



PRINCIPLE
Principle : Reciprocal movement of X-ray source
image receptor, around a center of rotation locate
patient, with same speed and same direction will
produce an image called panoramic image.



INDICATION

- Routine diagnostic survey.
- Patients unable to open their mouth.
- Severe gag sensation.
- Evaluation of third molars.
- Evaluation of pathology like cyst or tumors.
- For detection of fracture of jaw.

at areas. .

INDICANT POSIT

too low
Grumb
ON : Chin li









Shot on OnePlus
By Rajvi



OMR POSTERS

OMR UG POSTERS

DISEASES OF PERIAPICAL TISSUE

DISEASE OF PERIAPICAL TISSUES

► After the pulp dies, the inflammatory process will frequently extend through the apical or lateral foramina into the adjacent tissues.

Among the resulting diseases are

- acute periapical inflammation
- periapical granuloma
- radicular cyst

- periapical abscess.

• Extensions of infections originating in teeth may lead to such conditions as osteomyelitis and periostitis

APICAL PERIODONTITIS

Inflammation of all the supporting structures of the teeth in the area surrounding the apex of the tooth. Periapical inflammation is usually due to tooth infection which characteristically causes pain of tooth in its socket. It is often accompanied by destruction of bone and occasionally, the root apex of tooth. However the periapical tissue has the ability to heal if the cause of inflammation is removed.

Acute Apical Periodontitis

► Signs and symptoms of acute apical periodontitis

Thermal change does not induce pain as in pulpitis.

► Due to the collection of inflammatory edema in the periodontal ligament, the tooth is slightly elevated in its socket and causes tenderness while biting or even to mere touch.

The external pressure on the tooth forces the edema fluid against already sensitized nerve endings and severe pain

► Treatment of acute apical periodontitis

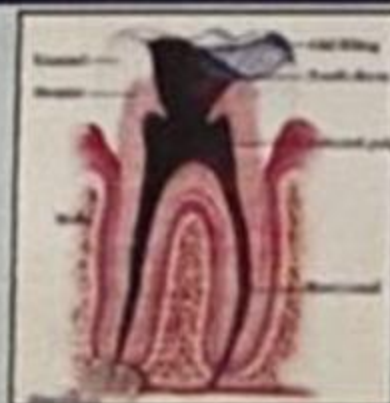
If inflammation is due to occlusal trauma, it should be relieved by selective occlusal grinding.

► Extraction of the diseased tooth – this is the simplest and most effective method as it removes the source of infection and drains the pus.

Chronic Apical Periodontitis

(Periapical granuloma)

Chronic apical periodontitis, also known as periapical granuloma is a low-grade infection. If the acute process is left untreated, it is incompletely resolved and becomes chronic.



Apical periodontitis can be divided into :

• ACUTE

• CHRONIC

• Common causes :

• Infection from pulp necrosis

• Occlusal trauma

• Over instrumentations

(Inadvertent endodontic procedure)

• Pushing infected material into apical portion



Periapical granuloma is essentially a localized mass of chronic granulation tissue formed in response to the infection.

Clinical Features.

- The involved tooth is usually nonvital and may be slightly tender to percussion, and percussion may produce a dull sound instead of a normal metallic sound because of the presence of granulation tissue around the root apex.
- Patients may complain of mild pain on biting or chewing on solid food.
- In some cases, the tooth feels slightly elongated in its socket.
- The sensitivity is due to hyperemia, edema, and inflammation of the apical periodontal ligament.

Radiographic Features

- The earliest periapical change in the periodontal ligament appears as a thickening of the ligament at the root apex.
- As proliferation of granulation tissue and concomitant resorption of bone continues, the periapical granuloma appears as a radiolucent area of variable size seemingly attached to the root apex.
- In some instances, a thin radiopaque line representing a zone of sclerotic bone may sometimes be seen outlining the lesion. This indicates that the periapical lesion is a slowly progressive and long standing one that has probably not undergone an acute exacerbation.



APICAL PERIODONTAL CYST

- (Radicular cyst, periapical cyst, root end cyst)
- It is the most common odontogenic cyst.
- Originating as a result of bacterial infection and necrosis of the dental pulp, nearly always following pulp infection.
- It is a true cyst.

CLINICAL FEATURES

- They are commonly seen between the ages of 20-60 years. But involvement of deciduous dentition is common. Commonly involved teeth are maxillary anteriors.
- The associated tooth shows deep carious region which is seldom painful or sensitive to percussion. It may be a result of loss of local or generalized tissue resistance.



PERIAPICAL ABSCESS

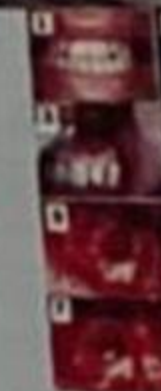
- (Dento-alveolar abscess, alveolar abscess)
- It is an acute or chronic suppurative process may develop either from acute periapical periodontitis or more commonly from periapical granuloma.
- Acute exacerbation of a chronic periapical lesion is also called a phoenix abscess.
- It usually arises as a result of infection following carious involvement of a tooth & pulp infection.
- It is a mixed infection with the culture of pus yielding to a wide range of different bacterial species.

Clinical features

- The acute periapical abscess presents the features of an acute inflammation of the apical periodontium.
- The initial stages produce tenderness of tooth, which is often relieved by application of pressure.
- Rapid extension to adjacent bone marrow spaces frequently occurs, producing an actual osteomyelitis.
- The chronic periapical abscess generally presents no clinical features since it is essentially a mild, well circumscribed area of suppuration that shows little tendency to spread from the local area.

Roentgenographic features

- The acute periapical abscess is such a rapidly progressive lesion that, except for slight thickening of the periodontal ligament space, there is usually no roentgenographic evidence of its presence.
- The chronic abscess presents a radiolucent area at the apex of the tooth described previously or the radiolucency may be ill-defined.



By:- Devanshi Ganatra, Priya Gupta, Ravina Gurudutt

RADIATION PROTECTIVE MEASURES

RADIATION PROTECTIVE MEASURES

ALARA PRINCIPLE (As Low As Reasonably Achievable): "Every efforts should be made to keep the dose to all individuals as low as practical and all unnecessary radiation exposure should be avoided."

PROTECTION OF PATIENT

PROTECTION OF OPERATOR

A. CONDUCTING THE EXAMINATION:

a. CHOICE OF EQUIPMENT:

1. Image receptor selection:

- non- screen film (E- speed films)
- screen film (fastest screen film combination)
- Xeroradiography
- Digital radiography



2. Focal spot to image receptor distance:

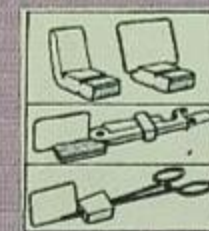
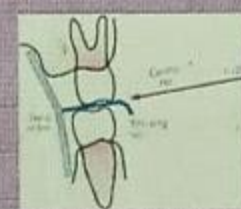
- paralleling cone technique
- two standard focal spot to image receptor distance: one is 20cms and other is 40cms
- Inverse square law
- Rectangular collimation reduces radiation exposure by 60% when compared to cylindrical collimation.



3. Filtration:

- Adequate total filtration corresponding to the tube voltage should be provided to reduce radiation exposure.
- Tube voltage up to 70 kVp: 1.5mm of Al
- Tube voltage > 70 kVp: 2.5mm of Al

4. Lead aprons and collar



b. CHOICE OF TECHNIQUE:

Intraoral projection:

- Use of film holders (paralleling cone technique decreases exposure than bisecting angle technique)

Extraoral projection:

- Use intensifying screen
- Increase tube voltage

c. OPERATION OF EQUIPMENT:

- Tube voltage
- low voltage (65kVp) -> high contrast
- high voltage (80kVp) -> low contrast



d. PROCESSING:

- replenish the solutions
- avoid retakes

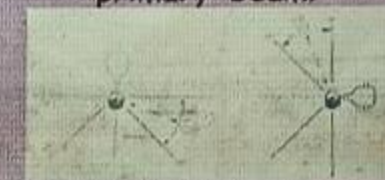
e. INTERPRETATION:

- ideal viewing condition to obtain maximum available information.



Methods:

- a. Use of barrier
 - 0.25mm of lead
 - 9 inches brick wall - best method
- b. Use of leaded apron and collar
- c. Position and distance rule:
 - 6 feet from exposure site.
 - Safe zone : space between 90 - 135degrees to the primary beam.



d. Use of film holding devices



e. Operator should not stabilize film, tube or patient during exposure.



f. Use of personnel monitoring devices

1. pocket dosimeter



2. electronic dosimeter



3. film badge dosimeter



4. thermoluminescent dosimeter



TREATMENT OF OSMF

TREATMENT OF ORAL SUBMUCOUS FIBROSIS

ADVICE TO PATIENT



Discontinue habit



Patient Counseling



Consume red fruits and green leafy vegetables



Physiotherapy with ice cream stick



Physiotherapy with wooden key



Physiotherapy with Heister mouth gag

MEDICAL MANAGEMENT



Systemic
Multivitamins
Lycopene
Beta carotene
 α - lipoic acid
Pentoxifylline



Topical steroids
Betamethasone
Triamcenolone
acetonide



Herbals
Curcumin
Alovera
Green tea
Spirulina



Intralesional injections
Dexamethasone
Hyaluronidase
Hydrocortisone
Placenterex
Interferon - γ

SURGICAL MANAGEMENT



Fibrotomy and Grafting



Cryosurgery



Laser surgery

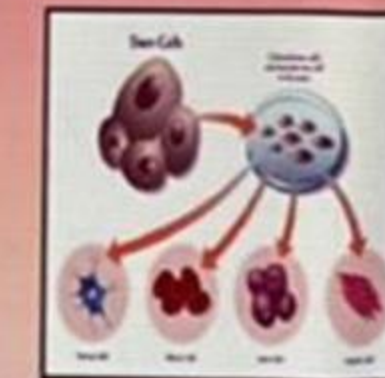
OTHER MODALITIES



Diathermy



Ultrasound

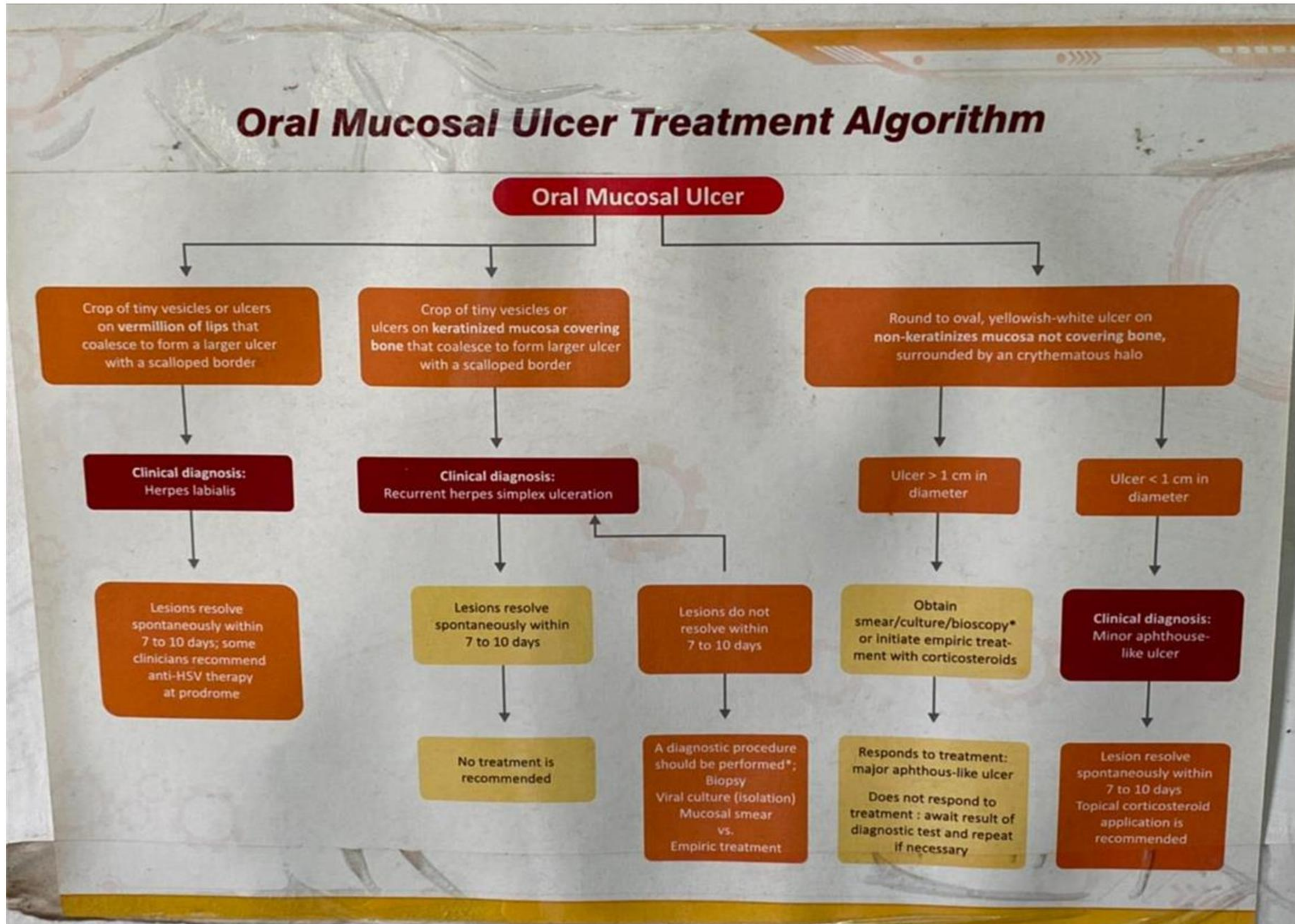


Stem cell therapy



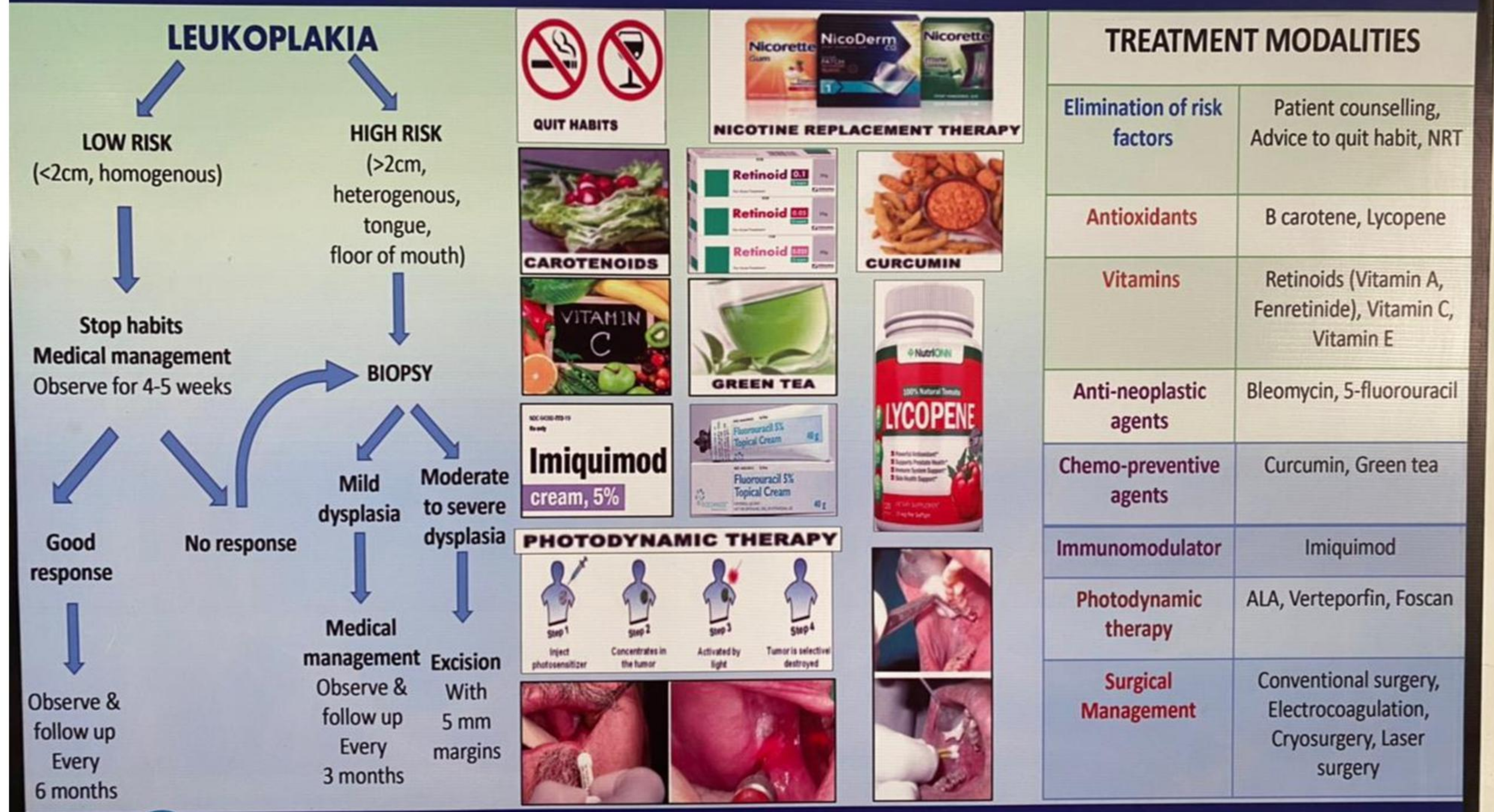
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COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE

ORAL MUCOSAL ULCER TREATMENT ALGORITHM



MANAGEMENT OF LEUKOPLAKIA

MANAGEMENT OF LEUKOPLAKIA



TREATMENT MODALITIES

Elimination of risk factors	Patient counselling, Advice to quit habit, NRT
Antioxidants	B carotene, Lycopene
Vitamins	Retinoids (Vitamin A, Fenretinide), Vitamin C, Vitamin E
Anti-neoplastic agents	Bleomycin, 5-fluorouracil
Chemo-preventive agents	Curcumin, Green tea
Immunomodulator	Imiquimod
Photodynamic therapy	ALA, Verteporfin, Foscan
Surgical Management	Conventional surgery, Electrocoagulation, Cryosurgery, Laser surgery



SELF ASSESSMENT FOR ORAL CANCER

FOR ORAL CANCER

EARLY STAGE ORAL CANCER IS OFTEN PAINLESS & GOES UNDETECTED

HOW TO SEE ?

- Throat 'Ahh'**: Looking for bilateral symmetry & colour changes
- Tongue & Gauze**: Examination for Hard Spots and lesions on borders base and underside
- Lip & Cheek Roll**: Feeling for lumps or thickening and sores
- Double Digit Palpation**: Palpating the floor of mouth for hard spots
- Palate Tickle**: Checking for abnormality on the hard and soft palate
- Reduced Mouth Opening**: A gradual decrease in mouth opening
- Non Healing Ulcer**: Long lasting ulcer in oral cavity
- Red or White Patch**: Visible red or white patches in oral cavity
- Neck Caress**: Palpating for enlarged or hard / firm lymph nodes

WHAT TO SEE ?

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College of Dental Science & Research Centre

LESIONS OF LIP

LESIONS OF LIP

ANGULAR CHEILITIS



TRAUMATIC UPPER LIP



ANGIOEDEMA



KERATOACANTHOMA



PRIMARY SYPHILIS



EROSIVE LICHEN PLANUS



HERPES LABIALIS



CHEILITIS GLANDULARIS



PIGMENTED LESIONS

PIGMENTED LESIONS



ORAL MELANOTIC MACULE



PHYSIOLOGICAL
PIGMENTATION



ADDISON'S DISEASE



HEAVY METAL
PIGMENTATION



HEMANGIOMA



SMOKER'S MELANOSIS



MELANOMA



PEUTZ-JEGHERS
SYNDROME

DERMATOLOGICAL LESIONS

DERMATOLOGICAL LESIONS

ORAL LESIONS

SKIN LESIONS

LICHEN PLANUS



BULLOUS PEMPHIGOID



LUPUS ERYTHEMATOSUS



ERYTHEMA MULTIFORME



RECENT TREATMENT MODALITIES FOR ORAL CANCER

Recent Treatment Modalities for Oral Cancer

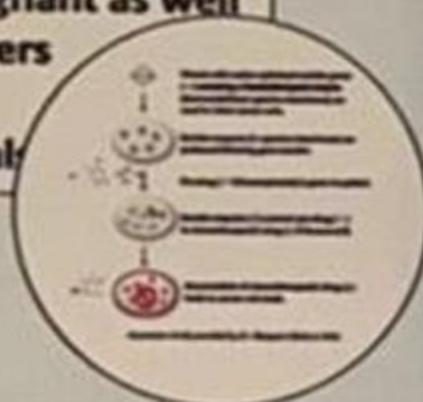
Proton beam therapy

- High energy protons targeted towards the tumour cause destruction of tumour cells due to their biological property.
- Used in salivary gland tumours like adenoid cystic carcinoma
- Used in humans



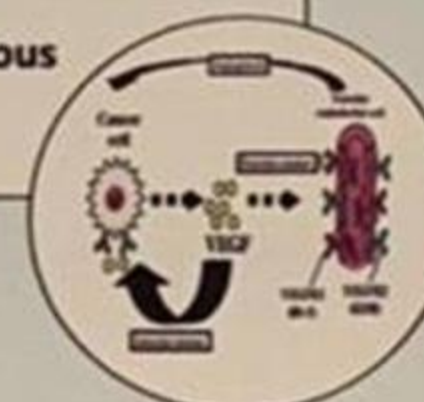
Gene therapy

- Based on the theory that new genetic material into target (cancerous) cells while causing no damage to surrounding healthy cells and tissue
- Used in premalignant as well as malignant disorders of head and neck
- Under clinical trial



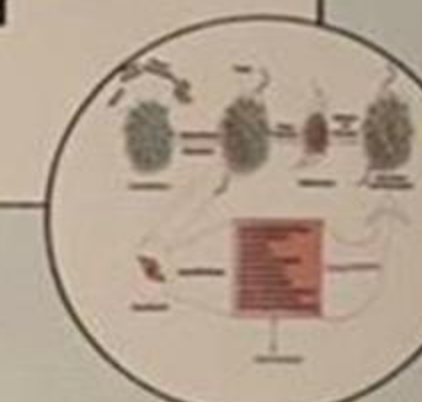
VEGF

- Anti-VEGF (Vascular Endothelial Growth Factor) monoclonal antibodies reduce growth of tumour cells due to decrease in blood supply
- Used in squamous cell carcinomas
- Clinical trials



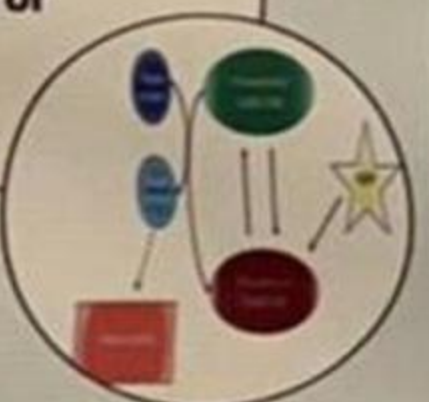
Oral Glutamine

- It is present in plasma and normal levels are required to maintain and preserve gut integrity
- Used in patients having radiation induced mucositis
- Undergoing Animal studies



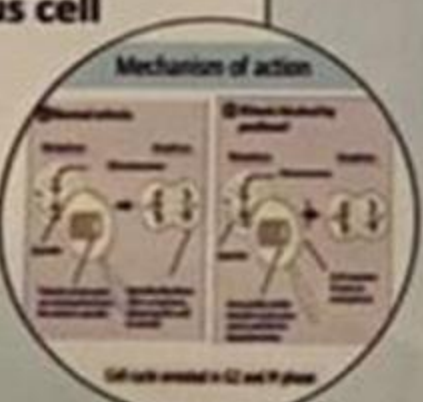
Photodynamic therapy

- PDT is based on initial sensitization of the target tissue with an agent with photosensitizing properties.
- Used in premalignant as well as malignant lesions of the oral cavity and larynx
- Used in humans



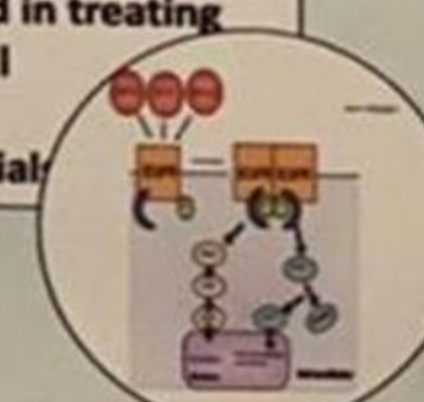
NACT

- Drugs like taxane (docetaxel), paclitaxel and cisplatin can be used to reduce surgical margins and distant metastasis rates.
- Can be used in oral cancers especially Squamous cell carcinomas
- Undergoing clinical trials



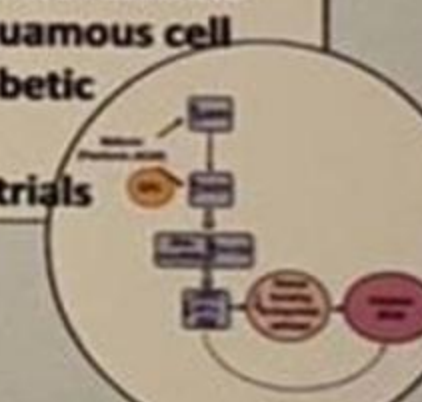
EGFR

- Anti-EGFR antibodies (most commonly monoclonal cetuximab) and small molecule tyrosine kinase target EGFR
- Commonly used in treating Oral Squamous cell Carcinomas
- Under clinical trial



Metformin


- Metformin treated cancer cells modulate macrophage polarization and causes cell cycle arrest
- Can be used in oral cancers especially Oral squamous cell carcinomas in diabetic patients
- Under clinical trials



NORMAL RADIOGRAPHIC ANATOMY

NORMAL RADIOGRAPHIC ANATOMY


TEETH



PERIODONTAL SPACE



ALVEOLAR CREST




LAMINA DURA




ENAMEL, DENTIN, PULP

MAXILLA


INCISORS



NASAL SEPTUM



ANT. NASAL SPINE



ANT. FLOOR OF NASAL APERTURE



INCISIVE FORAMEN




ANT. FLOOR OF NASAL APERTURE




INTER MAXIL. SUTURE


CANINE



FLOOR OF NASAL APERTURE



ANT. BORDER OF MAX. SINUS




NASOLACRIMAL CANAL



NASOLABIAL FOLD


PRE-MOLARS & MOLARS




INF. BORDER OF MAX. SINUS



HAMULAR NOTCH




ZYGOMATIC PROCESS



PTERYGOID PLATES

MANDIBLE


INCISORS & CANINE




GENIAL TUBERCLES



LINGUAL FORAMEN



MENTAL FOSSA




MENTAL RIDGE

PRE-MOLARS



MENTAL FORAMEN

MOLARS



SUBMANDIBULAR FOSSA



EXT. OBLIQUE RIDGE



MANDIBULAR CANAL



CORONOID PROCESS



INF. BORDER OF MANDIBLE

RESTORATIONS



STAINLESS STEEL CROWN



PORCELAIN



ORTHODONTIC APPLIANCES




CAST GOLD CROWN



COMPOSITE RESTORATION



STAINLESS STEEL PINS



GUTTA PERCHA CONES

JANAM THAKORE
KINNARI THAKORE
ANKIT TRADA

HARSHIT VARMA
DIGISHA VYAS
DEVANSHI DESAI

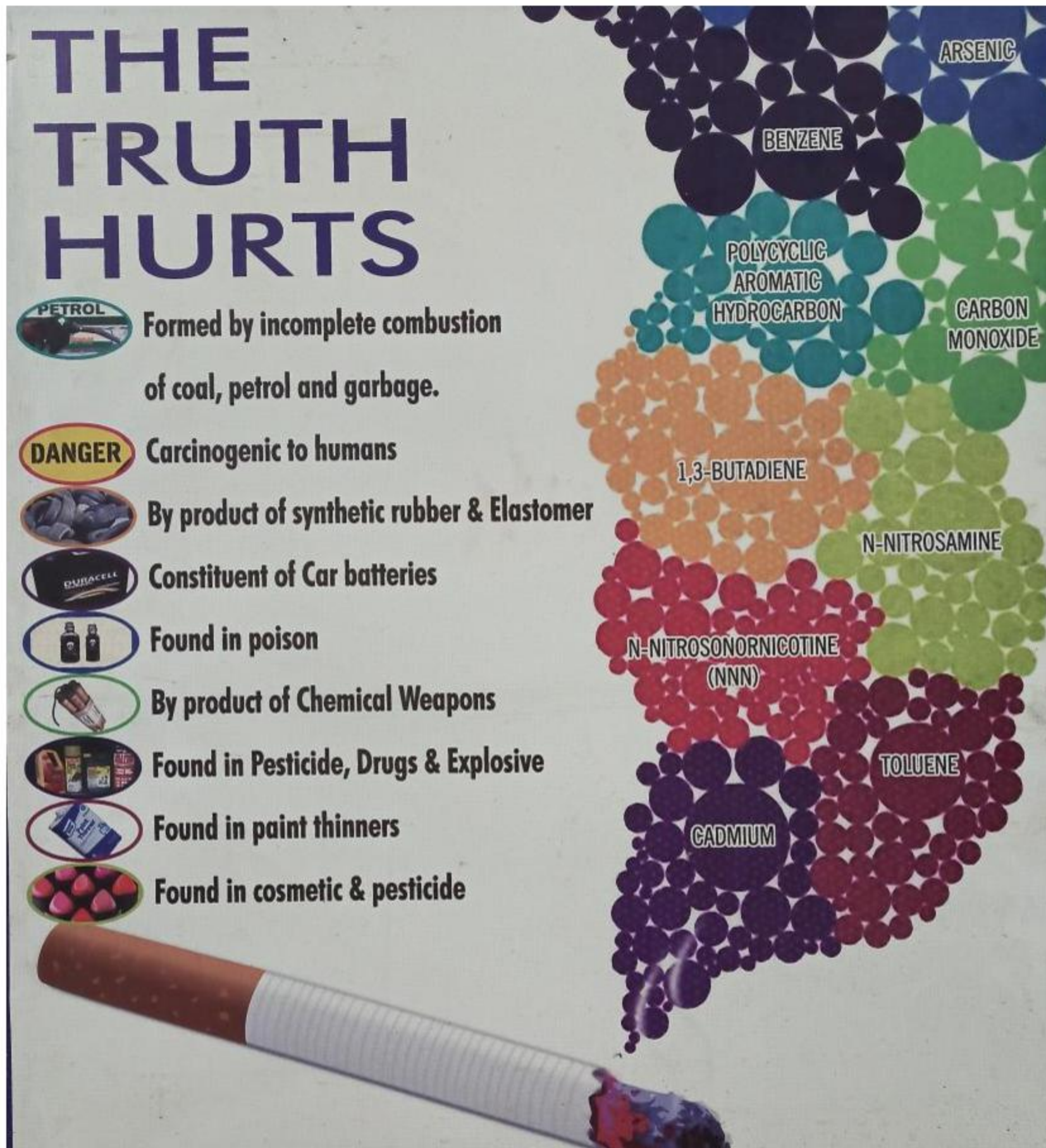
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GUIDED BY
Dr. SONAL DUDHIA
Dr. MAYANK K. C.

THE TRUTH HURTS

THE TRUTH HURTS



PETROL Formed by incomplete combustion of coal, petrol and garbage.

DANGER Carcinogenic to humans

By product of synthetic rubber & Elastomer

Constituent of Car batteries

Found in poison

By product of Chemical Weapons

Found in Pesticide, Drugs & Explosive

Found in paint thinners

Found in cosmetic & pesticide

ARSENIC

BENZENE

POLYCYCLIC AROMATIC HYDROCARBON

CARBON MONOXIDE

1,3-BUTADIENE

N-NITROSAMINE

N-NITROSORNICOTINE (NNN)

TOLUENE

CADMIUM

An estimated no. of **7357** chemical compounds are found in Cigarette smoke.
At least **70** of these are **Toxic** or **Carcinogenic**.

SO QUIT SMOKING, MAY BE DIFFICULT, BUT NOT IMPOSSIBLE.

Department of Oral Medicine & Radiology
College of Dental Science & Research Centre

NON-INVASIVE AIDS IN EARLY DIAGNOSIS OF POTENTIALLY MALIGNANT DISORDERS

NON-INVASIVE AIDS IN EARLY DIAGNOSIS OF POTENTIALLY MALIGNANT DISORDERS

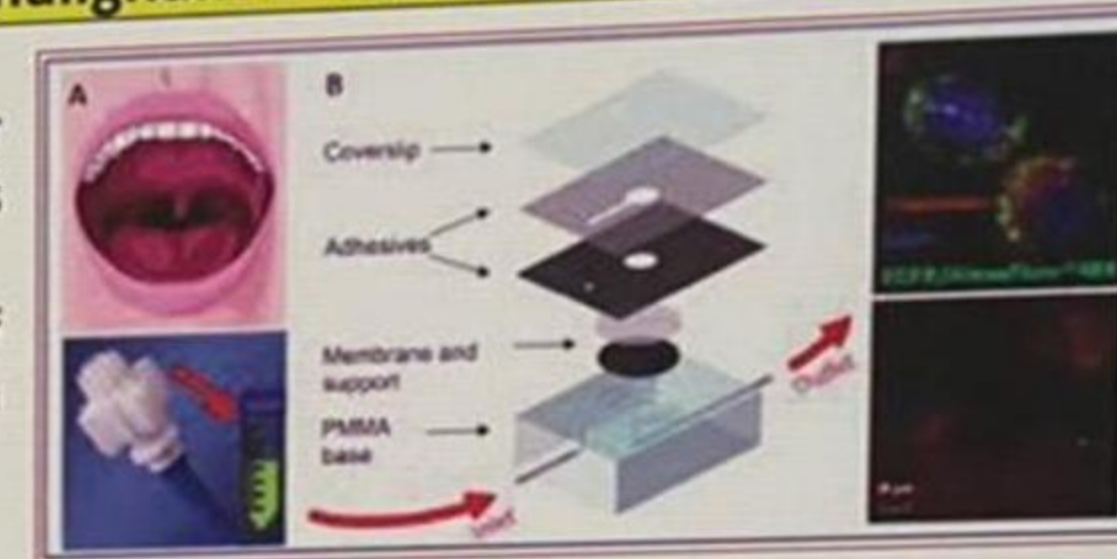
AIM: To discuss Early detection and diagnosis of oral cancer and potentially malignant disorders.



LIGHT BASED AIDS

- > Oral screening will be helpful in detection of tissues with abnormal metabolic or structural changes.
- > Based on absorption and reflection property.

- > To detect Epidermal Growth Factor Receptor on bio chip platform as EGFR is over expressed in OSCC
- > It combines the power of cytomorphometric analysis with quantification of tumor biomarkers.



NANO CHIPS SENSOR



LASER CAPTURE MICRODISSECTION

- > LCM is used with immunohistochemical staining to detect bio marker and establish protein finger print model.
- > Exact morphology of captured and normal cells are preserved.

- > Identification of clinically suspicious mucosal abnormalities.
- > Demarcating the extent of potentially malignant lesion prior to biopsy.



VITAL STAINING



COLPOSCOPE

- > It is a Stereoscopic biocular field microscope.
- > It detects vascular and color tone changes in pre malignancy and malignancy.
- > Aids in differentiating high grade(dull shade of white) and low grade(bright white) lesions.

- > Simple pain free non aggressive method to collect sample from the white/red lesions, fungal and herpetic lesions.



BRUSH BIOPSY



AYURVEDA AND ORAL CANCER

AYURVEDA AND ORAL CANCER

"Let Food Be Thy Medicine"

Ayurvedic medicine acts by controlling, inhibiting and suppressing potential cancerous agents and transforms them to *less* toxic compounds.

Their anticancerous property is mainly due to presence of antioxidants which act by scavenging the *free radicals*.

TURMERIC: CURCUMA LONGA

Available in raw form, powder, supplement capsules and as turmeric oil.



Raw turmeric

Turmeric oil

Turmeric supplements



Green tea

Cherries

Cocoabeans

CATECHINS

Present in abundant quantity in tea leaves, cocoa beans, apricot, cherries, berries, apples, peach etc.

LEMON: CITRUS LIMON

Available as fresh lemon extract, citrus supplements in form of capsules tablets syrups etc.



Citrus supplements

Lemon extracts

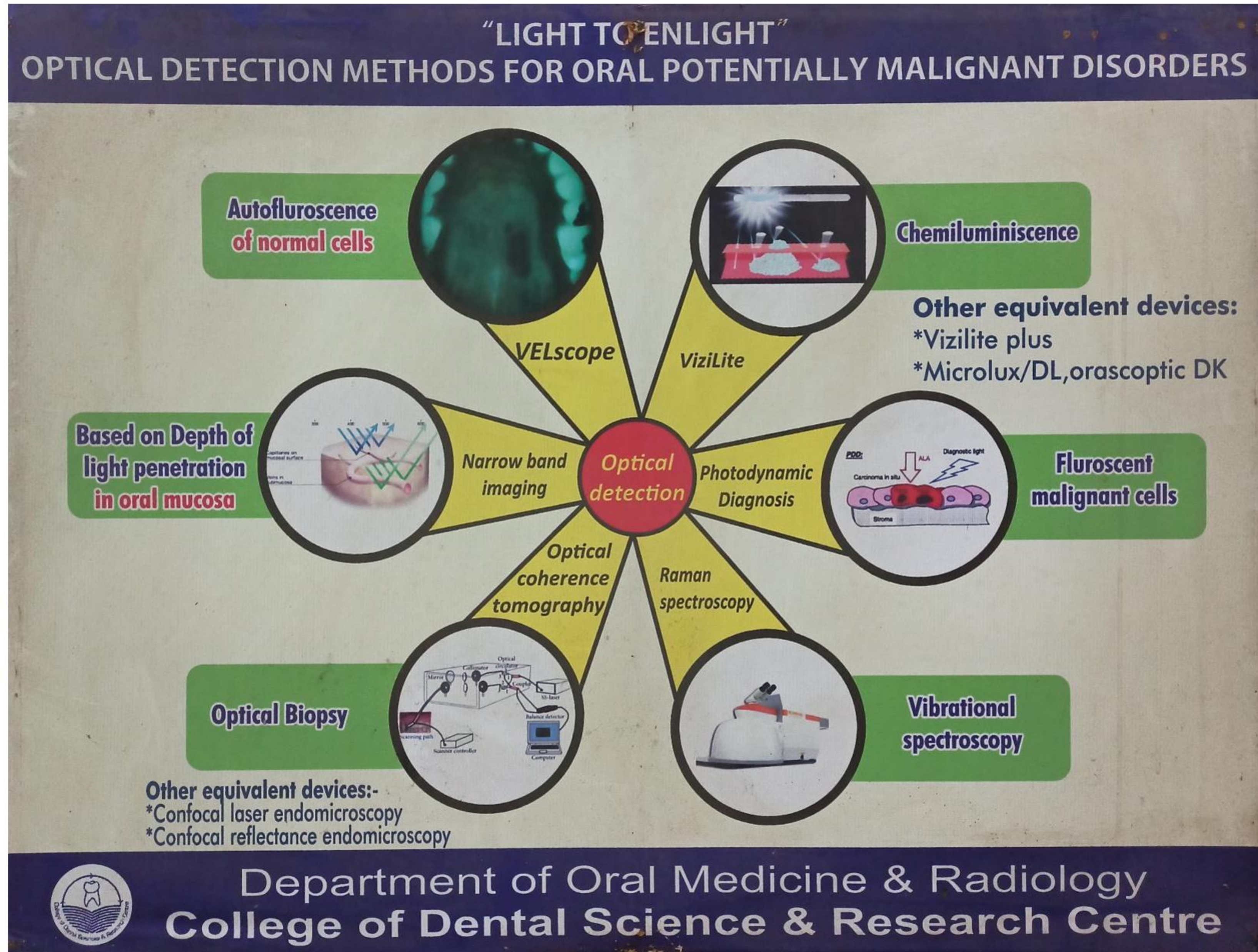
Fresh lemon juice

Other Anticancerous Agents: Walnuts, Cruciferous vegetables, Algae, Medicinal Mushrooms, Garlic, Aloe vera, Hemp seeds, Sea vegetables, Coffee beans, Beetroots, Carrot essentials, Bittergourd extracts, etc.

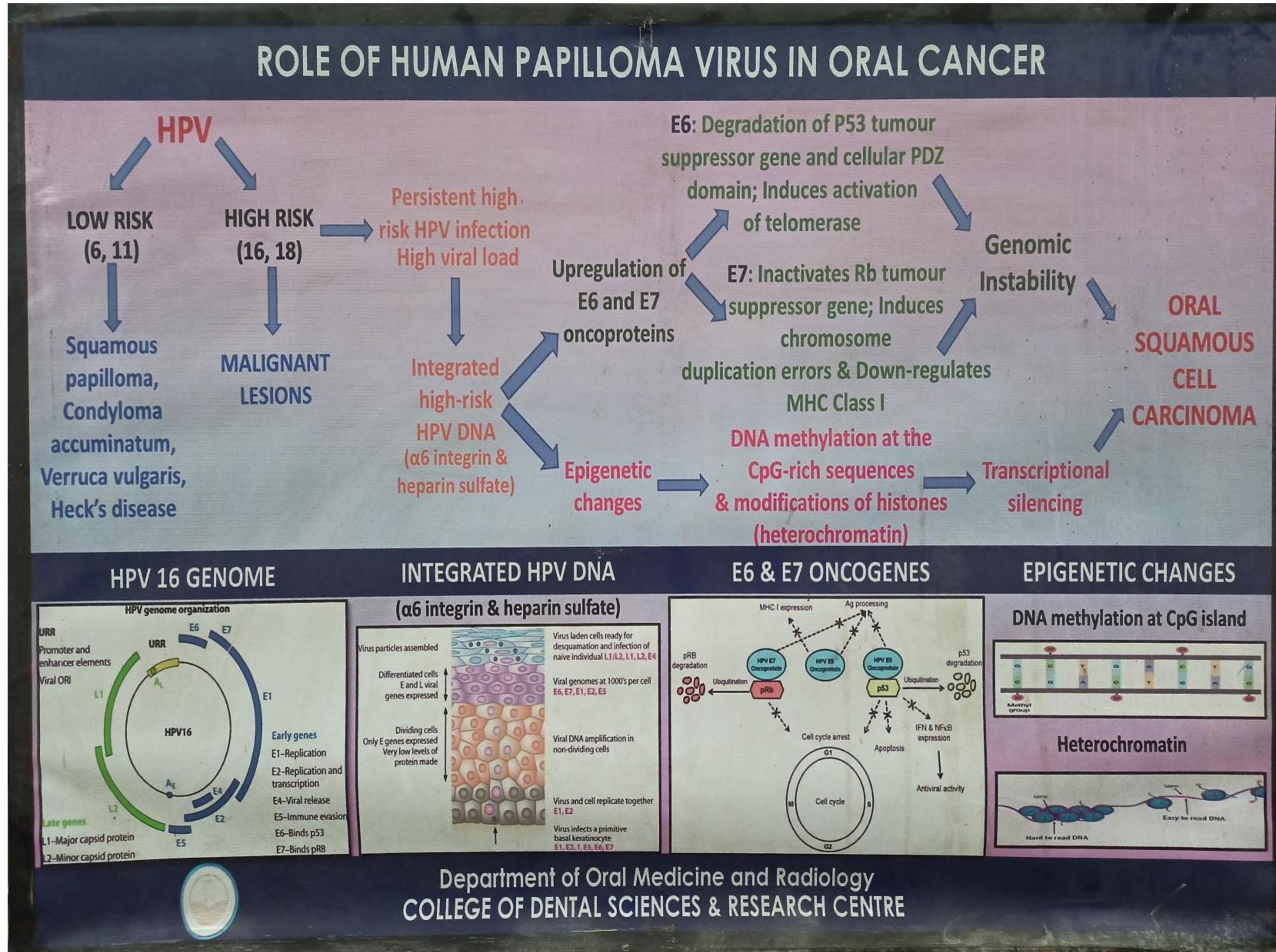


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OPTICAL DETECTION METHODS FOR POTENTIALLY MALIGNANT DISORDERS



ROLE OF HPV IN ORAL CANCER



p63: Expression on survival in OSCC

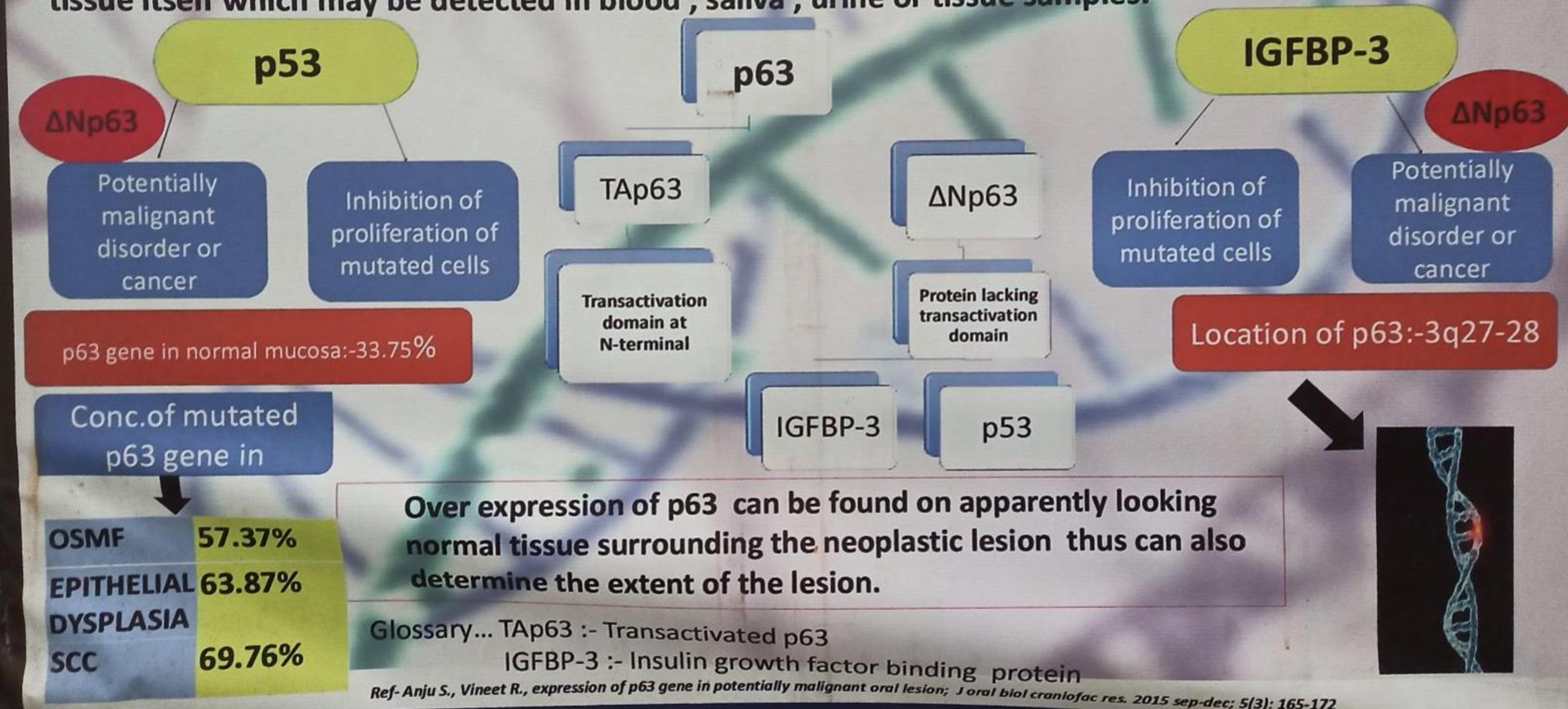
p63 : Expression on survival in OSCC

p63 is tumor suppressor gene , member of p53 family.

It is found in SCC, embryogenic tissue & stem cells of basal layer of oral mucosa.

It is overexpressed in osmf , epithelial dysplasia & scc.

Tumor Marker:- Substances usually proteins produce by body in response to cancer growth or by the cancer tissue itself which may be detected in blood , saliva , urine or tissue samples.



OMR PG POSTERS

CASE OF - AMELOBLASTOMA INVOLVING LEFT BODY OF MANDIBLE



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MAA KAMLA CHARITABLE TRUST, BOPAL

CASE OF MONTH

Extra Oral View



A female patient with extraoral swelling in the left side of the lower one third of face and marked facial asymmetry since 2 months.

Intra Oral View



Intra-oral dome shaped swelling extending from distal aspect of 34 till the mesial aspect of 37 causing vestibular obliteration. Egg shell crackling present on palpation.



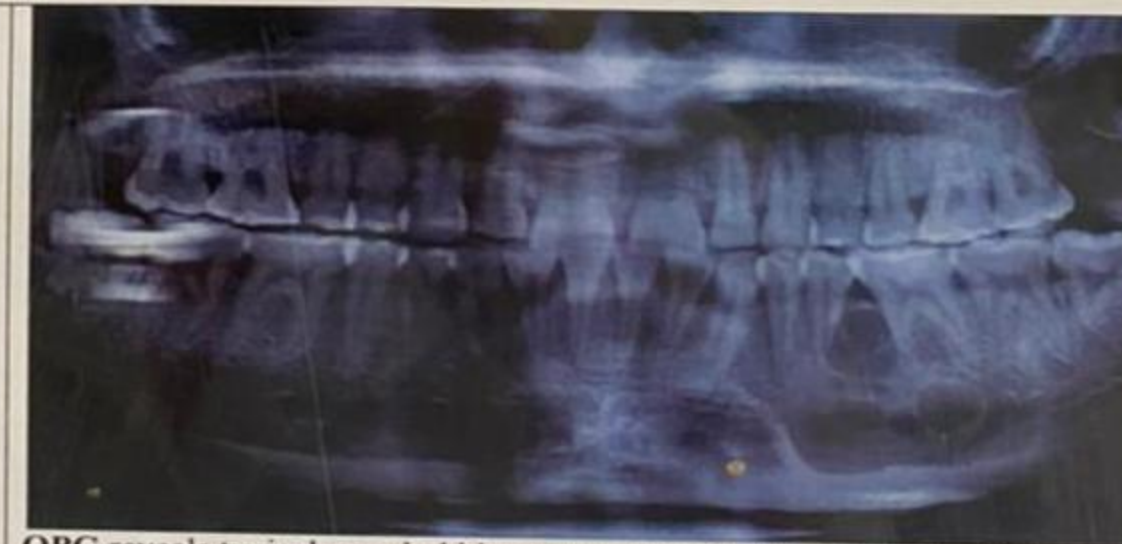
IOPA with 34, 35, 36, 37 reveals area of bone destruction giving typical soap bubble appearance. 5 locules can be appreciated. Root resorption in apical third of mesial root of 36 and displacement of root of 35 and 36.



Left lateral Occiusal radiograph reveals expansion of buccal cortical plate expansion with slight area of discontinuity. The internal aspect reveals septa.



Lateral oblique on left side reveals scoop out area of bone destruction extending from mesial aspect of 35 to distal aspect of 37 antero-posteriorly. Superio-inferiorly the bone destruction from alveolar crest to inferior cortex. Soap bubble appearance with scooping of the cortex. Knife edge Root resorption on mesial aspect of 35.



OPG reveals typical soap bubble appearance. IAC appears to be displaced inferiorly in the region of radiolucency.

Clinicoradio diagnosis:- Ameloblastoma involving left body of mandible

GINGIVAL DISEASES

GINGIVAL DISEASES

Dental Plaque Induced Gingival Diseases

1. Gingivitis associated with dental plaque only

- A. Without local contributing factor
- B. With Local contributing factor



2. Gingival disease modified by systemic factors

- A. Associated with endocrine system
 - a. Puberty associated gingivitis
 - b. Menstrual cycle associated gingivitis
 - c. Pregnancy associated gingivitis
 - d. Diabetes mellitus-associated gingivitis
- B. Associated with Blood dyscrasias
 - a. Leukemia associated gingivitis



3. Gingival disease modified by medications

- A. Drug influenced gingival disease
 - i. Drug influenced gingival enlargement
 - ii. Drug influenced gingivitis
 - iii. Contraceptives associated gingivitis



4. Gingival disease modified by malnutrition

- A. Ascorbic acid deficiency gingivitis



Non-Plaque Induced Gingival Lesions

1. Gingival diseases of bacteria origin

- A. *Nisseria gonorrhoeae*
- B. *Streptococcus* species



2. Gingival diseases of fungal origin

- A. *Candida* species infection
- B. Linear gingival erythema
- C. Histoplasmosis



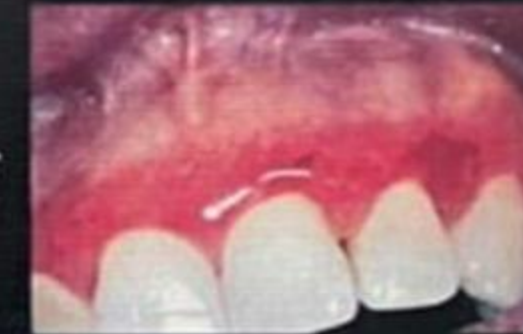
3. Gingival lesion of genetic origin

- A. Hereditary gingival fibromatosis



4. Gingival manifestation of systemic conditions

- A. Mucocutaneous lesion
 - I. Lichen planus
 - II. Pemphigoid
 - III. Pemphigus vulgaris
 - IV. Erythema multiforme
 - V. Lupus erythematosus
 - VI. Drug induced
- B. Allergic reaction
 - I. Dental restorative material
 - i. Mercury
 - ii. Nickel
 - II. Reactions attributable to:
 - i. Toothpastes or dentifrices
 - ii. Mouth rinses or mouthwashes



5. Traumatic lesions

- A. Chemical injury
- B. Physical injury
- C. Thermal injury



6. Gingival disease of viral origin

- A. Herpes virus infection



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

Rinky Thaker, Priti Thummar, Drashti Trivedi, Ameer Uddin, Tithi Vaid, Vaishnavi G
Chirag Vaniya, Oshin Verma, Khushbu Vyas

ULCERATIVE VESICULAR BULLOUS LESIONS



ACUTE NECROTIZING ULCERATIVE GINGIVITIS



ERYTHEMA MULTIFORME



GINGIVOSTOMATITIS

ACUTE MULTIPLE LESION



STEVEN'S - JOHNSON SYNDROME



TOXIC EPIDERMAL NECROLYSIS



HERPES ZOSTER

Prepared by :
 Bharvi Patel Chandni Patel Dhairya Patel
 Final Year (2012-13)



APTHOUS MINOR

APTHOUS MAJOR



BEHCET'S SYNDROME

RECURRENT ORAL ULCER

ULCERATIVE, VESICULAR, BULLOUS LESION

SINGLE ULCER



MUCORMYCOSIS



BLASTOMYCOSIS



HISTOPLASMOSIS



TRAUMATIC ULCER



BULLOUS PEMPHIGOID



CICATRICAL PEMPHIGOID



EPIDERMOLYSIS BULLOSA

CHRONIC MULTIPLE LESION



IgA



PARANEOPLASTIC PEMPHIGUS

Guided by :

Dr. Varsha Maheshwari Dr. Sonal Dudhiya
 Dr. Pritesh Rupareliya Dr. Madhura Dalal
 Dr. Navneet Gill

CASE HISTORY PROFORMA

CASE HISTORY PROFORMA

It is a planned professional conversation that enables the patient to communicate his/her symptoms, feelings and fear to the clinician so that the nature of the patient real and suspected illness and mental attitudes may be determined.



INTERROGATION :

CASE NUMBER : For the record purpose & statistical analysis of record of hospital.
DATE : For the record purpose.
NAME : For the communication Purpose & psychological comfort of patient.
AGE : Certain diseases are more common in certain age group.
SEX : Certain diseases have high affection towards a either sex.
ADDRESS : Some disease are more prevalent in certain areas. e.g. endemic fluorosis.
CONTACT NO. : For record purpose and for the reminder regarding to next appointment.
OCCUPATION : One disease have shown their peculiar predilection towards certain occupation.
MONTHLY INCOME : For to know the economic status.
MARITAL STATUS : Some diseases are sexually transmitted. e.g. H.I.V., Syphilis.

CHIEF COMPLAINT :

- It is the reason for which the pt. has come to doctor.
- It should be recorded in pt's own words.
- Each of these complaint should be recorded in chronological order. If few complaints starts simultaneously, recorded them in order of severity. It is always be favoured by duration.
- It aids in the diagnosis and the treatment planning.



ASSOCIATED COMPLAINT :

- The complaint of Pt. by which the Pt. is not aware and clinician suspect the complaint during the examination. e.g. presence of premalignant lesions.

ODP/HISTORY OF PRESENT ILLNESS :

ONSET : It should be in term of time, in days, weeks, months, before the current appointment.
DURATION : since how many days complaint was present.
PROGRESS : It may be described as intermittent, recurrent, constant, increasing or decreasing severity and aggravating and relieving factors should be noted.

PAST AND PRESENT MEDICAL/SURGICAL HISTORY :

- | | |
|-------------------------|------------------------------------|
| • H/O DIABETES MELLITUS | • H/O HEPATITIS A/B etc. |
| • H/O HYPERTENSION | • H/O PSYCHOSOMATIC PROBLEMS |
| • H/O CARDIAC PROBLEMS | • H/O HYPER ACIDITY |
| • H/O BLOOD DISORDERS | • H/O MENSURATION CYCLE |
| • H/O TUBERCULOSIS | • H/O MENOPAUSE |
| • H/O CANCER | • H/O PREGNANCY |
| • H/O BRONCHIAL ASTHMA | • H/O HOSPITALIZATION OR OPERATION |
| • H/O RADIATION | • H/O DRUG AND DRUG REACTION |
| • H/O ALLERGY | • PHYSICIAN'S NAME AND ADDRESS. |

PAST DENTAL HISTORY :

Past dental history includes previous restoration, periodontic, endodontic or oral surgical treatments, reasons for loss of teeth, experience with orthodontic appliances, dental prosthesis and radiation.

FAMILY HISTORY :

- Many diseases do reoccur in families. e.g. Haemophilia, Tuberculosis, Diabetes, Hypertension, Peptic ulcer.
- MEDICAL/DENTAL HISTORY
- NO. OF FAMILY MEMBERS :

PERSONAL HISTORY :

- | | |
|--------------------------|-------------------------------|
| • DIET | • ORAL HYGIENE HABITS |
| • APPETITE | • HARMFUL ORAL HABITS |
| • SLEEP | • HISTORY OF EXPOSURE |
| • BOWEL / BLADDER HABITS | • IMMUNIZATION (FOR CHILDREN) |

GENERAL EXAMINATION

GAIT : Means the way the patient walks.
BUILT : Poorly, moderately and well built.
NOURISHMENT : Well nourished, malnourished.
MENTAL STATUS :
NAILS : To see if the clubbing, cyanosis, pallor are present or absent.
ICTERUS : There is icteric tint of sclera due to increase of bilirubin level.

VITAL SIGNS :

BLOOD PRESSURE
 PULSE
 RESPIRATION
 TEMPERATURE

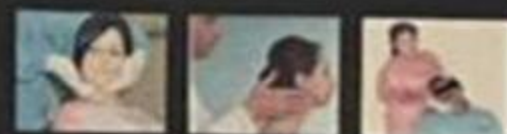


EXTRA-ORAL EXAMINATION :

TEMPORO-MANDIBULAR JOINT : Medical history of illness of TMJ particularly rheumatoid arthritis, osteoid arthritis, asymmetry assess the growth development, mandibular movement.



LYMPHNODE PALPATION :



SINUSES :
SWELLING :
SALIVARY GLAND :
SCAR :

INTRA-ORAL EXAMINATION :

MOUTH OPENING : Measurement of mouth opening by scale or vermillion calliper from the upper incisal edge to the lower incisal edge.



HARD TISSUE EXAMINATION

- NO. OF TEETH PRESENT / ABSENT :
- STAINS AND CALCULUS :
- MOBILITY :
- ATTRITION :
- ABRASION :
- EROSION :
- FRACTURED TOOTH :
- ROOT PIECES :
- OCCCLUSION :
- DEVELOPMENTAL ANOMOLIES :
- HARD PALATE :
- BONE : Maxilla / Mandible



SOFT TISSUE EXAMINATION:

- GINGIVA : Shape, Color, Contour, Consistency, Position, Surface Texture.
- ORAL HYGIENE STATUS :
- PERIODONTAL STATUS :
- LIPS :
- LABIAL MUCOSA :
- BUCCAL MUCOSA :
- VESTIBULE :
- FLOOR OF THE MOUTH :
- TONGUE : Dorsal, ventral and lateral surfaces are checked.
- LABIAL MUCOSA - Hard Palate, Soft Palate and Uvula are checked.



LOCAL EXAMINATION OF AREA OF CHIEF COMPLAINT:

INSPECTION : It involves visual observation. Location, Size, shape, color, surface, edge, floor, extension and surrounding area are seen.



PALPATION : It is the act of feeling the structures by the sense of touch. All inspectory findings are confirmed. Types : Bimanual, Bidigital, Bilateral, Compression. Temperature, tenderness, size, shape, extent, surface, edge, border, fixity, induration are palpated.



PERCUSSION : It refers to an act of striking a part of the body with the fingers or an instrument in order to assess the condition of the underlying structures. P. O. P. is measured by two methods : Vertical & horizontal percussion.

EXAMINATION OF ANY OTHER LESION PRESENT IN ORAL CAVITY:

Inspection, palpation, percussion are recorded as in local examination. e.g. any premalignant / malignant lesions

PROVISIONAL DIAGNOSIS:

It is also called as tentative or working diagnosis & is arrived at after evaluating the case history & performing through a physical examination. A conclusive diagnosis at this stage may not be possible without carrying out further investigation. Hence, provisional diagnosis is just temporary assumption. If the sign & symptoms are definitive indicators of a specific diseases process, the final diagnosis can be arrived at even without carrying out any investigation.

DIFFENTIAL DIAGNOSIS :

If the diagnosis not conclusive for a definite disease process, a list of probable diagnosis can be recorded in the patient's case history.

INVESTIGATION :

ROUTINE INVESTIGATION :

- HB
- TC/DC
- BT
- CT
- ESR
- BLOOD SUGAR

SPECIAL INVESTIGATION :

- LFT
- CREATININE
- VDRL
- ELISA
- RADIOGRAPH: EXTRA ORAL :
 • OPG

- BIOPSY :
- CYTOLOGY / FNAC :

FINAL DIAGNOSIS :

- The final diagnosis or conclusive diagnosis is arrived at after successfully carrying out the relevant & necessary investigations.

TREATMENT PLAN :

ADVICE TO PATIENT : As per habit
PRESCRIPTION : According to diagnosis
FOLLOW UP : Recall of the patient is done to evaluate the outcome of therapy.
PROGNOSIS : Is the prediction of the course, duration & termination of the disease & the likelihood of its response to treatment.

Department of Oral Medicine & Radiology

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 Final Year 2012-13 Dr. Madhura
 Dr. Navneet G

EXTRAORAL RADIOGRAPHIC PROJECTIONS

EXTRA-ORAL RADIOGRAPHIC PROJECTIONS

	Lateral Ceph	SMV	Waters	PA Ceph	Reverse Towne	Oblique Lateral Body	Oblique Lateral Ramus
Patient placement	Film parallel to midsagittal plane	Canthomeatal line parallel to film	Canthomeatal line at 37° with film	Canthomeatal line at 10° with film	Canthomeatal line at -30° with film	Film in contact with cheek at molar area	Film in contact with cheek at ramus area
Central beam	Beam perpendicular to film	Beam perpendicular to film	Beam perpendicular to film	Beam perpendicular to film	Beam perpendicular to film	Beam aims at the molar-premolar area	Beam aims at the ramus area
Diagram of patient placement							
Illustration of patient placement							
Skull view							
Resultant image							

ORAL MANIFESTATIONS OF AIDS

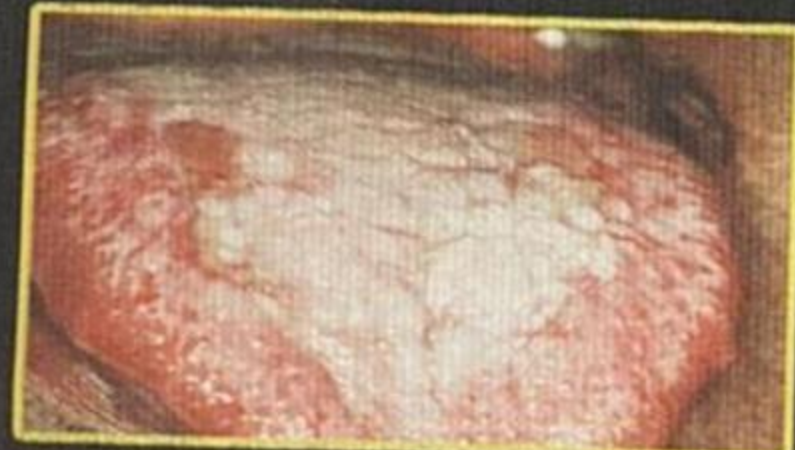
ORAL MANIFESTATIONS OF AIDS



NECROTIZING
ULCERATIVE GINGIVITIS



NECROTIZING ULCERATIVE
PERIODONTITIS



CANDIDIASIS OF TONGUE



PRIMARY HERPES



PAPILLOMA



KAPOSI'S SARCOMA



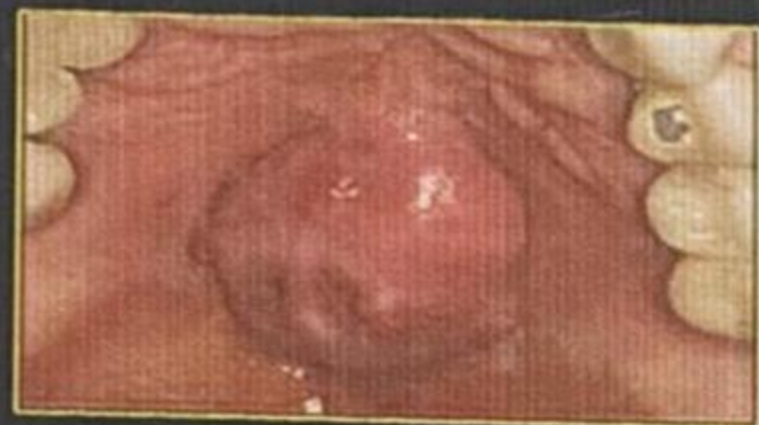
HAIRY LEUKOPLAKIA



NECROTIZING STOMATITIS

LESIONS OF PALATE

LESIONS OF THE PALATE



TORUS PALATINUS



PALATAL ABSCESS



NICOTINA STOMATITIS



**NECROTIZING
SIALOMETAPLASIA**



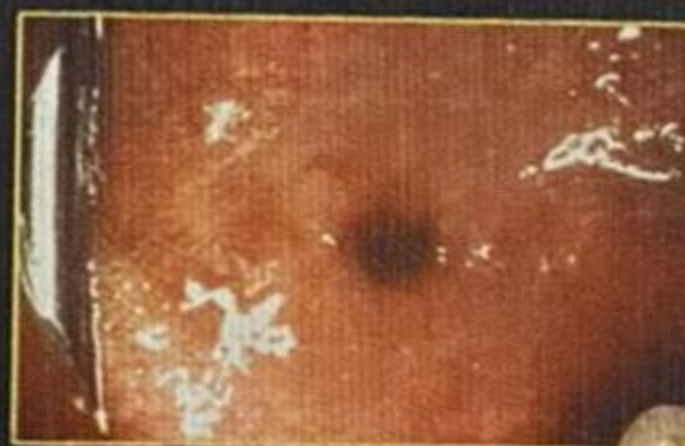
**HIV ASSOCIATED NON-
HODGKIN'S LYMPHOMA**



**NASOPALATINE DUCT
CYST**



**PLEOMORPHIC
ADENOMA**



**HEAVY METAL
PIGMENTATION**

JUVENILE ARTHROSIS



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: JUVENILE ARTHROSIS (BOERING'S DISEASE) AND RIGHT ANTERIOR DISC DISPLACEMENT WITHOUT REDUCTION

20 YEAR OLD FEMALE PATIENT CAME WITH THE CHIEF COMPLAINT OF PAIN IN CHEEK REGION NEAR TO THE FRONT PORTION OF EAR ON RIGHT SIDE SINCE 2 MONTHS.

EXTRA ORAL PHOTOGRAPHS



- Mouth opening is reduced.
- Deviation of mandible is present on right side.
- No other apparent facial changes seen.

INTRA ORAL PHOTOGRAPHS



- Intra oral photographs showing anterior open mouth with narrow maxillary arch and increased overjet.
- Slight flattening of occlusal surface of all teeth is present.

OPG & TMJ OPG



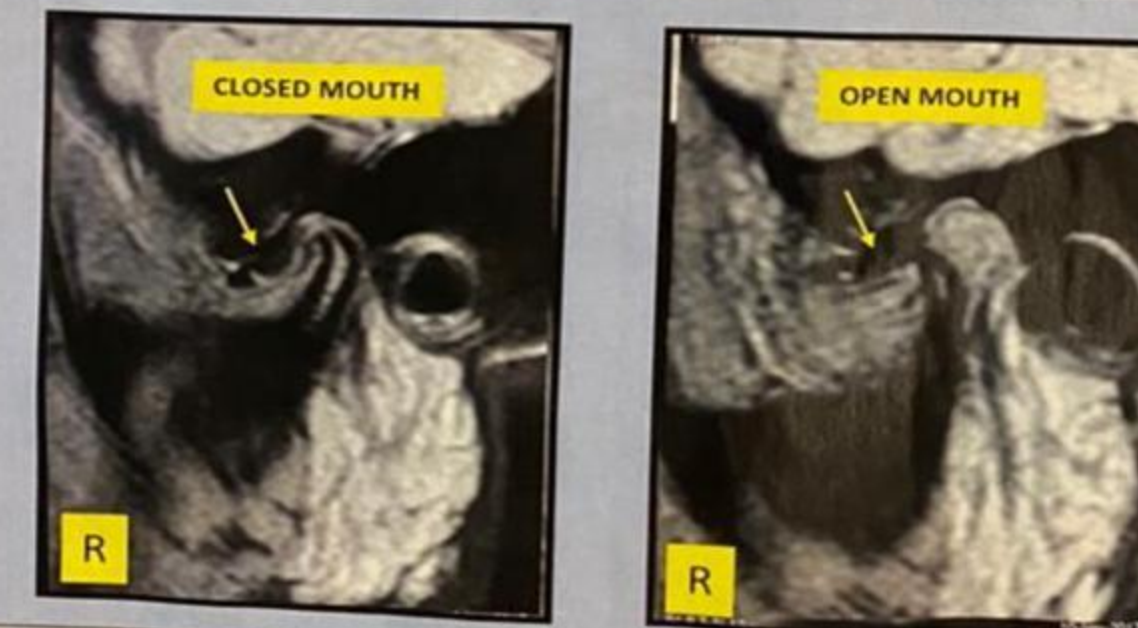
OPG and TMJ OPG showing flattening and erosion of condylar surface.

CBCT



CBCT also showing flattening and erosion of condylar surface.

MRI



MRI showing Anterior Disc Displacement on Right Side without reduction.

NOONAN SYNDROME



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: NOONAN SYNDROME

- It is an **autosomal dominant**, variably expressed, multisystem disorder.
- Mutation in the **PTPN11** gene on **chromosome number 12**.

EXTRA ORAL PHOTOGRAPHS



Webbing of neck/
Ptergium colli



Pectus excavatum
with wide spaced
nipples.

Features:

- # Facial dimorphism
- # Deeply grooved philtrum
- # Facial shape of inverted triangle
- # Prominent epicanthal folds

RADIOGRAPHIC EXAMINATION



- Multiple retained deciduous teeth.
- Multiple unerupted permanent teeth.



Increased overjet.

CENTRAL OSSIFYING FIBROMA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: CENTRAL OSSIFYING FIBROMA

Ossifying fibroma is classified as and behaves like a benign bone neoplasm. But it often is considered to be a type of fibro-osseous lesion.



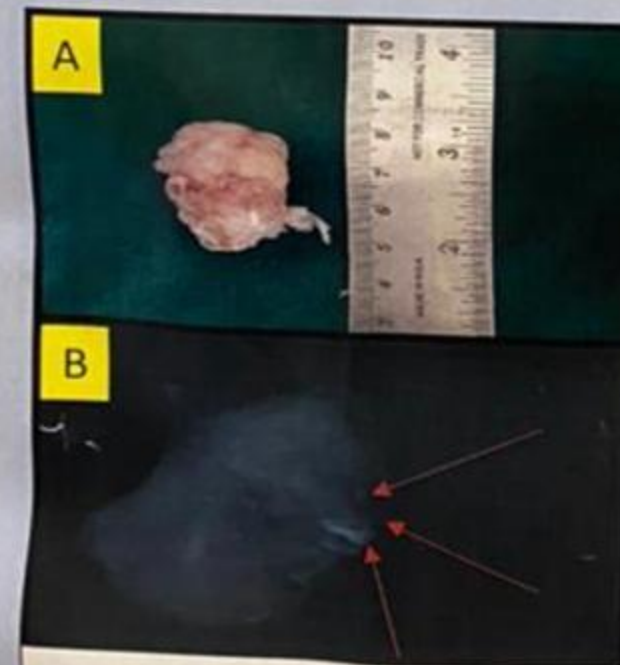
Swelling (2.5 x 3 cm) in the floor of the mouth.



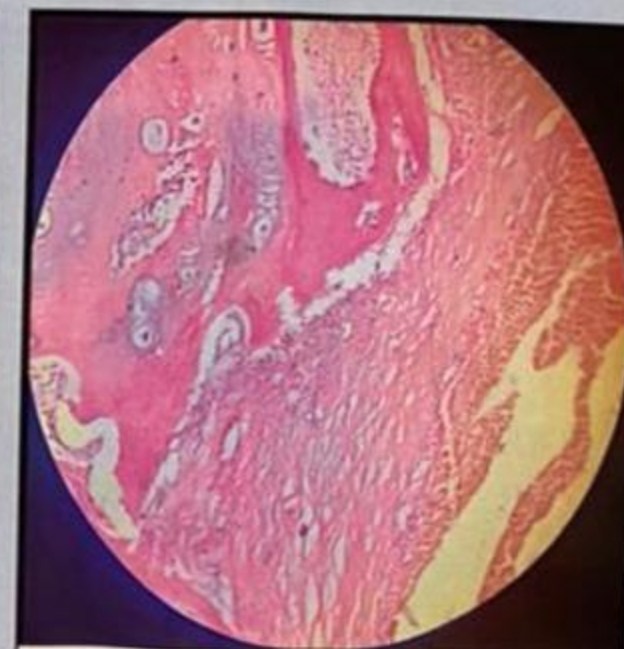
Occlusal radiograph showing an ill defined, radiopaque, unilocular, well circumscribed area.



A thin, radiolucent line, representing a fibrous capsule.



A. Specimen photograph.
B. Radiographic examination showing calcified flexes.



Dense collagen fibres with fibroblasts and osteocytes in large lacunar space.



One month follow up.

EWING'S SARCOMA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: EWING'S SARCOMA

ES is a malignant, small, round cell tumor of the bone, and was first described by James Ewing in 1921



Swelling (4 x 3 cm) on left lower one-third of face.



Mandible deviated towards left side on mouth opening.



OPG revealed an irregular area of rarefaction.



Lytic destruction involving left angle, body & ramus of mandible.



Patient was treated with chemotherapy, prior to surgical intervention: hemi-mandibulectomy.



1 month follow up

FIBROUS DYSPLASIA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA RAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: FIBROUS DYSPLASIA

NAME:- ANKIT BAVALIYA 20/M.

CASE NO-182391

DATE:-7-6-2018

EXTRA ORAL PHOTOGRAPHS



Facial asymmetry with large irregular shaped swelling over left side of face, bony hard in consistency, attached to underlying structures with definite palpable margins

INTRA ORAL PHOTOGRAPHS



discrete, bony hard swelling extending from 33 to 1cm distal to 37 causing obliteration of the left buccal vestibule, swelling caused drifting of the involved 36 lingually

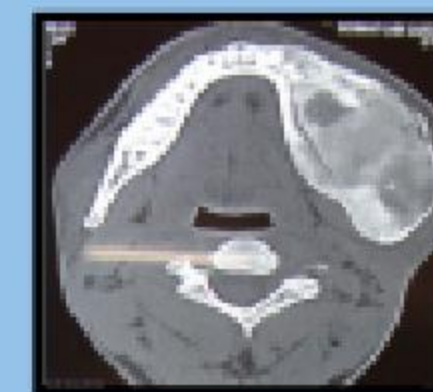
INVESTIGATIONS



OPG shows ill-defined mixed radiolucent radiopaque lesion merging gradually into the adjacent normal bone. The trabeculae appeared hazy and the lesion lacked a distinct defining margin giving the "cotton wool" appearance.



The axial section CT image of mandible showed expansion of the body and ramus of mandible, lingual and buccal cortical plate expansion. Ground glass appearance of the bone was clearly appreciable; ct showed involvement of multiple bones of the craniofacial skeleton including the body of sphenoid, greater and lesser wing of sphenoid on the left side, squamous part of the temporal bone on the left side, frontal bone



CLEIDO-CRANIAL DYSPLASIA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: **CLEIDOCRANIAL DYSPLASIA**

NAME:- SHAILESH BAJARIA 27/M

CASE NO-128754

DATE:- 11-10-2018

EXTRA ORAL PHOTOGRAPHS



No abnormality detected on extra oral examination

INTRA ORAL PHOTOGRAPHS



Erythroplakia with spots of hyperkeratosis on right buccal mucosa and lower vestibule



1cm-1.5cm growth seen in upper right buccal vestibule



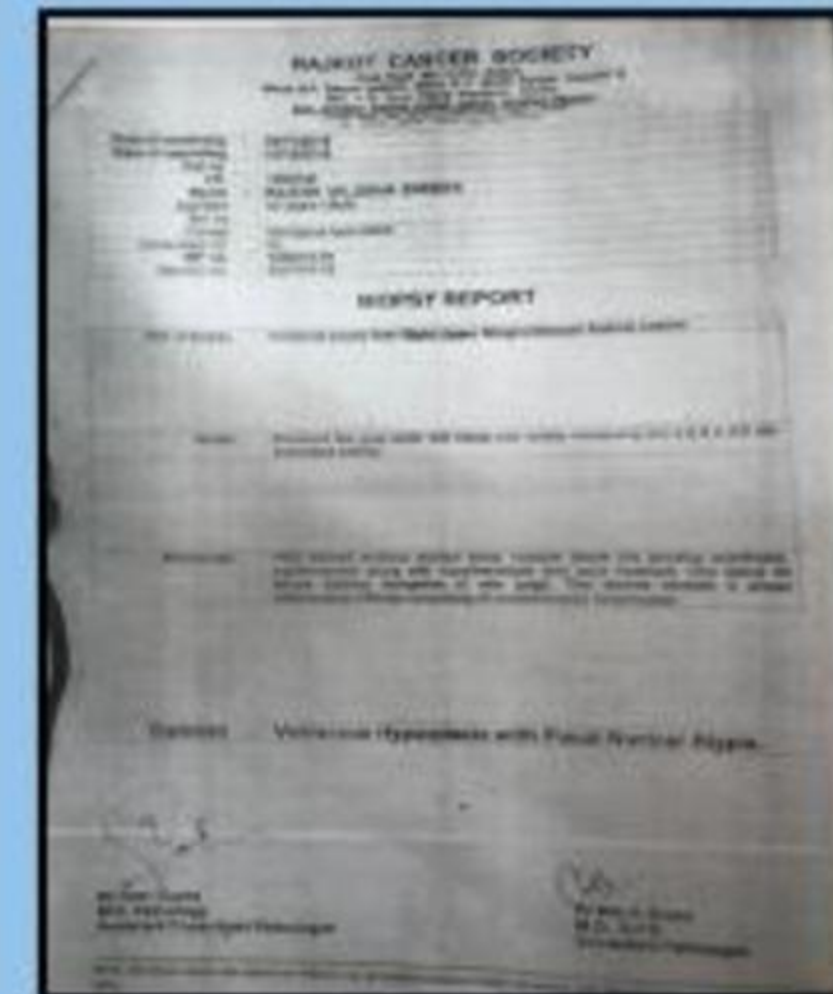
Ulcerative destructive lesion in upper gingival sulcus

Page 1

INVESTIGATIONS



Histopathology reports :
verrucous hyperplasia



Biopsy reports show Verrucous leukoplakia

Page 3


APERT SYNDROME

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY
 COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
 MAHARAJA CHAMBAJI TRUST, BOPAL, M.P.

Long Case 1: Apert Syndrome (Acrocephalosyndactyly)

NAME: RITA SHAH CASE NO: 150082
 DATE: 17-08-2018

EXTRA ORAL PHOTOGRAPHS



- Forehead is high and wide
- Deviated and depressed nasal bridge and wide beaked nose are present
- Hypertelorism, divergent squint, eyelid seems anti-mongoloid and upper eyelid mimicking "frog face" are observed
- Wide face and hypoplastic maxilla producing mandibular pseudopognathism


Vision impairment of patient is present. Progressive optic nerve atrophy leads to blindness. Impairment of hearing also present



Syndactyly of hand digits




Syndactyly of foot digits



Narrow, high arched palate, with malposed teeth are present and pseudo cleft palate

Mucosal folding observed on palatal mucosa



Skeletal Class II relationship (Law relation) Dental Angle Class II molar relationship

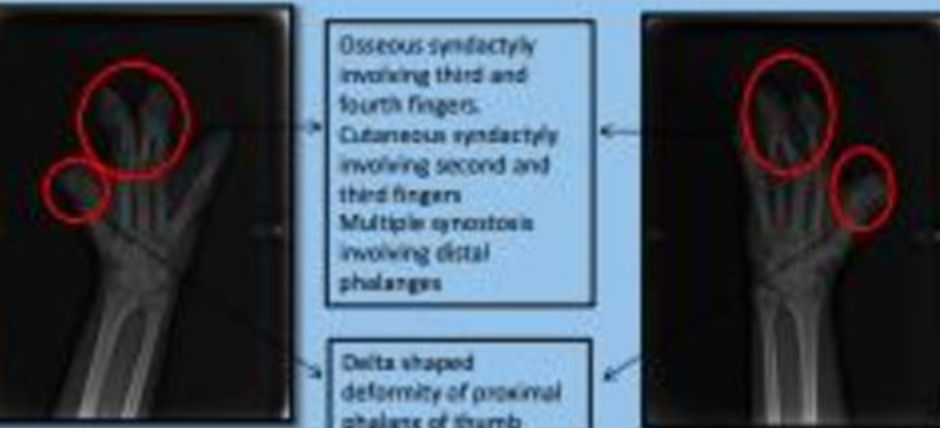
Missing teeth - 32,42

OPG



OPG SHOWS SEVERAL MAL ALIGNED TEETH IN MAXILLARY ARCH
 Bilateral narrow condyles observed with bilateral elongated styloid process

HAND AND WRISTS RADIOGRAPHS



- Osseous syndactyly involving third and fourth fingers.
- Cutaneous syndactyly involving second and third fingers
- Multiple synostosis involving distal phalanges
- Delta shaped deformity of proximal phalanx of thumb

LATERAL CEPHALOGRAM



- Tie wires present indicating previous surgery
- Depressed nasal bridge
- Retruded maxilla
- Relative mandibular prognathism
- Anterior open bite
- Incompetent lips

STERILISATION AND WASTE MANAGEMENT

Sterilization & Waste Management In Dental Camps

STERILIZATION USED IN DENTAL CAMPS

Physical FLAMING

Used For:-
Inoculating Loops
Spatulas
Point Of Forceps



HOT AIR OVEN

Used For:-
Glassware
Sharp Instruments
Swabs
Dressings

DISPOSABLE INSTRUMENTS



Chemical GASES

Disposable items
E.g. Masks, Gloves
Syringes.



ALDEHYDES

Surgical Instruments,
Mouth Mirrors,
Probes and Scalers.

WASTE MANAGEMENT IN DENTAL CAMPS



Color Coding	Type Of Container
Yellow	Plastic Bag
Red	Disinfected/Puncture Proof Container
Blue/White Translucent	Plastic Bag/ Puncture Proof Container
Black	Plastic Bag

Department of Oral Medicine
and Radiology

College of Dental Sciences and Research Centre

SQUAMOUS CELL CARCINOMA OF RIGHT BUCCAL MUCOSA, VESTIBULE AND CHEEK



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Long Case 6 : SQUAMOUS CELL CARCINOMA ON RIGHT BUCCAL MUCOSA INVOLVING CHEEK

NAME: JAG DISH SAANKHAL

CASE NO-126654

DATE:- 22-4-2019

EXTRA ORAL PHOTOGRAPHS



An irregularly shaped fungating mass of about 6x4 cm in size is observed on right cheek region along with diffuse swelling on right side of face

INTRAORAL PHOTOGRAPHS



Ulceroproliferative growth of about 12x8 cm in size is observed involving right buccal mucosa extending till retromolar region

PUNCH BIOPSY

BIOPSY -GROWTH BUCCAL MUCOSA

The specimen consists of three greyish white soft tissue pieces each measuring 0.3 cms. Entire pieces taken for embedding in 1 cassette.

Specimen Observed by: *[Signature]*

Biopsy reveals a malignant epithelial tumor showing moderately differentiated squamous cells arranged in sheets and islands with moderate degree of anaplasia. Mitotic activity & keratin pearl formation is seen.

Moderately differentiated squamous cell carcinoma.

Moderately differentiated squamous cell carcinoma

SQUAMOUS CELL CARCINOMA OF RIGHT BUCCAL MUCOSA, VESTIBULE AND CHEEK



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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PUNCH BIOPSY

CLINICAL HISTORY: BIOPSY -GROWTH BUCCAL MUCOSA

CLINICAL: The specimen consists of three greyish white soft tissue pieces each measuring 0.3 cms. Entire pieces taken for embedding in 1 cassette.

Specimen Observed by: *[Signature]*

DIAGNOSIS: Biopsy reveals a malignant epithelial tumor showing moderately differentiated squamous cells arranged in sheets and islands with moderate degree of anaplasia. Mitotic activity & keratin pearl formation is seen.

FINAL DIAGNOSIS: Moderately differentiated squamous cell carcinoma.

Moderately differentiated squamous cell carcinoma

SQUAMOUS CELL CARCINOMA OF TONGUE



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMILA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Long Case 8: SQUAMOUS CELL CARCINOMA ON LEFT LATERAL BORDER OF TONGUE

NAME:- SANTOSHKUMAR VISHVAKARMA

CASE NO:-160795

DATE:- 20-05-2019

EXTRA ORAL PHOTOGRAPHS



On extra oral
examination no
abnormality
detected

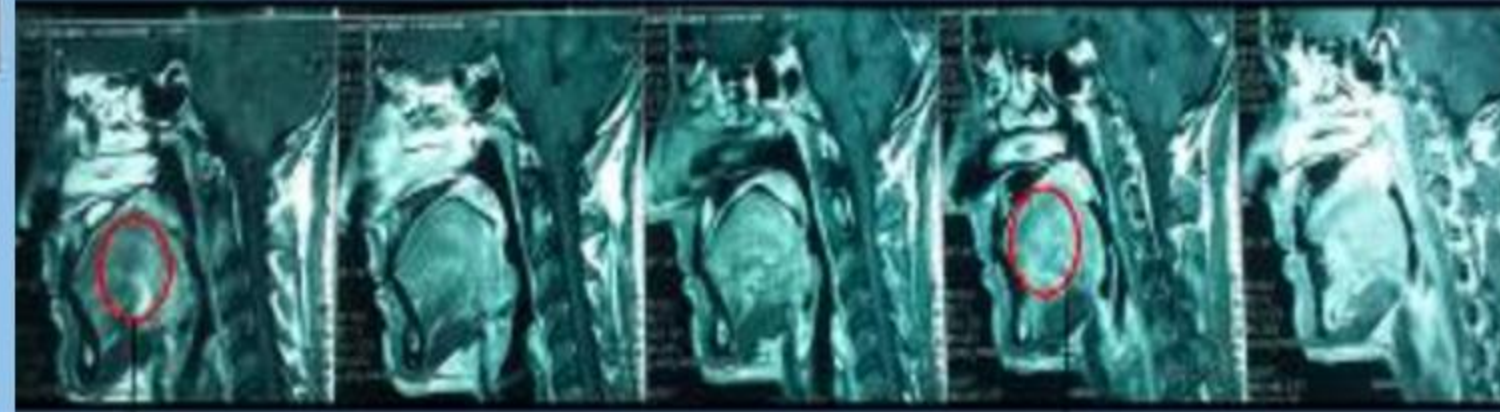
INTRA ORAL PHOTOGRAPHS



Ulcer of about
4x2 cm in size is
observed on left
lateral border of
tongue

Page 1

MRI



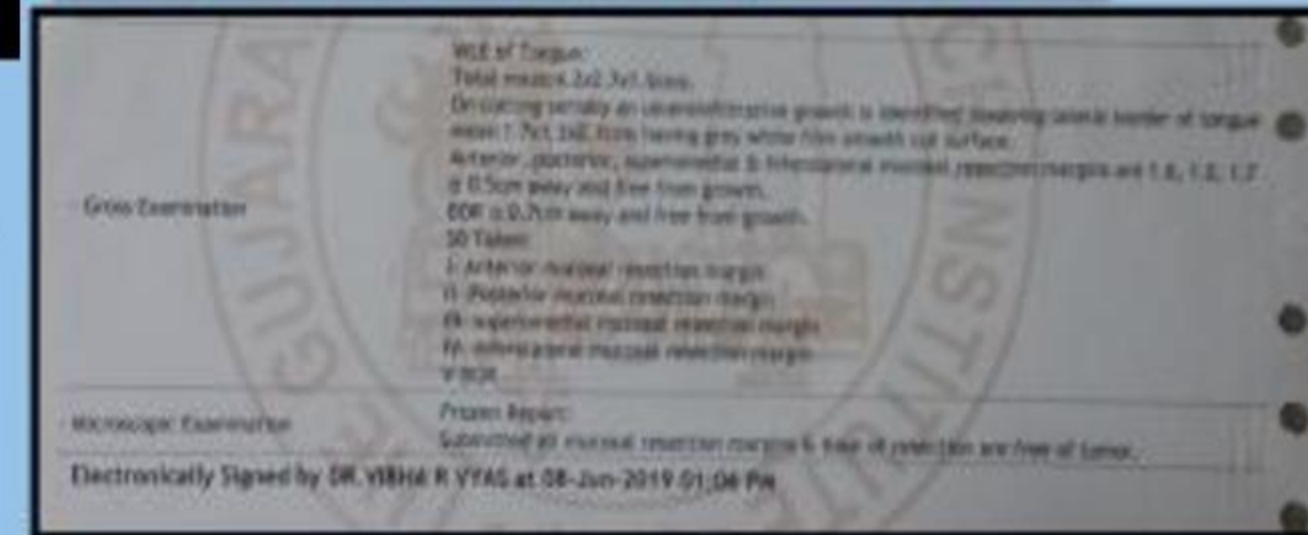
Hypointense-
T1W

Hyperintense
T2W

TREATMENT- PARTIAL GLOSSECTOMY



Partial
glossectomy



Frozen section
Histopath

Page 3

SQUAMOUS CELL CARCINOMA OF TONGUE



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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MAA KAMILA CHARITABLE TRUST, BOPAL, AHMEDABAD.

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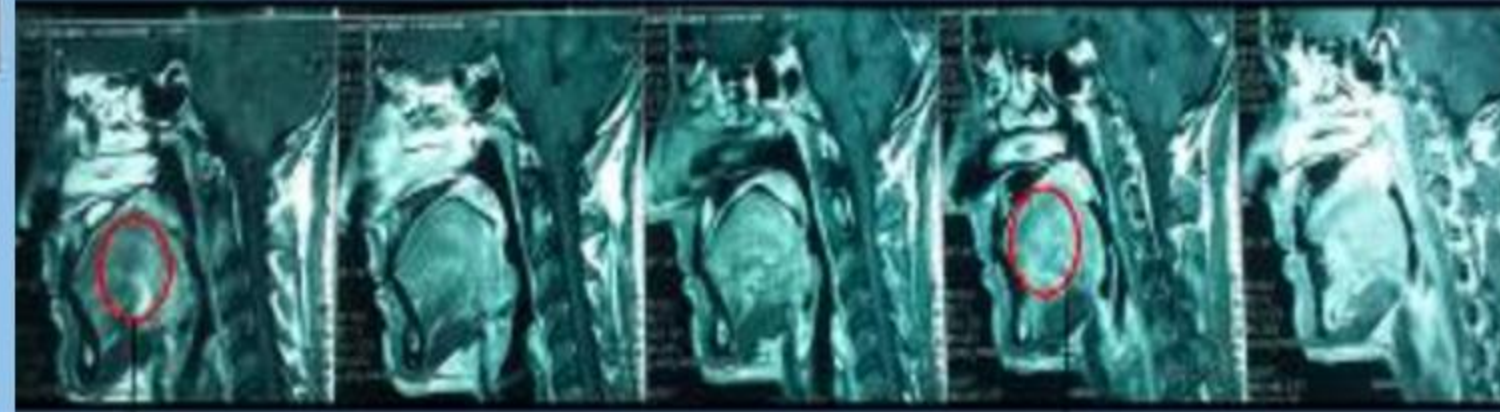
INTRA ORAL PHOTOGRAPHS



Ulcer of about
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Page 1

MRI



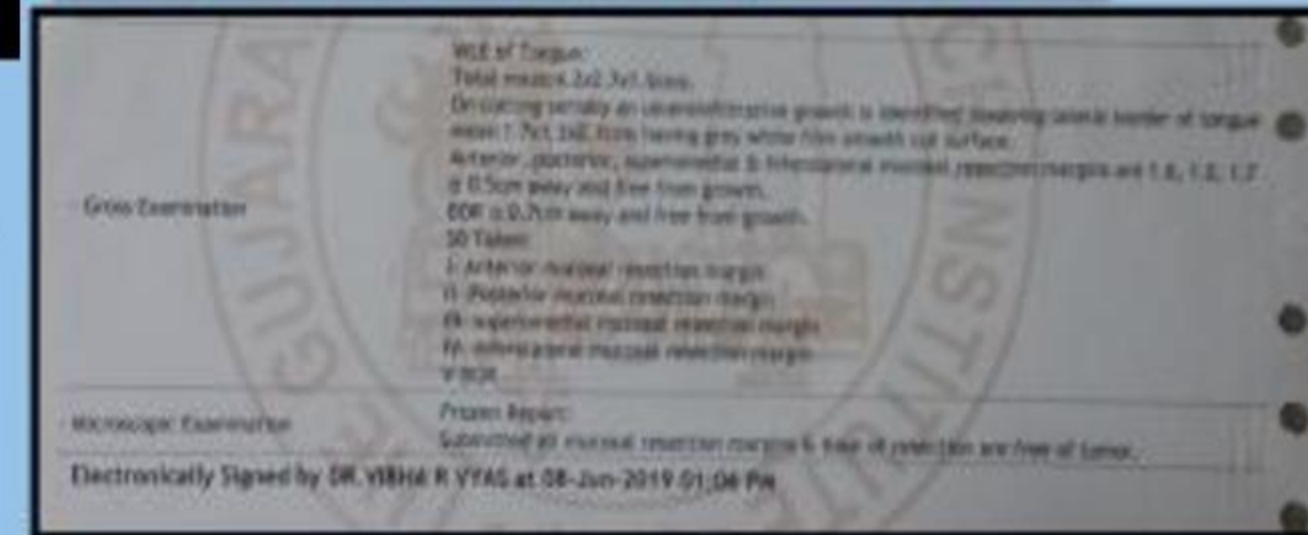
Hypointense-
T1W

Hyperintense
T2W

TREATMENT- PARTIAL GLOSSECTOMY



Partial
glossectomy



Frozen section
Histopath

Page 3

FIBROUS ANKYLOSIS WITH SUBMANDIBULAR SIALOLITHIASIS



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Long Case 4: :- Submandibular Sialolithiasis and Fibrous Ankylosis

NAME:- SIKANDAR YADAV

CASE NO:-

DATE:- 22-01-2019

EXTRA ORAL PHOTOGRAPHS



.Prominent antgonial notch
.Deviation of face on affected side
.Bud like face appearance



Extraoral Swelling Is Seen Extending from Angle of Mandible till Midline on right Side

INTRA ORAL PHOTOGRAPHS



Intraoral Cant Of Occlusal Plane is Present

MANDIBULAR LATERAL OCCLUSAL PROJECTION



Right Side Lateral Occlusal Radiograph Reveals Radio-opaque Calculus Distal to 2ND Molar

ULTRASONOGRAPHY



Ultrasonography Reveals Calculus In Right Submandibular Duct

OPG



An OPG Reveals Radio-Opauqe mass on Left Side Condyle obliterating ARTICULAR EMINENCE.

FIBROUS ANKYLOSIS WITH SUBMANDIBULAR SIALOLITHIASIS



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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EXTRA ORAL PHOTOGRAPHS



.Prominent
antigonial notch
.Deviation of
face on affected
side
.Bud like face
appearance



Extraoral Swelling
Is Seen Extending
from Angle of
Mandible till
Midline on right
Side

INTRA ORAL PHOTOGRAPHS



Intraoral Cant Of
Occlusal Plane is
Present

MANDIBULAR LATERAL OCCLUSAL PROJECTION



Right Side Lateral Occlusal Radiograph Reveals Radio-
opaque Calculus Distal to 2ND Molar

ULTRASONOGRAPHY



Ultrasonography Reveals Calculus In Right
Submandibular Duct

OPG



An OPG Reveals Radio-Opaque mass on Left Side Condyle obliterating
ARTICULAR EMINENCE.

RADICULAR CYST IRT 36



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MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

CASE: RADICULAR CYST

16 YEAR OLD FEMALE PATIENT CAME WITH THE CHIEF COMPLAINT OF PAIN IN LOWER LEFT BACK TEETH REGION SINCE 1 WEEK.

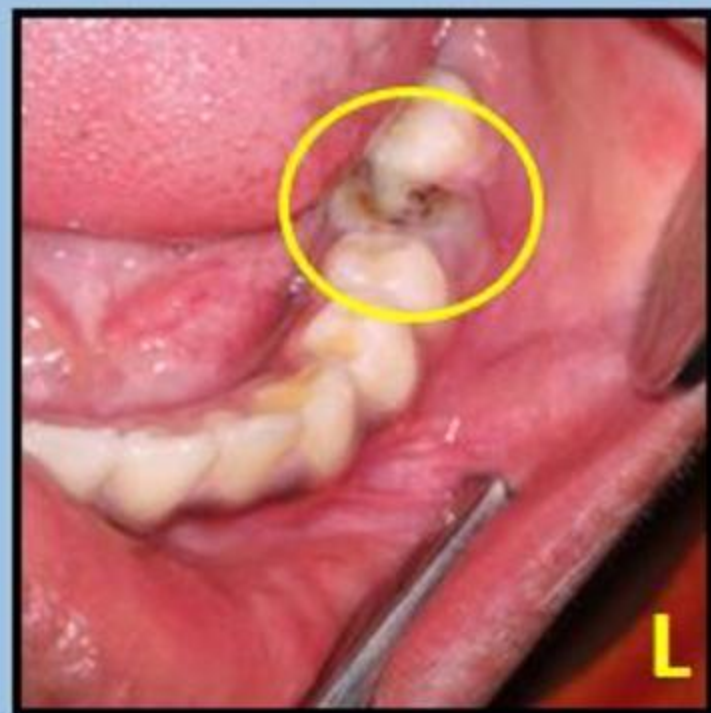
EXTRA ORAL PHOTOGRAPHS



FACIAL ASYMMETRY DUE TO SWELLING ON LEFT SIDE MIDDLE 1/3RD OF THE FACE.



INTRA ORAL PHOTOGRAPHS



- GROSSLY CARIOUS TOOTH I.R.T. 36
- PUS DISCHARGE I.R.T. 36
- VESTIBULAR OBLITERATION I.R.T. 36

IOPA , OCCLUSAL AND LATERAL OBLIQUE RADIOGRAPH



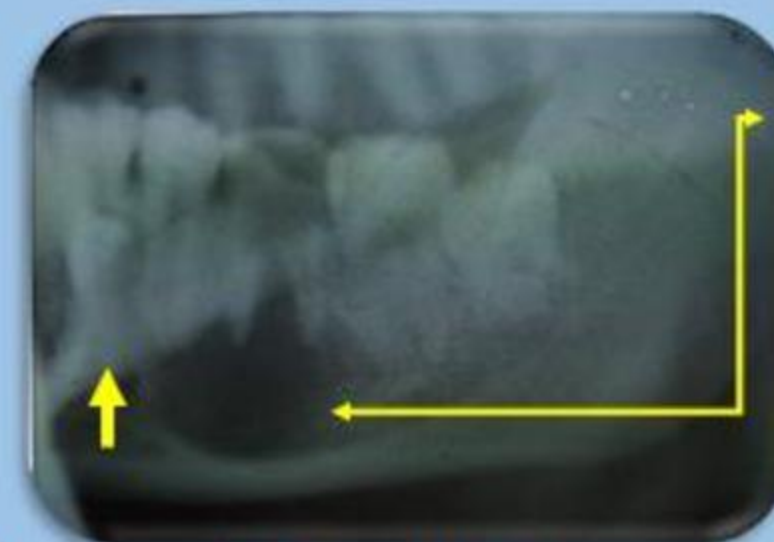
IOPA

- HEIGHT AND DENSITY OF ENAMEL AND DENTIN IS REDUCED I.R.T. 36
- ILL DEFINED RADIO LUCENCY IS SEEN INVOLVING ENAMEL, DENTIN, PULP I.R.T.36
- WELL DEFINED RADIO LUCENCY INVOLVING APICAL 3RD OF 36.
- RADIO LUCENCY IS EXTENDING ANTERO-POSTERIORLY FROM DISTAL ASPECT OF THE APICAL THIRD OF 35 TO THE APICAL THIRD OF MESIAL ROOT OF 37 AND SUPERO-INFERIORLY FROM APICAL THIRD OF 36 TO THE INFERIOR BORDER OF THE MANDIBLE.
- LOSS OF LAMINA DURA AND PDL WIDENING IN LEFT PREMOLAR AND MOLAR REGION
- RADIO PACITY INVOLVING MIDDLE THIRD OF MESIAL ROOT I.R.T 36 SUGGESTING OF RC TREATED TOOTH



OCCLUSAL

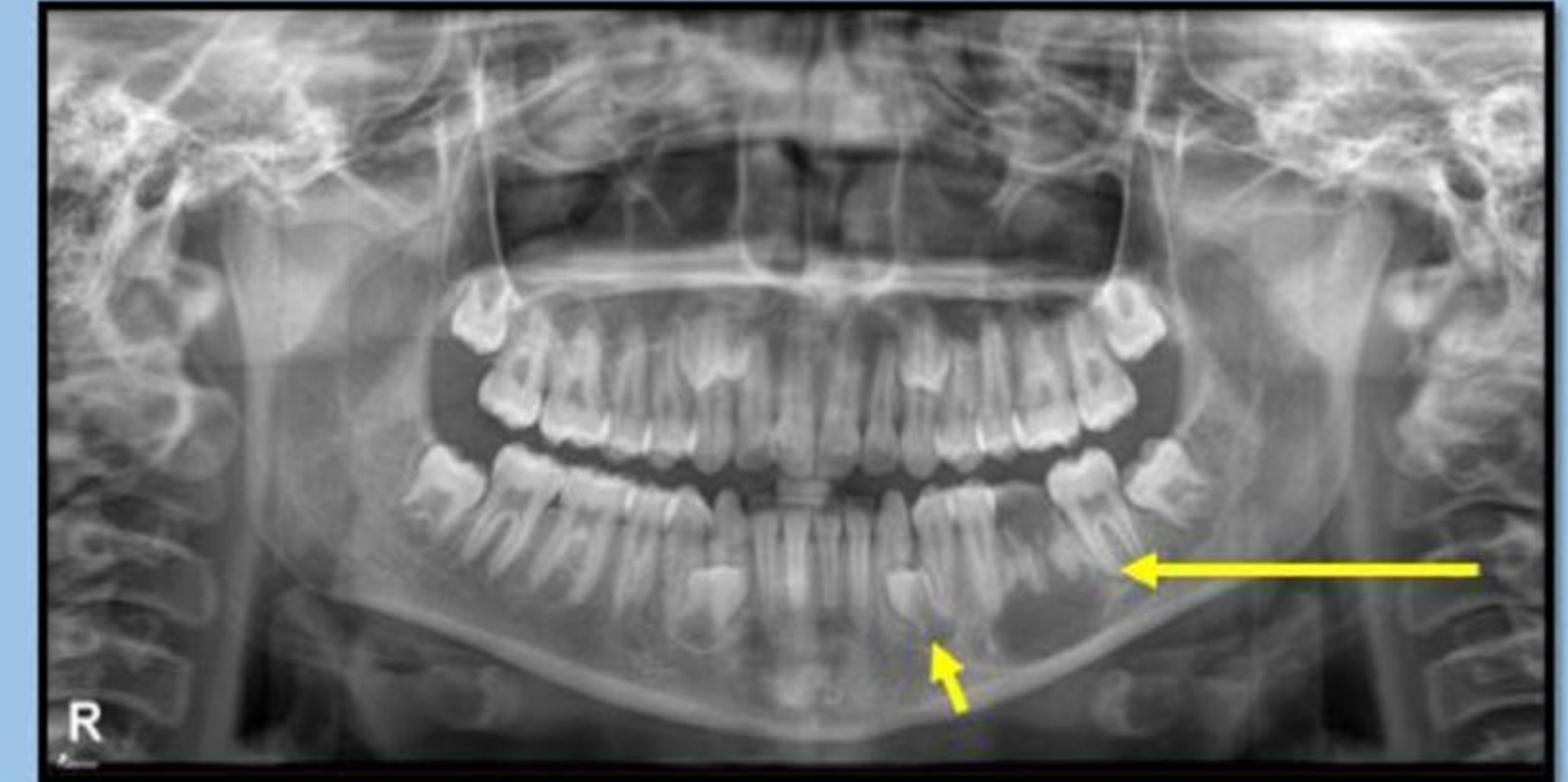
- BUCCAL CORTICAL PLATE EXPANSION
- RADIO PASTE MASS IN 35 REGION SUGGESTIVE OF SUPERNUMERARY TOOTH



LATERAL OBLIQUE

- WELL DEFINED RADIO LUCENCY INVOLVING APICAL 3RD OF 36. RADIO LUCENCY IS EXTENDING ANTERO-POSTERIORLY FROM DISTAL ASPECT OF THE APICAL THIRD OF 35 TO THE APICAL THIRD OF MESIAL ROOT OF 37 AND SUPERO-INFERIORLY FROM APICAL THIRD OF 36 TO THE INFERIOR BORDER OF THE MANDIBLE.
- RADIO PASTE MASS IN APICAL REGION OF 34,35 SUGGESTIVE OF SUPERNUMERARY TOOTH

OPG



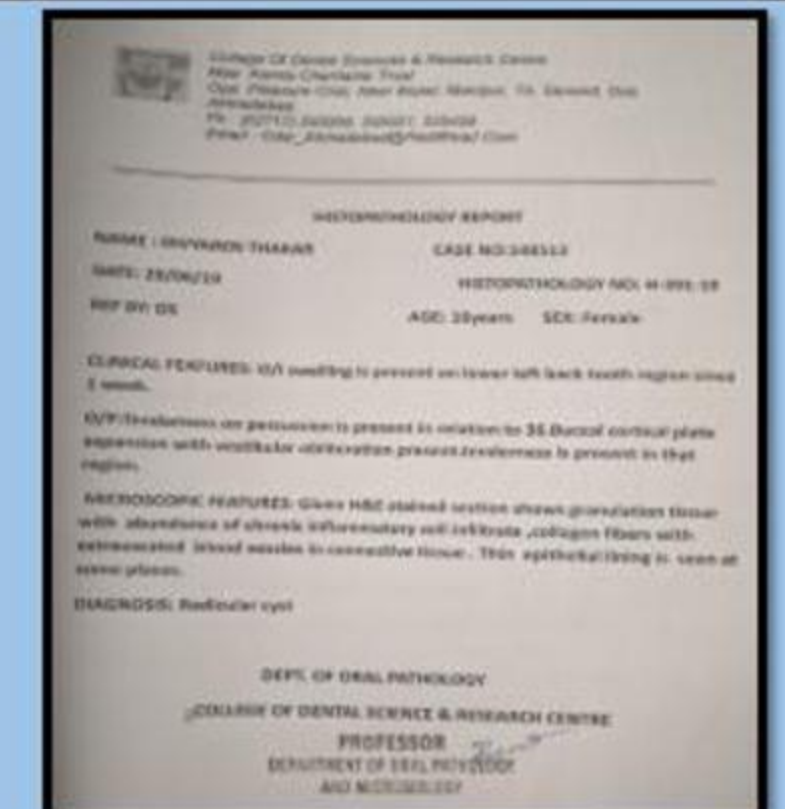
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- RADIO PASTE STRUCTURE IN 34,35 REGION SUGGESTIVE OF SUPERNUMERARY TOOTH
- WELL DEFINED ,UNILOCULAR RADIO LUCENCY WITH EXTENDING ANTERO-POSTERIORLY FROM THE APICAL THIRD OF 35 DISTAL ASPECT TO THE APICAL THIRD OF MESIAL ROOT OF 37, SUPERO-INFERIORLY FROM APICAL THIRD OF 36 TO THE INFERIOR BORDER OF THE MANDIBLE
- INFERIOR ALVEOLAR NERVE CANAL OUTLINE IS NOT APPRECIABLE IN 36 REGION
- NO EVIDENT CHANGES IN OUTER CORTEX OF THE MANDIBLE

TREATMENT



- EXTRACTION OF 36 WITH ENUCLEATION OF RADICULAR CYST

HISTOPATHOLOGY REPORT



RADICULAR CYST IRT 36



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

CASE: RADICULAR CYST

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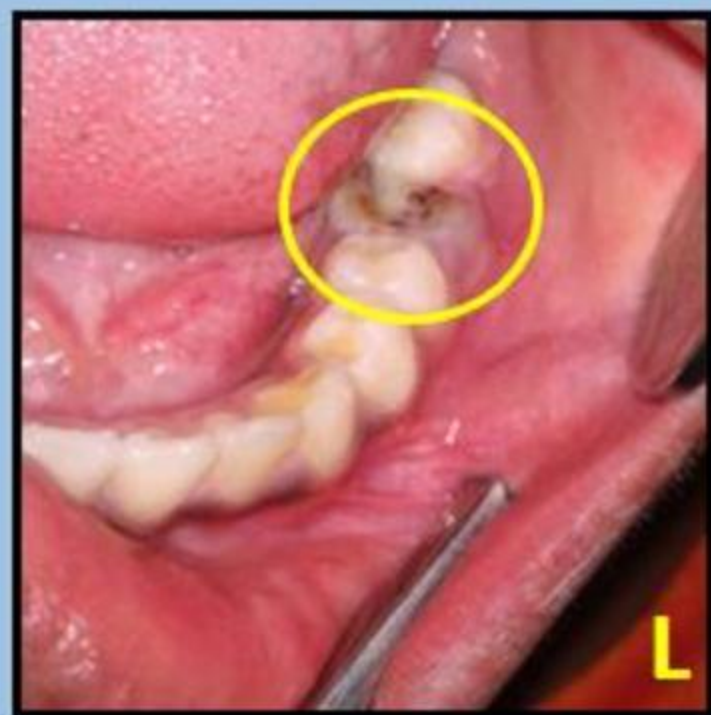
EXTRA ORAL PHOTOGRAPHS



FACIAL ASYMMETRY DUE TO SWELLING ON LEFT SIDE MIDDLE 1/3RD OF THE FACE.

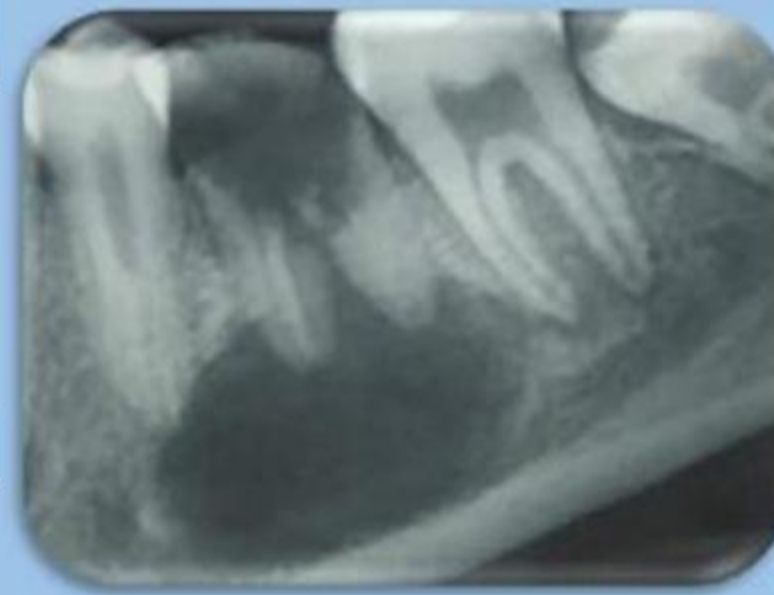


INTRA ORAL PHOTOGRAPHS



- GROSSLY CARIOUS TOOTH I.R.T. 36
- PUS DISCHARGE I.R.T. 36
- VESTIBULAR OBLITERATION I.R.T. 36

IOPA , OCCLUSAL AND LATERAL OBLIQUE RADIOGRAPH



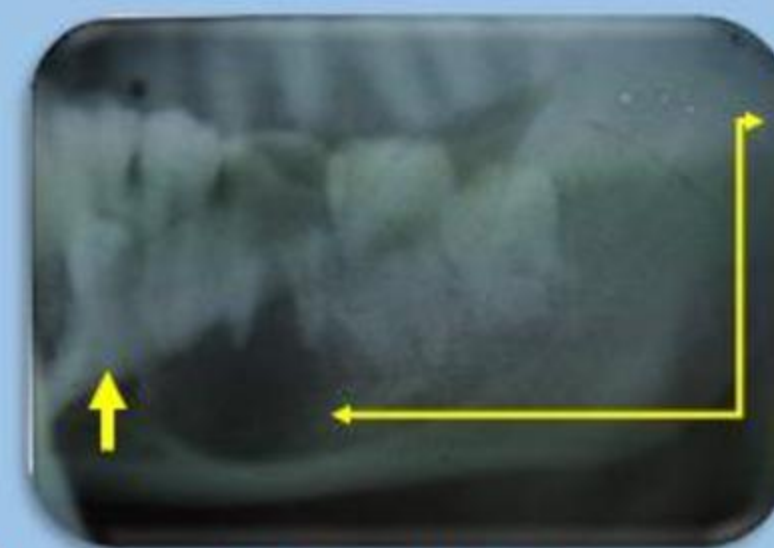
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OCCLUSAL

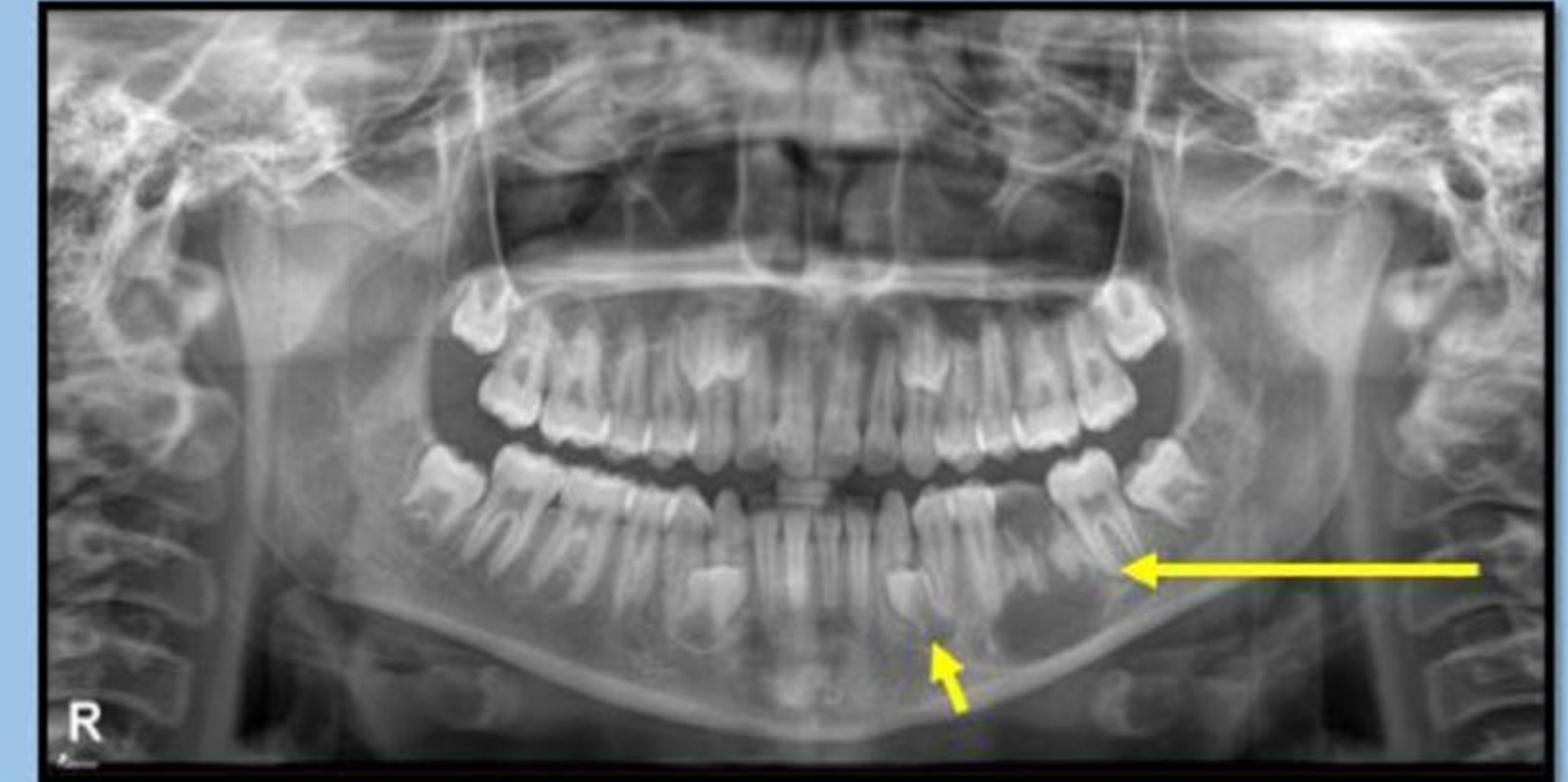
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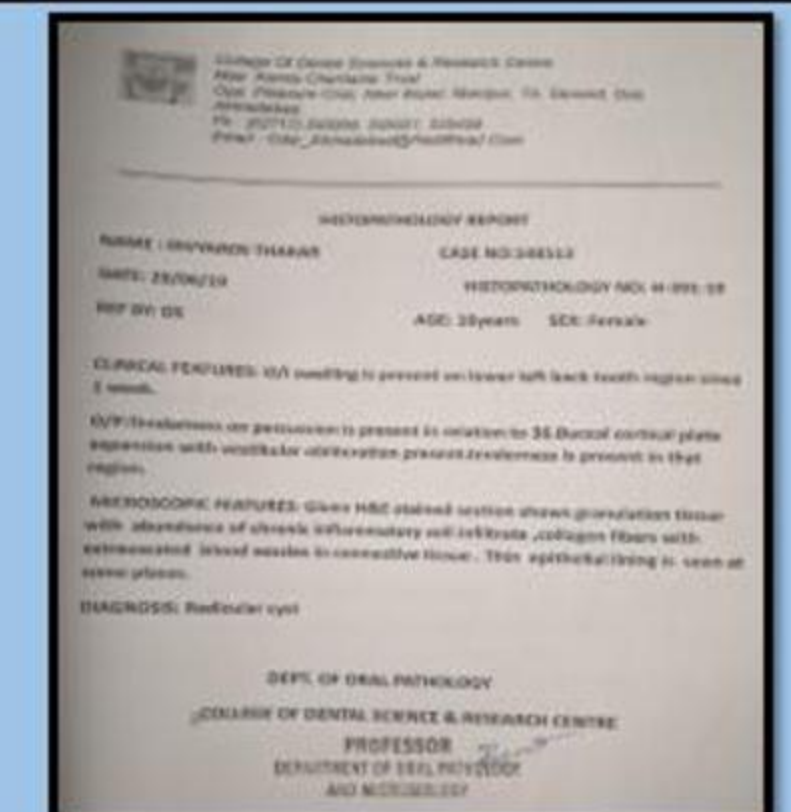
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TREATMENT



- EXTRACTION OF 36 WITH ENUCLEATION OF RADICULAR CYST

HISTOPATHOLOGY REPORT



SQUAMOUS CELL CARCINOMA OF PALATE



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Long Case 7: Squamous Cell Carcinoma Of Palate

NAME:-MOHAMMAD ASHFAQ

CASE NO-150089

DATE:-17-05-2019

EXTRA ORAL PHOTOGRAPHS



No abnormality detected on extraoral examination

INTRA ORAL PHOTOGRAPHS



An Ulcero Proliferative growth of about 6x4 cm in size is observed at the junction of hard palate and soft palate on left side.

TREATMENT PLANNING AND TREATMENT DONE

Clinical History:
Mr. Mohammad Ashfaq, 55 years old, presented with ulcer on palate which was subsequently diagnosed with SCC Palate. He was referred for radiotherapy.

Imaging study: NOCI (21/05/19) -

- Malignant lesion involving the left part of hard palate at junction with soft palate without any bone extension or significant cervical adenopathy.

Histopathology report: WD squamous cell carcinoma.

Dr. Examination: General condition - fair, stable, mouth opening - adequate, and cervical adenopathy - no nodes on soft palate and hard palate. Visible pharynx - NAD, Neck - NAD.

The patient and relatives were explained about the role of radiotherapy in the patient's disease and the probable side effects to avoid before starting radiotherapy. After written consent the patient was taken up for CT simulation and radiotherapy planning. XV x-ray imaging was done on the 1st day before starting the treatment.

Treatment Details:

Treatment Package	VMAT
Dose	60 Gray in 31 Fractions
Site	Head and Neck
Treatment Position	Supine with Neck up
Treatment Duration	17/05/2019 to 26/07/2019

Radiotherapy

POST OP AND FOLLOW UP



SQUAMOUS CELL CARCINOMA OF PALATE



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

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No abnormality detected on extraoral examination

INTRA ORAL PHOTOGRAPHS



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TREATMENT PLANNING AND TREATMENT DONE

Clinical History:

Mr. Mohhamad Ashfaq, 58 years old, presented with ulcer in palate which was subsequently diagnosed with SCC Palate. He was referred for radiotherapy.

Imaging study: NOCI (210019) -

- Malignant lesion involving the left part of hard palate at junction with soft palate without any bone extension or significant cervical adenopathy.

Histopathology reports: WD squamous cell carcinoma.

On Examination: General condition - fair, weight - stable, mouth opening - adequate, and cervical adenopathy - no nodes on soft palate and hard palate. Visible pharynx - NAD, Neck - NAD.

The patient and relatives were explained about the risks of metastasis in the primary disease and the probable side effects to avoid before starting radiotherapy. After written consent the patient was taken up for CT simulation and radiotherapy planning. XV x-ray imaging was done on the 1st day from before starting the treatment.

Treatment Details:

Treatment Package	VMAT
Dose	60 Gray in 31 Fractions
Site	Head and Neck
Treatment Position	Supine with 5 degree tilt
Treatment Duration	17/05/2019 to 26/07/2019

Radiotherapy

POST OP AND FOLLOW UP



CLEIDO-CRANIAL DYSPLASIA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Long Case 9: Cleidocranial Dysplasia (Marie and Saintons Disease)

NAME:-BHARGAV PANCHAL

CASE NO:- 162660

DATE:- 23-09-2019

EXTRA ORAL PHOTOGRAPHS



Marked Depression in Forehead due to open anterior fontanel



Open posterior fontanel felt by index finger as a marked depression on skull vault



Clavicular hypoplasia with narrow thorax

INTRA ORAL PHOTOGRAPHS



Prolonged retention of deciduous teeth with delayed eruption of succedaneous teeth



Narrow high arched palate
Permanent teeth present:-16, 17, 26, 27



Over retained deciduous teeth in lower jaw
Permanent teeth present:-41,42,43,46,31,36

OPG



On OPG Multiple Over retained deciduous teeth, with multiple impacted permanent teeth are present

PA CHEST



PA CHEST:- Bilateral clavicular agenesis is observed

PA SKULL



Open anterior fontanel

Wormian Bones

CLEIDO-CRANIAL DYSPLASIA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

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PA CHEST



PA CHEST:- Bilateral clavicular agenesis is observed

PA SKULL



Open anterior fontanel

Wormian Bones

ODONTOGENIC KERATOCYST

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY
 COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
 MAA KAMILA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: Odontogenic keratocyst

NAME:- DEEPAK RAVAL 17/M CASE NO-150089
 DATE:-17-05-2019

EXTRA ORAL PHOTOGRAPHS



Swelling extending from right symphysis region upto body of mandible and superoinferior from 1 cm below the chin upto 2cm below inf border of mandible detected on extraoral examination

INTRA ORAL PHOTOGRAPHS



Vestibular obliteration n buccal vestibule extending from right lower incisor to right lower first premolar region , crepitus below lower right canine and lower right first premolar

HISTOPATHOLOGY REPORT

NAME:- DEEPAK RAVAL CASE NO- 179925
 DATE: 20/3/2020 HISTOPATHOLOGY NO- H-113-0020
 REF BY: OMFS AGE: 36 yr SEX: MALE

CLINICAL FEATURES:-
 O/I: Clinically missing tooth in relation to 45.Pus discharge is present
 I/O pain in lower front teeth region since 2-3 months

Microscopic features: Given H&E section shows continuous six to seven layer thickness epithelial lining with corrugated parakeratinised surface & palisading arrangement of basal cell layer. Epithelium is hyperplastic at some places. Fibrous connective tissue is present. Satellite cyst is also seen.

Diagnosis: Odontogenic keratocyst.

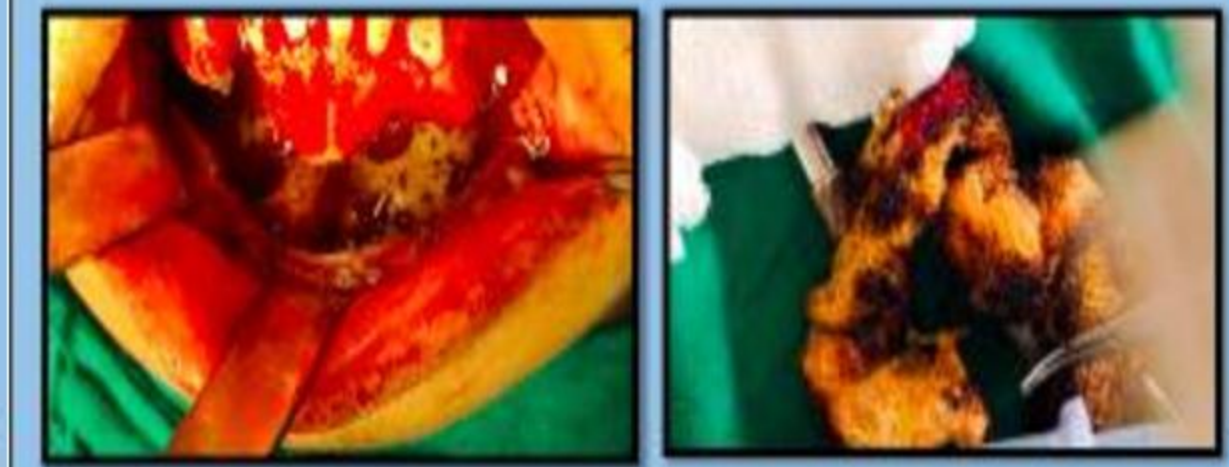
DEPT. OF ORAL PATHOLOGY
 COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

Histopathology reports



OPG showing unilocular radiolucency bounded by corticated margins .surrounding crown of right mandibular canine and shows incomplete septa

TREATMENT PLANNING AND TREATMENT DONE



Surgically removed

POST OP AND FOLLOW UP

HISTOPATHOLOGY REPORT

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DEPT. OF ORAL PATHOLOGY
 COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

ODONTOGENIC KERATOCYST

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 COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
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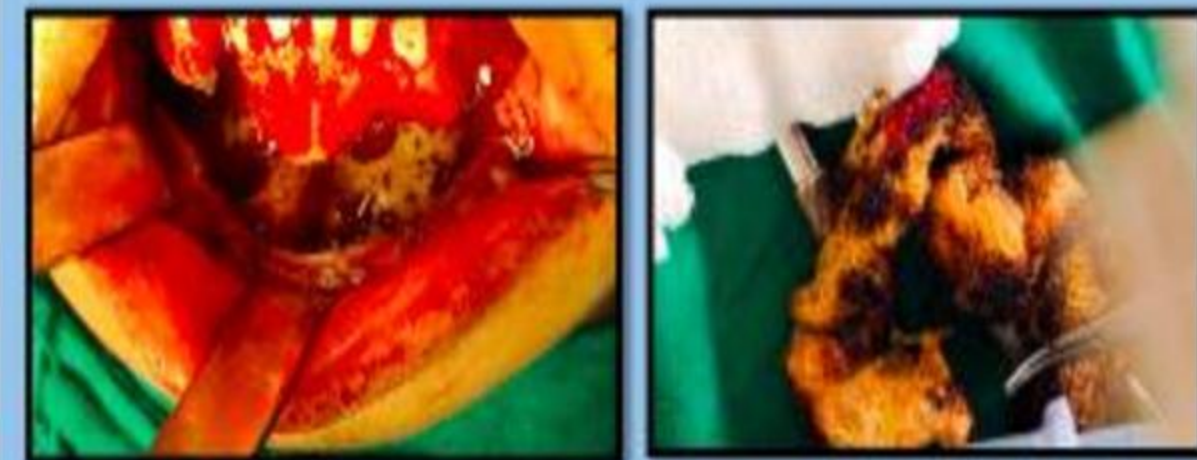
DEPT. OF ORAL PATHOLOGY
 COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

Histopathology reports



OPG showing unilocular radiolucency bounded by corticated margins surrounding crown of right mandibular canine and shows incomplete septa

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POST OP AND FOLLOW UP

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Diagnosis: Odontogenic keratocyst.

DEPT. OF ORAL PATHOLOGY
 COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

ODONTOGENIC MYXOMA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: Odontogenic myxoma

NAME:-HANSA PATEL 52/F

CASE NO-145713.19

DATE:-17-05-2019



Opg showing expansive multilocular radiolucency with few internal trabeculation from distal end of left mandibular premolar to distal end left canine, extending upto the inferior border of mandible, it has a well defined margin from the apices of 33, 34, 35 and ill defined margin under apex of 43 ill inf border of mandible, there is obliteration of inf alveolar canal and displacement of 43 root

EXTRA ORAL PHOTOGRAPHS



No abnormality detected on extraoral examination

TREATMENT PLANNING AND TREATMENT DONE



Excised specimen pinkish white in color, and slimy and gelatinous in texture.

INTRA ORAL PHOTOGRAPHS



A firm, nontender swelling extending buccal and lingual cortices of mandible, extending from mandibular incisor region upto first premolar on right side

POST OP AND FOLLOW UP



ODONTOGENIC MYXOMA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

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Excised specimen pinkish white in color, and slimy and gelatinous in texture.

INTRA ORAL PHOTOGRAPHS




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POST OP AND FOLLOW UP



AMELOBLASTOMA





**DEPARTMENT OF
ORAL MEDICINE AND RADIOLOGY**
COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: AMELOBLASTOMA

NAME:- NEETABEN PARMAR CASE NO-177876
DATE:-11-2-2020


EXTRA ORAL PHOTOGRAPHS






facial asymmetry due to swelling on the right lower side of the face, swelling was oval in shape, swelling had smooth surface with normal overlying skin but stretched. It was non-tender on palpation.

INVESTIGATIONS




HISTOPATHOLOGY REPORT
NAME:- NEETABEN PARMAR CASE NO:- 177876
DATE:- 11/2/2020 HISTOPATHOLOGY NO:- 11-07-2020
REF BY:- DR. AGE:- 50-year SEX:- FEMALE
CLINICAL FINDINGS:- (L) white, painless swelling in lower jaw, buccal vestibule, extending from 1st premolar to 2nd molar giving stretching appearance.
Gross finding:- well circumscribed, firm, non-tender, non-fluctuant, non-pulsatile mass.
MICROSCOPIC FINDINGS:- (H&E stained sections shown)
1) Focal well circumscribed lesion of lower jaw extending from 1st premolar to 2nd molar. The lesion is well circumscribed and shows a pushing border. The lesion is composed of nests and cords of cells with peripheral palisading and central stellate arrangement. The lesion is associated with a fibrous connective tissue reaction.
2) The lesion is well circumscribed and shows a pushing border. The lesion is composed of nests and cords of cells with peripheral palisading and central stellate arrangement. The lesion is associated with a fibrous connective tissue reaction.
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Histopathology reports



OPG showing well defined oval multilocular radiolucency of approx. 5*4 cm extending anteroposteriorly from 44 distally to 3mm distal to 48, and superoinferiorly from middle third of 43-48 upto inf border of mandible.


INTRA ORAL PHOTOGRAPHS






large mass approx 5 x 4 cm in size, extending from 44 to 48 buccally. Buccal expansion of mandibular right symphyseal region, buccal vestibule obliteration present, overlying mucosa appeared stretched and white. On palpation, swelling was firm, bony hard, non-tender, non-fluctuant, irreducible, non-compressible and non-pulsatile. teeth in vicinity were non-tender to percussion

TREATMENT PLANNING AND TREATMENT DONE





Surgically removed

Page 1

Page 2

SCLERODERMA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: Scleroderma

NAME:-AMITABEN PRAJAPATI

CASE NO-157819

DATE:- 16-8-2019

EXTRA ORAL PHOTOGRAPHS

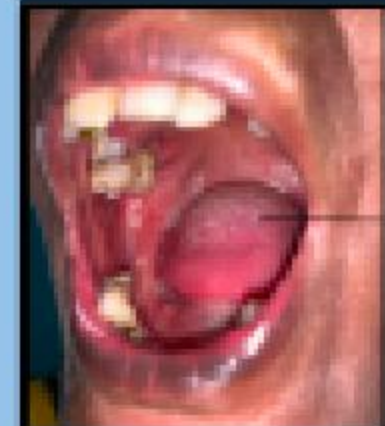


Decreased number of wrinkles, shrunken appearance of face- masklike face, skin over face, neck and hands was sclerotic, thin lips, pinched nose



shiny, tense skin, loss of hair, hypopigmentation and telangiectasia seen, showing Raynaud's phenomenon

INTRA ORAL PHOTOGRAPHS



Trismus, multiple missing teeth, generalized periodontitis and mobility, loss of papillae on anterior tongue, reduced mobility of tongue, diffuse fibrosis of buccal mucosa mandibular resorption



Reports positive for ANA, scl 70



Radiographic features show mandibular resorption, generalized periodontitis, flattening of condyles



PANORAMIC IMAGING

PANORAMIC IMAGING:OPG

Panoramic imaging is a technique for producing a single tomographic image of facial structures. Principles of this were first given by: Numata and Paatero

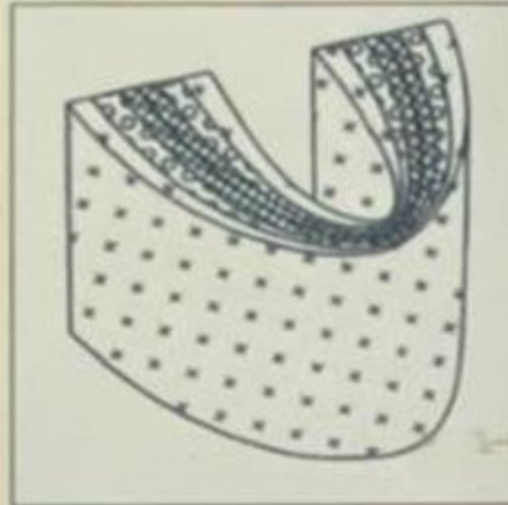


PRINCIPLE

Principle : Reciprocal movement of X-ray source and image receptor, around a center of rotation located on patient, with same speed and same direction will produce an image called panoramic image.



FOCAL TROUGH



3D curved imaginary zone, structures lying within which, are reasonably well defined on panoramic image.

PATIENT POSITIONING



Canthomeatal Line parallel to floor
Incisors bite block coinciding to incisal edge.

INDICATION

- Routine diagnostic survey.
- Patients unable to open their mouth.
- Severe gag sensation.
- Evaluation of third molars.
- Evaluation of pathology like cyst or tumors.
- For detection of fracture of jaw.
- Developmental anomalies.
- Mixed dentition analysis.
- Evaluation of trauma cases.
- Evaluation of Metastasis from distant areas. .
- Investigation of TMJ.



1. Coronoid Process
2. Sigmoid Notch
3. Mandibular
4. Condylar Neck
5. Mandibular Ramus
6. Angle of Mandible
7. Inferior Border of Mandible
8. Lingula
9. Mandibular Canal
10. Mastoid Process
11. External Auditory Meatus
12. Glenoid Fossa
13. Articular Eminence
14. Zygomatic Arch
15. Pterygoid plates
16. Pterygomaxillary Fissure
17. Orbit
18. Inferior Orbital Rim
19. Infraorbital Canal
20. Nasal Septum

LANDMARKS

21. Inferior Turbinate
22. Medial Wall of Max.Sinus
23. Inferior Border of Max.Sinus
24. Posterolateral Wall of Max. Sinus
25. Malar Process
26. Hyoid Bone
27. Cervical Vertebrae 1-2
28. Epiglottis
29. Soft Tissues of Neck
30. Auricle
31. Styloid Process
32. Oropharyngeal Air Space
33. Nasal Air Space
34. Mental Foramen
35. Hard Palate



Air shadows

- N Nasal Cavity
- NP Nasopharynx
- OP Oropharynx
- GP Glossopharynx
- E External auditory canal

Soft tissue shadows

- SP Soft palate
- T Dorsum of tongue
- P Pharynx
- E Epiglottis
- PP Posterior pharyngeal wall

COMMON PATIENT POSITIONING ERRORS



Ant. Teeth wider than normal

REASON : Head to far backward



Smiley face

REASON : Chin tipped too low



Magnification on one side

REASON : Head tilted on one right/left side



Ant. Teeth thin and fuzzy

REASON : Head to far forward



Grumpy face

REASON : Chin tipped too high



Ghost image

REASON : Metallic obstruction

Guided By :
Prof. Dr. Pritesh Ruparelia
Prepared By :
3rd year (53 to 65) (2013-14)
Interns (49 to 55) (2013-14)

College of Dental Sciences
and research centre

DENTIGEROUS CYST



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: DENTIGEROUS CYST

NAME:- NIKUNJ RABARI 10/M

CASE NO-182391

DATE:-1-3-2020

EXTRA ORAL PHOTOGRAPHS



Assymetry of face ,Extra oral diffuse swelling of approx. 3*4 cm present on right side of face, skin over swelling is normal in color , on palpation-swelling is soft tender, afebrile, non reducible, and non fluctuant

INTRA ORAL PHOTOGRAPHS



Intra oral swelling present from 43 to 46, Buccal and labial vestibular obliteration present, on palpation swelling is tender, firm in consistency



INVESTIGATIONS



Occlusal view shows buccal plate expansion



OPG shows coronal unicyclic well circumscribed radiolucency of approx. 3cm in diameter enveloping unerupted right mandibular 2nd premolar , external root resorption of first molar, and apical displacement of unerupted right mandibular 2nd premolar



Histopathology reports confirming dentigerous cyst

CLEIDO-CRANIAL DYSPLASIA



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MVA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: CLEIDOCRANIAL DYSPLASIA

NAME:- PRITI DESAI 19/F

CASE NO-134533

DATE:- 20-6-2018

EXTRA ORAL PHOTOGRAPHS



Short stature, frontal bossing



prominent forehead, mid-facial hypoplasia with depressed nasal bridge and hypertelorism, mandibular prognathism



Frontal view of the patient with approximation of shoulders in midline, increased interorbital distance

INTRA ORAL PHOTOGRAPHS

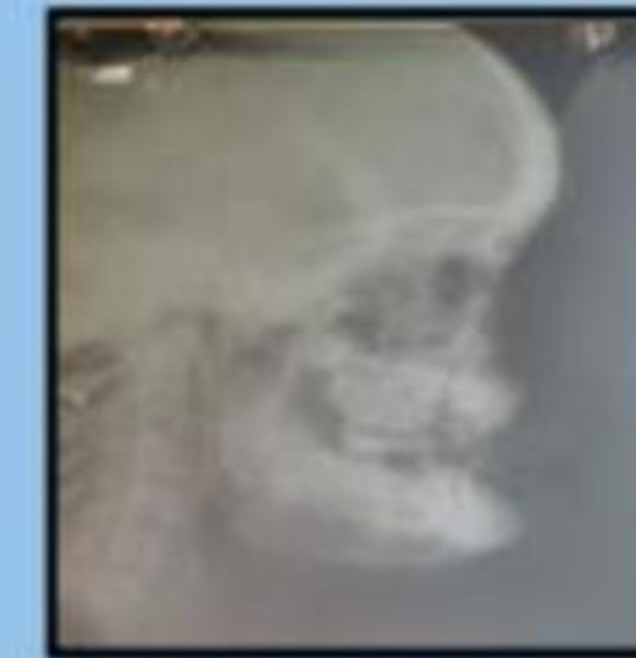


multiple carious and retained deciduous teeth, unilateral anterior and posterior crossbite

INVESTIGATIONS



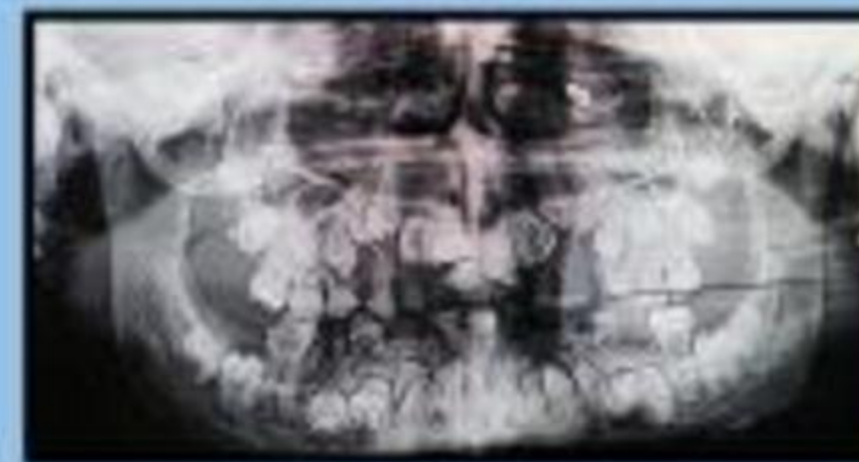
showing sunken sutures and depressed calvaria



Lateral view of skull shows broad sutures and wormian bones



Chest radiograph showing barrel shaped thorax with oblique ribs and hypoplastic clavicles




OPG shows supernumerary teeth, multiple impacted teeth and over retained primary teeth.

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS)

A STIMULATING DEVICE WHICH DELIVERS ELECTRICAL CURRENTS ACROSS THE INTACT SURFACE OF THE SKIN.

A SIMPLE, NON-INVASIVE ANALGESIC TECHNIQUE.



USES

ANALGESIC

ACUTE PAIN

- Postoperative
- Musculoskeletal
- Bone fractures
- Dental

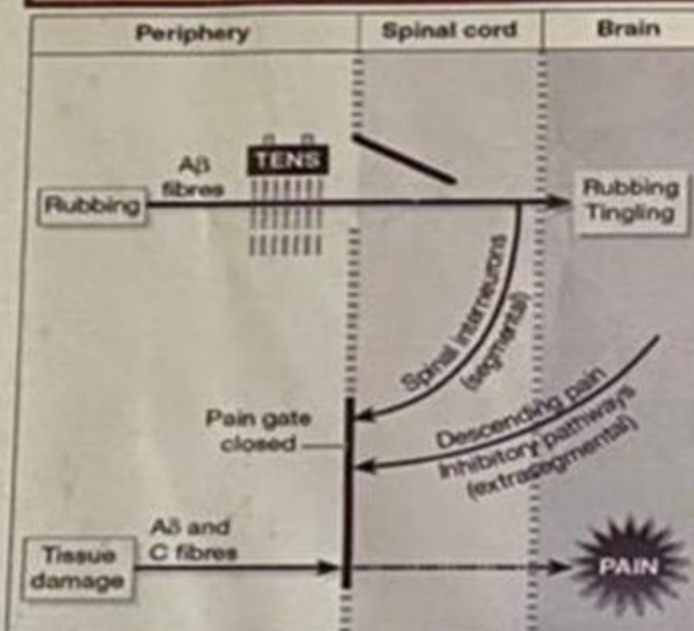
CHRONIC PAIN

- Facial pain /MPDS
- Arthritis /TMJ disorders
- Postherpetic neuralgia
- Trigeminal neuralgia
- Peripheral nerve injuries
- Metastatic bone pain

NON-ANALGESIC

- ANTIEMETIC
 - Morning /Motion sickness
- IMPROVING BLOOD FLOW
 - Raynaud's disease
 - Diabetic neuropathy
 - Healing of wounds and ulcers

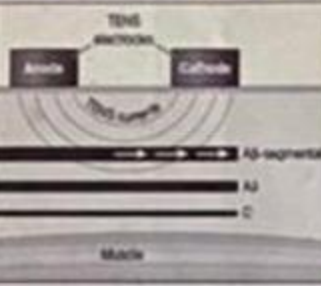
MECHANISM OF ACTION



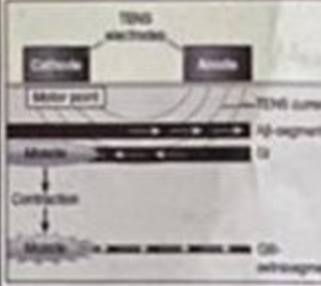
- ❖ CURRENT LIKE 'RUBBING THE SKIN'
- ❖ ACTIVATION OF MECHANORECEPTORS
- ❖ THIS GENERATES ACTIVITY IN LARGE DIAMETER Aβ AFFERENTS
- ❖ PAIN GATE CAN BE CLOSED WHICH INHIBITS THE ONWARD TRANSMISSION OF NOXIOUS INFORMATION.
- ❖ LESS NOXIOUS INFORMATION REACHING THE BRAIN
- ❖ REDUCING THE SENSATION OF PAIN.

TYPES OF TENS


CONVENTIONAL TENS



ACUPUNCTURE-LIKE




INTENSE TENS



COMPARISON	CONVENTIONAL TENS	ACUPUNCTURE-LIKE TENS	INTENSE TENS
ELECTRODE PLACEMENT	STRADDLING SITE OF PAIN OR OVER MAIN NERVE BUNDLE PROXIMAL TO PAIN	OVER MUSCLE OR MOTOR POINT MYOTOMOLLY RELATED TO SITE OF PAIN	STRADDLING SITE OF PAIN OR OVER MAIN NERVE BUNDLE PROXIMAL TO PAIN
PULSE PATTERN	CONTINUOUS	BURST	CONTINUOUS
PULSE FREQUENCY	80-100 p.P.S	80-100 p.P.S	200 p.P.S
PULSE DURATION	100-200µs	100-200µs	1000µs
PULSE AMPLITUDE	LOW	HIGH	HIGHEST
DURATION OF STIMULUS IN 1ST INSTANCE	AT LEAST 30 MINUTES	NO MORE THAN 20 MINUTES	NO MORE THAN 5 MINUTES

PORTABLE TENS DEVICE



CONTRAINDICATIONS

Do not apply TENS on/over:

- The carotid sinus
- Broken skin
- Dysaesthetic skin
- Intra orally(mouth)

- Undiagnosed pain
- Pacemakers
- Heart disease
- Epilepsy
- Pregnancy
 - first trimester
 - over the uterus

DON'T TENSE HAVE TENS

LAB ON A CHIP

LAB-ON-A-CHIP SENSOR FOR CANCER

Lab-on-a-chip — also referred to as Micro fluidics technology or micro-total-analysis systems (ITAS) — is the adaptation, miniaturization, integration, and automation of analytical laboratory procedures into a single device or chip of only millimeters to a few square centimeters in size.

Chemical applications:

Separating molecules from mixtures,
Chemical reactors,
Chemical detections, etc.

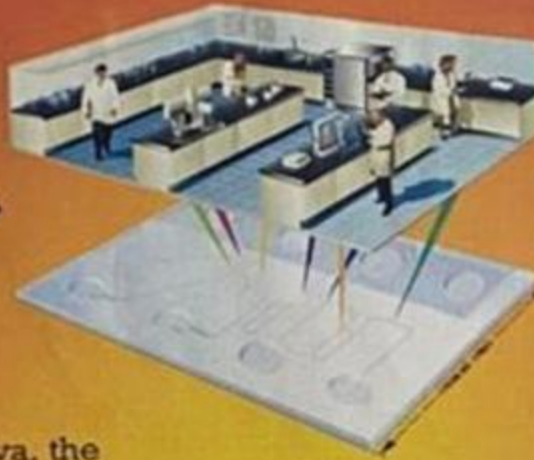
Biochemical assays:

Real-time PCR, Immunoassay,
Dielectrophoresis for *detecting cancer cells* and bacteria, etc.

Biological applications:

Cell coculture, Biosensor,
Drug screening,
Single-cell analysis, etc.

PROCEDURE

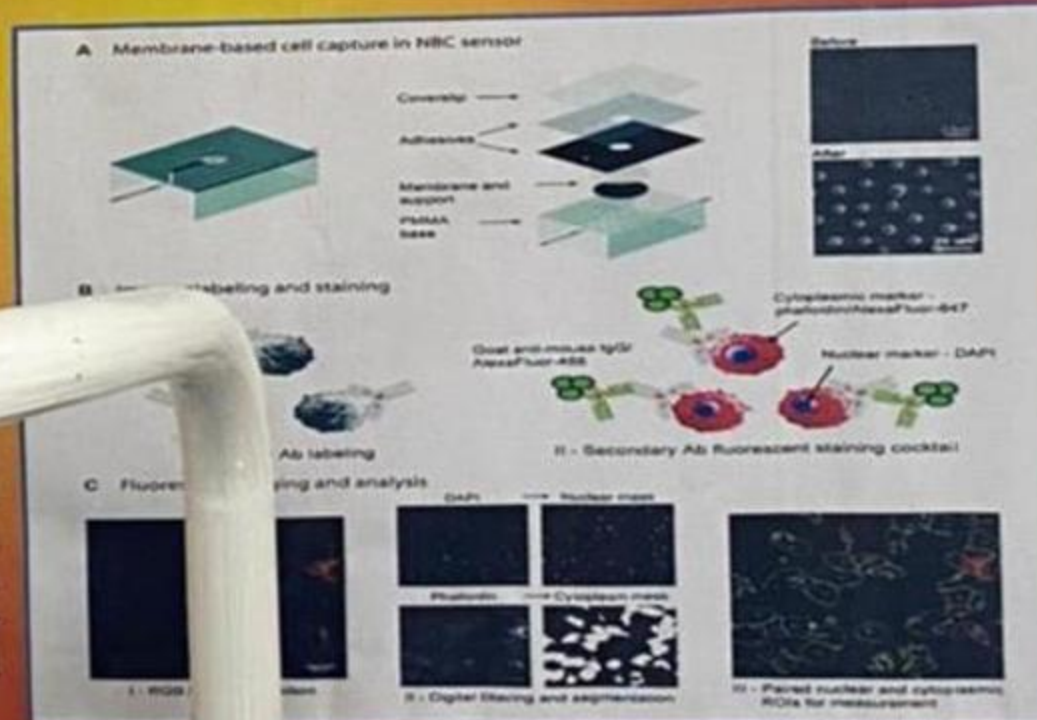


The patient provides 1ml of saliva, the drop of which is loaded into the device. The mixture passes along a tiny micro fluidic channel and pools into the chamber. The chamber has a

of chamber. At this point, a small amount of antibodies is automatically loaded into the chamber through the floor. The antibodies are labeled with fluorescent dyes and bind to a protein displayed on the surface of cells (Epidermal growth factor receptor). Fluorescence can be seen on the computer screen and quantify the bound antibody on the cell surface.

ADVANTAGES:

The test is expected to detect oral cancer at an earlier stage when treatment is more effective and less costly. It is a simple, automated, easy to use integrated system that will enable simultaneous and rapid detection of multiple salivary proteins and nucleic acid targets in less than 15 minutes. The test is 97% sensitive and 95% specific in detecting malignant or premalignant lesions. The device can be used in the office of a dentist for screening and detection. Technology provides easy sample collection. Portable and easy to use. Eliminates the fear of needle sticks.



SIALOGRAPHY

SIALOGRAPHY

Definition: Sialography is a radiographic technique where a radioopaque contrast agent is infused into ductal system of a salivary gland before imaging with plain films, fluoroscopy, panoramic radiography, conventional tomography or CT.

INDICATIONS

- 1) Sialolithiasis
- 2) Strictures
- 3) Delineating ductal anatomy
- 4) Presurgical planning



CONTRAINDICATIONS

- 1) Allergy to contrast medium
- 2) Thyroid function test
- 3) Calculus close to ductal orifice
- 4) Active infections



ARMAMENTARIUM

- 1) Lacrimal probe



- 2) Cannula & Syringe



- 3) X Ray machine



- 4) Contrast medium



OIL BASE
[Lipiodol]

- 1) Difficult to inject
-High injection pressure (Pain)
- 2) Difficult excretion
-Foreign body reaction
- 3) Better contrast
-viscus & do not mix with saliva

- 5) Lemons



WATER BASE
[Renografin, Conray]

- 1) Easier to inject
- 2) Easier excretion
- 3) Low contrast
(as miscible with saliva)



PROCEDURE

Preoperative phase

- Scout radiograph
-Lateral oblique
-mandibular occlusal
-AP view
-Panoramic projection



Filling phase

- 1) Locate & dilate ductal opening
- 2) Cannulation & insertion of contrast medium



- 3) Take radiograph



Emptying phase

- 1) Suck lemon
(For stimulation of salivary flow)



- 2) Take radiograph
(to check retention of contrast medium)

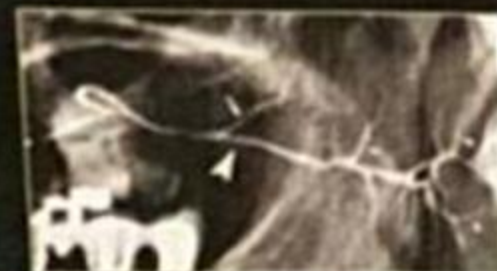


RADIOGRAPHIC APPEARANCES

Tree in winter
(Parotid)



Normal



Bush in winter
(submandibular)



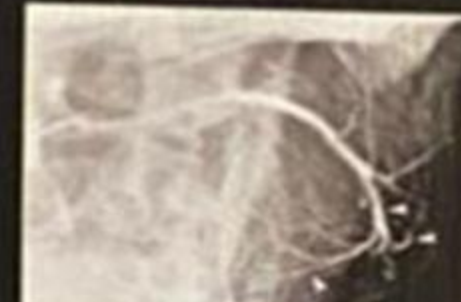
Sialolithiasis



Sausage link
(Sialodochitis)



Ball in hand
(Benign tumours)



Cherry blossom/snow storm
(Sjogren's syndrome)



Glandular defects

DENTIGEROUS CYST



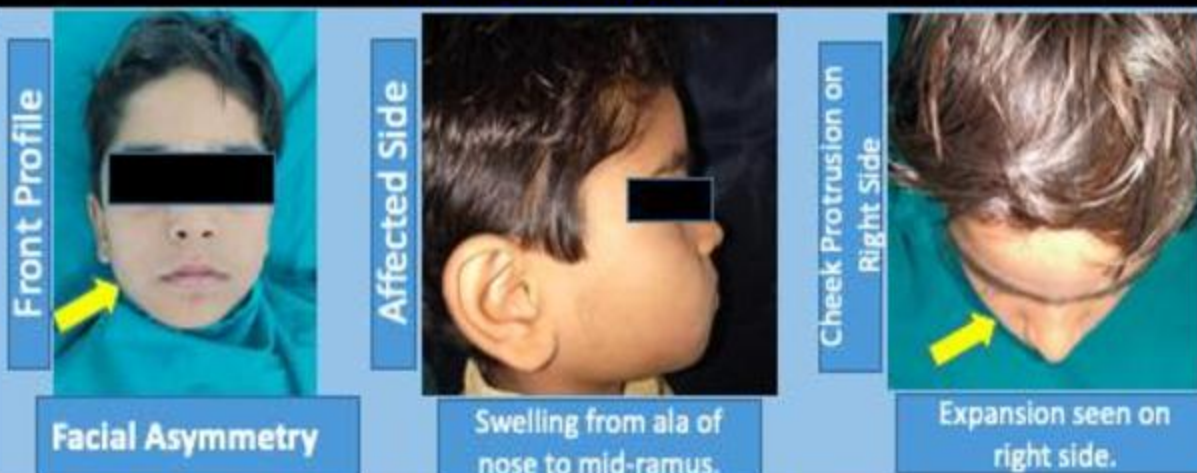
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COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

Case: DENTIGEROUS CYST IRT UNERUPTED 44

11 YEAR OLD MALE PATIENT CAME WITH THE CHIEF COMPLAINT OF SWELLING IN THE LOWER RIGHT BACK TOOTH REGION SINCE 1 MONTH.

EXTRA ORAL PHOTOGRAPHS



Facial Asymmetry

Swelling from ala of nose to mid-ramus.

Expansion seen on right side.

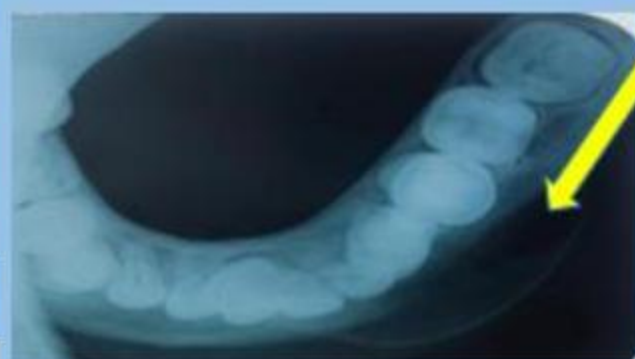
INTRA ORAL PHOTOGRAPHS



- Buccal Expansion seen in the region from 42 to 85
- Obliteration of posterior right buccal vestibule

Carious 74, 75, 84

IOPA & OCCLUSAL



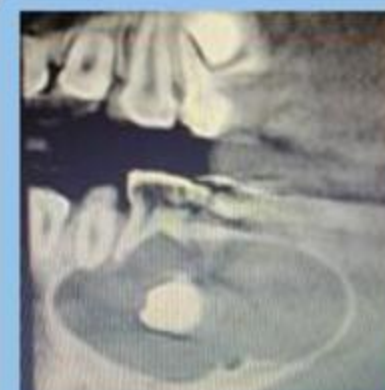
- SINGLE WELL-DEFINED RADIOLUCENT LESION WITH CORTICATED BORDERS SEEN EXTENDING FROM MESIAL SURFACE OF 84, ENVELOPING 44 AND INVOLVING PERIAPICAL REGION OF 82 UPTO DISTAL SURFACE OF 85.
- BUCCAL CORTICAL PLATE EXPANSION AND THINNING IS SEEN CLEARLY.
- ROOT RESORPTION AND DISCONTINUATION OF LAMINA DURA IRT 84, 85
- 1/2 ROOT FORMATION COMPLETED OF 44, 45.
- RADIOPAQUE FILLING CAN BE SEEN IN 85 AND DISTAL ASPECT OF 84.

OPG



- SINGLE UNILOCULAR RADIOLUCCY SURROUNDING ROOT APICES OF 82, 84, 85, 44, 45.
- LESION EXTENDS SUPERO-INFERIORLY FROM FURCATION OF 84 UPTO LOWER BORDER OF MANDIBLE, OVERLYING THE MENTAL FORAMEN.
- IMPACTED 43
- OPEN PULP CANALS IN 43, 44, 45
- BLUR AND MAGNIFIED IMAGE DUE TO MOTION ARTIFACT.

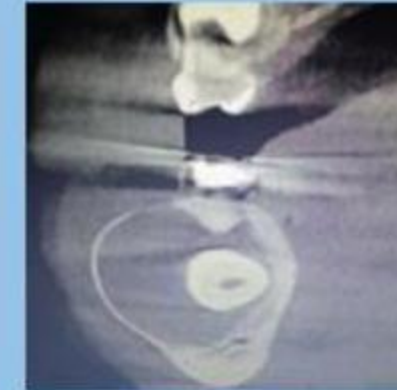
CBCT REPORT



SAGITTAL



AXIAL



CORONAL

- IN ALL 3 CROSS-SECTIONS, EXPANSION IS EVIDENT THAT CAUSES THINNING OF BUCCAL CORTEX.
- 44 IS EMBEDDED IN THE RADIOLUCCY WHICH IS EXTENDING FROM ITS CERVICAL ASPECT ON ONE SIDE, ENCIRCLING THE WHOLE TOOTH AND MEETING THE CERVICAL POINT AGAIN - CIRCUMFERENTIAL VARIETY

SURGICAL EXCISION



- SINGLE MASS OF APPROX. 45 X 35 MM ATTACHED TO 44 WAS SURGICALLY EXCISED.

HISTOPATHOLOGY REPORT



- TURBID YELLOW ASPIRATE OBTAINED AT THE TIP MIXED WITH BLOOD.

NAME: KISHAN PATEL
DATE: 27/12/19
REF BY: OS

CASE NO: 171513
HISTOPATHOLOGY NO: H-721-15
AGE: 11 YEARS SEX: MALE

CLINICAL FEATURES: Swelling in lower right tooth back region since 1 month. There is buccal expansion seen in lower right region extending from 42 to 85. h/o pus discharged seen.

MICROSCOPIC FEATURES: Given H&E stained section shows cystic cavity with stratified squamous nonkeratinized epithelial lining with inflammatory infiltrate in superficial part of connective tissue. Epithelial proliferation is seen in connective tissue.

DIAGNOSIS: Dentigerous cyst (Infected)

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SECONDARY SJOGREN'S SYNDROME



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

CASE : SECONDARY SJOGREN'S SYNDROME

A 64 YEAR OLD FEMALE PATIENT CAME WITH THE CHIEF COMPLAINT OF SENSITIVITY IN HER UPPER AND LOWER FRONT TOOTH REGION SINCE 3 MONTHS.

EXTRA ORAL PHOTOGRAPHS

Front Profile



No facial asymmetry is seen

Side Profile



Convex facial profile

INTRA ORAL PHOTOGRAPHS

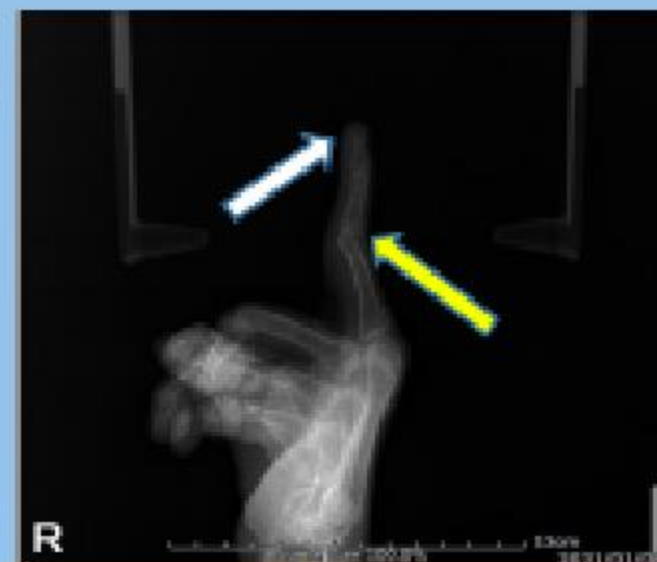


Missing Teeth 27, 35, 36, 37, 46, 47
Multiple Carious Teeth
Hyposalivation – POSTIVE MIRROR STICK SIGN



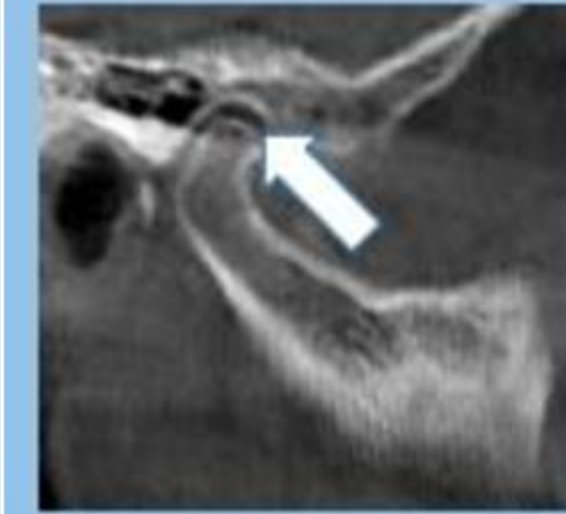
- Decreased height and density of enamel and dentin in upper and lower anterior teeth approaching the pulp.
- Single irregular radiopacity is seen on the left side in the region of external oblique ridge. It is approx. 1.5 cm in size.
- Distal tipping of 45 with supraeruption in 17, 27.
- Condylar changes are also seen bilaterally.

HAND-WRIST RADIOGRAPHS

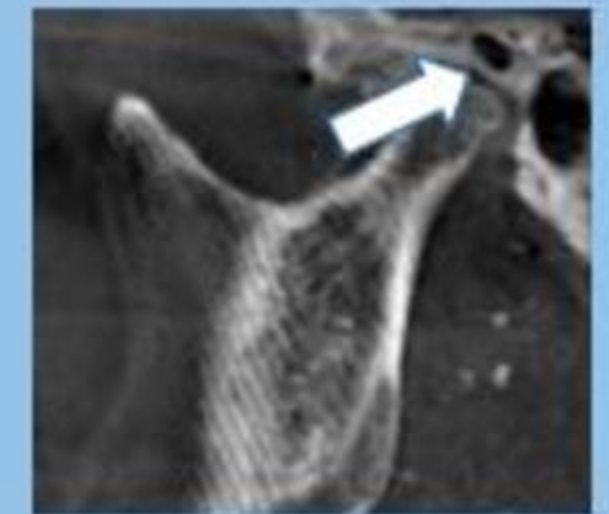


- Here, **HYPEREXTENSION** (straightening) is seen in the proximal interphalangeal joint (PIP) –yellow arrow
- **No flexion** (bending) is seen in the outermost arrow. (white arrow)
- **SIGNS SUGGESTIVE OF RHEUMATOID ARTHRITIS**— SWAN NECK DEFORMITY

CBCT



RIGHT



LEFT

- **IN THE SAGITTAL SECTION, DECREASED WIDTH OF JOINT SPACE NOTED BILATERALLY IN THE CONDYLES.**
- **FLATTENING OF CONDYLAR HEAD IS SEEN ON BOTH SIDES.**

LAB REPORT

Parameter	Result
ANTI NUCLEAR ANTIBODY (ANA)	
Specimen: Serum; Method: Immunofluorescence	
DILUTION	1:100 and 1:200
PATTERN	Speckled pattern both
INTENSITY	++++
Interpretation	Patient sample is positive for ANA.
Suspected antigen specificity	Sr, nANP, SS-A, SS-B
Clinical significance	Systemic lupus erythematosus, Mixed connective tissue disease, Sjogren's syndrome, Scleroderma, Rheumatoid arthritis, Discoid lupus induced by procainamide, Neonatal lupus erythematosus, chronic active hepatitis.
Method: Indirect immunofluorescence by using human epithelial cells (HEp-2) and primitive liver	
Comment: ANA are gamma globulin type of antibodies found in patients with autoimmune disorders. It is directed against certain nuclear components.	
End Of Report	

SIALOLITH



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

CASE: CHRONIC APICAL PERIODONTITIS I.R.T 11 WITH SIALOLITH IN RIGHT SUBMANDIBULAR GLAND REGION

62YEAR OLD MALE PATIENT CAME WITH THE CHIEF COMPLAINT OF PAIN IN UPPER
FRONT TEETH REGION SINCE 4DAYS.

SUBMENTOVERTEX PROJECTION



- RADIOPAQUE STRUCTURE PRESENT IN SUBMANDIBULAR REGION ON RIGHT SIDE SUGGESTIVE OF SUBMANDIBULAR GLAND STONE (SIALOLITHIASIS)

EXTRA ORAL PHOTOGRAPHS

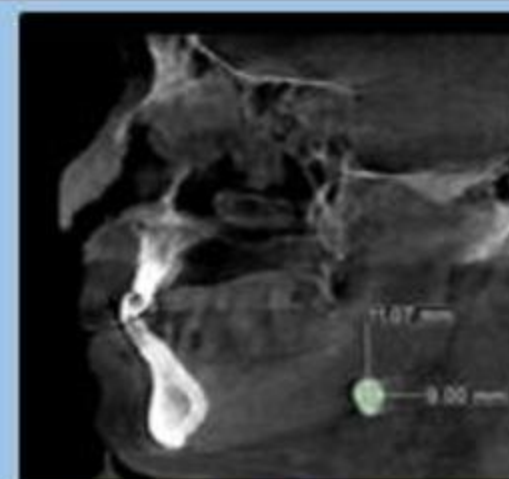


- BILATERAL SYMMETRY OF FACE

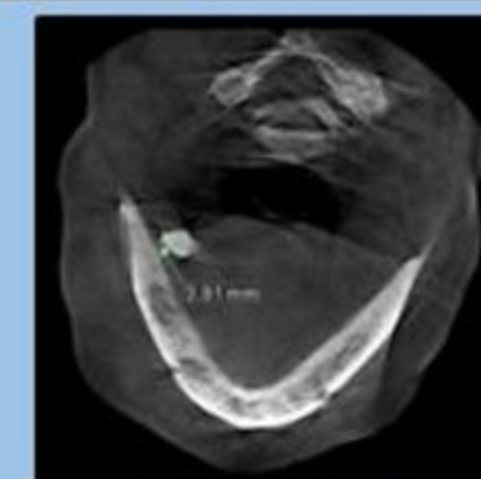


- AFFECTED RIGHT SIDE

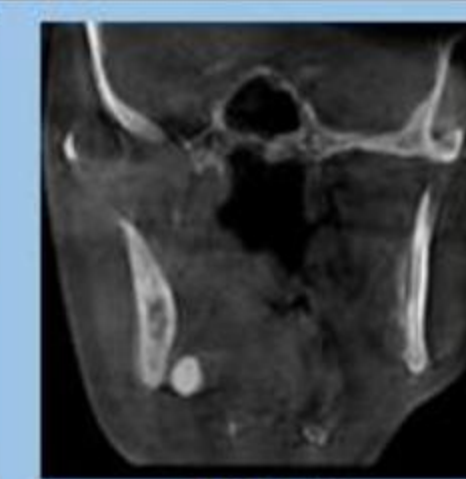
CBCT



SAGITTAL



AXIAL



CORONAL

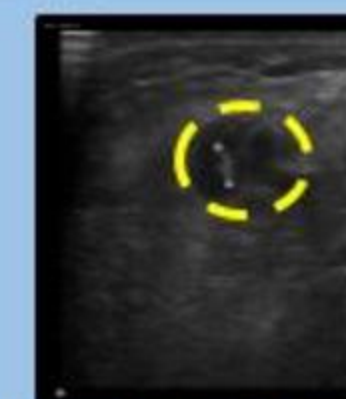
- WELL DEFINED OVOID RADIOPAQIYTY SEEN IN FLOOR OF THE MOUTH MEASURING 9.2MM X 11MM IN ITS MAXIMUM DIMENSION ANTEROPOSTERIORLY, SUPERO-INFERIORLY RESPECTIVELY. DISTANCE FROM LINGUAL CORTICAL PLATE TO RADIOPAQUE STRUCTURE IN AXIAL SECTION MEASURES 3.9MM. THE DENSITY OF WAS HETEROGENOUS WITH AREAS OF MORE DENSITY INTERSPERSED WITH HYPODENSE AREAS. THESE FINDINGS WERE SUGGESTIVE OF SIALOLITH OF SUBMANDIBULAR DUCT.

INTRA ORAL PHOTOGRAPHS



MULTIPLE ATTRITED AND
CARIOUS MAXILLARY AND
MANDIBULAR TEETH

USG REPORT



- RIGHT SUBMANDIBULAR GLAND SHOWS DILATED DUCT.
- CALIBER OF RIGHT SUBMANDIBULAR DUCT IS 6 MM. THERE IS PRESENCE OF CALCULUS IN RIGHT SUBMANDIBULAR DUCT MEASURING APPX 9 MM.

VAN DER WOUDE SYNDROME



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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CASE : VAN DER WOUDE SYNDROME

EXTRA ORAL PHOTOGRAPHS



- INCREASED INTER CANTHAL DISTANCE
- DEPRESSED NASAL BRIDGE.
- SURGICAL SCAR PRESENT ON THE UPPER LIP WHICH WAS OPERATED FOR CLEFT LIP.



- LIP PITS PRESENT ON THE LEFT LOWER LIP.



INTRAORAL PHOTOGRAPHS



- HIGH ARCHED PALATE
- CROWDING OF TEETH
- ROTATED TEETH I.R.T 12,21,54
- CARIOUS TOOTH I.R.T 12
- OPENING PRESENT IN THE RIGHT ANTERIOR HARD PALATE SUGGESTIVE OF CLEFT PALATE



- ANKYLOGLOSSIA
- PEG SHAPE LATERAL 42

MAXILLARY ANTERIOR TOPOGRAPHIC OCCLUSAL RADIOGRAPH



- SHOWS WELL DEFINED INVERTED TEAR DROP RADIO LUCENCY BETWEEN 12,13 SUGGESTIVE OF CLEFT.

OPG



- WELL DEFINED INVERTED TEAR DROP RADIO LUCENCY SEEN BETWEEN THE ROOTS OF 12,13 SUGGESTIVE OF CLEFT.
- DECIDUOUS TEETH 54,55, 64,65, 74,75, 85

ODONTOGENIC KERATOCYST



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA CHARITABLE TRUST, BOPAL, AHMEDABAD.

CASE: ODONTOGENIC KERATOCYST CYST

18 YEAR OLD MALE PATIENT PRESENTED THE CHIEF COMPLAINT OF PAIN IN LOWER LEFT POSTERIOR TEETH REGION SINCE 10 DAYS.

EXTRA ORAL PHOTOGRAPHS



• BILATERAL SYMMETRY OF FACE

INTRA ORAL PHOTOGRAPHS



• OCCLUSAL CARIES I.R.T 36
• VESTIBULAR OBLITERATION IN REGION OF 36 TO 37.

TOPOGRAPHIC MANDIBULAR OCCLUSAL RADIOGRAPH



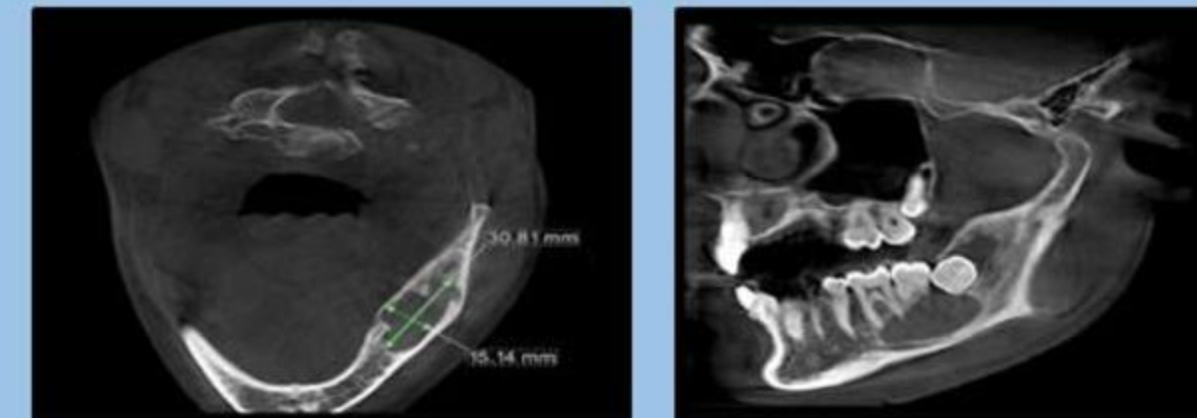
• BUCCAL EXPANSION SEEN IN MANDIBULAR LEFT SIDE FROM MESIAL SURFACE OF 1ST MOLAR TO 2ND MOLAR.

OPG



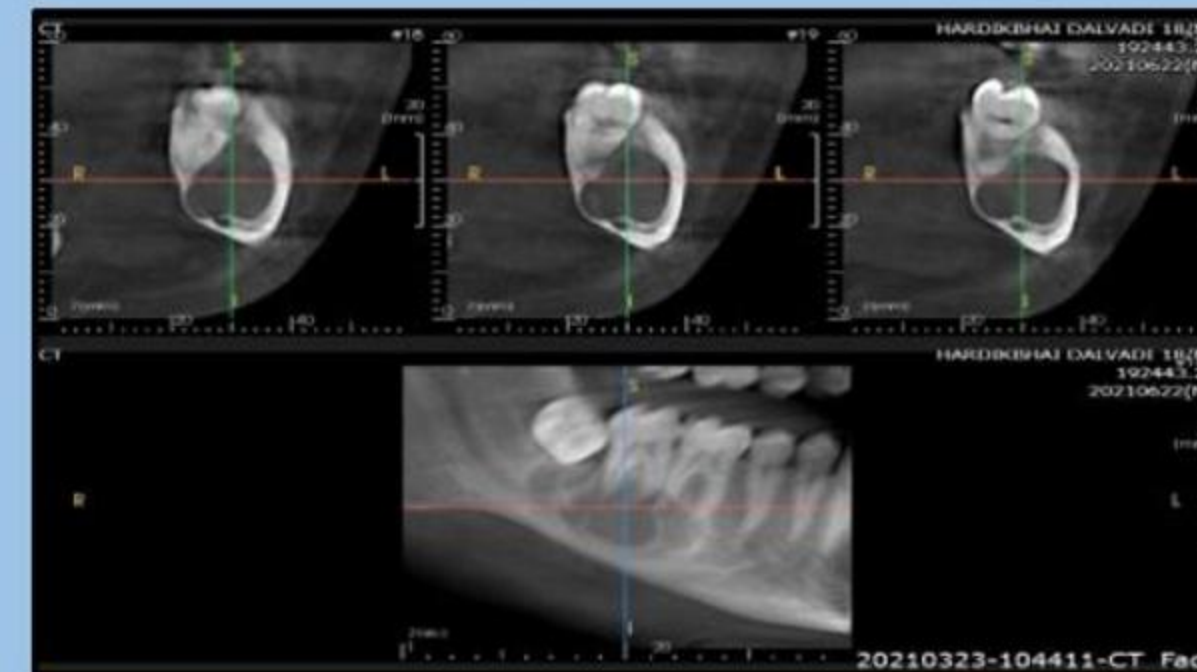
• A SINGLE, WELL DEFINED, CORTICATED, MULTILOCLAR, RADIOLUCENT LESION WITH AN INTERNAL SEPTA WITHIN THE LESION SEEN AT BODY OF THE LEFT MANDIBLE.
• SIZE OF LESION: APPROX 30 X 15 MM.
• ANTERO-POSTERIOR LESION EXTENSION: ON MANDIBULAR LEFT SIDE APICAL PORTION OF MESIAL ROOT OF 1ST MOLAR TO 3RD MOLAR.
• SUPERO-INFERIOR LESION EXTENSION: ON MANDIBULAR LEFT SIDE MIDDLE PORTION OF ROOT OF 2ND MOLAR TO INFERIOR BORDER OF MANDIBLE.
• INFERIOR DISPLACEMENT OF THE INFERIOR ALVEOLAR NERVE CANAL
• RETAINED MAXILLARY LEFT LATERAL INCISOR SEEN.
• MANDIBULAR RIGHT 3RD MOLAR HORIZONTALLY IMPACTED SEEN.

CBCT



AXIAL SECTION

SAGITTAL SECTION



• AXIAL SECTION:
• A SINGLE, WELL DEFINED, CORTICATED, MULTILOCLAR, RADIOLUCENT LESION WITH AN INCOMPLETE INTERNAL SEPTA WITHIN THE LESION SEEN AT BODY OF THE LEFT MANDIBLE OF APPROX 30 X 15 MM IN SIZE
• SAGITTAL SECTION:
• ANTERO-POSTERIOR LESION EXTENSION: ON MANDIBULAR LEFT SIDE APICAL PORTION OF MESIAL ROOT OF 1ST MOLAR TO 3RD MOLAR.
• SUPERO-INFERIOR LESION EXTENSION: ON MANDIBULAR LEFT SIDE MIDDLE PORTION OF ROOT OF 2ND MOLAR TO INFERIOR BORDER OF MANDIBLE.
• BUCCAL AND LINGUAL PLATE EXPANSION WITH LINGUAL PLATE THINNING ON RIGHT SIDE
• INFERIOR DISPLACEMENT OF THE INFERIOR ALVEOLAR NERVE CANAL

HISTOPATHOLOGY REPORT

NAME: Hardik CASE NO: 192443
DATE: 22/6/21 HISTOPATHOLOGY NO: H-99-21
REF BY: OMR OS AGE: 18 year SEX: MALE

CLINICAL FEATURES: C/O patient complains of pain and swelling in lower left back tooth region since 3 months. O/E bony expansion seen IRT 35,36,37. Pocket IRT 37. No pus discharge no paresthesia.

Microscopic Features: Given H & E section shows lining of stratified squamous epithelium with corrugated parakeratinized layer. Basal cell layer of epithelium shows palisaded appearance. Epithelium shows arcading pattern in some area & abundance of inflammatory cells with blood vessels in connective tissue. Daughter cyst formation is also seen.

Diagnosis: Odontogenic keratocyst with secondary infection.

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DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

POST OPERATIVE RADIOGRAPH



FATHER OF RADIOLOGY



SIR WILHELM CONRAD ROENTGEN

“RENKEN”

1845 - 1923

PATIENT EDUCATION / AWARENESS POSTERS

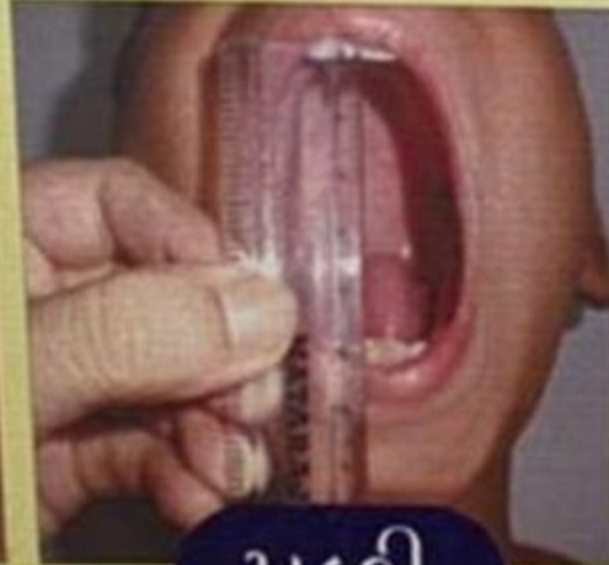
REDUCED MOUTH OPENING

શું તમારું મોં ઓછું ખૂલે છે?

પાન-મસાલા, ગુટખાનું સેવન કરવાથી ધીમે ધીમે
તમારું મોં પુરતું ખૂલી શકતું નથી



પહેલા



પછી

આધુનિક ટેકનોલોજી
લેસર (LASER) દ્વારા કોઈ પણ
આડઅસર વગર સારવાર કરાવો

**Do you have limited
mouth opening due
to chewing tobacco?**



વિભાગ નં.૪

**Department of Oral and
Maxillofacial Surgery**

REDUCED MOUTH OPENING IN TOBACCO CHEWERS




CAUTION X-RAY (BATCH 2017- 2018)



CAUTION - INSTRUCTIONS FOR PREGNANT WOMEN
(BATCH 2017 - 2018)

CAUTION ચેતવણી



ગર્ભવતી મહિલાઓ એ એક્સ - રે
પડાવતા પહેલા ડોક્ટરને જાણ કરવી
આવશ્યક છે.

If you are pregnant , Inform to the doctor
or radiologist before X-ray.

INSTRUCTIONS FOR PATIENTS FOR X-RAY (BATCH 2017 - 2018)



SIGNS OF ORAL CANCER (BATCH 2018 -2019)

મોંના કેન્સરનાં ભયચૂચક લક્ષણો

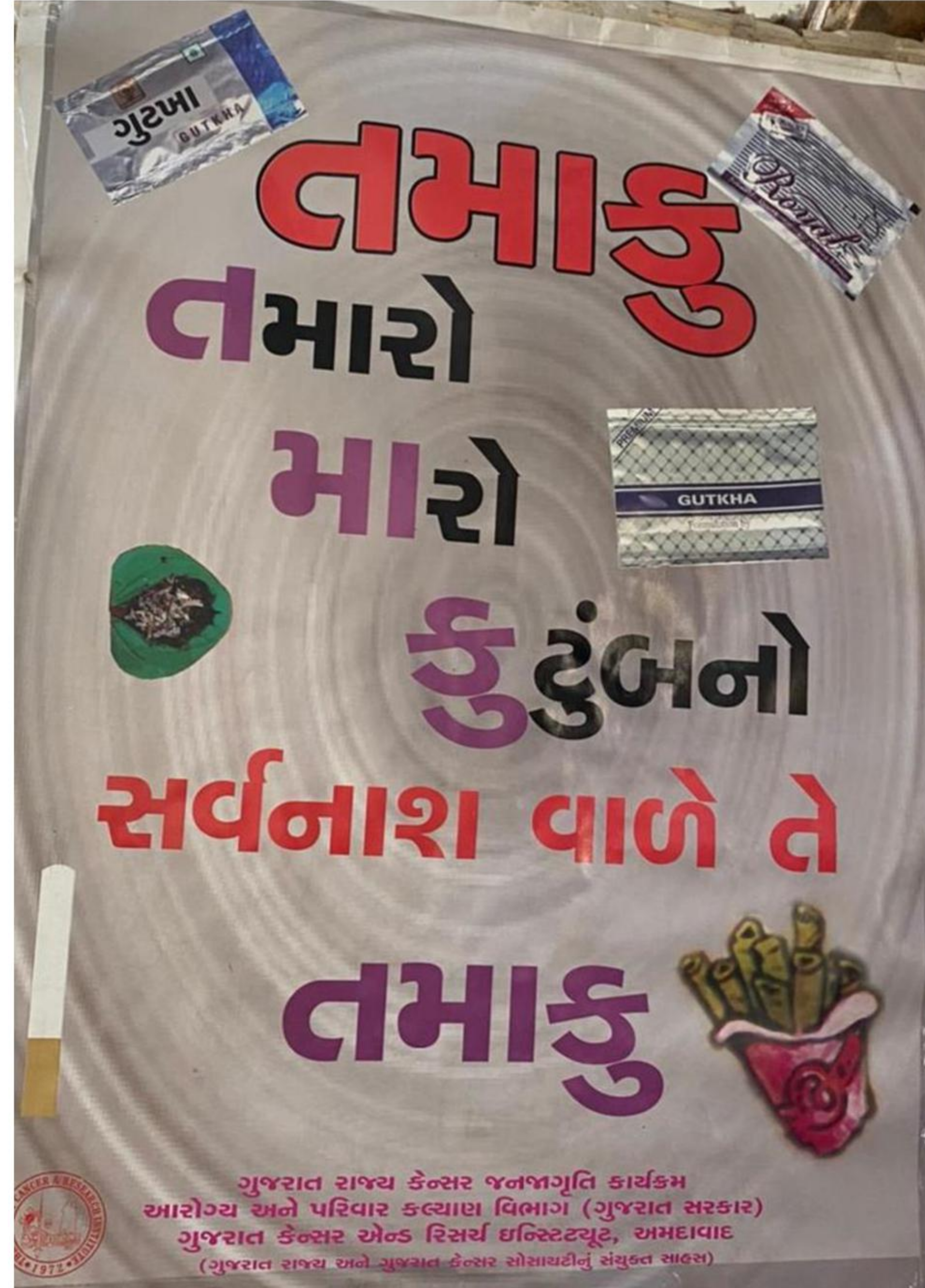
૧. મોંમાં સફેદ કે લાલ ચાંદું
૨. મોં ખોલવામાં તકલીફ
૩. મોંમાં ગાંઠ કે ચાંદું
૪. મોંની અંદરની ચામડીમાં ફેરફાર થવો
૫. મોંમાંથી લોહી પડવું








ગુજરાત કેન્સર એન્ડ રિસર્ચ ઇન્સ્ટિટ્યૂટ, અમદાવાદ
(ગુજરાત રાજ્ય અને ગુજરાત કેન્સર સોસાયટીનું સંયુક્ત સાહસ)
ગુજરાત રાજ્ય કેન્સર સ્ક્રિનિંગ કાર્યક્રમ




TOBACCO HAZARDS (BATCH 2018 - 2019)



તમારું
તમારો
મારો
હુંદુંબનો
સર્વનાશ વાળે તે
તમારું



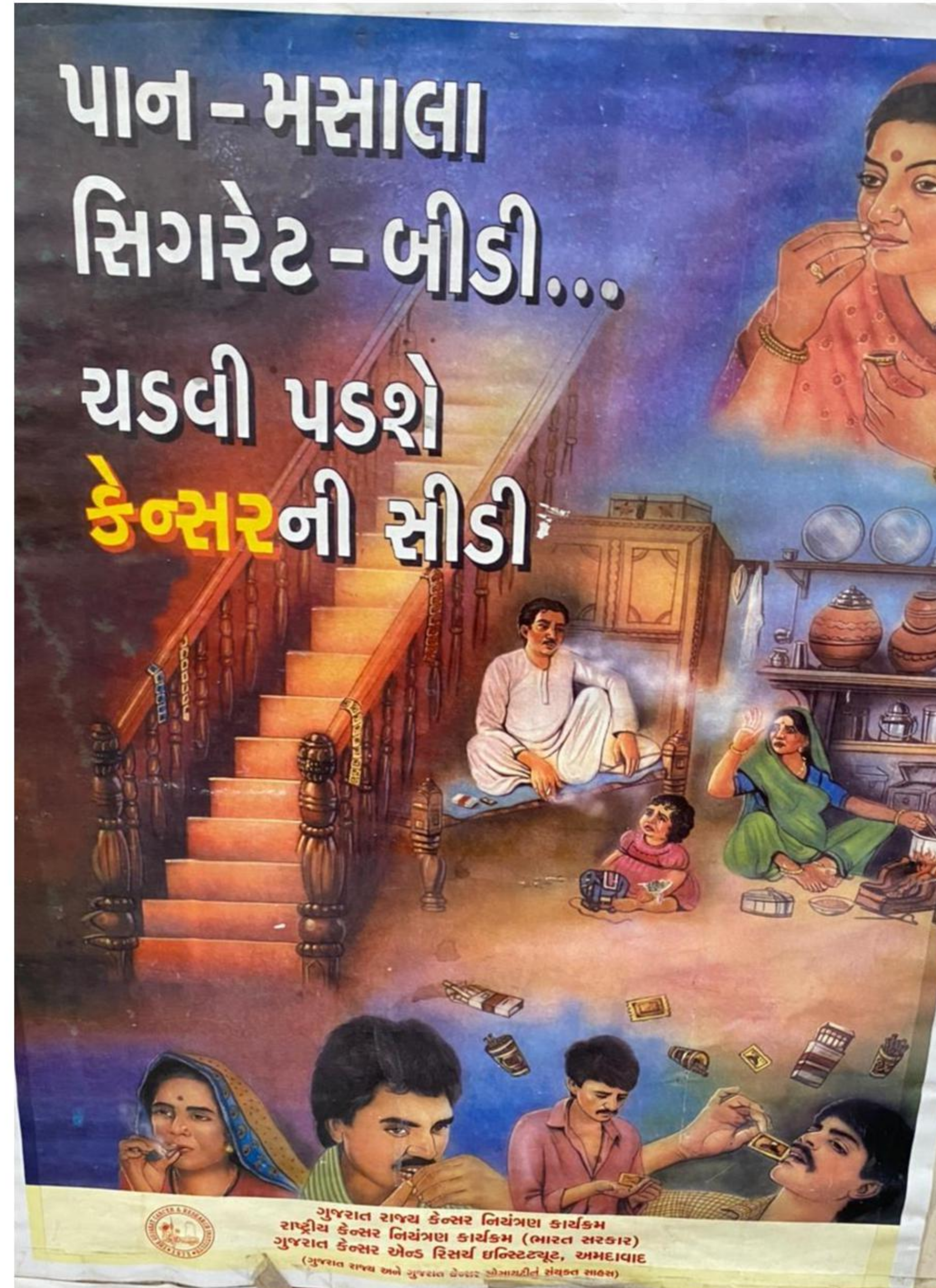
ગુજરાત રાજ્ય કેન્સર જનજાગૃતિ કાર્યક્રમ
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ (ગુજરાત સરકાર)
ગુજરાત કેન્સર એન્ડ રિસર્ચ ઇન્સ્ટિટ્યૂટ, અમદાવાદ
(ગુજરાત રાજ્ય અને ગુજરાત કેન્સર સોસાયટીનું સંયુક્ત સાહસ)



TOBACCO FREE HOME (BATCH 2018 -2019)



PAN MASALA CAUSES CANCER (BATCH 2018 -2019)



FATHER OF ORAL MEDICINE

FATHER OF ORAL MEDICINE





SIR LESTER W. BURKET
1907 – 1991

PEOPLE WHO CONSUME TOBACCO ARE FOOLISH (BATCH 2018 - 2019)





mCESSATION PROGRAMME (BATCH 2018 -2019)


Ministry of Health and Family Welfare
Government of India

 NATIONAL HEALTH PORTAL
Gateway to authentic health information
www.nhp.gov.in
NHP Voice Web (Toll Free): 1800-180-1104

mCessation Programme



With proper counselling and guidance
of your family doctor, you can
QUIT SMOKING

Give us missed call on
011-22901701
or **REGISTER ONLINE**

Website: <http://www.nhp.gov.in/> Toll Free no.: 1800-180-1104

MINISTRY OF HEALTH AND FAMILY WELFARE (BATCH 2018 - 2019)



Ministry of Health and Family Welfare
Government of India

NATIONAL TOBACCO QUITLINE



NATIONAL TOBACCO QUITLINE

1800-11-2356

8:00 am - 8:00 pm

Except on Monday



Vallabhbhai Patel Chest Institute

University of Delhi, Delhi-110007

FILM PROCESSING METHODS

FILM PROCESSING METHOD

PRECISE METHODS IN THE PROCESSING OF X-RAY FILMS ARE AS IMPORTANT IN ATTAINING GOOD RESULTS, AS IS THE USE OF PRECISE EXPOSURE TECHNIQUE. REGARDLESS OF THE METHOD (AUTOMATIC OR MANUAL) USED BY THE DENTAL SPECIALIST, IF PROPER PROCESSING PROCEDURES ARE FOLLOWED, QUALITY RADIOGRAPHS WILL RESULT.

DIFFERENT METHODS OF PROCESSING

1. MANUAL METHOD
2. AUTOMATIC METHOD
3. MONOBATH METHOD
4. DAY LIGHT METHOD
5. DIGITIZED PROCESSING METHOD
6. SELF DEVELOPING FILMS

MANUAL METHOD

THE MANUAL PROCESSOR USES THE STANDARD TIME-TEMPERATURE METHOD AND SMALL CONTAINERS OF THE DIFFERENT PROCESSING SOLUTIONS. THE DENTAL SPECIALIST SHOULD BE FAMILIAR WITH THE MANUAL PROCESSOR IN CASE THE AUTOMATIC PROCESSOR IS NOT AVAILABLE. THE MANUAL PROCESSOR WILL ALLOW THE DENTAL SPECIALIST TO CONTINUE PROVIDING SUPPORT TO THE DENTIST WITHOUT INTERRUPTING PATIENT TREATMENT.

MANUAL PROCESSING IS THE PRIMARY METHOD WHEREBY FILM WILL BE PROCESSED WHEN FIELD EQUIPMENT IS USED. THE PROCESSING TANK MOST COMMONLY USED IN DENTAL CLINICS HAS THREE COMPARTMENTS. THE CENTER COMPARTMENT AND THE COMPARTMENT TO THE LEFT CONTAINS THE DEVELOPING SOLUTION, WATER IS IN THE CENTER COMPARTMENT AND THE FIXING SOLUTION IS ON THE RIGHT. IN ADDITION TO THE THREE COMPARTMENTS, A SOURCE OF HOT AND COLD WATER, A DRAIN, AN OVERFLOW VALVE, AND A COVER ARE NEEDED. THE WATER IS ADJUSTED TO THE PROPER TEMPERATURE AND IS ALLOWED TO CIRCULATE IN THE MIDDLE COMPARTMENT AND PASS FROM THE TANK BY THE OVERFLOW VALVE. THIS ACTION PROVIDES TEMPERATURE CONTROLS TO THE DEVELOPING AND FIXING SOLUTION.

MANUAL PROCESSING OF FILM REQUIRES THE FOLLOWING EIGHT STEPS:

1. REPLENISH SOLUTION
2. STIR SOLUTION
3. MOUNT FILM ON HANGER
4. SET TIMER
5. DEVELOP
6. RINSE
7. FIX
8. WASH & DRY



THERMOMETER



PROCESSING TEMPERATURE AND TIMES

SOLUTION TEMPERATURE	TIME IN DEVELOPER (MINUTES)	RINSE TIME (MINUTES)	TIME IN FIXER (MINUTES)	WASH TIME (MINUTES)
65° F (18.5 °C)	6.0	0.5	10-12	20
68° F (20.0 °C)	5.0	0.5	10	20
70° F (21.0 °C)	4.5	0.5	9-10	20
72° F (22.0 °C)	4.0	0.5	8-9	20
75° F (24.0 °C)	3.0	0.5	6-7	20
75° F (24.0 °C)	2.5	0.5	5-6	20

AUTOMATIC PROCESSOR

THE AUTOMATIC PROCESSOR IS USED BY MOST DENTAL TREATMENT FACILITIES. FOLLOWING EXPOSURE, THE FILM IS UNWRAPPED IN THE DARKROOM AND IMMEDIATELY LOADED INTO THE AUTOMATIC PROCESSOR. THE UNIT CONSISTS OF ROLLERS AND COMPARTMENTS FILLED WITH CHEMICAL SOLUTIONS THROUGH WHICH THE FILM PASSES. AT THE END OF THE PROCESSING CYCLE, THE FILM IS RELEASED. THE CYCLE DURATION VARIES FROM 4 TO 6 MINUTES.

THERE ARE TWO TYPES:

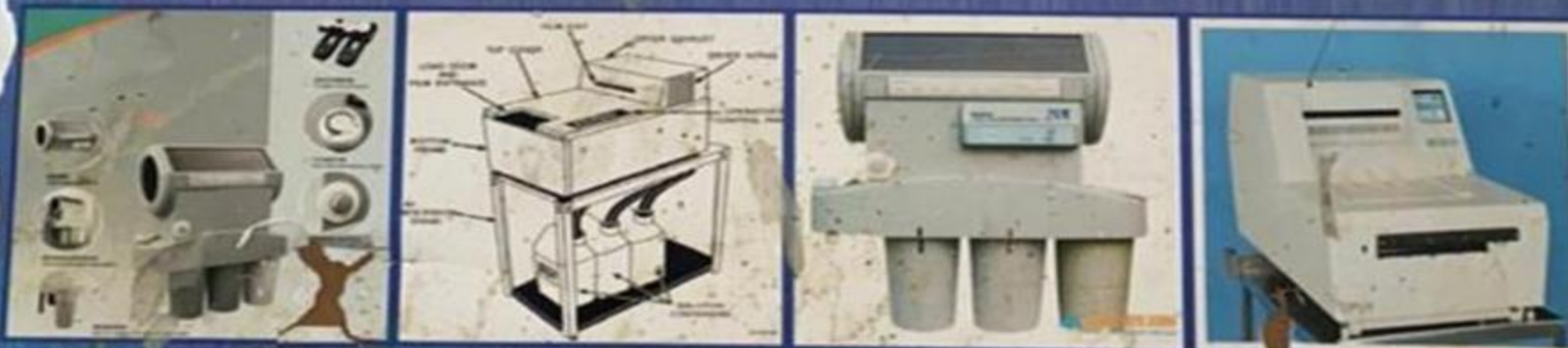
1. AUTOMATIC DUNKING MODEL THAT PRODUCES A WASHED FILM THAT STILL HAS TO BE DRIED
2. MINIATURE ROLLER TYPE THAT PRODUCES A DRIED FILM

ADVANTAGES:

- RAPIDITY OF THE OPERATION, THE ENTIRE PROCESS MAY TAKE LESS THAN 4-7 MINUTES.
- UNIFORMITY OF RESULTS
- LESS FLOOR SPACE REQUIRED AND HAVE DAYLIGHT LOADING CAPABILITY
- NO WET FILMS TO BE HANDLED, NO FILM HANGERS, AND FILM DRYER
- NO WET READING OF FILMS, A DRY FILM IS MORE USEFUL DIAGNOSTICALLY THAN A WET FILM.
- DENSITY AND CONTRAST OF THE RESULTANT RADIOGRAPH ARE CONSISTENT

DISADVANTAGES:

- QUALITY IS NOT AS HIGH AS THAT OF A MANUALLY DEVELOPED RADIOGRAPH. MORE GRAIN IS EVIDENT IN THE FINAL IMAGE.
- HIGH COST OF EQUIPMENT AND MAINTENANCE



OPERATION:

THE DESIGN IS A LINE ARRANGEMENT CONSISTING OF TRANSPORT MECHANISM THAT PICK UP THE UNWRAPPED FILM AND PASSES IT THROUGH THE DEVELOPING, FIXING, WASHING AND DRYING SECTION. THE TRANSPORT SYSTEM MOST OFTEN USED IS A SERIES OF ROLLERS DRIVEN BY CONSTANT SPEED MOTOR THAT OPERATES THROUGH GEARS, BELTS OR CHAINS. THE ROLLERS OFTEN CONSIST OF INDEPENDENT ASSEMBLY OF MULTIPLE ROLLERS IN A RACK WITH A TRACK FOR EACH STEP. THESE ASSEMBLIES ARE DESIGNED AND POSITIONED SO THAT THE FILM CROSSES OVER FROM ONE RACK TO NEXT. THE OPERATOR MAY ALSO BE ABLE TO REMOVE THEM INDEPENDENTLY FOR SOAKING, CLEANING AND OILING.

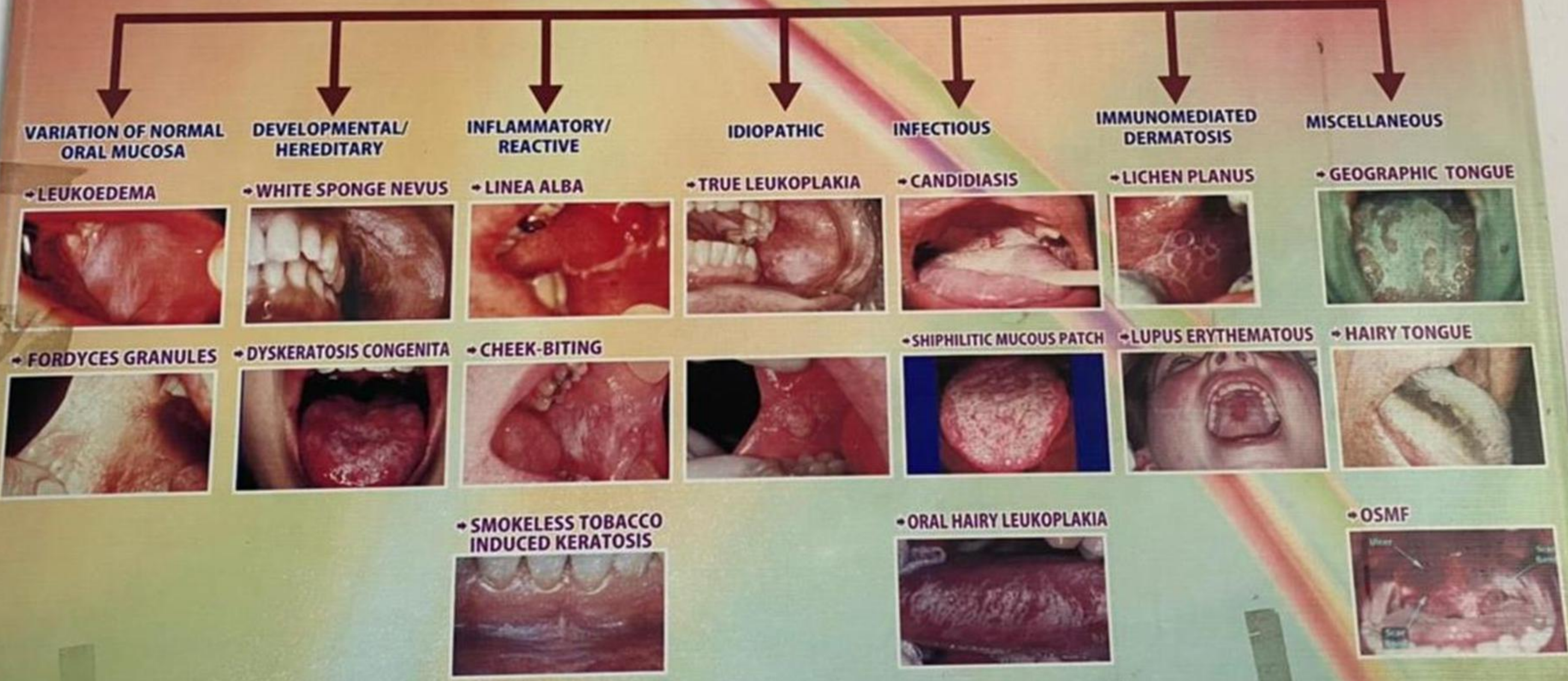
RED AND WHITE LESIONS OF ORAL CAVITY

RED AND WHITE LESIONS OF ORAL CAVITY

WHITE LESION

" IT IS A NON SPECIFIC TERM USED TO DESCRIBE ANY ABNORMAL AREA OF ORAL MUCOSA WHICH ON CLINICAL EXAMINATION APPEARS WHITER THAN THE SURROUNDING TISSUE, AND ARE USUALLY SLIGHTLY RAISED, ROUGHENED OR OTHERWISE OF DIFFERENT SURFACE TEXTURE FROM ADJACENT NORMAL TISSUE. "

CLASSIFICATION



TOBACCO CESSATION CENTER

COLLEGE OF DENTAL SCIENCES AND RESEARCH CENTRE



માહું ઘર તમારું મુક્ત

ગુજરાત રાજ્ય ટેન્સર જનજાગૃતિ કાર્યક્રમ
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 (ગુજરાત રાજ્ય અને ગુજરાત ટેન્સર બોલચાલનું સંકુલ સચિત્ર)

**પાન - મસાલા
 સિગરેટ - બીડી...
 ચડવી પડશે
 કેન્સરની સીડી**



SELF ASSESSMENT FOR ORAL CANCER



EARLY STAGE ORAL CANCER IS OFTEN PAINLESS & GOES UNDETECTED

HOW TO SEE ?



HOW TO SEE ?

Department of Oral Medicine & Radiology
Dental Science & Research Centre





