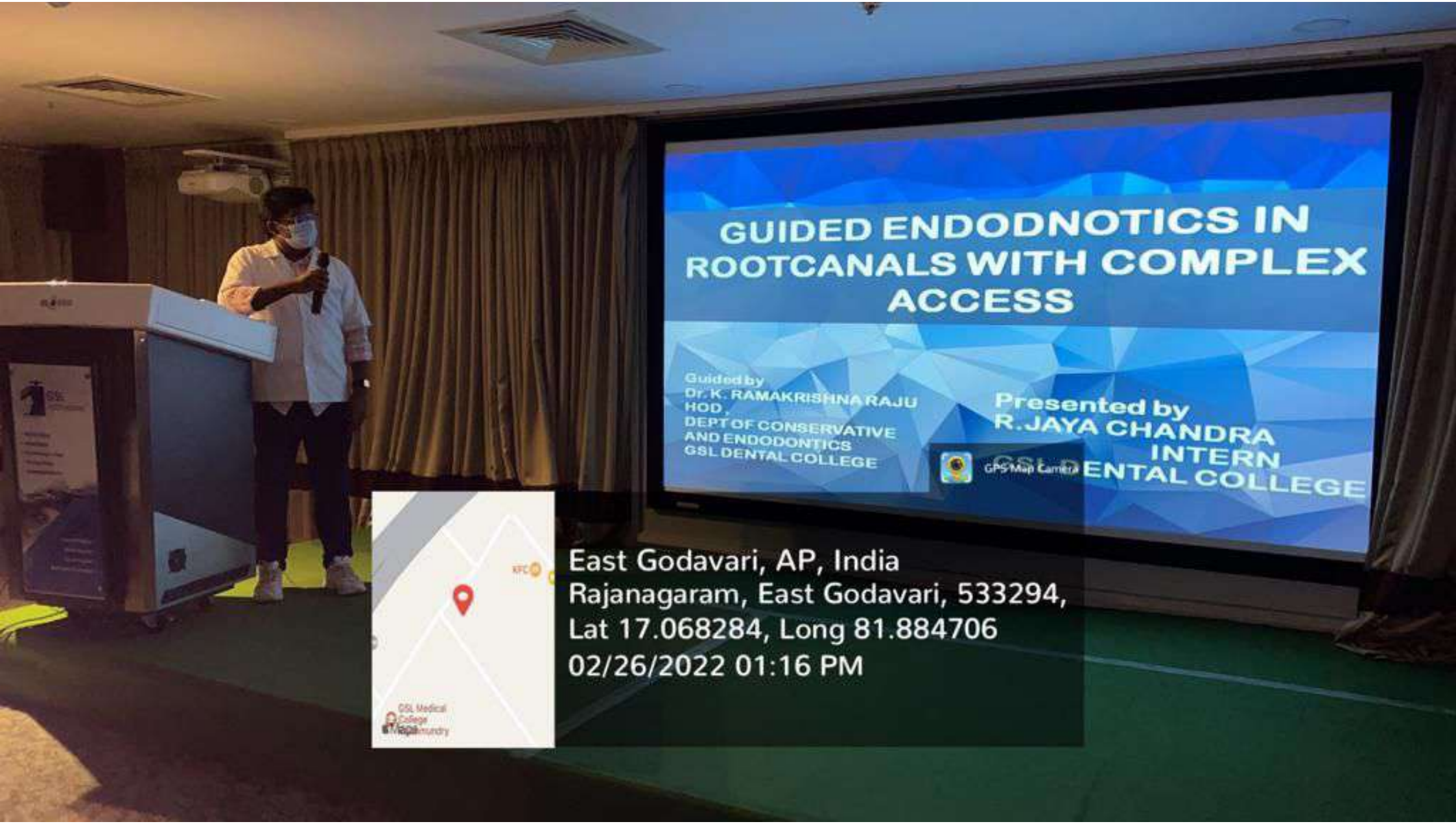
GUIDED ENDODNOTICS IN ROOTCANALS WITH COMPLEX ACCESS
Guided by
Dr. K. RAMAKRISHNA RAJU
HOD ,
DEPT OF CONSERVATIVE AND ENDODONTICS
GSL DENTAL COLLEGE
Presented by
R.JAYA CHANDRA
INTERN
GSL DENTAL COLLEGE
GPS Map Camera
East Godavari, AP, India
Rajanagaram, East Godavari, 533294,
Lat 17.068284, Long 81.884706
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BENEFITS OF QUITING SMOKE / ధూమపానం మానుట వల్ల కలిగే లాభాలు
పొగాకు మానడం ఎలా? (How to Quit Tobacco)
TOBACCO AND IT'S IMPACT ON HUMAN LIFE
PASSIVE SMOKING
41% male & 39% female in India are exposed to second-hand smoking at home
35% adults in india consume tobacco in some form
32% Indian male and 19% female are exposed to second hand smoke at work
Tobacco kills 1.3 million people in South East Asia region every year, this includes those who never smoked
33% men in the WHO South East Asia region are tobacco smokers
EFFECTS OF SM
నికోటిన్ గమ్ Nicotine
office


FRAGMENT REATTACHMENT
INSCIOR
GPS Map Camera
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Jagannadhapuram Agraharam, Andhra Pradesh, India
Gsl In-campus St, Jagannadhapuram Agraharam, Andhra Pradesh
533294, India
Lat 17.067843°
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26/02/22 08:29 AM


SEVERE INTERNAL RESORPTION
WITH SUBSEQUENT PERIAPICAL
PATHOLOGY
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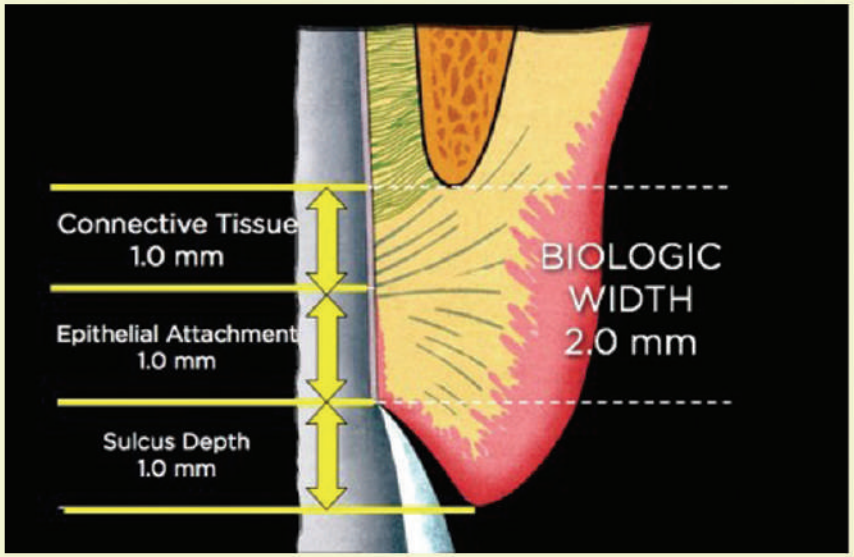
Maps

BIOLOGIC WIDTH

Defintion:-The biologic width is defined as the dimension of space that the healthy gingival tissue occupy between the base of sulcus and underlying alveolar bone and is comprised of junctional epithelial attachment and connective tissue attachment .



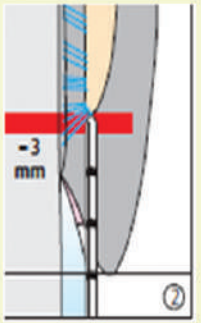
Biologic Width

- Normal value =2.04mm
- It may vary from 0.75-4.02 mm

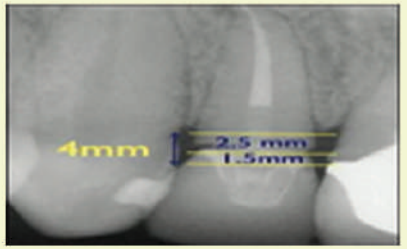
EVALUATION:

1.SOUNDING TO BONE :

Probe is pushed through the anesthetized attachment tissue from sulcus to underlying bone. If distance - <2mm at one or more locations the violation if biologic width is confirmed.



2.RADIOGRAPH



Violation

1.Unpredictable bone loss
2.Gingival recession
3.Persistance of gingivitis

-BODY ATTEMPTS TO RECREATE THE BIOLOGIC WIDTH

Correction

1.Surgical crown lengthening
  a) external bevel gingivectomy
  b) internal bevel gingivectomy
2.Apical repostioned flap surgery and bone contouring
3.Orthodontic extrusion of teeth

Department of Periodontics
GSL Dental College and Hospital

Y.Sushmitha, Y.Pujitha, Y.Ajay
(2k13 Batch)

Dental Calculus

WHAT IS CALCULUS ???

Calculus consists of mineralised bacterial plaque that forms on surface of natural teeth & dental prosthesis.

COMPOSITION

Inorganic

- 76% Calcium phosphate
- 3% Calcium carbonate

Traces:

- Magnesium phosphate

Organic

- Protein-poly saccharide Complex
- Desquamated Epithelial Cells
- Micro Organisms.

FORMATION

Plaque Formation
↓ Between 1 -14 days
Calcification of plaque
↓ Between 4 -8 hr
Mineralisation
↓ 50% - 2 Days
60% - 90% - 12 Days
Calculus

TYPES

	Location	Colour	Consistency	Attachment
Subgingival	Below crest of marginal gingiva	Greenish black/ Dark Brown	Hard & Dense	Firm
Supragingival	Coronal to gingival margin	White/Whitish Yellow	Hard with clay like consistency.	Easily detached from tooth Surface.

Common sites:

Buccal surfaces of maxillary molars

Lingual surfaces of mandibular anteriors

Predisposing Factors

1. Poor oral hygiene
2. Sugar diet
3. Old age
4. Gingival recession
5. Plaque
6. Systemic diseases like diabetes
7. Use of tetracycline medications

Complications

1. Dental caries
2. Gingivitis
3. Periodontitis
4. Periodontal attachment loss
5. Bad breath
6. Pus & abscess if untreated

Management

Scaling & Root planing using ultrasonic & hand scalers.

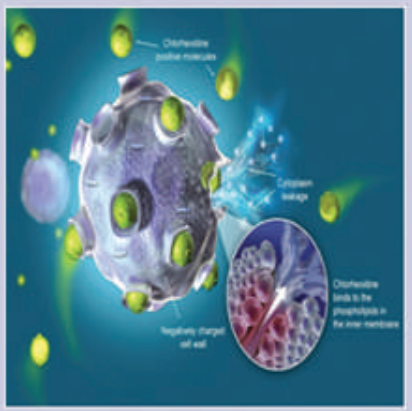
DEPARTMENT OF PERIODONTICS
GSL DENTAL COLLEGE & HOSPITAL

Guided by
Dr. T.S.S.Manikanta
Dr. M.Anupama

Presentedy by 2K13 Batch
M.Vidya, M.N.Charishma, Megha,
K.SumaBindu, K.Navyaka.

Chlorhexidine In Periodontics

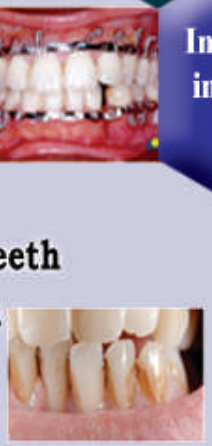
MECHANISM OF ACTION



- The positively charged chlorhexidine molecule is attracted to the negatively charged phospholipids in the cell wall.
- This causes rupture of cell wall resulting in lysis and cell death.

ADVERSE EFFECTS

- Brownish staining of teeth
- Loss of taste sensation
- Parotid duct stenosis
- Oral mucosal erosions



To control gingivitis

High risk caries patients

Patients receiving fixed orthodontic appliances

Previously used as a disinfectant

Improving oral hygiene of PHC

To control periodontitis

Oral malodor management

In patients with intermaxillary fixation

Professionally used in local drug delivery

Patients predisposed to oral candidiasis

Preoperative rinsing decreases bacterial load

Should be used for a period of time after oral surgery

DOSE

10 ml of 0.2%CHX
used in 1:1 dilution
0.12% as oral rinse solution
4% as disinfectant

USAGE

Rinsing should be done daily twice (morning & evening) for 30sec

INSTRUCTIONS

Interval between tooth brushing & rinsing with chlorhexidine should be more than 30 min

Should not take any food for the next 30 min after rinsing

GSL Dental College and Hospital
Department of Periodontics

Guided by:
Dr.T.S.S.Manikanta kumar, Dr.M.Anupama

Presented by:
Rohini.N, N.Santhoshi
2K13


OMFS


STORAGE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N.H. - 16, LAKSHMIPURAM, RAJAHMAHENDRAVARAM
BE WISE
జాతీయ సేవా పథకము
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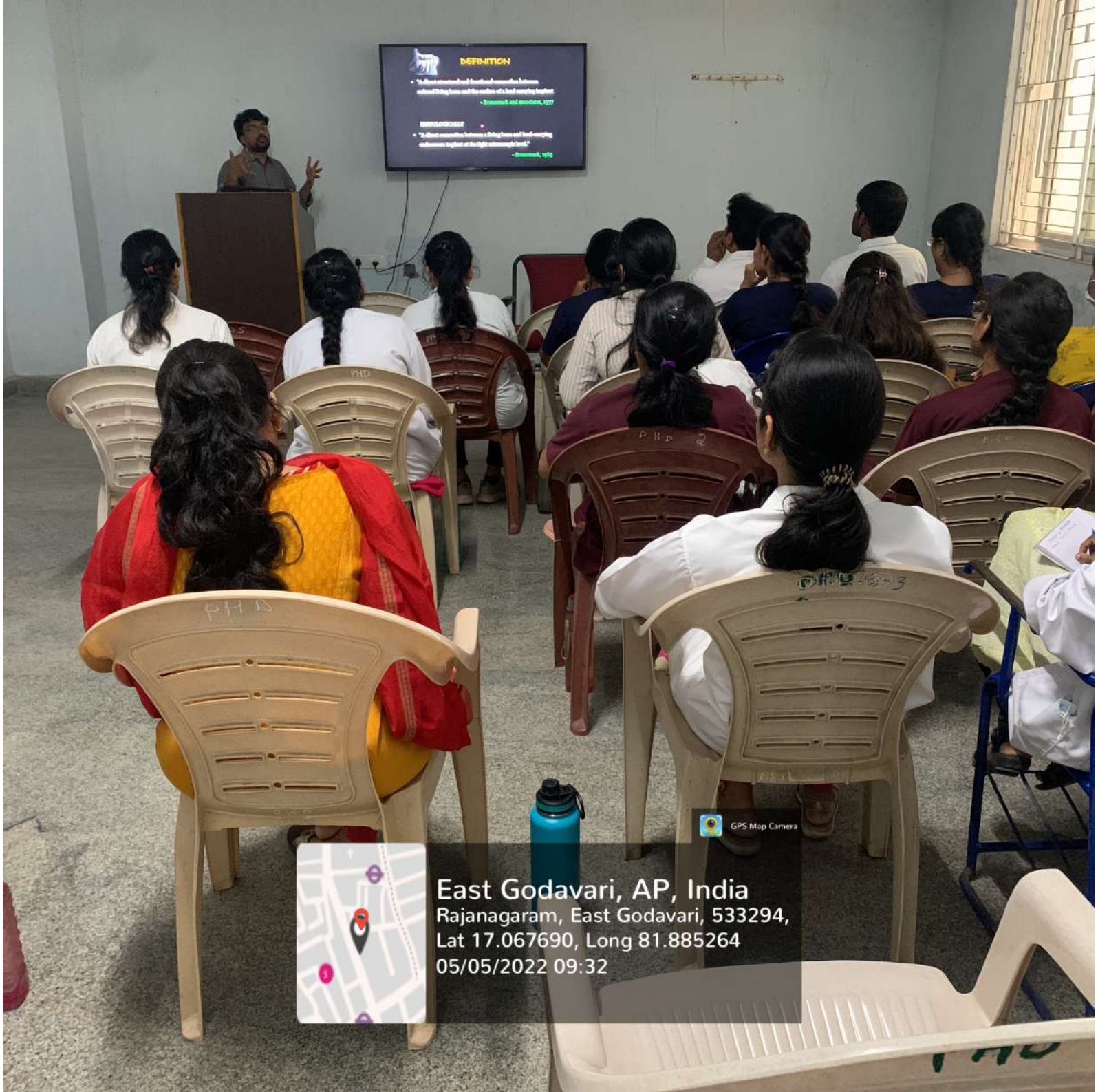
DEFINITION
PHD
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GPS Map Camera
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Cancer Hospital
Multi Specialty Hospital