



ANNOOR DENTAL COLLEGE & HOSPITAL

Affiliated to Mahatma Gandhi University & Kerala University of Health Sciences

Recognised by Dental Council of India and Govt of India)

Muvattupuzha-686673, Ernakulam Dist, Kerala, India

E Mail: annoordentalcollege@rediffmail.com website: www.annoordentalcollege.org

Ph: 0485-2815217 Fax : 0485-2815817

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

Index Sheet

SL NO	DESCRIPTION	PAGE NUMBER
1	Certificate of Head of the institution	1
2	List of opportunities provided for the students for midcourse improvement of performance in the examinations	2
3	Policy document of midcourse improvement of performance of students	3
4	Retest and Answer sheets	4


Dr. Giju George Baby
Principal
Annoor Dental College & Hospital
Muvattupuzha - 686673





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TO WHOMSOEVER IT MAY CONCERN

This is to certify that the institution provides opportunities to students for midcourse improvement of performance through specific interventions.

PRINCIPAL



Dr. Giju George Baby
Principal

Annoor Dental College & Hospital
Muvattupuzha - 686673





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2.5.4. The institution provides opportunities to students for midcourse improvement of performance through specific interventions.

OPPORTUNITIES PROVIDED FOR MID COURSE IMPROVEMENT

The following opportunities are provided to the students for midcourse improvement of performance:

1. The topics may be divided in a convenient way to cover up by the slow learners within the stipulated time.
2. Evaluate the improvement by giving tests or viva on the topics without awarding marks while clear the mistakes in the write up personally and direct them how to present the answers.
3. Careful analysis of the students' performance in the examination and diagnosing the areas of difficulty and once the difficult areas are identified, plan the learning experiences to teach the basics to understand the given topic.
4. Giving Memory tips like mnemonics
5. Give the tips such as 'how to recall', 'in which way to write systematically', 'when to learn', 'how to learn' and 'what to learn'.
6. Special guidance beyond college hour extra time after college hours with the students to clarify their doubts, extra time for the slow learners.
7. Audio-visual Aids: Using of audio-visual aids and other electronic gadgets may generate more interest in the student to learn. Power point presentations with diagrams and animations to make the slow learners to understand the actions of drugs.
8. Conduct Group Discussions. Students learn a lot from the peer group. Keeping the slow learners in the peer group of bright students promote unconscious learning.
9. Antonyms and synonyms: The new words used in questions confuse the slow learners and elicit wrong answers. Students are exposed to a variety of questions with antonyms and synonyms



Dr. Gilly George Baby
Affiliated to Mahatma Gandhi University & Kerala University of Health Sciences and Recognised by Govt of India
Muvattupuzha-686673, Ernakulam Dist, Kerala, India



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POLICY DOCUMENT OF MIDCOURSE IMPROVEMENT OF PERFORMANCE OF STUDENTS

The mentor of the concern student group will identify suitable measures to increase the performance of slow learners and the same will be implemented through the principal to the respective departments and parents are kept informed of the progress made by the mentee through constant interactions documented through the mentorship diaries. The outcome of such mentorship supports the students to cope with their studies and join the mainstream. This helps the overall development of the student attributes and helps in their career growth.

Midcourse improvement of performance of students includes the remedial classes and retests conducted for slow learners after their three internal exams and viva voce's. We have been conducting remedial and extra classes for slow performers along with proper counseling and also evaluating them by conducting retests which includes written tests and viva voce for each subjects. Achievements in slow performers were measured after assessing their improvements.




Dr. C. S. Baby
Principal
Annoor Dental College & Hospital
Muvattupuzha - 686673



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RETEST AND ANSWER SHEETS (SAMPLE)



Dr. Gijo George Baby
Principal
Annoor Dental College & Hospital
Muvattupuzha - 686673

Please indicate the starting page No against each question in appropriate boxes

To be filled by the Candidate

Please indicate the starting page no against each question.											
Q. No	Answer	Q.No	Answer	Q. No	Answer	Q. No	Answer	Q. No	Answer	Q. No	Answer
1	✓	6	✓	11		16		21		26	
2	✓	7	✓	12		17		22		27	
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5	✓	10		15		20		25		30	

Annoor Dental College

OMR ANSWER BOOK FOR MODEL EXAMINATION (KÜHS)

Instructions to candidates to fill Registration Part of the Answer Book

- Fill this form neatly with **DARK BLUE/BLACK BALL PEN** only.
 - Fill this form in **capital letters** only
 - This form will be scanned by computer
 - Do not fold the sheet
 - Do not make any stray marks on this form
- Please follow these instructions carefully for filling up this form, which will help declaration of results promptly and accurately.
- Candidate shall fill Part-I Candidates Registration as per the instructions given below.**
- Degree/Diploma:** Write the name of the Degree/Diploma (eg. MBBS, BDS, BAMS, BHMS, BSc Nursing, B.Pharm, MS-Ortho, MD-General Medicine etc.)
 - Exam and Sub. / Paper & Section:** Write the examination in which student is appearing (Eg: 1 Year, 1 Phase, Final Year etc). Write the subject name (eg. Anatomy - Paper I - Section A)
 - Candidate's Name:** Write your name in **BLOCK** letters.

- Exam Date:** Enter date of examination dd/mm/yy format
- Reg. No:** Enter the register number (all nine digits) in the boxes first. Do not leave any boxes empty or do not fill any boxes other than number (0 to 9). Darken the appropriate ovals neatly with **DARK BLUE/BLACK BALL PEN** only. The Register Number composition for the course is 99 999 9999 (Eg. 100021593)
- Q.P Code:** Question paper code is printed on your question paper. For example, If question paper code printed on the question paper is 001201. You are required to fill the Q.P code in the boxes provided for the purpose.
- Signature of the Candidate:** Affix your signature within the box.
- Please (✓) tick** the answered question Numbers in appropriate boxes provided on the top of this page.

General Instructions

- The answer must be legibly written using **BLUE** or **BLACK INK PEN** or **BALL PEN**. Any colour pen/pencil can be used for drawing the figures/diagrams. Underline, if any, must be drawn using **BLUE** or **BLACK INK PEN** or **BALL Pen** only.
- Write answers on both sides of all pages.
- Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
- Do not leave any page(s) unused in between answers.
- There should not be any other identification in the answer sheet. This will be considered as malpractice.
- The graph sheets used should be tied securely to the main answer book using a tag obtained from the invigilator.
- Put 'x' mark across the unused/blank page(s) in the answer book compulsorily.
- Candidates should handover their answer books to the invigilator personally before the examination hall.

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Subject : <u>PEDODONTICS</u>		2		2		2		2		2		2		2		2		2		2		2		2		2	
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I have read the instructions printed on front page and shall abide by them

Signature of the Candidate

Signature of the invigilator after verification



Dr. G. George Baby
Principal
Annoor Dental College & Hospital
Muvattupuzha - 685573

① Early childhood caries

Early childhood caries is defined as the caries which is of sudden onset, rapidly burrowing type affecting all the teeth in the oral cavity.

Classification

Early childhood caries - Type I

Type II

Type III

Etiology

- Improper breast feeding and its prolongation during night
- Anxious child
- Child having stress.
- Child having a traumatized experience from the school.

Clinical features

- Age - early childhood
- Occurs in almost all teeth present in

Dr. Giju George Baby
Principal

Annoor Dental College & Hospital
Muvattupuzha - 686673

- Maxillary anterior showing dark discolouration with caries involving pulp and also as root stumps.
- Presence of an adjacent sinus opening with pus discharge may be seen if periapical infection occurs.

Management

- Anterior region - Composite restoration
Glass ionomer cement restoration
Peb strip crown placement
Acrylic crown.
- Posterior teeth - Posterior glass ionomer cement restoration
Stainless steel crown placement

If periapically infected, ~~intra~~ drainage of the pus, antibiotic ~~treatment~~ to be given.

- If the caries involves the pulp \Rightarrow Pulpotomy to be done or pulpectomy based on ~~and~~ if ~~coronal~~ closure has taken place in ~~young~~ ~~permanent~~

- It is then followed by stainless steel crown placement in posterior or acrylic crown in anterior.

Prevention

- Proper home ^{oral} care should be given to the children.
- Diet management - sticky foods are to be avoided in diet. Add more of fibrous food.
- Proper plaque removing measures - a) Mechanical plaque control
b) Chemical plaque control
- Use of discoloring agents.
- Home and professional restoration.
- Regular follow up.

Q. Pit - Pits are defined as the depressions seen on the occlusal as well as buccal surfaces of posterior teeth.

Fissures - Fissures are defined as the linear crevices present on the occlusal surface of cusps.

Classification

Based on curing method

- Light cured
- Self cured
- Chemically cured.

Based on filler particles

- Filled
- Semi-filled

Based on colouring agent

- Coloured
- Opaque
- Tinted

Based on generation

- First generation - visible light is used for curing
- Second generation - UV light is used
- Third generation - Self cured
- Fourth generation - Chemically cured

Indications

- Caries that are not involving the pulp.
- Small fissures that do not extend into the pulp chamber.
- Small caries that are extending only over the occlusal surfaces of the teeth.

Contra Indications

- Large extensive caries involving proximal surfaces of the teeth.
- Periapically infected carious tooth.
- Traumatized tooth.

Techniques for the placement of sealants.

- (a) Cleaning the tooth surface
- (b) Air drying the tooth
- (b) Isolation using cotton roll or rubber dam.
- (c) Air drying the tooth.
- (d) Acid etching - using phosphoric acid.
- (e) Rinsing the tooth surface.
- (f) Tooth appears as a frothy appearance.
- after this air drying
- (f) Application of the sealant material.
- (g) Curing using light curing or chemically cured.

- Check for occlusal high points
- If present it should be reduced.
- After the occlusal correction the patient is asked to come for regular follow ups.

4. Gum pads.

- The maxillary and mandibular arches at the time of birth of a child is called as the gum pads.
- It is pink or red in colour.
- It is smooth and rounded.
- It is divided into 10 segments by transverse grooves.
- Each segment is containing a tooth bud for the eruption at later age.

The labial and buccal surfaces are separated from palatal and lingual surfaces.

- The maxillary gum pads are larger and broader than the mandibular gum pads.

5. Storage media for avulsed tooth

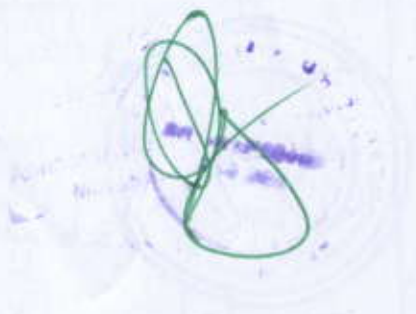
- The avulsed tooth can be reimplanted if it is stored in a suitable media preventing the destruction of periodontal ligaments.

- The various media that can be used are

(a) Milk - It acts as a good media for the storage of avulsed tooth. But it can be used not more than

24 hrs.

(b) Saline - Either the tooth can be placed sublingually or placed inside a bottle containing saline. Prolonged storage is not possible.



6. Dental Significance of Down's Syndrome

- In patient's with Down's Syndrome there are chances of clefts or facial clefts.
- Spacing between the dentition.
- Malocclusions occur in severe form.
- Anterior as well as posterior cross bites may be present.
- Anterior open bite.
- Drooling of saliva from the corners of the mouth.
- More susceptible to dental caries due to poor oral hygiene.
- Management of these patient can be best done by Tell show do methods.
- But these patient may become uncooperative if for the very slight variations in doing the procedure.
- So Tell show do method should be repeated at several times for these patients.



7. Diet counselling

- It plays a major role in systemic as well as oral health of the child.
- Diet counselling is included in preventive phase of dental treatment plan.
- The child and the parents are advised to modify the diet of the child.
- Fibrous foods are asked to take more.
- Because of their cleansing activity and also aids in proper digestion.
- Sugary and sticky foods are to be avoided.
- Instead sugar substitutes and sugarless candies can be given to the child.
- Inclusion of more leafy vegetables to the diet.

6. Significance

Dr. Gijun
Principal
Amrita Dental College Hospital
Bangalore - 560073

8. Space regainers

- Space regainers are appliances used to regain space for the erupting succedaneous teeth.

- There are of removable types and fixed type space regainers.

Eg: Holz space regainer

Gerbers type space regainer.

9. Theories of child psychology:

The theories of child psychology include

- a) Psychodynamic theory - Id, Ego, Super ego
- b) Psychosexual theory. - Oedipus complex, Electra complex.



Dr. Giju George Bhat
Author
Muvattupuzha

Operant conditioning theory.

In this the child management is done ~~based on~~ depending on the child's behavior in the clinic.

Demand - The child's demands are not approved by the dentist.

The dentist will be the superior authority and takes decision.

Approval - If the child behaves properly and co-operate with the dentist then the he/she is ~~of~~ praised for the good behaviour.

Punishment - If the patient is non co-operative and shows negative behaviour the dentist can give punishment with prior consent of the parents.



Please Indicate the starting page No against each question in appropriate boxes

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Q. No	Answer	Q. No	Answer	Q. No	Answer	Q. No	Answer	Q. No	Answer	Q. No	Answer
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- Please indicate the starting Pg no. against each Q No. in the appropriate box.

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ADCH 000329		D D	M M	Y Y	1	3	0	0	2	0	9	5	1						
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Exam : <u>MODEL EXAMINATION</u>								1	1	1	1	1	1	1	1	1	1	1	
Subject : <u>PEDODONTICS</u>								2	2	2	2	2	2	2	2	2	2	2	
Candidate's Name : <u>ASHLEY ELIZABETH ALEX</u>								3	3	3	3	3	3	3	3	3	3	3	
I have read the instructions printed on front page and shall abide by them								4	4	4	4	4	4	4	4	4	4	4	
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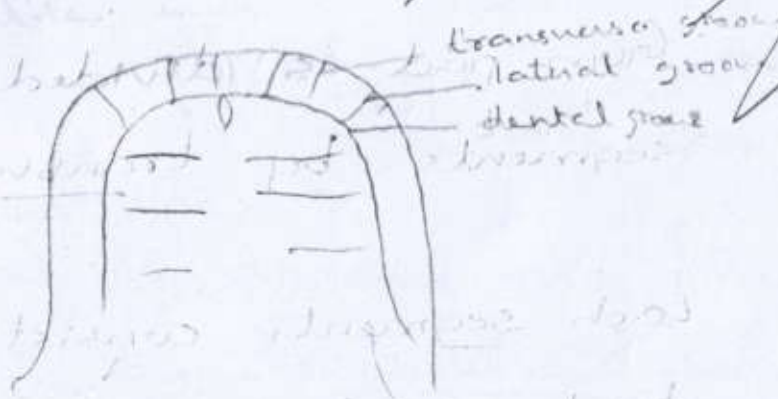
Principal

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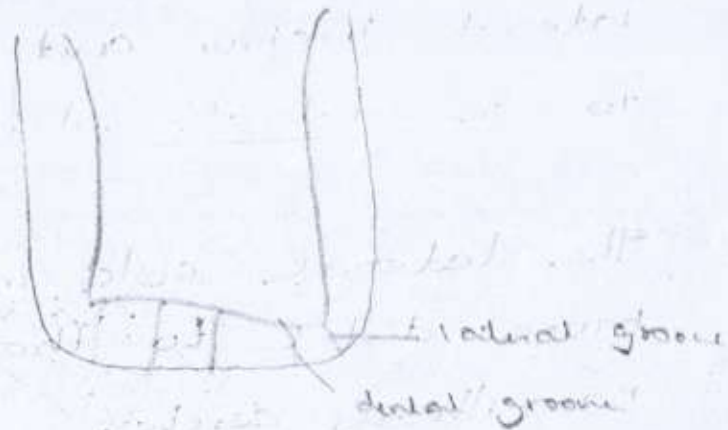
Answer

Gum pads :-

These are the alveolar process that are present at the time of birth



Maxillary gum pad

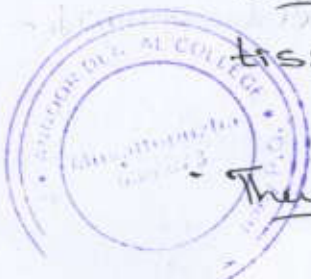


Mandibular gum pad

The gum pads are firm, pink in colour.

They are covered by dense fibrous tissue.

They are divided into two parts :-
 - bucco labial part
 - lingual part.



Dr. G. J. George
 Principal
 Annoor Dental College & Hospital
 Muvattupuzha - 686673

• The buccal portion is separated from the plate and floor of the mouth by dental groove.

Q. 20 • The gum pads are horse shoe shaped

• Gum pad is divided into ¹⁰ different segments by transverse grooves

• Each segments consist of developing deciduous tooth bud.

• The transverse groove between the lateral incisor and canine is referred to as lateral sulci.

• The lateral sulci in mandible is more distal to that in the maxillary arch.

• The contact occurs only in the posterior molar region

• Anterior open bite is present which is self correcting with the eruption of ~~max~~ deciduous teeth.



Dr. G. George Baby
Principal
Annapurna Dental College & Hospital
Annapurna, 515013

During

a) Preeruptive period :-

ie, at the time of birth.

- Infantile swallowing ✓
- Posterior contact only occurs ✓
- Anterior open bite ✓
- Tongue thrusting ✓
- Retrognathic mandible ✓

→ Anterior open bite gets corrected with differential eruption of ~~the~~ deciduous teeth.

→ Tongue thrusting gets corrected after the eruption of deciduous teeth.

→ Retrognathic mandible gets corrected with differential growth of mandible

b) Deciduous dentition period

ie, from 6 months upto the eruption of 1st permanent tooth.



i) Spacing between the teeth

ii) Edge to edge

iii) Flush terminal plane

iv) Anterior deep bite

Dr. Giju George Baby
Principal
Anand Dental College & Hospital
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→ Spacing between the teeth
Gets corrected with the
eruption of permanent incisors

- Space are present to incorporate
the large incisors.

- These additional spaces are
referred to as incisal liability.

- It is 7 mm in maxilla and
5 mm in mandible.

→ Flush terminal plane

Gets corrected downward and
forward growth of mandible.
Late mesial shift

→ End on

- Gets corrected with the eruption
of permanent molars. mesial shift

→ Early mesial shift

- In case of spaced dentition, the
erupting forces of permanent 1st molar
pushes the deciduous molars



Dr. Giju George Baby
Principal
Annapurna Dental College & Hospital
Muvattupuzha - 685673

→ late mesial shift

In case of unspaced dentition no space can be utilized. In this case, the erupting 1st molar after the exfoliation of deciduous second molar, the permanent erupting first molar utilizes the leeway space.

② Mixed dentition period
ie, 6 to 12 yrs of age

- Ugly duckling stage
- Midline diastema
- lower anterior crowding

→ Ugly duckling stage

- This is known as Broadbent Phenomenon as it is described by Broadbent.
- It is so called because the child looks ugly during this stage.

It occurs with the eruption of permanent canine in 8-9 yrs of age.

- As the canine erupts into the oral cavity it exerts a force onto the roots of lateral incisor which

Dr. Giju George Baby
Principal
Annapur Dental College & Hospital
Muvattupuzha - 686513

produces a force on roots of central incisor.

The resultant distal divergence of the crown of central incisor results in midline diastema.

10

It is self correcting anomaly which gets corrected once canine has been erupted.

Lower anterior crowding

It gets corrected by differential growth of mandible.

Answer
A2

Classification :-

Mastow classified as:-

a) Physical disorder - Poliomyelitis, Scholiosis

b) Mental disorder - Mental retardation

c) Convulsive disorder - Epilepsy, Cerebral palsy

d) Congenital disorders -

Congenital Heart Defects

Cleft lip and palate



Dr. Gita George Baby

Principal

Anoor Dental College & Hospital
Muvattupuzha - 686673

1) Systemic disorders - Hemophilia

2) Metabolic disorders - Juvenile diabetes

3) Osseous disorders - Rickets, Osteoporosis

→ Management of children with cerebral palsy :-

1) Medical and dental history should be taken with medical consultation

- Care friendly and professional approach.

- Empathy for the child's situation.

- Child can be treated on the wheel chair itself.

- Head should be upright with back elevated so that there is no swallowing difficulties.

- Physical restraints can be used

judiciously with care.

during care.

- local anesthesia can be administered for extraction with care.

- Throat shield can be used to avoid aspiration or ingestion of tooth.

- Mouth props can be used to maintain the mouth open.

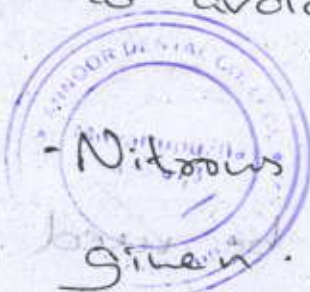
- Jaw movements should be restricted during therapy.

- Sudden variation in voice or disturbances should be avoided to reduce startle reflex.

- Intra-oral stimuli can be applied to avoid mouth gag.

- Nitrous oxide sedation may be given.

- General anesthesia is the last resort.



Dr. Giju George Baby
Principal
Andhra Dental College & Hospital
Muzaffarpur - 855673

→ Oral preventive care is by

- APP Grel

ii) Oral prophylaxis - scaling

✓ Maintenance of proper oral hygiene

1. Colour of ginge is more reddish compared to adults.

Anneor G. ... & Hospital
Mysore ... 573

2. Contour - Rounded margins are often

3. Consistency - More flabby and loosely arranged when compared to adults as they are less firmly bound to underlying periosteum.

4. Surface texture - Stippling / orange peel appearance is often absent from birth upto 5 years of age.

These are the alternate protruberances and depressions to the underlying bone.

Gingival diseases seen in children

① Necrotizing ulcerative gingivitis

② Primary herpetic gingivostomatitis

③ Candidiasis

④ Aphthous ulcer

Acute gingival disease



Dr. Giju George Baby
Principal
Anoor Dental College & Hospital
Muvattupuzha - 68673

→ Periodontal disease

- Without local contributing factor (plaque ^{induced})
- With local contributing factor (plaque ^{induced})

→ Systemic diseases

- Chediak Higashi syndrome
- Neutropenia
- Ehler Danlos syndrome

① Primarily Herpetic Gingivostomatitis

- Caused by herpes simplex type 1

- Initially asymptomatic

Characterized by blisters in the outer surface of the lip and hence known as recurrent herpes labialis.



Clinical features

- Erythematous gingiva

- Initially appears as blisters.

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- Difficulty in swallowing and speech

Rx

① Symptomatic

Extraoral symptoms

- Generalized malaise
- Cervical lymphadenopathy
- Fever - high grade fever

Treatment

- Symptomatic
- Bed rest, go on for soft diet
- Pyrexia - paracetamol can be administered to reduce fever.
- Antiviral drugs can be administered
acyclovir (200 mg)
- Maintain hydration as body can get dehydrated.



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② Acute necrotizing ulcerative gingivitis

- Characterized by punched out crater like appearance.
- Covered by grey pseudomembrane.
- Blisters or vesicles present.
- Severe pain.
- Known as Vincent's infection.

Clinical Features

- Blisters or vesicles that are covered by pseudomembrane.
- Severe painful lesions.
- Burning sensation.

Treatment

- ① Bed rest, go on for soft diet.
- ② Keep body hydrated.
- ③ Paracetamol to reduce pain.



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Most commonly occur in the
gingiva or tongue.

- Painful blisters.

- Interferes with eating, drinking.

- Minute small vesicles.

Treatment

- Antiviral drugs

- Salt water gargling

④ Candidiasis

- Known as thrush.

- Fungal infection caused by

Candida albicans.

The lesion is covered by
thick, white or curd like
lesion and on removal
leaves an erythematous area.

Treatment

- Antifungal drugs

- Ketoconazole, Clotrimazole.



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Pediatric dentistry :-

According to "American Academy of
Pediatric Dentistry (A.A.P.D) in 1999 defined

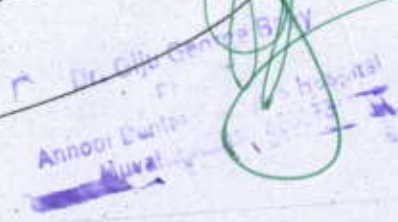
as "the age ^{defined} ~~related~~ speciality that
provides, comprehensive preventive and
therapeutic care for infants and
adolescent children through adolescents
including and those with special health care needs.

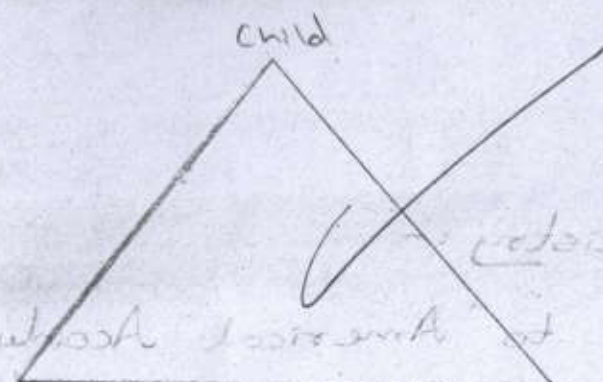
Scope :-

A speciality that provide preventive
and therapeutic care to children
and also infants and those with
special health care needs.



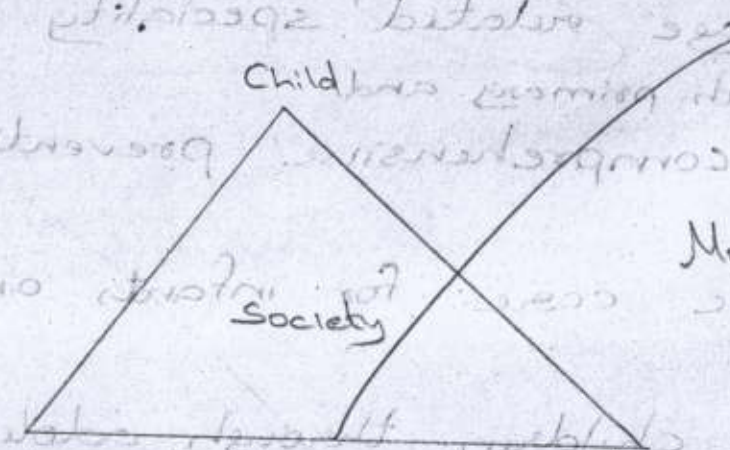
Scope of
pediatric





Pedodontic treatment triangle

(Dentist) Parent



Modified pedodontic treatment triangle

Dentist Parent

5

Pedodontic treatment triangle explains

the dentist-child and parent-dentist relationship.

- In modified pedodontic treatment triangle; society is also included.

- The child is at the apex.



Dr. G. Ramesh Babu

Rubber dam

- Primarily used for isolation

- It offers the best isolation during treatment such as pulpectomy, pulpotomy, restoration etc.

1 1/2

- It can be either of latex or non-latex type.

~~Indicator~~
~~Advantage~~
~~Disadvantage~~

It is available in various colours such as green, blue, black.

- It is available in dark and light

Dark colours are usually preferred for contrast.

Annex 8 Window of infectivity

Cavfield described the period during which Mutans Streptococcus has

As the teeth (primary) erupts into the oral cavity, it provides a virgin habitat for Mutans Streptococci to bind to the tooth without any competition with other indigenous bacteria in the oral cavity.

The time period of window of infectivity in the primary teeth is 7-²⁴30 months of age but cannot be established at a later age because it need to compete with other indigenous bacteria in later stage.

Whereas Kraus et al and Erdnal et al advocated that the ~~second~~ it is too early for MS to bind to the tooth.

The second period of window of infectivity is 6-12 years of age.

Infected dentin

Affected dentin

① More soft, light brown in colour

Hard, darker and firm in consistency

② It can be scooped out with spoon excavator most of the times

Cannot be scooped out.

③ Contains the presence of bacteria

Does not contain bacteria. Focus

④ Should be completely removed during

Although some portion left behind does not progress.

2-1/2 cavity preparation

Otherwise it can result to secondary caries.



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Severity of hemophilic should be diagnosed



② On the day of extraction, the patient should be under the routine therapy.

Factor therapy

③ Extraction should be done in least traumatic manner.

④ Early appointments should be given

⑤ Soon after extraction, pressure must be applied over the area.

⑥ Absorbable gel foam must be placed (Abgel)

⑦ Thrombin can be sprinkled over the area

⑧ Sutures should be placed using black braided resorbable sutures material by placing cellulose gel.

⑨ Ice packs can be given

⑩ Clotting factors can be initiated



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Answer 11 Sucrose

- It is primarily responsible for dental caries.

- It can result in dissolution of the tooth structure by the acid released by the bacteria.

① It reduces the pH of the oral cavity thereby providing a favourable environment for adhesion of cariogenic organisms.

Answer 14 Children with anterior cross bite

- The common presentation of these children may be

① Constricted maxillary arch

② High arch palate

③ Presence of supernumerary teeth



① Removal of etiologic factors

- Supernumerary teeth

② Expansion of constricted arch

i) Quad helix appliance

- It results in expansion of constricted arches

ii) Use of expansion screws or Jackscrews.

iii) Blue grass appliance

consist of 6 solid rollers made of teflon to permit pressure of tongue.

iv) It is a habit breaking appliance

v) Rapid maxillary expansion



③ Alignment of teeth

i) Catehanz appliance

- lower anterior inclined plane

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Anterior crossbite.

- It is inclined at 45° angulation

- It is not used for more than 30 months as it can result to posterior crossbite.

ii) Thick wooden sticks

- Thick wooden stick is placed between the tooth in cross bite and patient is trained to

exercise by placing it within the oral cavity in between the tooth in cross bite and pushing it

2 1/2

iii) Use of 'Z' spring

- Z spring is fabricated either on single incisor or both the incisors

to procline the retroclined incisor.

- It results in proclination of the



of tooth in crossbite more anteriorly.



Answer 15 Inferior alveolar nerve block

- It is usually administered to anesthetize the lower quadrant for extraction of lower posteriors.

Nerve anesthetised

- Inferior alveolar Nerve
- Mental Nerve
- Lingual nerve

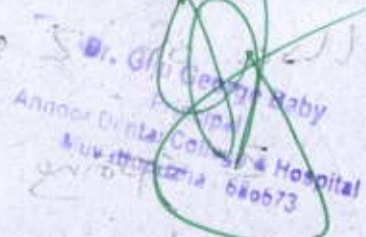
Mandibular Nerve

Areas anesthetised

- lower buccal and lingual surface of the gingiva.

- Tongue, lips

- Periodontium



→ The technique for inferior alveolar nerve block varies for children.

• Children can be classified as

a) Below 6 years of age

b) 6 - 12 years of age

c) Above 12 years of age

• Technique for administration of IANB

below 6 years of age is

"below the occlusal level"

• for children between 6-12 years of age

"at the occlusal level"

3 1/2

• for children above 12 years of age

"Above the occlusal level".



→ After palpating the pterygomandibular space, IANB is inserted at the

deepest portion directing the needle from the opposite side of the mouth

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Answer 10 Uses of ZOE

- ① Zinc oxide eugenol is used as a periodontal dressing material.
- ② Used in taking secondary impressions after border moulding.
- ③ Used as temporary restorative material.
- ④ Used after indirect pulp capping procedure. (base)
- ⑤ Used as an intracanal medicament.

Obtaining material.
Lining/sealer material in RCT.

Answer 4

Child abuse

It is defined as an act or omission of favour to a child from development.

Battered child syndrome

It is a combination of injuries seen in a child.

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Rampant Caries Nursing Bottle Caries

1) Seen in children and adolescents in deciduous dentition and permanent dentition

Seen in children in deciduous dentition

2) Usually occurs in all age groups including adults

Occlusal in infants

3) Usually involve all the tooth except mandibular incisors

Involves all the tooth.

4) Occurs due to the improper brushing habits

Occurs due to prolonged and improper feeding habits

inadequate oral hygiene

At will breast feeding

Prolonged use of pacifiers

Pacifiers dipped in honey.

2 1/2



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Stimulus-response theory

- It is a theory to explain whole, local anesthetic effects.



- It explains that the local anesthetic acts by blocking the depolarization of the nerve ending and by inhibition of the conduction process to peripheral nerves.

Classical Conditioning theory

- Most accepted theory

Answer 12 Masochistic habits

- The are the useful habits that are exhibited by the individual

- These include the normal positioning of the lip during Swallowing.



Normal tongue thrusty

- Position of tongue during swallow



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CONTINUOUS EXAM SCHEDULE AND ANSWER SHEETS




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Time Schedule for Remedial Classes and Retests

Classes will be conducted 3rd June 2019 to 13th June 2019.

Venue: lecture halls of respective batches

Time 8.30am to 2 pm

Sl. No	Subject	Staff in Charge	Remedial class date	Retest -Date
1	Anatomy	Ms. Suvarna T.P	03/06/2019 04/06/2019	12/06/2019 13/06/2019
2	Physiology	Mr. Rahmathulla	10/06/2019 11/06/2019	19/06/2019 20/06/2019
3	Biochemistry	Ms. Manju K John	07/06/2019 08/06/2019	17/06/2019 18/06/2019
4	DADH	Dr. Priya Thomas	05/06/2019 06/06/2019	14/06/2019 15/06/2019
5	General Pathology	Dr. Bindhu Madhavi	12/06/2019 13/06/2019	24/06/2019 25/06/2019
6	Microbiology	Ms. Mereena Mathew	10/06/2019 11/06/2019	21/06/2019 22/06/2019
7	Pharmacology	Mr. Arun K Thomas	07/06/2019 08/06/2019	19/06/2019 20/06/2019
8	Dental Materials-Prosthodontics	Dr. Manu Johns	05/06/2019 06/06/2019	17/06/2019 18/06/2019
9	Dental Materials-Conservative	Dr. Sinju Paul	03/06/2019 04/06/2019	14/06/2019 15/06/2019
10	General Medicine	Dr. Binoy Mathai	05/06/2019 06/06/2019	12/06/2019 13/06/2019
11	General Surgery	Dr. Ajin Manova	07/06/2019 08/06/2019	14/06/2019 15/06/2019
12	Oral Pathology	Dr. Nirupa Thomas	03/06/2019 04/06/2019	10/06/2019 11/06/2019
13	OMR	Dr. Anish	03/06/2019 04/06/2019	12/06/2019 13/06/2019
14	Periodontics	Dr, Deepak	05/06/2019 06/06/2019	14/06/2019 15/06/2019
15	Orthodontics	Dr. Jibin Skaria	07/06/2019 08/06/2019	17/06/2019 18/06/2019
16	PHD	Dr. Pooja Latti	10/06/2019 11/06/2019	19/06/2019 20/06/2019
17	Prosthodontics	Dr. Anu A George	03/06/2019 04/06/2019	12/06/2019 13/06/2019
18	Conservative Dentistry	Dr. Dhanya John	05/06/2019 06/06/2019	14/06/2019 15/06/2019
19	Pedodontics	Dr. John Joseph	07/06/2019 08/06/2019	17/06/2019 18/06/2019
20	OMFS	Dr. Joji Peter	10/06/2019 11/06/2019	19/06/2019 20/06/2019

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COMPULSORY LIBRARY TIMING AND SPECIAL GUIDANCE




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Muvattupuzha

CIRCULAR

From : Vice Principal
To : I, II III year Students and Classes' in Charge
Sub : Compulsory Library Hours
No : 058 dated 26.05.2014

All First year, Second year and Third year students are hereby strictly instructed to be in the library between 3.00PM to 8.00 PM daily (minimum two hours reading) The Librarian has to maintain separate attendance registers for marking the attendance and has to give the report monthly to the Staff in charge. All students should give attendance of entry and exit to the Librarian.

Note : Attendance percentage of library will be counted in the total class attendance percentage and Internal Assessments.

Vice Principal

Cc : Principal
Administrator
Library

FI : Chairman-Admin
Finance Director

First/Second/Third year Staff In charge

Notice Boards



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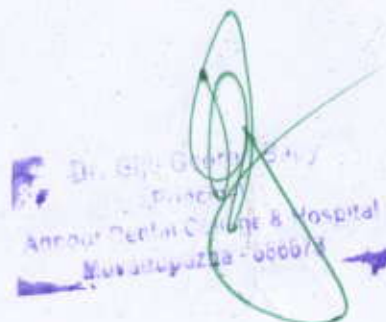
NOTICE

01-01-2014

The college library will be open from 9.00 AM to 8.00 PM on all working days. The students can avail the library facility during these hours.


Principal


Ciri. Peter
Librarian



CIRCULAR

Sub. **Library Hours**
No. 023. Date 19/03/2016

All First year, Second year and Third year students are hereby strictly instructed to be in the library between 3.00PM to 8.00 PM daily (minimum two hours reading). The Librarian has to maintain separate attendance registers for marking the attendance and has to give the report monthly to the Staff in charge. All students should give attendance of entry and exit to the Librarian.

Note : Attendance percentage of library will be counted in the total class attendance percentage and Internal Assessments.

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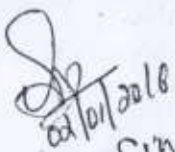
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NOTICE


02-01-2016

The college library will be open from 8.30 AM to 8.00 PM on all working days. The students can avail the library facility during these hours.


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CIRCULAR

Sub.	Library Hours
No.	162. Date 19/03/2018

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Note : Attendance percentage of library will be counted in the total class attendance percentage and Internal Assessments.

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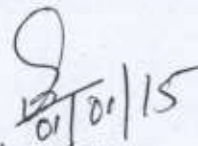
01-01-2015

NOTICE

The following are the list of teaching staff posted in the library from 3.00 pm to 8pm for the period of 2015 January to 2015 April, at least one teaching staff should be present after college working hours in the library.

1. Mrs.Mereena.Mathew
2. Mr.Arun Thomas


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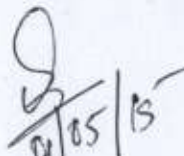
01-05-2015

NOTICE

The following are the list of teaching staff posted in the library from 3.00 pm to 8 pm for the period of 2015 May to 2015 August, at least one teaching staff should be present after college working hours in the library.

1. Mrs.Suvarna T P
2. Dr.Eldhose K G


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01/05/15
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01-01 2016

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2. Dr.Bijimole Jose


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01-09- 2015

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The following are the list of teaching staff posted in the library from 3.00 pm to 8pm for the period of 2015 September to 2015 December, at least one teaching staff should be present after college working hours in the library.

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2. Dr.Sumary.Abraham


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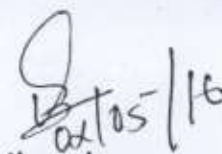
02-05-2016

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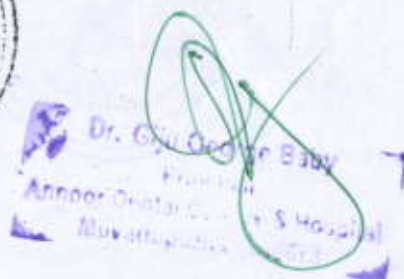
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2. Mr.Arun Thomas


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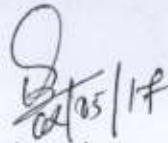
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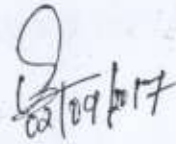
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2. Dr.Bijimole Jose / *Dr. Sumary Abraham*

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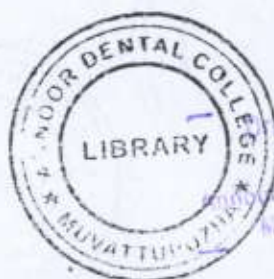
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2. Dr.Eldhose / Mrs. Mareena Matheas

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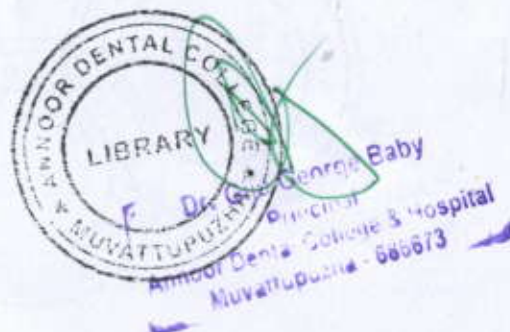
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Librarian





Annoor Dental College & Hospital

(Affiliated to Kerala University of Health Sciences and Recognised by Govt of India)

02-09-2019

NOTICE

The following are the list of teaching staff posted in the library from 3.00 pm to 8pm for the period of 2019 September to 2019 December, at least one teaching staff should be present after college working hours in the library.

1. Dr.Jiss.Mary .G
2. Dr.Aleena.Joy

Principal

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Librarian



Dr. Giju George Baby
Principal
Annoor Dental College & Hospital
Muvattupuzha - 686673



Annoor Dental College & Hospital

(Affiliated to Kerala University of Health Sciences and Recognised by Govt of India)

01-01-2020

NOTICE

The following are the list of teaching staff posted in the library from 3.00 pm to 8pm for the period of 2020 January to 2020 April, at least one teaching staff should be present after college working hours in the library.

1. Dr.Jiss.Mary .G

2. Dr.Aleena.Joy

Principal

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Principal

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Library

Librarian



Dr. Giju George S
Principal
Annoor Dental College & Hospital
Ernakulam - India