning that it is reasonably clear of contaminent & harmful bacteria.

- Rapid sand filtration - Is a purly phy drinking water purification method.

Two types of RSF are Typically used

① Rapid gravity sand filter.

② Rapid pressure sand filter.

5] PRR - Preventive Resin Restoration.

A PRR protects the tooth by sealing deep grooves creating a smooth, easy to clean surface.

PRR can protects teeth from decay for many years but need to be checked for wear & chipping of & require dental visit

Reasons for PRR:-

∵ Adult = Tooth Surface without decay that have deep grooves or depression.

(2) Baby teeth:- occasionaly done if teeth have deep groove or depression & child.

6] Gaussian Distributions

The normal distribution is also known as Gaussian distribution or probability bell curve

$$f(x) = \frac{1}{\sigma\sqrt{2\pi}} e^{-\frac{1}{2}\left(\frac{x-\mu}{\sigma}\right)^2}$$

- The parameter μ is the mean or expectation of the distribution while the parameter σ is its standard deviation.
- The variance of distribution is σ^2.

A random variable with a Gaussian distribution is said to be normally distributed & is called a normal deviate.

7] Barriers in communication
- Physical Barrier
- Perceptual Barrier
- Emotional Barrier
- Cultural Barrier
- Language Barrier
- Gender Barriers
- Interpersonal Barrier
- Break Through Barrier.

8] Indian age group.
5 yrs children (Primary Teeth)
12 yrs children (Permanent)
15 yrs adolescents
35-44 yrs adults
65-74 yrs elderss.

9] APF gel.
Acidulated phosphate fluoride prevents tooth decay. It may also be used to reduce gum & tooth sensitivity. It works by making your teeth stronger.
- Flouride is a mineral that plays important role in the health of your teeth & bones.
- It takes teeth stronger & more resistant to decay caused by acid & bacteria.

10] Principle of health Education.

- Credibility
- Interest
- Participation
- Motivation
- Comprehension
- Reinforcement
- Learning by doing
- Know to unknown
- Setting an example
- Good human relation
- Feedback
- Leaders.

Section C - LAQ

Fluoride delivery methods.

- Topical
  - Self applied
    1. Fluoride dentifrices
    2. Fluoride mouthrinses
    3. Fluoride gels.
  - Professionally applied
    1. Fluoride varnishes
    2. Fluoride solution
    3. Fluoride containing Prophylaxis paste
    4. Flouride gel.
- Systemic
  1. Community water fluoridation
  2. Fluoride supplements
  3. milk fluoridation
  4. fluoridated salt

(A)

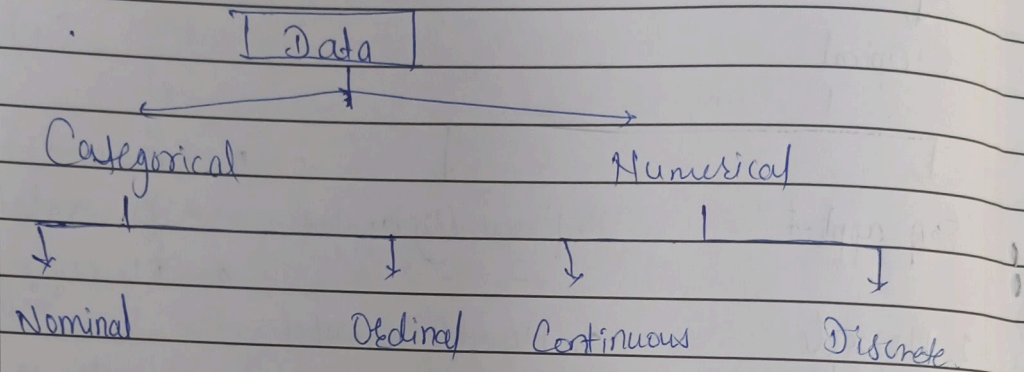
Knutson technique:

- This is form of Topical fluoride application with 2% sodium fluoride used at pH of 7.

- 2 gm of NaF powder dissolved in 100ml distilled water.

Examination

2) **Biostatistics** :- is a branch of statistics that applies statistical methods to a wide range of topics in biology.



Methods of collection of Data.

1) Generation
2) Collection
3) Processing
4) Storage
5) Management
6) Analysis
7) Visualization
8) Interpretation.

Use of Biostatistic

1) To measure morbidity & mortality
2) To evaluate achievement of public health Programme
3) To fix priorities in Public health program
4) To study correlation between attributes in same population.

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Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No. 3/2/23

Name of the Student Amit Parade

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Students Signature _____ "Seen No. Complaint" _____

45/60

Case History

Name - Mr. Rohan Jhope

Age - 40yrs

Genders - Male

Religion - Hindu

Income - 4 lakh/yrs.

Address - Pimpri, Pune.

Chief complaint - pt complains of pain in lower right back region of jaw since 4 months.

HOPI - pt was apparently asymptomatic 4 months back until he started experiencing pain in lower right back region of Jaw. The pain is dull in nature & continuous. It is spontaneous onset Pain lasts for minuts to hours. It has gradual progress Patient is positive for nocturnal pain. The pain does not relieve on medication.

Medical History - Patient is a known diabetic since last 4 years

Dental History - No relevant History

Family History - No relevant History

Personal History -

Habits - Consumes Tabacco since last 10 years 4-5 times a day

- Other habits - No abnormality detected.
- Oral hygiene habits -

  Brushing techniques - Horizontal

  material used for brushing - toothpaste & brush.

  frequency - once a day

  Timing - In morning
- Diet - 7:00 am - Tea

  12:00 pm - Chapati Bhaji

  5:00 pm - Tea

  8:00 pm - Chapati Bhaji.
- Diet Source -

  Sugar score

  = 5 + 5 (liq + liq) = 10 (good)
- General Examination :-

  Height - 178 cm

  Weight - 70 kg

  gait → Normal

  Temperature - Afebrile

  Anemia

  Icterus } no abnormality detected.

  Cyanosis
- Extraoral Examination -

  Symmetry of face - Bilaterally symmetrical

  TMJ - No clicking, No Tenderness, No deviation.

  Lymph node - Non-tender.

  Non-palpable.
- Intraoral Examination -

  labial mucosa } No abnormality detected.

  Buccal mucosa

D Y PATIL GROUP

· Tongue
floor of mouth } No. abnormality detected.

Gingiva – colour – pink with melanin pigmentation
- size – normal
Consistency – firm, bulbous
Contour – Scalloped
Surface – absent (stippling)
Bleeding on probing → present

· Hard tissue Examination –

total teeth present – 27

Teeth present → 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
7 6 5 4 3 2 1 | 1 2 3 4 5 7

Caries $\bar{c}$ $\overline{6|}$

Top – +ve

Filled teeth –

Root piece – $\bar{c}$ $\overline{|7}$

missing / clinically absent teeth $\bar{c}$ $\overline{|6}$

fracture teeth $\bar{c}$ $\overline{1|1}$

Stains ++, plaque ++, Calculus ++

· Provisional diagnosis –

1) Chronic irreversible pulpitis $\bar{c}$ $\overline{6|7}$
2) Ellis Class II fracture $\bar{c}$ $\overline{1|1}$
3) Partially edentulous arch (mandibular)
4) Chronic generalized marginal gingivitis.

· Investigation –

1) Radiographic – IOPA $\bar{c}$ $\overline{1|1}$ $\overline{6|7}$

2) Laboratory – CBC
BT, CT
BSC
PT-INR

· Diagnosis

1) Chronic irreversible pulpitis $\bar{c}$ 6 | 7
2) Root piece $\bar{c}$ | 7
3) Partially edentulous mandibular arch
4) Chronic generalized marginal gingivitis.

· Treatment plan -

① Emergency phase - Access opening $\bar{c}$ 6 |
② non - surgical phase - Scaling & root planing
Pt education
oral prophylaxis.

· Medication - 1) Amoxicillin (500mg) - 3 times - 5 days
2) Zerodol-P (625mg) - 3 times 5 days
3) Pan-D (40mg) 2 times 5 days (before meal)

③ Surgical phase - RCT $\bar{c}$ 6 |
extraction $\bar{c}$ | 7

④ Restorative phase - Implant $\bar{c}$ | 6 7
Crown $\bar{c}$ 6 |

D Y PATIL DENTAL SCHOOL

Eshita Changrayam

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

2023

SECTION A

Sr. No. 2/2/23

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	IInd Internal Additional Exam.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. Prakash

Invigilator's Signature

Candidate Signature

17/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr Prakash

Examiner Name & Signature

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION B & C

Sr. No. 2/2/23

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TO BE FILLED BY THE STUDENT

Name of the Student Eshita Chaungnayum

Name of the Examination IInd Internal (Additional) Exam. Class

Subject

Roll No. Date 2/2/23 2022 - 23

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

Sec.A + Sec.B + Sec.C
17 . 15 . 11

Total = 43/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

4-5 times a day.

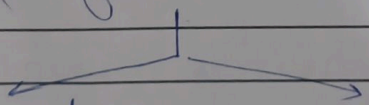
Section B - SAQ

1] Bangalore Method of Composting.

1) Solid dry waste is placed in a pit with added moistened soil on top. More solid waste is placed on top so that the soil is sandwiched in b/w two layers of solid waste. This process is repeated until the pit edge reaches about 30 cm.

2) Dry waste material of 25 cm thick spread in pit & a thick suspension of cow dung in water is layer sprinkled over for moistening.

2] Topical fluoride.



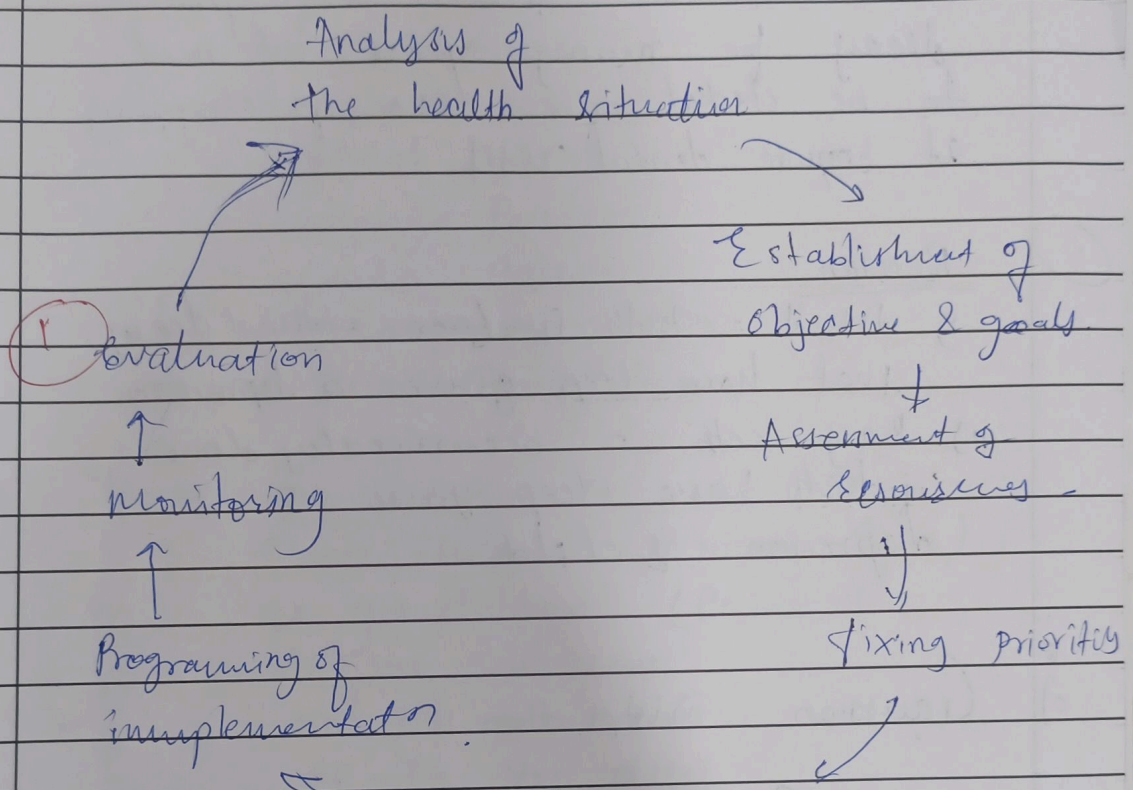
Professional	Self applied.
- Neutral sodium fluoride	- Dentrifices
- Stannous fluoride	- Mouth washes
- APF Solu varnish.	- fluoroid lines.

placed directly on teeth ~ some preparation provide high or low concentration of fluoride over short provide.

Dr prakash
Examiner Name & Signature

D Y PATIL GROUP

2) Planning Cycle.



3) Potable water :-

Potable water has been filtered cleared or treated to meet standards for drinking water.

(1) Two types of RSF are typically used.

(1) Rapid gravity sand filter
(2) Rapid pressure sand filter.

Habits:- consumes tabacco since last 10 years

5] PRR - Preventive Resin Restoration.

A PRR can protects teet from decay for many years but need to be checked for wear & chipping at regular dental visit.

Reason

1) Adult = Tooth surface without decay that have deep grooves & depression

2) Baby teeth = occasionally done. if teeth have deep groove or depression & child.

6] Gaussian Distribution.

The normal distribution is also known as Gaussian distribution or probability bell curve.

$$f(x) = \frac{1}{\sigma\sqrt{2\pi}} e^{-\frac{1}{2}\left(\frac{x-\mu}{\sigma}\right)^2}$$

The variance of distribution is σ^2 of random variable with a Gaussian distribution is said to be normal distributed & is called a normal density.

7] Barriers in Communication
- Physical Barriers
- Perceptual Barrier
- Emotional Barrier
- Cultural Barrier
- Language Barriers
- Gender Barriers
- Interpersonal Barriers
- Break Through Barriers

8] Index age group
5 yrs children (Primary Teeth)
12 yrs children (Permanent)
15 yrs adolescent
35 - 44 yrs adults.
65 - 74 yrs elders.

9] APF Gel.
Acidulated phosphate fluoride prevents tooth decay. It may also be used to reduce gum & tooth sensitivity. It works by making your teeth stronger.
Flouride is a mineral that plays important role in health of your teeth & bones.
- It take

Habits:- Consumes Tabacco since last 10 years

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10] principle of health education

Credibility
Interest
Participation
Motivation
Comprehension
Reinforcement
Learning by doing
Know to unknown
Setting an example
Good human relation
Feedbacks
Leaders.

Section C - LAQ

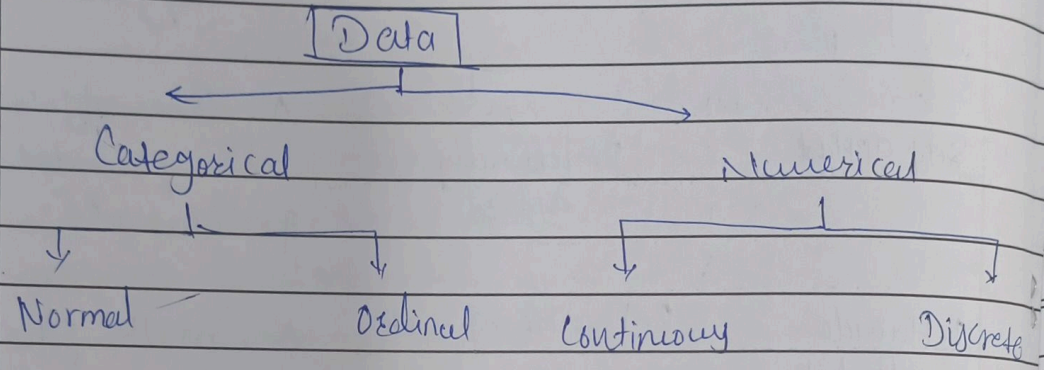
1) Fluoride delivery method.

- Topical
  - Self applied
    1. Fluoride dentrifices
    2. Fluoride gels.
  - Professionally applied
    1. Fluoride varnish
    2. Fluoride solution
    3. Fluoride gel.
- Systemic
  1. Community water fluoridation
  2. Fluoride supplement
     1. milk fluoridation
     2. Fluoridated salt.

(3) Knutson technique

- This is form of Topical fluoride application with 2% Sodium fluoride used at pH of 7.
- 2 gm of NaF powder dissolved in 100 ml distilled water.

2] Biostatistic :- is a branch of statistic that applies statistical method to a wide range of topics in biology.



Methods of collection of Data

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2) Collection
3) Processing
4) Storage
5) Management
6) Analysis
7) Visualization
8) Interpretation.

Use of Biostatistic

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2) To evaluate achievement of Public health program.
3) To fix priorities in Public health program
4) To study correlation between attributes in same population.

D Y PATIL DENTAL SCHOOL

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Practical / Clinical Examination Answer Book

Examination

Sr. No. 3/12/23

Name of the Student Eshita Changamyum

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Students Signature _____ "Seen No. Complaint" _____

Case History

Name - Aarav patil.

Age - 30 years

Gender - Male

Religion - Hindu.

Income - 5 lakh /ys.

Addrss - Lohegaon Pune.

42/60

Chief complaint - pt. complains of pain in the lower right back region of jaw since 3months.

HOPI - patient was apparently asymptomatic 3months back until he started experiencing pain in lower right region of jaw. The pain is dull in nature & continuous. It is spontaneous onset. Pain lasts for minutes to hours. It has gradual progress. Patient is positive for nocturnal pain. The pain does not relieve on medication.

- Medical history - Patient is a known diabetic since last 4years
- Dental History - No relevant History
- family history - No relevant History.
- Personal History -

Habits - Consumes Tabacco since last 10 years 4-5 times a day.

- Other habits - No abnormality detected.
- Oral hygiene habits -
  - Brushing technique - Horizontal
  - Material used for brushing - Toothpaste & Brush
  - Frequency - Once a day.
  - Timing - In morning
- Diet - 7:00 am - Tea
  - 12:00 pm - Chapati Bhaji
  - 5:00 pm Tea
  - 8:00 pm - Chapati Bhaji
- Diet score - Sugar score
  - 5+5 (liq + liq) = 10 (good)
- General examination -
  - Height - 178cm
  - weight - 70kg
  - gait - Normal
  - Temperature - Afebrile
  - Anaemia, Icterus, Cyanosis } No abnormality detected.
- Extraoral Examination
  - symmetry of face - Bialaterally symmetrical
  - TMJ - No clicking, No Tenderness, No duration
  - Lymph node - Non-tender
    - Non-palpable.
- Intraoral Examination -
  - Labial mucosa, Buccal mucosa } no abnormality detected.

Tongue
floor of mouth } no - abnormality detected

Gingiva - colour - pink with melanin pigmentation
size - normal
consistency - firm & bulbous.
Contour - scalloped
surface - absent (stippling)
Bleeding on probing - present

· Hard tissue examination -

total teeth present - 27

teeth present - 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
7 6 5 4 3 2 1 | 1 2 3 4 5 7

Caries c̄ 6

Top - +ve

filled teeth -

Root piece - c̄ 7

missing / clinically absent teeth c̄ 6

fractured tooth c̄ 1 | 1

stains ++ plaque ++ , Calculus ++

· Provisional diagnosis -

1) Chronic irreversible pulpities c̄ 6 | 7
2) Ellis class II fracture - 1 | 1
3) Partially edentulous arch (mandibular)
4) Chronic generalized marginal gingivitis

· Investigation

1) Radiographic - IOPA c̄ 1 | 1 / 6 | 7

2) Laboratory - CBC
BT, CT
BSL
~~PT, NER, INR~~

- Diagnosis -

1) Chronic irreversible pulpitis $\bar{c}$ $\overline{6|7}$
2) Root piece = $\overline{|7}$
3) Partially edentulous mandibular arch
4) Chronic generalized marginal gingivitis.

- Treatment plan -

(1) Emergency phase - Access opening $\bar{c}$ $\overline{6|}$
(2) Non-surgical phase - Scaling & root planing
patient education
oral prophylaxis.

- Medication - 1) Amoxicillin (500 mg) - 3 times - 5 days
2) Zienodol - P (625 mg) - 3 times - 5 days
3) Pan D - (40 mg) - 3 times - 5 days (before meal)

(3) Surgical phase - RCT $\bar{c}$ $\overline{5|}$
extraction $\bar{c}$ $\overline{|7}$

(4) Restorative phase - Implant $\bar{c}$ $\overline{|c'7}$
Crown $\bar{c}$ $\overline{6|}$

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Amit Darade	14	26	40	45
2.	Eshita Changmayun	17	26	43	42
3.	Rhuma Shaikh	15	25	40	40
4.	Vinit Londhe	13	23	36	44

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via [illegible] Pune 412105

D Y PATIL DENTAL SCHOOL

DEPARTMENT OF PUBLIC HEALTH DENTISTRY

All final BDS students who were absent for the Prelims examination are hereby instructed to undergo Prelims additional Exam schedule on 6/6/23 at lecture Hall – 3. The exam will be conducted in written MCQs, SAQ and LAQ.

Head of Department

Public Health Dentistry

PROFESSOR & HEAD
Dept. of Public Health Dentistry
D Y Patil Dental School
D Y Patil Knowledge City
Charoli (Bk), Via Lohegaon, Pune - 412105

Students Attendance

Sr. No	Name	Theory Attendance	Practical Attendance
1.	Shraddha Chavan	Present	Present
2.	Kashish Garg	Present	Present
3.	Shrushti Manek	Present	Present
4.	Bhuvaneshwari Sonar	Present	Present

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MCQs

1. Ethical principles guiding the conduct of population based on research and practice is: (a) Micro-ethics (b) Macro-ethics (c) Autonomy (d) Consent

2. The World Medical Association in 1966 reinforced the principles of:
(b) Nuremberg Code (b) Ethical rule for Dentists (c) Declaration of Helsinki (d) Ethical rule for virtue .

3. The ethical principle of doing no harm is termed:
(b) Nonmaleficence (b) Beneficence (c) Veracity (d) Confidentiality .

4. What is the amount of enamel lost by acid etching?
(a) One micrometer (b) Five micrometer (c) 10 micrometer (d) 20 micrometer.

5. The effect caused by a viscous gel to not completely and uniformly wet the entire enamel surface is called: (a) Milling effect (b) Skipping effect (c) Cross over effect (d) Contamination effect

6. The etching time for deciduous molars is:
(a) 30 seconds (b) 60 seconds (c) 90 seconds (d) 120 seconds

7. Which type of Preventive Resin Restoration involves a cavity extending into dentine and placing calcium hydroxide base?

(a) Type A (b) Type B (c) Type C (d) Type D

8. Data for needs assessment can be obtained by:
(a) Survey questionnaires (b) Telephonic calls (c) Video conferencing (d) Internet mailing

9. The planned end point of all activities is:
(a) Goal (b) Objective (c) Resources (d) Health needs

10. Data for needs assessment can be obtained by:
(a) Survey questionnaires (b) Telephonic calls (c) Video conferencing (d) Internet mailing

11. The planned end point of all activities is:
(a) Goal (b) Objective (c) Resources (d) Health needs

9. The process of learning which changes existing patterns of behaviour and attitudes is called as: (a) Cognitive (b) Affective (c) Psychomotor (d) Psychosocial

10. Health education failing as a result of illiteracy is due to:

(b) Physiological barrier (b) Psychological barrier (c) Environmental barrier (d) Cultural barrier

11. Health education failing as a result of illiteracy is due to:

(b) Physiological barrier (b) Psychological barrier (c) Environmental barrier (d) Cultural barrier

12. The art of winning friends and influencing people is called:

(b) Information (b) Education (c) Motivation

13. Express consent is not necessary for:

(a) General anaesthesia (b) Surgical operations (c) Routine sonography (d) Medico-legal cases

14. When two or more people agree upon the same thing in the same sense they are said to: (a) Consent (b) Trade (c) Rule (d) Surrender

15. Which of these is not an important part of consent:

(a) Information (b) Voluntariness (c) Capacity (d) Implementation

16. Consent has to be obtained in case of:

(a) Handlers of food and dairymen (b) Immigrants (c) People who are HIV positive (d) Court orders for psychiatric examination

17. The informed consent should be: (a) Taken even if patient is sedated (b) Local language (c) Taken at once for all procedures (d) Taken after the treatment is completed

18. The Dental Council of India was formed on:

(b) 12th April 1949 (b) 12th May 1949 (c) 12th June 1949 (d) 12th July 1949

19. Identify who is not an office bearer of IDA:

(a) President (b) President elect (c) Honorary treasurer (d) Honorary chairman

20. Those people practicing dentistry as a sole means of livinghood without qualifications are registered under:

(b) Part A (b) Part B (c) Part C (d) Part D

D Y PATIL DENTAL SCHOOL, PUNE

DEPARTMENT OF PUBLIC HEALTH DENTSITRY

ADDITIONAL EXAM – PRELIMINARY EXAMINATION - FINAL YEAR 2022 - 23

SECTION B - SAQ (3 MARKS EACH)

1. Caries vaccine
2. RCT
3. Snyder test
4. Fluoride varnish.
5. Enumerate 4 uses of biostatistics
6. Define various sampling techniques
7. Fluoride toxicity
8. Index age group
9. CPITN index
10. Presentation of data

SECTION C - LAQ (10 MARKS EACH)

1. Write in detail about DCI and enumerate its roles and responsibilities in brief.
2. Define biostatistics. Classify data. Write in detail about methods of collection of data. Write a note on uses of biostatistics.

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MCQ – Answer Key

1. (b) Macro-ethics
2. (c) Declaration of Helsinki
3. (b) Nonmaleficence
4. (c)10 micrometer
5. (b) Skipping effect
6. (d) 120 seconds
7. (c) Type C
8. (a) Survey questionnaires
9. (b) Objective
10. (a) Survey questionnaires
11. (d) Health needs
12. (b) Affective
13. (d) Cultural barrier
14. (c) Motivation
15. (a) General anaesthesia
16. (a) Consent
17. (d) Implementation
18. (c) People who are HIV positive
19. (b) Local language
20. (a)12th April 1949

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Shraddha chavan

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Internal Assessment Examination

SECTION A

Sr. No. 6/6/23

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
• Use BLACK PEN or BLUE PEN For Writing • Darken ONLY CIRCLE With BLACK PEN or BLUE PEN For Each Answer As Shown In The Example. If You Darken More Than One Circle Your Answer Will Be Treated As Wrong. • Do Not Make Any Stray Marks On The Answer Sheet • Rough Work Must Not Be Done On The Answer Sheet • Do not Fold The Answer Sheet.

WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelims Additional examination
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. prakash

Invigilator's Signature

Candidate Signature

17/20

SEAT NUMBER

QUESTION BOOKLET VERSION NO.

A B D G M N P S U

ANSWERS

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

Seen and No. Complaint

Candidate's Signature

Dr prakash

Examiner Name & Signature

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Internal Assessment Examination

SECTION B & C

Sr. No.

INSTRUCTION TO BE FOLLOWED BY EXAMINEES / CANDIDATES

1) There Should Not Be Any Identification Mark On The Answer Booklet.
2) The Examiner Should Fill In All The Information Required On Answer Book Appropriately Including Signature.
3) Every Answer Should Be Started On A New Page.

N. B. . Candidate Who Disobeys Any Instruction Issued By The Center Incharge / Center Observer / Senior /Junior Supervisor Or Who Is Rude Or Disobedient is Liable For Disciplinary Action.

TO BE FILLED BY THE STUDENT

Name of the Student Shraddha Chavan

Name of the Examination IIIrd Internal Additional Exam Class

Subject

Roll No. Date 2023

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

A + B + C

17 23 14

54/60

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

1) Dental caries vaccine —

Routes of administration

i) oral
ii) Systemic
iii) Active gingivo-salivary
iv) passive dental immunization

2) RCT (Randomized controlled trials)

The basic steps in conduction an RCT —

- Draming up a protocol
- Selecting reference & experimental populations
- Randomisation
- Manipulation & Intervention
- follow up & Assessment of outcomes

3) Synder test

- used to determine person's susceptibility to dental caries.

- rapidity of acid formation when sample of stimulated saliva is inoculated into glucose agar

- adjusted to pH 4.7-5 & within thermoarcsol green as color indicator.

4) Fluoride varnish

- Increase time of contact with the tooth.

Indications - Handicapped children
- Incipient caries lesion
- After restorative treatment is completed under general anesthesia

commonly used fluoride varnishes

- Duraphat
- Fluor protector
- Cavex

5) uses of biostatistics

1) Define normaley
2) Correlation association between attributes within population
3) Evaluate efficacy of vaccines.
4) Locate, define & measure the extent of morbidity & mortality in the community.

6) Sampling techniques

A) Probability sampling
- Simple random
- Stratified random
- Systematic random
- Areal cluster Sampling

B) Nonprobability sampling
- Accidental / convenience
- Judment / purposive
- Network / snowball
- Quota Sampling
- Dimentional Sampling
- mixed sampling.

7) Fluoride toxicity

Acute fluoride toxicity
- Ingestion of large doses of fluoride at one time.

Chronic toxicity.
- Ingestion of variant doses over prolonged period of time.

8) Index age groups:

- 5 yrs of primary teeth
- 12, 15, 35-44 & 65-74 yrs for permanent teeth.
- Each group minimum 25-50 subjects considered.

9) CPITN

- 1982 - WHO & FDI
- To survey & evaluate periodontal treatment needs rather than determining past & present status.

- Both community & individual
- Simple
- International uniformity
- Rapid examination

10) Presentation of Data

I Tabulation
- Simple table
- Association
- Correlation
- Master
- Frequency distribution

II Charts & diagrams
- Bar charts
  a) simple
  b) Multiple
  c) Component
- Histograms
  a) Frequency polygon
  b) Frequency curve
- Pie chart
- Pictogram

III. Line diagram

IV - Statistical maps

Via Lohegaon,

D Y PATIL GROUP

Section - C

Dental council of India (DCI)

1. Constitution & composition
2. Incorporation
3. Mode of election
4. Term of election
5. President & vice president of council.

- Maintainance of standard dental education, register qualified dentists.
- minimum physical requirements of dental college
- General establishment of dental facilities.

7

2. Biostatistics

Deals with statistical methodologies involved in biological sciences

Uses -

- To measure state of health of community
- Comparing health status of countries
- Planning & administration of dental health services
- Prediction of health trends
- Evaluate progress of development of disease
- Think quantitatively.

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Practical / Clinical Examination Answer Book

Examination

Sr. No. 718/23

Name of the Student Shraddha Charan

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Students Signature _____ "Seen No. Complaint" _____

Name:- Hemant Kale

Age:- 49

Gender:- Male

Religion:- Hindu

Place of Birth:- Ratnagiri

Source of Water:- PMC

Residential Address:- Lohegaon Pune.

52/60

Chief Complaint - Patient complain of Pain in lower Right Back Region of Jaw since 8 days.

HOPI - Patient was Apparently Alright 8 days ago Started Experiencing Pain in lower Right Back Region of jaw

Pain: Dull, continious & Radiating

Aggravates on eating cold & Hot

Relieved - After Medication

Medical history - NRH

Dental History - NRH

Personal History - NRH

Oral Hygience

Type of Tooth Brushing Horizontal

Material used - Tooth Brush or Tooth Paste

Frequency - once.

Diet History.

Type - Mixed

Time	Diet
7.00 am	Tea + Biscuit
1 pm.	Chapati + Bhaji
4pm.	Samosa + chocolate

Sugar score - 20

Watch out zone

General Examination

Built - Average

Gait - Bipedal Biphedic

Posture - Erect

Extra Oral Examination.

Facial Symmetry → Grossly Symmetrical

TMJ - No clicking sound No deviation

Lymph Nodes Non Palpable.

Intra Oral Examination

Soft tissue - No Abnormality detected

Gingiva

Colour : Pink

Size : Normal

Surface Texture - Stippling Absent

Periodontal Examination. No Abnormality Detected

Hard Tissue Examination.

Teeth Present 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 2 5 7 8

Teeth Absent $\bar{z}$ ___ | 6

Dental caries $\bar{c}$ 86 | 5

Tenderness on percussion $\bar{c}$ 6 | ___

Filled teeth - Absent

Stain ++

Calculus ++

Provisional Diagnosis

Apical Periodontitis $\bar{c}$ 6 | ___ (TOP +ve)

Occlusal Caries $\bar{c}$ ___ | 5

Chronic Irreversible pulpitis $\bar{z}$ 8 | ___

Final Diagnosis

Per Apical Abscess $\bar{z}$ 8 | ___

Chronic Irreversible pulpitis $\bar{c}$ 8 | ___

Chronic Generalized Marginal Gingivitis

Dental Caries $\bar{z}$ ___ | 5

Treatment Plan.

Levels of Prevention

Primarily

Health Promotion - Patient education w Motivation
Advice Modified Bass Brushing

Specific Protection. Flouride Application.

Secondary

Restoration. $\bar{c}$ | 5

Tertiary

Root Canal $\bar{c}$ | 6

Extraction $\bar{c}$ | 8

Rehabilitation.

Prosthesis $\bar{c}$ | 6

Imp cans / FPD $\bar{c}$ | 0

Recall After 1 week.

Kashish Garg

D Y PATIL DENTAL SCHOOL

2023

Dr. D Y Patil Knowledge City, Charholi Bk, Via Lohegaon, Pune - 412 105

Internal Assessment Examination

SECTION A

Sr. No. 6/6/23

IMPORTANT INSTRUCTIONS : Please Read The Instructions Carefully Before Writing.
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WRONG (X) (B) (C) (●) RIGHT (A) (B) (●) (D)

SEAT NO. IN WORDS	~~E0~~
QUESTION BOOKLET VERSION NO. IN WORDS	
NAME OF EXAMINATION	Prelims Additional Examination.
SUBJECT	
PAPER	

ANSWER SHEET NUMBER

(Write this No. on your Question Booklet)

Dr. prakash

Invigilator's Signature

Candidate Signature

16/20

SEAT NUMBER

1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9
0	0	0	0	0

QUESTION BOOKLET VERSION NO.

A	A	1	1
B	B	2	2
D	D	3	3
G	G	4	4
M	M	5	5
N	N	6	6
P	P	7	7
S	S	8	8
U	U	9	9
		0	0

ANSWERS

	A	B	C	D
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29				
30				

Seen and No. Complaint

Candidate's Signature

Dr. prakash

Examiner Name & Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

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Internal Assessment Examination

SECTION B & C

Sr. No.

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TO BE FILLED BY THE STUDENT

Name of the Student Kashish Garg

Name of the Examination III rd Internal Additional Exam Class

Subject

Roll No. Date 2023

Pledge

I here declare that I have gone through the instruction given above & pledge to abide by them.

Signature of Candidate

sec A + B + C
17 20 12

49/50

Signature of Junior Supervisor

TO BE FILLED BY THE EXAMINER

Question No. / Section	1	2	3	4	5	6	7	8	9	10	Total
Marks obtained in Section A											
Marks obtained in Section B											
Marks obtained in Section C											
Grand Total											

Seen & No. Complaint

Student's Signature

Name & Signature of Subject Teacher

Name & Signature of IC / H.O.D.

1) Dental caries vaccine -

Vaccine is a suspension of attenuated or killed micro-organisms administered for the prevention, amelioration or treatment of infectious diseases.

Against dental caries →

- Transmissible & infectious nature of dental caries

- Discovery & understanding of the secretory immune system.

Types of caries vaccine

Routes of administration

i. Oral
ii. Systemic
iii. Active gingivo-salivary
iv. Passive dental immunization

2) RCT (Randomized controlled trials)

The basic steps in conduction an RCT include the following :

- Drawing up a protocol
- selecting reference & experimental populations
- Randomisation
- Manipulation & intervention
- follow up & Assessment of outcome

3) Synder test

Synder test measures the rapidity of acid formation when sample of stimulated saliva is inoculated into glucose agar adjusted to pH 4.7-5 & with bromocresol green as color indicator

used to determine a person's susceptibility to dental caries

4) Fluoride varnish

- Europe 1964
- Increase time the fluoride in contact with the tooth.

Indications -

- Handicapped children
- Incipient caries lesion
- After resterative treatment is completed under general anesthesia

commonly used fluoride varnishes -

- Duraphat
- Fluor protector
- Carex

5) 4 uses of biostatistics

- Define normalcy
- Study correlation or association between two or more attributes within the same population
- To evaluate efficacy of vaccines, Sera, etc. by control studies
- To locate, define & measure the extent of morbidity & mortality in the community

6) Sampling techinques

A) Probability sampling
- simple random
- Stratified random
- Systematic random
- Area / cluster sampling

B) Nonprobability sampling
- Accidental / convenience
- Judgement / purposive
- Network / snowball
- Quota sampling
- Dimensional sampling
- Mixed sampling

7. Fluoride toxicity

Acute fluoride toxicity
- Ingestion of large doses of fluoride at one time.
- PTD - threshold dose
- Saflely tolerated - 8-16 mg/kg
- Toxic dose - 16-32 mg/kg
- Lethal dose - 32-64 mg/kg

Chronic toxicity
- Ingestion of variant doses over prolonged period of time.
- Dental fluorosis
- Skeletal fluorosis

8. Index age groups -

- 5 year for primary teeth
- 12, 15, 35-44 & 65-74 yrs for permanent teeth.

- each age grop, minimum 25-50 subjects are considered.

consumes tobacco since last 10 years
4-5 times a day.

9. Community periodontal index of treatment needs. (CPITN)
- 1982 - WHO & FDI
- To survey & evaluate periodontal treatment needs rather than determining past & present status.
- Both community & individual
- Simple
- International uniformity.
- Rapid examination

10. Presentation of Data.
I. Tabulation
- Simple table
- Association table
- Correlation table
- Master table
- Frequency distribution table
II - Charts & diagrams
- Bar charts
  a) Simple
  b) Multiple
  c) Component
- Histograms
  a) frequency polygon
  b) frequency curve
- Pie chart
- Pictogram
III - Line diagrams
IV. Statistical maps

Section - C

1. DCI
Dental council of India

1. Constitution & composition
2. Incorporation
3. Mode of election
4. Term of office & casual vacancies
5. President & vice president of council

- Maintainance of standard dental education & register qualified doctors.
- ~~Minimum~~ physical requirements of dental college
- General establishment of dental facilities.

2. Biostatistics

Deals with statistical methodologies involved in biological sciences

Uses -

- To measure state of health of community.
- Comparing health status of countries
- Planning & administration of dental health services
- Prediction of health trends
- Evaluate progress & development of disease
- Think quantitatively.

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Supplement Sheet

7/6/23

Name of the Student Kashish Garg

Name of the Examination _____ Class _____

Subject _____

Roll No. _____ Date _____

Supplement No. _____ Invigilator Signature _____

Case History

30/80

Name - Mr. Ashok Kapse. OPD No. - 173155

Age - 30 yrs. Date - 25/1/23

Gender - Male. Marital status - Married.

Religion - Hindu. education - B. Com

Income - 3 Lakh/yr. occupation - Job.

Socio-economic status -

Address - Hadapsar, Pune.

Chief Complaint - pt. complains of pain in the lower right back region of jaw since 3 months.

HOPI - patient was apparently asymptomatic 3 months back until he started experiencing pain in lower right back region of Jaw. The pain is dull in nature & continuous. It is spontaneous onset. Pain lasts for minutes to hours. It has gradual progress. Patient is positive for nocturnal pain. The pain does not relieve on medication.

- Medical history - Patient is a known diabetic since last 4 years
- Dental history - No relevant history
- Family history - No relevant history
- Personal history -

Habits - Consumes Tobacco since last 10 years 4-5 times a day.

- Other habits - No abnormality detected.
- oral hygience habits -

  Brushing Technique - Horizontal.

  Material used for brushing - Toothpaste & brush.

  Frequency - once a day

  Timing - In morning

- Diet - 7:00 am - Tea

  12:00 pm - chapati Bhaji

  5:00 pm - Tea

  8:00 pm - chapati Bhaji

- Diet score = sugar score

  = 5+5 (Light Liq.) = 10 (Good)

- General examination -

  Height - 178 cm

  weight - 70 kg

  Gait - Normal

  Temperature - Afebrile.

  Anemia - } no abnormality detected.
  icterus -
  Cyanosis -

- Extraoral examination -

  Symmetry of face - Bilaterally symmetrical.

  TMJ - No clicking, No Tenderness, No deviation.

  Lymph node - Non tender.

  Non-palpable.

- Intraoral examination -

  Labial mucosa } no abnormality detected.
  Buccal mucosa

Tongue - } no abnormality detected.
Floor of mouth - }

Gingiva - Colour - pink with melanin pigmentation
size - normal
consistency - firm, bulbous.
contour - scalloped
surface - absent (stippling)
Bleeding on probing - present.

- Hard tissue examination -

Total teeth present - 27

Teeth present - 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7
7 6 5 4 3 2 1 | 1 2 3 4 5 7

Caries - 6

TOP - +ve

Filled teeth -

Root piece - 7

missing / clinically absent teeth - 16

Fractured tooth - 11

Stains ++, plaque ++, calculus ++

- Provisional diagnosis -

1) Chronic irreversible pulpitis - 6|7
2) Ellis class II Fracture - 11
3) Partially edentulous arch (mandibular)
4) Chronic generalized marginal gingivitis.

- Investigation -

1) Radiographic - IOPA - 7|1 1|4

2) Laboratory - CBC
BT, CT
BSL
PT - INR

- Diagnosis -

1) Chronic irreversible pulpitis = $\frac{}{6|}$
2) Root piece = $\frac{}{7|}$
3) Partially edentulous mandibular arch.
4) Chronic generalized marginal gingivitis.

- Treatment plan -

① Emergency phase - Access opening = $\frac{}{6|}$

② Non-Surgical phase - Scaling & root planing
patient education
oral prophylaxis

- Medication - 1) Amoxicillin (500 mg) - 3 times - 5 days
2) Zerodol-P (625 mg) - 3 times - 5 days
3) Pan-D (40 mg) - 2 times - 5 (before meal)

③ Surgical phase - RCT = $\frac{}{6|}$
Extraction = $\frac{}{7|}$

④ Restorative phase - Implant = $\frac{}{|67}$
Crown = $\frac{}{8|}$

Total Marks Secured

Sr. No	Name	SECTION A (20)	SECTION B + SECTION C (20 + 20)	THEORY TOTAL (60)	PRACTICAL TOTAL (60)
1.	Shraddha Chavan	17	37	54	52
2.	Kashish Garg	16	32	48	50
3.	Shrushti Manek	14	25	39	45
4.	Bhuvaneshwari Sonar	17	29	46	49

PROFESSOR & HEAD
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LINGARAJ SHIGLI ANAND

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Date: 2024.06.27 15:52:20 +05'30'