



**GOVERNMENT DENTAL COLLEGE & HOSPITAL  
AHMEDABAD 380 016**

**DEPARTMENT OF PEDODONTICS**

**&**

**PREVENTIVE DENTISTRY**

Patient's Name : ..... Yasmik Ghejwal ..... Reg. No.: .....

Nick Name : .....

Address : ..... Bardoli, .....

Date : ..... 11/11/2016 .....

..... Gujarat .....

Day in Clinic : .....

.....

Instructor : .....

Phone Home : .....

Mobile No. : .....

Date of Birth : .....

Ethnic origin : ! .....

Age : ..... 8 .....

Sex : ..... M .....

Religion : ..... Hindu .....

Person Accompanying Child  
(Relationship) ..... Father .....

Place of Birth : ..... Bardoli .....

Language : ..... Gujarati .....

School : .....

Standard/Div.....

Economic Status : .....

**CHIEF COMPLAINT :**

Pt. came for routine Dental check up as he noticed a extra tooth in his mouth.

**HISTORY OF PRESENT ILLNESS :**

Patient is relatively asymptomatic. He came to get Dental check-up, as he noticed a extra tooth in his mouth.

**DENTAL HISTORY :**

1. Is this the child's first visit to Dentist? Yes  No

If no, Date of last visit to a Dentist : .....

What was the previous treatment ?

2. Has the child ever had tooth ache? Yes  No

Explain :

3. Has the child had any oral trauma? Yes  No

If yes, explain :

4. Age of child with first tooth : ..... 8 months

Which tooth? ..... Deciduous mandibular

Any problem during eruption ?

5. Does the child brush his teeth : Yes  No  
 Upon rising ..... Before bed .....  
 After meals .....  
 Is he supervised while brushing ? Yes  No  
 Does the child use floss ? Yes No  
 With help ? No   
 How often ?

**PAST MEDICAL HISTORY :**

1. Is the child under the care of a Physician ? Yes No   
 If yes, why ?
2. Is the child taking any medication ? Yes No   
 (Ex. Antibiotics, Vitamins, Aspirin etc.)  
 If so why ?
3. Has the child ever had or have ? Yes No   
 Heart disease, Diabetes (in family), Hepatitis (Jaundice), Tuberculosis, Asthma,  
 Anaemia, Bleeding problems, colds or coughs frequent
4. Does the child have any allergies ? Yes No   
 Aspirin, Penicillin, Antibiotics, Anaesthesia, Food, Material, Other.  
 (If yes, to what ?)

**5. IMMUNIZATIONS** *All vaccinations completed*

Age	VACCINES						
	BCG	OPV	DPT	MMR	HBV	HIB	TT
At Birth							
6 Weeks							
10 Weeks							
14 Weeks							
9 Months							
15-18 Months							
2 Years							
5 Years							
10 Years							
16 Years							
Pregnant Woman							

6. Has the child ever been hospitalized? Yes No
- If yes, why?
7. Any other pertinent Medical History? Yes No
8. Does he have frequent minor accident or injuries? Yes No
9. Does he have any mental or Physical disabilities or disease? Yes No
10. Is he allergic to any food or drug? No
11. Does he have difficulty in making friends? No
12. Does he fail to get along with other children? No
13. Would he rather play indoors than outdoors? No
14. Does he have brothers/Sisters? Yes
15. If yes, what is their age? - 5 yrs.
16. Does he have difficulty keeping up with his school work? No
17. Does he fear the Dentist? No
18. If yes, do you know why?
19. Has he ever been to a Dentist before?

**BEHAVIOURAL HISTORY :**

1. Has the child had an unpleasant Medical or Dental experience? Yes No
2. How do you think the child will react to this visit?  
Very poorly / Poorly/ Well/ Excellently
3. Does the child nap during the day time? Yes No   
When?
4. Does the child has problem in : NPD  
Learning : ..... Concentrating : .....  
Co-operating ..... Understanding .....
5. How does your child react without you in a new and possibly stressful situation?  
(i.e. first day of school) .....

**PARENTAL HISTORY :**

1. Have you or your spouse undergone previous dental treatment? Yes No
2. Do you or your spouse have yellow stains on your teeth? Yes No
3. Are you or your spouse afraid of dental treatment? Yes No

**PRE-NATAL HISTORY :**

1. Whether mother had any illness during pregnancy? Yes No  
If yes, What illness?
2. Is there any history of blood incompatibility? Yes No
3. Whether mother had undergone any kind of drug therapy?  
If yes, which drug?

**NATAL HISTORY :**

1. Delivery : Full term or premature ..... Full Term
2. Type of delivery : Normal / Forceps / Caesarean / Others
3. Whether the child had Jaundice at birth? Yes No
4. Was the child given a blood transfusion? Yes No
5. Was the child a blue baby at birth? Yes No
6. Any other abnormalities at birth? .....

**POST-NATAL HISTORY :**

1. Milestones of development : Early / Normal / Delayed
2. Was the child breast fed? Yes No  
How long? ..... 1.5 yrs  
Did the child use nursing bottle ..... No .....  
How long? .....  
Go to sleep with bottle ..... No .....  
Contains Milk..... Juice .....  
Frequency .....  
Others .....
3. Was the pacifier used ..... No .....  
Type..... How long? .....  
Thumb sucking .....

4. Habits : NO

None

Finger / Thumb sucking      Frequency

Nail biting / Lip biting      Intensity

Tongue biting / Tongue thrusting

Bruxism      Duration

Mouth Breathing

Postural & Nocturnal

**FAMILY HISTORY :**

1. Consanguineous / Non-Consanguineous Marriage .....

2. Do you have any siblings?    Yes  No

If yes, how many? Specify age ..... one, 5yr

3. Patient blood group .....

# EXAMINATION :

## General Physical Examination -

Height ..... % ..... Weight ..... %.....

### 1. General appearance of the child

(Note gait motor co-ordination, dress, cleanliness, etc.)

Patient is well-built, co-operative, conscious, well-nourished at time, place & person.

### 2. Vital statistics - N.A.D.

Temperature .....

Pulse rate.....

Blood pressure .....

Respiratory rate.....

Record any deviation from normal. If normal, write WNL (within normal limit)

### 3. Hands N.A.D.

Shape.....

Fingers.....

Nails.....

### 4. Habits

Fingers.....

Bruxism.....

Tongue .....

Others.....

### 5. Head neck and oral soft tissue :

## EXTRA-ORAL EXAMINATION :

Cranium, Face, Facial Symmetry N.A.D.

### Lips

Tone .....

Mucosa (Chapped dry).....

Skin and Eyes.....

Lymphnodes.....

### TMJ

Number.....

Deviation .....

Mobility.....

Crepitus.....

Tenderness.....

Clicking.....

Consistency.....

Hypermobility.....

## INTRA-ORAL EXAMINATION (Soft Tissue) N.A.D.

### Mucobuccal Fold

Mucosa.....

Symmetry.....

Parulis.....

Others.....

Alveolar Mucosa.....

### Tongue

Size .....

Mucosa.....

Lingual fraenum.....

Sublingual mucosa.....

Hard Palate .....

Soft palate, Oropharynx.....

### Tonsils

Size.....

Colour.....

Others.....

### Gingiva

Colour.....

Gingivitis.....

Stipling.....

Date :

Faculty :

Place a check in appropriate Box :

DEVELOPMENT EVALUATION			
	Physical / Emotional	Inter Personal	Developmental Tasks
Below age level		0-4-11	
Age - Appropriate			
Above age level		0-4-11	

### BEHAVIOURAL OBSERVATION IN CHAIR

Observation	1 <sup>st</sup> contact	1 <sup>st</sup> Operative	Completion of Treatment.
Personality			
Tolerance span (Minutes)			

### FRANKEL'S BEHAVIOUR RATING SCALE :

1. Definitely Negative :
2. Negative :
3. Positive ✓
4. Definitely Positive :

### HARD TISSUE EXAMINATION :

1. Tooth Numbering : 16 55 54 53 12 11 21 22 63 64 65 26  
26 45 54 13 22 31 32 73 74 75 36
2. Dental age and eruption status : L 7 4 2
3. Stains :
4. Calculus :
5. Occlusion :

#### Primary Dentition :

Molar relation ..... *mesial* .....  
 Canine relation ..... *cross* .....

#### Permanent Dentition :

Molar relation ..... *Class 1* .....  
 Canine relation ..... *Class 1* .....

**DMFT/DMFS, dft/dfs index**

UPPER



LOWER



dft:.....

dfs:.....



DMFT:.....

DMFS:.....

**ORAL HEALTH EVALUATION  
DEBRIS INDEX (DI-S)**

**FIRST VISIT**

Total DI score.....

6	1	6

Oral hygiene assessment

Poor

Fair

Good

Home care instructions.....  
.....

**SECOND VISIT**

Total DI score.....

6	1	6

Oral hygiene assessment

Poor

Fair

Good

Home care instructions.....  
.....

**THIRD VISIT**

6	1	6

Total DI score.....

Oral hygiene assessment      Poor  
  Fair  
  Good

Home care instructions.....  
.....

**THIRD VISIT**

6	1	6

Total DI score.....

Oral hygiene assessment      Poor  
  Fair  
  Good

Home care instructions.....  
.....

Reinforcement instructions

Final instructions

P. G. Student Signature

Consultant signature

# ANALYSIS OF THE DENTITION AND STUDY MODELS

Discuss availability of space in both arches and findings regarding eruption of the dentition.

## MOYER'S ANALYSIS

	Max-R	Max-L	Max-L	Mand-L
Space left after alignment of 2 & 1				
Predicted size of 3,4 & 5				
Space left for molar adjustment				
Size of mandibular incisors (in mm)				

## ORTHODONTIC DIAGNOSIS AND TREATMENT PLAN

Correlate each Clinical Problem with suggested Treatment

Sr.No.	Diagnosis (Statement of Clinical Problem)	Suggested Treatment.
1.		
2.		
3.		
4.		

Signature of Orthodontic Consultant

Date :

**RECOMMENDATION :**

Refer to Department of Orthodontics for evaluation

Reason for referral :

Date :

Recommendations from Department of  
**Orthodontics**

Date :

Faculty Signature :

## DIET ANALYSIS :

Day	Meat Group	Milk Group	Vegetable & Fruit group.	Bread & Cereal group	Detergent food	Sugar equivalents

Average number of Sugar exposure per day :  
Number of Sugar exposure with Meals :  
Number of Sugar exposure in between meals :

## DIETARY PRESCRIPTION

We recommend that you :

Increase :

Decrease :

Special Instruction :

These changes in your diet will help you to maintain good general health and will aid in the **PREVENTION OF DENTAL CARIES & PERIODONTAL DISEASES.**

days	Break Fast		Snacks		Lunch		Snacks		Dinner		Before bed	
	Quantity	Method of Preparation	Quantity	Method of Preparation	Quantity	Method of Preparation	Quantity	Method of Preparation	Quantity	Method of Preparation	Quantity	Method of Preparation
1st												
2nd												
3rd												
4th												
5th												

Note: for five days include one week end or public holiday

- Please record in detail every thing you eat or drink. This will include candy, gum, water, between meals snacks, as well as regular meals.
- The following should be included
  - Type of food ..... chapati, upama, rice, idli, poha, bread, mutton etc.,
  - Approximate amount in household measures.
  - Preparation (raw, boiled or fried)
  - The number of teaspoons of sugar added ..... sugar products and consumed
- Particular information is essential on the time and frequency of diet between meal, snacks are eaten,

# ENDODONTIC EVALUATION

Tooth No. :

**CHIEF COMPLAINT** (Pain/Fracture/Discoloration/Sinus/Swelling)

**BRIEF HISTORY :**

Trauma Time .....

Duration..... *6 months*

Pain : ..... *intermittent* (Mild/Moderate/Severe/Discomfort)

Loss of Sleep .....

Sensation to Heat / Cold .....

Tenderness.....

Previous Treatment.....

**CLINICAL EXAMINATION :**

Appearance : Normal / Abnormal

Fracture..... Swelling : Hard/Soft/Fluctuant.....

Carious..... Gingival Pathology.....

Exposure..... Pocket/Bleeding/Calculus.....

Tenderness..... Restoration.....

**PROVISIONAL DIAGNOSIS** ..... *no movement*

**INVESTIGATION :**

Radiographic Evaluation	Percussion	Hot	Cold	Pulp Test	Vital	Non Vital	Any other
<i>Intervel Impacted msiodese 2 11 &amp; 21</i>							

BLOOD INVESTIGATIONS , C.B.C. R.F.

BIOPSY REPORT

REMARKS:

FINAL DIAGNOSIS : Inverted Impacted  
Mesiodense  $\bar{e} 11 \downarrow 21$

DIFFERENTIAL DIAGNOSIS:

TREATMENT PLAN

1. Systemic Phase :

Antibiotic Prophylaxis.

2. Preventive Phase :

Cep. Amoxicillin 500mg / day 1 hr before  
and  
Preventive Procedures : Tab. Benfen - 4mg / day.

Personal Oral Hygiene / Home Care : Personal oral hygiene  
Diet Counselling : Instructions are given to patient.

Fluoride Application	Type :	No. of Application.
Date :		

**Pit & Fissure Sealant Application :**  
Tooth No. :

**3. Preparatory Phase :**

Determination of working length for Endo Procedure :

Tooth	MB	ML	DB	DL
Radiographic length of instrument				
Working length of instrument				
Working Length				

**Surgical Procedure**

Tooth No.	Extraction	Apicoectomy	Flap Operation/ Gingivectomy	Pulpotomy	Root Canal	Apexification
Inverted Impacted mandibular	Inverted Impacted mandibular					

Remarks :

**Any Bacteriological Evaluation :** Organism - Antibiotic Sensitivity. Culture

**4. Corrective Phase :**

Permanent Restorations -

Order	Tooth No.	Restoration Class	Pulp Protection	Material	Date of Completion.

**PROSTHETIC REHABILITATION :**

**SPACE MANAGEMENT :** Any other Preventive or Interceptive Procedure :

Tooth No. :

Problem :

Appliance : - Healing Plate

Any other Treatment :

Visit	Procedure Performed	Signature of Staff Members
I <sup>st</sup> visit	- Diagnostic procedure is completed, CBCT taken. Impression is taken.	
II <sup>nd</sup> visit	- Surgical Removal of Impacted Impacted Mesiodens - Sutures are taken. - Healing plate delivered.	
III <sup>rd</sup> visit	- Follow-up is done after 10 days - Sutures are removed.	

Date of Completion of Treatment :

Remarks :

Prognosis/Result :

# FOLLOW-UP CHART

Chief complaint (if any) :

Review Medical History :

Oral Hygiene Habits :

Diet Chart :

Time	Type of Food	Quantity	Method of preparation	Quantity of Sugar added

Diet :  Balanced/ Unbalanced

Sugar Exposure :  Solid  Liquid

Clinical Examination :

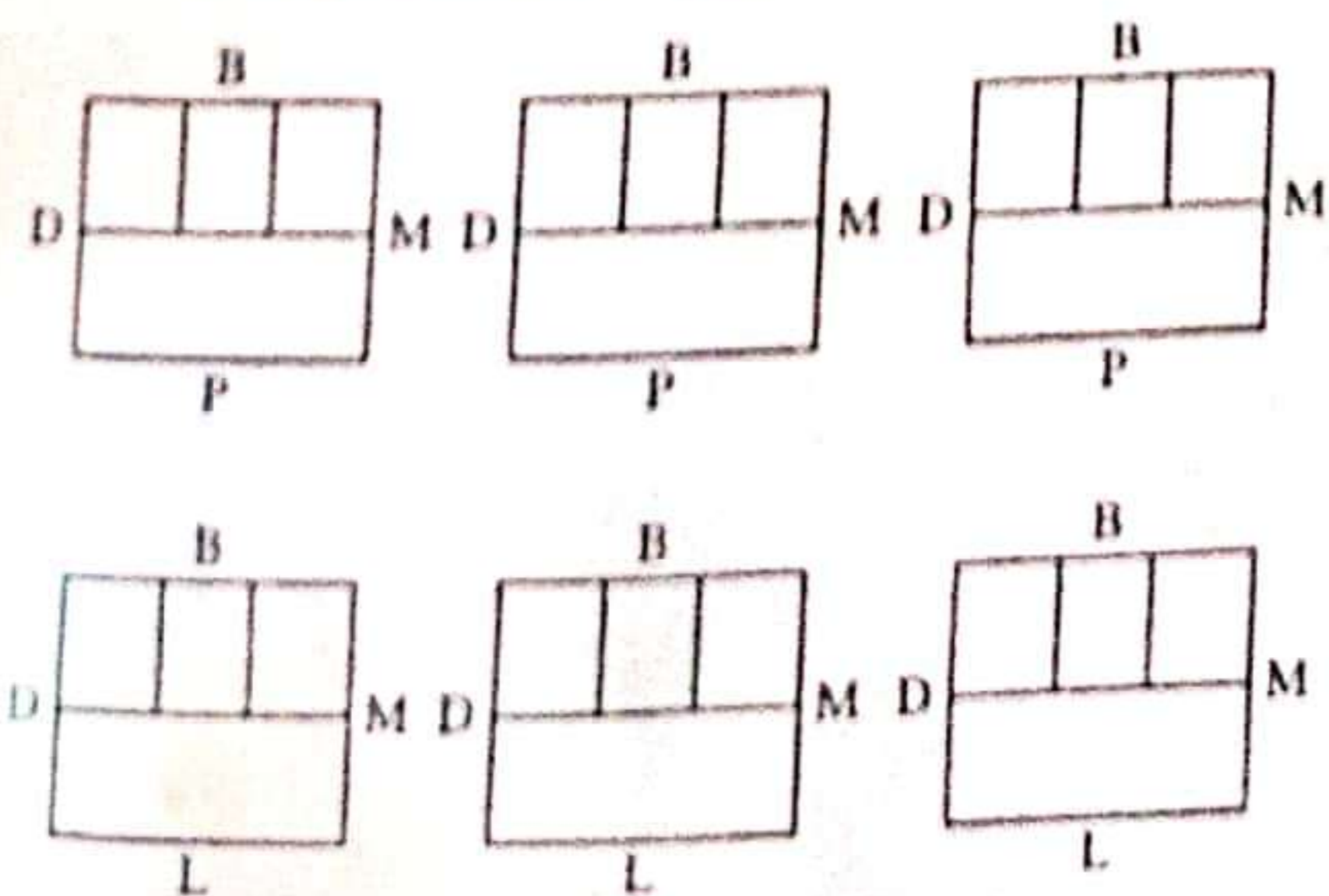
Eruptive Status :

Oral Hygiene : (  Good/ Fair/ Poor)

Plaque Score :

Gingival Score

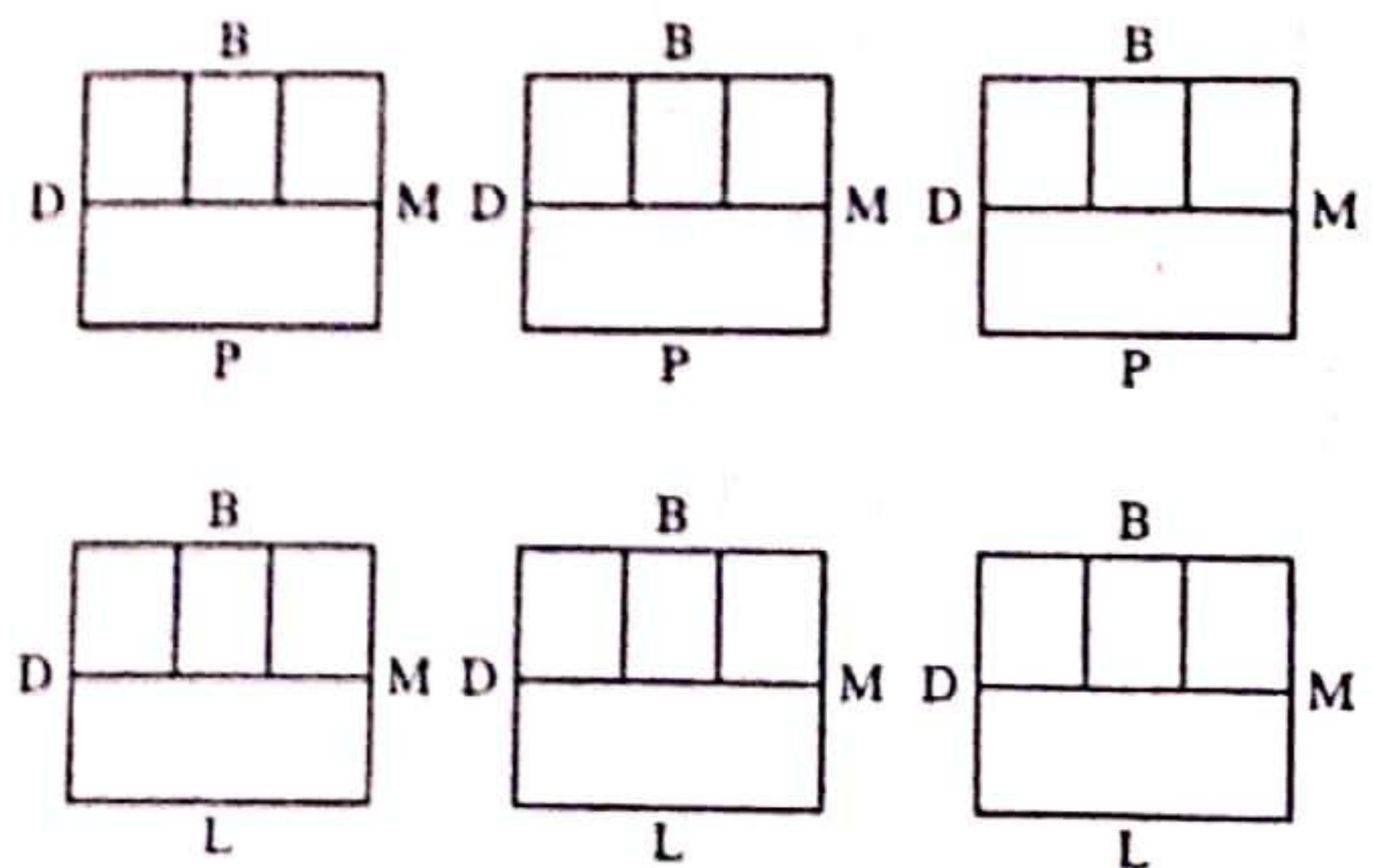
Plaque Index - (Silness and Loe)



Score :

Comment :

Gingival Index - (Loe and Silness)



Score :

Comment :



# COMPLETE RECORDS

1. Study Models :

Study models are made for the study of the dental arches. They are used to study the occlusion and to plan the orthodontic treatment. They are also used to study the facial and lingual contours of the teeth and to study the relationship between the teeth and the soft tissues.

2. X-Rays : IOPA/OCCLUSAL/BITE WING/OPG

X-rays are used to study the teeth and the jaws. IOPA (Intra-oral Periapical Radiograph) is used to study the teeth and the roots. Occlusal radiographs are used to study the occlusion. Bite wing radiographs are used to study the teeth and the roots. OPG (Orthopantomogram) is used to study the jaws and the teeth.

3. Cephalogram :

4. Carpel X-Ray :

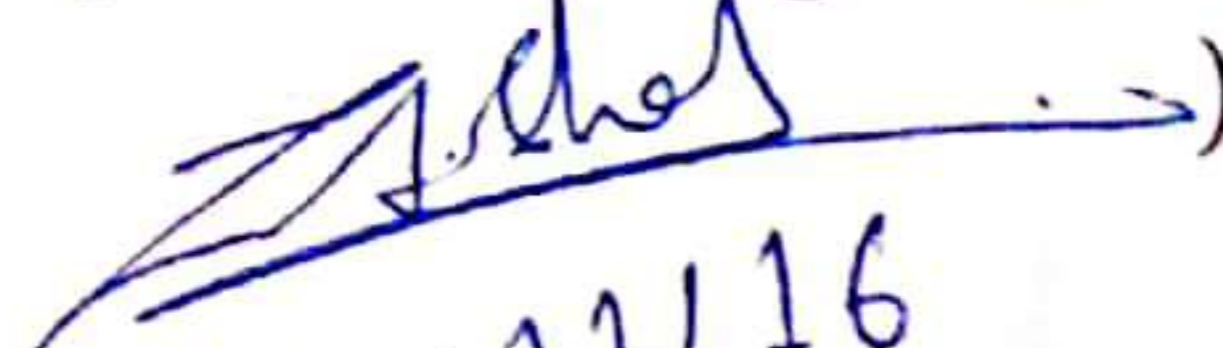
5. Photography :

Photography is done

6. Any other :

- CBCT is taken.

Student's Name  
(Chirag Vaghela)

Supervisor's Signature  
()  
11/11/16

## SURGICAL PROCEDURES :

Tooth No.	Name of the Surgical Procedure	Description of the Procedure	Follow up details
Inverted Impacted Mesiodens	Surgical removal of Inverted Impacted Mesiodens.	<ul style="list-style-type: none"> <li>- Irradiation is given.</li> <li>- Flap is raised.</li> <li>- Removal of Inverted impacted Mesiodens is done.</li> <li>- Sutures are taken.</li> <li>- Healing plate is delivered.</li> </ul>	<ul style="list-style-type: none"> <li>- Follow-up is done after 10 days.</li> <li>- Sutures are removed.</li> <li>- Discontinuation of healing plate.</li> </ul>

Remarks :

### DETERMINATION OF WORKING LENGTH FOR ENDODONTIC PROCEDURE

TOOTH NO.																
	MB	ML	DB	DL	MB	ML	DB	DL	MB	ML	DB	DL	MB	ML	DB	DL
Pre-Radiographic Length of Tooth																
Length of Instrument																
Radi. Length of Instrument																
Working Length																

Any Bacteriological Evaluation : .....

Organism : .....

Antibiotic Sensitivity : .....

Culture : .....

## WHO (1987) CRITERIA FOR PRIMARY AND PERMANENT TEETH

Permanent Tooth Code	Condition / Status	Primary Tooth Code
0	Sound	A
1	Decayed	B
2	Filled with decay	C
3	Filled no decay	D
4	Missing as a result of caries	E
5	Missing due to any other reason	-
6	Sealant, varnish	F
7	Bridge abutment or special crown	G
8	Unerupted tooth	-
9	Excluded tooth	-

## PLAQUE INDEX (SILLNESS AND LOE, 1964)

Scoring Criteria :

1. No Plaque in the gingival area
2. A film of plaque adhering to the free gingival margin and adjacent area of teeth. The plaque may be seen in situ only after application of disclosing solution or by using a probe on the tooth surface.
3. Moderate accumulation of soft deposits within the gingival pocket, or the tooth and gingival margin which can be seen with the naked eye.
4. Abundance of soft matter within the gingival pocket and/or on the tooth and gingival margin.

## GINGIVAL INDEX (LOE AND SILNESS, 1967)

Scoring Criteria :

1. Absence of inflammation/Normal gingival
2. Mild inflammation, slight change in colour, slight oedema, no bleeding on probing.
3. Moderate inflammation, moderate glazing, redness, oedema and hypertrophy, Bleeding on probing.
4. Severe inflammation, marked redness and hypertrophy, ulcerations. Tendency to spontaneous bleeding.

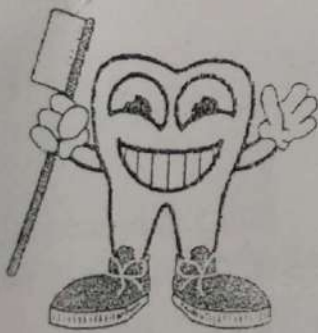
Government Dental College & Hospital  
AHMEDABAD-380016.



। सर्वे सन्तु निरामया ।

Department of Pedodontics  
And  
Preventive Dentistry

POST GRADUATE CASE RECORD



Name of Patient : ABHISHEK

OPD No. : 46273 File No. : \_\_\_\_\_

Dr's Name : Dr. Hareesh Vanga

Started on : 19/4/2019

GOVERNMENT DENTAL COLLEGE & HOSPITAL  
AHMEDABAD 380 016

DEPARTMENT OF PEDODONTICS

&

PREVENTIVE DENTISTRY

Patient's Name : ABHISHEK ..... Reg. No.: .....

Nick Name : Abhi .....

Address : Ahmedabad ..... Date : 19/4/19  
..... Day in Clinic : .....

..... Instructor : .....

Phone Home : ..... Mobile No. : .....

Date of Birth : ..... Ethnic origin : .....

Age : 9 ..... Sex : M ..... Religion : Hindu .....

Person Accompanying Child  
(Relationship) ..... Mother .....

Place of Birth : Ahmedabad .....

Language : Gujarati .....

School : Bharaswathi Vidyalaya Mandir .....

Standard/Div..... IX .....

Economic Status : ... Average .....

CHIEF COMPLAINT :

90 pain from lower left and right back teeth region since 2 weeks

HISTORY OF PRESENT ILLNESS :

Pt was relatively asymptomatic before 2 weeks when he had pain Pt 74, 75, 84 and 85. which was not relieved by medications.

DENTAL HISTORY :

1. Is this the child's first visit to Dentist? Yes  No  
If no, Date of last visit to a Dentist : .....  
What was the previous treatment ?

2. Has the child ever had tooth ache? Yes  No  
Explain :

3. Has the child had any oral trauma? Yes  No  
If yes, explain :

4. Age of child with first tooth : .....  
Which tooth? .....  
Any problem during eruption ?

5. Does the child brush his teeth : Yes  No   
 Upon rising .....  Before bed .....   
 After meals .....  
 Is he supervised while brushing ? Yes  No   
 Does the child use floss ? Yes  No   
 With help ?  
 How often ?

**PAST MEDICAL HISTORY :**

1. Is the child under the care of a Physician ? Yes  No   
 If yes, why ?
2. Is the child taking any medication ? Yes  No   
 (Ex. Antibiotics, Vitamins, Aspirin etc.)  
 If so why ?
3. Has the child ever had or have ? Yes  No   
 Heart disease, Diabetes (in family), Hepatitis (Jaundice), Tuberculosis, Asthma,  
 Anaemia, Bleeding problems, colds or coughs frequent
4. Does the child have any allergies ? Yes  No   
 Aspirin, Penicillin, Antibiotics, Anaesthesia, Food, Material, Other.  
 (If yes, to what ?)

**5. IMMUNIZATIONS**

Age	VACCINES						
	BCG	OPV	DPT	MMR	HBV	HIB	TT
At Birth							
6 Weeks							
10 Weeks							
14 Weeks							
9 Months							
15-18 Months							
2 Years							
5 Years							
10 Years							
16 Years							
Pregnant Woman							

6. Has the child ever been hospitalized? Yes No ✓  
If yes, why?
7. Any other pertinent Medical History? Yes No ✓
8. Does he have frequent minor accident or injuries? Yes No ✓
9. Does he have any mental or Physical disabilities or disease? Yes No ✓
10. Is he allergic to any food or drug? No
11. Does he have difficulty in making friends? No
12. Does he fail to get along with other children? No
13. Would he rather play indoors than outdoors? No.
14. Does he have brothers/Sisters? Yes, 1 brother.
15. If yes, what is their age? 12 year old.
16. Does he have difficulty keeping up with his school work? No.
17. Does he fear the Dentist? No.
18. If yes, do you know why?
19. Has he ever been to a Dentist before? No.

**BEHAVIOURAL HISTORY :**

1. Has the child had an unpleasant Medical or Dental experience? Yes No ✓
2. How do you think the child will react to this visit? Very poorly / Poorly/ Well / Excellently
3. Does the child nap during the day time? Yes No ✓  
When?
4. Does the child has problem in : No  
Learning : ..... Concentrating : .....  
Co-operating ..... Understanding .....
5. How does your child react without you in a new and possibly stressful situation? (i.e. first day of school) ..... Normal .....

**PARENTAL HISTORY :**

1. Have you or your spouse undergone previous dental treatment? Yes No
2. Do you or your spouse have yellow stains on your teeth? Yes No
3. Are you or your spouse afraid of dental treatment? Yes No

**PRE-NATAL HISTORY :**

1. Whether mother had any illness during pregnancy? Yes No   
If yes, What illness?
2. Is there any history of blood incompatibility? Yes No
3. Whether mother had undergone any kind of drug therapy? No.  
If yes, which drug?

**NATAL HISTORY :**

1. Delivery : Full term or premature ..... Full term
2. Type of delivery : Normal / Forceps / Caesarean / Others
3. Whether the child had Jaundice at birth? Yes No
4. Was the child given a blood transfusion? Yes No
5. Was the child a blue baby at birth? Yes No
6. Any other abnormalities at birth? ..... No

**POST-NATAL HISTORY :**

1. Milestones of development :  Early / Normal / Delayed
2. Was the child breast fed? Yes No   
How long? ..... 6 months.  
Did the child use nursing bottle ..... yes.  
How long? ..... 2 yrs  
Go to sleep with bottle ..... No.  
Contains Milk..... Juice .....
3. Was the pacifier used ..... No  
Type..... How long? .....  
Thumb sucking .....

4. Habits : No.

None

Finger / Thumb sucking      Frequency

Nail biting / Lip biting      Intensity

Tongue biting / Tongue thrusting

Bruxism      Duration

Mouth Breathing

Postural & Nocturnal

FAMILY HISTORY :

1. Consanguineous / Non-Consanguineous Marriage .....

2. Do you have any siblings?    Yes    No    2 sisters

If yes, how many? Specify age ..... 30 yrs & 42 yrs

3. Patient blood group .....

## EXAMINATION :

### General Physical Examination -

Height ..... % ..... Weight ..... %.....

#### 1. General appearance of the child

(Note gait motor co-ordination, dress, cleanliness, etc.)

Pt is conscious, cooperative and well oriented to time, place and person.

#### 2. Vital statistics -

Temperature .....

Pulse rate..... N.....

Blood pressure ..... N.....

Respiratory rate.....

Record any deviation from normal. If normal, write WNL (within normal limit)

#### 3. Hands

Shape.....

Fingers..... N.....

Nails.....

#### 4. Habits

Fingers..... N.....

Bruxism..... N.....

Tongue .....

Others.....

#### 5. Head neck and oral soft tissue :

### EXTRA-ORAL EXAMINATION :

Cranium, Face, Facial Symmetry

.....

Skin and Eyes.....

Lymphnodes..... N.....

Number.....

Mobility.....

Tenderness.....

Consistency.....

Lips

Tone .....

Mucosa (Chapped dry).....

TMJ

Deviation ..... N.....

Crepitus..... N.....

Clicking.....

Hypermobility.....

### INTRA-ORAL EXAMINATION (Soft Tissue)

Mucobuccal Fold

Mucosa.....

Symmetry..... N.....

Parulis.....

Others.....

Alveolar Mucosa.....

Tongue

Size ..... N.....

Mucosa..... N.....

Lingual fraenum.....

Sublingual mucosa.....

Hard Palate .....

Soft palate, Oropharynx.....

Tonsils

Size.....

Colour..... N.....

Others.....

Gingiva

Colour.....

Gingivitis..... N.....

Stippling.....

Date :

Faculty :

Place a check in appropriate Box .

DEVELOPMENT EVALUATION			
	Physical / Emotional	Inter Personal	Developmental Tasks
Below age level			
Age - Appropriate			
Above age level			

**BEHAVIOURAL OBSERVATION IN CHAIR**

Observation	1 <sup>st</sup> contact	1 <sup>st</sup> Operative	Completion of Treatment.
Personality			
Tolerance span (Minutes)			

**FRANKEL'S BEHAVIOUR RATING SCALE :**

1. Definitely Negative :
2. Negative :
3. Positive : ✓
4. Definitely Positive :

**HARD TISSUE EXAMINATION :**

1. Tooth Numbering : GED CBA | AB CDE
2. Dental age and eruption status GED CBA | AB CDE
3. Stains :
4. Calculus :
5. Occlusion :
  - Primary Dentition :**
    - Molar relation ..... C1-1
    - Canine relation ..... C1-1
  - Permanent Dentition :**
    - Molar relation .....
    - Canine relation .....

**DMFT/DMFS, dft/dfs index**

UPPER

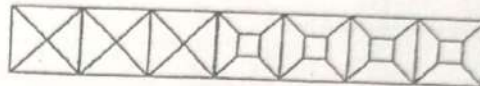
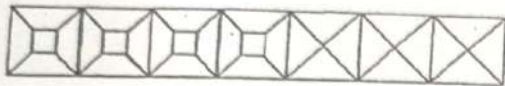
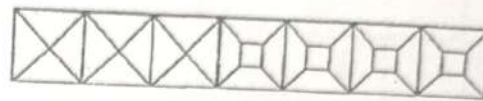
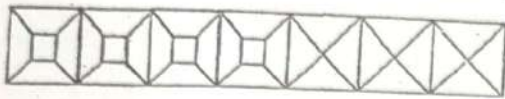


LOWER



dft:.....

dfs:.....



DMFT:.....

DMFS:.....

**ORAL HEALTH EVALUATION**

**DEBRIS INDEX (DI-S)**

**FIRST VISIT**

Total DI score.....

6	1	6

Oral hygiene assessment

Poor

Fair

Good

Home care instructions.....

.....

**SECOND VISIT**

Total DI score.....

6	1	6

Oral hygiene assessment

Poor

Fair

Good

Home care instructions.....

.....

**THIRD VISIT**

6	1	6

Total DI score.....

Oral hygiene assessment      Poor

Fair

Good

Home care instructions.....

**THIRD VISIT**

6	1	6

Total DI score.....

Oral hygiene assessment      Poor

Fair

Good

Home care instructions.....

Reinforcement instructions

Final instructions

P. G. Student Signature

Consultant signature

## ANALYSIS OF THE DENTITION AND STUDY MODELS

Discuss availability of space in both arches and findings regarding eruption of the dentition.

### MOYER'S ANALYSIS

	Max-R	Max-L	Max-L	Mand-L
Space left after alignment of 2 & 1				
Predicted size of 3,4 & 5				
Space left for molar adjustment				
Size of mandibular incisors (in mm)				

## ORTHODONTIC DIAGNOSIS AND TREATMENT PLAN

Correlate each Clinical Problem with suggested Treatment

Sr.No.	Diagnosis (Statement of Clinical Problem)	Suggested Treatment.
1.		
2.		
3.		
4.		

Signature of Orthodontic Consultant

Date :

RECOMMENDATION :

Refer to Department of Orthodontics for evaluation

Reason for referral :

Date :

Recommendations from Department of  
**Orthodontics**

Date :

Faculty Signature :

**DIET ANALYSIS :**

Day	Meat Group	Milk Group	Vegetable & Fruit group.	Bread & Cereal group	Detergent food	Sugar equivalents

Average number of Sugar exposure per day :  
Number of Sugar exposure with Meals :  
Number of Sugar exposure in between meals :

**DIETARY PRESCRIPTION**

We recommend that you :

Increase :

Decrease :

Special Instruction :

These changes in your diet will help you to maintain good general health and will aid in the **PREVENTION OF DENTAL CARIES & PERIODONTAL DISEASES.**

# ENDODONTIC EVALUATION

Tooth No. : 54, 64, 74, 75, 84, 85

CHIEF COMPLAINT (Pain/Fracture/Discoloration/Sinus/Swelling)

**BRIEF HISTORY :**

Trauma Time .....

Duration.....

Pain : .....(Mild/Moderate/Severe/Discomfort)

Loss of Sleep .....

Sensation to Heat / Cold .....

Tenderness.....

Previous Treatment.....

**CLINICAL EXAMINATION :**

Appearance : Normal / Abnormal

Fracture..... Swelling : Hard/Soft/Fluctuant.....

Carious..... Gingival Pathology.....

Exposure..... Pocket/Bleeding/Calculus.....

Tenderness..... Restoration.....

PROVISIONAL DIAGNOSIS Chronic irreversible pulpitis in  
54, 64, 74, 75, 84, 85

**INVESTIGATION :**

Radiographic Evaluation	Percussion	Hot	Cold	Pulp Test	Vital	Non Vital	Any other

BLOOD INVESTIGATIONS

BIOPSY REPORT

REMARKS :

FINAL DIAGNOSIS :

DIFFERENTIAL DIAGNOSIS :

TREATMENT PLAN

1. Systemic Phase :

2. Preventive Phase :

Preventive Procedures :

Personal Oral Hygiene / Home Care :

Diet Counselling :

Fluoride Application Date :	Type :	No. of Application.

**Pit & Fissure Sealant Application :**

Tooth No. :

**3. Preparatory Phase :**

Determination of working length for Endo Procedure :

Tooth	MB	ML	DB	DL
Radiographic length of instrument				
Working length of instrument				
Working Length				

**Surgical Procedure**

Tooth No.	Extraction	Apicoectomy	Flap Operation/ Gingivectomy	Pulpotomy	Root Canal	Apexification
64, 54 74, 75, 84, 85	54, 64			Pulpotomy		

Remarks :

Any Bacteriological Evaluation : Organism      Antibiotic Sensitivity.      Culture

**4. Corrective Phase :**

Permanent Restorations -

Order	Tooth No.	Restoration Class	Pulp Protection	Material	Date of Completion.



## COMPLETE RECORDS

1. Study Models :

2. X-Rays : IOPA/OCCLUSAL/BITE WING/OPG

IOPA.

3. Cephalogram :

4. Carpel X-Ray :

5. Photography :

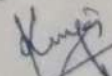
Done

6. Any other :

Student's Name

( Dr. Hemesh Vemga )

Supervisor's Signature

(  )  
( 2/4/2017 )

# SURGICAL PROCEDURES :-

Tooth No.	Name of the Surgical Procedure	Description of the Procedure	Follow up details

Remarks :

## DETERMINATION OF WORKING LENGTH FOR ENDODONTIC PROCEDURE

TOOTH NO.																
	MB	ML	DB	DL	MB	ML	DB	DL	MB	ML	DB	DL	MB	ML	DB	DL
Pre-Radiographic Length of Tooth																
Length of Instrument																
Radi. Length of Instrument																
Working Length																

Any Bacteriological Evaluation : .....

Organism : .....

Antibiotic Sensitivity : .....

Culture : .....

## WHO (1987) CRITERIA FOR PRIMARY AND PERMANENT TEETH

Permanent Tooth Code	Condition / Status	Primary Tooth Code
0	Sound	
1	Decayed	A
2	Filled with decay	B
3	Filled no decay	C
4	Missing as a result of caries	D
5	Missing due to any other reason	E
6	Sealant, varnish	-
7	Bridge abutment or special crown	F
8	Unerupted tooth	G
9	Excluded tooth	-

## PLAQUE INDEX (SILLNESS AND LOE, 1964)

Scoring Criteria :

1. No Plaque in the gingival area
2. A film of plaque adhering to the free gingival margin and adjacent area of teeth. The plaque may be seen in situ only after application of disclosing solution or by using a probe on the tooth surface.
3. Moderate accumulation of soft deposits within the gingival pocket, or the tooth and gingival margin which can be seen with the naked eye.
4. Abundance of soft matter within the gingival pocket and/or on the tooth and gingival margin.

## GINGIVAL INDEX (LOE AND SILNESS, 1967)

Scoring Criteria :

1. Absence of inflammation/Normal gingival
2. Mild inflammation, slight change in colour, slight oedema, no bleeding on probing.
3. Moderate inflammation, moderate glazing, redness, oedema and hypertrophy, Bleeding on probing.
4. Severe inflammation, marked redness and hypertrophy, ulcerations. Tendency to spontaneous bleeding.



# Government Dental College and Hospital

Civil Hospital Campus, Asarwa, Ahmedabad



Department of Pedodontics  
& Preventive Dentistry


Log book  
for

Post Graduate Students

GOVERNMENT DENTAL COLLEGE & HOSPITAL  
ASARWA, AHMEDABAD

CERTIFICATE


This to certify that the entries made in the log book are correct and said academic/ clinical/ pre-clinical assignments are done under my/ our supervision satisfactorily.

  
Dr. Sivatanu R. Choudhari (M.D.S.)  
Professor and Head  
Department of Pedodontia  
Govt. Dental College & Hosp.  
AHMEDABAD-10

Dated: 14/12/2021

Signature of Guide with Seal

### MODEL CHECK LIST FOR THE EVALUATION OF SEMINAR PRESENTATION

Sr.no.	Date	Topic	Weather relevant publication consulted / cross references	Completeness of presentation	Clarity of presentation and understanding of subject	Use of individual aids	Ability to answer question	Total score (25)	Grade	Sign
			5 marks	5 marks	5 marks	5 marks	5 marks			
1.		Seminar:- "Blood Hemostasis & Clotting"	4	3	4	4	3	18		
2.		"Acute Inflammation"	3	3	4	3	4	17		

Grade:

A+ (Excellent)

A (Good)

B+ (Average)

B (Below Average)

C (Poor)

Total Score:

22-25

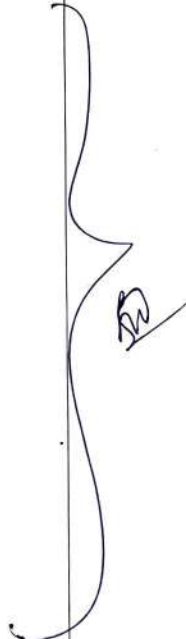
18-21

13-17

8-12


<8

## MODEL CHECK LIST FOR THE EVALUATION OF JOURNAL ARTICLE PRESENTATION


Sr.no.	Date	Topic	Weather relevant publication consulted / cross references	Completeness of presentation	Clarity of presentation and understanding of subject	Use of individual aids	Ability to answer question	Total score (25)	Grade	Sign
			5 marks	5 marks	5 marks	5 marks	5 marks			
1		Jc - on long term effect of TDI-P on permanent successor : A Retrospective study	4	4	4	4	4	20		
2		Jc :- "Comparison of the Antimicrobial efficacy of Endovac System and Conventional Needle Irrigation in Primary Molar Root Canals"	3	3	4	4	4	18		

Grade:	A+ (Excellent)	A (Good)	B+ (Average)	B (Below Average)	C (Poor)
Total Score:	22-25	18-21	13-17	8-12	<8

## PRE CLINICAL EXERCISE

SR. No.	Name of exercise	Date of submission	Technical skill	remark	Sign. Of Guide/HOD
	Carving of Permanent Teeth				
1	Carving of permanent maxillary central incisor			Fair	
2	Carving of permanent maxillary lateral incisor			Fair	
3	Carving of permanent maxillary canini			Fair	
4	Carving of permanent maxillary 1 <sup>st</sup> premolar			good	
5	Carving of permanent maxillary 2 <sup>nd</sup> premolar			good	
6	Carving of permanent maxillary 1 <sup>st</sup> molar			"	
7	Carving of permanent mandibular central incisor			"	
8	Carving of permanent mandibular lateral incisor			"	
9	Carving of permanent mandibular canini			"	
10	Carving of permanent mandibular 1 <sup>st</sup> premolar			"	
11	Carving of permanent mandibular 2 <sup>nd</sup> premolar			"	
12	Carving of permanent mandibular 1 <sup>st</sup> molar			Fair	

### CHECK LIST FOR EVALUATION OF TEACHING SKILL

Sr. No.	Date	Topic	Mentioning of learning object	Evokes audience interest in subject	The introduction	The sequence ideas	The use of practical examples	Speaking style (enjoyable, monotonous etc)	Ask questions	Questions asked by the audience	Attempts audience participation	Summary of main points in the end	Report of speaker with his audience	Effectiveness of talk	Total score (25)	grade	sign
			2 Marks	2 Marks	2 Marks	2 Marks	2 Marks	2 Marks	2 Marks	2 Marks	2 Marks	2 Marks	2 Marks				
1.		Pediatric Endodontics Part - I	1	2	1	1	1	2	1	1	1	1	1	1			
2.		Pediatric Endodontics Part - II	1	1	1	1	2	1	1	1	1	1	2	2			

Grade:

A+ (Excellent)

A (Good)

B+ (Average)

B (Below Average)

C (Poor)

Total Score:

22-25


18-21

13-17

8-12

<8

### PAPER/POSTER PRESENTED

Sr. No.	Paper / Poster	Topic	CONFERENCES/ CONVOCATIONS/ WORK SHOP / SYMPOSIUM Attended with date and place	International / national	Signature
1.	Poster:	"Past, Present, Future of Minimal Intervention in Cardiology"	41 <sup>st</sup> ISPPD Conference at Greater Noida from 7 <sup>th</sup> - 9 <sup>th</sup> November 2019	National	
2.	Poster	"Talk! Talk! Silence is Deadly"	18 <sup>th</sup> ISPPD Pg. Convention at Jaipur 14 <sup>th</sup> - 16 <sup>th</sup> February 2020	National	

**COMPARATIVE EVALUATION OF CLINICAL  
OUTCOME OF PULPOTOMY IN PRIMARY  
MOLARS TREATED WITH FORMOCRESOL,  
PULPOTEC AND BIODENTINE  
- 6 MONTH FOLLOW UP STUDY**

**2015-2018**

**DR. BHAWNA VERMA**

**COMPARATIVE EVALUATION OF CLINICAL OUTCOME OF  
PULPOTOMY IN PRIMARY MOLARS TREATED WITH  
FORMOCRESOL, PULPOTEC AND BIODENTINE - 6 MONTH  
FOLLOW UP STUDY**

**BY**

**DR. BHAWNA VERMA**

**DISSERTATION SUBMITTED TO THE GUJARAT  
UNIVERSITY, AHMEDABAD, GUJARAT**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF**

**MASTER OF DENTAL SURGERY (M.D.S.)**

**IN**

**PEDODONTICS AND PREVENTIVE DENTISTRY**

**(Branch VIII)**

**UNDER THE GUIDANCE OF**

**DR. SHANTANU CHOUDHARI**

**PROFESSOR & HEAD**

**DEPARTMENT OF PEDODONTICS AND PREVENTIVE  
DENTISTRY**

**GOVERNMENT DENTAL COLLEGE AND HOSPITAL,**

**AHMEDABAD**



**2015-2018**



This is to certify that this dissertation entitled **COMPARATIVE EVALUATION OF CLINICAL OUTCOME OF PULPOTOMY IN PRIMARY MOLARS TREATED WITH FORMOCRESOL, PULPOTEC AND BIODENTINE - 6 MONTH FOLLOW UP STUDY** is a bonafide and genuine research work carried out by **DR. BHAWNA VERMA** under my guidance and up to my satisfaction.

*Dr. Shantanu Choudhari*  
7/2/18

**DR. SHANTANU CHOUDHARI**

**PROFESSOR AND HEAD**

**DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY**

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A handwritten signature in blue ink, appearing to read 'G. Parmar', is written over a faint watermark of the college's logo.

**DR. GIRISH PARMAR,**  
**DEAN,**  
**GOVERNMENT DENTAL COLLEGE AND HOSPITAL,**  
**AHMEDABAD**

**EVALUATION OF STRESS REDUCING  
EFFECT OF AUDIO AND AUDIOVISUAL  
DISTRACTION TECHNIQUES DURING  
VARIOUS TREATMENT PROCEDURES IN  
ANXIOUS PEDIATRIC DENTAL PATIENTS**

**2015-2018**

**DR. KANWALJEET**

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**2015-2018**



## **DECLARATION BY THE CANDIDATE**

I hereby declare that this dissertation entitled “EVALUATION OF STRESS REDUCING EFFECT OF AUDIO AND AUDIOVISUAL DISTRACTION TECHNIQUES DURING VARIOUS TREATMENT PROCEDURES IN ANXIOUS PEDIATRIC DENTAL PATIENTS.” is a bonafide and genuine research work carried out by me, under the guidance of **DR. SHANTANU CHOUDHARI**, Professor and Head, Department of Pedodontics and Preventive Dentistry, Government Dental College and Hospital, Ahmedabad.

Date: 07/02/18

Place: Ahmedabad

  
DR. KANWALJEET



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*SR Choudhary*  
7/2/18

**DR. SHANTANU CHOUDHARI,**

**PROFESSOR AND HEAD, DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY, GOVERNMENT DENTAL COLLEGE AND HOSPITAL, AHMEDABAD.**



**ENDORSEMENT BY HEAD OF THE INSTITUTION**

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**DR. GIRISH PARMAR,**

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**GOVERNMENT DENTAL COLLEGE AND HOSPITAL,**

**AHMEDABAD**

**CARIES EXPERIENCE AND DENTAL TREATMENT  
NEEDS IN CHILDREN WITH CONGENITAL  
HEART DISEASES IN GUJARATI POPULATION**

**2015-2018**

**DR. GAURAV VISPUTE**

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IN CHILDREN WITH CONGENITAL HEART DISEASES IN  
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**1963**



**2015-2018**



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**Date:** 07/02/2018

**Place:** Ahmedabad

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**DR. GIRISH PARMAR,  
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**THE INFLUENCE OF RESIN INFILTRATION SYSTEM ON ENAMEL  
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WHITE SPOT LESIONS AFTER DEBONDING  
OF ORTHODONTIC BRACKETS**

**BY**

**DR. SWETA ASHOK WAGHELA**

**DISSERTATION SUBMITTED TO THE GUJARAT UNIVERSITY,  
AHMEDABAD, GUJARAT ON DECEMBER 2019,  
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
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**PROFESSOR AND HEAD**

**DEPARTMENT OF PEDIATRICS AND PREVENTIVE DENTISTRY**

**GOVERNMENT DENTAL COLLEGE AND HOSPITAL,**

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**(2017-2020)**

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**GOVERNMENT DENTAL COLLEGE AND HOSPITAL,**

**AHMEDABAD**



**2017-2020**



### DECLARATION BY THE GUIDE

This is to certify that this thesis entitled **THE INFLUENCE OF RESIN INFILTRATION SYSTEM ON ENAMEL MICROHARDNESS AND SURFACE ROUGHNESS OF WHITE SPOT LESIONS AFTER DEBONDING OF ORTHODONTIC BRACKETS** is a **bonafide** and **genuine** research work carried out by **DR. SWETA WAGHELA** under my guidance and up to my satisfaction.

*Shantanu*  
25/12/19

**DR. SHANTANU CHOUDHARI**

**PROFESSOR AND HEAD**

**DEPARTMENT OF PEDIATRICS AND PREVENTIVE DENTISTRY**

**GOVERNMENT DENTAL COLLEGE AND HOSPITAL,**

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**DR GIRISH PARMAR,**

**DEAN,**

**GOVERNMENT DENTAL COLLEGE AND HOSPITAL,**

**AHMEDABAD**

**“COMPARATIVE EVALUATION OF ANESTHETIC EFFICACY OF  
WARM AND CONVENTIONAL 2% LIGNOCAINE FOR THE  
SUCCESS OF INFERIOR ALVEOLAR NERVE BLOCK(IANB) IN  
PRIMARY MANDIBULAR MOLARS AGE GROUP OF 6 YEARS: AN  
IN VIVO STUDY”**

**BY**

**DR. HARESH VANZA**

**AT GDCH AHMEDABAD**

**DISSERTATION SUBMITTED TO THE GUJARAT UNIVERSITY,  
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**2018-2021**

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**DR. HARESH VANZA**

**2018-2021**



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*Shantanu Choudhari*  
09/01/21

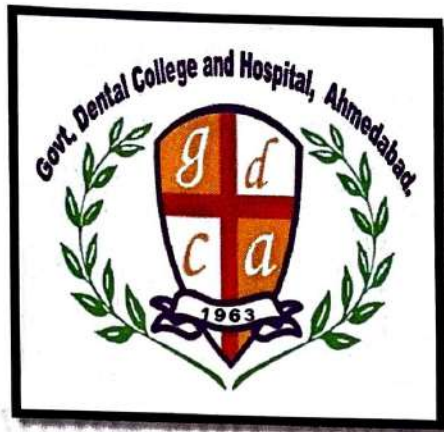
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**COMPARATIVE EVALUATION OF THE CLINICAL AND  
RADIOGRAPHIC SUCCESS RATE OF THE ANTI-OXIDANT  
MIX AS A NEW PULPOTOMY MEDICAMENT VERSUS MTA  
PULPOTOMY MEDICAMENT FOR PRIMARY MOLARS IN THE  
AGE GROUP OF 6-9 YEARS- AN IN VIVO STUDY**

**BY**

**DR. MILIND PREM**

**AT GDCH AHMEDABAD**

**DISSERTATION SUBMITTED TO THE GUJARAT  
UNIVERSITY, AHMEDABAD, GUJARAT ON  
JANUARY 2021,**

**IN PARTIAL FULFILLMENT OF THE REQUIREMENTS  
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**MASTER OF DENTAL SURGERY (MDS)**

**IN**

**PEDIATRICS AND PREVENTIVE  
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**UNDER THE GUIDANCE OF  
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BIO-CHEMICAL MARKER FOR SKELETAL MATURITY  
AND GROWTH PREDICTION: AN IN VIVO STUDY"**

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DENTAL CARIES IN 4 TO 9-YEAR-OLD CHILDREN”**

**BY**

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SEDATIVE AGENT IN CHILDREN”**

**BY**

**DR. JIGYASHA SAKLECHA**

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**ASSISTANT PROFESSOR**

**DEPARTMENT OF PEDODONTIA AND PREVENTIVE DENTISTRY**

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**ASSISTANT PROFESSOR**

**DEPARTMENT OF PEDODONTIA AND PREVENTIVE DENTISTRY**

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**NON-PHARMACOLOGIC MEANS OF  
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**DR. PARIKRAMA SOLANKI**

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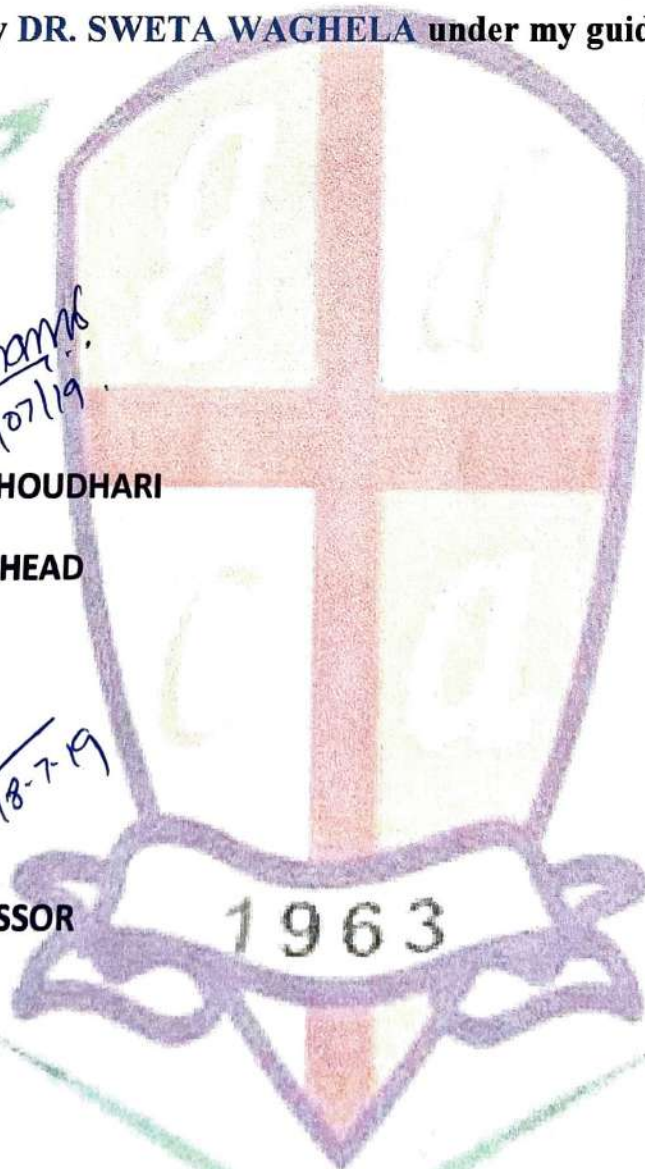
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*Swati Goyal*  
18-7-19

**DR. SWATI GOYAL**  
**ASSISTANT PROFESSOR**



**RADIOGRAPHIC TECHNIQUES USED IN  
PEDIATRIC DENTISTRY**

**LIBRARY THESIS**

**DR. HARESH VANZA**

**2018-2021**

**RADIOGRAPHIC TECHNIQUES USED IN  
PEDIATRIC DENTISTRY**

**LIBRARY THESIS**

**DR. HARESH VANZA**

**2018-2021**

CERTIFICATE

This is to certify that **Dr. Haresh Vanza** has carried out the work and prepared this Library Thesis entitled:

**“RADIOGRAPHIC TECHNIQUES USED IN PEDIATRIC DENTISTRY”**

For the degree of *Master of Dental Surgery (MDS)* in *Pediatric & Preventive Dentistry*, Branch VIII, under my guidance, supervision and to my full satisfaction.



**DR. SHANTANU CHOUDHARI**

**PROFESSOR & HOD**

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY  
GOVERNMENT DENTAL COLLEGE AND HOSPITAL,  
AHMEDABAD.



**DR. SWATI GOYAL**

**ASSISTANT PROFESSOR**

DEPARTMENT OF PEDIATRIC AND PREVENTIVE DENTISTRY  
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**ANTIBIOTICS IN PEDIATRIC DENTISTRY**

**LIBRARY THESIS**

**DR JIGYASHA SAKLECHA**

**2019-2022**

**ANTIBIOTICS IN PEDIATRIC DENTISTRY**

**BY**

**DR. JIGYASHA SAKLECHA**

**LIBRARY THESIS SUBMITTED TO GOVERNMENT  
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IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR  
THE DEGREE OF**

**MASTER OF DENTAL SURGERY (MDS)**

**IN**

**PEDODONTICS AND PREVENTIVE DENTISTRY**

**(BRANCH VIII)**

**DEPARTMENT OF PEDODONTICS AND PREVENTIVE  
DENTISTRY,**

**GOVERNMENT DENTAL COLLEGE AND HOSPITAL,  
AHMEDABAD, GUJARAT, INDIA**



**2019-2022**

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For the degree of Master of Dental Surgery (MDS) in Pediatric and Preventive Dentistry, Branch VIII, under my guidance, supervision and to my full satisfaction.



**DR SHANTANU CHOUDHARI**

**PROFESSOR AND HOD**

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY  
GOVERNMENT DENTAL COLLEGE AND HOSPITAL,  
AHMEDABAD



**DR. SWATI GOYAL**

**ASSISTANT PROFESSOR**

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY  
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AHMEDABAD

**LOCAL ANAESTHESIA AND  
DELIVERY SYSTEMS IN  
PEDIATRIC DENTISTRY**

**LIBRARY THESIS**

**DR KHYATI ABHANGI**

**2019-2022**

**LOCAL ANESTHESIA AND DELIVERY SYSTEMS IN  
PEDIATRIC DENTISRY**

**BY**

**DR. KHYATI ABHANGI**

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MASTER OF DENTAL SURGERY (MDS)**

**IN**

**PEDODONTICS AND PREVENTIVE DENTISTRY  
(BRANCH VIII)**

**DEPARTMENT OF PEDODONTICS AND PREVENTIVE  
DENTISTRY, GOVERNMENT DENTAL COLLEGE AND  
HOSPITAL, AHMEDABAD, GUJARAT, INDIA**



**2019-2022**

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For the degree of Master of Dental Surgery (MDS) in Pedodontics and Preventive Dentistry, Branch VIII, under my guidance, supervision and to my full satisfaction.



**DR SHANTANU CHOUDHARI**

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DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY  
GOVERNMENT DENTAL COLLEGE AND HOSPITAL,  
AHMEDABAD.



**DR. SWATI GOYAL**

**ASSISTANT PROFESSOR**

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AHMEDABAD.

**FORENSIC PEDODONTOLOGY**

**LIBRARY THESIS**

**DR PARTH CHHABRIA**

**2019-2022**

**FORENSIC PEDODONTOLOGY**

**BY**

**DR. PARTH CHHABRIA**

**LIBRARY THESIS SUBMITTED TO GOVERNMENT  
DENTAL COLLEGE AND HOSPITAL, AHMEDABAD**

**IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR  
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**MASTER OF DENTAL SURGERY (MDS)**

**IN**

**PEDODONTICS AND PREVENTIVE DENTISTRY**

**(BRANCH VIII)**

**DEPARTMENT OF PEDODONTICS AND PREVENTIVE  
DENTISTRY, GOVERNMENT DENTAL COLLEGE AND  
HOSPITAL, AHMEDABAD, GUJARAT, INDIA**



**2019-2022**

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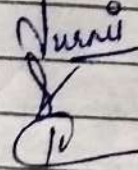
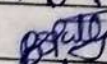
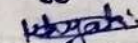
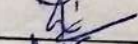

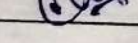
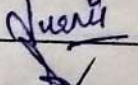
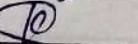
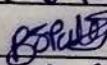
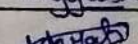


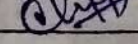


**DR. SWATI GOYAL**

**ASSISTANT PROFESSOR**

DEPARTMENT OF PEDODONTICS AND PREVENTIVE DENTISTRY  
GOVERNMENT DENTAL COLLEGE AND HOSPITAL,  
AHMEDABAD

SR. NO.	DATE	ACTIVITY	NAME OF PRESENTER	ATTENDED BY
1.	24/06/19	Seminar - Pediatric Endodontics	Dr. Sweta Waghela.	<p>HP Nuni Zankhona C.B. Patil Parth Jigyasha Chy</p>
2.	25/6/19	Journal Club - Outcomes of conventional and biological treatment approaches for the management of caries in the primary dentition. -International journal of Pediatric dentistry 2018; 28: 12-22.	Dr. Chetana Patel	<p>Nuni Zankhona C.B. Patil Parth Jigyasha Chy</p>

SR. NO	DATE	ACTIVITY	NAME OF PRESENTER	ATTENDED BY
3.	26/6/2019	Journal club - Invited Performance of ultrasonically enhanced periradicular composite with classical bur preparation on pit & fissure sealing. EJPD Vol. 18/4-2019.	Dr. Bhargavi Patel	Nurni  Zankhona C. B. Patil  <del>Milind</del> Parth Jigyasha    
4.	27/6/19	Seminar - Pediatric Endodontics	Dr. Sweta Waghela	Nurni   Zankhona C. B. Patil  <del>Milind</del> Parth Jigyasha    





SR. NO.	DATE	ACTIVITY	NAME OF PRESENTAR	ATTENDED BY
6.	1/7/19	Traumatic Injuries to teeth in children.	Dr. Chetumal Patel (Ph II)	<p><del>Dr. Nishu Zankhana</del></p> <p>C.B. Puri</p> <p><del>Dr. Nishu Zankhana</del></p> <p>Dr. Nishu Zankhana</p> <p>Dr. Nishu Zankhana</p> <p>Dr. Nishu Zankhana</p> <p>Dr. Nishu Zankhana</p> <p>Dr. Nishu Zankhana</p>
7.	2/7/19	Amelogenesis Imperfecta: A Non-Invasive approach to improve esthetics in Young Patients! Report of 2 cases	Dr. Sweta wagle.	<p><del>Dr. Nishu Zankhana</del></p> <p>Dr. Nishu Zankhana</p> <p>C.B. Puri</p> <p><del>Dr. Nishu Zankhana</del></p> <p>Dr. Nishu Zankhana</p> <p>Dr. Nishu Zankhana</p> <p>Dr. Nishu Zankhana</p> <p>Dr. Nishu Zankhana</p>







No.	DATE	Activity	Name of presenter	Attended by
11.	11/2/19	Seminars - dental Caries - Part II	Dr. Bhargavi	<p>Zankhaneer</p> <p>Shiv</p> <p>B. P. Patil</p> <p>Shiv</p> <p>Shiv</p> <p>Patil</p> <p>Khyati</p> <p>Tigayasha</p>
12.	13/7/19	Clinical and radiographic evaluation of bioactive and mineral trioxide aggregate in revascularization of non vital immature permanent anterior teeth (Randomized clinical study)	Dr. Chetana Patel	<p>Shiv</p> <p>Khyati</p> <p>Patil</p> <p>Shiv</p> <p>Patil</p> <p>Khyati</p> <p>Tigayasha</p>



NO.      DATE      ACTIVITY      NAME OF PRESENTER      ATTENDED BY

13.      15/7/19      Dental cases Part - III (Seminar)      Dr. Bhargavi Patel

~~Dr. Bhargavi Patel~~

~~Dr. Bhargavi Patel~~

~~Dr. Bhargavi Patel~~

~~Dr. Bhargavi Patel~~

Jigyasha

14.      17/7/19      Journal club Evaluation of staining potential of Silver Diamine Fluoride - In vivo study.

Dr. Chetana Patel

~~Dr. Chetana Patel~~

~~Dr. Chetana Patel~~

~~Dr. Chetana Patel~~

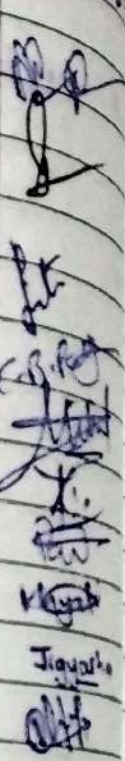
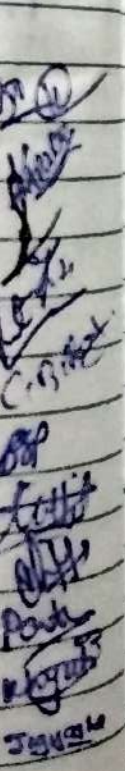
~~Dr. Chetana Patel~~

~~Dr. Chetana Patel~~

~~Dr. Chetana Patel~~

Jigyasha

~~Dr. Chetana Patel~~


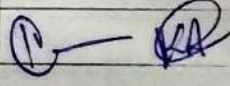
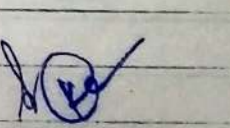
No.	DATE	ACTIVITY	NAME OF PRESENTER	ATTENDEES
5.	17/7/2019	Technical club Presentation on - Apical Extension of debris in Primary Molars over crown using Mechanical and Normal systems.	Dr. Bhagwati Patel	
16.	18/7/2019	Space Management Part-I	Dr. Rita Poptani.	







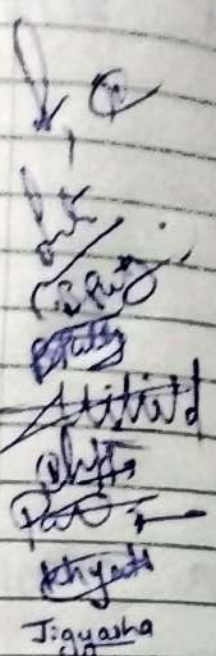
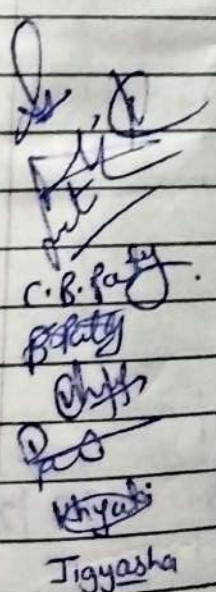
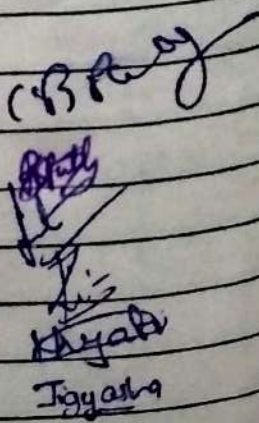
No.	Date.	ACTIVITY	NAME OF PRESENTOR	ATTENDED BY
23.	3/8/19	Oral Habits in children Part-II	Dr. Hareesh Vanzar	<del>VA</del> <del>VA</del> Jr Part Jigyasha Khyadi
24.	17 Aug 19	Journal club presentation "Selective reduction of Talon cuspis - A case series" Rona Leith / Anne Connell JOC PD	Dr. Sweta Wagtiela	<del>VA</del> <del>VA</del> C.R. Puro <del>VA</del> Jr Part Khyadi Jigyasha

NO.	Date.	ACTIVITY	NAME OF PRESENTOR	ATTENDED BY
25.	8/8/19	Oral Habits in children part -III	Dr. Harash Vanga	 Jali Bhatia C.B. Patil Tis Patil Khyashi <del>Milind</del> Jigyasha
26.	13/8/19	Journal Club presentation "Sublingual administration of atropine eyedrops in children with excessive drooling - a pilot study"	Dr. Chetana Patel	 <del>Patil</del> Patil Khyashi Jigyasha <del>Milind</del>
27.	29/8/19	Non-Pharmacological Behaviour Management Part - I	Dr Milind Prem	 <del>Milind</del> Z. C.B. Patil Jigyasha <del>Patil</del> <del>Patil</del> Patil

No.	Date	ACTIVITY	Name of Presenter	ATTENDED BY
28.	20/8/19	Journal Club Presentation "Association between salivary cortisol level and caries in early childhood"	Dr. Bhargavi Patel	<del>Pratik</del> C.B. Patil <del>Pratik</del> Jigyasha
29.	22/8/19	Non-Pharmacological Behaviour Management Part II	Dr. Milind Prem	<del>Pratik</del> <del>Pratik</del> Jigyasha C.B. Patil
30.	26/8/19	non-Pharmacological behaviour management Part III	Dr. Milind Prem	<del>Pratik</del> <del>Pratik</del> Jigyasha



No.	DATE	ACTIVITY	NAME OF PRESENTER	ATTENDED BY
31	27/8/19	Journal Club Presentation "Molar-Incisor hypomineralization: Positive Correlation with Atopic Dermatitis & Food Allergies"	Dr Sweta Waghela.	Dr. [Signature] Pooja Chitra Nigam Jyotsna
32	08/09/2019	Journal club presentation Prokise cement as pulp dressing agent in pulpoma treatment of primary teeth - A 12 months clinical study.	Dr. Bhargavi Patel	Dr. [Signature] C.B. Patil Dr. [Signature] Chitra Pooja Jyotsna Nigam
33	5/9/2019	Seminar - "Pharmacological Behaviour Management Part I"	Dr Rita.	Dr. [Signature] Dr. [Signature] C.B. Patil Dr. [Signature] Chitra Nigam Jyotsna

Sl. No.	Date	Activity	Name of presenter	Attended
34.	9-9-2019	Seminar: pharmacological Behavior Management - Part II	Dr. Rita	 Jigyasha
35.	12.9.2019	Seminar :- Pharmacological Behavior Management - Part III	Dr. Rita	 Jigyasha
36.	19-9-2019	Seminar: Minimally invasive dentistry Part - I	Dr. Hareesh	 Jigyasha

# Government Dental College & Hospital

AHMEDABAD-380016.



## DEPARTMENT OF ANATOMY



## GROSS ANATOMY JOURNAL

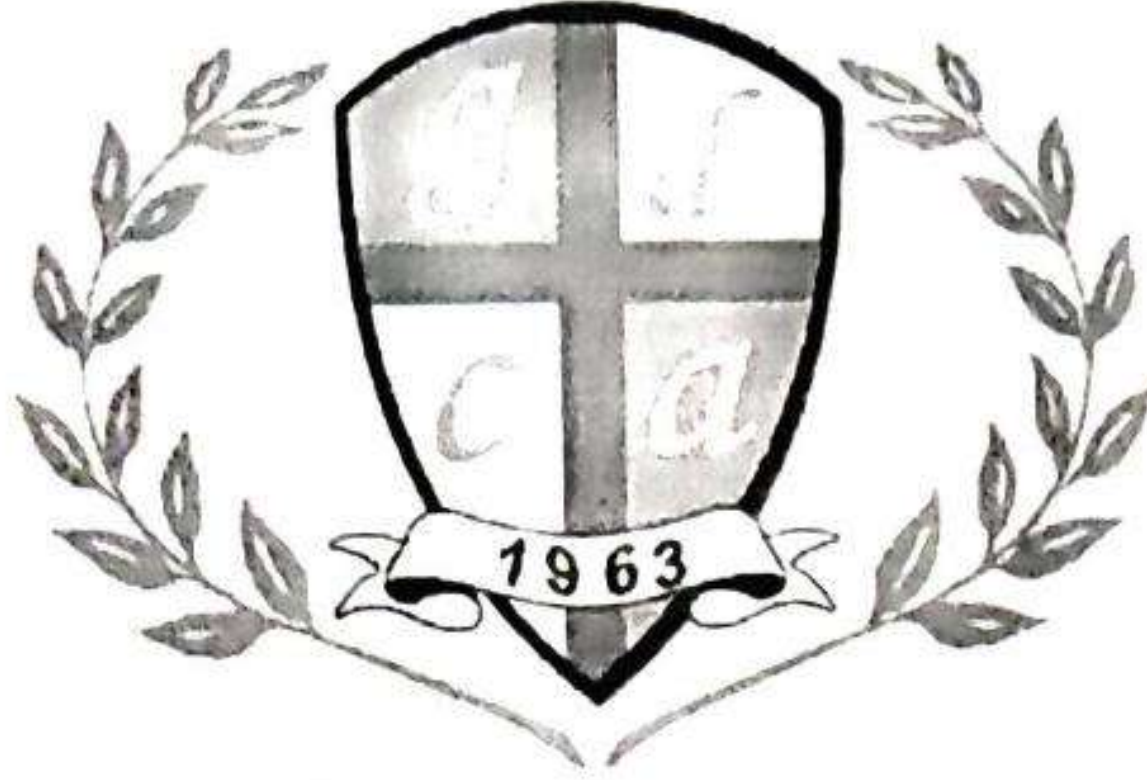
Name : Desai Mansi

Year : \_\_\_\_\_ Batch : \_\_\_\_\_ Roll No : \_\_\_\_\_

Contact No. : \_\_\_\_\_

**Government Dental College & Hospital**

AHMEDABAD-380016.



। सर्वे सन्तु निरामया ।

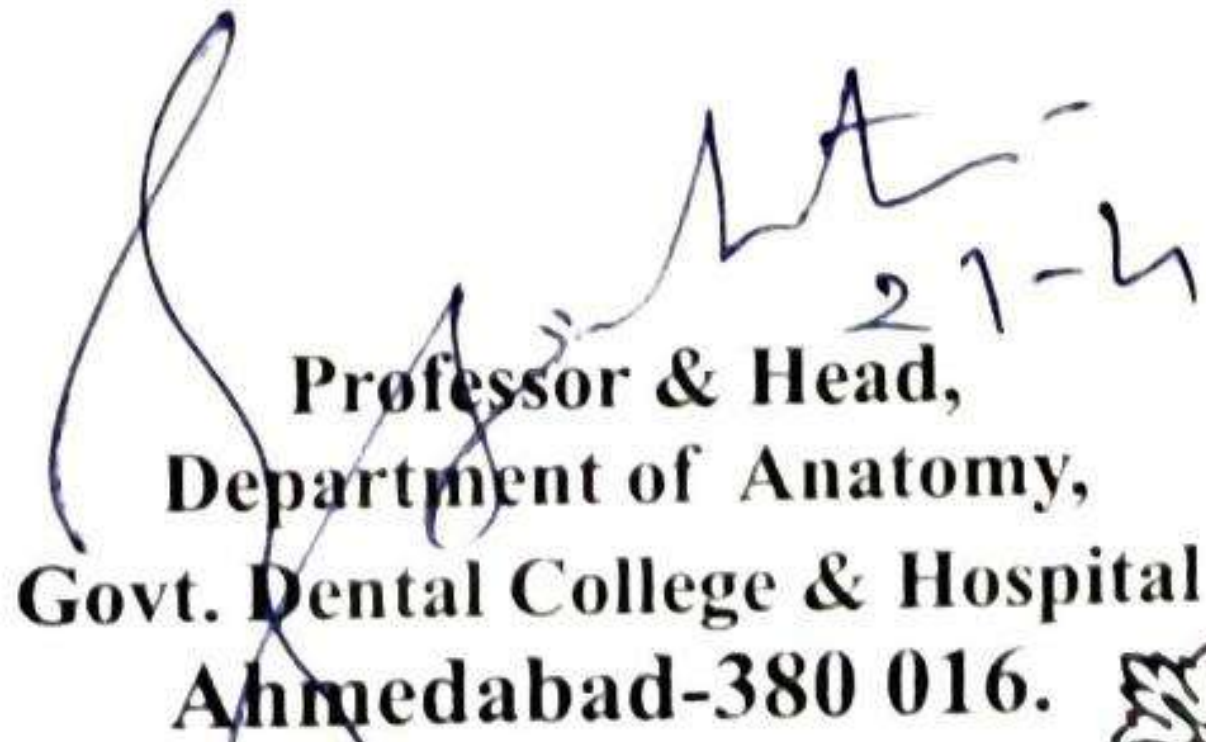
*Department of Anatomy*

**CERTIFICATE**

Exam No. : \_\_\_\_\_

Roll No. : 17

This is to certify that Shri/Kum. Desai Mansi J  
has satisfactorily carried out the Experimental work in **Gross Anatomy** as laid down in the regulation of the Gujarat University for the First B.D.S. Examination.

  
Professor & Head,  
Department of Anatomy,  
Govt. Dental College & Hospital  
Ahmedabad-380 016.

Date : 21-4-2017



**DEPARTMENT OF ANATOMY**  
GOVERNMENT DENTAL COLLEGE & HOSPITAL, AHMEDABAD-16







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57.	Development of Face, Palate, Tongue, Thyroid Gland.			
58.	Placenta.			

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### INSTRUCTIONS

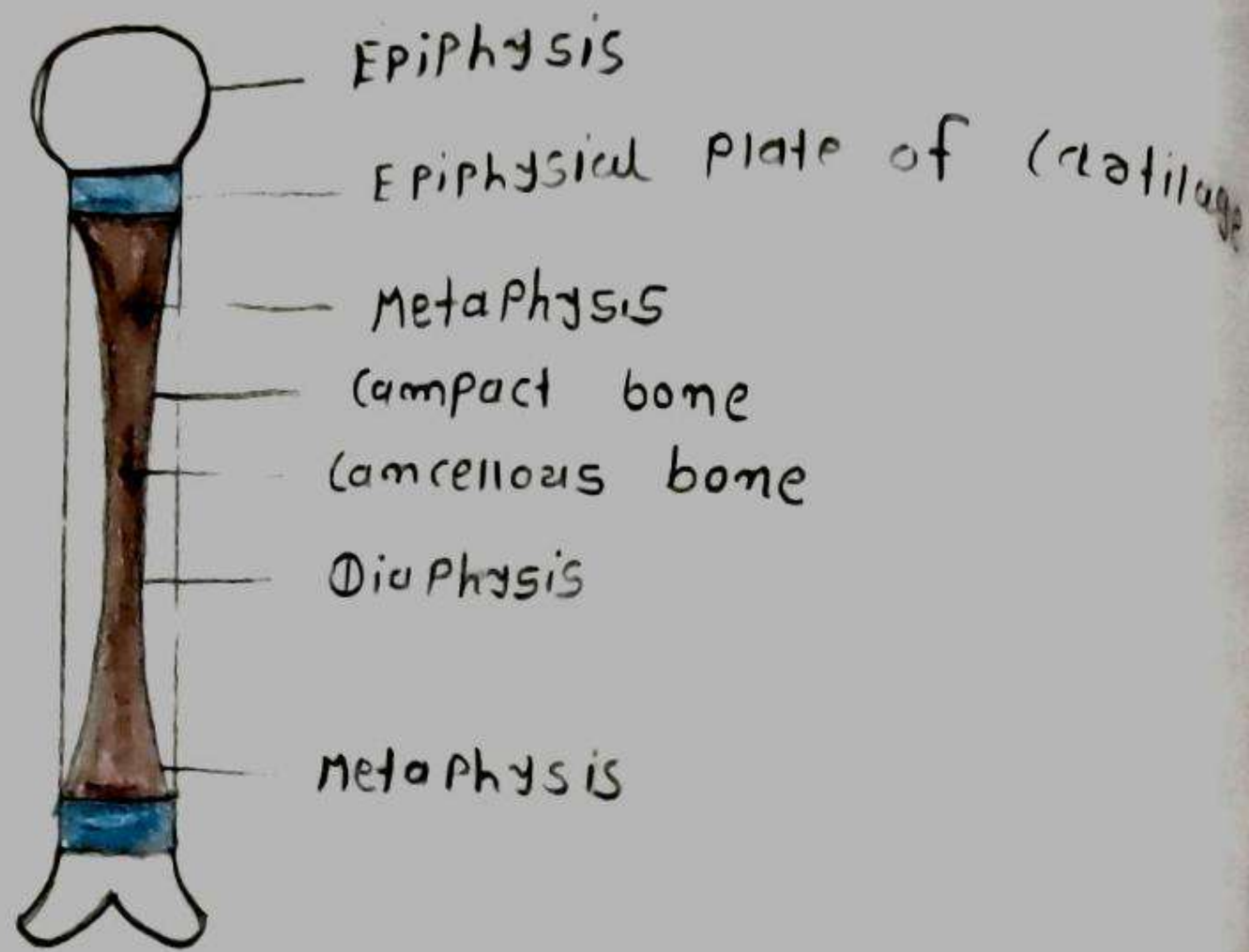
1. You may draw more than one Diagrams wherever necessary.
2. Label extensively with Serial Numbers only. Details on Ruled Page.
3. Use lead Pencil to draw and label the structures. No Ball/Ink Pen please.
4. May use – Red Pencil for Arteries,  
Blue Pencil for Veins,  
Brown Pencil for Muscles,  
Black Pencil for Sensory Nerves,  
Yellow Pencil for Motor Nerves,  
Write Title on Left Hand Upper Corner of Page.
5. Submit Journals Periodically for Signature as instructed.
6. Preparing Journal is voluntary.

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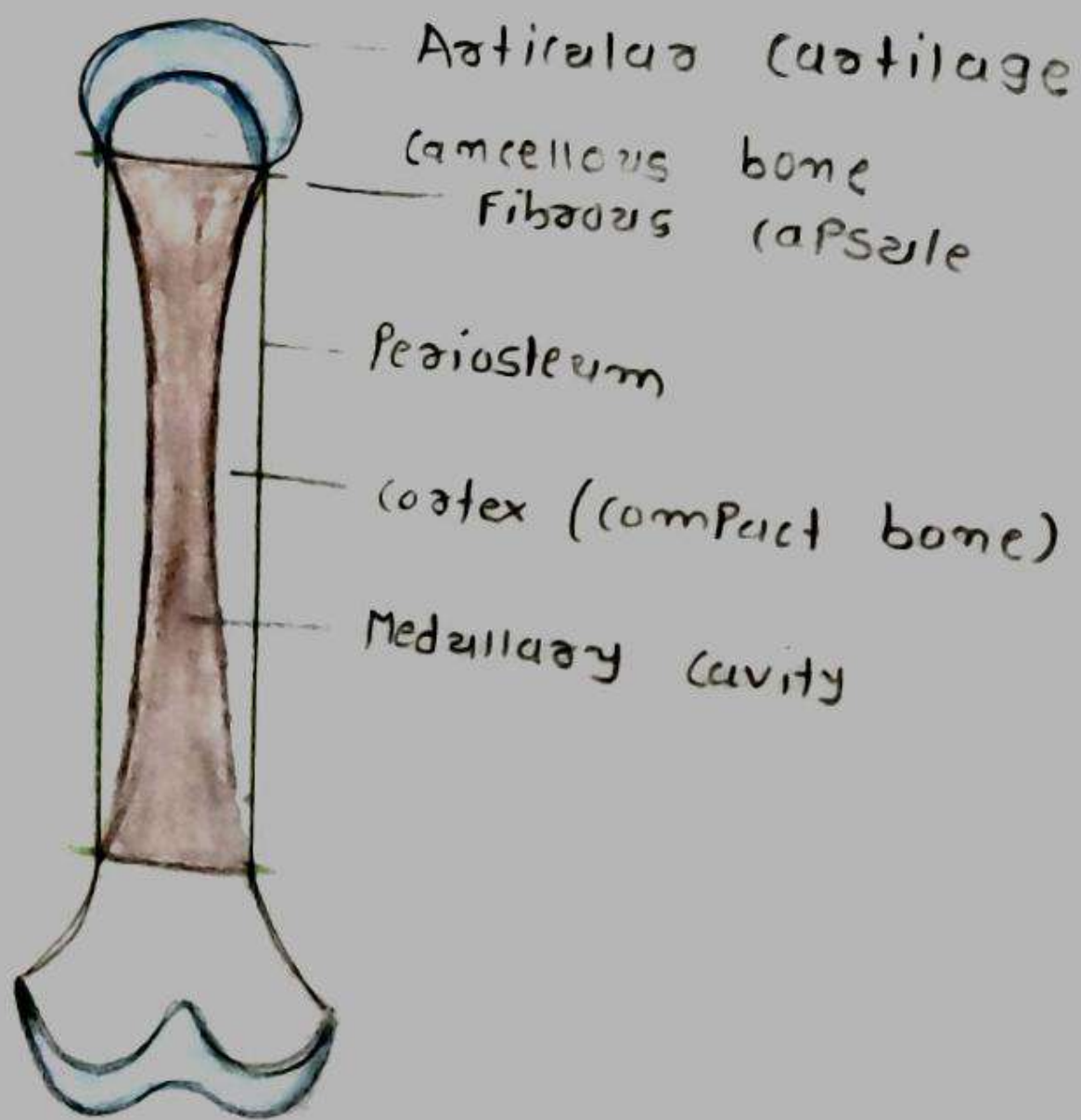
## **ALWAYS REMEMBER**

- Dreams/Wishes are simply desires. Desire with an action plan is a Goal.
- 5 D's of Action plan to achieve Goal are ...  
Direction, Discipline, Determination, Dedication & Dead line.
- Set your Goal & try to achieve it.  
There is no success without hard work & there is no substitute to hard work too.
- Positive attitude & high character are stepping stones to success.
- Just as carbon determines the quality of steel, character determines the quality of a human being.
- Character is sum total of a person's moral values, beliefs & personality.
- Ability will get to success and character will keep you successful.
- 5 C's to success are ...  
Character, Commitment, Conviction, Courtesy & Courage.
- We hear & we forget, we see & we remember, we do & we understand.
- Determination today, Leads to success tomorrow.
- Education is a social process  
Education is growth  
Education is not a preparation for life,  
Education is life itself.





ADULT LONG BONE



### 1. Long bone Parts

A typical long bone ossifies in three parts, the two ends from secondary centres and the intervening shaft from a primary centre.

Before ossification is complete the following parts of the bone can be defined.

• **Epiphysis**: The ends and tips of a bone which ossify from secondary centres are called epiphysis.

• **Diaphysis**: It is the elongated shaft of a long bone which ossifies from a primary.

• **Metaphysis**: The epiphysial ends of a diaphysis.

• **Epiphysial Plate of cartilage**: It separates epiphysis from metaphysis.

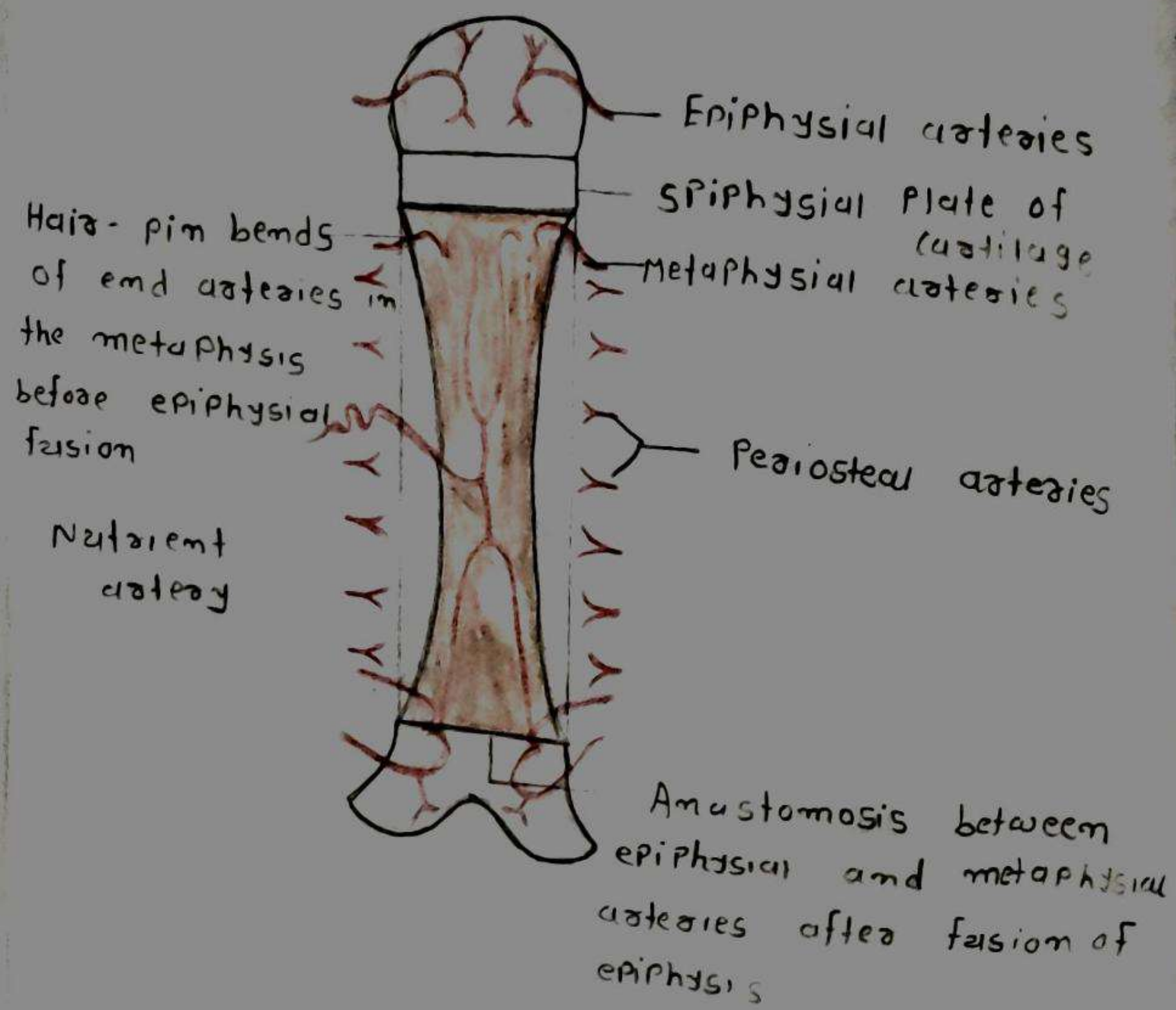
### Blood Supply of Bones

• **Nutrient artery**: The nutrient artery supplies medullary cavity, inner  $\frac{2}{3}$  of cortex and metaphysis.

• **Periosteal arteries**: They ramify beneath the periosteum and enter the Volkmann's canals to supply the outer  $\frac{1}{3}$  of the cortex.

• **Epiphysial arteries**: These are derived from periarticular vascular arcades found on the nonarticular bony surface.

• **Metaphysial arteries**: They pass directly into the metaphysis and reinforce the metaphysic branches from the primary nutrient artery.



## 2. Types of joints

### Fibrous Joints

- a) Sutures
- b) Syndesmosis
- c) Gomphosis

### Cartilaginous Joints

- a) Primary cartilaginous joints or Synchondroses
- b) Secondary cartilaginous joints or Symphyses

### Synovial Joints

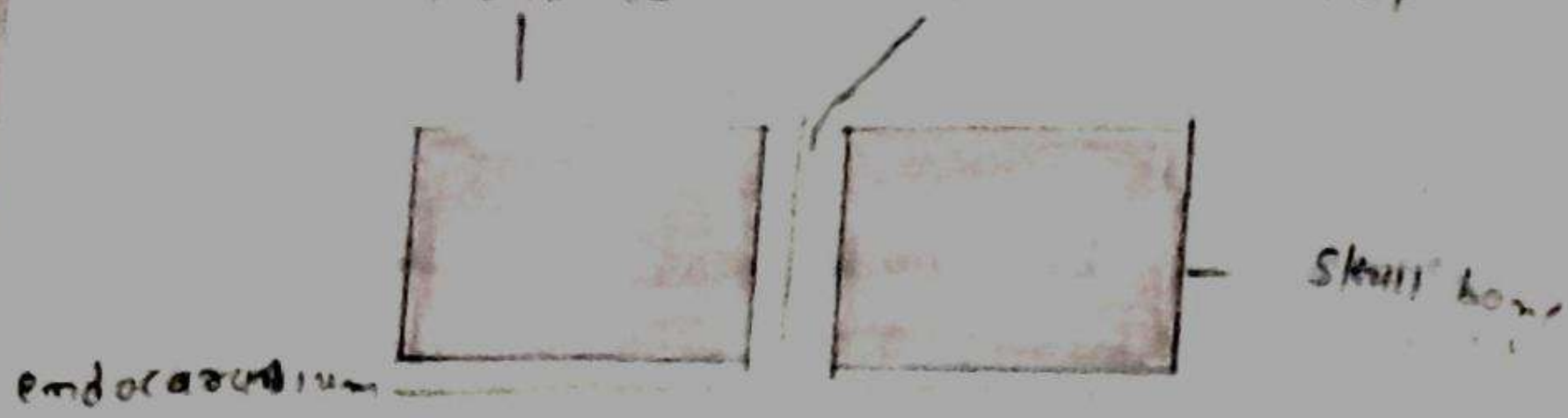
- a) Ball and Socket or spheroidal joints
- b) Sellar or Saddle joints
- c) Condylar or bicondylar joints
- d) Ellipsoid joints
- e) Hinge joints
- f) Pivot or trochoid joints
- g) Plane joints

### Typical Synovial joint

These joints are known as freely movable joint, though at some of them the movement is restricted by the shape of the articulating surfaces and by the ligaments which hold the bones together. These ligaments are of elastic connective tissue.

A synovial joint has a fluid-filled cavity between articular surfaces which are covered by articular cartilage.

→ Joint is surrounded by articular capsule which is made up of fibrous capsule lined by synovial membrane.



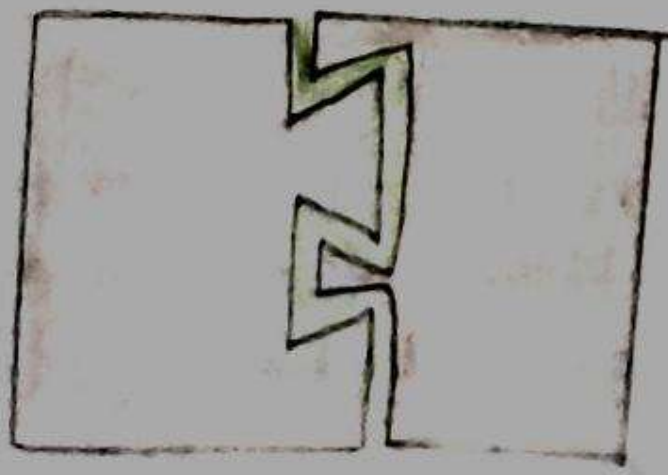
i) Plane suture



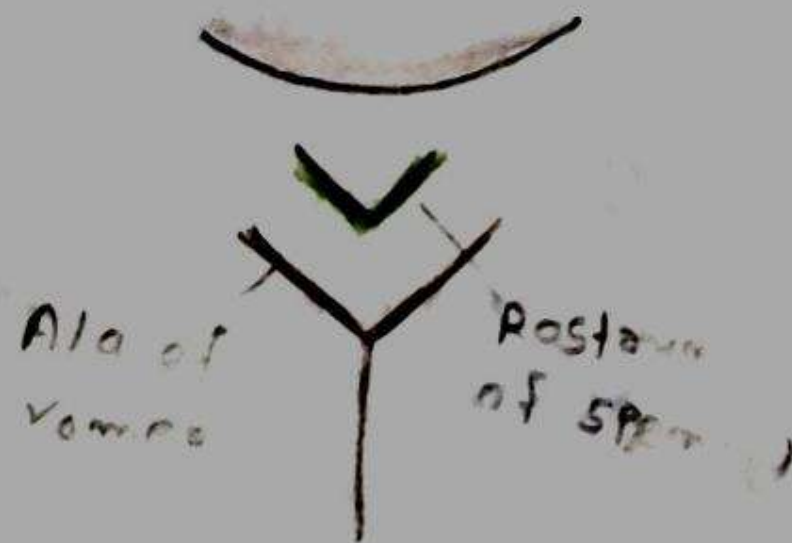
ii) Serrate suture



iii) Squamous suture

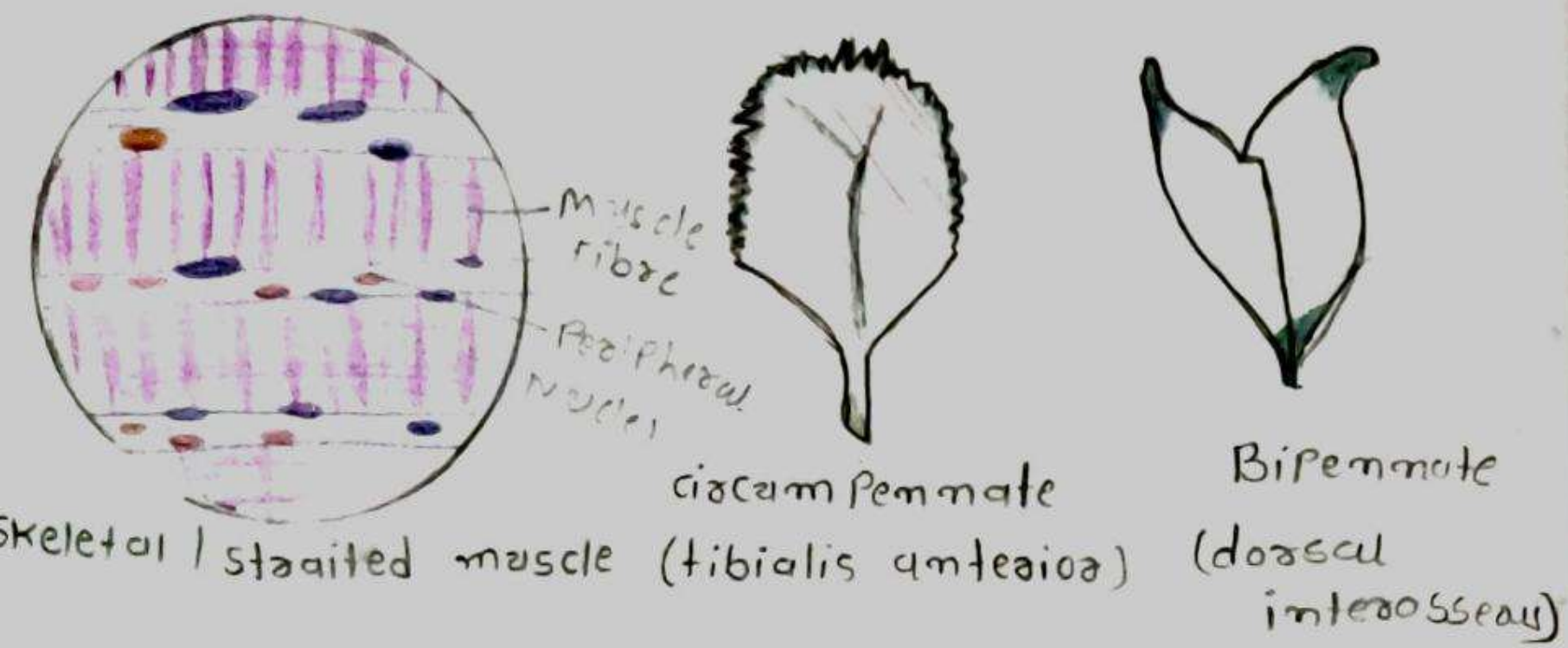


iv) Denticulate suture

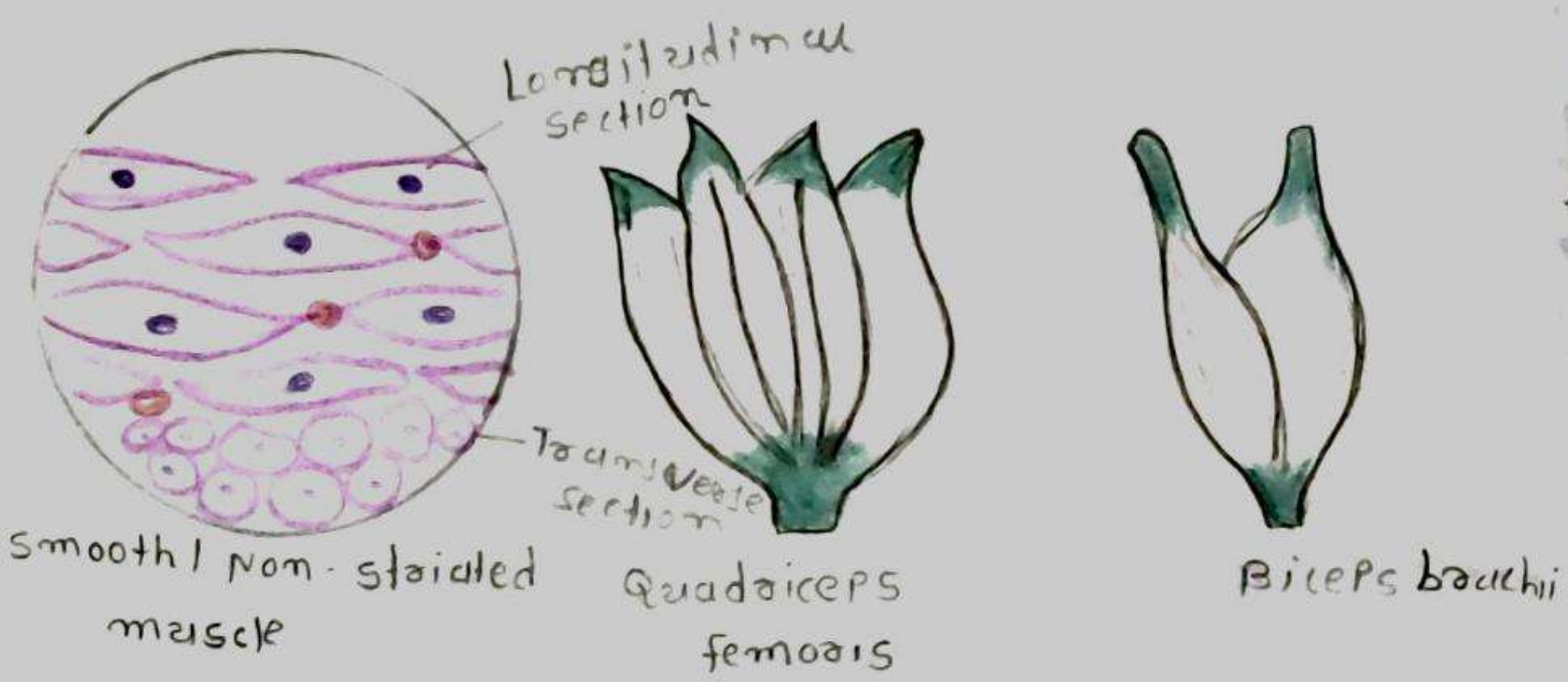


v) Syndesmosis

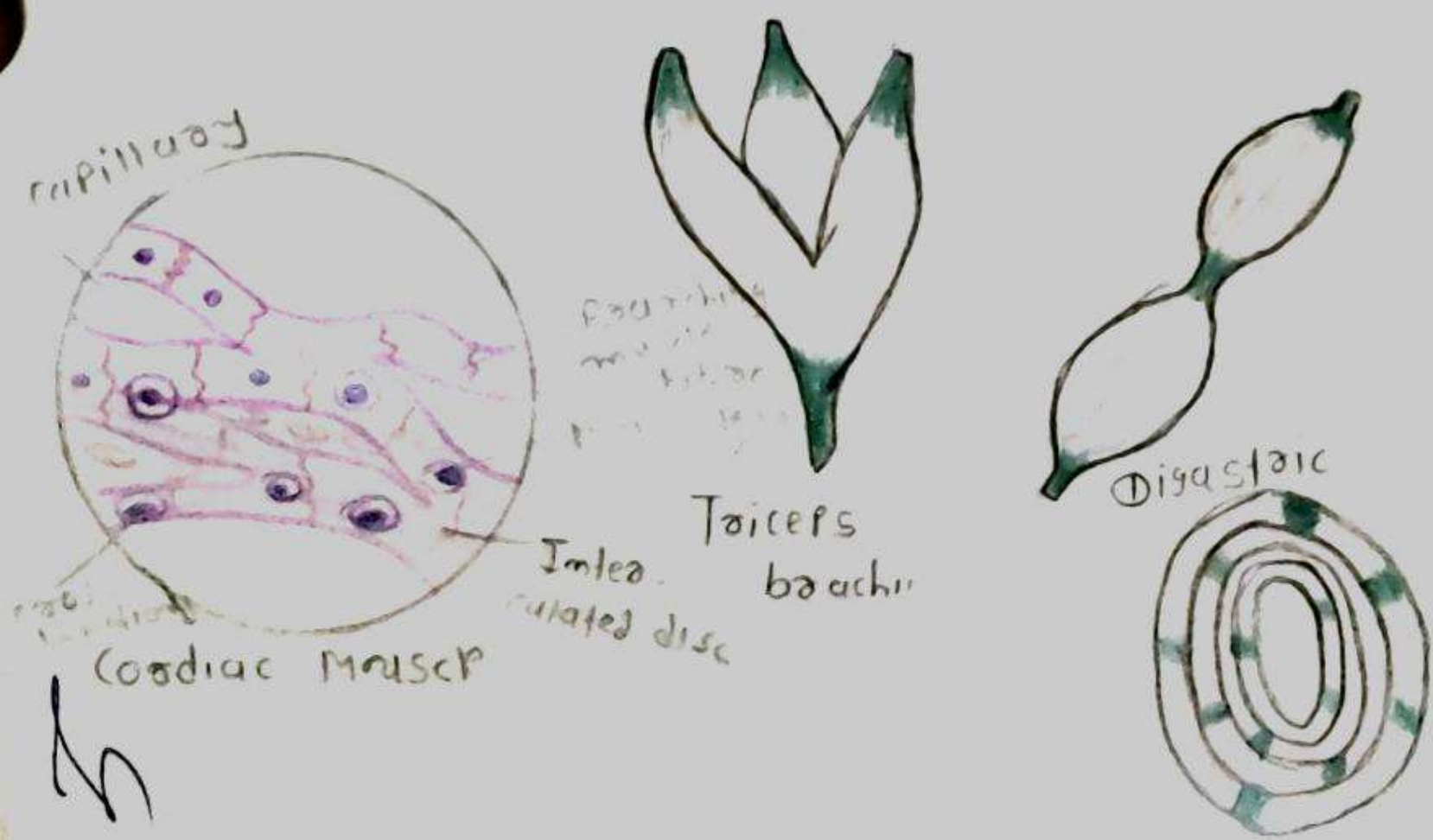
Varying degrees of movements are always permitted by the synovial joints controlled by the form of articulating surfaces.



Skeletal / striated muscle (tibialis anterior)



Smooth / non-striated muscle



Cardiac muscle

#### 4. Muscle Types

##### Types of Muscles:-

1. Skeletal muscle
2. Smooth muscle
3. Cardiac muscle

##### 1) Skeletal Muscles:-

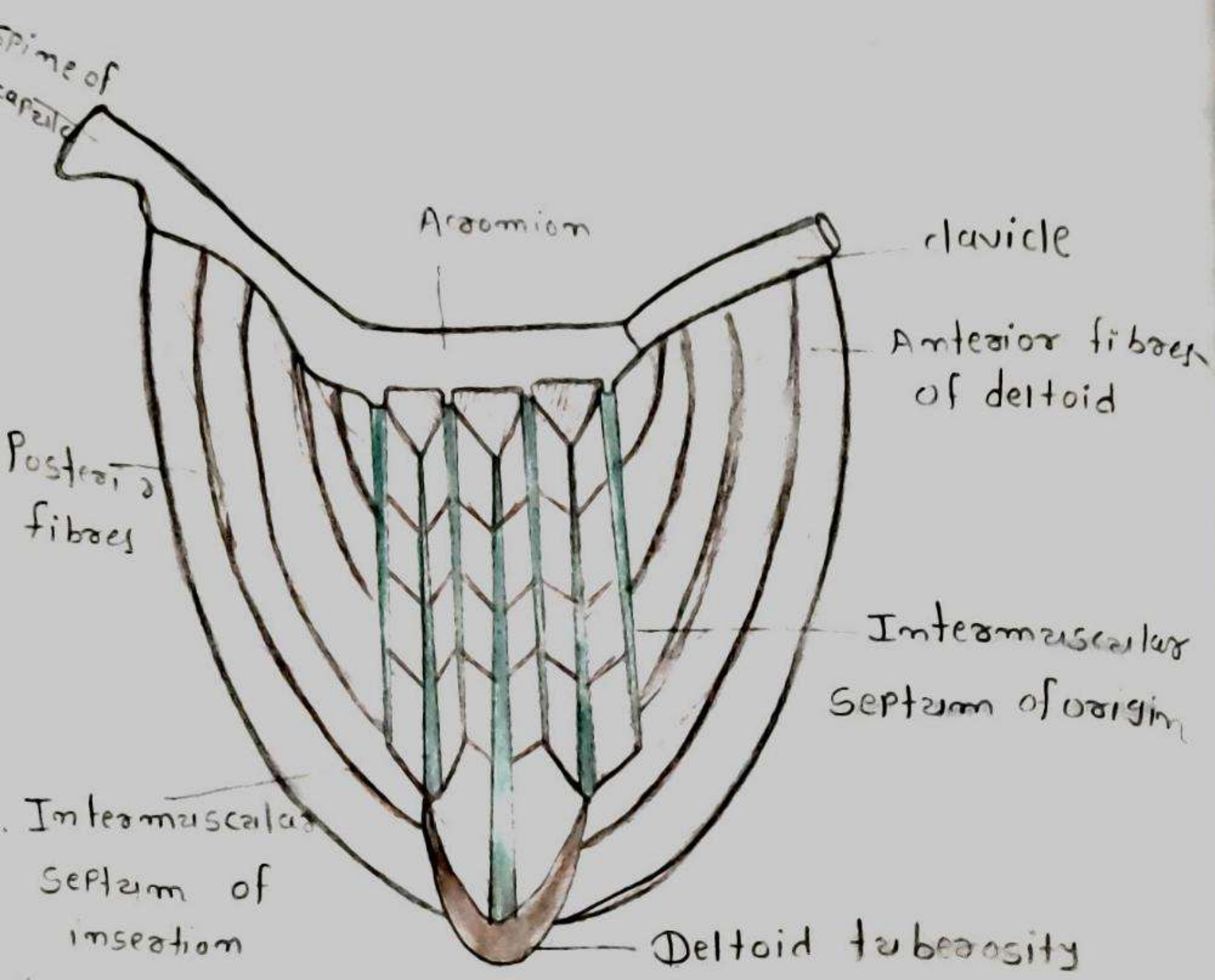
- The muscles are also known as striated or striated or somatic or voluntary muscle
- It have very rapid contraction and it's blood supply in the limbs, tongue, Pharynx.
- It present in the limbs, tongue, Pharynx, body wall and beginning of oesophagus.

##### 2) Smooth Muscles:-

- This muscle also known as non-striated, Involuntary or non striated muscle.
- It's blood supply is scanty and it have slow contraction.
- It present in oesophagus, urogenital tract, urinary bladder, blood vessels, iris of eye

##### 3) Cardiac Muscles

- It present in wall of heart
- It is short and cylindrical.
- It's blood supply is abundant and have rapid contraction.
- They never get fatigued
- It is Involuntary



Deltoid Muscle

## 1. Deltoid Muscle

### Origin

1. The anterior border of the lateral one third of the clavicle.
2. The lateral border of the acromion, where four septa of origin are attached.
3. Lower lip of the crest of the spine of the scapula.

### Insertion:

The deltoid tuberosity of the humerus where these septa of insertion are attached.

### Nerve Supply:

Axillary nerve

### Structure:

The acromial part of deltoid is a multipennate muscle.

Many fibres arise from four septa of origin that are attached above to the acromion.

### Action:

The acromial fibres are powerful abductors of the arm at the shoulder joint from beginning to go.

The anterior fibres are flexors and medial rotators of the arm.

The posterior fibres are extensors and lateral rotators of the arm.

Thorax

11. Thoracic Cage & Mediastinum

→ The skeleton of the thorax is known as the thoracic cage.  
 → It is an osseocartilaginous, elastic cage which is primarily designed for increasing & decreasing the intrathoracic pressure, so that air is sucked into the lungs during inspiration and expelled during expiration.

- \* Anteriorly by sternum:
- \* Posteriorly by 12 thoracic vertebra and the intervening intervertebral discs.
- on each side by 12 ribs with their cartilage.

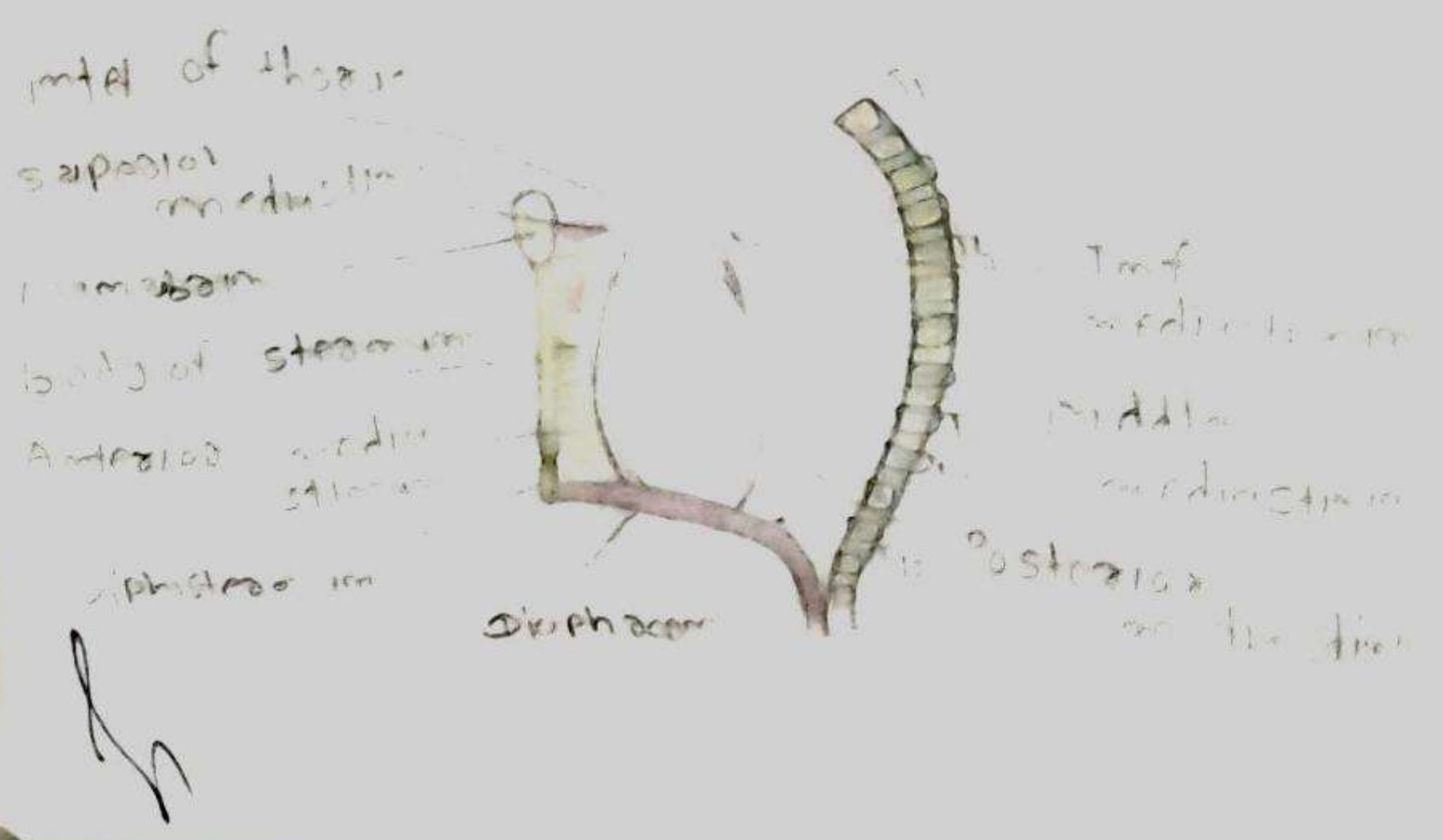
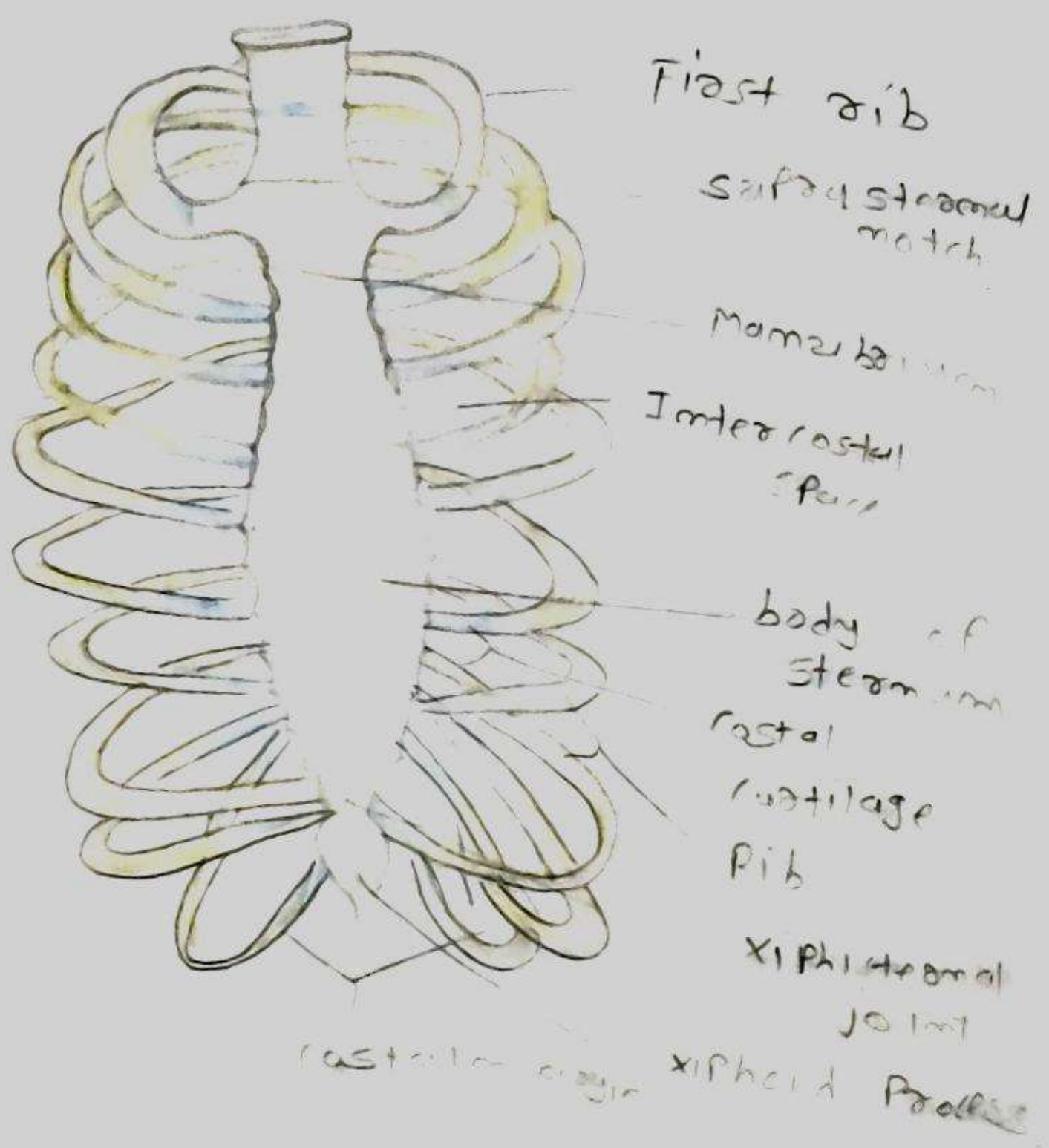
Mediastinum

→ The mediastinum is the median septum of the thorax between the two lungs.

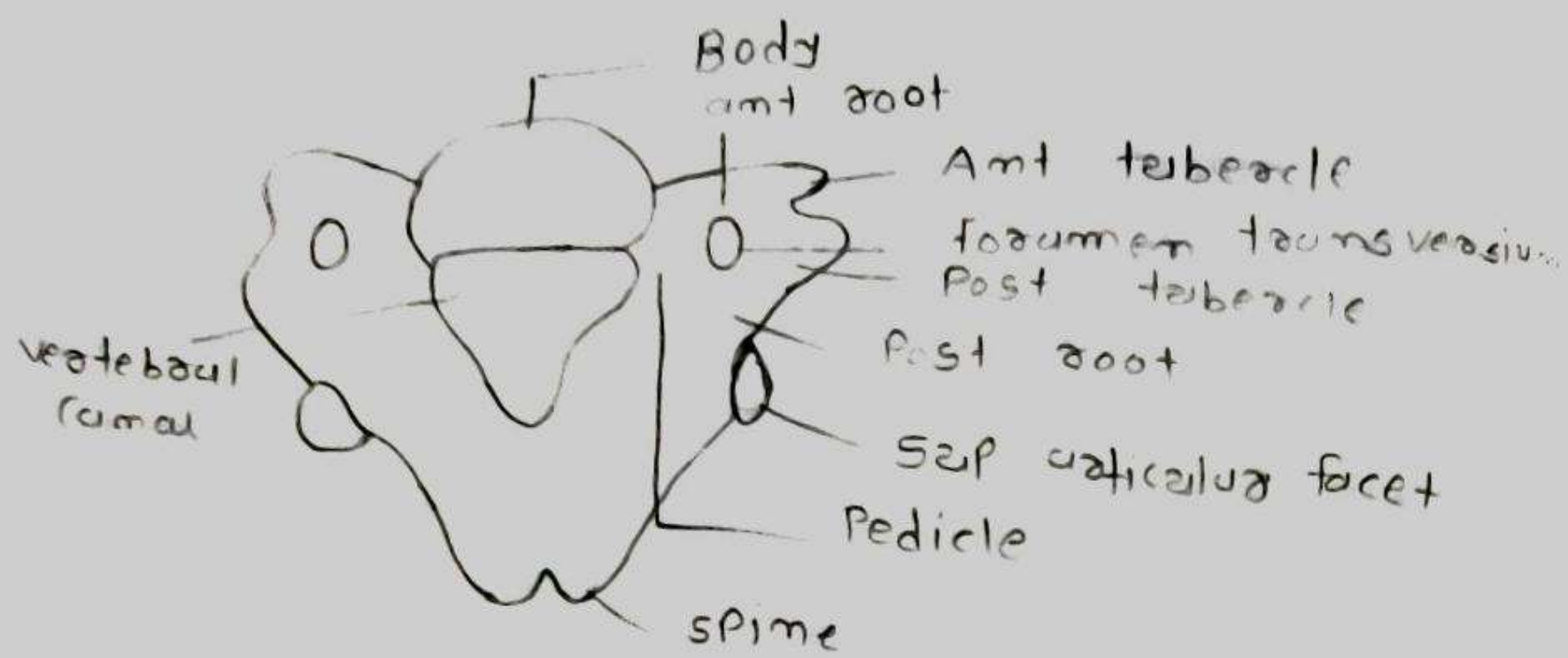
1. Superior mediastinum
2. Inferior mediastinum

Inferior mediastinum is divided into

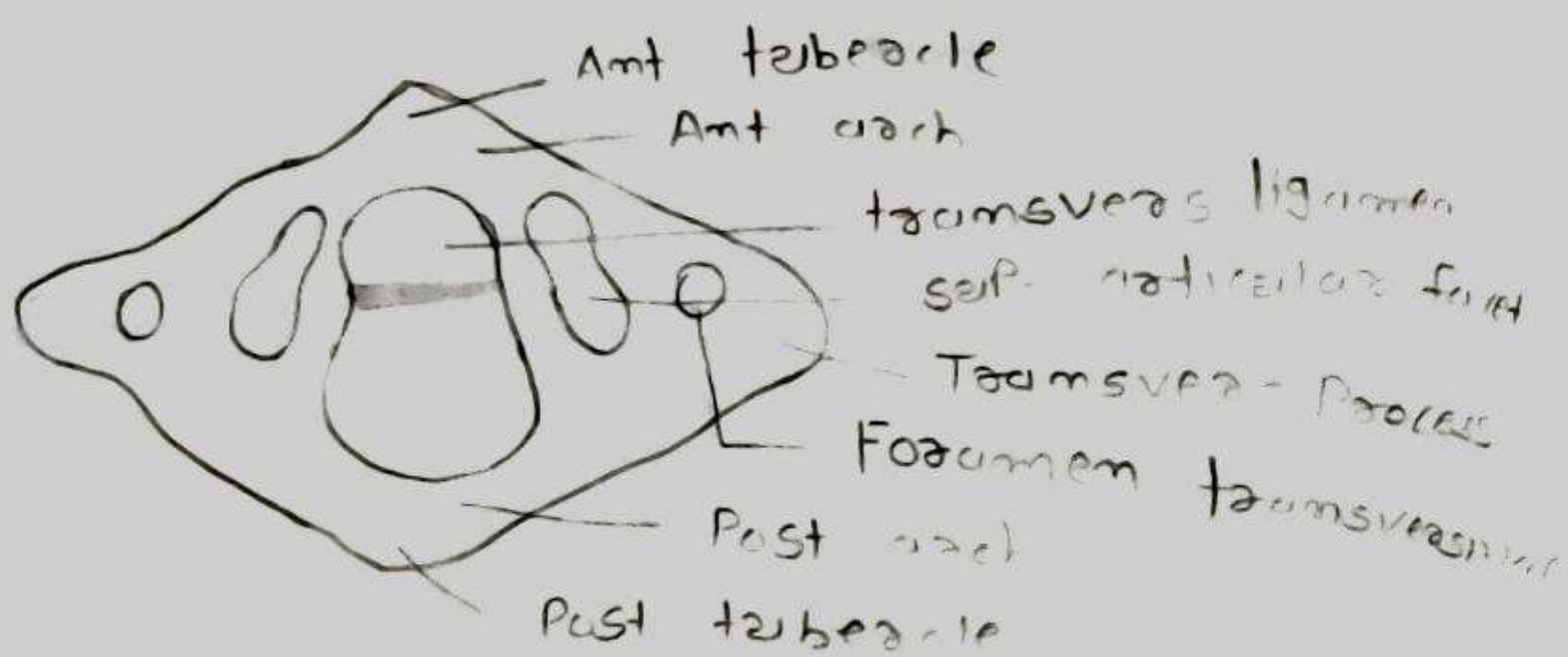
- a) anterior
- b) posterior
- c) middle



Typical Cervical Vertebra



Atlas Vertebra



Axis Vertebra



Typical Cervical vertebrae, Atlas axis

\* Typical Cervical vertebrae :-

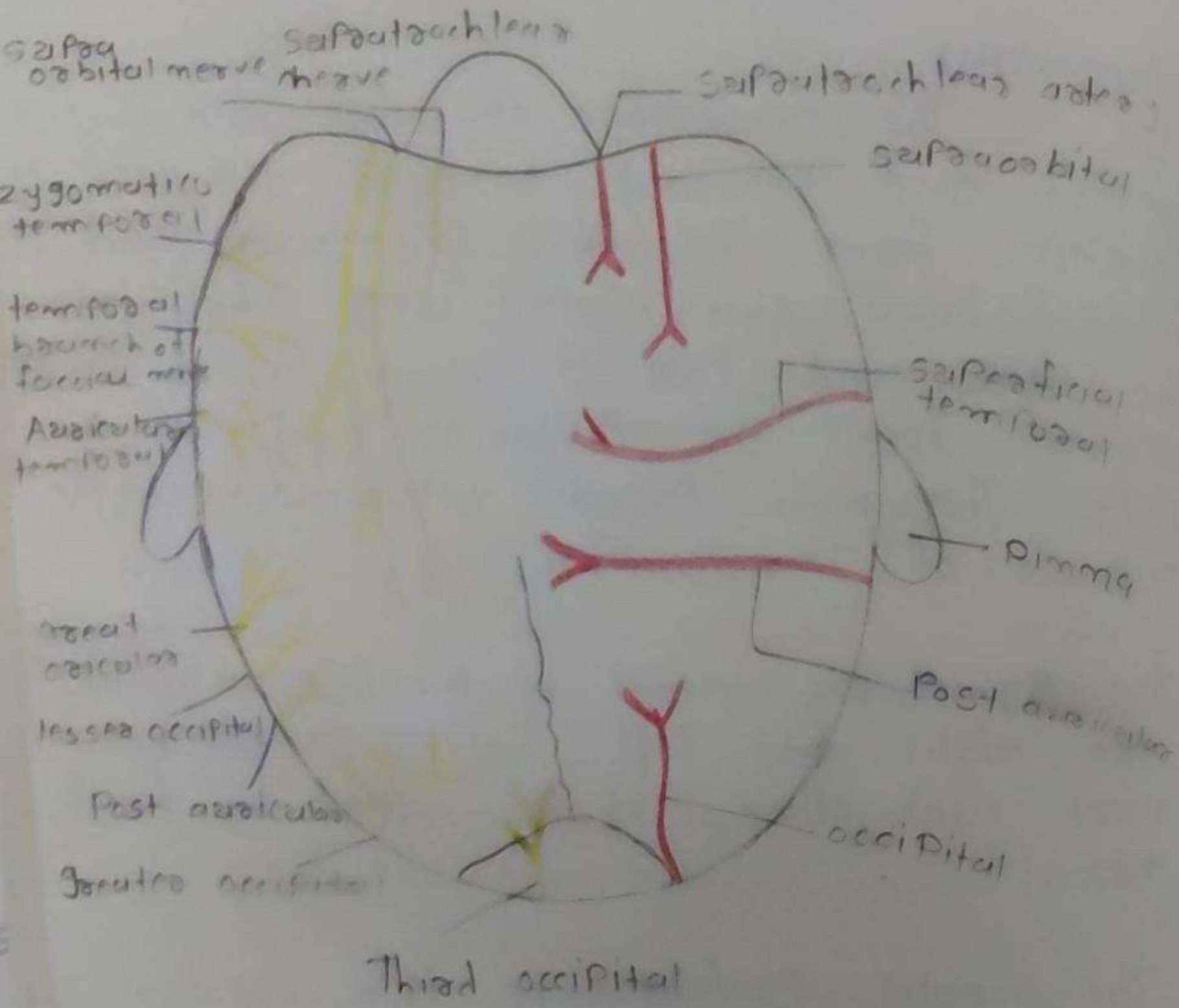
It ossifies from three primary & six secondary centres. There is one primary centre for each half of the neural arch, during nine to ten weeks of the foetal life and one for the centrum in three to four months at foetal life. These two halves of the neural arch fuse posteriorly with each other during the first year.

\* ATLAS :-

It ossifies from three centres one for each intermass with help at the posterior arch one for the anterior arch. The centrum for the lateral mass appears during seventeenth week of the intra-uterine life and unite posteriorly at about three years. The centrum for anterior arch appears at about first year and unite with the lateral mass at about seven years.

\* AXIS :-

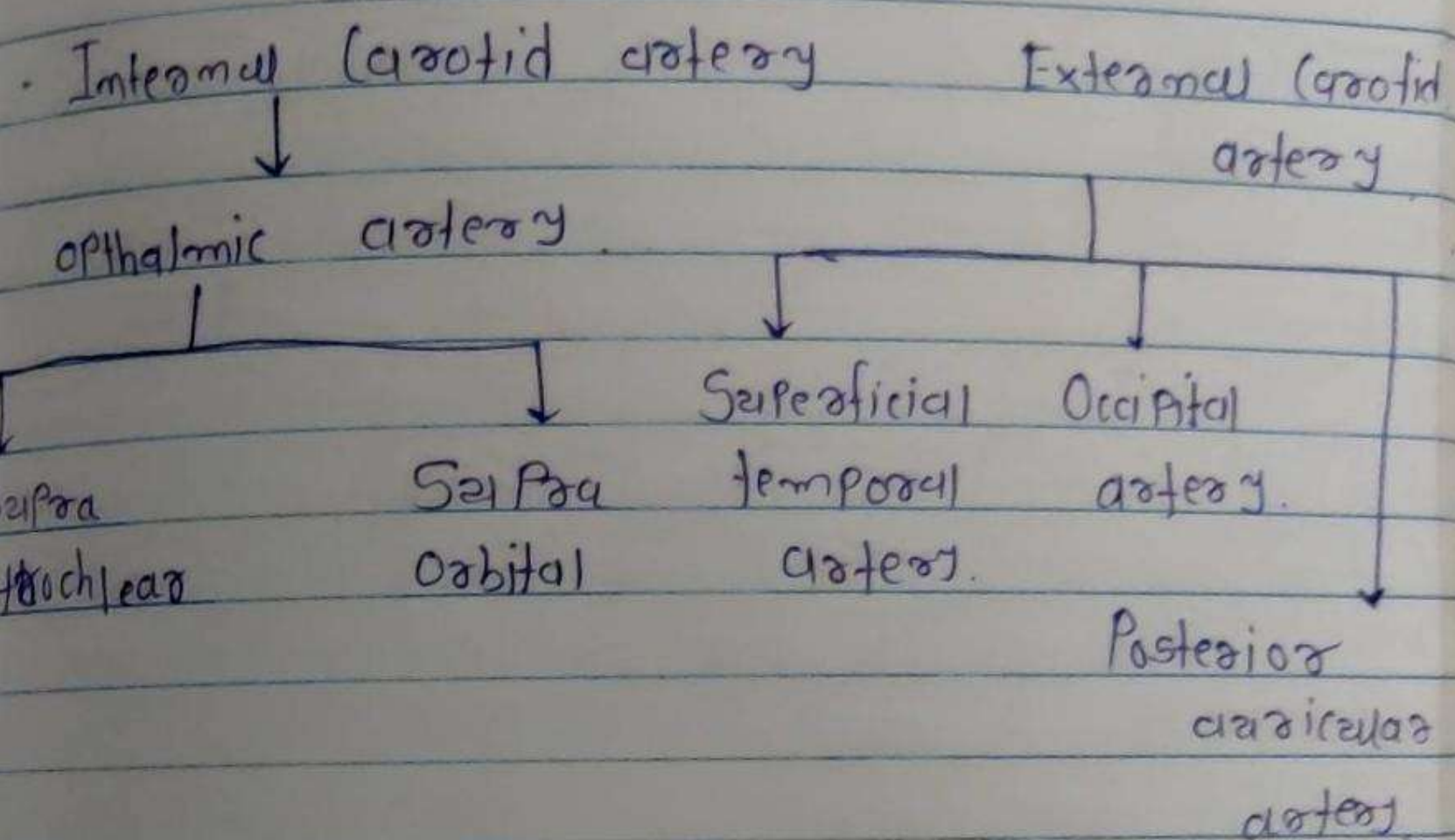
Its ossification is similar to that of typical cervical vertebrae. In addition, separate centre for each costal process appears during sixth month at intra-uterine life and fused with body and transverse process during fifth to seventh year of life.



## HEAD & NECK.

### Scalp - Arteries, Veins & nerves

#### \* Arterial Supply of Scalp



#### \* Nerve Supply of Scalp

- In front of auricle  
Sensory nerve

- (1) Supra-trochlear
- (2) Supra-orbital
- (3) Zygomatico-temporal
- (4) Auriculo-temporal

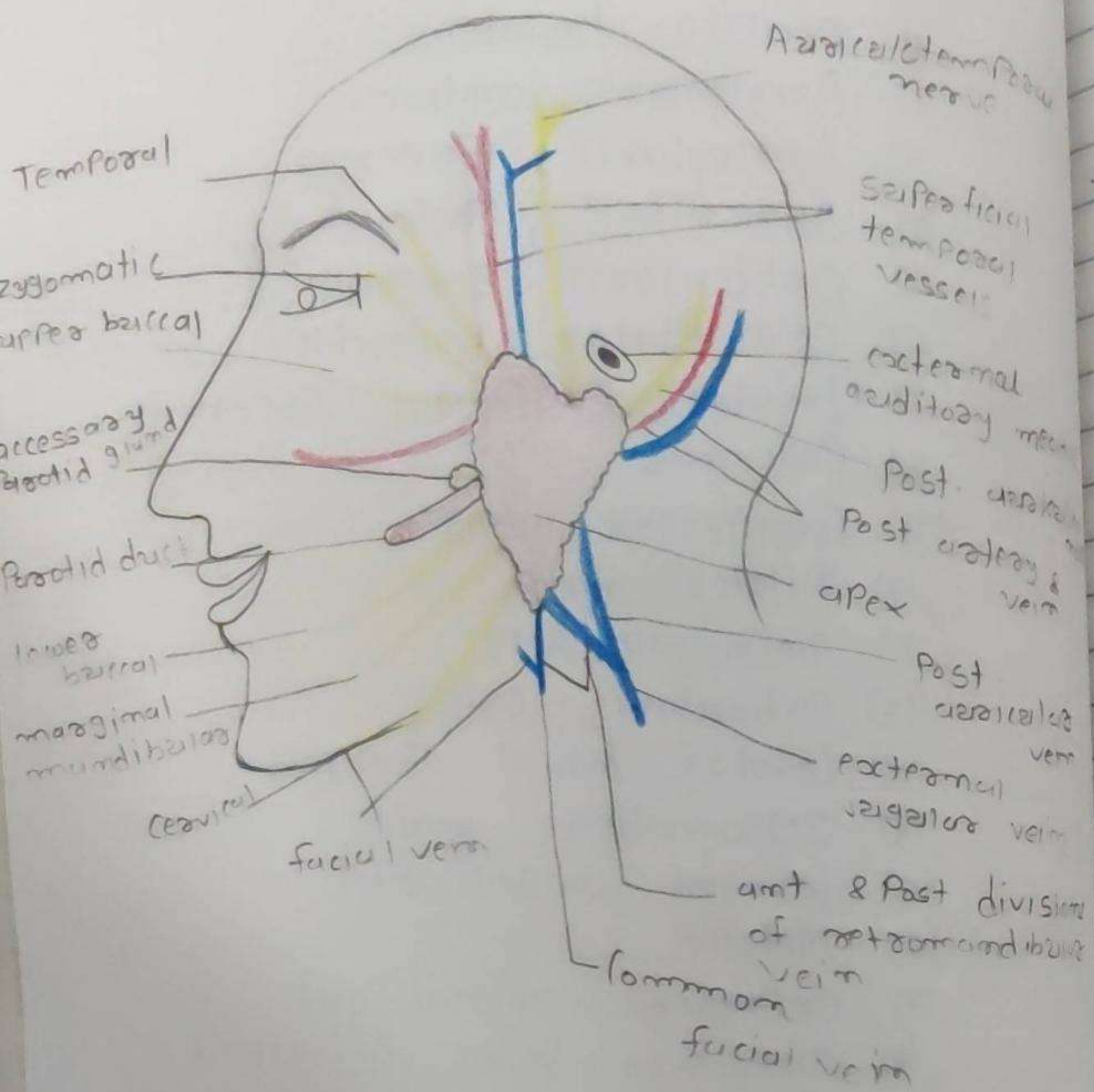
Motor nerve.

- Temporal branch  
of facial nerve.

Behind the auricle  
Sensory nerve

- (1) Posterior division  
of great  
auricular nerve
- (2) Lesser occipital  
nerve
- (3) Greater Occipital nerve
- (4) Third occipital  
branch of facial nerve





## Parotid gland :-

- Para - around and otic ear around the ear it is located.

## → Parotid gland's capsule :-

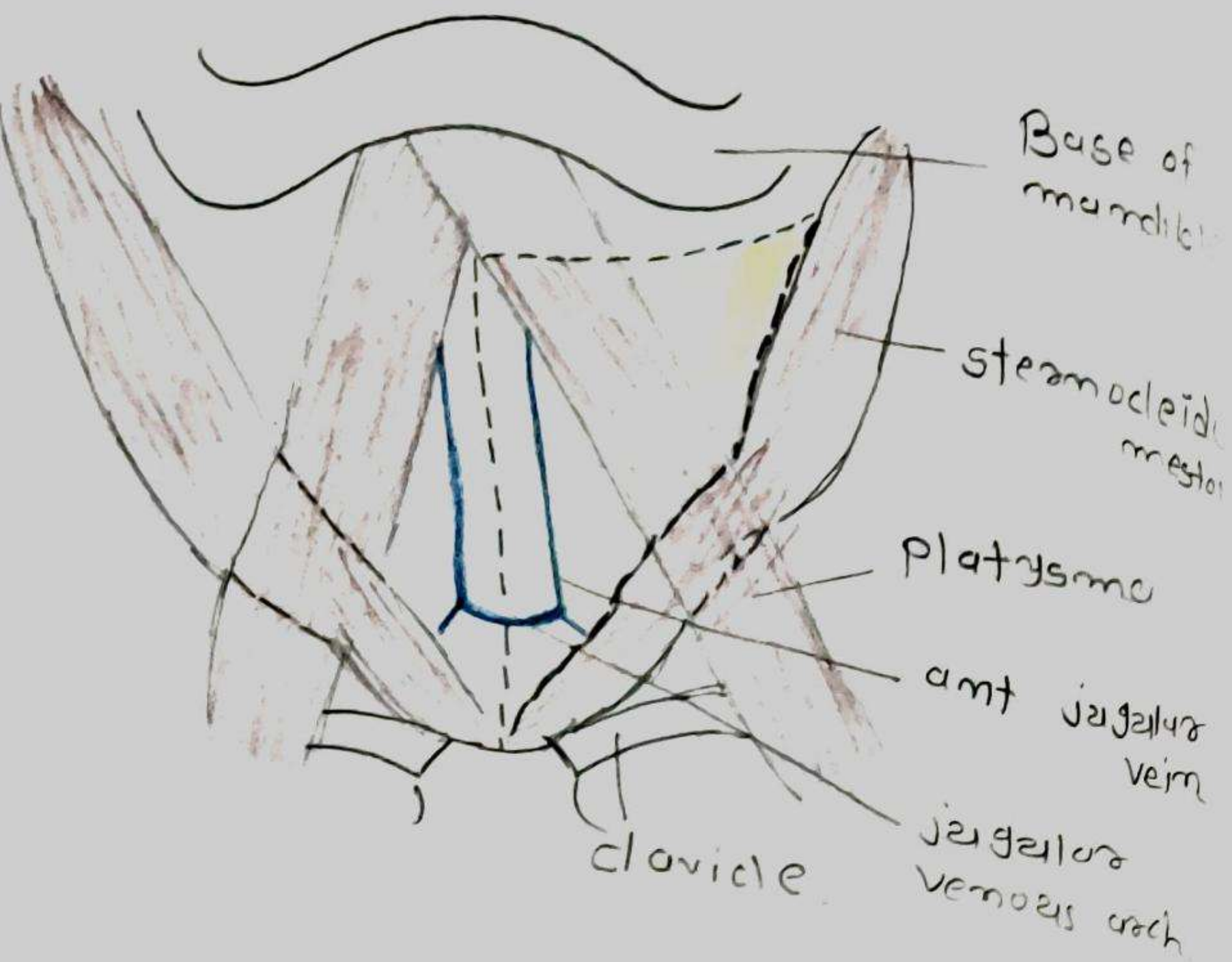
The investing layer of deep cervical fascia forms a capsule, for the gland. The fascia splits to enclose the gland. The superficial lamina, thick & adherent to gland is attached above to zygomatic arch. Deep lamina is thin & it is attached to styloid process the angle and posterior border of ramus of mandible and tymphanic downwards.

## → External Feature :-

The gland resembles a three sided pyramid. The apex of the pyramid directed downwards.

## → Surfaces :-

- 1) Superior
- 2) Postero-medial
- 3) Antero-medial
- 4) Superficial.



## Anterior triangle of neck.

### \* Boundaries :-

- Medially :- The anterior median plane of neck
- Laterally :- sternocleidomastoid
- Superiorly :- base of mandible & a line joining angle of mandible, to mastoid process.

### \* Subdivision :-

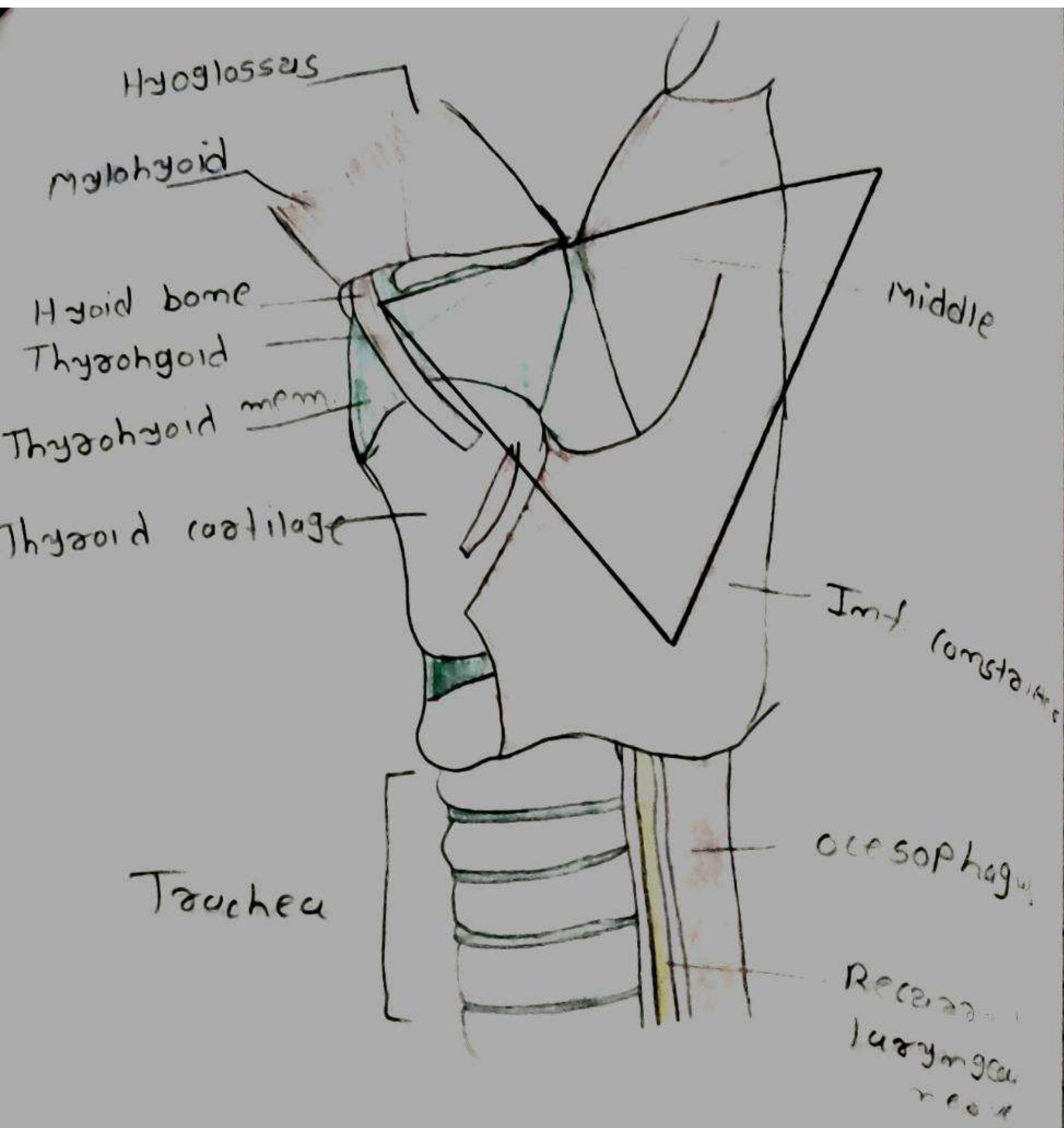
- It encloses 4 suprahyoid muscles :-
- digastric
  - stylohyoid
  - mylohyoid
  - geniohyoid

### 4 infrahyoid muscles :-

- sternohyoid
- thyrohyoid
- sternothyroid
- omohyoid

→ The anterior triangle is subdivided by the digastric muscle & the superior belly of the omohyoid into :

- 1) Submental
- 2) Digastric
- 3) Carotid
- 4) Muscular triangle.



## Carotid triangle :

### \* Boundaries :

Anterosuperiorly : Posterior belly of the digastric muscle and stylohyoid.

Anteroinferiorly : superior belly of omohyoid.

Posteriorly : Anterior border of sternocleidomastoid muscle.

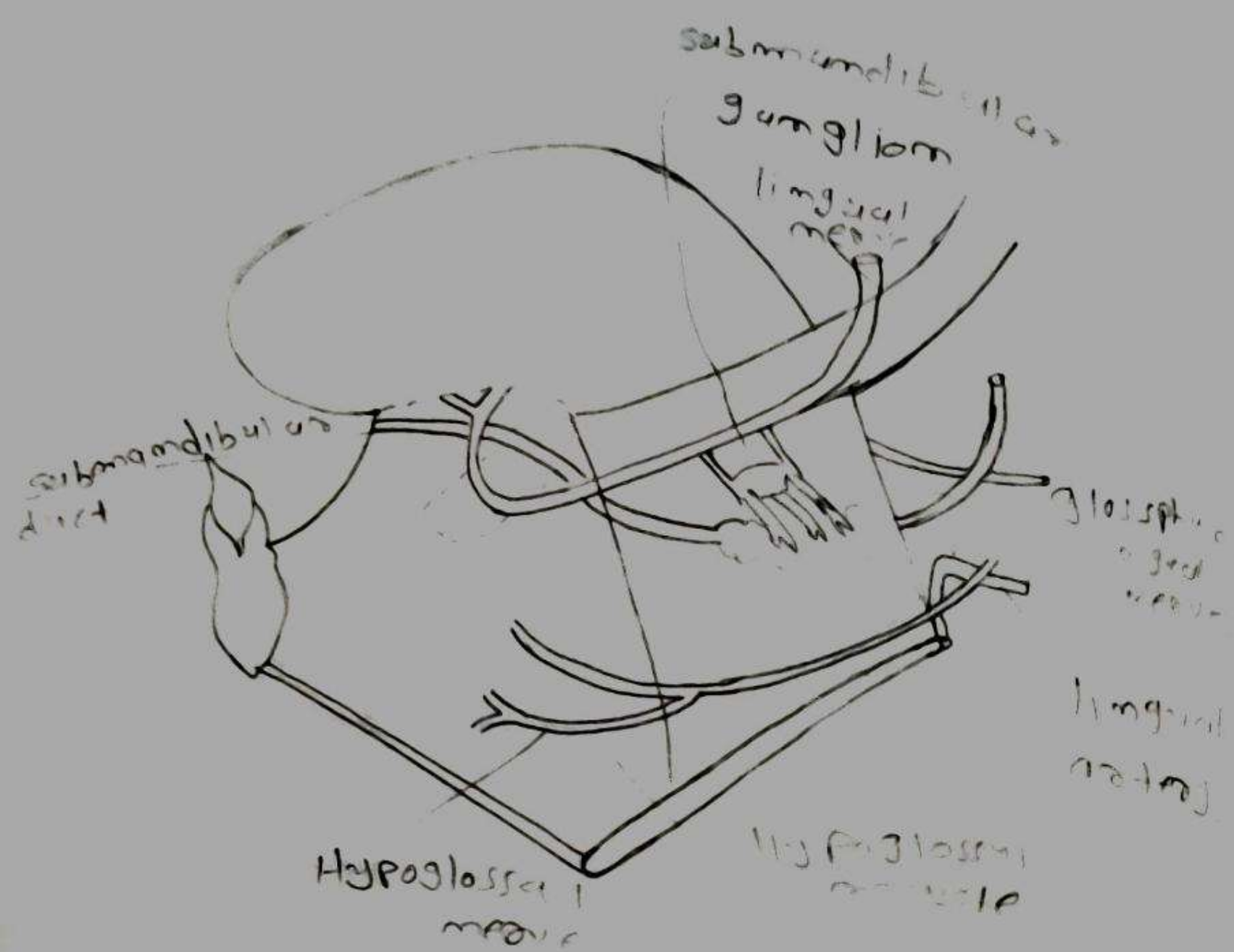
### \* Contents :

**Arteries :** Common carotid artery,  
External carotid artery,  
Internal carotid artery.

**Veins :** Internal jugular vein,  
Common facial vein draining into  
the internal jugular vein,  
Lingual vein.

**Nerve :** The vagus running vertically downwards.

→ The spinal accessory nerve runs backwards over the internal jugular vein.



## Submandibular region, Relations of Hyoglossus muscle

→ It included deeper structures in area between mandible & hyoid bone including floor of mouth & roof of tongue.

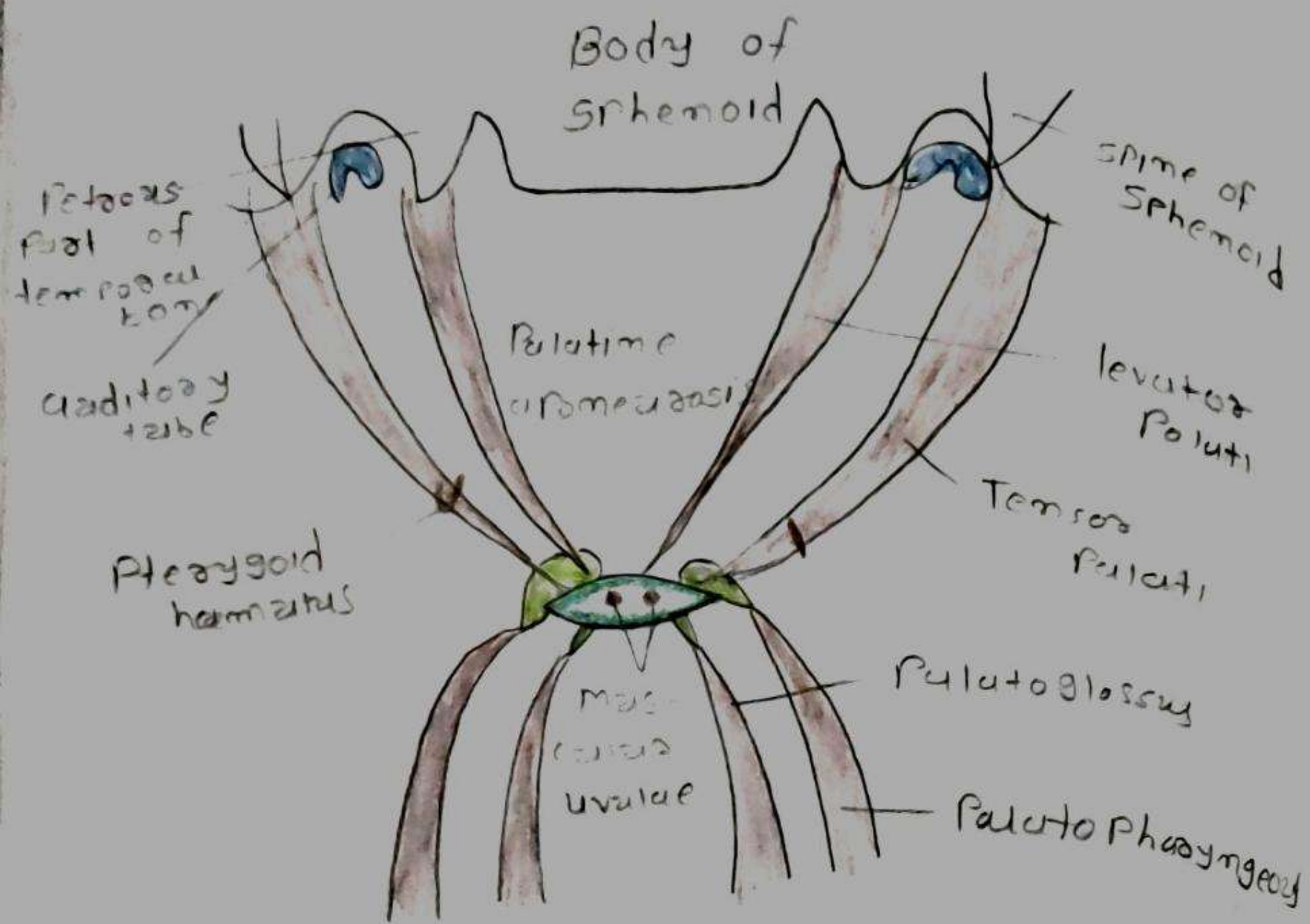
### → Relation of hyoglossus muscle.

→ Superficial → styloglossus, lingual nerve submandibular region deep part of submandibular gland, submandibular duct, hypoglossal nerve & vein accompanying deep.

- 1) Inferior longitudinal muscle of tongue
- 2) Genioglossus
- 3) Middle constrictor of pharynx
- 4) Styloid ligament
- 5) Glossopharyngeal nerve
- 6) Lingual artery

→ Structures passing through to posterior border of hyoglossus from above downwards

- 1) Glossopharyngeal nerve
- 2) Styloid ligament
- 3) Lingual artery



## Soft Palate, Muscles :-

It is movable muscular fold, suspended from posterior border of hard palate. It separates from (the nasopharynx) to oropharynx and is often looked upon as traffic center of the cross roads between food and air passage.

- Soft Palate has two surface.

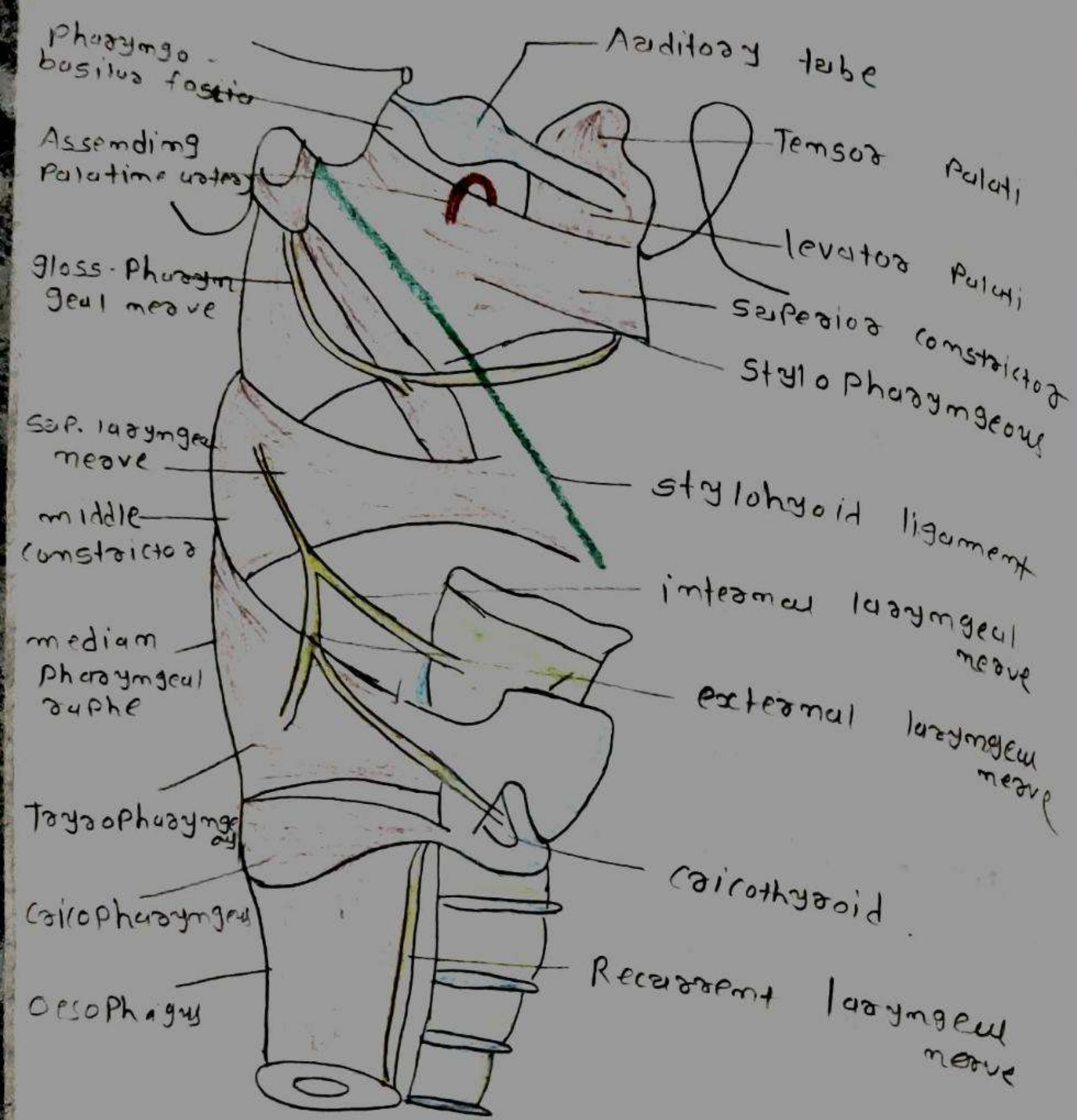
- Anterior
- Posterior

Soft Palate has two borders.

- Superior
- Inferior

## Muscles of Soft Palate :-

- Tensor palati
- levator palati
- Muscular uvulae
- Palatoglossus
- Palatopharyngeus



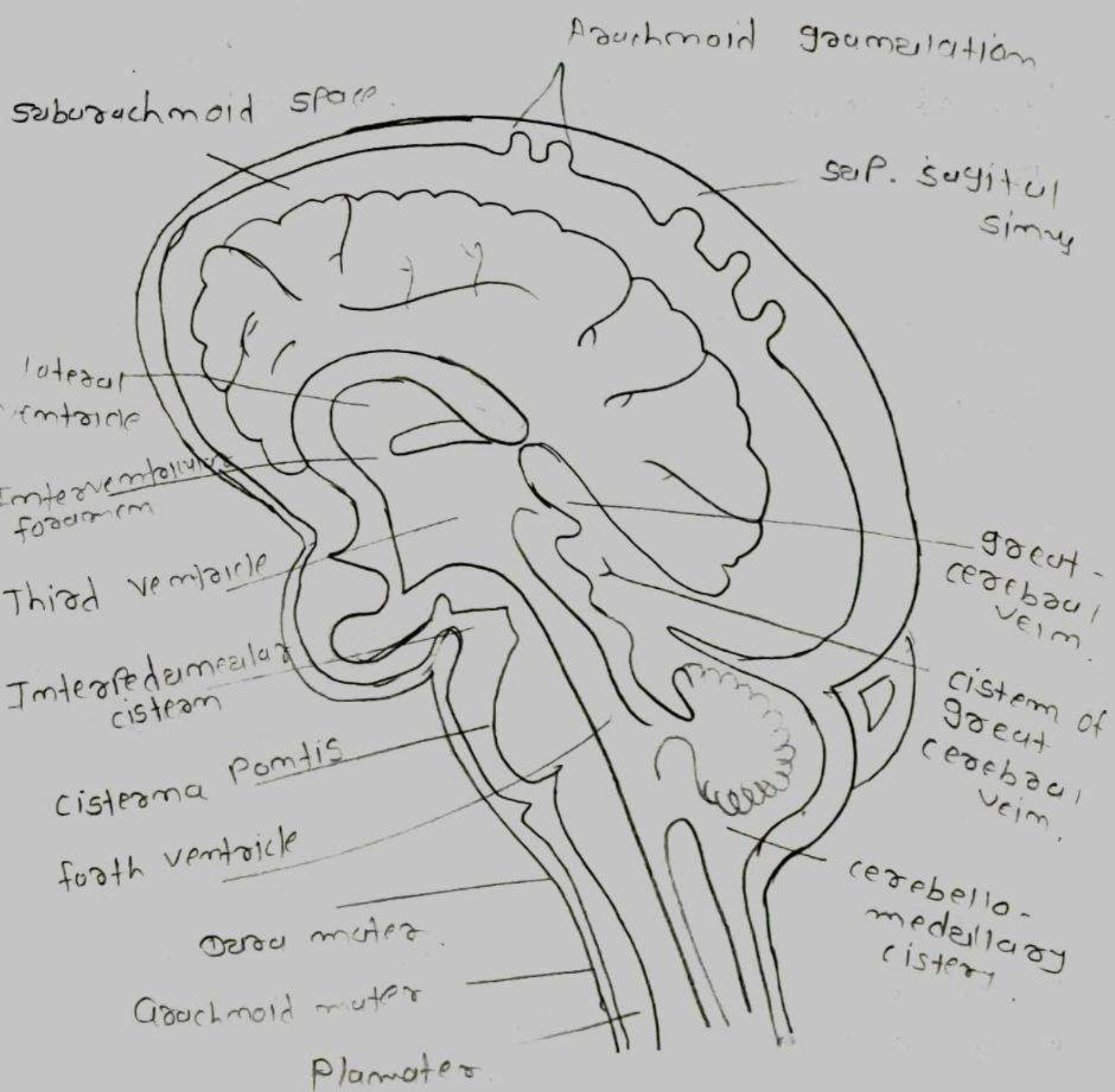
Pharynx Constrictors :-

- Pharynx is a wide muscular tube situated behind the nose, mouth, larynx

- Upper part of Pharynx transmits only air, lower part only food but the middle part is common passage for air and food. Its length is about 12 cm

Muscular fasis at the wall of Pharynx is formed mainly by 3 pairs of Constrictors :-

- 1) Superior
- 2) Middle
- 3) Inferior



## Sagittal section of brain with ventricles :-

The brain is a very important but delicate organ. It controls all the activity of our body.

It needs proper amount of blood supply continuously.

It has some protective coverings which are called meninges.

→ These are three meningeal layers :-

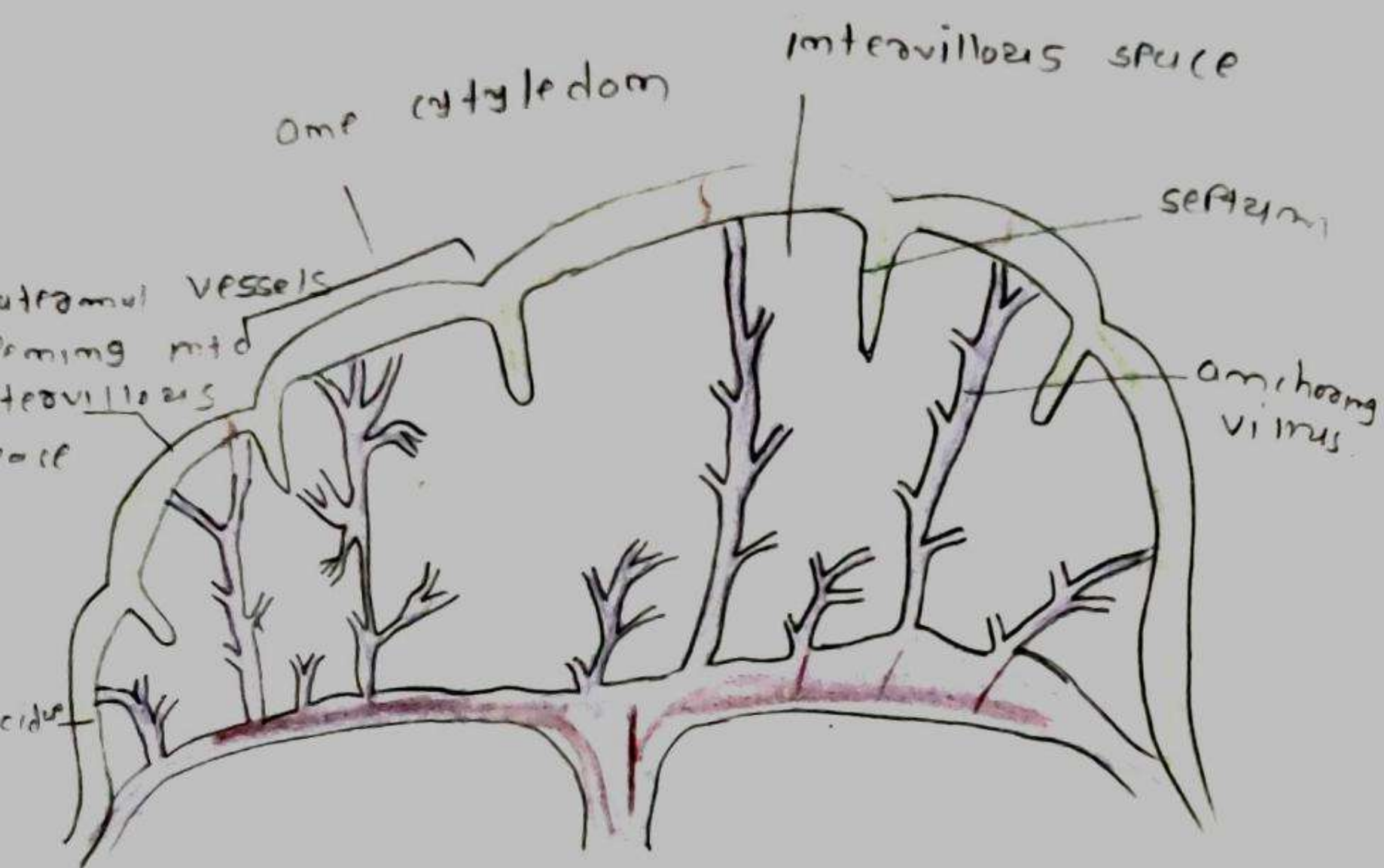
- Dura mater
- Arachnoid matter
- Piamatter

- Brain is protected by 3 structures :-

- Bony covering of cranium
- Meninges
- Cerebral spinal fluid

→ This meninges forms some sinuses which contains venous blood.

→ There are 23 sinuses in which 8 are paired & 7 are unpaired



[Structure of Placenta]

### Placenta :-

The Placenta is formed partly from embryonic structure and partly from the decidua. It is responsible for transport of nutrients & oxygen to the foetus & for removal of waste products.

#### Functions of Placenta :-

The placenta enables the transport of  $O_2$ ,  $H_2O$ , electrolytes & nutrients in the form of carbohydrates, lipids, amino acid & vitamins from maternal to foetal blood.

It also provides for excretion of  $CO_2$ , urea & other waste products.

Maternal antibodies reaching the foetus through the placenta gives foetus immunity.

The placenta act as barrier & prevents many bacteria & other harmful substances from reaching the foetus. Maternal hormones do not reach the foetus only synthetic progestins & synthetic oestrogens easily cross placenta.

While permitting the exchange of several substance bet<sup>n</sup> maternal & foetal blood, the placenta synthesize several hormones produced in syncytiotrophoblast.

Progesterone secreted by placenta is essential for maintenance of pregnancy after fourth month.

oestrogens promote uterine growth & developments of the mammary gland.