



**Chettinad**

Dental College & Research Institute

**2.6.1 LEARNING OUTCOMES AND GRADUATE ATTRIBUTES**




**Chettinad**

Dental College & Research Institute

**CDCRI  
LOG BOOK**

Name of the Student : MEENAKSHI MUTHIAH

Year : 2014-2015 BATCH

  
PRINCIPAL  
CHETTINAD DENTAL COLLEGE &  
RESEARCH INSTITUTE  
RAJIV GANDHI SALAI  
KELAMBAKKAM - 603 103.





**DEPARTMENT OF ORAL MEDICINE , DIAGNOSIS & RADIOLOGY**  
**CRI - LOG SHEET**

Name: M. MEENAKSHI

No. of days posted : Regular-

Elective-

No. of days leave taken :

No. of days Extension :

No. of days Late : (Late / Permission)

No. of Short cases : 147

No. of Long cases : 7

No. of In patients(ward) :

No. of Radiographs taken : IOPA - 27 OPG - OTHERS -

No. of Investigation Procedures : (Biopsy / FNAC / Exfoliative cytology / vitality test / etc)

A) Performed-

B) Assisted-

C) Observed-

Total No. of Cases - Medical management performed ;

a) Intralesional injections given- 2

b) Others-

Seminar Presented : Yes / No

If Yes TOP1C-

Proficiency of knowledge :

Poor / Average / Good

Competency in clinical Skills :

Poor / Average / Good

Responsibility, Punctuality, Research aptitude & Team work

Poor / Average / Good

**WORK DONE IN CAMPS**.....No of Cases.....

**Conduct and Attitude**

The Conduct of Mr / Miss M. MEENAKSHI.....in the department, with the patients,

Staff and Students was.....Good.....

Date : 3.10.19

Dr.SIVAN SATHISH M.D.S.,M.F.U.S. HOD  
PROF. & HEAD  
DEPT OF ORAL MEDICINE & RADIOLOGY  
CHETTINAD DENTAL COLLEGE &  
RESEARCH INSTITUTE

Professor and HOD

PRINCIPAL  
CHETTINAD DENTAL COLLEGE &  
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**ORAL SURGERY**

Assessment Form

Name of the candidate :

Attendance :

Period of posting from.....3/9/19..... to.....2/10/19..... Total No of days.....30.....

Total No. of days present: 30

Total No. of days absent / leave

**Clinical and academic work done**

Clinical work done: 20

Total No of In patients attended :

CPR / BLS :

No of seminars taken

No of posters done

Proficiency of knowledge :

Poor / Average / Good ✓

Competency in clinical Skills :

Poor / Average / Good ✓

Responsibility, Punctuality, Research aptitude & Team work

Poor / Average / Good ✓

**WORK DONE IN CAMPS**.....No of Cases.....

**Conduct and Attitude**

The Conduct of Mr/ Miss.....M. MEENAKSHI.....in the department, with the patients

Staff and Students was.....Good.....

Date : 3.10.19

*Mr. S. J. M.*  
Professor and MOD

Department of Oral & Maxillo Facial Surgery  
Chettinad Dental College & Research Institute  
Rajiv Gandhi Salai, Kelambakkam,  
Kancheepuram District - 603 103

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**KELAMBAKKAM - 603 103.**





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Dental College & Research Institute

**PUBLIC HEALTH DENTISTRY**

Assessment Form

Name of the candidate : M. MEENAKSHI

**Attendance :**

Period of posting from 3.10.18 to 17.12.18 Total No of days.....

Total No. of days present:

Total No. of days absent / leave

Proficiency of knowledge :

Poor / Average / Good ✓

Competency in clinical Skills :

Poor / Average / Good ✓

Responsibility, Punctuality, Research aptitude & Team work

Poor / Average / Good ✓

WORK DONE IN CAMPS..... 6 CAMPS..... No of Cases..... 298.....

**Conduct and Attitude**

The Conduct of Mr/ Miss M. MEENAKSHI.....in the department, with the patients

Staff and Students was..... Very Satisfactory

Date:

*Jyoth*  
Professor and HOD

Professor & Head  
Department of Public Health Dentistry  
Chettinad Dental College & Research Institute  
Kelambakkam  
Kanchipuram District - 603103.

*[Signature]*  
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**Department of Public Health Dentistry**

**Interns Evaluation form**

Name : ..... M. MEENAKSHI .....

Posting Schedule :

Date of commencement of Posting	Date of the end of the posting	Total Number of working days	Total number of days present	Total number of days leave taken
3.10.18	2.11.18	30	30	
3.11.18	2.12.18	31	31	
3.12.18	17.12.18	15	15	

Work Done	Proposed Quota	Total completed
Rural Health Centre cases	40	40
Screening Camp	15	5
Treatment Camp	5	1
Comprehensive cases in the department	5	60
Oral Health Education	5	14
Anti-tobacco Counselling	5	5
Project Work	2	1
Short Survey	1	

This is to certify that the performance of M. MEENAKSHI as an intern in the Department of Public Health Dentistry, Chettinad Dental College and Research Institute was Excellent / Good / Satisfactory.

Date :

*[Handwritten signature]*

*[Handwritten signature]*  
Signature of HOD  
Professor & Head

Department of Public Health Dentistry  
Chettinad Dental College & Research Institute  
Kelambakkam  
Kanchipuram District - 603102

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**ORAL PATHOLOGY**  
**Assessment Form**

Name of the candidate: M. MEENAKSHI

Attendance:

Period of posting from 3/1/19 to 17/1/19 Total No of days 30

Total No. of days present:

Total No. of days absent / leave

WORK DONE IN CAMPS.....No of cases.....

**Conduct & Attitude**

The conduct of Mr / Miss M. MEENAKSHI in the department, with the patients, staff and students was Good

Date :

*[Signature]*  
Professor and HOD  
DEPT. OF ORAL & MAXILLOFACIAL  
PATHOLOGY.

*[Signature]*  
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**PROSTHODONTICS**

Assessment Form

Name of the candidate: M. MEENAKSHI

**Attendance:**

Period of posting from 2.7.19 to 3.8.19 Total No of days 28

Total No. of days present: 27

Total No. of days absent / leave 1

**Clinical and academic work done**

Total no. of cases 18 CD 2 - RPD 3 FPD 15

Total no. of special cases

No. of seminars taken

No. of journal club attended

No. of posters done

CDE / seminar attended

Proficiency of knowledge :

Poor / Average / Good ✓

Competency in clinical Skills:

Poor / Average / Good ✓

Responsibility, Punctuality, Research aptitude & Team work

Poor / Average / Good ✓

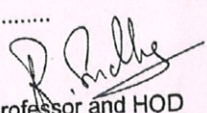
WORK DONE IN CAMPS..... No of cases.....

**Conduct & Attitude**

The conduct of Mr / Miss M. MEENAKSHI in the department, with the

patients, Staff and Students was good

Date :

  
Professor and HOD  
**Dr. R. SRIDHARAN**  
Reg. No: 4009  
Professor & Head  
Dept. of Prosthodontics & Implantology

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**PEDODONTICS**

Assessment Form

Name of the candidate: M. MEENAKSHI

**Attendance:**

Period of posting from..... 3/4/19 ..... to..... 2/5/19 ..... Total No of days..... 30.....

Total No. of days present:

Total No. of days absent / leave

**Clinical and academic work done**

Total no. of cases..... 60 .....

Total no. of special cases..... .....

No. of seminars taken..... .....

No. of journal club attended .....

No. of posters done .....

CDE / seminar attended

Proficiency of knowledge :

Poor / Average / Good

Competency in clinical Skills:

Poor / Average / Good

Responsibility, Punctuality, Research aptitude & Team work

Poor / Average / Good

WORK DONE IN CAMPS..... No of cases.....

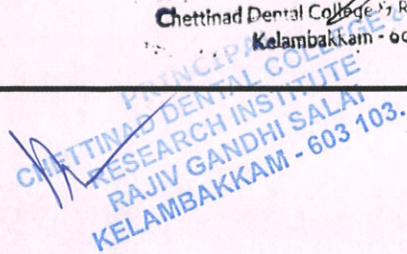
**Conduct & Attitude**

The conduct of Mr / Miss..... M. MEENAKSHI ..... in the department, with the

patients, Staff and Students was..... Good .....

Date :

Professor and HOD  
Dept. of Pedodontics  
Chettinad Dental College & Research Institute  
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**ORTHODONTICS**

Assessment Form

Name of the candidate: **M. MEENAKSHI**

**Attendance:**

Period of posting from **1.2.19** to **2.3.19** Total No of days.....

Total No. of days present:

Total No. of days absent / leave

**Clinical and academic work done**

Total no. of cases attended ..... **31** .....

Total no. of Removable Appliances done .....

No. of Cephalometric tracings done .....

No. of Study models done .....

No. of Seminars .....

No. of Cases discussed .....

No. of Posters done .....

CDE / seminar done .....

Proficiency of knowledge : Poor / Average / Good ✓

Competency in clinical Skills: Poor / Average / Good ✓

Responsibility, Punctuality, Research aptitude & Team work Poor / Average / Good ✓

WORK DONE IN CAMPS.....No of cases.....

**Conduct & Attitude**

The conduct of ~~Mr~~ / Miss **M. MEENAKSHI** .....in the department, with the Patients, Staff and Students was **GOOD** .....

Date :

*S. A. S.*  
Professor and HOD,  
Dept. of Orthodontics  
Chettinad Dental College & Research Institute  
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**PERIODONTICS**

Assessment Form

Name of the candidate: M. MEENAKSHI

**Attendance:**

Period of posting from... 3/5/19 ... to... 2/6/19 ... Total No of days.....

Total No. of days present:

Total No. of days absent / leave

**Clinical and academic work done**

No of oral Prophylaxis done : 20

No of Curettage done :

No of Flap operation done :

No of Gingivectomy done :

No of Perio-Endo cases done :

No of Clinical cases assisting done : 2

No of Clinical cases Observation done : 1

Seminar :

Proficiency of knowledge :

Poor / Average / Good

Competency in clinical Skills:

Poor / Average / Good

Responsibility, Punctuality, Research aptitude & Team work

Poor / Average / Good

WORK DONE IN CAMPS.....No of cases.....

**Conduct & Attitude**

The conduct of Mr / Miss M. MEENAKSHI ..... in the department, with the

patients, Staff and Students was... Good

Date :

Professor and HOD

Professor & Head  
Dept. of Periodontics  
Chettinad Dental College & Research Institute  
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**DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS**

**WORK DONE**

Name of the Student.....M. MEENAKSHI.....

Period of the Done : From.....2/6/19..... To.....2/7/19.....

Work done	Total No. of Cases	Signature
1. Amalgam	3	
2. IRM	3	
GIC	4	
Composite - Diastema Closure - Posterior	10	
RCT - Anterior - Posterior	4 18	
Post & Core		
Periapical Surgery - Assisted - Done		
Cast Restorations		
Jacket Crowns		

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**CONSERVATIVE DENTISTRY**

Assessment Form

Name of the candidate: **M. MEENAKSHI**

Attendance:

Period of posting from **3.6.19** to **07.19** Total No of days.....

Total No. of days present:

Total No. of days absent / leave

**Clinical and academic work done**

No. of Amalgam restorations done..... **3**

No. of Composite restorations done ..... **10**

No. of Anterior RCT'S done ..... **4**

No. of premolar RCT'S done ..... **8**

No. of post and core done .....

No. of Esthetic correction done .....

No. of seminars taken.....

No. of Periapical surgery done.....

No. of cases discussed.....

No. of posters done.....

Proficiency of knowledge :

Poor / Average / Good ✓

Competency in clinical Skills:

Poor / Average / Good ✓

Responsibility, Punctuality, Research aptitude & Team work

Poor / Average / Good ✓

**WORK DONE IN CAMPS**..... No of cases.....

**Conduct & Attitude**

The conduct of Mr / Miss **M. MEENAKSHI**.....in the department, with the

patients, Staff and Students was **Good.**

Date : **3.10.18**

*[Signature]*  
Professor and HOD  
Professor & Head

Dept. of Conservative Dentistry  
Chettinad Dental College & Research Institut  
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**2.6.1 METHODS OF ASSESSMENT OF LEARNING OUTCOMES & GRADUATE ATTRIBUTES**

**INDEX**

Expt. No	Name of Experiment	Page No.	Date	Signature of staff
1.	The Compound Microscope	1	17/9/19	
2.	Hemocytometer	3	17/9/19	
3.	Red blood cell count	5	15/10/19	
4.	Total leukocyte count	7	17/10/19	
5.	Differential leukocyte count	8	18/2/19	
6.	Estimation of Haemoglobin	10	29/10/19	
7.	Determination of Bleeding time & clotting Time	11	21/1/19	
8.	Determination of blood groups	13	17/11/19	
9.	Examination of the cardiovascular system			
10.	Determination of Blood pressure	20	15/4/19	

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Date	Sl. No		Page No	Teacher's		
				Remarks	Signature	
	1.	General Instructions and Lab Safety Measures		}		
	2.	Pipettes				
	3.	Qualitative Analysis				
16/10/18		Reactions of carbohydrates	26	}	70	
23/10/18		Analysis of normal urine				
23/10/18		Colour reactions of normal constituents of urine	36			
16/11/18		Abnormal constituents of urine-I	40			
20/11/18		Abnormal constituents of urine-II	42			
27/11/18		Abnormal constituents of urine-III	44		70	
10/12/18		Abnormal constituents of urine-IV	46			
17/12/18		Abnormal constituents of urine-V	48		70	
	4.	Quantitative Analysis - Photometry				
29/12/18		Glucose estimation- I	66		70	
		Glucose estimation- II				
22/01/19		Creatinine estimation-I	70		70	
		Creatinine estimation-II				
		Total protein estimation-I			70	
		Total protein estimation-II				
	5.	OSPE STATIONS				
		specific gravity of urine			70	
		pH paper				
		Glucometer				
		Standard curve				

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S. No.	TOPIC	Page No.	Signature
1.	SIMPLE SQUAMOUS EPITHELIUM	2	
2.	SIMPLE CUBOIDAL EPITHELIUM	2	
3.	SIMPLE COLUMNAR EPITHELIUM	4	
4.	PSEUDO STRATIFIED CILATED COLUMNAR EPITHELIUM	4	
5.	STRATIFIED SQUAMOUS NON-KERATINISED EPITHELIUM	6	
6.	STRATIFIED SQUAMOUS KERATINISED EPITHELIUM	6	
7.	TRANSITIONAL EPITHELIUM-UROTHELIUM	8	
8.	SEROUS ACINI	8	
9.	MUCOUS GLAND	10	
10.	HYALINE CARTILAGE	10	
11.	YELLOW ELASTIC CARTILAGE	12	
12.	WHITE FIBROUS CARTILAGE	12	
13.	COMPACT BONE - C.S.	14	
14.	COMPACT BONE - C.S.	14	
15.	SKELETAL MUSCLE	16	
16.	SMOOTH MUSCLE	16	
17.	CARDIAC MUSCLE	18	
18.	SENSORY GANGLION	18	





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**NATURAL SIZE TOOTH CARVING**

S.No.	Tooth	SUBMISSION DATE	ASSESSMENT CRITERIA					SIGNATURE			
			1	2	3	4	5		TOTAL		
1	1 1 Tooth No. 11 & 21	20/12/18	2	1	2	2	1	8	[Signature]		
		20/12/18	2	1	2	2	1	8	[Signature]		
2	2 2 Tooth No. 12 & 22	1/1/2019	2	1	1	1	2	7	[Signature]		
		1/1/2019	2	1	1	1	2	7	[Signature]		
3	3 3 Tooth No. 13 & 23	7/2/2019	1	5	2	1	0	5	2	7	[Signature]
		8/2/2019	1	2	1	1	1	6	[Signature]		
4	4 4 Tooth No. 14 & 24	2/4/2019	2	2	2	2	2	10	[Signature]		
		2/4/2019	2	2	2	2	2	10	[Signature]		
5	5 5 Tooth No. 15 & 25	13/4/2019	2	2	2	2	2	10	[Signature]		
		13/4/2019	2	2	2	2	2	10	[Signature]		
TOTAL AVERAGE SCORE							8.3				

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S. No.	Date	Slide Diagram	Pg. No.	Assessment Criteria					Total	Signature
				Presentation (2)	Minor Details (2)	Viva (2)	Clinical Application (2)	Punctuality (2)		
1.	22/12/18	BUD STAGE	1	2	2	2	2	2	10	
2.	22/12/18	CAP STAGE	2	2	2	2	2	2	10	
3.	22/12/18	BELL STAGE INCREMENTAL	3	2	2	2	2	2	10	
4.	11/1/19	LINE OF RETZIUS ENAMEL	4	2	2	2	2	2	10	
5.	11/1/19	TUFT AND LAMELLA ENAMEL	5	2	2	2	2	2	10	
6.	11/1/19	SMOOTHED ENAMEL	6	2	2	2	2	2	10	
7.	22/1/19	ENAMEL SPINDLE	7	2	2	2	2	2	10	
8.	22/1/19	DENTIN ENAMEL JUNCTION	8	2	2	2	2	2	10	
9.	22/1/19	INTERLOBULAR DENTIN	9	2	2	2	2	2	10	

Note : Negative Marketing for > Late Submission of record.  
> Unsigned Observation.  
> Uncovered record





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### CLASPS

#### Definition :

Clasps are retention components in the removable appliances that act by engaging certain contours of teeth where there are undercuts. Buccal and (lingual cervical undercut. Mesial and (Distal) Proximal undercut.

#### Uses :

- To secure the appliance in position.
- To prevent rotation of appliance.
- To resist the force of displacement.
- To provide retention and anchorage.
- For Engaging clasps.

#### Ideal Requirements :

- Should provide adequate retention against displacement.
- Clasp should be passive.
- Should be easy to fabricate.
- Adjustment should be easy.
- It should not get dislodged easily due to frequent removal insertion of appliance.
- Clasp should be versatile and modification according to usage must be possible.
- Clasp should provide a clear unobstructed path and deciduous teeth also.
- Should function as anchorage point also if required.





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Properties :

Tarnish and corrosion resistance due to presence of chromium (12%) chromium forms strong oxide film on the surface that protects from the corrosion.

Modulus of elasticity - 160-180

Yield strength (MPa)  $\rightarrow$  1100-1300

Spring back  $\rightarrow$  0.006 - 0.009%

Economical and biocompatible can be soldered.

Gauge and wire thickness :





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**Plaque Index - Silness J and Loe H (1964)**

Date : 27/7/19

OPNo : 20190727004

Name : MRS. JANCY

Age : 24 YEARS Gender : FEMALE

**Oral Hygiene Practices:**

TYPE OF AID USED - Tooth brush, medium bristles  
TYPE OF MATERIAL - Colgate tooth paste, fluoride  
DURATION OF BRUSHING - 3 minutes  
METHOD OF BRUSHING - Horizontal & vertical strokes  
FREQUENCY OF BRUSHING - once daily  
FREQUENCY OF MANNING BRUSH - 2 months once  
AUXILIARY AIDS USED - Nil


17	16	15	14	13	12	11	21	22	23	24	25	26	27
1	1	1	1	1	1	1	1	1	1	1	1	1	1
1	2	1	1	1	2	1	1	1	2	1	1	1	2

47	46	45	44	43	42	41	31	32	33	34	35	36	37
1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	2	2	1	1	1	1	1	1	2

$$\text{Plaque Index} = \frac{\text{Sum of all indices of all teeth}}{\text{Total no. of teeth examined}}$$
$$= \frac{103.75}{28} = \frac{25.75}{7} = 0.9$$

Plaque Index Score - 0.9

Interpretation - PLAQUE STATUS OF AN INDIVIDUAL IS GOOD

  
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**Community Periodontal Index**

Date : 23/7/19

OP No : 201907230085

Name : MRS. SANTHANALAKSHMI Age : 44 YEARS Gender : FEMALE

**Oral Hygiene Practices :**

TYPE OF AID USED - Tooth Brush, soft bristles

TYPE OF MATERIAL - Dabur tooth paste, non-fluoridated

DURATION OF BRUSHING - 5 minutes

METHOD OF BRUSHING - Horizontal & vertical strokes

FREQUENCY OF BRUSHING - Twice daily

FREQUENCY OF CHANGING BRUSH - 3 month once

AUXILIARY AIDS USED - Nil

**CPI Score**

17/16	11	26/27
2	2	2
2	2	2
46/47	31	36/37

**Loss of attachment**

17/16	11	26/27
0	0	0
0	0	0
46/47	31	36/37

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**DRUG HISTORY:**

No Relevant history

**PAST DENTAL HISTORY:**

patient underwent clearing before 2 years in a private clinic and had uneventful experience

**FAMILY HISTORY:**

No Relevant history

**PERSONAL HABITS:**

	Quantity	Frequency	Duration
Smoking Tobacco	Nil	Nil	Nil
Chewing Tobacco	Nil	Nil	Nil
Alcohol	Nil	Nil	Nil

History of habit initiation - Nil

Attempts for Quitting tobacco / Alcohol - Nil

Site of placement of smokeless tobacco - Nil

**TOBACCO DEPENDANCE SCALE:**

**ADVERSE ORAL HABITS:**

Mouth Breathing - Nil

Thumb Sucking - Nil

Tongue Thrusting - Nil

Nail Biting - Nil

Others - Nil

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**DEPARTMENT OF PUBLIC HEALTH DENTISTRY  
CASE HISTORY**

S. No : 1      Date : 14/3/19      OP. No : 201903140094  
Name : MR. SARAVANAN      Age : 21 YEARS      Sex : MALE  
Education : B.E      Family Income : RS. 40,000/month      Occupation : STUDENT  
Religion : HINDU      PERCAPITA INCOME :  $\frac{40,000}{4} = \text{RS. } 10,000/\text{MONTH}$   
Address : NO. 10, SAIBABA KOVIL STREET, KELAMBAKKAM.      Contact No : 9904110923

**CHIEF COMPLAINT:**

patient complaints of deposits on his upper and lower tooth region for past 6 months.

**HISTORY OF PRESENTING ILLNESS:**

patient gives history of deposits on upper and lower tooth region for the past 6 months. Initially deposits were yellowish in colour, which gradually turned into yellowish brown in colour. patient did not have symptoms of bad breath and has no bleeding while brushing.

**MEDICAL HISTORY:**

No Relevant history

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ENDOCRINE DISORDERS					
<p><b>Diabetes Mellitus</b></p> <p><b>Diabetes</b> Diabetes mellitus is a metabolic disease characterized by chronic hyperglycemia, due to a deficiency of insulin or its action.</p> <p>It is classified into two types namely:</p> <p><b>Type 1:</b> Also known as insulin dependent diabetes mellitus, it is caused by an absolute deficiency of insulin production by the beta cells of the islets of Langerhans in the pancreas which results in the inability to use it for a normal metabolic rate and hence diabetes mellitus. Patients with type 1 diabetes mellitus present with symptoms of polyuria, polydipsia, polyphagia and weight loss in children.</p> <p><b>Type 2:</b> Also known as non insulin dependent diabetes mellitus, it is caused by peripheral resistance to insulin action, impaired insulin secretion, or a combination of both. This type of diabetes mellitus accounts for 90-95% of the total diabetes population.</p> <p><b>Prevalence:</b> Diabetes mellitus</p> <ol style="list-style-type: none"> <li>1. <b>Radiation induced hyperglycemia:</b> Radiation induced hyperglycemia should be treated as hyperglycemia.</li> <li>2. <b>Insulin dependent diabetes mellitus:</b> Insulin is indicated in all patients with type 1 diabetes mellitus. The normal fasting glucose level is 70-100 mg/dl.</li> <li>3. <b>Non insulin dependent diabetes mellitus:</b> The insulin should be one that is long acting.</li> <li>4. <b>Glucose tolerance test:</b> 4 hrs. - Normal 1 hr. - Good diabetes control 2 hrs. - Moderate diabetes control 3 hrs. - Severe diabetes control</li> </ol> <p><b>Precautions to be taken:</b> Diabetes mellitus</p> <ol style="list-style-type: none"> <li>1. Patients should be advised to bring the glucose to the normal level.</li> <li>2. If the pre-treatment glucose is low then advised, the patient is advised to take carbohydrate diet prior to the treatment. If the pre-treatment glucose is high then the treatment is postponed until the blood sugar is normal.</li> </ol> <p><b>The Management of the patient with hyperglycemia in the dental office:</b></p> <ol style="list-style-type: none"> <li>1. Provide approximately 1 g of oral carbohydrate to the patient.</li> <li>2. 1 or 2 g of juice or water.</li> <li>3. 1 or 2 g of table sugar.</li> <li>4. If the patient is unable to take food or drink by mouth, or if the patient is advised.</li> <li>5. Give 25 to 50 mg of 50% glucose subcutaneously (which provides 12.5 to 1.5 Cg of glucose).</li> <li>6. Give 1 mg of phloroglucinol subcutaneously (which provides 12.5 to 1.5 Cg of glucose).</li> <li>7. Give 1 mg of phloroglucinol subcutaneously (which provides 12.5 to 1.5 Cg of glucose).</li> </ol>		<p><b>Thyroid disorders</b></p> <p>In patients with the history of hyperthyroidism, goiter should be given iodine. Hyperthyroidism may cause tachycardia, increased cardiac output and myocardial infarction. Hyperthyroidism may also be caused by administration of radioactive iodine.</p>		<p><b>Adrenal insufficiency</b></p> <p>Adrenal insufficiency is associated with significant morbidity and mortality. The clinical manifestations of adrenal insufficiency include hypotension, fatigue and weakness, nausea, vomiting, hyponatremia, hyperkalemia, weight loss, and hypoglycemia. Patients with adrenal insufficiency should be given corticosteroids.</p>	
<p><b>RENAL DISEASES</b></p> <p>Renal failure is caused by glomerulonephritis, pyelonephritis, urinary tract infection, obstructive disease, drug nephropathy and hypertension. Renal failure may result in electrolyte imbalance, metabolic acidosis, pulmonary congestion, congestive heart failure and prolonged bleeding.</p> <ol style="list-style-type: none"> <li>1. Consult the physician.</li> <li>2. Monitor the blood pressure.</li> <li>3. Partial thromboplastin time (PTT), Prothrombin time (PT), bleeding time, glucose creatinine, urea nitrogen, blood urea nitrogen (BUN) and creatinine (Cr) should be monitored and serum creatinine (Cr) should be monitored.</li> <li>4. Dialysis and hemofiltration should be instituted.</li> <li>5. Nephrotoxic drugs like glomerulonephritis, aminoglycosides should not be given.</li> <li>6. Anesthetics as well as an analgesic and tranquilizers are given for sedation. Local anesthesia like lignocaine are safe.</li> </ol>	<p><b>LIVER DISEASES</b></p> <p>Liver diseases are caused by drug toxicity, infection, viral infection, alcoholism and fatty liver diseases.</p> <p>The following precautions are to be taken for patients with liver diseases:</p> <ol style="list-style-type: none"> <li>1. Screening for Hepatitis B and C.</li> <li>2. Check for PT, PTT.</li> </ol>	<p><b>PULMONARY DISEASES</b></p> <p>Pulmonary diseases include asthma, emphysema, bronchitis, pneumonia, tuberculosis, etc. The signs and symptoms of pulmonary disease are increased respiratory rate, cyanosis, clubbing of fingers, chest pain, hemoptysis, dyspnea, wheezing, etc.</p> <p><b>PRECAUTIONS TO BE TAKEN PRIOR TO DENTAL TREATMENT:</b></p> <ol style="list-style-type: none"> <li>1. <b>Asthma:</b> The acute respiratory distress syndrome, emphysema, and chronic obstructive pulmonary disease should not be treated until the pulmonary procedure is in progress.</li> <li>2. <b>Acute bilateral pleural effusion:</b> If the patient is unable to breathe, the patient should be intubated and ventilated.</li> <li>3. <b>Pneumonia:</b> Patients with acute bacterial pneumonia should not be treated until the pulmonary procedure is in progress.</li> </ol>	<p><b>OSINEG (IMPRESSION AND CEMENTATION)</b></p> <p>Tooth having poor prognosis should be extracted prior to chemotherapy.</p>	<p><b>RADIATION THERAPY</b></p> <p>The side effects of radiation therapy include mucositis, dermatitis, xeroderma, dry mouth, dysphagia, pulmonary fibrosis, radiation cataract, vascular changes, etc. The management of radiation therapy includes: 1. High dose radiation therapy should be avoided in the periodontal area. 2. High dose radiation therapy should be avoided in the periodontal area. 3. High dose radiation therapy should be avoided in the periodontal area.</p>	<p><b>PREGNANCY</b></p> <p>The aim of pre-treatment therapy for pregnant patients is to minimize the periodontal inflammation response related to pregnancy associated hormonal alterations. Maternal plaque control, scaling, root planing, and antibiotic therapy are the mainstay of periodontal treatment.</p> <p>The second trimester is a safer period to perform treatment.</p> <p><b>PRECAUTIONS TO BE TAKEN DURING DENTAL TREATMENT:</b></p> <ol style="list-style-type: none"> <li>1. Long standing appointments and periodontal surgical procedures should be avoided and postponed.</li> <li>2. At the onset of labor, the patient should be given analgesic, sedative and antibiotic therapy. The patient should be given analgesic, sedative and antibiotic therapy.</li> </ol>

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**SHORT CASE SHEET**  
**DEPARTMENT OF PERIODONTICS**

Name :	Mr. Naitty	Date :	2004-1P
Age / Sex :	14 / Female	O.P.No. :	2018072019
Occupation :	Student	Tel.No. :	9885637372
Address :	Perungalathur		

**CHIEF COMPLAINT :**

patient complains of deposits in his upper and lower tooth regions

**HISTORY OF PRESENTING ILLNESS :**

patient gives history of deposits in his upper and lower tooth regions

**PAST MEDICAL HISTORY :**

no relevant history

**PAST DENTAL HISTORY :**

First dental visit





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No.	Date	Name of the Patient	Treatment Done	Assessment	Signature
25	01-04-19	Anusha 27/F 201904210048	Complete Scaling done 9041 gum		
26	02-04-19	Mr. Lojanathan 67/M 20180309002	Complete Scaling done 9041 gum		
27	02-04-19	Mr. Rajish 30/M 201904020141	Complete Scaling done 9041 gum		
28	03-04-19	Mr. Rakesh 39/M 201904030115	Complete Scaling done 9041 gum		
29	03-04-19	Mr. Ramana 56/M 201904030083	Complete Scaling done 9041 gum		
30	04-04-19	Mr. Theerthan 23/M 201904040903	Complete Scaling done 9041 gum		
31	04-04-19	Mr. Venkatesh 29/M 201904040015	Complete Scaling done 9041 gum		
32	05-04-19	Mr. Nimal 58/M 201904050018	Complete Scaling done 9041 gum		

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**CASE HISTORY SHEET  
(EXODONTIA/ MINOR SURGICAL WORK)**

No. 3

Date: 21/2/19

Name: Mrs. Chinnila

Reg. No.: 201908270014

Age / Sex: 31 / female

Address: Padur, Kelambakkam

Occupation: Home - maker.

Chief complaints:

Patient complains of pain in her lower @ lower

teeth region for past one month.

History of present illness:

Relevant history:

No relevant history.

Medical / drug history: No relevant history.

Dental history: No relevant history.

History of drug allergy: No relevant history.

**PORT GENERAL EXAMINATION:**

General condition - Conscious, Cooperative and well-oriented.

Built - Moderately built

Temperature - Afebrile

Pulse - 60 beats/min

Respiration - 18 cycles/min

B.P. - 110/70 mmHg

Pallor - No signs of pallor.

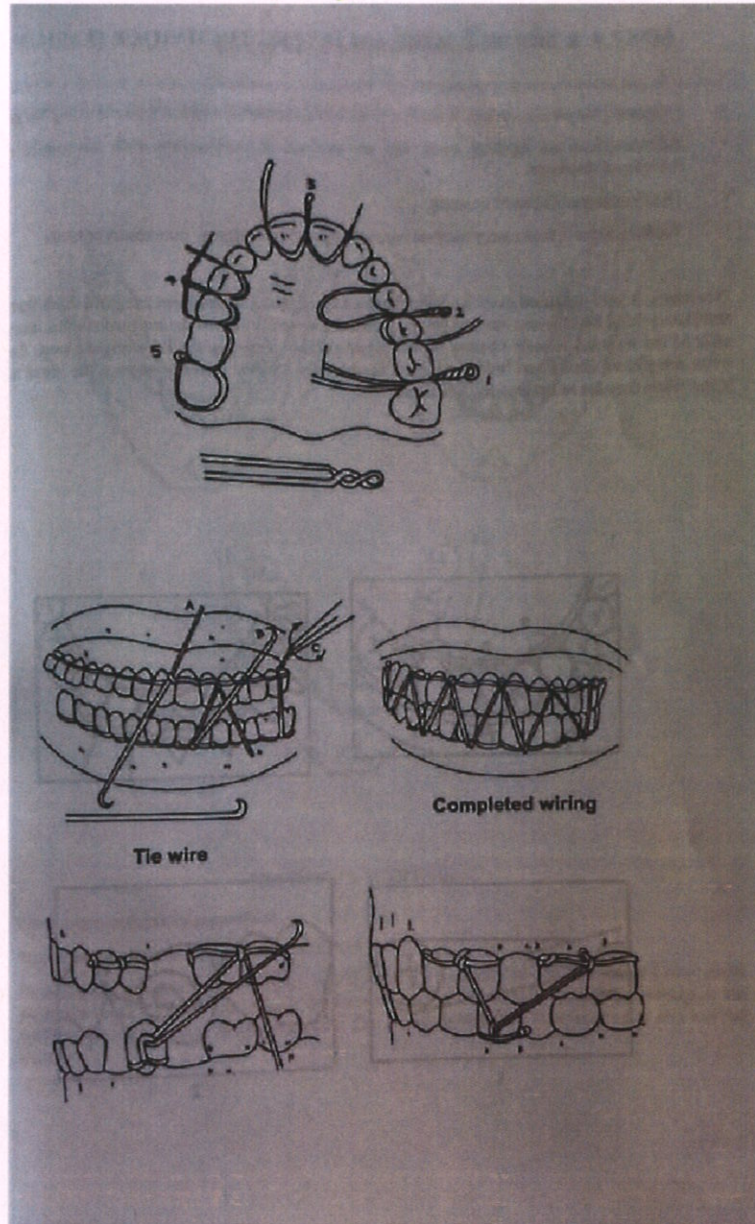
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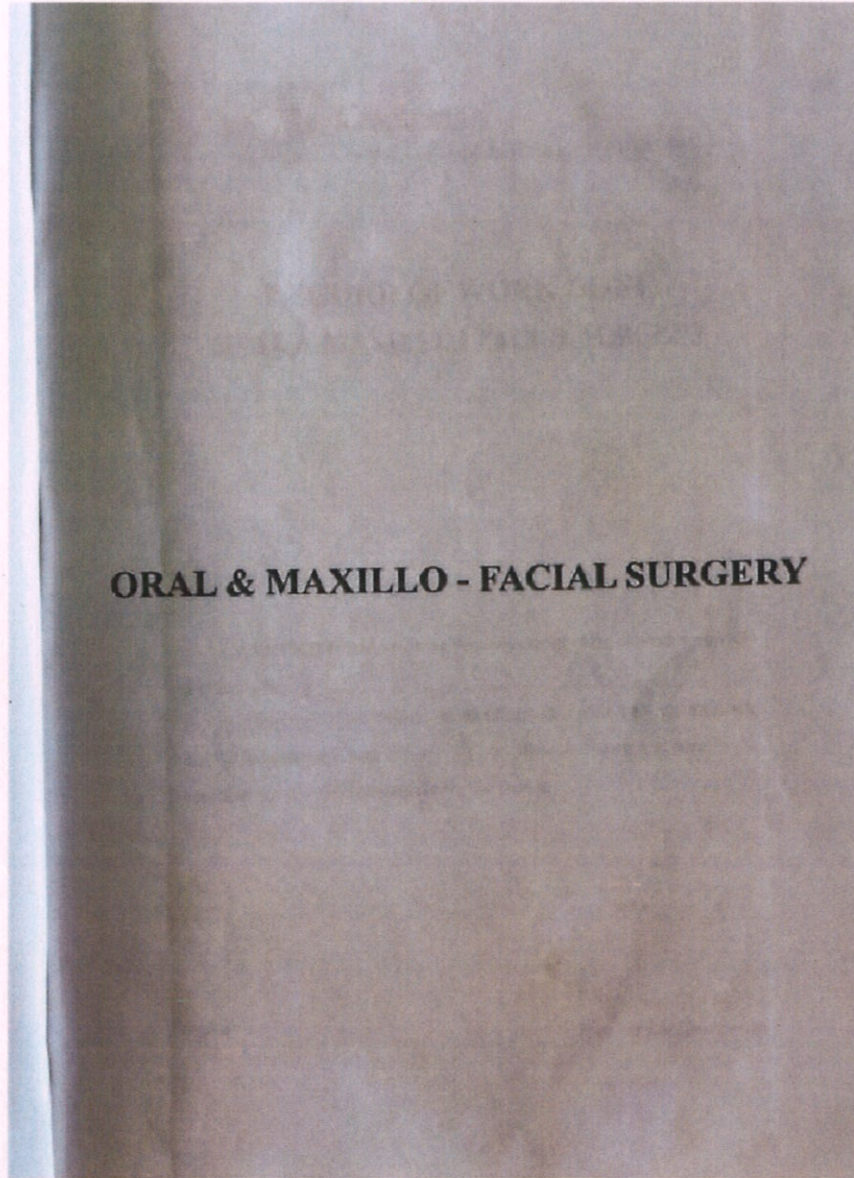
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S. No. 10

O.P. No. 20

Name: Mr. Shanmug

Age / Sex: 3

Type of radiograph *Dental periapical radiograph*

Radiographic Identification *of the given radiograph show an extra*

*oral periapical radiograph of mandible right corner & panoramic*  
*showing extra tooth structure of 11, 12, 13, 14*

Radiographic Interpretation

a. Normal Radiographic Anatomy:

*Diffuse radiolucency involving pulp chamber due*  
*to destruction & demineralization of enamel and dentin with*  
*- widened periodontal ligament space, break in the continuity lamina densa*

b. Radiographic Pathology: *is all to 12.*

*Oral periapical radiolucency with well defined*  
*silhouette borders that measure 1-2mm than 2-5mm is all to*  
*12.*

Radiographic Diagnosis *These radiographs feature suggestive of*

*periapical granuloma is all to 12.*

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**CASE SHEET**

S. No :  
Name: Mr. Dasappan  
Address: Pully  
Chief Complaint :  
OP. No: D/7/2/3/100 Date: 31.11.19  
Age / Sex: 61 / Male  
religion: Hindu Occupation: 18 months  
Income :

patient Complaint of pain and swelling in the upper left  
back tooth region, for the past 1 week.

History of Presenting illness:  
patient was apparently normal before 1 week. after which she  
developed pain in the upper left back tooth region, which was  
sudden in onset, intermittent in nature, & non-radiating,  
aggravated on chewing & did not relieve on medication, & it was  
associated with swelling.

Past Medical History :  
patient gives history of hypertension, on under  
medication for 10 years. and recent hypothyroidism. patient gives  
history of allergy, in continuation & on regulars. patient is  
under medication for asthma, & has also taken medicine for pain for past

Past Dental History :  
patient has visited the dentist for getting medication for pain, she  
also undergoes periradicular treatment five years ago.

Personal History:  
Smokes twice daily  
patient consumes mixed diet

Family History:  
no relevant history

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**ORAL MEDICINE DIAGNOSIS  
&  
RADIOLOGY**

**CLINICAL RECORD**

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### CLASPS

#### Definition :

Clasps are retention components in the removable appliances that act by engaging certain contoured areas of teeth whose axes are considered Buccal and (lingual cervical undercut. Mesial and Distal Proximal undercut

#### Uses :

- To secure the appliance in position -
- To prevent rotation of appliance.
- To resist the force of displacement.
- To provide retention and anchorage
- For Engaging clasps

#### Ideal Requirements:

- Should provide adequate resistance against displacement
- Clasp should be passive.
- Should be easy to fabricate.
- Adjustment should be easy.
- It should not get dislodged easily due to frequent removal insertion of appliance
- Clasp should be versatile and modification according to usage must be possible.
- Clasp should promote retention in partially erupted and deciduous teeth also
- Should function as anchorage part also if required





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Composition :

TYPES :	CHROMIUM	NICKEL	CARBON
Ferritic →	11.5 - 27%	0	0.2% max.
Austenitic →	16 - 26%	7 - 22%	0 - 2.5%
Martensitic →	11.5 - 27%	0 - 25%	0.15 - 1.2%

Remain is compound of iron, carbon, phosphorus,

Uses : sulphur, manganese, barium

Martensitic stainless steel are used for surgical and cutting instrument and bus shanks

18-8 stainless steel are commonly used for orthodontic and pedodontic in the form of wire (Austenitic type 316 is used for implant)

Advantages :

Excellent formability

Resistant to corrosion

Lower cost.

Austenitic steel is preferable to ferritic stainless steel for the dental appliance because in addition to reasonable cost, it possess the following excellent properties.

Greater ductility.

Ability to undergo more cold work without fracture

Containing strengthening during cold work

Ability to overcome sensitization

Ease in forming