



POSTERS

Topic: Etiology of dental caries









ETIOLOGY OF DENTAL CARIES



DENTAL CARIES

Dental caries occurs due to change in dynamic demineralization and remineralization due to metabolism on tooth which is time dependant resulting in net loss of minerally and final cavitation.

CLASIFICATION OF CARIES

Class 1 Class 2 Class 3 Class 4 Class 5 Class 6

THEORIES OF DENTAL CARIES

EARLY THEORIES

- THE LEGEND OF THE WORMS
- EXOGENOUS THEORY
- CHEMICAL (ACID) THEORY
- PARASITIC (SEPTIC) THEORY
- MILLER'S CHEMICO-PARASITIC THEORY
- PROTEOLYTIC THEORY
- CHELATION THEORY


ENDOGENOUS THEORIES

- HUMORAL THEORY
- VITAL THEORY
- OTHER THEORIES
- SULFATASE THEORY
- COMPLEXING THEORY
- PHOSPHORYLATING THEORY
- BURCH AND JACKSON THEORY

Demineralization

Hydroxyapatite
↓ react
H⁺ ions
↓
Hypophosphate





CYCLE



Remineralization

Demineralization is reversed by neutral pH & sufficient Ca⁺ & PO₄ ions in environment (saliva), which inhibits the process of dissolution.

PRIMARY AND SECONDARY RISK FACTORS

OTHERS FACTORS CAUSING CARIES

HEREDITARY, SYSTEMIC, VITAMIN CONTENT IN DIET, PROTEINS AND TRACE ELEMENTS

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Topic: Drugs Uses in Pediatric Dentistry

DRUGS USED IN PEDIATRIC DENTISTRY

ANTIBIOTICS

DRUGS	BRAND	NAME ACTION	DOSAGE	AVAILABLE FORMS	INDICATIONS / EFFECTIVE AGAINST	SIDE EFFECTS	CONTRAINDICATIONS
AMOXICILLIN	NOVAMOX, AMOXYLIN, AMOXIL	INTERFERES WITH CELL WALL REPLICATION	CHILDREN LESS THAN 12 YEARS 20-40 MG /KG IN 3 DIVIDED DOSES	CAP 250,500 MG, TAB 125, 250MG FOR ORAL SUSPENSION 50 MG / ML AND 125 , 250 MG /ML	ODONTOGENIC INFECTIONS	NAUSEA ,VOMITING, INCREASED THIRST, DIARRHOEA, PRURITIS, URTICARIA, EDEMA , BRONCHOSPASM ANAPHYLAXIS	HYPERSENSITIVITY TO PENICILLIN IN NEONATES
AMOXICILLIN + CLAVUNATE	AMONATE, CLAVAM	INTERFERES WITH CELL WALL REPLICATION	PER ORAL 20-40 MG /KG PER DAY IN 3 DIVIDED DOSES	CAP 250-500 MG CHEW TABS 125 TO 50 MG , POWDER FOR ORAL SUSPENSION 125, 250 MG /5 ML	GRAM NEGATIVE BACTERIAL INFECTIONS	DISCOLOURED TONGUE, GLOSSITIS INCREASED THIRST, NAUSEA, VOMITING, HYPER KALEMIA, BRONCHOSPASM	HYPERSENSITIVITY TO PENICILLIN IN NEONATES
METRONIDAZOLE	METROGYL, METRON	IS CONVERTED TO ACTIVE FORM BY REDUCTION OF ITS NITRO GROUP. THIS GETS TO BOUND TO DNA AND PREVENTS NUCLEIC ACID FORMATION	10 -50 MG/KG/ DAY ORALLY IN3-4 DIVIDED DOSES	TABLETS , SUSPENSIONS AND INJECTABLE FORMS	ACUTE OODONTOGENIC INFECTIONS SUCH AS	DRY MOUTH , BURNY TONGUE BITTER TASTE, METALLIC TASTE, RASHES LEUKOPENIA ULCERATIVE GINGIVITIS ANAEROBIC INFECTIONS	HYPERSENSITIVITY, HEPATIC DISEASES
CEPHALEXIN	CEPHAXIN, SPORIDEX	INHIBIT BACTERIAL CELL WALL SYNTHESIS	PER ORAL 50-100MG /KG/DAY IN 4 EQUAL DOSES	CAP-250,500 MG TAB 250-500 MG O.S. 125 AND 25 MG /ML	GRAM POSITIVE AND SOME GRAM NEGATIVE INFECTIONS	CANDIDIASIS, GLOSSITIS, NAUSEA VOMITING DIARRHOEA , ANAPHYLAXIS, URTICARIA RASHES ANAPHYLAXIS	HYPERSENSITIVITY TO PENICILLIN, INFANTS LESS THAN 1 MONTH
ERYTHROMYCIN	ERYSAFE, EROMED	BINDS TO RIBOSOMAL SUBUNTS OF SUSCEPTIBLE BACTERIA AND SUPPRESSES PROTEIN SYNTHESIS	30-50 MG /KG / DAY IN FOUR DIVIDED DOSES	TAB. 250-500 MG, CAP.250 MG SUSPENSIONS 125,250 MG /5ML	GRAM POSITIVE COCCAL INFECTIONS AND DIPHTEIRA AND INFLUENZA	RASHES, URTICARIA PRURITIS, HEPATOTOXICITY, ABDOMINAL PAIN,	HYPERSENSITIVITY TO PRE EXISTING HEPATIC DISEASE
NYSTATIN	MYCOSTAEN, NYSTIN	INTRFERES WITH VITAL CELLULAR MECHANISMS	2,00,000 UNITS 8 HOURLY , ORAL TOPICAL APPLICATION 3 TIMES A DAY	SUSPENSION CONTAINING 1,00,000 UNITS / ML	LOCALIZED INFECTIONS CAUSED BY CANDIDA	NEPHROTOXICITY, NAUSEA , VOMITING AND DIARRHOEA	

ANALGESICS

DRUGS	BRAND	ACTION	USES	DOSAGE	AVAILABLE FORMS	CONTRAINDICATIONS	SIDE EFFECTS
IBUPROFEN	BRUFEN, IBUGESIC	INHIBITS PROSTAGLANDIN SYNTHESIS BY INTERFERING WITH CYCLO OXGENASE NEEDED FOR BIOSYNTHESIS	MILD TO MODERATE PAIN, TOOTH EXTRACTION	10-15 MG/KG/DAY IN DIVIDED DOSES	TABS 200,400, 600,800 MG	BRONCHIAL ASTHMA, PEPTIC ULCER, HYPERSENSITIVITY	NAUSEA, VOMITING, PEPTIC ULCER
DICLOFENAC	VOVERAN, DICLONAC, DICLOMAX	INHIBITS PROSTAGLANDIN SYNTHESIS BY INTERFERING WITH CYCLO OXGENASE NEEDED FOR BIOSYN	MODERATE PAIN,	1-3 MG/KG/DAY IN DIVIDED DOSES	TABS ENTERIC COATED 25,50 75mg	HYPERSENSITIVITY TO OTHER NS-AIDS , BRONCHIAL ASTHMA, PEPTIC ULCER	DRY MOUTH, BITTER TASTE BLOOD DYSCRASIAS
PARACETAMOL	CROCIN, METACIN, PARACIN	INHIBITS PROSTAGLANDIN SYNTHESIS BY INTERFERING WITH CYCLO OXGENASE PATHWAY	MILD PAIN, ANTIPYRETIC, ANTI-INFLAMMATORY	14 MG/KG/DOSE 6 HOURLY	TABS 500MG, 650 MG	ANALGESICS NEHROPATHY, JAUNDICE	NAUSEA EPIGASTRIC DISTRESS

COMBINATIONS USED - PARACETAMOL +IBUPROFEN:- USEDAS ANALGESIC IN CHILDREN AFTER TOOTH EXTRACTION UNDER GENERAL ANAESTHESIA

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Topic: Development Of Occlusion

DEVELOPMENT OF OCCLUSION

MIXED DENTITION PERIOD

Definition: Period During Which Both Primary & Permanent Teeth Are In The Mouth Together Is Known As Mixed Dentition. Permanent Teeth Erupting In Place Of Deciduous Teeth Are "Successional" & Permanent Teeth Erupting Posterior To Primary Teeth Are "Accessional".

Calcification Of Permanent Dentition Begin Between Birth & 3yrs Of Age, 2nd Premolar May Not Begin Until 5 Yrs Of Age. Root Development Is Complete 2-3 Yrs After Eruption.

- Teeth Crown Pierces Bony Alveolar Crest When 2/3rd Of Root Development Is Complete.
- Eruptive Movement Doesn't Begin Before Crown Calcification Is Complete.
- Teeth Emerge Into Oral Cavity When 3/4th Of Root Development Is Complete.
- Enamel Calcification Is Complete 3-4 Yrs Before Eruption Into Oral Cavity.

TRANSITION FROM PRIMARY TO PERMANENT DENTITION

PHASE OF MIXED DENTITION CAN BE DIVIDED INTO 3 PERIODS

1st TRANSITIONAL PERIOD

- Emergence Of 1st Permanent Molars
- Incisors Transition
- Establishment Of Occlusion

INTERTRANSITIONAL PERIOD

- 4 Permanent Incisors, Left & Right 1st Permanent Molars
- Deciduous Canines: 1st & 2nd Molars.

2nd TRANSITIONAL PERIOD

- Emergence Of Bicuspids, Cuspids & 2nd Permanent Molars
- Establishment Of Occlusion

ANTERO-POSTERIOR RELATION BETWEEN TWO OPPOSING MOLARS AFTER ERUPTION SHOULD

Their Position Previously Occupied Within The Jaws. Sagittal Relation Between Maxilla & Mandible Rotates Of Mesio-distal Crown Dimension Of Upper & Lower Deciduous Molars.

DESIRED CLASS I RELATIONSHIP IS ESTABLISHED BY FOLLOWING WAYS

EARLY MESIAL SHIFT

If Deciduous Dentition Is Spaced With Flush Terminal Relationship Of 2nd Deciduous Molars. Eruptive Force Of Permanent Molars Cause A Closing Of Primate Space Results Into Decreased Arch Length.

SELF CORRECTING ANOMALIES

- Pre-eruptive Period
 - Retrude mandible
 - Anterior open bite
 - Infantile swallowing pattern
- Primary dentition
 - Anterior deep bite
- Flush terminal plane
 - Spacing
 - Edge to edge
- Mixed dentition
 - Anterior deep bite
 - Mandible anterior crowding
- Ugly duckling stage
 - End on relation
- permanent dentition
 - Overjet & over bite

LATE MESIAL SHIFT

When No Space Exist, Erupting 1st Permanent Molar Isn't Able To Close The Space. So When Primary Molar Exfoliates Permanent Molar Migrates Mesially To Use Up "Leeway Space" Average: - 1.8mm In Maxilla & 3.4mm In Mandible

CORRECTION

connect with growth of mandible eruption of primary incisors during 1st yr with solid foods in diet

eruption of deciduous molars, attrition of incisal edge growth of mandible (early shift) eruption of 1st permanent molar (late shift) leeway space eruption of 1st permanent molar eruption of permanent incisors

proprioceptive response condition tongue pressure increase in intercanine width maxillary canine eruption eruption of 1st permanent molar late mesial shift in non spaced dentition eruption of all permanent molars growth of mandible

PRIMARY MOLAR GUIDANCE OF PERMANENT DENTITION

If Deciduous Arches Terminate In Mesial Step, Permanent Molars May Erupt Directly Into A Normal Angle's Class I Occlusion. Sometimes It May Develop Into Class II Relationship. Definite Distal Step Guides Molar Into Distal Relationship Which Doesn't Improve. Instead Deteriorates.

PERMANENT DENTITION

Age 12-14 Yrs. Dental Arches Become Shorter Due To Proximal Wear Crowding Develops In Mandibular Incisor Region By 14 Yrs Of Age Alveolar Process May Grow In Height Beyond 16 Yrs Of Age. Overjet Decreases By 0.7mm Between 12-20 Yrs Of Age. Horizontal Overbite Decreases. Vertical Overbite Decreases Up To The Age Of 18 Yrs By 0.5mm.

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DEVELOPMENT OF OCCLUSION

PERIODS OF OCCLUSAL DEVELOPMENT

P R E M A T E P E R I O D M I X E D D E N T I T I O N D E C I D U O U S D E N T I T I O N P E R M A N E N T D E N T I T I O N

GUMPAD

PRENATAL JAW RELATIONSHIP
PRENATAL PERIOD: Period From Birth To The Eruption Of The First Deciduous Teeth In Oral Cavity.

Definition: Alveolar Arch In Infants Are Called Gumpads. Each Gumpad Is Divided Into 13 Segments.

Dental Groove: Originates In Incisive Papilla Region & Extends To Touch Gingival Groove In The Canine Region & End In Molar Region.

Gingival Groove: Groove Separating Gumpad From Palate.

Interdental Sulcus: Prominent Groove Separating Canine & Deciduous 1st Molar Segment.

DECIDUOUS DENTITION

CLINICAL FEATURES OF DECIDUOUS DENTITION

- Both Dental Arches Are Half Round / Oval
- No Curve Of Speer Is Present
- Stallion Cusp / Interdigitates
- Vertical Inclination Of Incisors
- Little No Crowding

SPACING

PRIMATE SPACE

Between Upper Lateral Incisor & Canine Between Lower Canine & 1st Deciduous Molar Also Known As ANTIHOPKINSIAN Spaces.

PHYSIOLOGIC/DEVELOPMENTAL SPACES

Between Primary Teeth, Play Key Role In Normal Development Of Permanent Dentition. Total Space In Maxillary Arch 0.8mm, Average 4mm. Mandibular Arch: 1.7mm, Average 3mm.

NON SPACED DENTITION

Primary teeth are present without any space in between the teeth. Such dentition indicates crowding in developing permanent dentition.

PRIMARY MOLAR RELATIONSHIP

- Maxillary Canine Occludes Distal To Mandibular Canine & Mesial To 1st Molar.
- Nesio-lingual Cusp Of Maxillary Molars Occludes In The Central Fossa Of Lower Molars.
- Maxillary 1st Molar Occludes Between Distal Aspect Of 1st Primary Molar & Mesio-occlusal Aspect Of 2nd Molar In Mandible.

MESIO-DISTAL RELATION BETWEEN DISTAL SURFACE OF UPPER & LOWER 2nd PRIMARY MOLARS CAN BE CLASSIFIED INTO 3 TYPES...

MESIAL STEP TYPE

Distal Surface Of Lower Molar Is More Mesial To That Of The Upper. Class I

DISTAL STEP TYPE

Distal Surface Of Lower Molar Is More Distal To That Of The Upper. Class II

FLUSH TERMINAL/VERTICAL PLANE TYPE

Distal Surface Of Upper & Lower Teeth Are In A Straight Plane Favorable Relationship To Guide Permanent Molar.

ANTERIOR TEETH RELATIONSHIP

OVERBITE

Distance Which The Incisal Edge Of Maxillary Incisors Overlap Vertically Past The Incisal Edge Of Mandibular Incisors. Average Overbite - 2mm

OVERJET

Horizontal Distance Between Lingual Aspect Of Maxillary Incisors & Labial Aspect Of Mandibular Incisors When Teeth Are In Canine Occlusion. Average Overjet - 1 To 2mm

CANINE RELATIONSHIP

Class I - When Mandibular Canine Interdigitates In Embrasure Between Maxillary Lateral Incisor & Canine.

Class II - When Mandibular Canine Interdigitates Distal To Embrasure.

ARCH DIMENSIONS

A- Arch Length, B1- Bicuspid Diameter, B2- Bimolar Diameter, C- Arch Circumference

Both Arches Increase In Width By Growing Posteriorly To Accommodate Eruption Of Permanent Molars. There Is No Little Increase In Arch Height During Primary Dentition.

ARCH SPACE

Non Spaced Dentition Doesn't Show Any Change In Space Present Until Eruption Of Permanent Molars. Non Spaced Dentition Shows No Development Of Space.

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Topic: Abnormal Lip Habit

ABNORMAL LIP HABIT

DEFINITION: Habits that involve either of the lips and peri oral structures are termed as lip habits.

CLASSIFICATION: 1. Wetting the lips with the tongue 2. Pulling the lips into the mouth between the teeth

ETIOLOGY:

Class 2 malocclusion Thumb sucking

Emotional Stress

MANIFESTATION:

Protrusion of Maxillary incisors Retrusion of Mandibular incisors

Lip Sucking Mentolabial Sulcus Lip biting

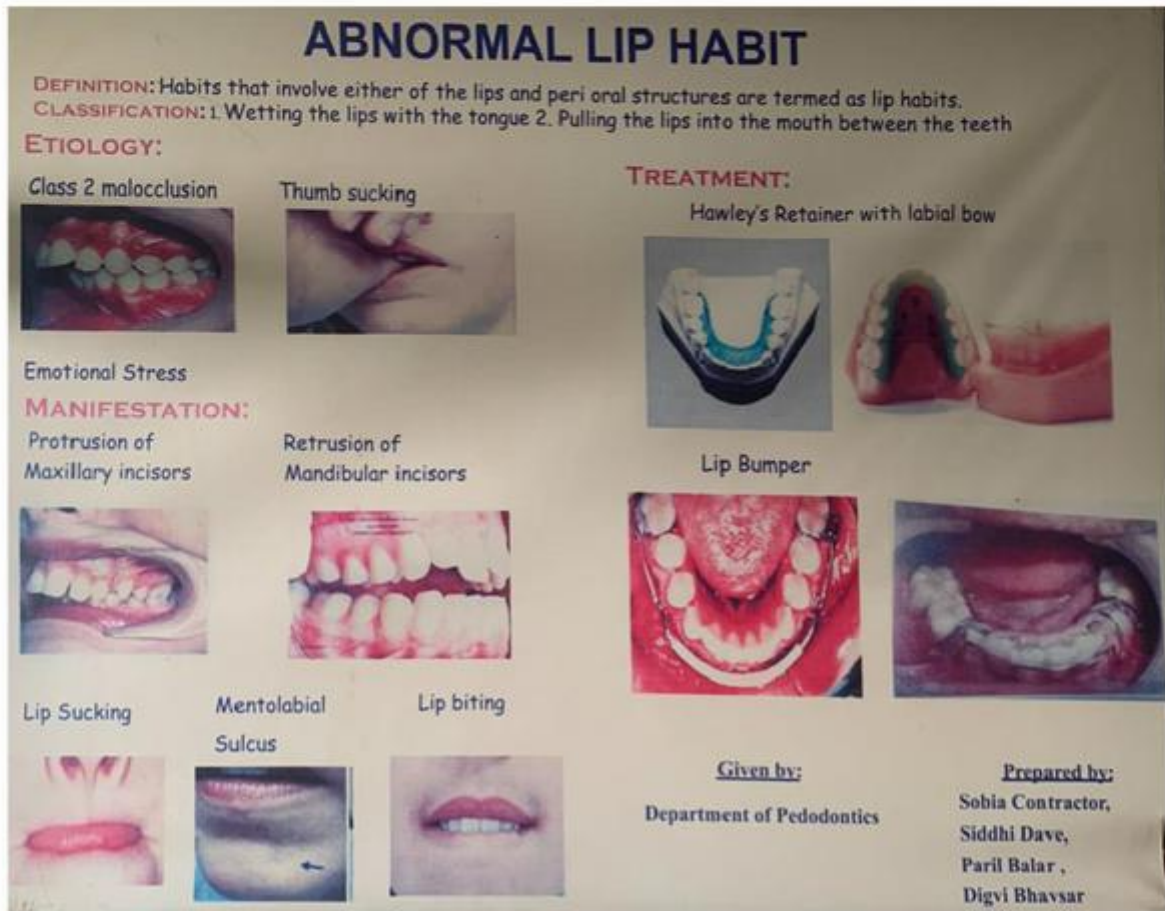
TREATMENT:

Hawley's Retainer with labial bow

Lip Bumper

Given by:
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Prepared by:
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Siddhi Dave,
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Topic: Referential Communication In Special Children

DO YOU SEE WHAT I MEAN - REFERENTIAL COMMUNICATION IN SPECIAL CHILDREN


- Referential communication is a communicative act in which speaker's goal is to ensure that the listener will be able to identify the referent from alternatives that might be mistaken for the referent.
- A referent could be an object (e.g. A red ball), a location (e.g. The location of a dental office) or an idea (e.g. The concept of oral hygiene).
- Referential communication can be: →



Indexical
Indexical reference suggests that sense and meaning are provided by the context of the expression.




Iconic
Iconic reference is characterized by referential signals abstractly referring to an external entity.




Symbolic
Symbolic reference is characterized by completely arbitrary relationship between referent and entity. It is non-innate and must be learned.

Special Children are with Disabilities




Solutions to Challenges →


Visual Schedule




Visual Support




Social Stories




HAND-TECH



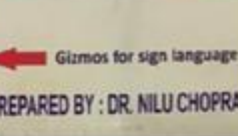
Sign Interpreter



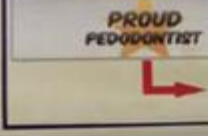
Wrist Bands




Gizmos for sign language



PROUD PEDDONTIST



Special Child



PREPARED BY : DR. NILU CHOPRA

Yes I'm Different

EFFECT OF BLEACHING WITH NATURAL ENZYME ON HUMAN PRIMARY TEETH

Beauty trends may come and go, but when it comes to your smile, nobody's ever said "Yellow is the new White". Pearly whites are always preferable. Esthetic problems in childhood and adolescence can have a significant effect on psychosocial development and interaction with peers. Natural enzymes can be added to hydrogen peroxide to reduce its concentration; subsequently masking its side effects.

AIM: To evaluate the colour change in human primary teeth enamel bleached with natural enzyme.

OBJECTIVE: To check efficacy of pineapple extract as an additive with hydrogen peroxide for bleaching.

MATERIAL & METHODOLOGY:

- 30 human primary teeth.
- Stained using iron supplements for 24 hrs.
- Divided into 2 groups: (with and without pineapple extract).
- Bleaching protocol followed.
- Colour change was evaluated using Colorimeter.



RESULTS:

In both the groups evaluated in the study, the mean values obtained with the use of pineapple extract along with hydrogen peroxide showed statistically significant whitening when compared to the specimens that were bleached only with hydrogen peroxide ($P < 0.05$).

DISCUSSION:

Pineapple contains bromelain, catalase, and polyphenol peroxidase. The pH of the extract ranges from 3 to 6.5; in this pH, the components of the extract are stable. At this pH, the extract obtained from pineapple causes disruption of adhered proteins causing stains. Bromelain present in this extract acts as a predominant oxidizing agent.¹

CONCLUSION:

Hydrogen peroxide along with pineapple extract as a bleaching agent resulted in significant color change on stained human enamel when compared to the use of hydrogen peroxide without any additives.

1. Effect of vital bleaching with solutions containing different concentrations of hydrogen peroxide and pineapple extract as an additive on human enamel using reflectance spectrophotometer: An in vitro study; Chitra et al, 2019

Topic: Why Drill When You Can Heal

Yesterday - "DRILLS"

WHY DRILL WHEN YOU CAN HEAL?

AIR ABRASION

air abrasion with a high pressure stream of fine aluminum oxide particles to remove tooth decay

CHEMO-MECHANICAL METHOD OF CARIES EXCAVATION

Select what you need to do!!!

Carisolv Drill

Carisolv Gel

Carisolv

ELECTRICALLY ACCELERATED AND ENHANCED REMINERALIZATION

These 3D images show a tooth decay lesion inside the tooth decreasing in size and volume (Left to Right) after treatment with the Electrically Accelerated and Enhanced Remineralization procedure. (courtesy Nigel Pitts/Kings College London)

OZONE THERAPY

There absolutely no sensation as the ozone gently bathes the infected area. In twenty Seconds 99.9% of the caries (decay) producing bacteria are eliminated. The ozone is pumped away, broken down into oxygen again-and the tooth is caries-free without pain. It is simple as that !!

Papacarie

Papacarie

LASER

Highly Energized Water

Biological Tissue Removal

MAGIC FLUID PEPTIDE P-11-4

Schematic showing underlying hypothesis for treatment of early caries using P11-4 self assembling peptides. (1) Early caries appears as a 'white spot' on the enamel surface (*), this is due to the underlying porosity in the tissue (2)Aqueous P11-4 in its monomeric form applied to the lesion surface (3)will penetrate in to the pores due to its low viscosity (4)Self-assembly is triggered by the conditions (pH <7.4, presence of salts) within the lesion forming fibres (5)which can nucleate hydroxyapatite mineral (6)This restores both the enamel mineral and the natural appearance (7) of the original lesion.

NON THERMAL ARGON PLASMA BRUSH

PREPARED BY:
Dr. AMEE AL WAN


Topic: Early Childhood Caries

EARLY CHILDHOOD CARIES

DEFINITION: The presence of one or more decayed (brown, white or cavitated) missing (due to caries) or filled tooth surface in any tooth of a child of 71 months of age or younger. (AAPD)


CLASSIFICATION

- Class I: Enamel involving no dentin and no pulp. Occurs in 2-3 year old child.
- Class II: Enamel and dentin involvement. Occurs in 2-3 year old child.
- Class III: Enamel, dentin and pulp involvement. Occurs in 2-3 year old child.
- Class IV: Enamel, dentin and pulp involvement. Occurs in 2-3 year old child.




PRIMARY MECHANISM OF CARIES FORMATION:

Plaque + Food + Tooth + Time = Decay (Caries)



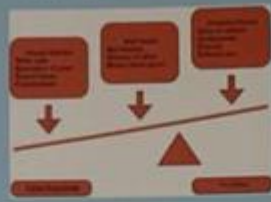
PREVENTIVE TREATMENT:

- Oral Hygiene Maintenance
- Chlorhexidine mouth rinse
- Diet modification
- Fluorides
- Exogenous calcium phosphate




ADJUNCTIVE TREATMENT:

- Patient & parents education
- Oral hygiene maintenance
- Follow up after 6 months



ETIOLOGY:

Dental Caries: Etiology



METHODS OF CARIES DETECTION:

In Vivo:


- Visual examination
- Tactile examination
- Radiographs: Conventional, digital & sensoradiography
- Fiber optic transillumination
- Optical methods: Fluorescence, light scattering
- Electronic resistance measurements
- Ultrasounds
- Dyes

In Vitro:

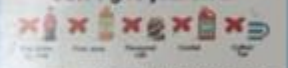
- Simple tooth measurements
- Cross sectional microhardness testing
- Polarized light microscopy
- Traditional transverse microradiography
- Microprobe analysis
- Methods for sequential measurements on tooth slabs
- Iodine absorptionometry
- Longitudinal microradiography
- Light scattering
- Surface microhardness

TREATMENT:

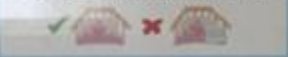
DO give your child



DON'T give your child




Put your child to bed **WITHOUT** a bottle




THERAPEUTIC TREATMENT:

- Restorations of decayed teeth
- Pulp therapy
- Extractions
- Crowns



PRIMARY AND SECONDARY RISK FACTORS:



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Guided By : Dr. Krishna, Dr. Meera

Topic: Tongue Thrusting

TONGUE THRUSTING

DEFINITION -
Brauer, 1965 - A tongue thrust is said to be present if the tongue is observed thrusting between, and the teeth do not close in centric occlusion during deglutition.

Classification:-
 Physiologic Habitual
 Functional Anatomic

Etiology:-



- Retained infantile swallow.
- Upper respiratory tract infection.
- Neurological disturbances.
- Functional adaptability to transient change in anatomy.
- Hereditary.
- Tongue size.

Clinical manifestations:-


Extraoral findings.....
 Lip posture Mandibular movements.
 Speech Facial form.

Intraoral findings....
 Tongue movements Tongue posture Malocclusion.



a) Features pertaining to the maxilla.
 Increase in overjet. Generalized spacing between teeth.



Mandibular constriction.



SIMPLE TONGUE THRUST **COMPLEX TONGUE THRUST**





LATERAL TONGUE THRUST





b) Features pertaining to the mandible.
 Retroclination or proclination of teeth

c) Intermaxillary relationship.
 Anterior or posterior open bite.



Posterior crossbite.




Diagnosis.....
 History.
 Examination.
 Radiograph.

**DEPARTMENT OF PEDODONTICS AND
 PREVENTIVE DENTISTRY**

Treatment:-


1) Myofunctional exercises....
 Orthodontic elastic and sugarless fruit drop exercise

45 exercise....
 Spot Salivate
 Squeeze Swallow




Other exercises:- whistling, reciting the count from sixty to sixty nine, gargling, yawning to tone the respective muscles


2) Preorthodontic Trainer and Myofunctional training....




3) Removable Habit Breaking appliance therapy- Hawley's appliance




4) Fixed Habit Breaking appliance



5) Oral screens



6) Correction of Malocclusion



7) Surgical treatment.

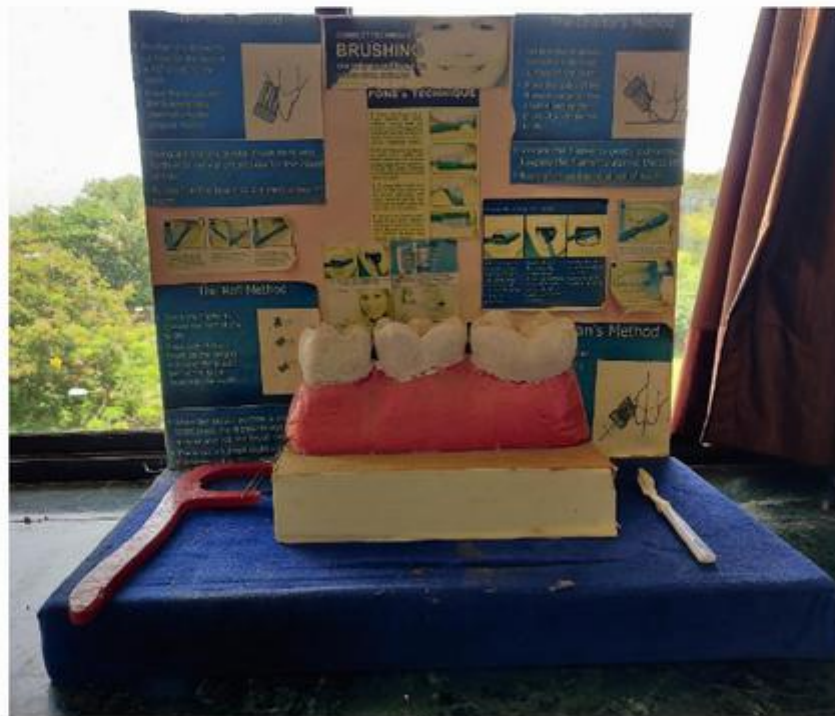
Acharya Shivang
 Made by : Agrawal Srishti
 Ahr Seema

DEPARTMENT OF PEDIATRICS AND PREVENTIVE DENTISTRY

MODELS



BRUSHING TECHNIQUE DEMONSTRATION MODEL



FLOSSING DEMONSTRATION MODEL



TOOTH MORPHOLOGY MODEL