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.

t areas. .


GOMAX


GOMAX
GOMAX


Radiology
arch Centre
Shot on OnePlus
By Rajvi


Shot on OnePlus
By Rajvi

OMR POSTERS

OMR UG POSTERS

DISEASES OF PERIAPICAL TISSUE

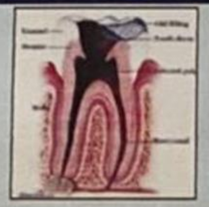
DISEASE OF PERIAPICAL TISSUES

▶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.

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

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.

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 concomittant 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 sclertiv 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
- 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 carieous region which is seldom painful or sensitive to percussion. It may be a result of loss of local or generalize 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

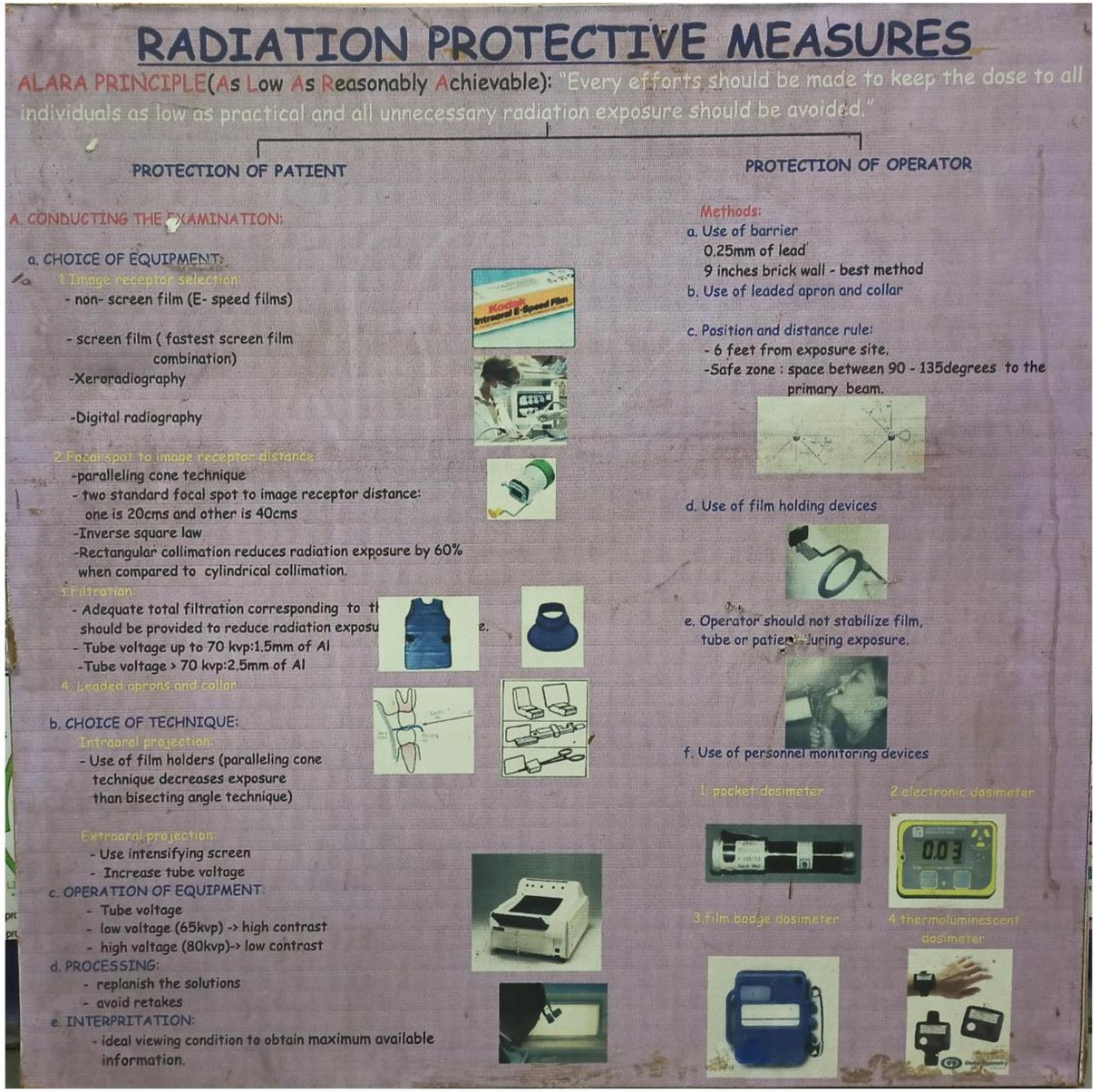
- The acute periapical abscess presents the features of an acute inflammation of the apical periodontium.
- The initial stages produce tenderness of tooth, which is often relieved by application of pressure.
- Rapid extension to adjacent bone marrow spaces frequently occurs, producing an actual osteomyelitis.
- 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 legion that, except for slight thickening of the periodontal ligament space, there is usually no roentgenographic evidence of its presence.
- The chroni abscess presently 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



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

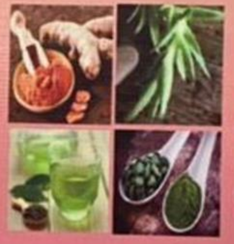
Physiotherapy with wooden key

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 - Υ

SURGICAL MANAGEMENT

Fibrotomy and Grafting

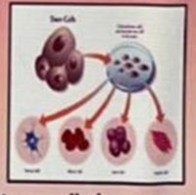
Cryosurgery

Laser surgery

OTHER MODALITIES

Diathermy

Ultrasound



Stem cell therapy

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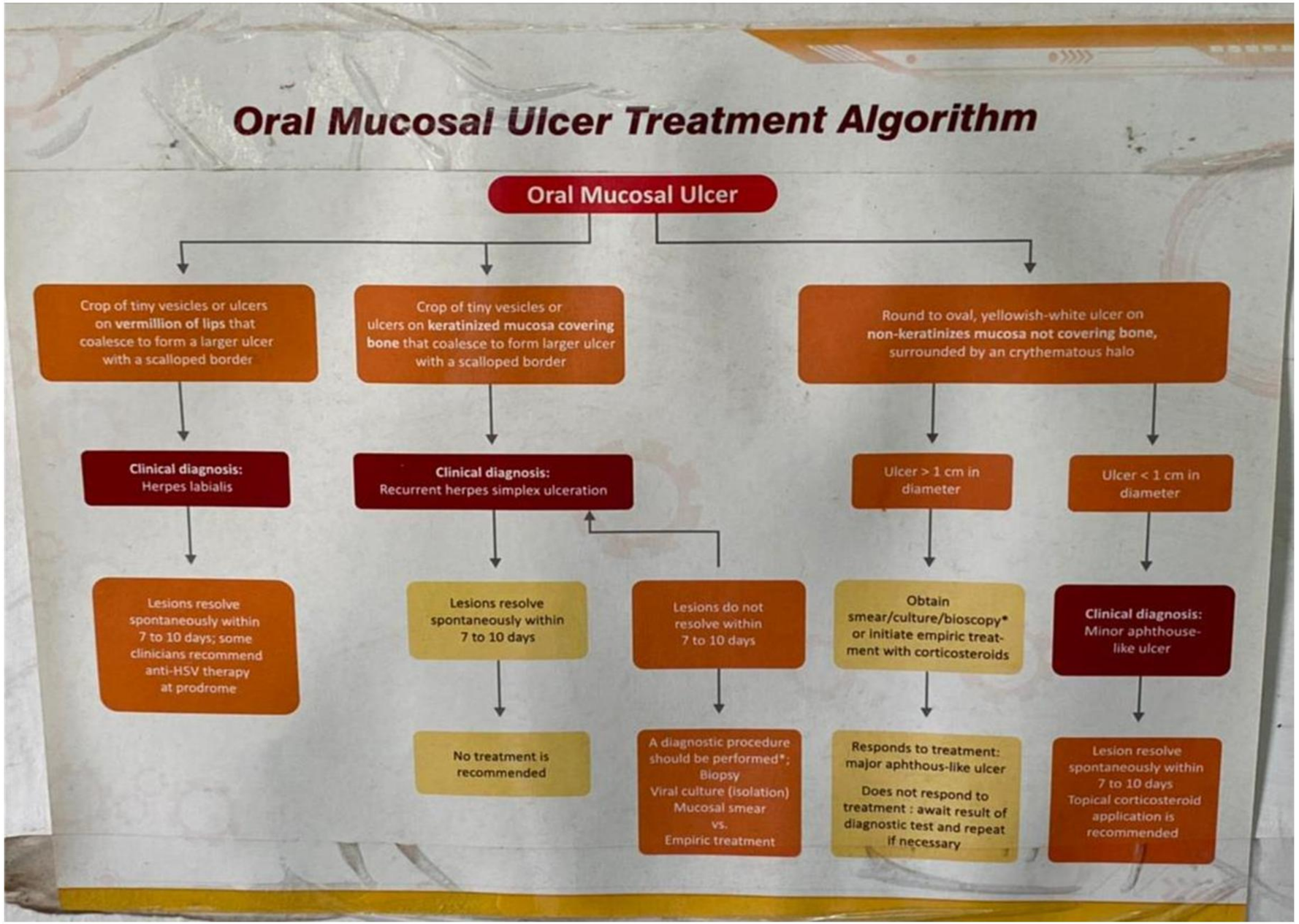
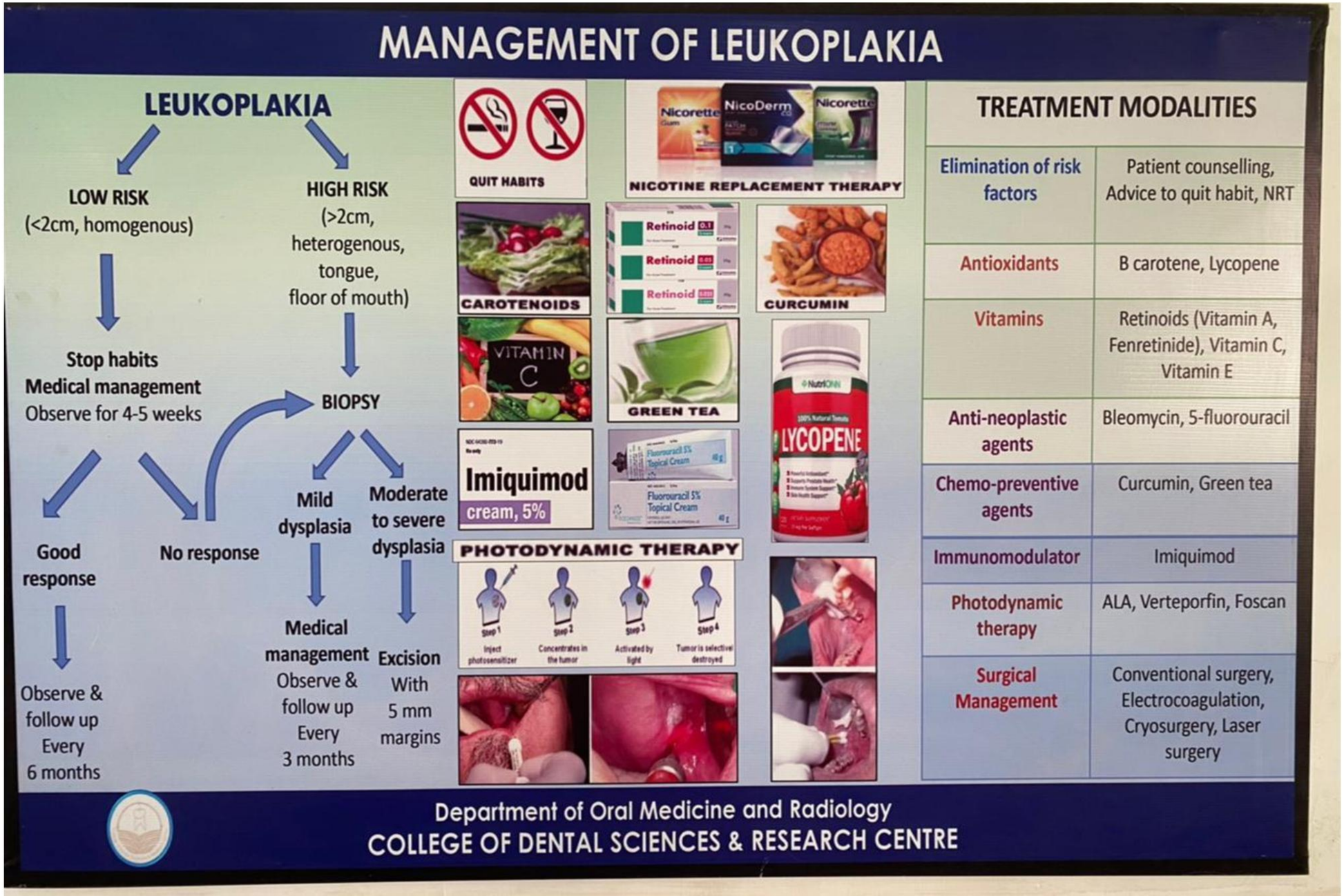
ORAL MUCOSAL ULCER TREATMENT ALGORITHM

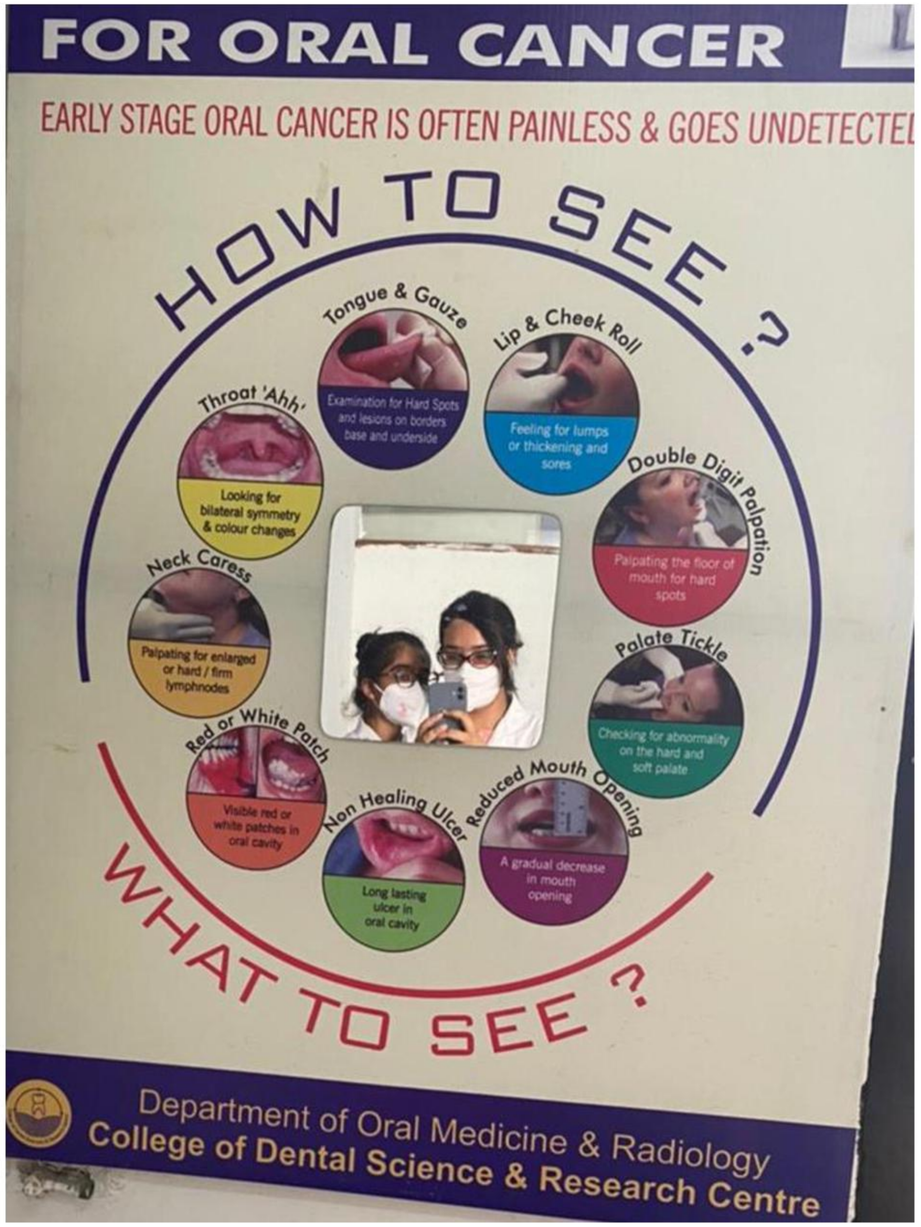


MANAGEMENT OF LEUKOPLAKIA

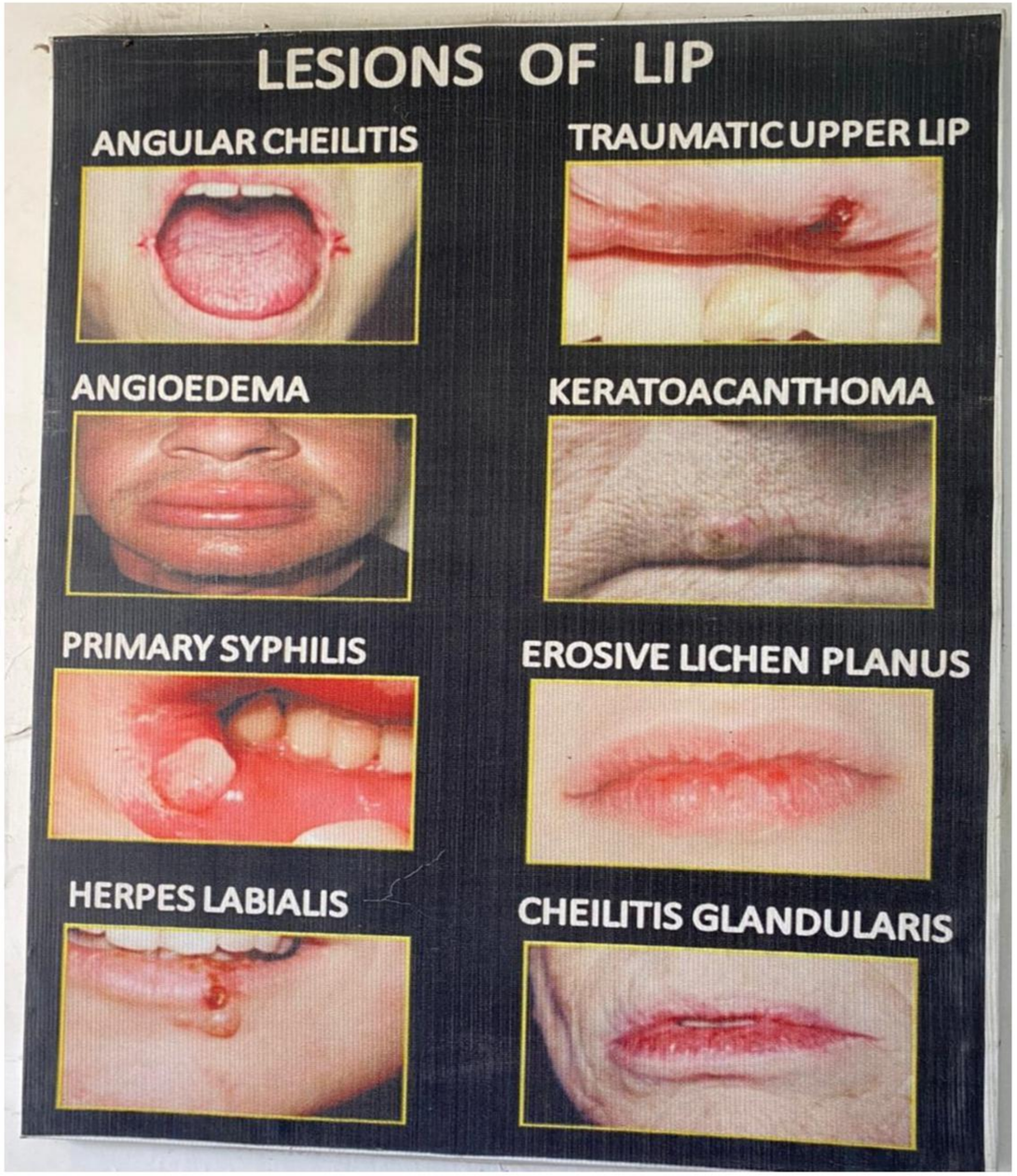


TREATMENT MODALITIES	
Elimination of risk factors	Patient counselling, Advice to quit habit, NRT
Antioxidants	B carotene, Lycopene
Vitamins	Retinoids (Vitamin A, Fenretinide), Vitamin C, Vitamin E
Anti-neoplastic agents	Bleomycin, 5-fluorouracil
Chemo-preventive agents	Curcumin, Green tea
Immunomodulator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

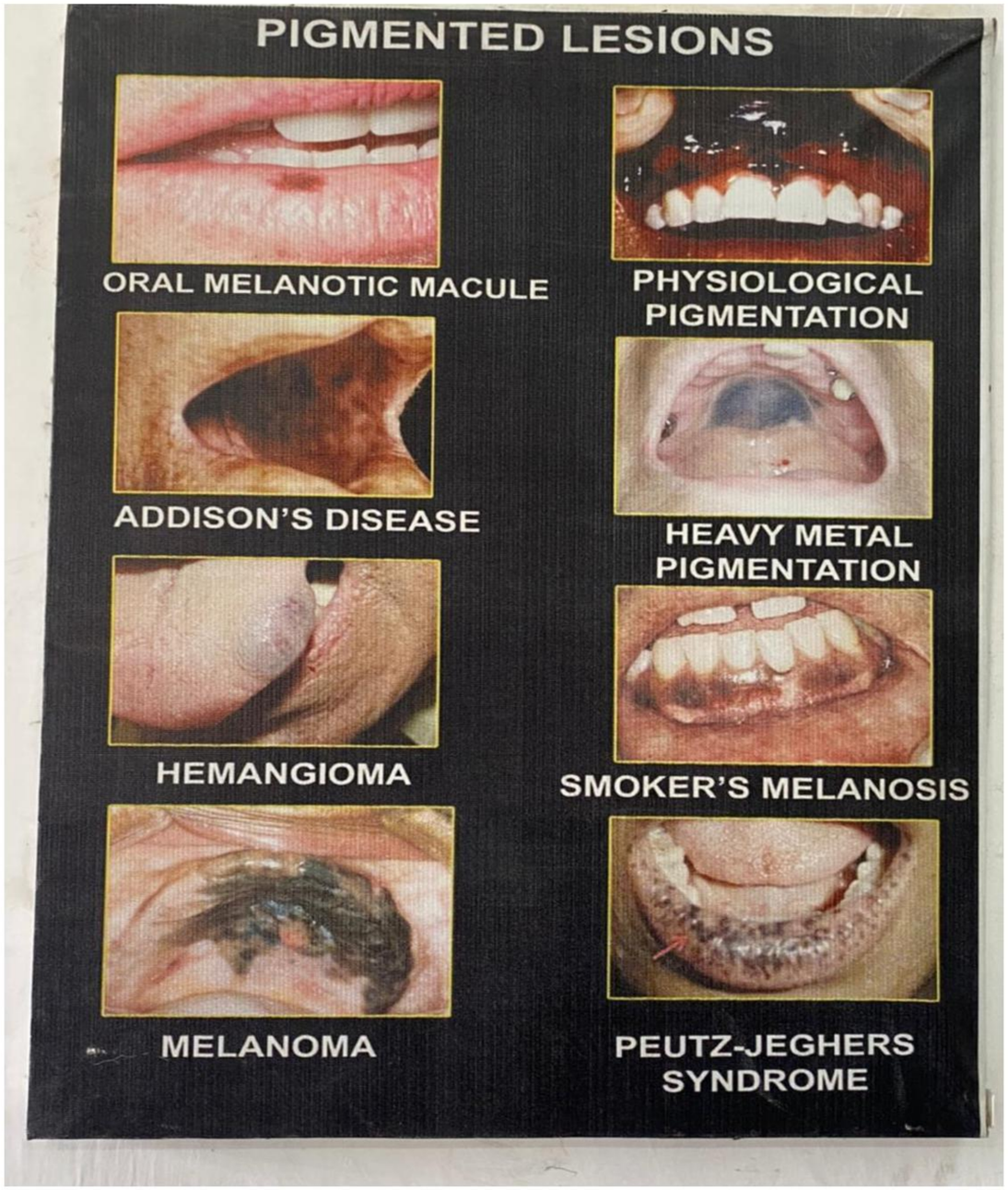
SELF ASSESSMENT FOR ORAL CANCER



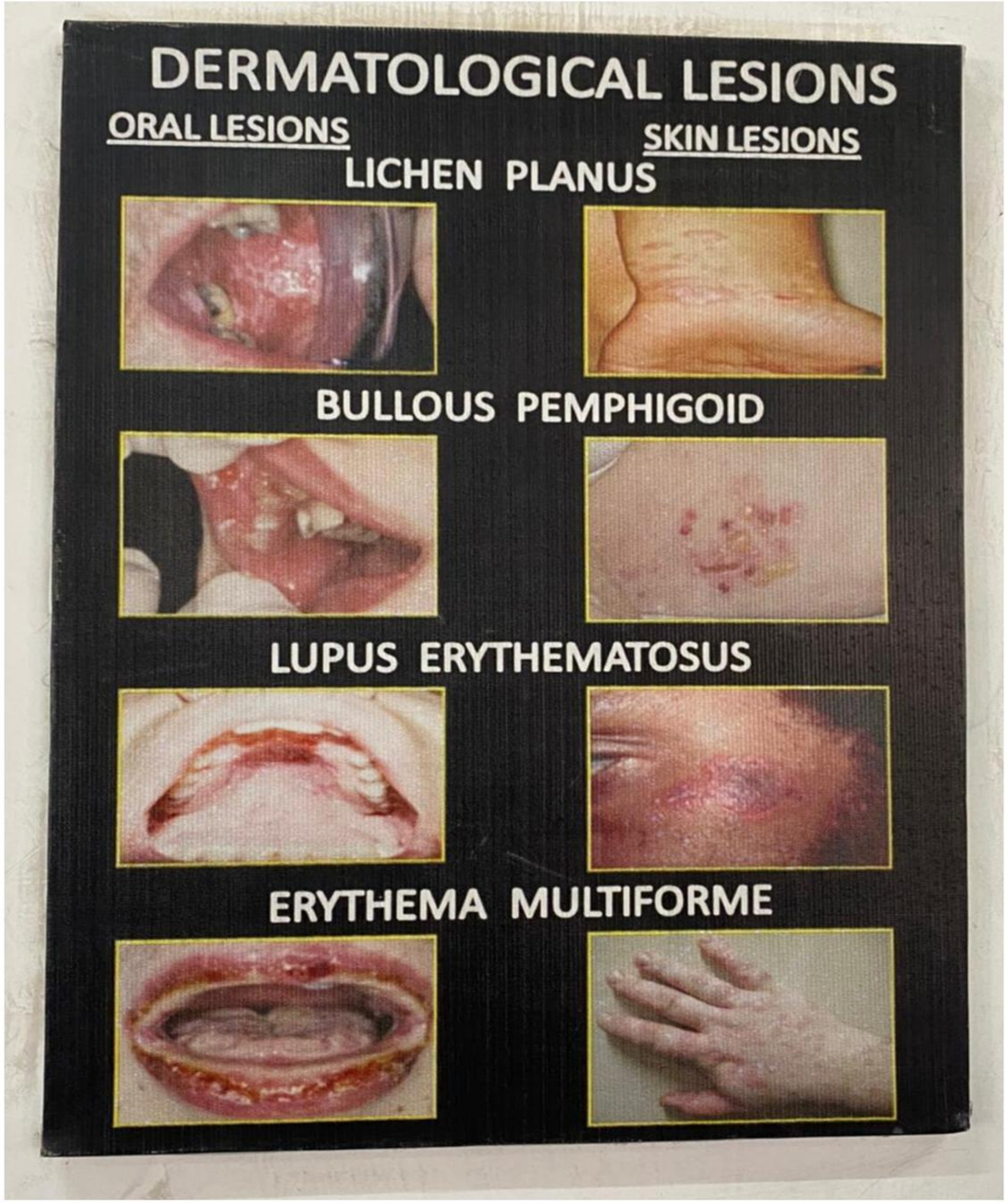
LESIONS OF LIP



PIGMENTED LESIONS



DERMATOLOGICAL LESIONS



RECENT TREATMENT MODALITIES FOR ORAL CANCER

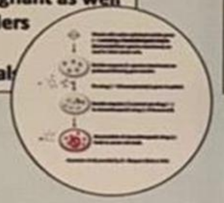
Recent Treatment Modalities for Oral Cancer

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

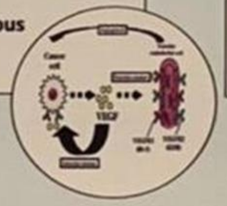
Gene therapy

- 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 trials



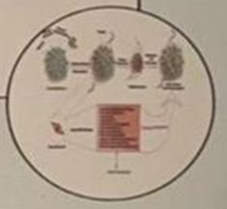
VEGF

- 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



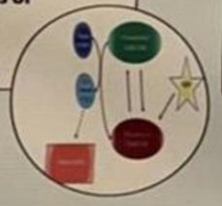
Oral Glutamine

- 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

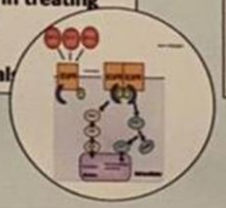


NACT

- Drugs like taxane(docetaxel), placitaxel 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

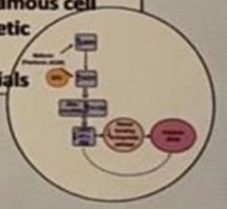
EGFR

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



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



Department Of Oral Medicine and Radiology
COLLEGE OF DENTAL SCIENCES AND RESEARCH CENTRE

NORMAL RADIOGRAPHIC ANATOMY

THE TRUTH HURTS

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.

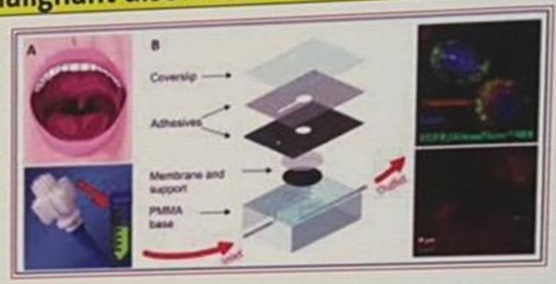
LASER CAPTURE MICRODISSECTION

- 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.

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.

- 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

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

VITAL STAINING

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

BRUSH BIOPSY

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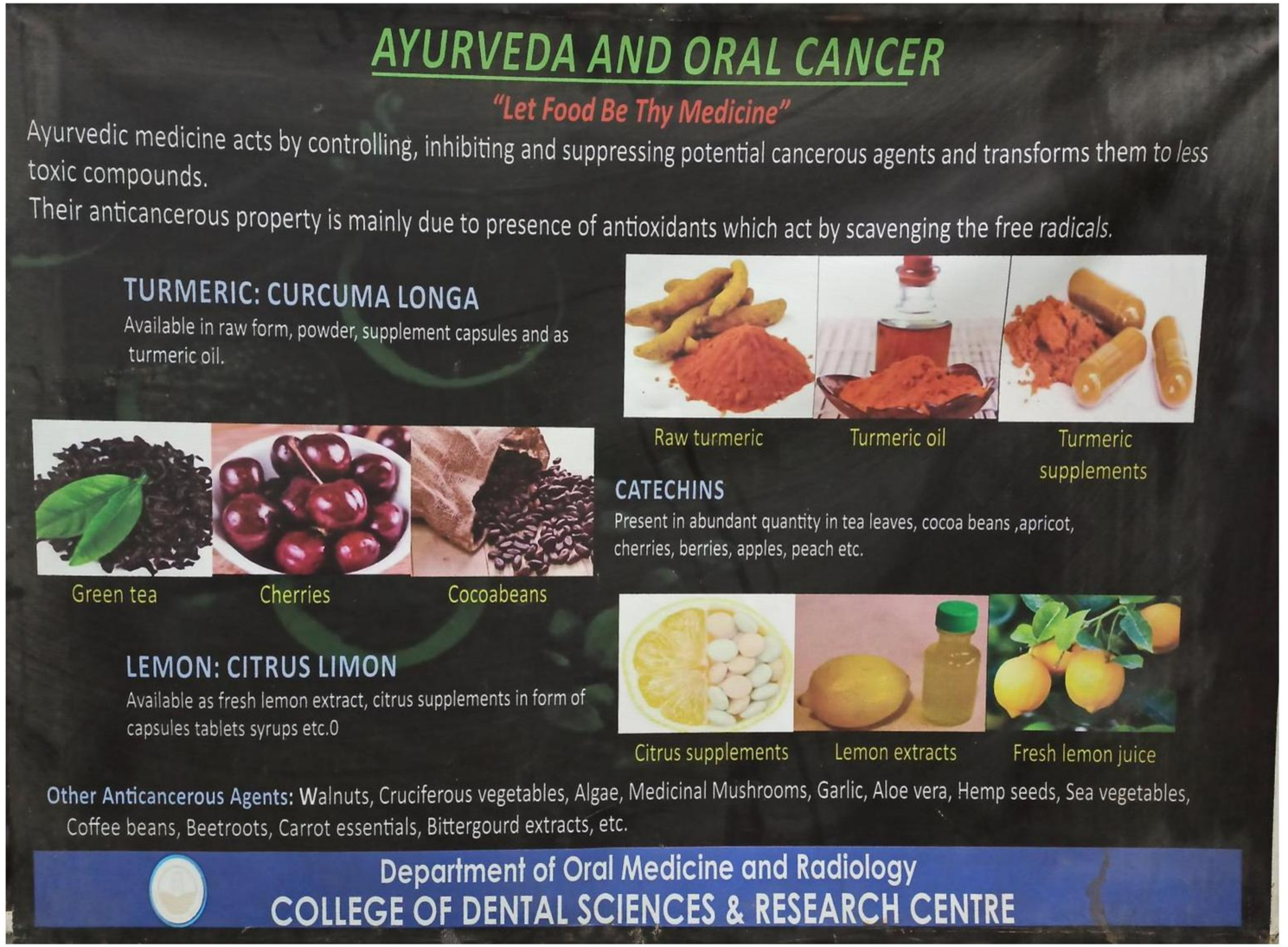
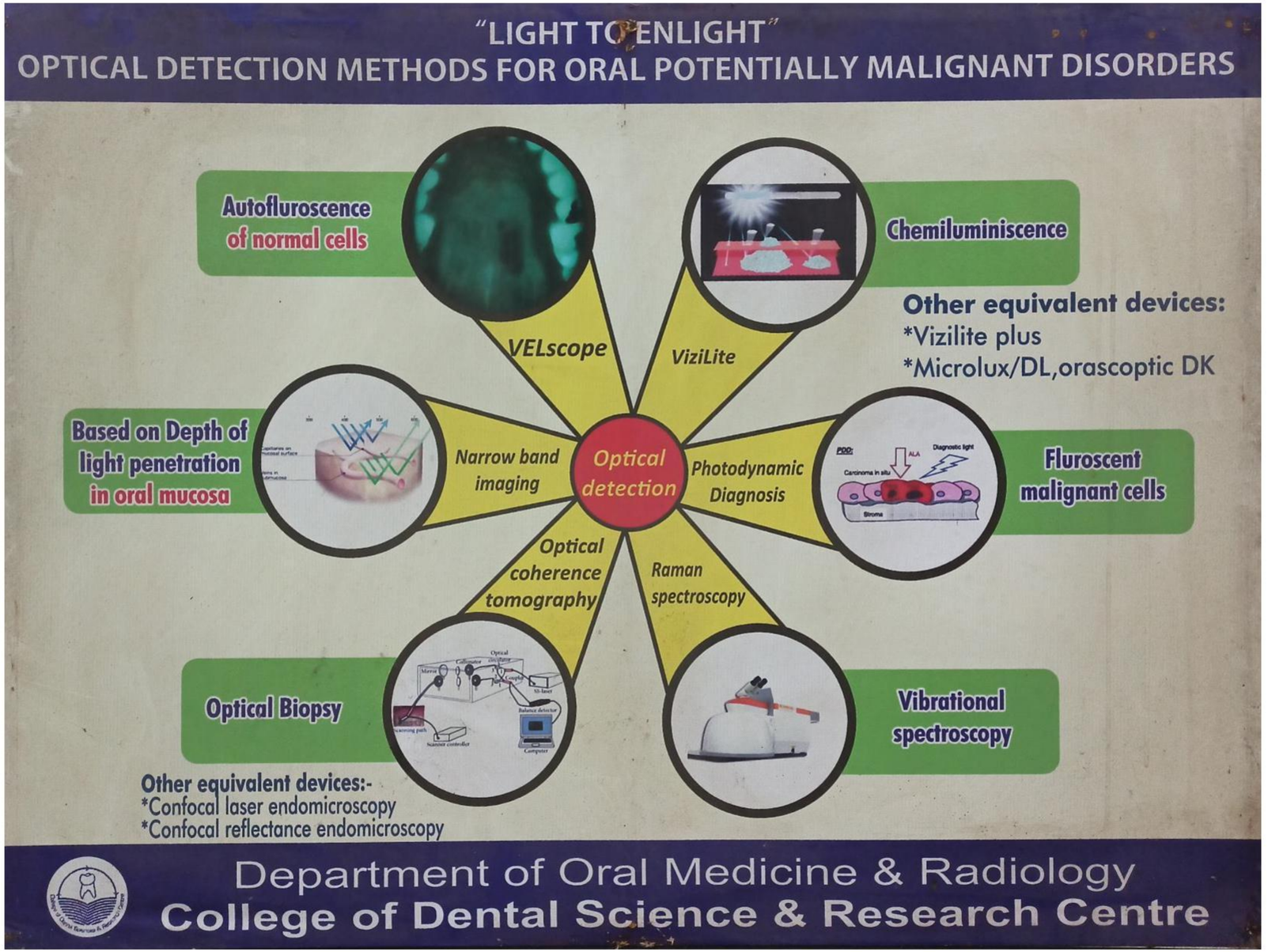
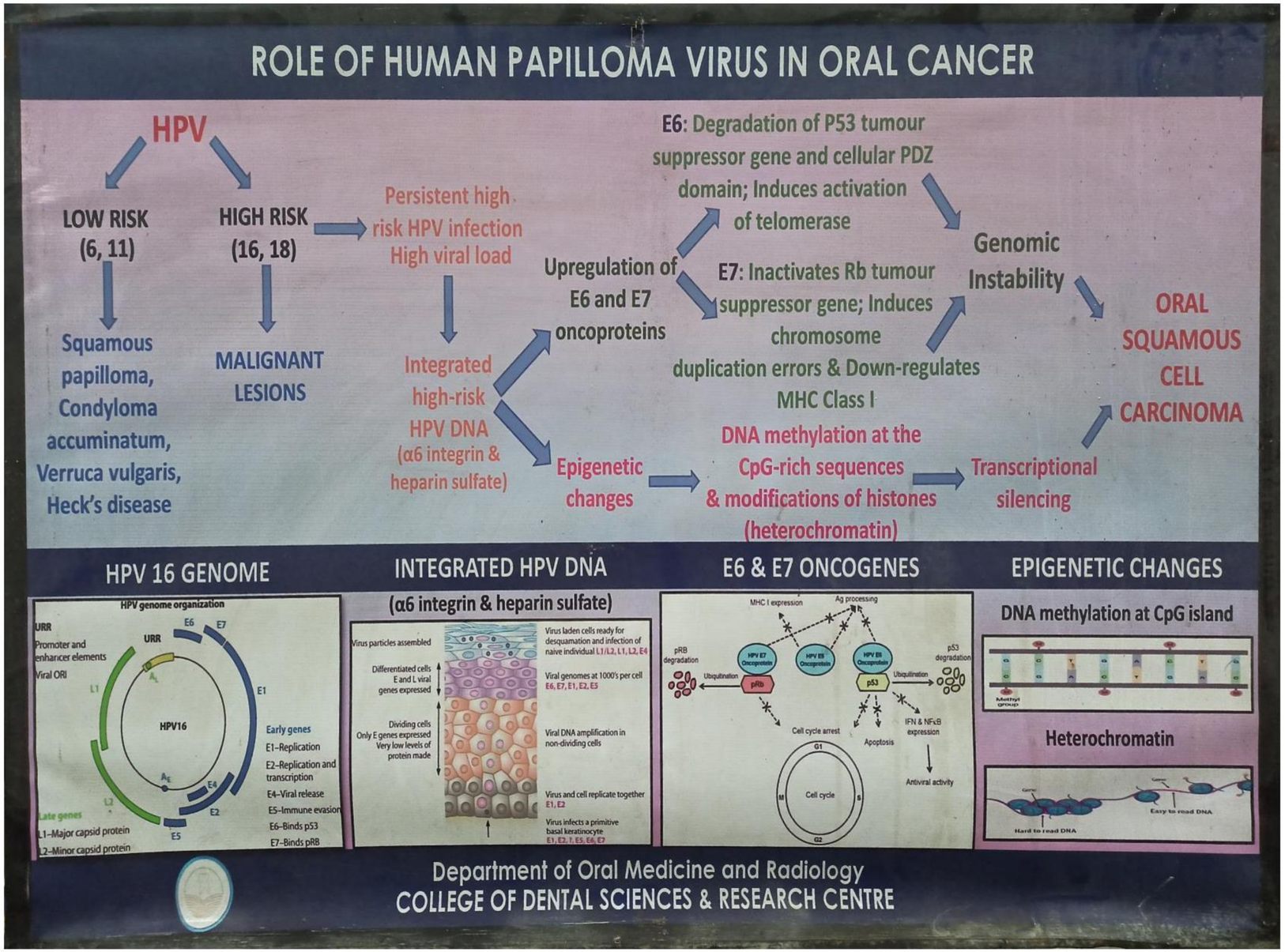
AYURVEDA AND ORAL CANCER



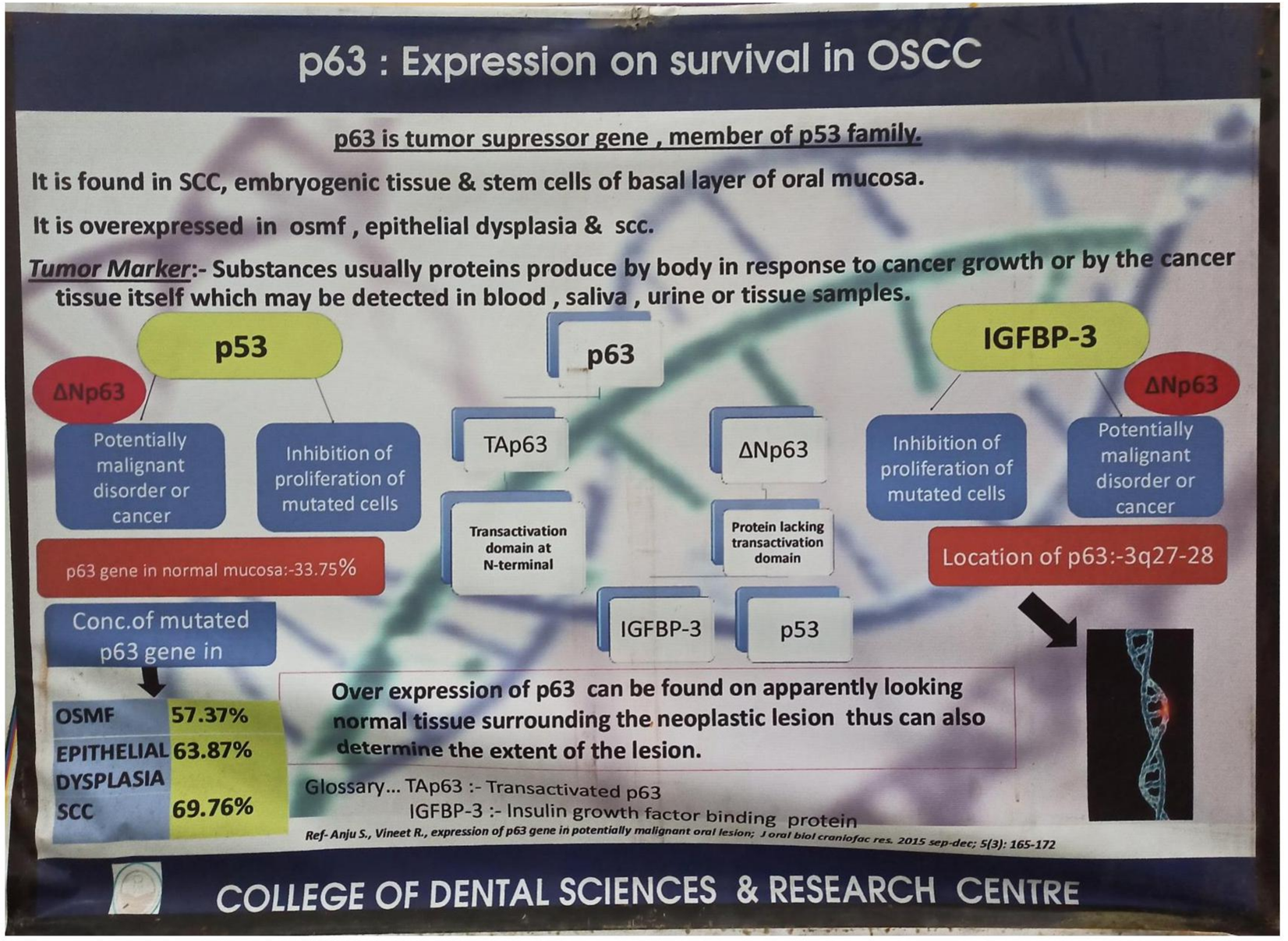
OPTICAL DETECTION METHODS FOR POTENTIALLY MALIGNANT DISORDERS



ROLE OF HPV IN ORAL CANCER



p63: Expression on survival in OSCC



OMR PG POSTERS

CASE OF - AMELOBLASTOMA INVOLVING LEFT BODY OF MANDIBLE

DEPARTMENT OF
ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCE AND RESEARCH CENTRE
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 exapansion with slight area of discontinuetity. 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 anterio-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 invovling 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
     - I.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

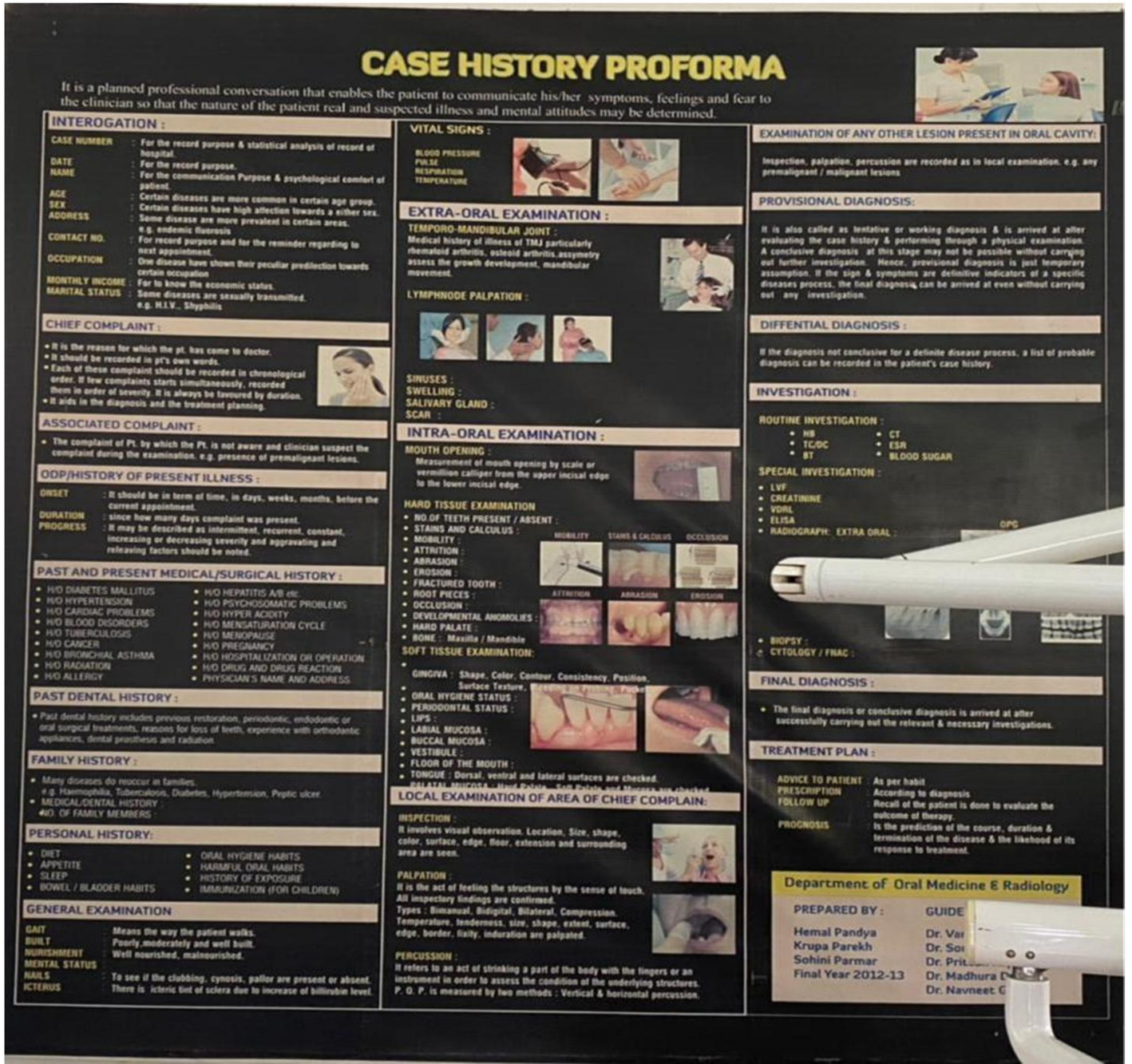
6. Gingival disease of viral organ
   - A. Herpes virus infection

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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

ULCERATIVE VESICULAR BULLOUS LESIONS

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.

INTEROGATION :

- 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., Shyphilis

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 releaving factors should be noted.

PAST AND PRESENT MEDICAL/SURGICAL HISTORY :

- H/O DIABETES MALLITUS
- H/O HYPERTENSION
- H/O CARDIAC PROBLEMS
- H/O BLOOD DISORDERS
- H/O TUBERCULOSIS
- H/O CANCER
- H/O BRONCHIAL ASTHMA
- H/O RADIATION
- H/O ALLERGY
- H/O HEPATITIS A/B etc.
- H/O PSYCHOSOMATIC PROBLEMS
- H/O HYPER ACIDITY
- H/O MENSATURATION CYCLE
- H/O MENOPAUSE
- H/O PREGNANCY
- H/O HOSPITALIZATION OR OPERATION
- H/O DRUG AND DRUG REACTION
- 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
- APPETITE
- SLEEP
- BOWEL / BLADDER HABITS
- ORAL HYGIENE HABITS
- HARMFUL ORAL HABITS
- HISTORY OF EXPOSURE
- IMMUNIZATION (FOR CHILDREN)

GENERAL EXAMINATION

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

VITAL SIGNS :

- BLOOD PRESSURE
- PULSE
- RESPIRATION
- TEMPERATURE

EXTRA-ORAL EXAMINATION :

TEMPORO-MANDIBULAR JOINT :
Medical history of illness of TMJ particularly rhemaloid arthritis, osteoid arthritis.assymetry 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 :
- OCCLUSION :
- DEVELOPMENTAL ANOMOLIES :
- HARD PALATE :
- BONE : Maxilla / Mandible

MOBILITY · STAINS & CALCULUS · OCCLUSION · ATTRITION · ABRASION · EROSION

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.

LOCAL EXAMINATION OF AREA OF CHIEF COMPLAIN:

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 strinking 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 :

- LVF
- 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 :

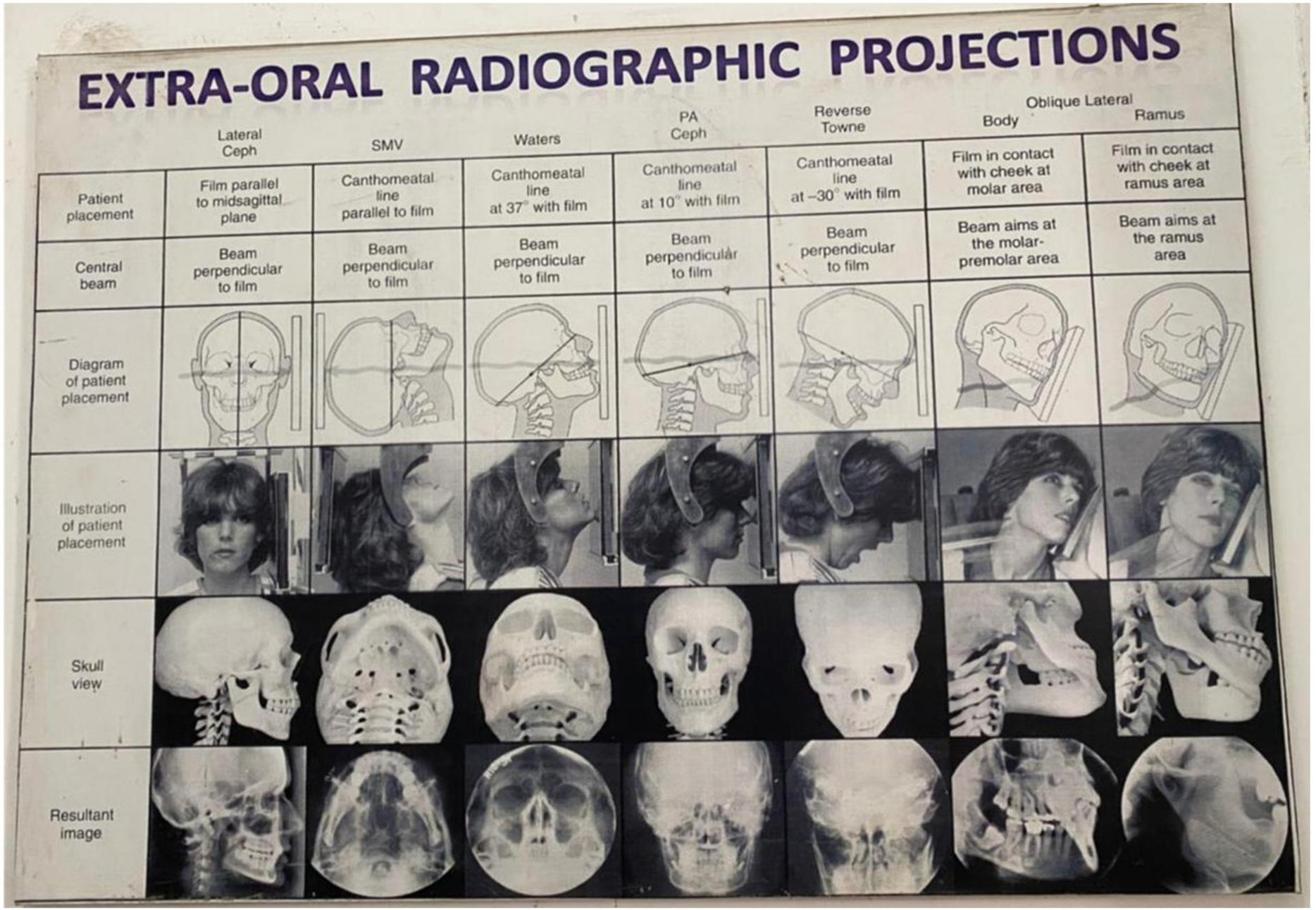
- ADVICE TO PATIENT : As per habit
- PRESCRIPTION : According to diagnosis
- FOLLOW UP : Recall of the patient is done to evaluate the outcome of therapy.
- PROGNOSIS : Is the prediction of the course, duration & termination of the disease & the likehood of its response to treatment.

Department of Oral Medicine & Radiology

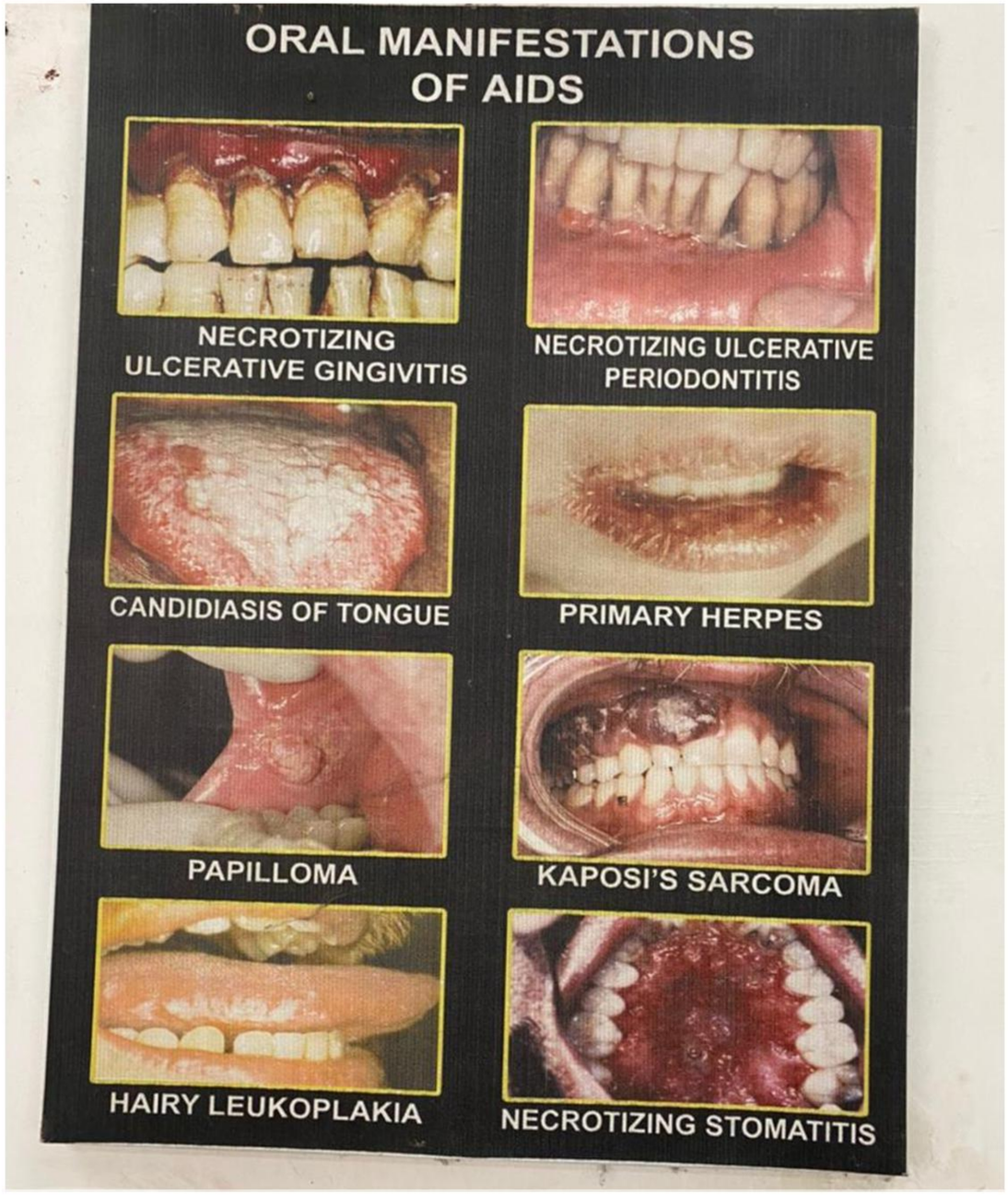
PREPARED BY :
Hemal Pandya
Krupa Parekh
Sohini Parmar
Final Year 2012-13

GUIDE
Dr. Va
Dr. So
Dr. Pri
Dr. Madhura D
Dr. Navneet G

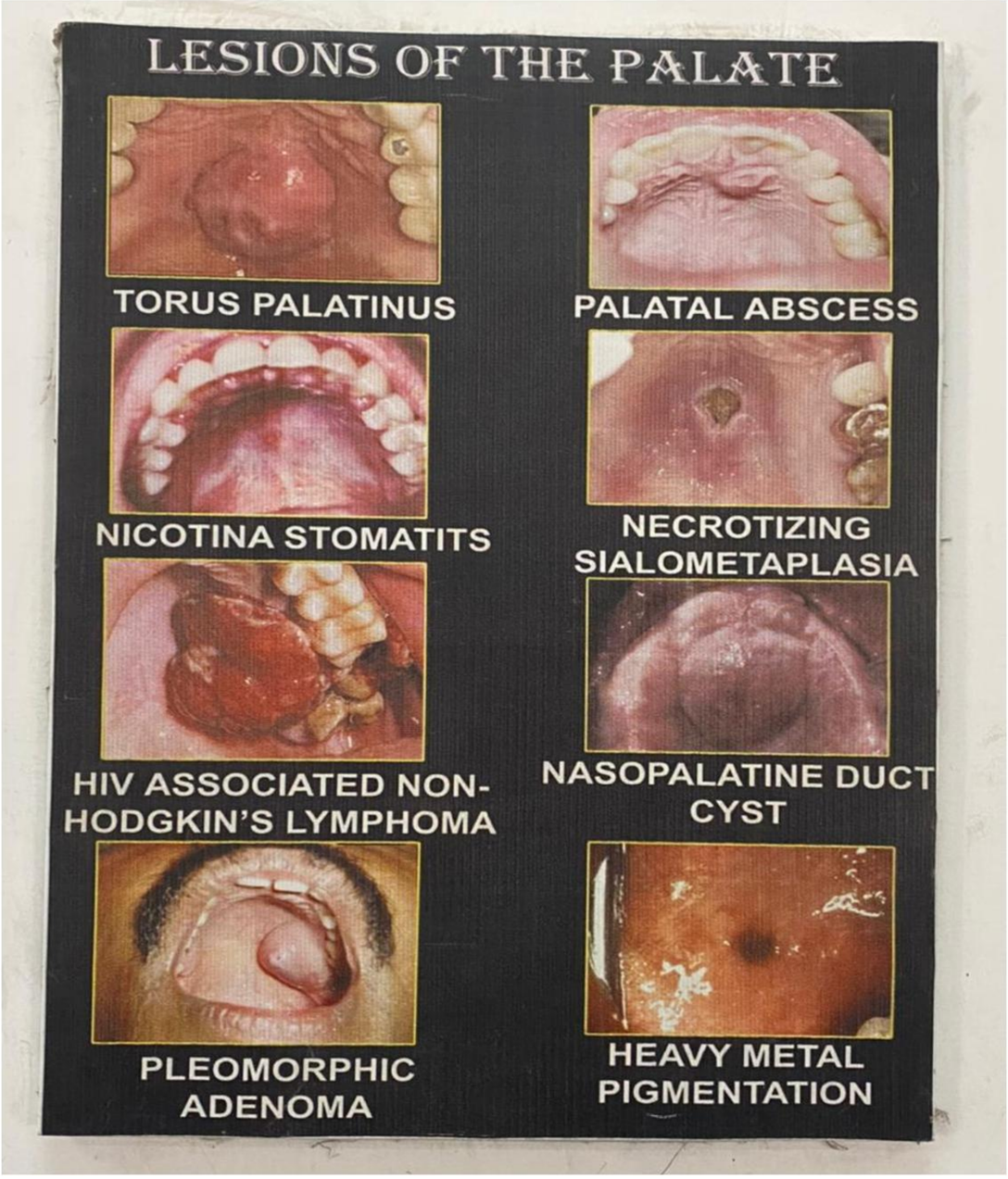
EXTRAORAL RADIOGRAPHIC PROJECTIONS



ORAL MANIFESTATIONS OF AIDS



LESIONS OF PALATE



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.

Page 1

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.

Dr. Naman Patel (Final Year P.G.)

Page 2

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

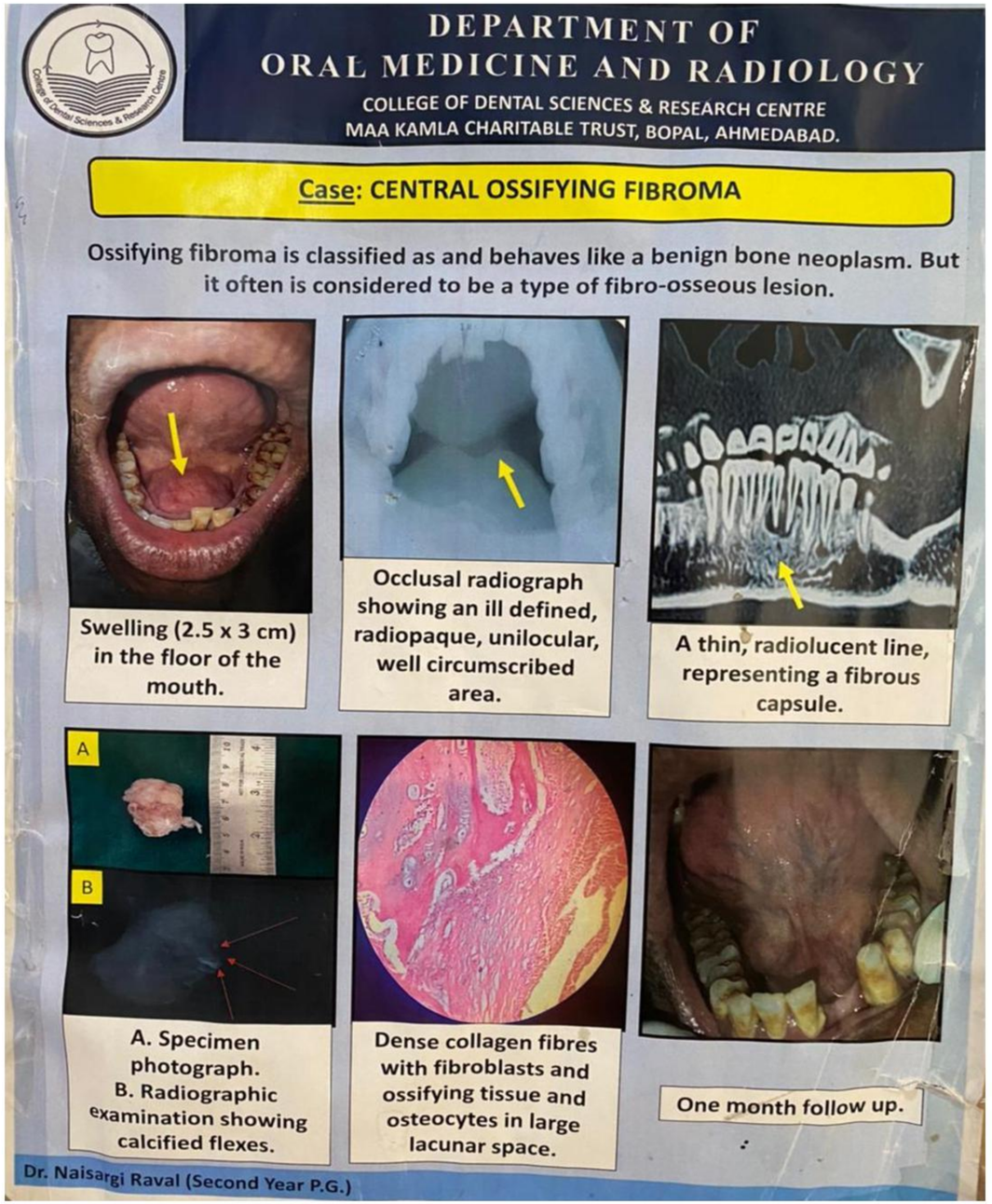
RADIOGRAPHIC EXAMINATION

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

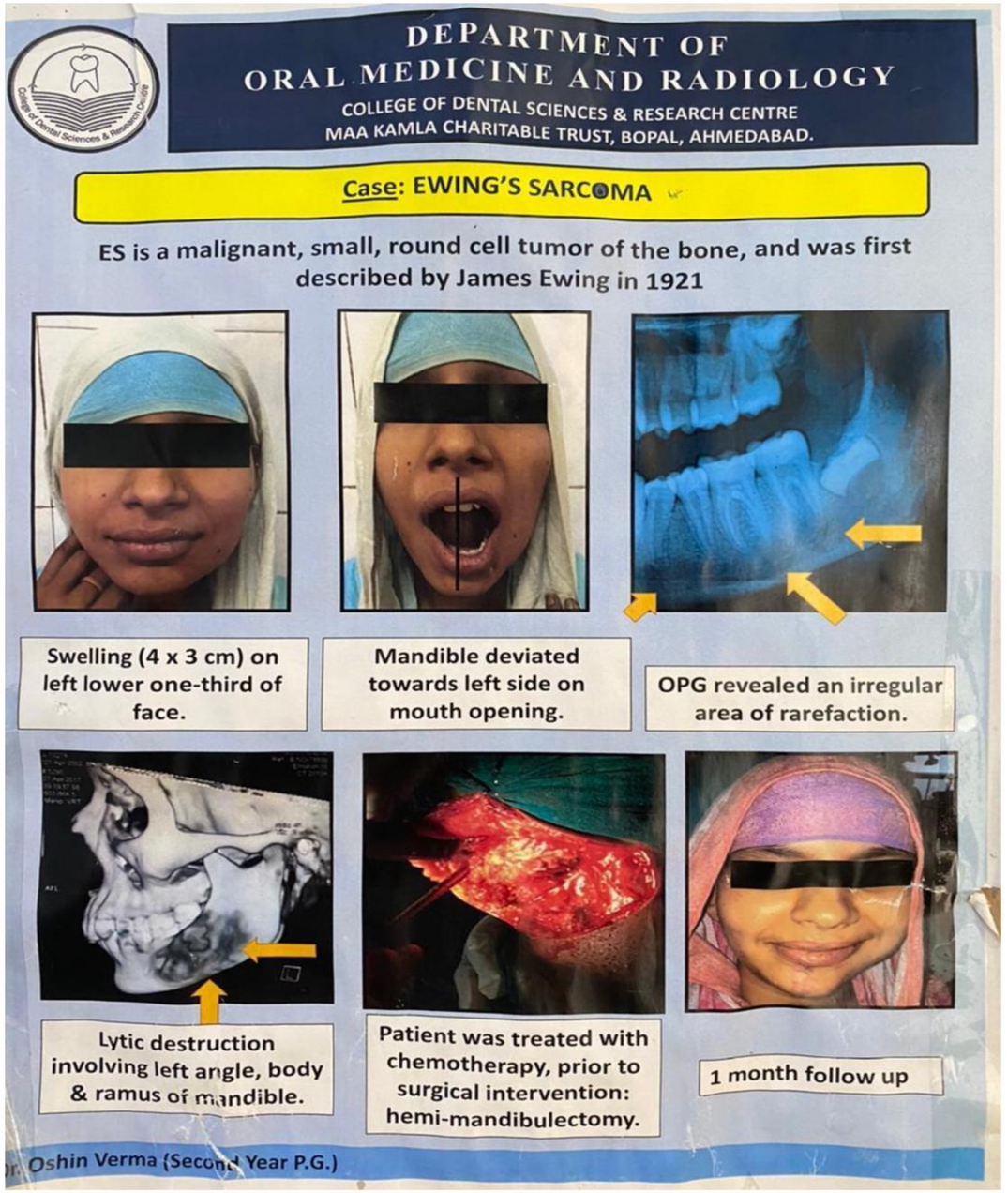
Increased overjet.

Bharvi Shukla (Second Year P.G.)

CENTRAL OSSIFYING FIBROMA



EWING'S SARCOMA



FIBROUS DYSPLASIA

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA 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

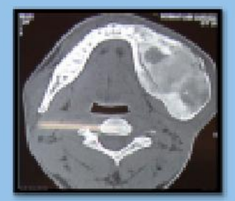

discrete, bony hard swelling extending from 33 to 1cm distal to 37 causing obliteration of the left buccal vestibule, swelling caused drifting of the involved 36 lingually

Page 1

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

Page 2

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

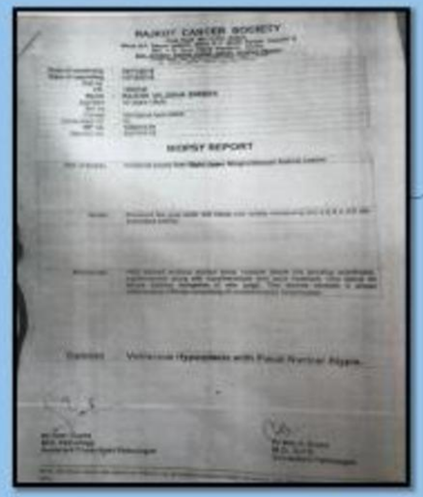
Ulcerative destructive lesion in upper gingival sulcus

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

Page 1

INVESTIGATIONS

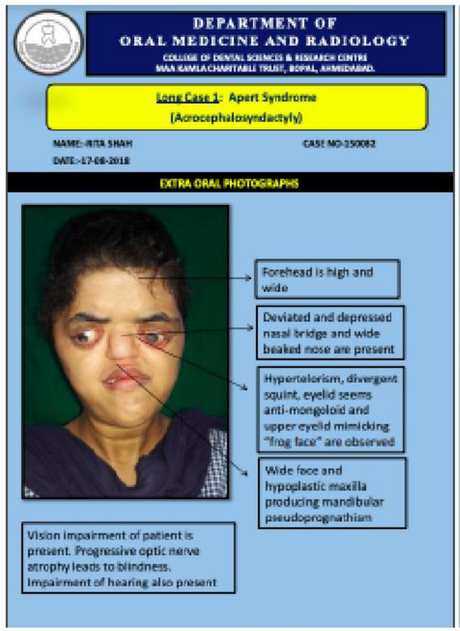
Histopathology reports : verrucous hyperplasia

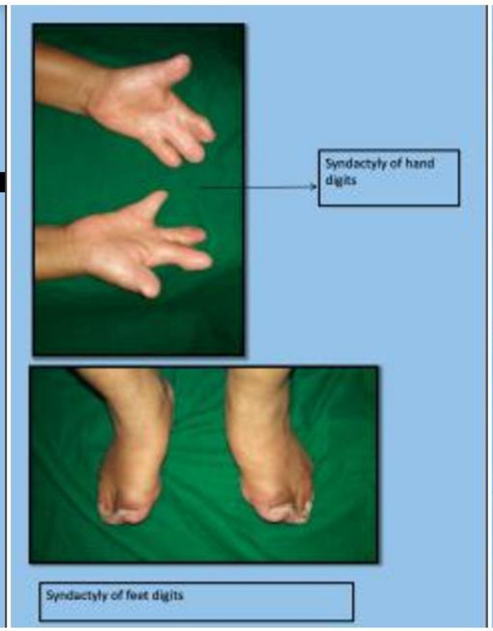


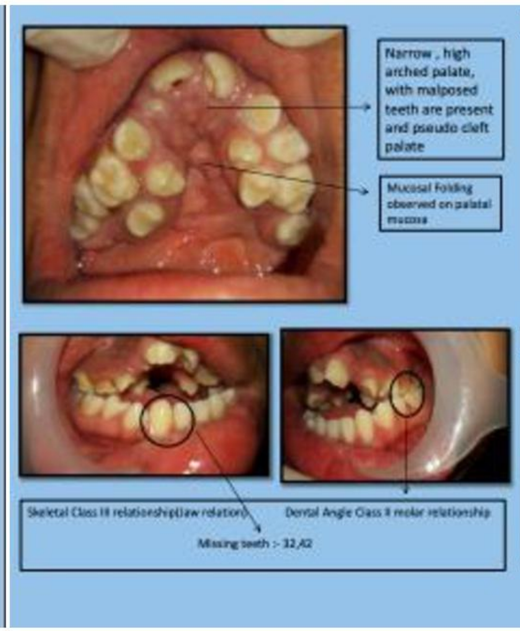
Biopsy reports show Verrucous leukoplakia

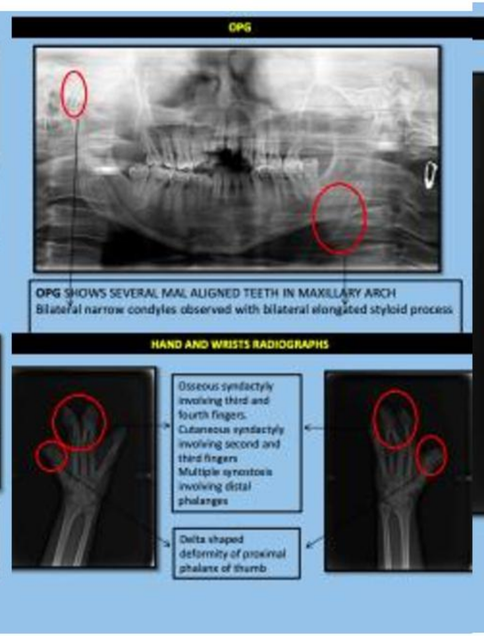
Page 3

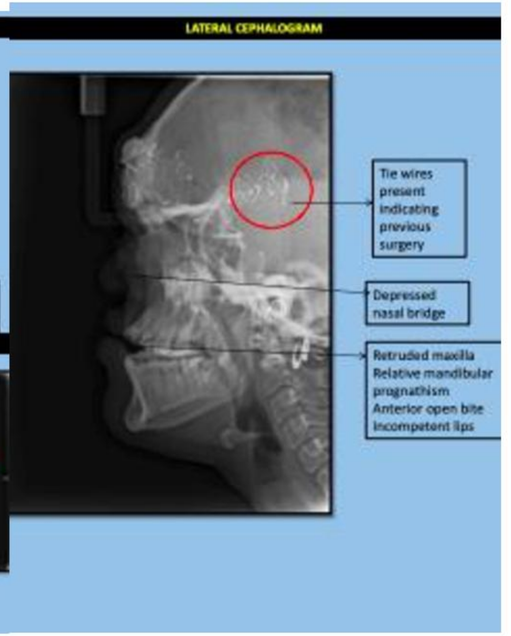
APERT SYNDROME











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

Chemical

GASES

Disposable items
E.g. Masks, Gloves
Syringes.

ALDEHYDES

Surgical Instruments,
Mouth Mirrors,
Probes and Scalers.

DISPOSABLE INSTRUMENTS

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

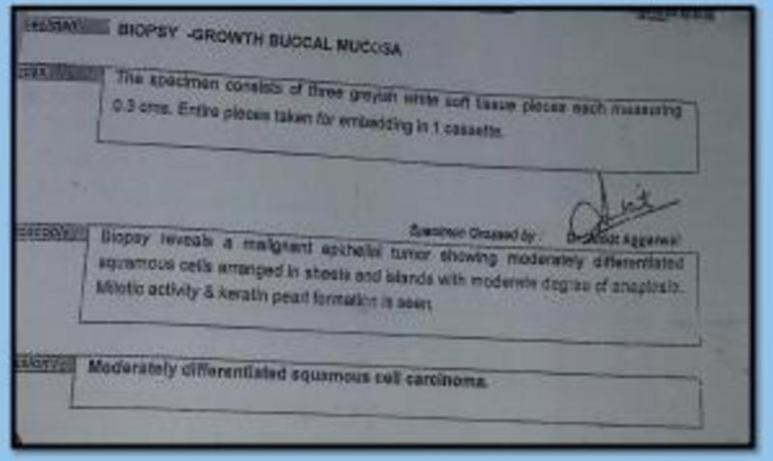
EXTRA ORAL PHOTOGRAPHS

An irregularly shaped fungating mass of about 6x4 cm in size is observed on right cheek region alongwith 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



Moderately differentiated squamous cell carcinoma

SQUAMOUS CELL CARCINOMA OF RIGHT BUCCAL MUCOSA, VESTIBULE AND CHEEK

DEPARTMENT OF
ORAL MEDICINE AND RADIOLOGY
COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
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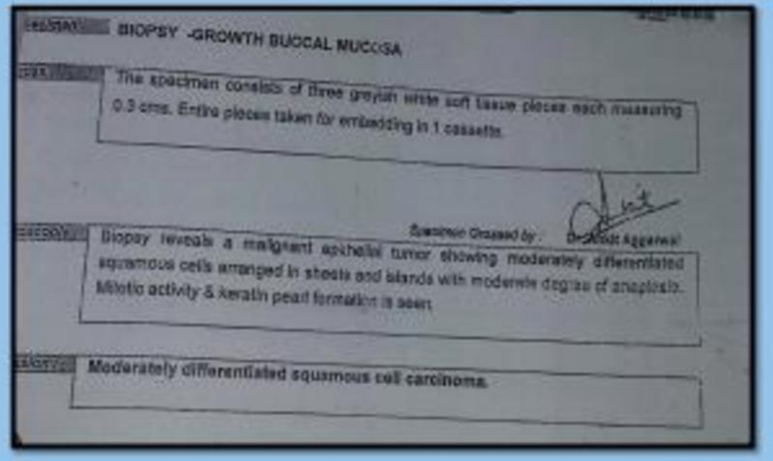


Moderately differentiated squamous cell carcinoma

SQUAMOUS CELL CARCINOMA OF TONGUE

DEPARTMENT OF
ORAL MEDICINE AND RADIOLOGY
COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE
MAA KAMLA 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

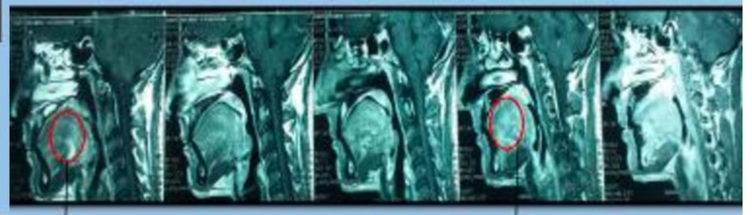
On extra oral examination no abnormality detected

INTRA ORAL PHOTOGRAPHS

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

Page 1

MRI

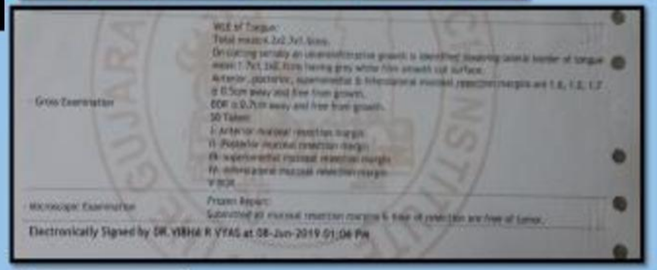


Hypointense- T1W

Hyperintense T2W

TREATMENT- PARTIAL GLOSSECTOMY

Partial glossectomy



Gross Examination

Microscopic Examination

Frozen Report:

Electronically Signed by DR. VIBHA R VYAS at 08-Jun-2019 01:06 PM

Frozen section Histopath

Page 3

SQUAMOUS CELL CARCINOMA OF TONGUE

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

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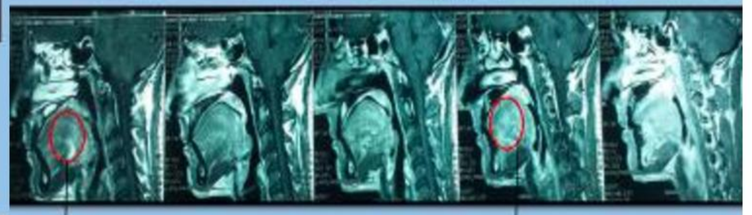
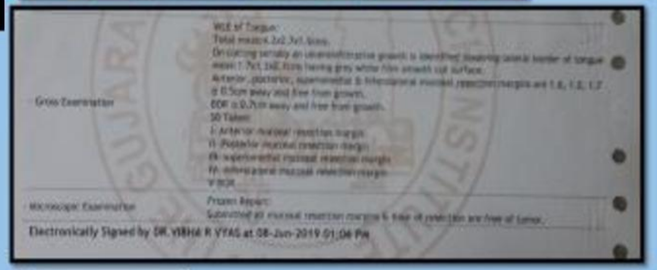


Hypointense- T1W

Hyperintense T2W

TREATMENT- PARTIAL GLOSSECTOMY

Partial glossectomy



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Electronically Signed by DR. VIBHA R VYAS at 08-Jun-2019 01:06 PM

Frozen section Histopath

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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 Silalolithiasis and Fibrous Ankylosis

NAME:- SIKANDAR YADAV CASE NO-

DATE- 22-01-2019

EXTRA ORAL PHOTOGRAPHS

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

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

INTRA ORAL PHOTOGRAPHS

Intraoral Cant Of Occlusal Plane is Present

ULTRASONOGRAPHY

Ultrasonography Reveals Calculus In Right Submandibular Duct

MANDIBULAR LATERAL OCCLUSAL PROJECTION

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

OPG

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

FIBROUS ANKYLOSIS WITH SUBMANDIBULAR SIALOLITHIASIS

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY
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RADICULAR CYST IRT 36

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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

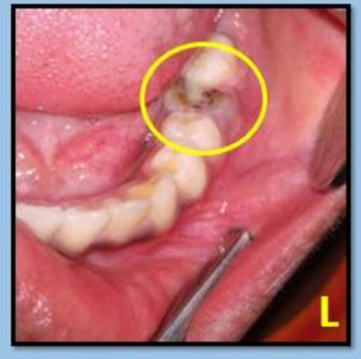
CASE: RADICULAR CYST

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

EXTRA ORAL PHOTOGRAPHS

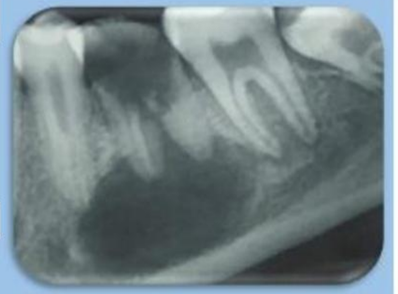
FACIAL ASYMMETRY DUE TO SWELLING ON LEFT SIDE MIDDLE 1/3RD OF THE FACE.

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 RADIOLUCENCY IS SEEN INVOLVING ENAMEL, DENTIN, PULP I.R.T.36
- WELL DEFINED RADIOLUCENCY INVOLVING APICAL 3RD OF 36.
- RADIOLUCENCY 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
- RADIOPACITY INVOLVING MIDDLE THIRD OF MESIAL ROOT I.R.T 36 SUGGESTING OF RC TREATED TOOTH

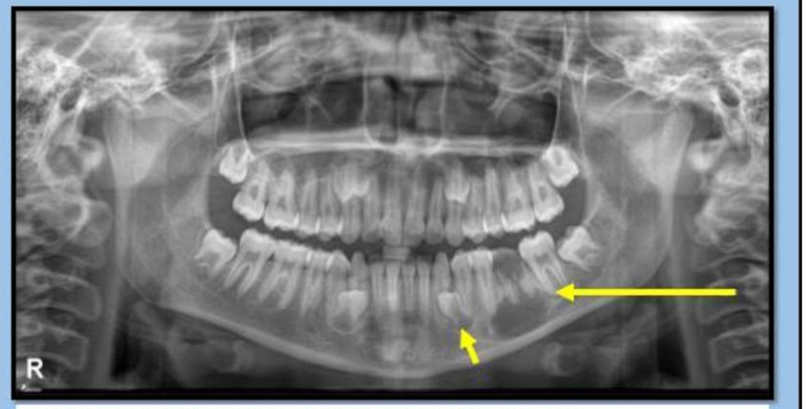
OCCLUSAL

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

LATERAL OBLIQUE

- WELL DEFINED RADIOLUCENCY INVOLVING APICAL 3RD OF 36. RADIOLUCENCY 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.
- RADIOPAQUE MASS IN APICAL REGION OF 34,35 SUGGESTIVE OF SUPERNUMERARY TOOTH

OPG



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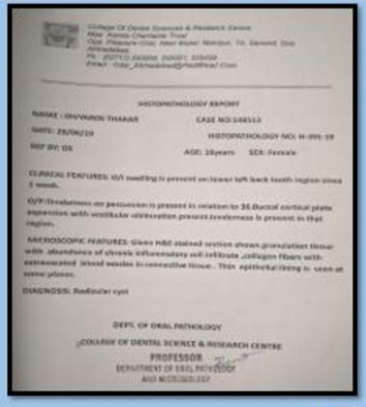
- ILL DEFINED RADIOLUCENCY IS SEEN INVOLVING ENAMEL, DENTIN, PULP I.R.T.36
- RADIOPAQUE STRUCTURE IN 34,35 REGION SUGGESTIVE OF SUPERNUMERARY TOOTH
- WELL DEFINED ,UNILOCULAR RADIOLUCENCY WITH EXTENDING ANTERO-POSTERIORLY FROM THE APICAL THIRD OF 35 DISTAL ASPECT TO THE APICAL THIRD OF MESIAL ROOT OF 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



HISTOPATHOLOGY REPORT

CASE NO:

AGE: 20years SEX: Female

CLINICAL FEATURES: c/o swelling in present on lower left back tooth region since 1 week.

O/E: Tenderness on percussion is present in relation to 36.Buccal cortical plate expansion with vestibular obliteration present.tenderness is present in that region.

MICROSCOPIC FEATURES: Given H&E stained section shows granulation tissue with abundance of chronic inflammatory cell infiltrate ,collagen fibers with extravasated blood vessels in connective tissue . Thin epithelial lining is seen at some places.

DIAGNOSIS: Radicular cyst

DEPT. OF ORAL PATHOLOGY

COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

PROFESSOR

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

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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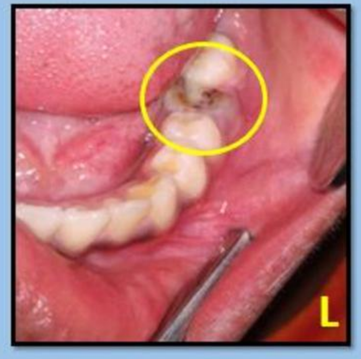
INTRA ORAL PHOTOGRAPHS



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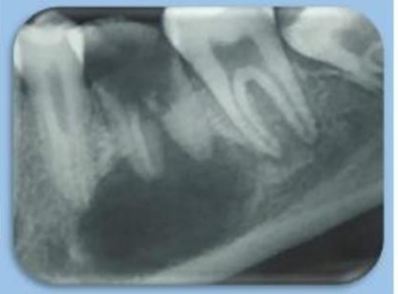
- VESTIBULAR OBLITERATION I.R.T 36

IOPA , OCCLUSAL AND LATERAL OBLIQUE RADIOGRAPH



IOPA

- HEIGHT AND DENSITY OF ENAMEL AND DENTIN IS REDUCED I.R.T. 36
- ILL DEFINED RADIOLUCENCY IS SEEN INVOLVING ENAMEL, DENTIN, PULP I.R.T.36
- WELL DEFINED RADIOLUCENCY INVOLVING APICAL 3RD OF 36.
- RADIOLUCENCY 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
- RADIOPACITY INVOLVING MIDDLE THIRD OF MESIAL ROOT I.R.T 36 SUGGESTING OF RC TREATED TOOTH

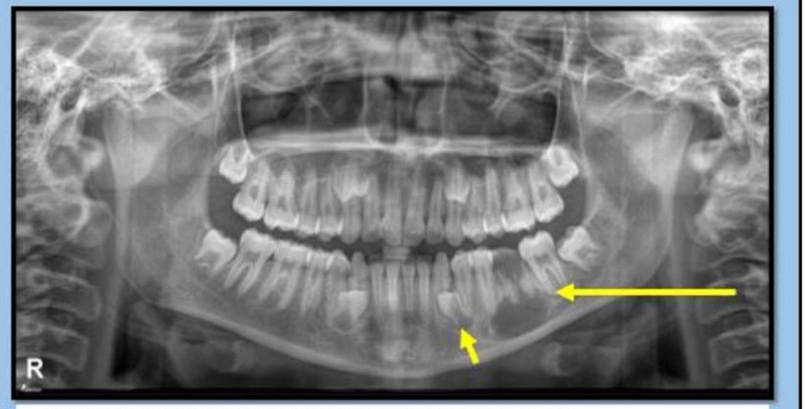
OCCLUSAL

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

LATERAL OBLIQUE

- WELL DEFINED RADIOLUCENCY INVOLVING APICAL 3RD OF 36. RADIOLUCENCY 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.
- RADIOPAQUE MASS IN APICAL REGION OF 34,35 SUGGESTIVE OF SUPERNUMERARY TOOTH

OPG

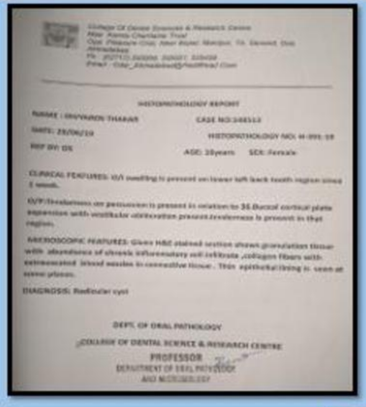


- HEIGHT AND DENSITY OF ENAMEL AND DENTIN IS REDUCED I.R.T. 36
- ILL DEFINED RADIOLUCENCY IS SEEN INVOLVING ENAMEL, DENTIN, PULP I.R.T.36
- RADIOPAQUE STRUCTURE IN 34,35 REGION SUGGESTIVE OF SUPERNUMERARY TOOTH
- WELL DEFINED ,UNILOCULAR RADIOLUCENCY WITH EXTENDING ANTERO-POSTERIORLY FROM THE APICAL 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



HISTOPATHOLOGY REPORT

CASE NO:

AGE: 20years SEX: Female

CLINICAL FEATURES: c/o swelling in present on lower left back tooth region since 1 week.

O/E: Tenderness on percussion is present in relation to 36.Buccal cortical plate expansion with vestibular obliteration present.tenderness is present in that region.

MICROSCOPIC FEATURES: Given H&E stained section shows granulation tissue with abundance of chronic inflammatory cell infiltrate ,collagen fibers with extravasated blood vessels in connective tissue . Thin epithelial lining is seen at some places.

DIAGNOSIS: Radicular cyst

DEPT. OF ORAL PATHOLOGY

COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

PROFESSOR

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

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:-MOHHAMAD ASHFAQ CASE NO-150089

DATE:-17-05-2019

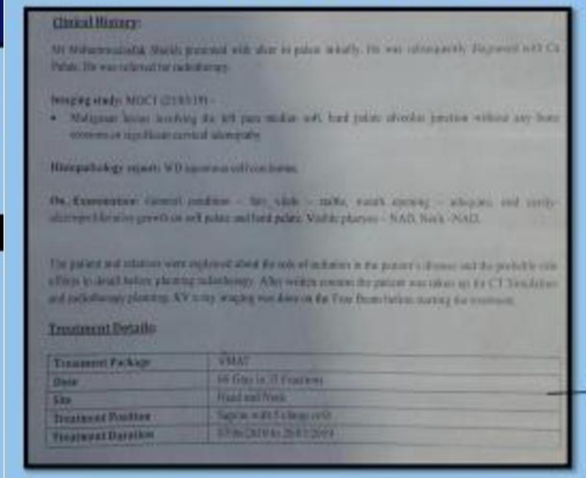
EXTRA ORAL PHOTOGRAPHS

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 palte on left side.

TREATMENT PLANNING AND TREATMENT DONE



Clinical History:

Treatment Details:

Treatment Package	VMAT
Dose	66 Gy in 33 Fractions
Site	Hard and Soft
Treatment Position	Supine with Customized
Treatment Duration	17/04/2019 to 29/05/2019

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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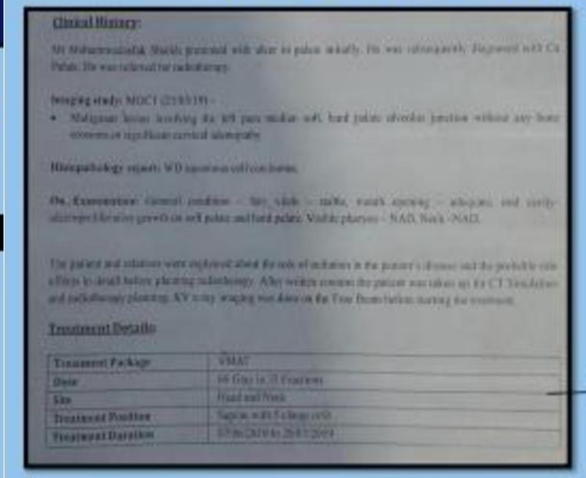

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Radiotherapy

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: Cliedocranial 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
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ODONTOGENIC KERATOCYST

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

Case: Odontogenic keratocyst

NAME:- DEEPAK RAVAL 17/M CASE NO-150089

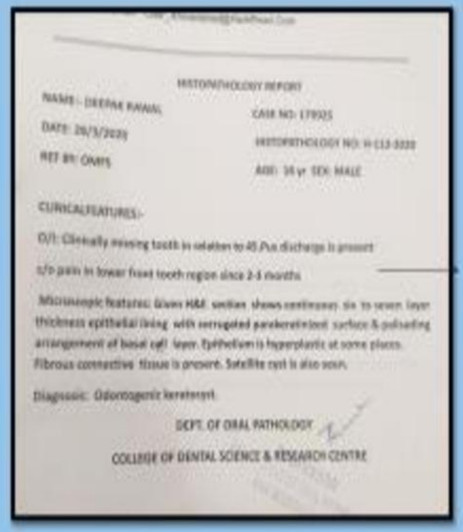
DATE:-17-05-2019

EXTRA ORAL PHOTOGRAPHS

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

INTRA ORAL PHOTOGRAPHS

Vestibular obliterastion 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: 20/5/2020 HISTOPATHOLOGY NO: H-113-3320

REF BY: OMFS AGE: 16 yr SEX: MALE

CLINICALFEATURES:-

O/E: Clinically missing tooth in relation to 45.Pus discharge is present

c/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 parakeratinized 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

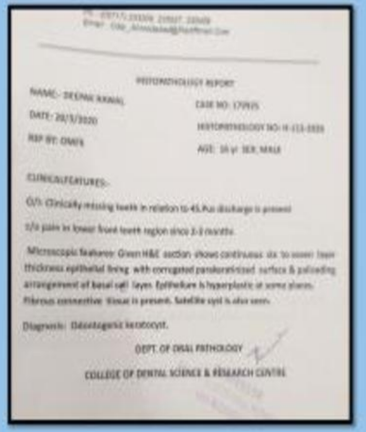
Histopathology reports

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



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DEPT. OF ORAL PATHOLOGY

COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

ODONTOGENIC KERATOCYST

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

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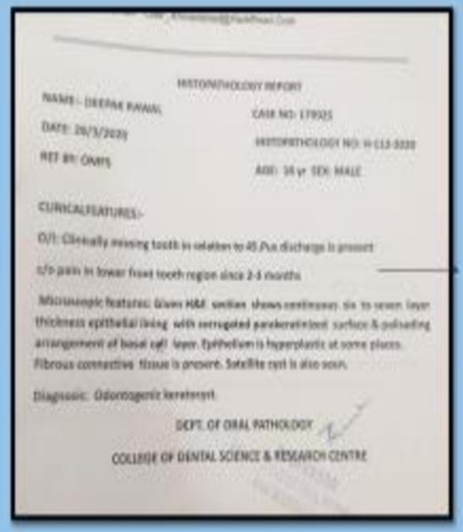

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COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

Histopathology reports

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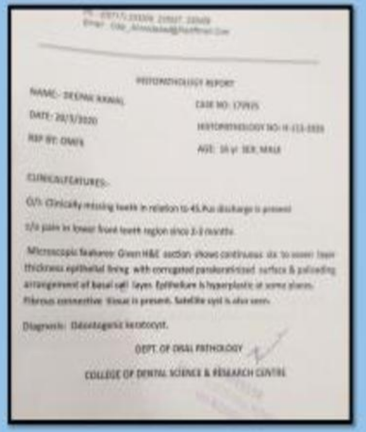
POST OP AND FOLLOW UP



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DEPT. OF ORAL PATHOLOGY

COLLEGE OF DENTAL SCIENCE & RESEARCH CENTRE

ODONTOGENIC MYXOMA

ODONTOGENIC MYXOMA

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

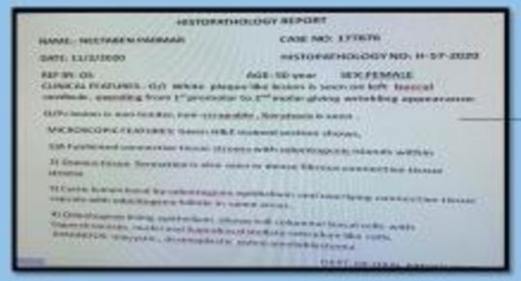
facial asymmetry due to swelling on the right lower side of the face, swelling was oval in shape, swelling had smooth surface with normal overlying skin but stretched. It was non-tender on palpation.

INTRA ORAL PHOTOGRAPHS

large mass approx 5 × 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

Page 1

INVESTIGATIONS



HISTOPATHOLOGY REPORT

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 ofmandible.

TREATMENT PLANNING AND TREATMENT DONE

Surgically removed

Page 2

AMELOBLASTOMA

DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY

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

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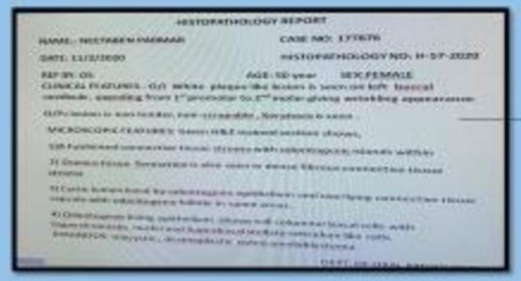
INVESTIGATIONS



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TREATMENT PLANNING AND TREATMENT DONE

Surgically removed

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

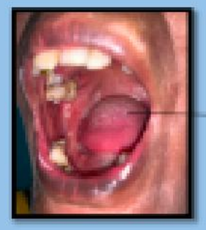
DATE:- 16-8-2019

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 phenonomen

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

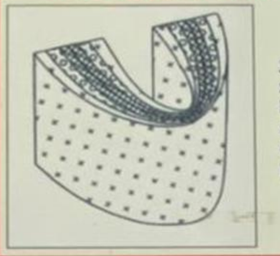
PANORAMIC IMAGING:OPG

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. Madibular
4. Condylor Neck
5. Madibular Ramus
6. Angle of Mandible
7. Inferior Border of Mandible
8. Lingula
9. Madibular 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

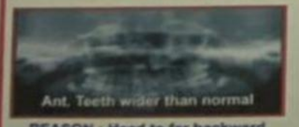
Air shadows

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



REASON : Head to far backward

REASON : Chin tipped too low

REASON : Head tilted on one right/left side

REASON : Head to far forward

REASON : Chin tipped too high

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


Assymetery 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 unicystic 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
MAA 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

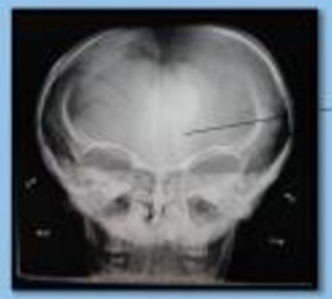
prominent forehead, mid-facial hypoplasia with depressed nasal bridge and hypertelorism, mandibular prognathism

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

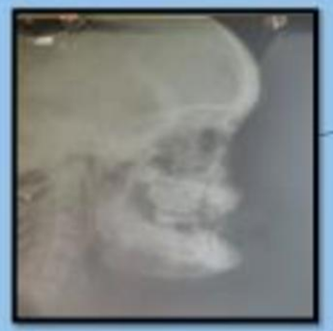
INTRA ORAL PHOTOGRAPHS

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

INVESTIGATIONS



showing sunken sutures and depressed calvaria

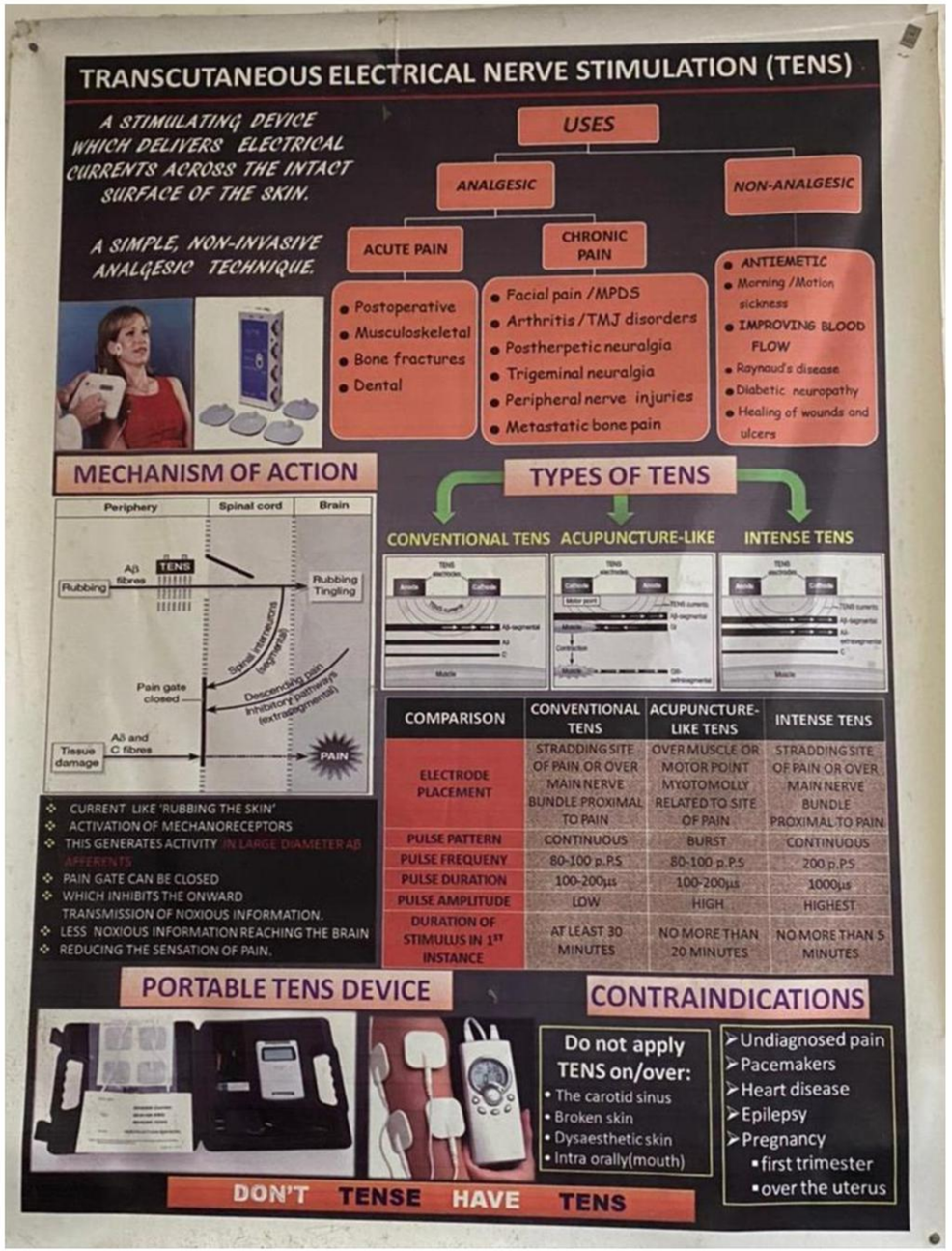


Lateral view of skull shows broad sutures and wormian bones

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)



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 poi il of
antibodies is automatica
into the chamber throu
the floor. The antibod
with fluorescent dyes a t 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 r stage when treatment is more effective and less costly. It is h ld, automated easy to use integrated system that will enable sim ous and rapid detection of multiple salivary proteins and nucleic argets in less than 15 minutes. The test is 97% sensitive an % specific in detecting malignant or premalignant lesions. The de an be used in office of a dentist for screening and detection. Tech provides easy sample collection. Portable and easy to use. Elimina f the common fear of needle sticks.
normal cell
cancer cell

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,panormic 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]	WATER BASE [Renografin, Conray]
1)Difficult to inject -High injection pressure(Pain)	1)Easier to inject
2)Difficult excretion -Foreign body reaction	2)Easier excretion
3)Better contrast -viscus & do not mix with saliva	3)Low contrast (as miscible with saliva)

5)Lemons

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)

Ductal defects

Ball in hand (Benign tumours)

Glandular defects

Cherry blossom/snow storm (Sjogren's syndrome)

DENTIGEROUS CYST

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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.

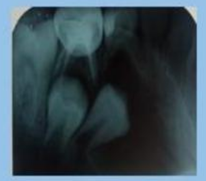
Expansion seen on right side.

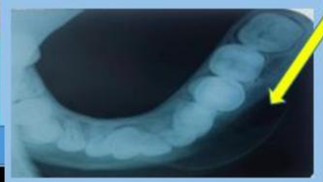
INTRA ORAL PHOTOGRAPHS

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

Carious 74, 75, 84

IOPA & OCCLUSAL



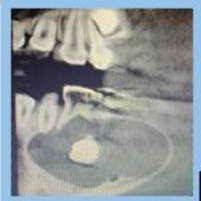


- SINGLE WELL-DEFINED RADIOLUCENT LESION WITH CORTICATED BORDERS SEEN EXTENDING FROM MESIAL SURFACE OF 84, ENVELOPING 44 AND INVOLVING PERIAPICAL REGION OF 82 UPTO DISTAL SURFACE OF 85.
- BUCCAL CORTICAL PLATE EXPANSION AND THINNING IS SEEN CLEARLY.
- ROOT RESORPTION AND DISCONTINUATION OF LAMINA DURA irt 84, 85
- ½ ROOT FORMATION COMPLETED OF 44, 45.
- RADIOPAQUE FILLING CAN BE SEEN IN 85 AND DISTAL ASPECT OF 84.

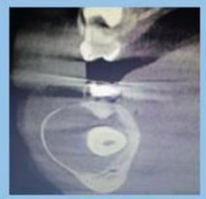
OPG

- SINGLE UNILOCULAR RADIOLUCENCY 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 PILP CANALS IN 43,44, 45
- BLUR AND MAGNIFIED IMAGE DUE TO MOTION ARTIFACT.

CBCT REPORT

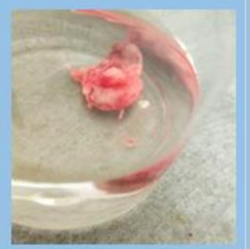

SAGITTAL


AXIAL


CORONAL

- IN ALL 3 CROSS-SECTIONS, EXPANSION IS EVIDENT THAT CAUSES THINNING OF BUCCAL CORTEX .
- 44 IS EMBEDDED IN THE RADIOLUCENCY 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 CASE NO: 171513
DATE: 27/12/19 HISTOPATHOLOGY NO: H-721-1
REF BY: OS AGE:11 YEARS SEX:MALE

CLINICAL FEATURES: Sweelig 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 wi 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 SYDROME

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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

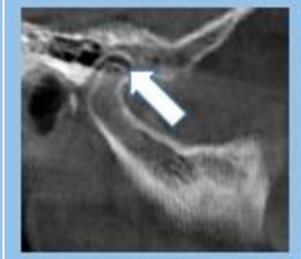
OPG

- 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.

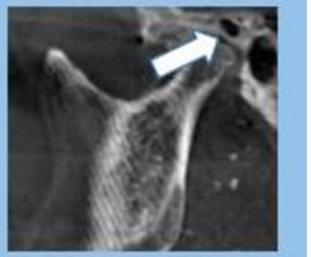
HAND-WRIST RADIOGRAPHS

- 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



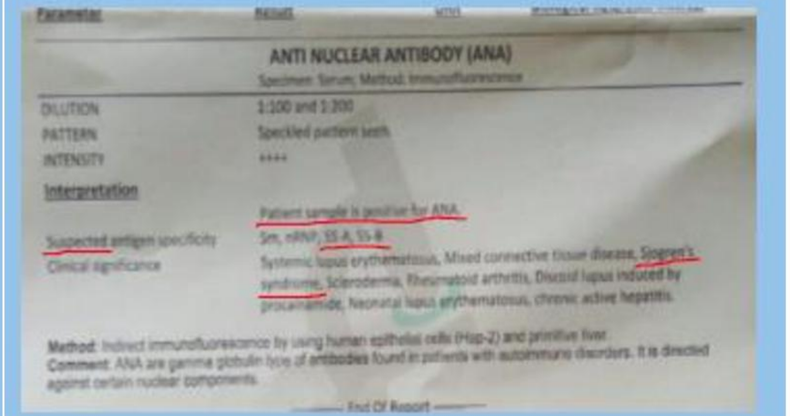
RIGHT



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



ANTI NUCLEAR ANTIBODY (ANA)
Specimen: Serum; Method: Immunofluorescence

DILUTION	1:100 and 1:200
PATTERN	Speckled pattern seen
INTENSITY	++++
Interpretation	Patient sample is positive for ANA.
Suspected antigen specificity	Sm, nRNP, SS-A, SS-B
Clinical significance	Systemic lupus erythematosus, Mixed connective tissue disease, Sjogren's syndrome, Scleroderma, Rheumatoid arthritis, Drug induced 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

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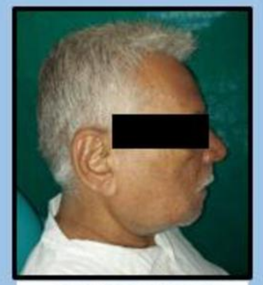
CASE: CHRONIC APICAL PERIODONTITIS I.R.T 11 WITH SIALOLITH IN RIGHT SUBMNADIBULAR GLAND REGION

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

EXTRA ORAL PHOTOGRAPHS

- BILATERAL SYMMETRY OF FACE



- AFFECTED RIGHT SIDE

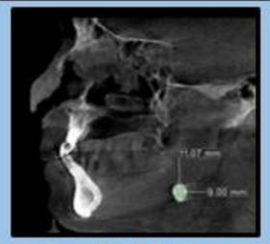
INTRA ORAL PHOTOGRAPHS

MULTIPLE ATTRITED AND CARIOUS MAXILLARY AND MANDIBULAR TEETH

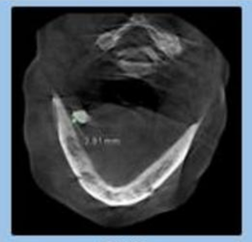
SUBMENTOVERTEX PROJECTION

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

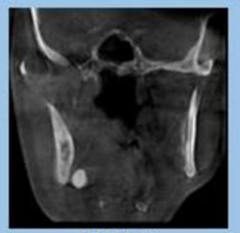
CBCT



SAGITTAL



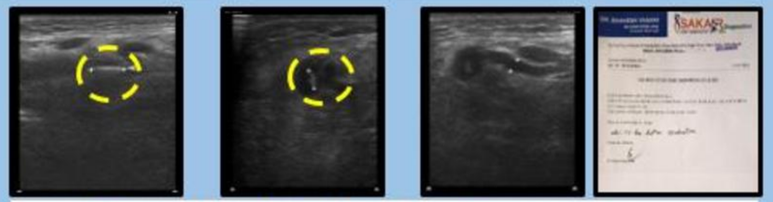
AXIAL



CORONAL

- WELL DEFINED OVOID RADIOPACITY 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.

USG REPORT



- RIGHT SUBANDIBULAR 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

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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 RADIOLUCENCY BETWEEN 12,13 SUGGESTIVE OF CLEFT.

OPG

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

ODONTOGENIC KERATOCYST

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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.

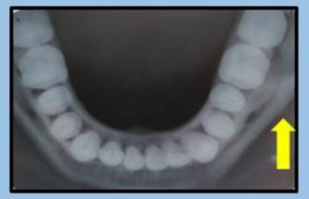
EXTRA ORAL PHOTOGRAPHS

- 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

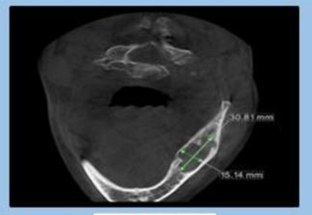


- BUCCAL EXPANSION SEEN IN MANDIBULAR LEFT SIDE FROM MESIAL SURFACE OF 1ST MOLAR TO 2ND MOLAR.

OPG

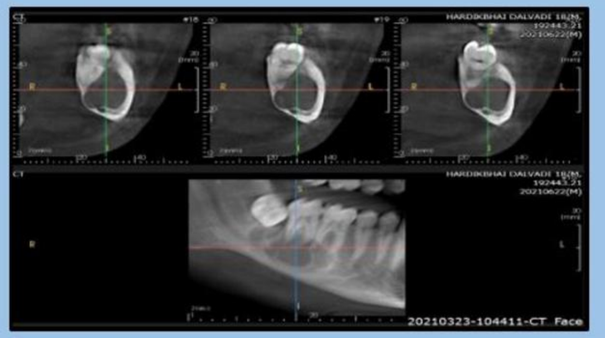
- A SINGLE, WELL DEFINED, CORTICATED, MULTILOCULAR, RADIOLUCENT LESION WITH AN INTERNAL SEPTA WITHIN THE LESION SEEN AT BODY OF THE LEFT MANDIBLE.
- SIZE OF LESION: APPROX 30 X 15 MM.
- ANTERO-POSTERIOR LESION EXTENSION: ON MANDIBULAR LEFT SIDE APICAL PORTION OF MESIAL ROOT OF 1ST MOLAR TO 3RD MOLAR.
- 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, MULTILOCULAR, 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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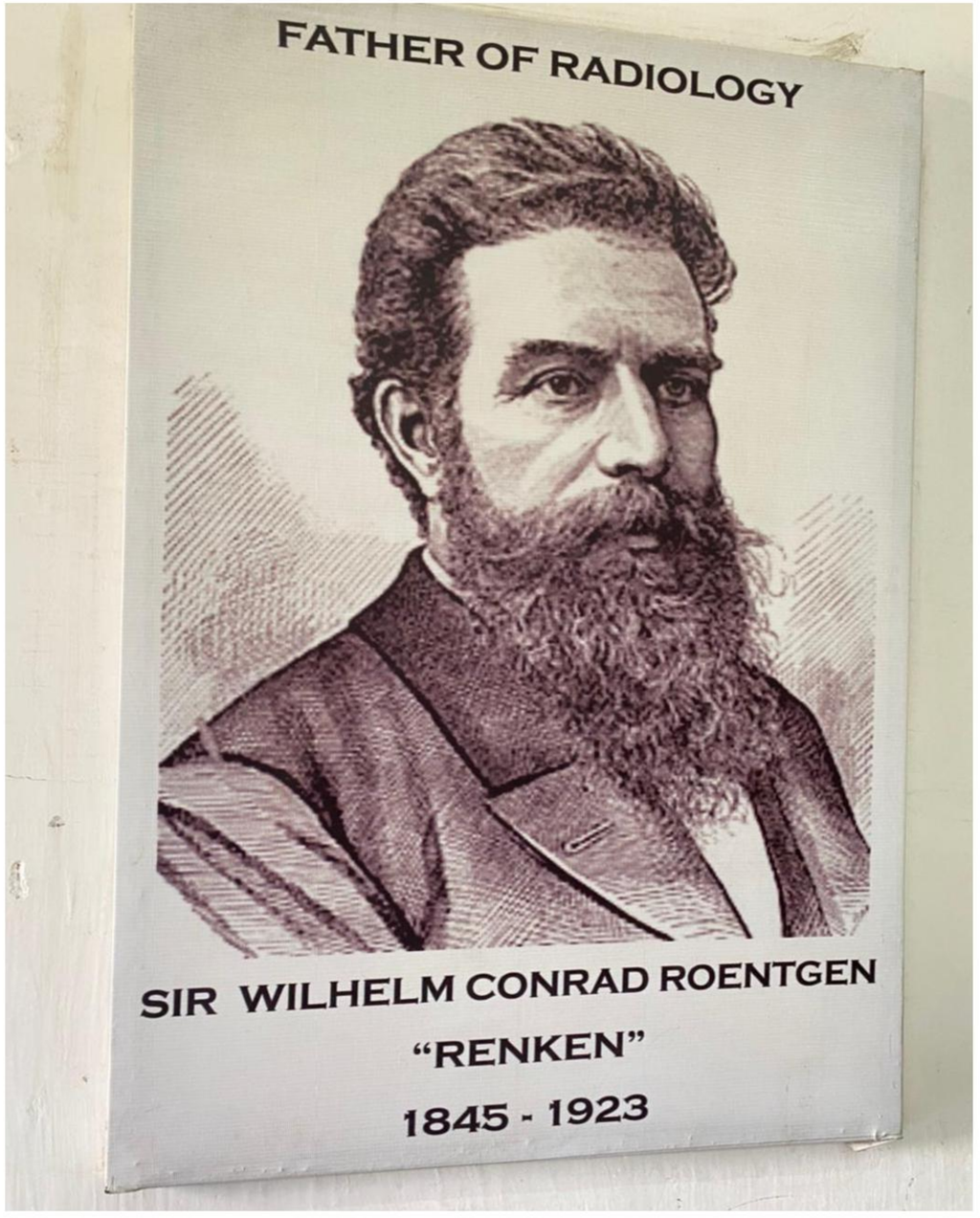
POST OPERATIVE RADIOGRAPH

FATHER OF RADIOLOGY



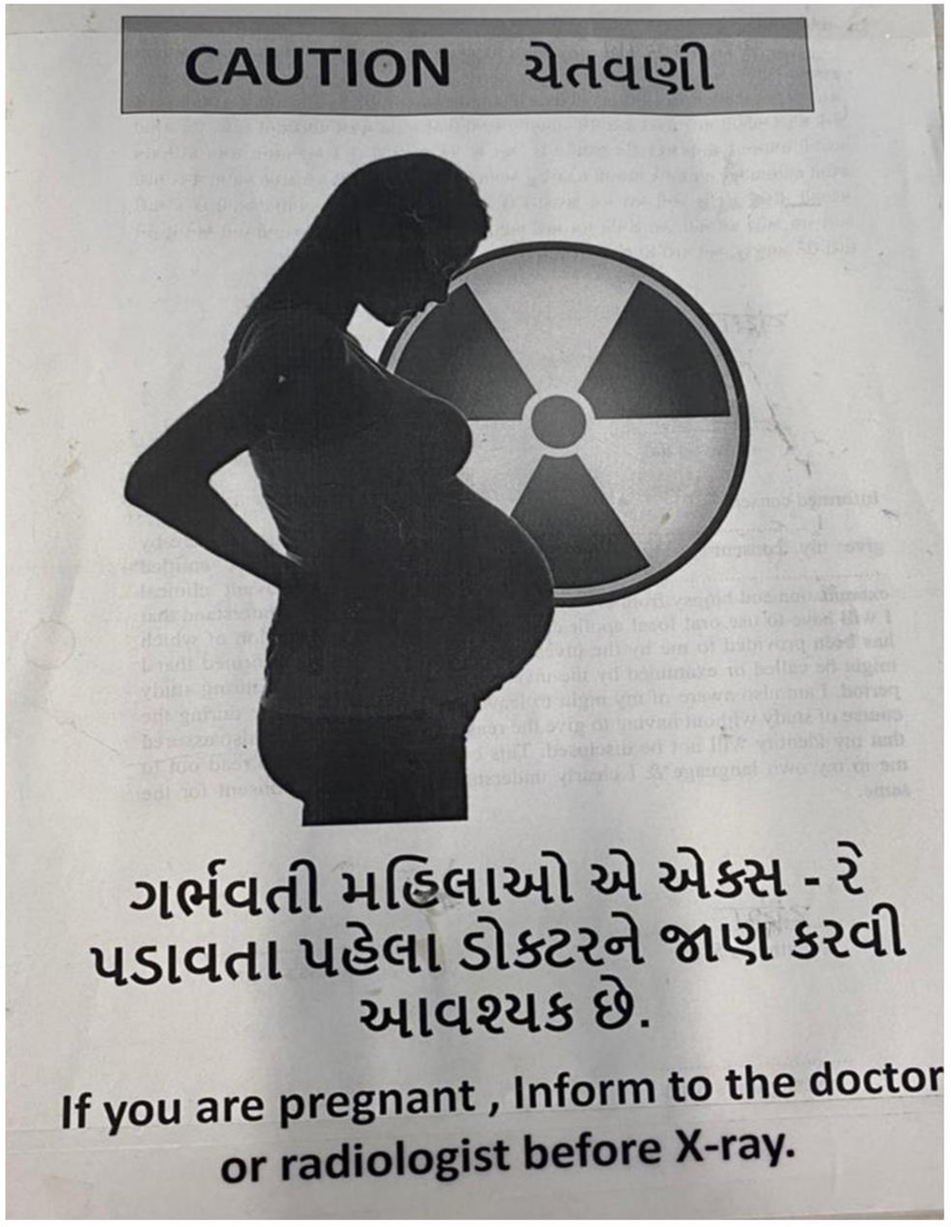
PATIENT EDUCATION / AWARENESS POSTERS

REDUCED MOUTH OPENING

REDUCED MOUTH OPENING IN TOBACCO CHEWERS

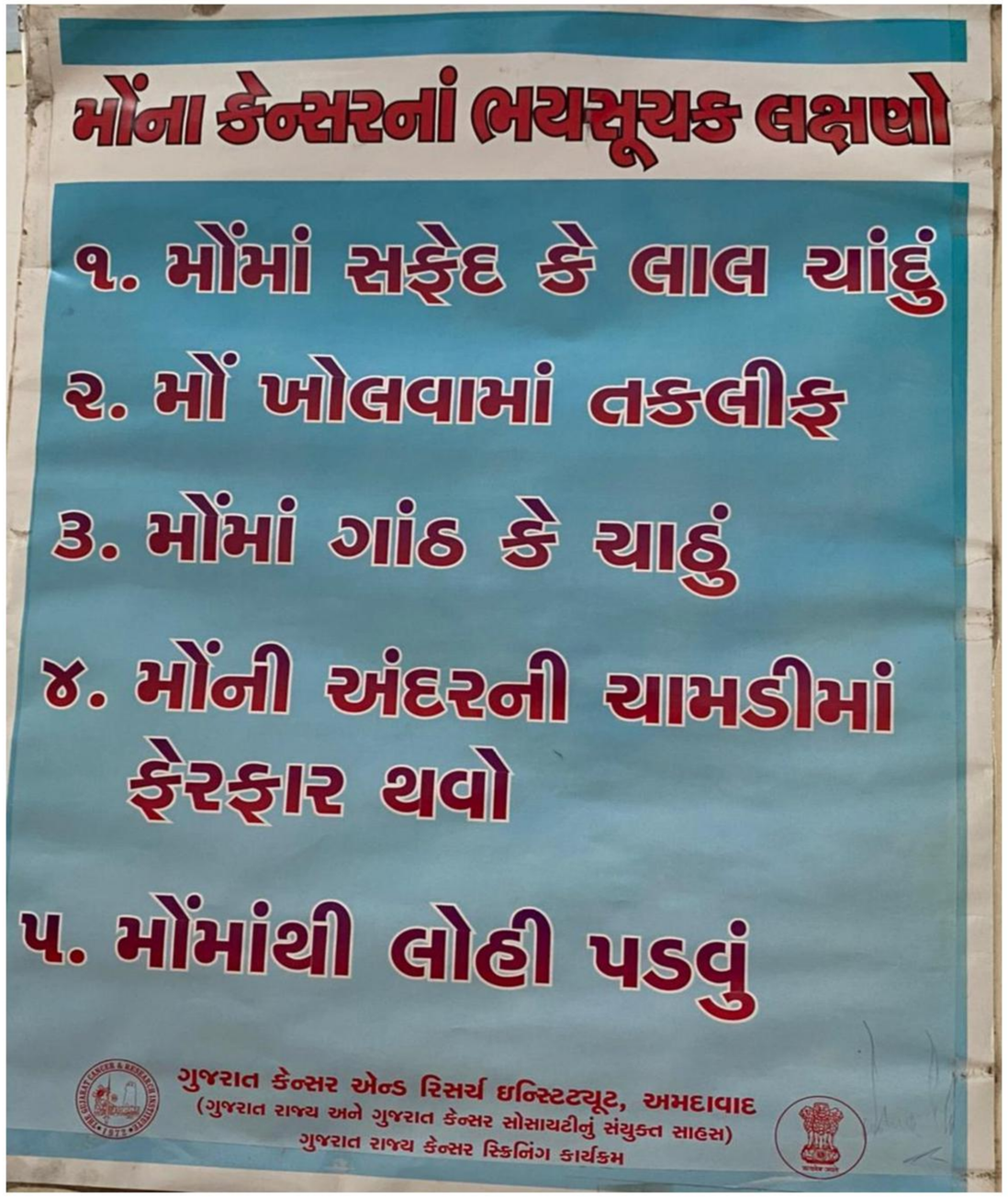
CAUTION X-RAY (BATCH 2017- 2018)

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



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

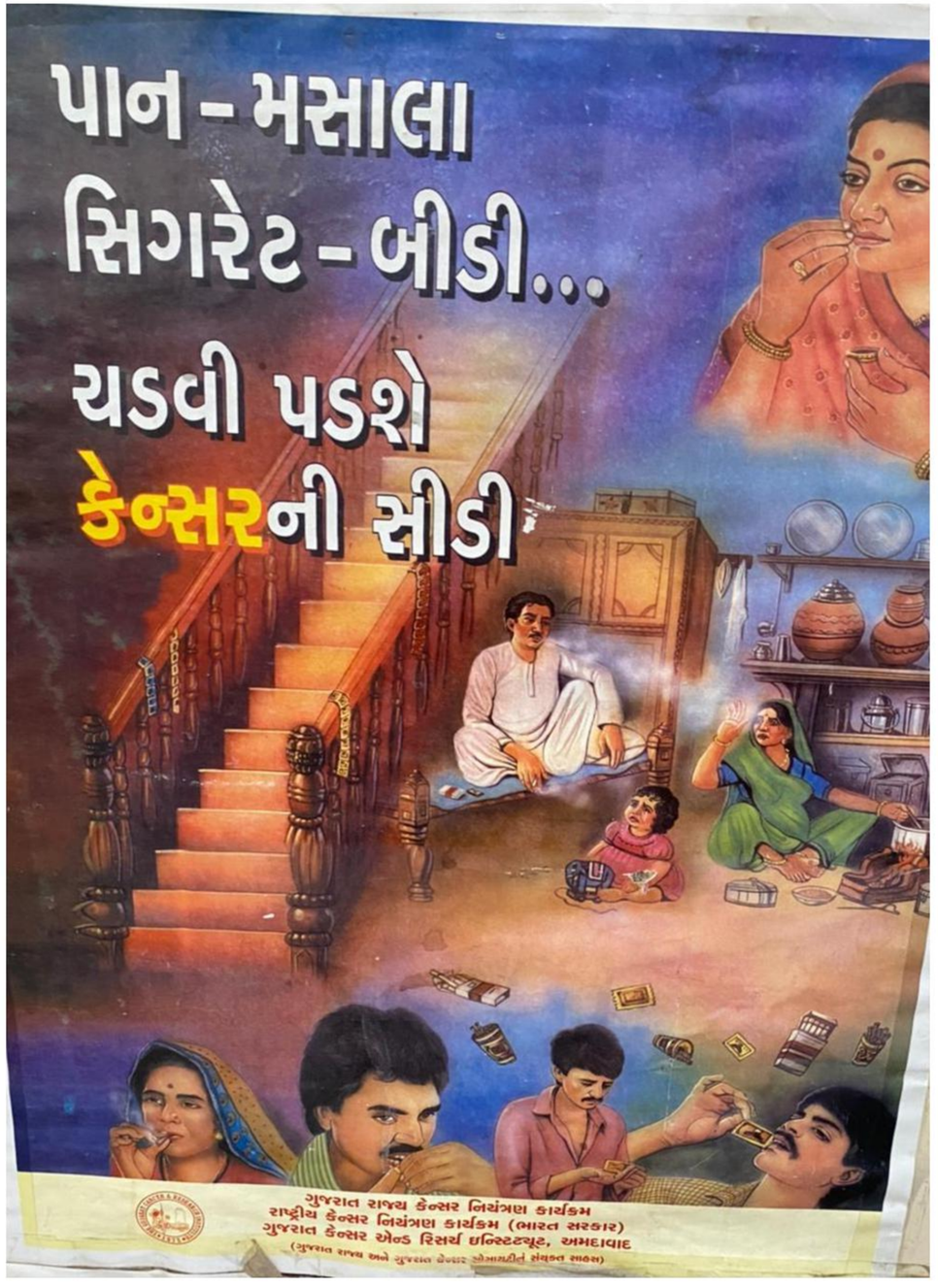
SIGNS OF ORAL CANCER (BATCH 2018 -2019)



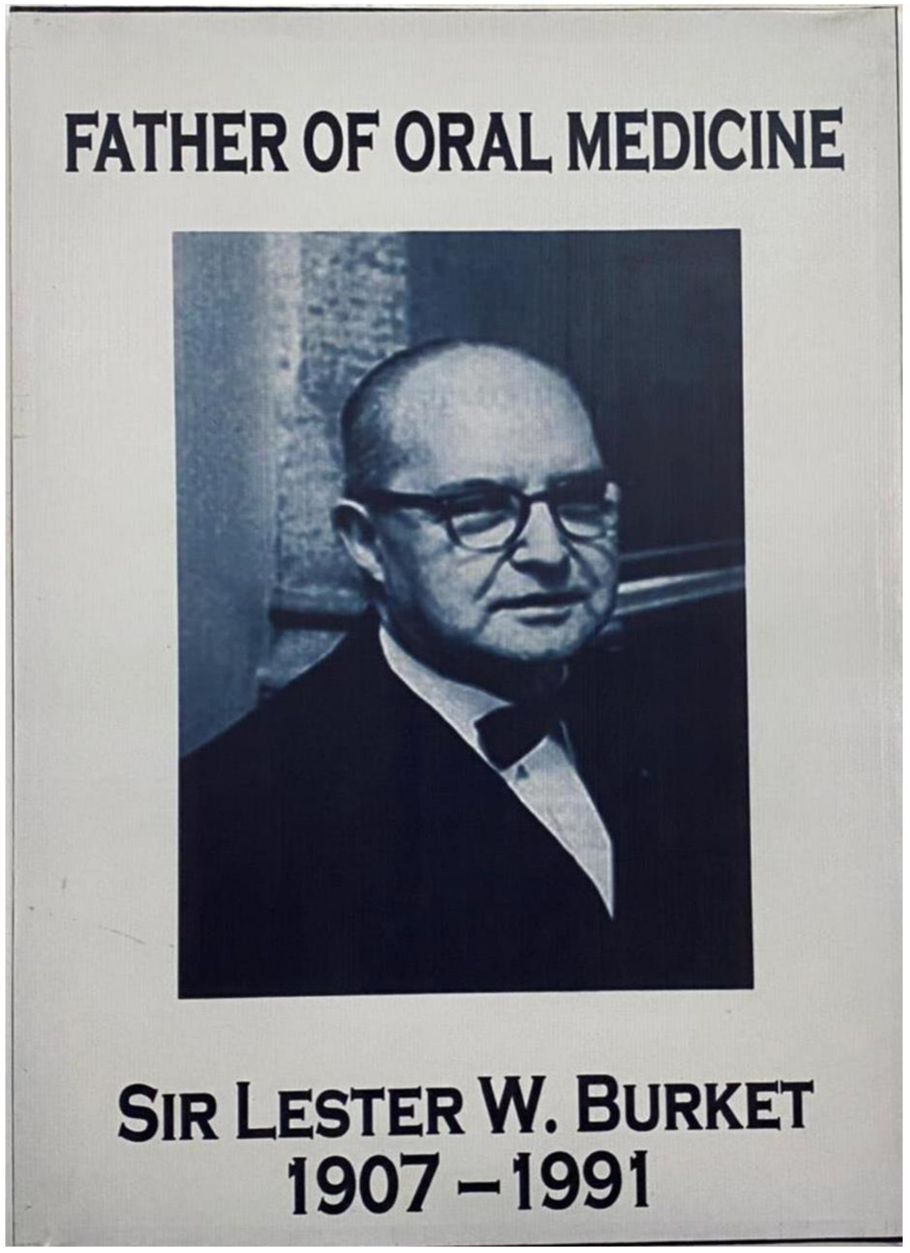
TOBACCO HAZARDS (BATCH 2018 - 2019)

TOBACCO FREE HOME (BATCH 2018 -2019)

PAN MASALA CAUSES CANCER (BATCH 2018 -2019)

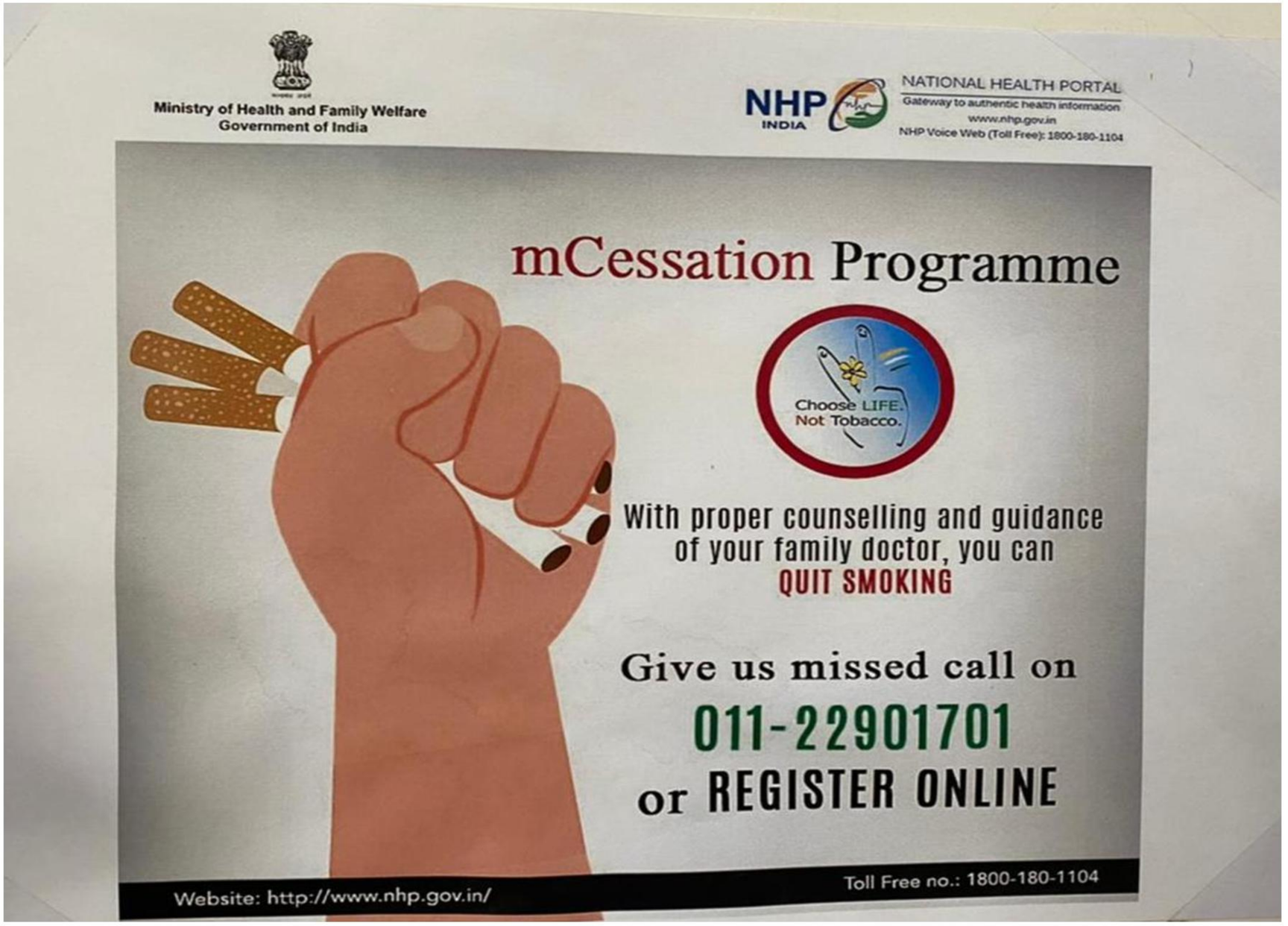


FATHER OF ORAL MEDICINE



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

mCESSATION PROGRAMME (BATCH 2018 -2019)



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

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
   - TIME TEMPERATURE METHOD
   - VISUAL METHOD
   - RAPID PROCESSING 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 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 REQURMENT THE FOLLOWING EIGHT STEPS:

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

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

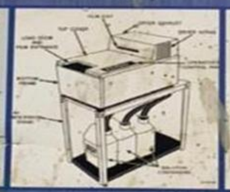
AUTOMATIC PROCESSOR

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. THIS UNIT CONSISTS OF ROLLERS AND COMPARTMENTS FILLED WITH CHEMICAL SOLUTIONS THROUGH WHICH THE [illegible] AT THE END OF THE PROCESSING CYCLE, THE FILM IS RELEASED. THE CYCLE DURATION VARIES FROM 4 TO 6 MINUTES.

[illegible]
1. AUTOMATIC DUNKING MODELS THAT PRODUCES A WASHED FILM THAT STILL HAS TO BE DRIED
2. MINIATURE ROLLER TYPE THAT PRODUCES A DRIED FILM

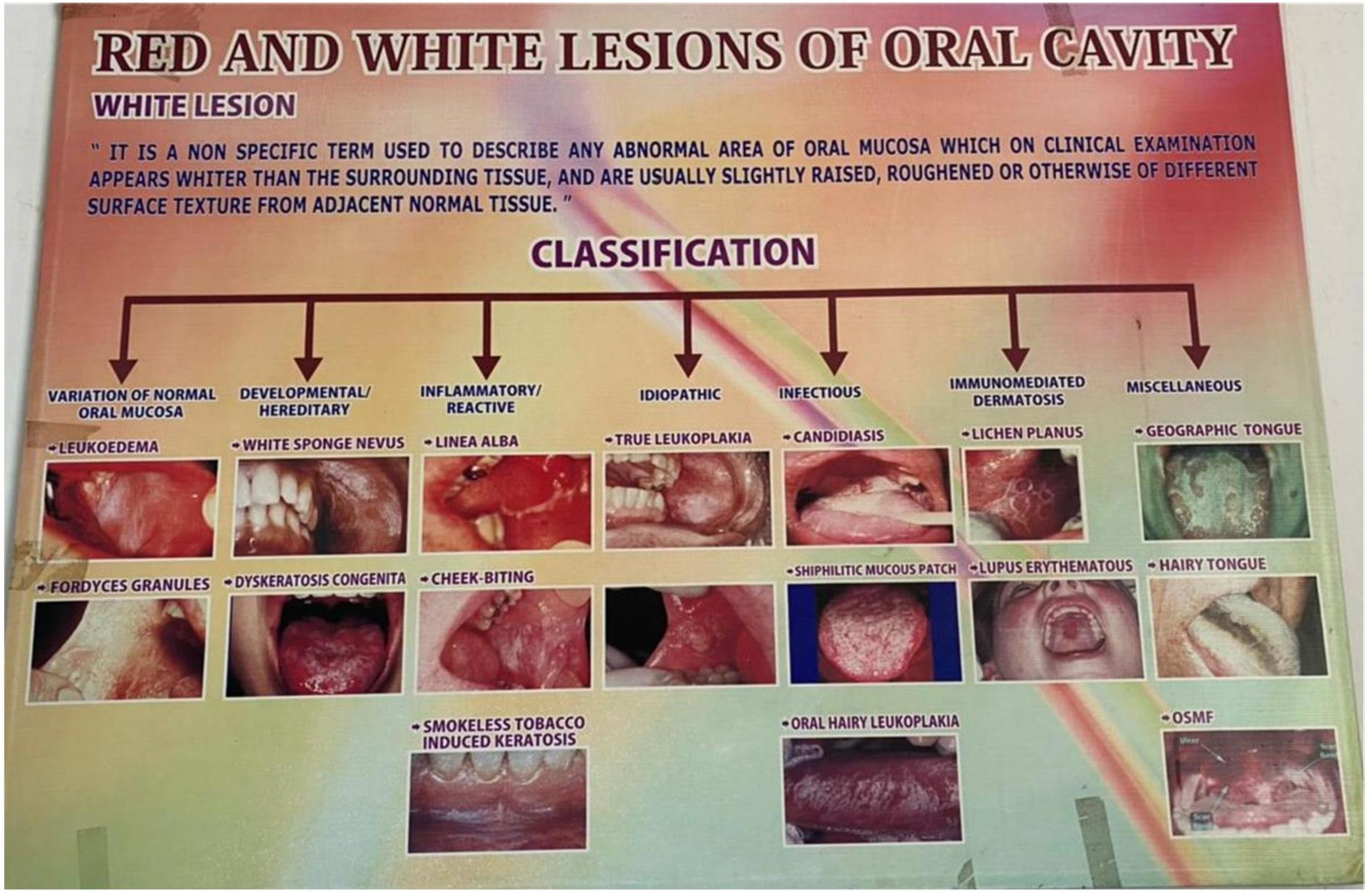
[illegible]
- RAPIDITY OF THE OPERATION. THE ENTIRE PROCESS MAY TAKE LESS THAN 4-7 MINUTES.
- UNIFORMITY OF RESULTS.
- LESS FLOOR SPACE REQUIRED AND HAVE DAYLIGHT LOADING CAPABILITY
- NO WET FILMS TO BE HANDLED, NO FILM HANGERS, AND FILM DRYER
- NO WET READING OF FILMS A DRY FIL IS MORE USEFUL DIAGNOSTICALLY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

[illegible]
- 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



[illegible]
- 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 SREIES 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 ONE RACK FOR EACH STEP. THESE ASSEMBLIES ARE DESIGNED AND POSITIONED SO THAT THE FILM CROSSES OVER FROM ONE [illegible] TO NEXT. THE OPERATOR MAY ALSO BE ABLE TO REMOVE THEM INDEPENDENTLY FOR SOAKING,CLEANING AND [illegible]RING.

RED AND WHITE LESIONS OF ORAL CAVITY



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મારું ઘર તમાકુ મુક્ત
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તમાકુ મુક્ત
ગુજરાત રાજ્ય કેન્સર જનજાગૃતિ કાર્યક્રમ
આરોગ્ય અને પરિવાર કલ્યાણ વિભાગ (ગુજરાત સરકાર)
ગુજરાત કેન્સર એન્ડ રિસર્ચ ઇન્સ્ટિટ્યૂટ, અમદાવાદ
પાન - મસાલા
સિગરેટ - બીડી...
ચડવી પડશે
કેન્સરની સીડી


મોંના કેન્સરનાં ભયસૂચક લક્ષણો
૧. મોંમાં સફેદ કે લાલ ચાંદું
૨. મોં ખોલવામાં તકલીફ
૩. મોંમાં ગાંઠ કે ચાઠું
૪. મોંની અંદરની ચામડીમાં ફેરફાર થવો
૫. મોંમાંથી લોહી પડવું
તમાકુ
તમારો
મારો
કુટુંબનો
સર્વનાશ વાળે તે
તમાકુ


Department of Oral Medicine and Radiology
COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE


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SELF ASSESSMENT
FOR ORAL CANCER
EARLY STAGE ORAL CANCER IS OFTEN PAINLESS & GOES UNDETECTED
HOW TO SEE ?
Tongue & Gauze
Examination for Hard Spots and lesions on borders base and underside
Lip & Cheek Roll
Feeling for lumps or thickening and sores
Throat 'Ahh'
Looking for bilateral symmetry & colour changes
Double Digit Palpation
Palpating the floor of mouth for hard spots
Neck Caress
Palpating for enlarged or hard / firm lymphnodes
Palate Tickle
Checking for abnormality on the hard and soft palate
Red or White Patch
Non Healing Ulcer
Long lasting ulcer in oral cavity
Reduced Mouth Opening
A gradual decrease in mouth opening
O SEE ?
t of Oral Medicine & Radiology
ental Science & Research Centre


College of Dental Sciences & Research Centre
DEPARTMENT OF ORAL MEDICINE & RADIOL
PROFESSOR
Stop habits
Medical management
Observe for 4-5 weeks
BIOPSY
Good response
No response
Mild dysplasia
Moderate to severe dysplasia
Observe & follow up Every 6 months
Medical management Observe & follow up Every 3 months
Excision With 5 mm margins
Imiquimod
cream, 5%
PHOTODYNAMIC THERAPY
Green tea
Imiquimod
Photodynamic therapy
ALA, Verteporfin, Foscan
Surgical Management
Conventional surgery, Electrocoagulation, Cryosurgery, Laser surgery
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