

ST. GREGORIOS DENTAL COLLEGE
ORAL MEDICINE AND RADIOLOGY

FIRST INTERNAL EXAMINATION

Time :3 hours

Max marks:100

Long Essays

14*2

1. Classify red and white lesions of oral cavity .Describe in detail about the clinical features,etiology,diagnosis,management of OSMF
2. Describe in detail about the working of the X-ray tube, the properties of x-ray

Short Essays

8*4

1. Lichen planus
2. Antibiotic prophylaxis
3. Radiation effects on oral mucosa
4. Biopsy

Short Notes

4*10

- 1.oral thrush
- 2.Vital staining
- 3.Grids
- 4.Filters
- 5.Collimators
- 6.Bremstrahlung radiation
- 7.The effects of radiation on bone
8. Management of leukoplakia
- 9.Difference between deterministic and stochastic effects

1. Red & white lesions

Classification

Hereditary white lesions , Developmental white lesions, Congenital white lesions, reactive/ inflammatory white lesions, infectious white & red lesions, miscellaneous, normal variants, non keratotic white lesion, candidiasis, keratotic lesions with no malignant potential , Differential malignant lesions & conditions with malignant potential

OSMF

Etiology:Local factors – Areca nut, Capsaicin

systemic factors – nutritional deficiency, autoimmunity, genetic susceptibility

Clinical features :Age, sex, prodromal symptoms, advanced

OSMF: blanching & fibrotic bands, groups

Diagnosis: Haematological, Serological, Cytogenetics, Histopathological, Immunohistochemical & DD

Management

- Group I : quit habit, pharmacotherapy, antioxidants
- Group II : Group I + intralesional inj. + physiotherapy
- Group III: Group I + surgical treatment

2. Working of x-ray tube

Mechanism of production of x – ray

Properties of x ray

- Physical
- Chemical
- Biological
- Physiochemical

3. Lichen planus

Definition

Etiology: immunologic reactions , trauma, diabetes & hypertension, genetics hepatitis C infection

Pathogenesis

Classifications: reticular, popular, plaque, atrophic, erosive, bullous

Clinical features: site, 6P, Wickham's striae

Syndromes associated: Grinspan Syndrome, overlap Syndrome

Investigations: chairside, lab

Treatment

4. **Antibiotic prophylaxis**

Situation

Drugs used

dose: adult & child

time, mode & duration of administration

5. **Radiation effects on oral mucosa**

Radiation mucositis

Clinical features: erythema, oedema, mucosal shedding, ulceration, pseudomembrane formation

management

6. **Biopsy**

Definition

Indications

Contraindications

Types

7. **Oral thrush**

Etiology: local irritation, denture, immunosuppressants, broad spectrum antibiotic therapy

Clinical features : cottage cheese appearance, burning sensation , foul taste

management

8. **Vital staining**

Staining cells in living state

Types: intra vital staining, supra vital staining

9. **Grids**

Reduce scattered radiation

Composition

Advantages

disadvantages

10.Filters

Removes low energy x rays

Decreased patient exposure

Types : inherent, external, total

11.Collimators

Lead metallic barrier with window

Control size & shape of x ray beam

Types: round, tubular, rectangular, slit

12.Bremstrahlung radiation

Breaking radiation

Sudden stoppage of electrons at target

Produced by direct hit / near miss

13.Effects of radiation on bone

Bone marrow failure

Osteopenia , growth retardation, fracture

Decreased bone density

14.Management of leukoplakia

Elimination of habit

Pharmacotherapy

Photodynamic therapy

surgery

15.deterministic effect

Definition

Severity depends on radiation dose

stochastic effects

Definition

All or none

2016

ST. GREGORIOS DENTAL COLLEGE

ORAL MEDICINE AND RADIOLOGY

SECOND INTERNAL EXAMINATION

Time :3 hours

Max marks:100

Long Essays

14*2

1. Classify red and white lesion write in detail about etiology, clinical features, diagnosis, treatment of lichen planus.
2. Write in detail about Production of x-ray and factors that control X - ray beam

Short Essays

8*4

1. object localization technique
2. Trigeminal neuralgia
3. Role of radiography in diagnosis of periodontal disease
4. Oral manifestations of HIV

Short Notes

4*10

1. coin penny test
2. Radicular cyst
3. Oral manifestations of renal disease
4. Developer solution
5. Sialolithiasis
6. Collimator
7. Lip prints
8. Filters
9. TLD

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lichen planus

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Classifications: reticular, popular, plaque, atrophic, erosive, bullous

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Syndromes associated: Grinspan Syndrome, overlap Syndrome

Investigations: chairside, lab

Treatment

2. Production of x- ray

Mechanism of production of x – ray

factors controlling x – ray beam

exposure time

current

voltage

filtration

collimation

3. Object localization technique

Used for locating tooth / foreign body in jaw

Types: Miller, Clarks method

4. Trigeminal neuralgia

Definition

Etiology: intracranial & extracranial

Types: pre trigeminal neuralgia, typical, atypical

Clinical feature: trigger points, paroxysmal pain, frozen face

sweets criteria

DD: facial pain, migraine, odontogenic pain, post herpetic neuralgia

Treatment: pharmacological, surgical

5. Role of radiography in diagnosis of periodontal disease

Evaluates amount of remaining bone

Condition of alveolar crest

Bone loss in furcation

6. Oral manifestations of HIV

Grp I: strongly asso. – candidiasis oral hairy LP

Grp II: less commonly asso.- m.tb, melanotic hyper pigmentation

grpIII: lesions seen in – histomosis, mucormycosis

7. Coin penny test

To check safe light

Procedure

Diagram

8. Radicular cyst

Inflammatory cyst

Originate from epithelial remnants of pdl

Treatment : enucleation

9. Oral manifestations of renal disease

Periodontitis

White patch

Red patch

mucositis

10. Developer solution

Developer: phenidone hydroquinone

Activator: Na/K hydroxide

Preservative: Na sulphite

Restrainer: K/Na bromide

11. Sialolithiasis

Benign condition

Stones in duct

Seen in major salivary gland

12. Collimator

Lead metallic barrier with window

Control size & shape of x ray beam

Types: round, tubular, rectangular, slit

13. Lip prints

Study- cheiloscopy

Classification

14. Filters

Removes low energy x rays

Decreased patient exposure

Types : inherent, external, total

15. TLD

Device to measure radiation exposure

Principle – thermoluminescence

Parts – card holder, TLD card

ST. GREGORIOS DENTAL COLLEGE

ORAL MEDICINE AND RADIOLOGY

THIRD INTERNAL EXAMINATION

Time :3 hours

Max marks:100

Long Essays

14*2

1. Classify salivary gland diseases.write in detail about xerostomia
2. Write in detail about TMJ imaging

Short Essays

8*4

1. Sjogrens syndrome
2. Dental management in Asthmatic patients
3. Dental management in Renal patients
4. Faulty radiographs

Short Notes

4*10

1. Sialosis
2. Sialolithiasis
3. Mumps
4. Jug handle view
5. PA water view
6. 6.lateral oblique
7. Pleomorphic adenoma
8. Dental treatment in pregnant women
9. Tire track pattern
- 10.Radiographic appearances in sialography

1. Salivary gland diseases

sialosis
sialolithiasis
sialadenitis
tumours
malignancies

Xerostomia

Definition
Etiology
Clinical features
Management

2. TMJ imaging

Plain radiography
OPG
Tomography
Arthrography
CT/MRI

3. Sjogrens syndrome

Triad of xerophthalmia, xerostomia, systemic disease
Treatment: symptomatic relief

4. Dental management of asthmatic patients

Avoid anxiety
Bring regular medication
Appointment late morning
Avoid inhalational anesthetics
Avoid LA with vasoconstrictor
Avoid NSAIDS

5. Dental management of renal patients

Appointments in mid dialysis cycle
Monitor BP
Hemostatic investigations to be done

6. Faulty radiographs

Technique & projection error

Processing error

Exposure error

7. Sialosis

Non inflammatory non neoplastic swelling of major salivary gland

Treatment: surgical removal, sialendoscopy

Sialolithiasis

Benign condition

Stones in duct

Seen in major salivary gland

8. Mumps

paramyxovirus

Viral infection affecting salivary glands mainly parotid

Swollen painful salivary gland, fever, headache, fatigue

9. Jug handle view

Modification of SMV

To visualize zygomatic arch, temporal process of zygoma, zygomatic process of temporal bone

10. PA water view

Radiographic view of skull

Better imaging of sinus

11. Lateral oblique

Radiograph of teeth in buccal segment

Head is in lateral position

12. Pleomorphic adenoma

Most common salivary gland tumour

Aka benign mixed tumour

Site parotid

13. Dental treatment in pregnant women

In 2nd trimester

Position: left lateral

14. Tire track pattern

Reverse film position

Convexity of embossed dot should always face x-ray tube

15. Radiographic appearances in Sialography

Cherry blossom: sjogrens

Sausage : sialodochitis

Tree in winter: parotid

Bush in winter: mandibular

Ball in hand: tumour

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ORAL MEDICINE AND RADIOLOGY

FIRST INTERNAL EXAMINATION

Time :3 hours

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Long Essays

14*2

1. Classify white lesions. Describe in detail the aetiology, early and late clinical features, diagnosis and management of Oral Submucous Fibrosis .
2. Describe in detail about X-ray production, state the various properties of X-ray.

Short Essays

8*4

3. Describe in detail about Xerostomia, its etiology, clinical features, diagnosis and management.
4. Explain Sialography, indication, contraindication, describe about properties of contrast media, procedure and various radiographic appearances .
5. Rheumatoid Arthritis
6. Describe in detail about the dental management of renal patients

Short Notes

4*10

7. Sialosis
8. Ankylosis
9. Plumbism
10. Biopsy
11. Grids and Collimators
12. Radiation Protection
13. Coin Penny Test
14. Effects of radiation on bone
15. Trigeminal neuralgia
16. Bremsstrahlung Radiation

1. White lesions

Classification

Hereditary white lesions , Developmental white lesions,
Congenital white lesions, reactive/ inflammatory white lesions,
infectious white lesions, miscellaneous, normal variants, non
keratotic white lesion, candidiasis, keratotic lesions with no
malignant potential , Differential malignant lesions & conditions
with malignant potential

OSMF

Etiology:Local factors – Areca nut, Capsaicin
systemic factors – nutritional deficiency, autoimmunity, genetic
susceptibility

Clinical features :Age, sex, prodromal symptoms, advanced

OSMF: blanching & fibrotic bands, groups

Diagnosis: Haematological, Serological, Cytogenetics,
Histopathological, Immunohistochemical & DD

Management

- Group I : quit habit, pharmacotherapy, antioxidants
- Group II : Group I + intralesional inj. + physiotherapy
- Group III: Group I + surgical treatment

2. X-ray production

Mechanism of production of x – ray

properties of x-ray

- Physical
- Chemical
- Biological
- Physiochemical

3. Xerostomia

Definition

Etiology

Clinical features

Management

4. Sialography

Radiograph of salivary gland
Radiopaque dye injected into ducts
Used to identify blocked gland /duct

5. Rheumatoid arthritis

Jaw problems
Dry mouth
Ely's cyst
Sharpened pencil condyle

6. Dental management of renal patients

Appointments in mid dialysis cycle
Monitor BP
Hemostatic investigations to be done

7. Sialosis

Non inflammatory non neoplastic swelling of major salivary gland
Treatment: surgical removal, sialendoscopy

8. Ankylosis

Mandible fused to fossa by bony or fibrotic tissue
Classification
Treatment: arthroplasty

9. Plumbism

Pigmentation due to lead intoxication
Mech: production of lead sulphide
Oral manifestations: Burtonian line, ulcerative stomatitis, tongue tremors, excess salivation, metallic taste
Treatment: EDTA, dimercaprol

10. Biopsy

Definition
Indications

Contraindications

Types

11. Grids

Reduce scattered radiation

Composition

Advantages

Disadvantages

Collimators

Lead metallic barrier with window

Control size & shape of x ray beam

Types: round, tubular, rectangular, slit

12. Radiation protection

Protection of patient: patient selection, use of proper equipment

Protection for operator

Protection of environment

13. Coin penny test

To check safe light

Procedure

Diagram

14. Effects of radiation on bone

Bone marrow failure

Osteopenia , growth retardation, fracture

Decreased bone density

15. Trigeminal neuralgia

Definition

Etiology: intracranial & extracranial

Types: pre trigeminal neuralgia, typical, atypical

Clinical feature: trigger points, paroxysmal pain, frozen face

sweets criteria

DD: facial pain, migraine, odontogenic pain, post herpetic neuralgia
Treatment: pharmacological, surgical

16. Bremstrahlung radiation

Breaking radiation
Sudden stoppage of electrons at target
Produced by direct hit / near miss

ST. GREGORIOS DENTAL COLLEGE

ORAL MEDICINE AND RADIOLOGY

SECOND INTERNAL EXAMINATION

Time :3 hours

Max marks:100

Long Essays

14*2

1. Classify oro-facial pain. Describe in detail the aetiology, clinical features, diagnosis and management of Trigeminal Neuralgia .
2. Describe Latent Image formation. Enumerate the composition and functions of processing solutions. Add a note on automatic processor.

Short Essays

8*4

3. DD of single ulcers
4. Fibrous dysplasia
5. MPDS
6. DD of periapical radiolucencies

Short Notes

4*10

7. Aphthous ulcer
8. Cluster headache
9. Atypical odontalgia
10. Tooth ache of non dental causes
11. Cherubism
12. Localisation technique
13. Dark room requirements
14. PCOD (Periapical Cement-osseous Dysplasia)
15. Coin penny test
16. Pagets disease

1. Oro facial pain

MPDS

trigeminal neuralgia

TMJ pain

eagles syndrome

migraine

neuralgias

trigeminal neuralgia

Definition

Etiology: intracranial & extracranial

Types: pre trigeminal neuralgia, typical, atypical

Clinical feature: trigger points, paroxysmal pain, frozen face

sweets criteria

DD: facial pain, migraine, odontogenic pain, post herpetic neuralgia

Treatment: pharmacological, surgical

2. Latent image formation

Definition

Diagram

Composition of processing solutions

Developer

Fixer

water

Automatic processor

Consist of roller film transporter, developer fixer and water

In continuous motion

Advantages

Disadvantages

3. DD single ulcers

Aphthous ulcer

Carcinomatous ulcer

Traumatic ulcer

4. Fibrous dysplasia

Definition

Etiology: gene mutation

Features: sites, shepherd crook deformity, monostotic, polyostotic

Syndromes

Radiographic features: ground glass, orange peel

Diagnosis: biochemical investigation- ALP, urinary hydroxyproline

Histology: Chinese letter pattern

Management: surgical, pharmacological

5. MPDS

Trigger points present

Laskins cardinal symptoms

Treatment: muscle relaxants, NSAIDs, occlusal rehabilitation

6. DD of periapical radiolucencies

Periapical abscess

Periapical granuloma

Periapical cyst

Residual cyst

Periapical scar

7. Aphthous ulcer

c/f: females, 2nd decade, tingling, burning

treatment: symptomatic relief

8. Cluster headache

Alarm clock headache

Begin at night

Last 15 to 180 minutes

9. Atypical odontalgia

Continuous pain in the absence of identifiable cause on clinical / radiographic examination

Treatment: gabapentin, tricyclics

10. Tooth ache of non dental causes

Musculoskeletal origin

Neuropathic origin

Neurovascular origin

Systemic disorders

Inflammatory condition

11. Cherubism

Benign dysplastic bone disease

Clinical features: age, eye to heaven appearance, cherubic facies, intra oral manifestations

Radiographic features: bilateral, multilocular, multicystic, expansile lesion

12. Localization techniques

Millers technique

Clarks technique

13. Dark room requirements

safe light

processing tank

timer

thermometer

drying rack

14. PCOD

Replacement of normal bone by tissue

Focal involvement

Features: age, gender, site,

Radiographic features: 3 stages, loss of lamina dura

15. Coin penny test

To check safe light

Procedure

Diagram

16. Pagets disease

Bone disease – abnormal bone resorption & deposition

Clinical features: age, simian stance, bone pain, leontiasis ossea

Radiographic features: stages – radiolucent resorptive stage: ground glass, radiopaque stage: cotton wool appearance

Black beard/ Lincoln sign

Osteoporosis circumscripta

Hypercementosis

Treatment: calcitonin, sodium etidronate

ST. GREGORIOS DENTAL COLLEGE

ORAL MEDICINE AND RADIOLOGY

THRID INTERNAL EXAMINATION

Time :3 hours

Max marks:100

LONG ESSAY

14*2

1. DD of Periapical Radiolucencies
2. DD of Multilocular radiolucencies

SHORT ESSAY

8*4

3. DD of Mixed radiolucencies
4. Role of radiographs in trauma
5. Role of radiographs in Periodontal diseases
6. Role of radiographs in dental caries

SHORT NOTES

4*10

7. Oral manifestations and Dental management of :
8. Renal diseases
9. Pregnant patients
10. Hypertensive patients
11. Diabetic patients
12. Renal osteodystrophy
13. Atrophic glossitis
14. Ameloblastoma
15. Odontogenic myxoma
16. CEOT

1. DD of periapical radiolucencies

- Periapical abscess
- Periapical granuloma
- Periapical cyst
- Residual cyst
- Periapical scar

2. DD of multilocular radiolucencies

- ameloblastoma
- odontogenic myxoma
- odontogenic keratocyst
- aneurysmal bone cyst

3. DD of mixed radiolucencies

- osteosarcoma
- odontoma
- adenomatoid odontogenic tumour
- CEOT
- PCOD

4. Role of radiographs in trauma

- identifying fracture line, tension pneumothorax, tooth fragments / foreign materials

5. Role of radiographs in periodontal diseases

- Evaluates amount of remaining bone
- Condition of alveolar crest
- Bone loss in furcation

6. Role of radiographs in dental caries

- depth of lesion
- amount of remaining dentin thickness
- periapical involvement

7. Renal diseases

O/M:

Management: Appointments in mid dialysis cycle, Monitor BP,
Hemostatic investigations to be done

8. Pregnant patients

O/M: cgg, gingival enlargement

Management: oral prophylaxis

9. Hypertensive patients

O/M: bleeding gums, cgg, gingival enlargement

Management: substitute drugs, oral prophylaxis

10. Diabetic patients

O/M: bleeding gums, xerostomia, candidiasis, abnormal taste

Management: antifungal, salivary substitute, prophylactic antibiotics

11. Renal osteodystrophy

definition

pathophysiology

treatment

12. Atrophic glossitis

absence of filiform/ fungiform papillae

caused by deficiency of riboflavin, niacin, folic acid

13. Ameloblastoma

odontogenic tumour in jaw bone

types

egg shell crackling

radiographic appearance: soap bubble appearance

14. Odontogenic myxoma

benign tumour

slow painless bony expansion

15. CEOT

aka parodontoma

benign but locally aggressive