



MNR DENTAL COLLEGE AND HOSPITAL

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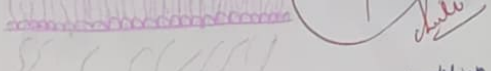
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MNR Nagar, Narsapur Road, Fasalwadi, Sangareddy 502294

SAMPLE RE TEST ANSWER SCRIPTS

Name: Ch. Divya Kashit
 Rollno: 17
 Subject: DADH

28
 70
 July



Short Notes:

① Zones of pulp:

There are different zones of pulp which are classified into types. These zones of pulp are helpful in understanding the different layers of the pulp and the importance of the pulp. They are having zones which include coronal pulp and radicular pulp.

- i) Odontoblastic zone
- ii) Cell free zone
- iii) Cell Rich zone
- iv) Pulp core

i) Odontoblastic zone: This zone is the upper zone of pulp. This contains numerous cell organelles as mitochondria cytoplasm. This zone has numerous connection of the nerve fibres which carries the impulse of the nerve. The odontoblastic nerve and subodontoblastic nerve combine then it form the odontoblastic zone. It contain the nerve which are present at the ectomesenchymal in region through which the passage of the nerve fibres occur.

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 Subject: DADH

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 July

11. Tomes granular layer is seen in dentine of root and is formed by coalescing and looping of the terminal portions of dentinal tubules.
 - > this zone increases from CEJ to the root apex
 - > Tomes granular layer is distinct from interglobular dentin. The bulk of the root lies in the extreme upper left corner.
12. Col: A valley-like depression which connects the gingival papillae situated in the interproximal space between two teeth. It lies below, and conforms the shape of the interproximal contact. It is covered by non-keratinized epithelium. The col is considered an important site for the initiation of chronic periodontitis.
13. Raschkow's plexus: The A-fibres, mainly of the A-delta type, are preferentially located in the periphery of the pulp, where they are in close association with the odontoblasts and extend fibres to many but not all dentinal tubules.
14. Odland bodies are small subcellular structures of size 200-300 nm that are present in the upper spinous and granular cell layers of epidermis. These act as processing and repository areas for lipids that contribute to the epidermal permeability barrier.
15. Gruberaculus cord. The Gruberaculus cord is a structure composed of conjunctive tissue which link the tooth follicle to the overlying gingiva, showing the direction of guiding or directing the course of tooth eruption. This structure is located at the alveolar ridge behind the deciduous tooth.

II INTERNAL ASSESSMENT

1A) ORAL MUCOSA :-

Oral mucosa is made up of two components :-

- * Stratified Squamous epithelium
- * underlying lamina propria
- The lamina propria is not present in straight line it is irregular which forms projections called as connective papillae, which interdigitate downwards with lamina propria and forms a structure called as epithelial ridges.

CLASSIFICATION :-

Oral mucosa is classified in two types dep :-

Based on functional criteria :-

Masticatory Mucosa :- Bound to bone and it is stretchable and also bears masticatory forces.

Eg :- hard palate, gingiva.

Lining Mucosa :- Does not bear masticatory forces but it is stretchable.

Eg :- cheek, vestibule, floor of mouth etc.....

Sensory :- Performs sensation of taste and also other all sensory functions.

Specialized mucosa :-

Based on structural criteria :-

* Keratinized epithelium

* Non-keratinized epithelium

KERATINIZED EPITHELIUM :-

There is of 4 types of layers :-

* Stratum basale

* Stratum spinosum

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II INTERNAL EXAMINATION - (RETEST)

DENTAL ANATOMY & ORAL HISTOLOGY

38
40
Julia

3A)

SEROUS ACINI	MUCOUS ACINI
<ul style="list-style-type: none"> tubular in shape smaller in size Have smaller stellate lumen Intercellular canaliculi are present Secretion - enzymatic activity - acid phosphatase, glucuronidase etc.. produce secretory proteins, carbohydrates secretory glycoproteins have N-linked oligosaccharide chains. secretory granules smaller, seen at apical area - covered by unit membrane Less extensive RER - in parallel aggregates. 	<ul style="list-style-type: none"> tubular in shape larger in size Have large central lumen Lacks intercellular canaliculi Secretion - no enzymatic activity produce more carbohydrate than proteins. secretory droplets are irregular & larger than serous. prominent golgi regions - between the nucleus & secretory droplets.

4A)

ZONES OF PULP :-

1. ODONTOBLASTIC ZONE :- This zone is found at periphery of the pulp & consists of cell bodies of odontoblasts which lie in continuous row near dentinal end, many nerve fibers enter this zone and terminate between odontoblasts. The odontoblastic layer & subodontoblastic nerve fibers network combine to form a sensory complex that completely envelops the central pulp core.

2. CELL FREE ZONE :-

- It is also called as zone of well
- It is place in which odontoblast may move pulp ward during tooth development and later to limited extent in functional teeth.
- It is less conspicuous during early stages of rapid dentinogenesis.

3. CELL RICH ZONE :-

- This layer is composed principally of fibroblasts and undifferentiated mesenchymal cells.
- During early dentinogenesis there are many young collagenous fibres in this zone.

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3. Dry Socket:

Also known as "Alveolitis Sicca dolorosa"

Focal osteomyelitis is due to destruction of the clot from the socket.



Foul Odour, Severe pain (throbbing type), No suppuration.

The name derive from the following:

After the clot lost



The socket has dry appearance



Bone is exposed.

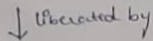
- Commonly seen in loomans and tobacco users, Severe and traumatic extractions of impacted teeth (mandibular 3rd molar)
- Mandible is commonly affected than maxilla
- Dry socket is observed within 1-2 days or may be a weeks.

Etiology

Clot destruction / dissolution



Action of proteolytic enzymes (given by local bacteria)

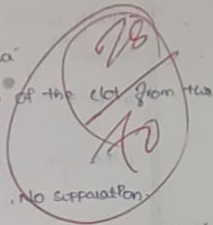


Activators of fibrinolysis (alveolar bone)

Fibrinolytic activity



Premature clot lysis and dissolution of the clot



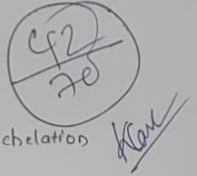
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Theories of dental caries.

- Theories
1. Acidogenic
 2. Proteolytic
 3. proteolytic chelation
 4. sucrose.



Acidogenic Theory of dental caries:
Acidogenic theory is due to the formation of the acids in the oral cavity by the help of fermentation of dietary carbohydrates.

production of acid by fermentation of the dietary carbohydrates.

Factors:- Dietary carbohydrates
Microorganisms / oral microbial flora
Acids.

- When glucose, sucrose, fructose is consumed the production of acids on the surface of the teeth helps in causation of caries.
- Sucrose is more potent.
- When sticky sugar is taken the pH levels falls to 4.5 to 5 within 1-2 minutes and neutralization occurs after 20-30 minutes
- microorganisms plays a important role in
- commonly involved microorganisms are *Streptococcus* mutants
- Production of Acids leads to causation of cavitation/caries

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Internal Examination - II

Subject: - Oral Pathology

Name: Khushi Lodha

Roll no: 32

Date: - 13.10.2021

Long Answer Questions:

(2x7=14M)

1. Classify Vesiculo-bullous lesions:

Vesiculo-bullous lesions are mainly classified into Systemic and non-systemic lesions, which include:

- Pemphigus Vulgaris
- Pemphigus Vegetans
- Pemphigoid
- Lupous erythematosus.
- Squamous erythematosis

• Pemphigus Vulgaris:

The lesions in which vesicles and bullae are found are pemphigus-vulgaris. It is histologically derived from pemphigus vegetans.

Systemically, pemphigus is a painful lesion.

The glandular cells are not found.

The lesion firstly affects the oral mucosa leading to the development of other organs or tissues.

Pemphigus forms lesions in the form of blisters.

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INTERNAL EXAMINATION - II

RETEST

SUBJECT: ORAL PATHOLOGY

Classify tumors of Salivary gland:

1. Salivary gland tumors are classified into systemic, non-systemic.

- Systemic salivary gland tumors:

- a. Benign tumors
 - pleomorphic adenoma.
 - Warthin's tumor
 - Basal cell adenoma
 - Oncocytoma
 - Non-neoplastic lymphadenoma

b. Malignant tumors

- mucoepidermoid carcinoma
- Basal cell carcinoma
- Acinic cell carcinoma

Non-systemic:

- precystic adenoid carcinoma

• histological classification

- Acinic cell carcinoma
- Malignant melanoma
- Adenoid cystic carcinoma
- Mucoepidermoid carcinoma
- Squamous cell carcinoma.

Name: Khushi Lodha

Roll No: 32

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6/07/22

25/12

84

1. Periodontal pockets:

The deepened gingival sulcus is periodontal pockets.

This is caused due to gingival enlargement or due to loss of epithelial epithelium.

Classification:

1. Gingival pocket:

This is also called pseudopockets.

This occurs due to enlargement of gingiva.

2. Periodontal pocket:

This occurs due to decrease or loss of inner epithelium.

Based on to position of pocket:

1. Suprabony (crest):

The loss is coronal to alveolar bone.

This has horizontal bone loss.

2. Infrabony (subcrest):

The loss is apical to alveolar bone.

This has vertical bone loss.

40

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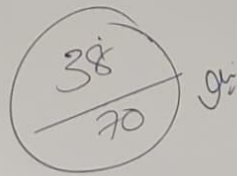
2. Infrabony.

Based on no. of surfaces involved.

1. Simple

2. Complex

3. Compound.



Wednesday
06-July-2022

PERIODONTICS

29/7/22

1. Longs:-

① Define periodontal pocket. classification: Write in detail about Physiology of pocket formation.

PERIODONTAL POCKETS

Periodontal pocket is defined as the pathological deepening of the gingival gum sulcus.

It is seen in the gums.

Normally gingival sulcular depth is upto 3mm.

Beyond 3mm is considered as pocket.

Pathological pocket depth is 5mm or more than that.

→ Periodontal pocket is associated with these reasons that is

gingivitis and the other is due to bone resorption.

→ usually all periodontal pockets are associated with gingivitis but not

all gingivitis leads to periodontitis.

CLASSIFICATION:-

Classification of periodontal pockets based on its morphology:-

1. Gingival pocket - pseudo pocket
2. Periodontal pocket - True pocket
3. Combined pocket

Classification based on diseased conditions:-

1. Active pocket
2. Inactive pocket

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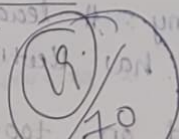
Classification based on relation with crest of bone

1. supra bony pocket
2. Infra bony pocket

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11th INTERNAL

Periodontal Pocket :-

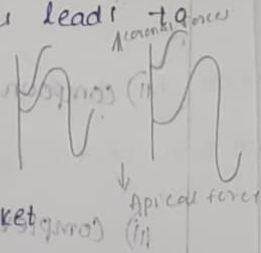


→ Deepening of the Gingival sulcus,
→ Where there are separated by the

Coronal and Apical forces leads to formation of the

1) Gingival Pocket

2) Periodontal Pocket



Gingival Pocket :-

It is developed without destruction of the periodontal tissues.

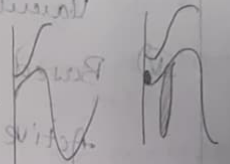
Periodontal Pocket :-

It is developed by destruction of the periodontal tissues.

Classification :-

1) Based on the location, Base of the Pocket

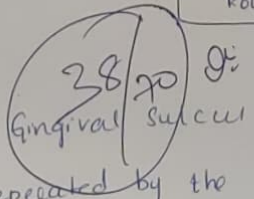
1) Suprabony :- It is present coronal to the pocket.



Horizontal bone loss

Suprabony
Infrabony
Vertical bone loss

Periodontal Pocket :-

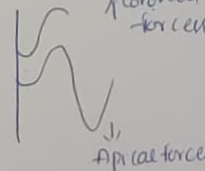


→ Deepening of Gingival sulcus.

When there are separated by the coronal and Apical forces leads to formation of the

1) Gingival Pocket

2) Periodontal Pocket



Gingival Pocket :-

It is developed without destruction of periodontal tissues.

Periodontal Pocket :-

It is developed by destruction of periodontal tissues.

Classification :-

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Suprabony
Horizontal bone loss
Infrabony
Vertical bone loss