ST. GREGORIOS DENTAL COLLEGE

ORAL MEDICINE AND RADIOLOGY FIRST INTERNAL EXAMINATION

Time: 3hrs Score: 70

Long Essays

10*2

 Classify oro facial pain. Describe in detail about trigeminal neuralgia, etiology, clinical features, diagnosis, management.

2. Describe the various radiation effects on oral mucosa, salivary gland ,teeth bone.

Short essays

5*4

- 3. Leukoplakia
- 4. TMJ imaging
- 5. MPDS
- 6. OSMF
- 7. Rheumatoid arthritis

Short notes

3*10

- 8. Cluster headache
- 9. Atypical odontalgia
- 10. Tooth ache of non dental causes
- 11. Lichen planus
- 12. Radiosensitizers and radio protection
- 13. Brachytherapy
- 14. Internal derangement
- 15. Candidiasis
- 16. Stochastic and deterministic effect

1st internal -2016 regular

1.orofacial pain

Classification

a.axis I -odontogenic pain, oral soft connective tissue pain, tmjpain, musclepain, neuropathic pain, osseous and periosteal pain, maxillary sinus associated pain, salivary gland associated pain, earpain, vascular pain

b.axis II-generalized anxiety disorders, post-traumatic neuralgia, mpds, burning mouth syndrome

trigeminal neuralgia

etiology-intracranial and extracranial causes clinical features-pain manifestations other features-

paroxyms, frozenface, clutcheshands, trigger zone

- sweet criteria TN
- diagnosis-chairside investigation,advanced investigation
- management -pharmacologicalcarbamazepine,oxycarbazepine,gabapentine,baclofen
 -surgical therapy
- 2.radiation effects on

- oral cavity-radiation mucositis-inflamtion of oral mucosa, redness and inflammation, thinning of epithelium ,ulceration, erythema, oedema, pseudomembrane formation,
 - mgt-diluting
 agents, coating agent, liplubricant, topicananaes the tic, an
 algestic, antifungal
 agents, clotrimazole cream, ketoconazole, fluconazole
 - salivary gland-xerostomia-acianr cell atrophy,necrosis,alteredneurolicfumction,reduced buffering capacity,burning mouth
 - mgt-topical fluorides, dietcounselling, pilocarpine ,cevimeline, sugar free gums, oralrinses, mouthwashes, saliva substitutes
 - teeth-inhibit cellular differenciation, defect in permanent dentition,
 - radiation caries
 - mgt-neutral sodium fluoride gel,topicalfluoride,avoidance of dietary sucrose,restorative dental procedures
 - bone-osteoradionecrosis-exposed bone with pus,badodour,swelling,ulceration,xerostomia

- mgt-pre radiation protocol,intraradiationprotocol,post radiation protocol
- antibiotic
 therapy,analgesics,antifangal,antiviraltherapy,woundcar
 e,ozone therapy ultrasound therapy,hyperbaric oxygen
 therapy

3.leukoplakia

- etiology-tobacco with multiple ppt factors
- male>female
- potentially malignant disorder
- presentation-thin,thick,nodular,speckled
- dd-lekoedema,lichen planus
- investigation-chair side, laboratory based
- mgt-elimination of habit,pharmacotherapy,photodynamictherapy,surgery
 4.TMJ IMAGING
- to evaluate bony components-
- tmj view-transcranial,transpharengeal.transorbital
- Reverse town
- Panoramic
- Submentovertex

- Digital tmj tomography
- Computed tomography
- · MRI
- Bone scintigraphy
- To evaluate soft tissue component
- Arthrography
- MRI
- USG

5.MPDS

- Aetiology trauma, parafunctional activity, occlus aldisharmony, emo tional stress, abnormal posture
- Clinical feature-pain, positive jump sign, functional limitation, laskins criteria
- Investigation-electromyography,Tscan,jawtracker,joint vibration analysis
- Mgt-education and instruction to pt,pharmacology,alternative heat and cold therapy,physiotherapy,stabilization splint

6.osmf

- Aetiology-local factors, systemic factors
- Clinical features-blanching, fibrotic bands

- Classification-very early,early,moderatelyadvanced,advanced,advanced with premalignant and malignant changes
- Investigationheamatological,serological,cytogenetics,histopathological,immunohistochemical
- Mgt-quit habit, medical, physical therapy, surgical
 7.rheumatoid arthritis-
 - Autoimmune disease
 - Females
 - Small joints of hands, wrists, knee, feet-affected bilaterally
 - Flatness of face, swelling, stiffness, crepitus
 - Radiographic-sharpend pencil apperence, mouth piece of flute apperence
 - Mgt-pain relief, joint surgery

8.cluster headache

- Neurovascular head ache
- Recurrent, severe, unilateral periorbital pain, lacrimation, rhinorrhea
- Most sevre form
- Cluster period

- peongros beansyls, beansylvanyagis advanced Suicide headache
- Attack-30min -2hr
- Mgt-Abortive medication, prophylactic medictaion

9. atypical odontalgia

- Chronic pain in tooth
- Continuos, burning, aching
- Mgt-antidepressants

10.toothache of non-dental cause

- Neuropathic pain
- Sinusitis
- Tmj disorder
- Trigeminal neuralgia

11.lichen planus

- Purplish, polygonal, planar, pruritic, papules, plaques
- Whickhams striae
- Investigation-chairside, laboratory
- Mgt-topical antifungal,topicalcorticosteroid,vitaminA,intralesionalst eroid, radical excision, PUVA, laser ablation

12.radiosensitizers

- Pharmaceutical agents that can enhance killing effect on tumourcells by accelerating DNA damage and producing free radicals indirectly
- Radioprotection-protection of patient -proper pt selection, proper imaging technique, correct operation of machine and radiographic interpretation
- Protection of operator-barrier
 waal,leadaprons,TLDdevice,position distance rule
 - Envt protection-barrier wall, alarmlight, TLD devices
 13.brachytherapy
 - Internal radiation
 - Uses radiation to destroy cancer cells and shrink tumours

14.internal derangement

- Articular disc displaced from its original position
- Cause-loss of structure and function of intraarticular tissue
- Symptoms-paimless clicking initially,occasional painful cicking,intermittend locking, frequent pain,jointtendernessclosed locks
- Mgt-analgesics,jawrest,musclerelaxation,physical therapy

15.candidiasis

- Candida albicans
- Older age
- Type-acute, chronic, candidaasso. Lesion
- Diagnosismicrobiology,culturemedia,histopathologicalstudy.IF.im munohistochemistry
- Mgt-topical therapy-nystatin, clotrimazole
- Systemic therapy-tab, ketoconazole, cap.fluconazole
 16.deterministic effect-severity of response
 proportional to dose
- All individuals will be affected
- Includes -effect on cells, tissues , organs, oraltissue, whole body
- Stochastic effect-probability of occurrence of a change is dose independent
- Are all-or-none
- Includes-carcinogenesis

ST. GREGORIOS DENTAL COLLEGE ORAL MEDICINE AND RADIOLOGY

FIRST INTERNAL EXAMINATION

Time: 3 hrs Score: 70

LONG ESSAY 10*2

1. Classify fibro-osseous lesions of bone .Describe in detail about fibrous dysplasia, etio-pathogenesis, clinical features , diagnosis, management .

2. Describe the radiation effects on teeth, bone, oral mucosa and salivary glands.

SHORT ESSAY 5*4

- 3. Cherubism
- 4. Oral candidiasis
- 5. Lichen planus
- 6. Erythroplakia

SHORT NOTES 3*10

- 7. Leukoplakia
- 8. Pagets disease
- 9. Periapical Cemental Dysplasia
- 10. Lupus erythmatoses
- 11. Stochastic and deterministic effects
- 12. Acute radiation syndrome
- 13. Angular cheilitis
- 14. Geographic tongue
- 15. Plummer vinson
- 16. Albrights syndrome

1st internal -

1. classification of fibroosseous lesions

Fibrous dysplasia-

Etiopathogenesis

clinical features

diagnosis

management

2.radition effects

- oral cavity-radiation mucositis-inflamtion of oral mucosa, redness and inflammation, thinning of epithelium ,ulceration, erythema, oedema, pseudomembrane formation,
- mgt-diluting
 agents,coatingagent,liplubricant,topicananaesthetic,analgesti
 c,antifungal
 agents,clotrimazolecream,ketoconazole,fluconazole
- salivary gland-xerostomia-acianr cell atrophy,necrosis,alteredneurolicfumction,reduced buffering capacity,burning mouth
- mgt-topical fluorides, dietcounselling, pilocarpine ,cevimeline, sugar free gums, oralrinses, mouthwashes, saliva substitutes
- teeth-inhibit cellular differenciation, defect in permanent dentition,

- radiation caries
- gel,topicalfluoride,avoidance of dietary sucrose,restorative dental procedures
- bone-osteoradionecrosis-exposed bone with pus, badodour, swelling, ulceration, xerostomia
- mgt-pre radiation protocol, intraradiation protocol, post radiation protocol
- antibiotic therapy, analgesics, antifangal, antiviral therapy, wound care, ozo ne therapy ultrasound therapy, hyperbaric oxygen therapy

3.cherubism

- Definition
- Etiology
- Clinical features
- Radiographic features
- Management

4.oral candisiasis

- Candida albicans
- Older age
- Type-acute, chronic, candidaasso. Lesion
- Diagnosismicrobiology, culture media, histopathological study. IF. immuno histochemistry

- Mgt-topical therapy-nystatin, clotrimazole
- Systemic therapy-tab, ketoconazole, cap.fluconazole

5.lichen planus

- Definition
- Clinical features
- Purplish, polygonal, planar, pruritic, papules, plaques
- Whickhams striae
- Investigation-chairside, laboratory
- Mgt-topical antifungal,topicalcorticosteroid,vitaminA,intralesionalsteroid, radicalexcision,PUVA,laser ablation

6.eythroplakia

- is the oral lesion with the most severe
- epithelial dysplasia and greatest predilection to develop to carcinoma: it
- contains areas of dysplasia, carcinoma in situ or invasive carcinoma in
- virtually every instance.
- Diagnosis- A biopsy should be undertaken to confirm
- histopathologically detect epithelial dysplasia or carcinoma.
- Management

Any possible causal factor such as tobacco use should be

stopped

7.leukoplakia

Aetiopathogenesis

-Leukoplakia may be idiopathic but, in some, predisposing factors are habits such as the use of:tobacco,alcohol betel:

- Clinical features
- Leukoplakias vary in size: some are small and focal, others more widespread—
- occasionally involving very large areas of the oral mucosa-
- and in other patients several discrete separate areas of leukoplakia can
- be seen. Leukoplakia has a wide range of clinical presentations, from
- homogeneous white plaques, which can be faintly white or very thick
- and opaque, to nodular white lesions, or lesions admixed with red
- lesions
- management

8.pagets disease

- Clinical features
- Radiographic features-cotton wool apperence

Management

9.periapical cemental dysplasia

- Associated with vital teeth and the lesion is separated from the surrounding bone by a radiolucent border.
 - Clinical feature
 - Radiographic feature
 - Management

10.lupus eythmatous

- Autoimmune disease
- Fever,fatigue,joint pain ,stiffness,swelling
- Management

11.stochastic and deterministic effect

- deterministic effect-severity of response proportional to dose
- All individuals will be affected
- Includes -effect on cells, tissues , organs, oraltissue, whole body
- Stochastic effect-probability of occurrence of a change is dose independent
- Are all-or-none
- Includes-carcinogenesis

12.acute Whole body irradiation

When the whole body is exposed to low or

moderate doses of radiation there are characteristic changes seen, called Acute Radiation Syndrome which may be followed by death within one month. Individuals surviving ARS may show late somatic effects which may be

- Prodromal syndrome (1-2 Gy): Shortly after exposure the patient may develop nausea, vomiting, diarrhea and anorexia.
- Latent period: This is a period of apparent well being, the extent of which is dose related.
 Symptoms follow the latent period when the individuals are exposed in the lethal rangeradiation syndrome
- 0.25 Sv nil

seen as:

- 0.25 1.0 Sv Prodromal symptoms.
- slight blood changes,
- e.g. decrease in WBC count.
- 1 2 Sv Mild hematopoietic symptoms.
- Vomiting in three hours, fatigue,
- loss of appetite, blood changes
- Recovery in a few weeks.

- 2 6 Sv Severe hematopoietic symptoms.
- Vomiting in two hours, severe blood
- changes, loss of hair within two weeks,
- Recovery in one month to one year for 70%.
- 6 10 Sv Gastrointestinal symptoms.
- Vomiting in one hour, intestinal damage,
- severe blood changes.
- Death in two weeks for 80-100%.
- > 10 Sv Cardiovascular and central nervous
- system symptoms.
- Brain damage, coma, death.

13.angular cheilitis

- Inflammation in the corners of mouth
- Bleeding, blisters, crusty, cracked, painful
- Mgt-nystatin,ketoconazole

14.geographic tongue

- Harmless tongue patches
- Cause-unknown
- No treatment

15. plummer vinson syndrome

Anaemia caused by iron deficiency

- Web like growth of membranes in throat, swallowing difficult
- Risk of esophageal cancer
- Postcricoid dysphagia
- Mgt

16.albrights syndrome

- Affect-bones, skin, endrocine tissues
- Café au lait spots, Precoicious puberty, polyostotic fibrous dysplasia
- Mgt-GnRH agonist, oralphosphate, calcitriol

ST. GREGORIOS DENTAL COLLEGE ORAL MEDICINE AND RADIOLOGY

SECOND INTERNAL EXAMINATION

Time: 3hrs

Score: 70

LONG ESSAY

10*2

1. Classify TMJ diseases. Describe in detail about Rheumatoid arthritis, its etiology, clinical features, diagnosis, management

2. DD of endogenous pigmentation .

SHORT ESSAY

5*4

- 3. Ankylosis, its type, etiology, clinical features, radiographic features, arthroscopy
- 4. Radiation protection to patients, operators, environment
- 5. Describe in detail about various Radiographic imaging techniques

6.TLD badge

SHORT NOTES

3*10

- 7. Addisons disease
- 8. Burtonians line
- 9. Exogenous pigmentation
- 10. Internal derangement
- 11. Pentz-Jegher's Syndrome
- 12. ALARA protocol
- 13. Subluxation
- 14. Management of dislocation
- 15. Clinical features of hypertrophy of condyle
- 16. Eagles syndrome

2nd internal 2016 add batch

1.classification-TMJ diseases

- Rheumatoid arthritis
- Etiology
- Clinical features
- Diagnosis
- Management

2.DD of endogenous pigmentation

- Definition
- Brown melanotic lesions-nevus,melanoma,smokers melanosis
- Brown heam lesions-petechiae, ecchymosis
- Bluish purple lesion-varix, hemangioma
- Clinical features, differenciating factors

3.ankylosis

- Type
- Aetiology
- Clinical features
- Radiographic features
- Arthroscopy

4.radiation protection

- Radioprotection-protection of patient -proper pt selection, proper imaging technique, correct operation of machine and radiographic interpretation
 - waal,leadaprons,TLDdevice,position distance rule
 - Envt protection-barrier wall, alarmlight, TLD devices 5.radiographic imaging technique
 - types
 - Reverse town
 - Submento vertex Brown heam lesions-petechiae, ecch
 - Waters view
 - PA view

6.TDL badge

- Measures radiation exposure
- **Parts**
- Composition
- Mechanism

7.addisons disease

- Adrenal insufficiency
- Fatigue, weakness
- Loss of apetite, weight loss
- Mgt

8.burtonian line

- Clinical sign found in pts with chronic lead poisoning Bluish purplish line

9.exogenous pigmentation

- Classification
- Etiology
- Clinical features
- Management working will dominately the tracks of sidest

10.internal derangement

- Articular disc displaced from its original position
- Cause-loss of structure and function of intra-articular tissue
- Symptoms-paimless clicking initially, occasional painful cicking, intermittend locking, frequent pain, jointtenderness closed locks
 - Mgt-analgesics, jawrest, musclerelaxation, physical therapy

11.pentz-jeghers syndrome

- Hamartomatous poly
- Mucocutaneous pigmentation
- Diagnosis
- Management

12.ALARA protocol

- sign found in pts with chronic lead poisoning The ALARA (As Low As Reasonably Achievable)
- guidelines for radiologic protection for radiation personnel, the maximum annual radiation dose limit of 5 rem per year was recommended.

13.SUBLUXATION

- Subluxation can follow severe trauma but is especially liable to occur in hypermobility syndromes
- Diagnosis
- Patients may have other features of hypermobility syndromes (e.g.
- 'double jointed', easy bruising, cardiac valvular defects, as well as
- aggressive periodontitis and absence of labial fraenae) and possible pain
- over one or both temporomandibular joints.
- Management-Surgery may be warranted.

14.management of dislocation

- Symptomatic pain relief
- Manual reduction
- Intraarticular injection
- Surgical interventions

15.clinical features of hypertrophy of condyle

Facial asymmetry

- . Elongated condylar neck, outward bowing
- Fullness of face

16.eagles syndrome

- Orofacial pain related to elongation of styloid process and styloid ligament calcification
 - Investigation-CT,CBCT,PANORAMIC RADIOGRAPH
 - Mgt-non-surgical, surgical