



## DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS

### ECOSYSTEM

Department of Conservative Dentistry & Endodontics encourages undergraduate & postgraduate students and staff members to actively participate in the research activities, scientific presentations at international/national conferences, and publication of articles in well indexed and peer reviewed research journals. The department is equipped with modern equipment's like surgical operating microscope, loupes, Thermoplasticized Obturating System, Ultrasonic Piezosurgery Unit, in-office bleaching unit, woodpecker cordless plugger and obtura gun etc., that will aid in carrying out research activities. The department also has a preclinical simulating lab with phantom head and ceramic lab, which can be used for research activities. Varieties of programmes are regularly organized by the department to impart the importance of innovative research onto its students. The students are encouraged for presentation of papers/posters/ table-top clinics in department on various occasions, conference and conventions. we have organized various events like poster/paper presentation, quiz competition, debate, theme-based art competition to develop their presenting & creative skills for undergraduate & post graduate students. Interdepartmental meets are organized to impart the interdisciplinary knowledge among the post graduate students and to encourage them for collaborative research. Seminars are conducted every week to upgrade knowledge in the field every week for postgraduate/ undergraduate students. Journal clubs are also conducted for post graduate students. The postgraduate students and undergraduate students are encouraged to carry out short term research projects under the guidance of faculty and present in various conferences and publish the same. The students and staff are also encouraged to apply for research grants. Department has awarded with research grants for short studies for Undergraduate students, and also for faculty to carry out the research project by various funding government agencies. Our postgraduate students & staff have presented paper/posters at several conferences and awards were also received as "Best Scientific Presentation" and published enormous number of research papers in esteemed journals.

### UNDER GRADUATE RESEARCH PROJECTS

Year	Student Name	Research title	Guided by
2021	Ms. Nisarga D R	Evaluation of salivary alpha amylase stress biomarker levels in patients with symptomatic and asymptomatic irreversible pulpitis- A clinico biochemical study	Prof Dr Rahul Halkai
	Ms. Sara Abdul Wahab	Evaluation of microleakage in	



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2021	Shaikh	Class V cavities restored with chitosan nanoparticle incorporated novel self-adhesive composite resin- An Invitro study	Dr Kiran R Halkai
2021	Interns- Dr Ameera Bashmina Dr Rukhsar Dr Ambika	Impact of second wave of covid-19 on psychology of dental students and their awareness & attitude towards covid 19 Vaccination among dental schools in Kalaburgi sub population.	Dr Kiran R Halkai. & Prof Dr Rahul Halkai

**UNDERGRADUATE POSTER PRESENTATIONS**

SR NO	TITLE OF POSTER	PRESENTED BY
1.	Composite Veneers	Afaf Mohammed Rafiq, Amreen Sultana & Aziza Fatima
2.	Management of Diastemas	Ghazala Jabeen, GhaziyaIram & Hafsa Fatima
3.	Posterior Composites	Humaira, Kishwer Sameen & LaibaNajam Qureshi
4.	Treatment options of fractured anterior teeth	Maniza Fatima, Mir Kausar Azam & Mohammed Abdul Wasey
5.	Tooth whitening aids	NaheedaTanveer, Neha Samreen & Nida Saher
6.	Preventive measures in restorative dentistry	Rumaisa Rehman, Sarah Nisa & Shaik Afreen Nikhat
7.	Isolation	Shivani Kulkarni, Syed Ahmed Farazuddin & Syed Akhtar Jaleel
8.	Traumatic Injuries	Syeda Amtul Razeeqa, Fatima Fairoz & Hafsa Khan
9.	Non-carious lesions	Marwa Hashmi, Shireen Fatima & Sumaen Khan
10.	Recent advances in caries removal	Syeda Ayesha Ilyas, Syeda Safoora & Drabe Ushab Durrani

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11.	Various Matrix Systems	Ansari Farheen Abdul Shahid, AafiyaNaaz, AnukapallyMadhukiran, Asiya Begum & AtifaRoohi
12.	Difference between Amalgam and Cast Restorations	Ayesha Siddiqa, BushraBandenawaz, EramKhanam, HajaraFarzeen & Harsha
13.	Pit and Fissure Sealants	HumeraTaqzet, LaxmiBiradar, MayadaMahnaz, Mohd Sayeed Sufyanuddin & Mubashara Fatima Qureshi
14.	Anterior Composite restorations	Nalbund Mohammed Afzan, Neelamma, Neha Tabassum Qureshi , PallaviHolal & Porinima
15.	G.V. Black's Classification	Priynka M K, Raj RajeswariRathod, Reva Taskeen, SadiyaKhanem & ShahindaNawal
16.	Calcium Hydroxide	Syeda RafiaZainub, ZebaShahana, AayunNoorain, AdilaMunawar & Adithya SK
17.	Chair positions and Rests	Alka S Paul, Amtul Haseeb, AneequaMehreen, Anjali Anil & AsmaNahid
18.	Internal Tooth Anatomy	AsmaTahseen, Ayesha Aiman, Bibi Ayesha Mulla, ChabukSawar Shaik Jannat Hussain & Epperi Mohammed Fahad
19.	Sturdevant instrument Classification	Ezhilmani J, FareehaShakeel, Fatima Kausar, Gokulamul K.P & Gopika Krishna
20.	Manipulation of amalgam	Hemanth Kumar H, IshrathAnjum, Ismat Jahan Mohammed Irfan Mulla JavcriaShafin Abdul Majid & Kazi Ruhi Majid
21.	Dentifrices-Classifiction and composition	Kotkunde Saymabanu, MadihaZoha, Malivaka M Mohan, Maryam Habib Sayeda & Meezath Ayesha
22.	Mercury Hygiene	Mehraaz, Mirza FarhatullahBaig,



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		Mohammadi Begum, Mohd Asif & Mujeeb Anwar
23.	Direct and Indirect Pulp capping	NadafSimranShukur, Nida Harmain Khan, Pooja B H, Saba Begum & Saima Parveen
24.	Materials used in endodontics	Sayyad Ayesha Yunus, Shaik AdibaTamkeen, Shaik MasiraNusrat, Shaik Moina Mubeen, Shaik Neelofhar
25.	Grham and Mounts Classification	Shaikh Rahiba, Shaikh Sabiya, Shaikh UmerFarooque, ShaistaTabassum & Siddiqui MahaShadab
26.	Enameloplasty, Prophylactic Odontomy, Preventive Resin Restorative and ART	Sumayya Sadaf, Syed KhajaNaseeruddin Syed MuzakirUllahHussaini, Syed Nadiya & Syeda MalihaMinhaj
27.	Steps in Cavity Preparation	Syeda Waseema Syeda Zeba Fatima, TamboliUzma Abdul Aziz, Tanzeela Fatima & Tayyaba Fatima

**UNDERGRADUATE TABLE TOP PRESENTATIONS**

SL NO	NAME OF STUDENT	TABLE TOP PRESENTATION
I.	Maherukh ahmad, Ria gadgikar Farhana, Ghazala Kulsum Harshitha M, Shaikh mohammed Naoman	Dental Tree
II.	Aaqila Siddiqi, Nikitha Mohan Sara Abdul Shaikh, Fathima Zohra Zainab ansari , Abdul Haleem	Caries progression
III.	Noothan M.S, SaniYa Tabassum Zoha Fatima, Madiha Zainab Aatefa Rumman, Patel Nusrat Jahan	Root Canal Treatment
IV.	Saba Samreen, Ume Zoha Tasmena Ayesha Maniyar, Ayesha Samreen Fariya Warda, Shaikh Mohammed Parvez	Dental Clinic Setup
V.	Namrata Tukade, Zoha Khan Nausheen Tabbassum, Bhavana Mohammed Kaif Ayan, Irshana Begum	Progression of Caries





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VI.	Syed Muskan, Zeba Taj Shagufta Yasmeen, Mohammed Shoaib Rizvi, Sumayya Anjum, Mohammed Shafiuddin	Ellis Classification
VII.	Jaweriya Fatima, Qadeeja Fariya Asma Noorain, Muskan Syeda Sumaiyya Tasmeen	Non Carious Lesions
VIII.	Divya Sajjan, Aishwarya Akshita, Bibi Safoora Sadaf Shubham Jain	Stamp Technique
IX.	Indumati , Akshata Sanjana B, Amir Moin Khan Patel Mohammed Atib Anus, Shankaragowda	Dento – Alveolar Fractures
X.	Zainab Abdul Shukoor, Hajira Abdul Nasir Asma Shakeel Khasder, Daniya Raneem Bibi Zainab Roaman, Bushra Fatima Siddiqui	Post & Core Treatment

### **UNDERGRADUATE QUIZ PROGRAMME**

**(Year 2016-2017)**

#### **Round 1 - Multiple Choice Questions (10 Questions)**

1. Occlusion means bringing the jaws together during.  
A) Function  
B) Parafunction  
C )Function & Parafunction  
D) Non of the above

Answer – C

2. Diagnosis of cracked tooth is done by:  
A) Biting on solid object and release of pressure  
B) Only during bites  
C) Percussion  
D) All of the above



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Answer – A

3. Percentage of pit and fissure caries in children is:
- A) 60% to 70%
  - B) 50% to 60%
  - C) 80% to 90%
  - D) 40% to 60%

Answer – C

4. A bacteria not associated with caries process is:
- A) Streptococcus Mutans
  - B) Lactobacillus Acidophilus
  - C) Staphylococcus Aureus
  - D) Actinomyces

Answer – C

5. Rarefaction in the lower premolar area is most likely to be:
- A) Definite Pathology
  - B) Torus Mandibularis
  - C) Possible Mental Foramen
  - D) Root Fracture

Answer – C

6. Irreversible Pulpitis can be diagnosed by:
- A) A Moderate response to percussion
  - B) A strong painful response to cold that lingers
  - C) A strong painful response to cold
  - D) Painful response to heat

Answer – B

7. Which of following is correct about the calcification of the pulp:
- A) Is a response to aging
  - B) Does not relate to the periodontal condition
  - C) Precedes internal resorption
  - D) Indicates the presence of extra canal

Answer – A

8. Extra canals during root canal treatment:
- A) Are rarely found in molar teeth





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- B) Are often found in molar teeth
- C) If not found, have little effect on the success of root canal treatment
- D) Are often found in upper teeth

Answer – B

9. X- Rays during endodontic therapy:
- A) has no place for fast, sensitive speed film.
  - B) is minimized with RadioVisioGraphy
  - C) is unnecessary
  - D) Does not require informed consent.

Answer – B

10. Osteolytic lesions seen in radiograph can be mistaken for:
- A) Granuloma
  - B) Cyst
  - C) Cementum
  - D) All of the above

Answer – D

**Round 2– Rapid fire round(05 Questions)**

1. Altering the design of K-files from square to rhomboid results in a stronger:  
Ans- Flexibility
2. The temperature of the Gutta-Percha extruded from the thermoplastic injection system:  
Ans- 160 degree
3. Ideally the volume of irrigant required to flush the canal is:  
Ans- 1 to 2 ml
4. The amount of water present in pulp is:  
Ans – 90%
5. Nerve supply of the pulp is by:  
Ans – Alpha Delta fibres



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### PARTICIPANTS

Batch A	Batch B	Batch C	Batch D
Mohd Azher	Shugufta Arshad	Zeba Nousheen	Nazia Farheen
Md. Asad	Syed Mohd Rizwan	Almadani Meena	Sadaf Fatima Khan
Bhagat Tanvira Aziz	Syeda Lubna Fatima	Amtul Azeem Safia	Samina Nusrat Hussain
Hiba Fayaz	Asfiya Amreen	Ayesha Fathima	Shaik Namreena Tabassum
Md Sarfaraz Ayub	Nabeela Nayyareen	Divya Mishra	Syed Sami uz zama
Darabe Ushab Durrani	Pooja Rathod	Fareeha Azam	Syeda Madiha Sami
Khan Huma Parveen	Rana Hijaab	Fazila Siddiqui	Zainab
Sabur Salman Ravani	Shreedevi P	Maheen Abdul Jaleel K	Zuha Maheen
Summaiya Mohiuddin	Syeda Ayesha Fathima	Maria Suleman	Anjum Sana
Syed Nazimuddin	Zainab Safoora	Md. Nehal Naimatullah	

### RESULTS

<u>Batch</u>	<u>Obtained Marks</u>		<u>Total</u>
	<u>Round 1</u>	<u>Round 2</u>	
<b>A</b>	02	03	05
<b>B</b>	02	00	02
<b>C</b>	05	01	06
<b>D</b>	06	01	07

<b>Winner</b>	Batch D
<b>1<sup>st</sup> Runner UP</b>	Batch C
<b>2<sup>nd</sup> Runner UP</b>	Batch A





**(Year 2017-2018)**

**Round 1 - Multiple Choice Questions (10 Questions)**

1. Most effective treatment in preventing pit & fissure caries is:
- A) Local fluoride application
  - B) Systemic Water Flouridation
  - C) Pit & Fissure sealant
  - D) Enameloplasty

Answer – C

2. KHN of Enamel is:
- A) 9-100
  - B) 100-50
  - C) 353
  - D) 260

Answer – C

3. The single most important fracture in forming cariogenic plaque is:
- A) High amount of glucose exposure
  - B) High frequency of glucose exposure
  - C) High amount of sucrose exposure
  - D) High frequency of sucrose exposure

Answer – D

4. From the following, the highest percentage of pulp necrosis seen in:
- A) Class V preparations on root surface
  - B) Inlay preparations
  - C) Partial veneer restorations
  - D) Full crown preparations

Answer – D

5. Acid etching the dentin prior to restorations:
- A) Protects the pulp from bacterial invasion
  - B) Enhances bacterial penetration of dentin
  - C) Destroys odontoblastic process in the dentinal tubules
  - D) Decreases the pulp response to restorations

Answer – B.

6. Patients complaining of hypersensitivity are best treated by:
- A) Opening tubules to permit the release of intrapulpal pressure
  - B) Root planning to remove surface layers that are hypersensitive
  - C) Applying anti-inflammatory agents to exposed dentin
  - D) Blocking exposed tubules on the dentin surface



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Answer – D.

7. Most common drawback of amalgam restoration is
- A) Shrinkage on setting
  - B) Marginal breakdown
  - C) Porosity
  - D) Secondary Expansion

Answer – B.

8. The second most susceptible area of the tooth to caries is
- A) Buccal and lingual pits of molar
  - B) Pit & Fissures
  - C) Proximal surface gingival to contact area
  - D) Facial and Lingual smooth surface area

Answer – C.

9. Caries control refers to
- A) Removal of infected tooth surface
  - B) Medicating teeth
  - C) Restoring teeth with temporary material
  - D) All of the above

Answer – D.

10. Replanted avulsed teeth without pulpectomy usually result in:
- A) Revascularization of pulp space
  - B) Surface resorption
  - C) Inflammatory resorption
  - D) Ankylosis

Answer – C.

**Round 2– Rapid fire round(05 Questions)**

1. The dental amalgam alloys and mercury are mixed in ration of :  
Ans – 1:1
2. The light cure system the wavelength of radiation is in excess of:  
Ans – 400 nm
3. How soon after the contamination of moisture the amalgam starts expanding:  
Ans – 3-5 days
4. Which cells are resoponsible for root resorption:  
Ans – Osteoclast
5. Intercuspal width ideally for Amalgam cavity should be :  
Ans –  $\frac{1}{4}$  of Interuspal distance





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### PARTICIPANTS

Batch A	Batch B	Batch C	Batch D
Hiba Fayaz	Asrar Ahmed Iqbal	Farheen Banu	Saman Ara Mujahid
Afifa Anjum	Bushra Jabbar Mohammadi	Labiqua Banu	Samreen Fatima
Mohd Abdul Khader	Farheen Banu	Naseha Nazeer	Shashikala Basawaraj
Akshata Malagahan	Labiqua Banu	Priyanka Jain	Shilpi Valakindi
Arpita R Konek	Naseha Nazeer	S. Firdoush Reshma	Soumya Revanasiddappa Kakkeri
Asfiya Siraj	Bushra Jabbar Mohammad	Saima Faatima	Sumaiya Mujahed Khan
Syed Haroon Hussain	Syed Haroon Hussain	Syed Haroon Hussain	Syed Haroon Hussain

### RESULTS

<u>Batch</u>	<u>Obtained Marks</u>		<u>Total</u>
	Round 1	Round 2	
<b>A</b>	04	02	06
<b>B</b>	06	01	07
<b>C</b>	03	02	05
<b>D</b>	02	00	03

<b>Winner</b>	Batch B
<b>1<sup>st</sup> Runner UP</b>	Batch A
<b>2<sup>nd</sup> Runner UP</b>	Batch C



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**(Year 2018-2019)**

**Round 1 - Multiple Choice Questions (10 Questions)**

1. Resistance form of cavity preparation is:  
A) Flat pulpal floor  
B) Proper depth of the cavity  
C) Restricted size of the cavity walls  
D) All of the above

Answer – D.

2. High viscosity GIC was discovered in:  
A) 1990  
B) 1970  
C) 1980  
D) 2000

Answer – A.

3. Radioopacity of composite is imparted by:  
A) Silica  
B) Oxides of zircon  
C) Oxides of Strontium  
D) Dimethylglyoxine

Answer – B.

- 4.Ormocer, true is  
A) Non-metallic organically modified ceramic  
B) Metallic organically modified ceramic  
C) Hybrid ionomers  
D) Organically modified cement

Answer – A

5. The access cavity of the maxillary central incisor is  
A) Below Cingulum  
B) Just coronal to the cingulum  
C) To include the marginal ridge  
D) With a slow speed bur

Answer – B.

6. Calcium Hydroxide:  
A) Is the material of choice for direct pulp capping  
B) May cause the calcification of the remaining pulp tissue  
C) Does not enter in the calcification of the dentin  
D) All of the above





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Answer – C.

7. Consideration of endodontic treatment on primary tooth include:
- A) Profound anaesthesia at the first appointment
  - B) Prevention of overfilling and overinstrumentation
  - C) Three dimensional obturation with gutta pech
  - D) All of the above

Answer – B.

8. The disadvantage of CAD-CAM restoration is
- A) More porosity
  - B) Patient acceptance is less
  - C) Lack of computer controlled computer support
  - D) Low abrasiveness

Answer – C.

9. The colour of root caries is usually except :
- A) Black
  - B) Orange
  - C) Yellow
  - D) Brown

Answer – B.

10. Regarding endodontic treatment in elderly patient:
- A) One appointment procedures are advantageous
  - B) Frequent appointments of short duration are advantageous
  - C) RCT is more traumatic than extraction
  - D) Intraligamentary injection is recommended

Answer – A.

**Round 2– Rapid fire round(05 Questions)**

- 1. Nd:YAG laser has a wavelength of:  
Ans – 1.06 micrometer
- 2. The recommended rubber dam retainer for maxillary teeth is:  
Ans – W8
- 3. Which tooth separator works on traction principle:  
Ans – Ferrior
- 4. Use of endodontic broach:  
Ans- Pulp extirpitation
- 5. The firing temperature of the high fusing ceramics  
Ans – 2350 – 2500 degrees



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## PARTICIPANTS

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Aditya C Muchandi	Humaira	Neha Samreen	Syed Akhtar Jaleel
Afaf Mohammed Rafiq	Kishwer Sameen	Nida Saher	Syeda Amtul Razeeqa
Amreen Sultana	Laiba Najam Qureshi	Rumaisa Rehman	Fatima Fairoz
Aziza Fatima	Maniza Fatima	Sarah nisa	Hafsa Khan
Ghazala Jabeen	Mir Kausar Azam	Shaik Afreen Nikhat	Marwa Hashmi
Ghaziyalram	Mohammed Abdul Wasey	Shivani Kulkarni	Shireen Fatima
Hafsa Fatima	Naheeda Tanveer	Syed Ahmed Farazuddin	Sumaen Khan
			Syeda Ayesha Ilyas
			Syeda Safoora

## RESULTS

<u>Batch</u>	<u>Obtained Marks</u>		<u>Total</u>
	<u>Round 1</u>	<u>Round 2</u>	
<b>A</b>	05	02	07
<b>B</b>	02	01	03
<b>C</b>	05	01	06
<b>D</b>	03	01	04

<b>Winner</b>	Batch A
<b>1<sup>st</sup> Runner UP</b>	Batch C
<b>2<sup>nd</sup> Runner UP</b>	Batch D





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**(Year 2019-2020)**

**Round 1 - Multiple Choice Questions (10 Questions)**

1. Regarding Glass Ionomer Cement:  
A) The powder is methyl methacrylate  
B) The powder is an aluminosilicate glass  
C) They release mercury  
D) They are highly irritant to pulp

Answer – B.

2. Proximal carious lesion occur mostly:  
A) Just occlusal to contact area  
B) Just cervical to contact area  
C) Irrespective of contact area  
D) None of the above

Answer – B.

3. The term "aciduric" refers to:  
A) Bacteria producing great amount of acids  
B) Bacteria capable of tolerating acidic environment  
C) Bacteria unable to tolerate the acidic environment  
D) None of the above

Answer – B.

4. Which of the following is most commonly used as intracanal medicament  
A) Formocresol  
B) Zinc oxide eugenol  
C) Calcium Hydroxide  
D) Potassium Oxide

Answer – C.

5. An inherent drawback of gutta-percha is:  
A) Disintegration products  
B) Difficulty in insertion  
C) Potential problems in retreatment  
D) Shrinkage of gutta percha

Answer – D.

6. Which of following is correct about the calcification of the pulp:  
A) Is a response to aging  
B) Does not relate to the periodontal condition  
C) Precedes internal resorption



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D) Indicates the presence of extra canal

Answer – A.

7. Gallium containing alloys have
- A) Silver
  - B) Tin
  - C) Indium
  - D) Zinc

Answer – C.

8. Which of the following possesses anticariogenic property:
- A)  $\text{ZnPO}_4$  cement
  - B) GIC
  - C) ZOE
  - D)  $\text{CaOH}_2$

Answer – B.

9. How thick a temporary material should be placed:
- A) 1 mm
  - B) 2 mm
  - C) 3 mm
  - D) 4 mm

Answer – C.

10. Coves are:
- A) Primary retentive areas
  - B) Secondary retention
  - C) Retention grooves
  - D) Formed at cervical of cavity

Answer – B.

**Round 2– Rapid fire round(05 Questions)**

1. Agent used for etching in composite resin restoration:  
Ans – 37% Phosphoric acid
2. Head diameter of no. 245 bur  
Ans – 0.8 mm
3. Which wall is the base in class 3 Preparation  
Ans – Axial



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4. Ideal shape of root canal morphology is :

Ans – Three dimensional

5. C- Factor is maximum in :

Ans – Class V cavity

## PARTICIPANTS

Batch A	Batch B	Batch C	Batch D	Batch E
Abdul Shakeeb Fahad	Ayesha Anjum	Mary Tresa R Kattakayam	Priyanka V Mark	Sushma Sajjan
Ain Us Saba	Azra Tahsin	Mohammed Abrar Ahmed	Raviya Bilal	Swati
Aishwaraya Angarkar	Deepa C	Mohammed Shamsheer	Ruba Anam	Syed Shareeq Ahmed
Ambika K	Faiza Noureen Siddiqui	Mohd Asim Ali	Ruksar Parveen	Syeda Shafia Afeen
Ameera Bashimina	Hiba	Nabeela Naaz	Samreen Malik	Ruffeda Shema
Anand	Hiba Nusrath	Nazia Batool	Sangamitre	Rukshar
Anfal Ahmad	Jayasudha B	Nishat Aliya	Shaikh Ayesha Tazeen	Tasmiya Fatima
Arpita	John	P. Samreen	Shaikh Kausar Tasneem	Ume Sara Tameema
Atekalram	Madhuri Deshmukh	Patan Heena Khan	Suprita Doulataray Biradar	Vedika
				Sidra Fatima

## RESULTS

<u>Batch</u>	<u>Obtained Marks</u>		<u>Total</u>
	<u>Round 1</u>	<u>Round 2</u>	
<b>A</b>	02	02	04
<b>B</b>	03	01	04
<b>C</b>	02	01	03
<b>D</b>	01	01	02
<b>E</b>	02	00	02

### Tie Breaker round(03 Questions)

1. Which theory of dentin sensitivity is based on fluid movement

Ans – Hydrodynamic theory

2. Who was the originator of Dental Rubber Dam:

Ans- Dr. Stanford Barnum





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3. Wavelength of radiation in ligh cure system for composite resin restoration:  
Ans – 400 nm

Winner	Batch B
1 <sup>st</sup> Runner UP	Batch A
2 <sup>nd</sup> Runner UP	Batch C



(Year 2020-2021)

Round 1 - Multiple Choice Questions (10 Questions)

1. Composite bonding:  
A) Chemical interlocking  
B) Mechanical interlocking  
C) Cohesion  
D) True Bonding

Answer – B.

2. 2<sup>nd</sup> number in four digit formula is:  
A) Width of the blade  
B) Primary cutting edge angle  
C) Blade angle  
D) Length of blade

Answer – B.

3. Ideally for vertical condensation policy the apical foramen should be  
A) As large as possible  
B) As small as possible  
C) Oval  
D) Circular

Answer – B.

4. Re-using the previous instrument inside the canal is known as –  
A) Capitation  
B) Re capitulation  
C) Cleaning & Shaping  
D) Re working

Answer – B.

5. Primer which etches at the same time is known as –  
A) Self Etching primer  
B) All in one primer  
C) Self etch adhesive  
D) Selective ethcent

Answer – A.

6. Permanent tooth which shows cross form while access cavity preparation:  
A) Mandibular second molar  
B) Mandibular first molar



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- C) Maxillary first molar
- D) Maxillary second molar

Answer – A.

7. Irrigation causes :
- A) Debridement
  - B) Dissolution of the tissue
  - C) Elimination of the microbes
  - D) All of the above

Answer – D.

8. Creep value of which of the following is highest:
- A) Low copper amalgam alloy
  - B) Admix alloy
  - C) Single Composition alloy
  - D) High copper amalgam

Answer – D.

9. The wall that is not present in the Class V cavities in anteriors:
- A) Labial wall
  - B) Axial wall
  - C) Incisal wall
  - D) Gingival wall

Answer – A.

10. Size of microfilled composites in micrometer
- A) 0.04 - .4
  - B) 0.004 - 0.04
  - C) 0.6-1
  - D) 1-5

Answer – A.

11. The disadvantage of CAD-CAM restoration is
- A) More porosity
  - B) Patient acceptance is less
  - C) Lack of computer controlled computer support
  - D) Low abrasiveness

Answer – C.

12. Acid etching the dentin prior to restorations:
- A) Protects the pulp from bacterial invasion
  - B) Enhances bacterial penetration of dentin





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- C) Destroys odontoblastic process in the dentinal tubules
- D) Decreases the pulp response to restorations

Answer – B.

13. Percentage of pit and fissure caries in children is:

- A) 60% to 70%
- B) 50% to 60%
- C) 80% to 90%
- D) 40% to 60%

Answer – C

14. Gallium containing alloys have

- A) Silver
- B) Tin
- C) Indium
- D) Zinc

Answer – C.

15. Caries control refers to

- A) Removal of infected tooth surface
- B) Medicating teeth
- C) Restoring teeth with temporary material
- D) All of the above

Answer – D.

**Round 2– Rapid fire round(05 Questions)**

1. Nd:YAG laser has a wavelength of:  
Ans – 1.06 micrometer
2. Which cells are responsible for root resorption:  
Ans – Osteoclast
3. Radiopacity in composites is imparted by  
Ans – Oxides of Zircon
4. How much degrees of gingival bevel given in class 2 amalgam cavities  
Ans- 30 degrees
5. H - files in endodontics used for which purpose



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- Ans – Removing Gutta percha
6. Which tooth separator works on traction principle:  
Ans – Ferrior
7. The light cure system the wavelength of radiation is in excess of:  
Ans – 400 nm
8. Nerve supply of the pulp is by:  
Ans – Alpha Delta fibres
9. Intercuspal width ideally for Amalgam cavity should be :  
Ans –  $\frac{1}{4}$  of Interuspal distance
10. Which wall is the base in class 3 Preparation  
Ans – Axial

## PARTICIPANTS

Batch A	Batch B	Batch C	Batch D	Batch E
AafiyaNaaz	Porinima	Ayesha Aiman	Maryam Habib Sayeda	Shaikh Moina Mubeen
Arshiyazainab	Priyanka M K	Bibi Ayesha Mulla	Meezath	Shaikh Neelofhar
AtifaRoohi	Raj Rajeswari Rathod	ChabukSawar Shaikh Jannat Hussain	Mehraaz	Shaikh RahibaMohd Mohiuddin
Ayesha Siddiqa	Reva Taskeen	Epperi Mohmmed Fahad	Mirza Farhatullah Baig	Shaikh Sabiya
Bushra Bandenawaz	Sadiya Khanam	Ezhilmani J	Mohammadi Begum	Shaikh UmerFarooque
Eram Khanam	Shahinda Nawal	Fareeha Shakeel	Mohd Asif	Shaista Tabassum
HajaraFarzeen	SyedaRafiya Zainab	Fatima Kausar	Mujeeb Anwar	Siddiqui Maha Shadab
Harsha	AayunNoorain	GokulamulK.P	Nadaf Simran Shukur	Sumayya Sadaf
HumeraTaqzet	Adila Munawar	Gopika Krishna	Nida Harmain Khan	Syed Khaja Naseeruddin
Laxmi Biradar	Adithya SK	Ishrath Anjum	Pooja B H	Syed Muzakir Ullah Hussaini
Mohd Sayeed Sufyanuddin	Alka S Paul	Ismat Jahan Mohammed Irfan Mulla	Saba Begum	Syed Nadiya
Mubashara Fatima Qureshi	Amtul Haseeb	KaziRuhi Majid	Saima Parveen	Syeda Maliha Minhaj
Nalbund	AneequaMehree	KotkundeSaymabanu	Sayyad	SyedaWaseema



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Mohammed Afzan			Ayesha Yunus	
Neha Tabassum Qureshi	Anjali Anil	MadihaZoha	Shaik Adiba Tamkeen	SyedaZeba Fatima
Pallavi Holal	Asma Tahseen	Malivaka M Mohan	Shaik Masira Nusrat	TamboliUzma Abdul Aziz
Tanzeela Fatima	Tayyaba Fatima	Tisnamol Benny	Umme Amara	UstadMeesam Md Jaweed

## RESULTS

<u>Batch</u>	<u>Obtained Marks</u>		<u>Total</u>
	<u>Round 1</u>	<u>Round 2</u>	
<b>A</b>	03	02	05
<b>B</b>	03	03	06
<b>C</b>	05	04	09
<b>D</b>	03	01	04
<b>E</b>	01	00	01

<b>Winner</b>	Batch C
<b>1<sup>st</sup> Runner UP</b>	Batch B
<b>2<sup>nd</sup> Runner UP</b>	Batch A





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## POST GRADUATE RESEARCH PROJECTS

Year	Name	Thesis title	LD topic	Short study Title
2016 -17	Dr. Sangeeta Singh	A Comparative Anti-Microbial Efficacy Of Root Canal Disinfection Using Conventional Method Of 3% Sodium Hypochlorite And 17% Edta With 0.25% Hydro-Alcoholic Solution Of Turmeric And 7.5% Hydro-Alcoholic Solution Of Neem. - An In Vivo Study	Minimum invasive dentistry	Diagnosing and Management of Middle Mesial Canal in Mandibular Molar Using Cone Beam Computerized Tomography - A Case Report A Multidisciplinary and Multipronged Approach for the Management of Subgingivally Fractured Incisors - A Case Report
	Dr. Syeda Arjumand Fatima	A Comparative Stereomicroscopic Evaluation Of Incidence Of Dentinal Defects After Root Canal Preparation Using Three Different File Systems And Two Different Obturation Techniques -An In Vitro Study	Regenerative endodontics	Pain after single visit endodontic treatment using fifth generation file systems - An invivo study
	Dr. Ashwini Hambire		-	Root amputation: practical way to salvage compromise tooth - a case report.
2017 - 2018	Dr. Ashwini Hambire	A Comparative Evaluation Of Six Different Techniques Namely Sodium Fluoride, Iontophoresis, GC Tooth Mousse, Diode Laser, Diode Laser With Sodium Fluoride And Diode Laser With GC Tooth Mousse In Reducing Dentinal Hypersensitivity - An In Vivo Study.	Microscope In Conservative Dentistry And Endodontics	A comparative efficacy of protaper universal re-treatment system using two different technique for removal of AH plus sealer with or without resin solvent - an invitro stereomicroscopic study. Cone Beam Computed Tomography in Endodontics.
	Dr. Ahmed Omar Khan	Comparative Evaluation Of 3-Dimesional Obturation Using 3 Different Techniques Namely; Lateral Condensation, Warm Vertical Compaction Using Beefill And Thermomechanical Compaction For Unfilled Areas And Voids Using CBCT. An In Vivo Study	Restoration Of Endodontically Treated Teeth.	Revascularization of Immature Central Incisor with Apical Periodontics: A case report. Cone Beam Computed Tomography in Endodontics.
	Dr. Sarita Bhandari	-	-	Microsurgery-Avenue towards excellence

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	Dr. Ghulam Ahmed	-	-	Comparative Evaluation of Two Different file systems
	Dr. Sarita Bhandari	-	-	Colour depth penetration of direct and indirect composite after one month interaction with different coloured drinks.
2018 - 2019	Dr. Ghulam Ahmed	Comparative Evaluation Of Three Differently File System Namely Mani Silk, One Shape, Protaper Next For Canal Transportation And Centering Ability Using Cone Beam Computed Tomography An In Vitro Study	Irrigation In Endodontics	
	Dr. Abdul Aleem	"A Comparative Evaluation Of Dye Leakage Around Two Different Retrograde Filling Materials, MTA AND PORTLAND Cement Using Two Different Rootend Preparation Techniques Namely, Conventional And Ultrasonic Methods .A Stereomicroscopic Study"	Endo-perio Lesions	
	Dr. Sarita Bhandari	-	-	Redefining the bonds of dentin-resin interface by a new experimental material.
	Dr. Syed Mubeen Mohiuddin	-	-	Comparative evaluation of MTA as retrograde filling material with and without laser as adjunct.
2019 - 2020	Dr. Sarita Bhandari	Comparison Of Intracanal Calcium Hydroxide, Mineral Trioxide Aggregate And Portland Cement To Induce Ph Changes In Simulated Root Resorption Defects In Human Teeth -An In Vitro Study	Problem Solving In Endodontics	Dentin Biomodification- from a new experimental material.
	Dr. Gladson Selvakumar	Comparative evaluation of the solubility of 3 different root canal sealers namely Mineral Trioxide Aggregate, Portland cement, Epoxy resin based sealer, in 2 different solvents namely Xylene and Endosolv R - an In Vitro Study	Endodontic Retreatment	Magnification-Option or an Obligation.  Comparative Evaluation of Gutta percha and sealer removal using Protaper Retreatment Files with and without rotary system as an adjunct - A Stereomicroscopic study





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	Dr. Syed Mubeen Mohiuddin	-	-	Effect of diode laser irradiation and citric acid on sealing ability of MTA as retrograde filling.
	Dr. Syeda Arshia Fatima	-	-	Comparative evaluation of sealing ability of AH plus and MTA fillapex in two different moisture conditions.
	Dr. Amaan Ahmed	-	-	Advancement in root canal irrigation.
	Dr. Raeesunisa Begum	-	-	Cold plasma in dentistry.
2020 - 2021	Dr. Syed Mubeen Mohiuddin	Comparative Evaluation Of Microleakage Among Glass Ionomer Cement, Biodentine And Cention N Used As A Coronal Barrier In Nonvital Bleaching Using Stereomicroscope	Biomimetic materials	Comparison of GIC, Biodentine and Cention N as coronal barrier in nonvital bleaching.
	Dr. Syeda Arshia Fatima	Comparative Evaluation Of Sealing Ability Of Ah Plus Mta Fillapex And Portland Cement In Two Different Moisture Conditions Using Dye Leakage Method -A Stereomicroscopic Study	Smile Designing	Comparative evaluation of sealing ability of MTA fillapex and AH plus sealer in two different moisture conditions.
	Dr. Amaan Ahmed	Comparative Study Of Sealing Ability Of Mineral Trioxide Aggregate And Super Ethoxy Benzoic Acid With And Without Laser Used As A Furcation Repair Material As An Adjunct	Obturation	Efficacy of Titanium dioxide nanoparticle spray to disinfect on dental equipments used.  Comparative Evaluation Of Sealing Ability Of Mineral Trioxide Aggregate, Super Ethoxy Benzoic Acid And Biodentin With And Without Laser As A Root Furcation Repair Material - An Invitro Study
	Dr. Raeesunisa Begum	"Comparative Study of Intra-Orifice Sealing Ability of Glass Ionomer Cement Tetric N Flow, Biodentine with and Without Diode Laser as an Adjunct in Endodontically Treated Teeth - An In vitro Study"	Endodontic microbiology	Effect of addition of triple antibiotic powder on antibacterial activity, pushout and compressive strength of MTA.  Efficacy Of Glass Ionomer Cement, Tetric N Flow And Biodentine As Intra Orifice Barriers With And Without Laser Activation- An Invitro

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				Study.
	Dr. S Firdous Reshma			Evaluation Of Efficacy Of Bioceramic Sealer As Obturating Material With And Without Gutta percha - An Invitro Study
	Dr. Gopinagaruri Snigdha Priya			Effect of different concentrations of chitosan nanoparticles incorporated in composite resin and bonding agent for class 2 cavities of maxillary first molars - an invitro study.

## POST GRADUATE RESEARCH PRESENTATIONS

### PAPER/ POSTER PRESENTATION

Sl No	Year	Name of the PG students	Title of the Presentation	Guided by	Presented in conference
1	2016	Dr. Ashwini Hambire	Root amputation: practical way to salvage compromise tooth - a case report	Prof Dr MashalkarShailendra	31th IACDE & 24th IES National Conferene Kolkata-2016
2	2017	Dr. Ashwini Hambire	A comparative efficacy of protaper universal re-treatment system using two different technique for removal of AH plus sealer with or without resin solvent – an invitrosteromicroscopic study	Prof Dr MashalkarShailendra	19th Scientific Congress of Asian Paific Endodontic Confederation & 18th IACDE & IES PG Convention April 5-8, 2017 ,NCR Delhi,India
3	2017	Dr. Omar Khan	Revascularization of Immature Central Incisor with Apical Periodontics: A case report	Prof Dr MashalkarShailendra	19th Scientific Congress of Asian Paific Endodontic Confederation & 18th IACDE & IES PG Convention

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					April 5-8, 2017 NCR Delhi, India
4	2017	Dr. Sarita Bhandari	Microsurgery-Avenue towards excellence	Prof Dr Mashalkar Shailendra	32nd IACDE and 25th IES National conference, Gandhinagar, Gujarat Nov 2017
5	2018	Dr. Sarita Bhandari	Colour depth penetration of direct and indirect composite after one month interaction with different coloured drinks.	Prof Dr Mashalkar Shailendra	Presented at 19th IACDE-IES National PG Convention, Gulbarga, Karnataka Feb 2018
6	2018	Dr. Ashwini Hambire	Cone Beam Computed Tomography in Endodontics	Prof Dr Mashalkar Shailendra	19th IACDE-IES National PG Convention Gulbarga, Karnataka Feb 2018
7	2018	Dr. Omar Khan	Cone Beam Computed Tomography in Endodontics	Prof Dr Mashalkar Shailendra	19th IACDE-IES National PG Convention Gulbarga, Karnataka Feb 2018
8	2018	Dr. Ghulam Ahmed	Comparative Evaluation of Two Different file systems	Prof Dr Mashalkar Shailendra	19th IACDE-IES National PG Convention Gulbarga, Karnataka Feb 2018
9	2018	Dr. Sarita Bhandari	Redefining the bonds of dentin-resin interface by a new experimental material.	Prof Dr Mashalkar Shailendra	Presented at 1st IACDE Zonal Conference (south), Chennai, Tamil Nadu August 2018
10	2019	Dr. Sarita Bhandari	Dentin Biomodification- from a new experimental material.	Prof Dr Mashalkar Shailendra	Presented at 20th IACDE National PG Convention, Chandigarh - March 2019
11	2019	Dr. Sarita Bhandari	Magnification-Option or an Obligation	Prof Dr Mashalkar Shailendra	Presented at 27th IES National Conference, Delhi December 2019
12	2019	Dr. Syed Mubeen Mohiuddin	Comparative evaluation of MTA as retrograde filling material with and without laser as adjunct	Prof Dr Mashalkar Shailendra	20th National PG convention, Chandigarh 8-03-2019





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13	2019	Dr. Gladson Selvakumar	Comparative Evaluation of Gutta percha and sealer removal using Protaper Retreatment Files with and without rotary system as an adjunct – A Stereomicroscopic study	Prof Dr Mashalkar Shailendra	IACDE 2nd South Zonal Cofereance Mangalore 9-8-2019
14	2019	Dr. Syed Mubeen Mohiuddin	Effect of diode laser irradiation and citric acid on sealing ability of MTA as retrograde filling	Prof Dr Mashalkar Shailendra	IACDE 2nd South Zonal Cofereance Mangalore 9-8-2019
15	2019	Dr SyedaArshia Fatima	Comparative evaluation of sealing ability of AH plus and MTAFillapex in two different moisture conditions	Dr Sangeeta Kulkarni	IACDE 2nd South Zonal Cofereance Mangalore 9-8-2019
16	2019	Dr Amaan Ahmed	Advancement in root canal irrigation	Dr Sangeeta Kulkarni	IACDE 2nd South Zonal Cofereance Mangalore 9-8-2019
17	2019	Dr Raeesunissa Begum	Cold plasma in dentistry	Prof Dr Mashalkar Shailendra	IACDE 2nd South Zonal Cofereance Mangalore 9-8-2019
18	2020	Dr SyedaArshia Fatima	Comparative evaluation of sealing ability of MTA filapex and AH plus sealer in two different moisture conditions.	Dr Sangeeta Kulkarni	34 <sup>th</sup> IACDE National Conference, Mumbai 30-12-2020
19	2021	Dr. Syed Mubeen Mohiuddin Hussaini	Comparison of GIC, Biodentine and Cention N as coronal barrier in non-vital bleaching	Prof Dr Rahul Halkai	35th IACDE National Conference, Assam 27-2-2021
20	2021	Dr Amaan Ahmed	Efficacy of Titanium dioxide nanoparticle spray to disinfect on dental equipments used	Prof Dr Rahul Halkai	35th IACDE National Conference, Assam 27-2-2021
21	2021	Dr Raeesunissa Begum	Effect of addition of triple antibiotic powder on antibacterial activity, pushout and	Prof Dr Rahul Halkai	35th IACDE National Conference, Assam 27-2-2021

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			compressive strength of MTA		
22	2021	Dr Amaan Ahmed	Comparative Evaluation Of Sealing Ability Of Mineral Trioxide Aggregate, Super Ethoxy Benzoic Acid And Biodentin With And Without Laser As A Root Furcation Repair Material - An Invitro Study	Prof Dr Rahul Halkai	36th IACDE National Conference & 21st IACDE National PG Convention, Kaher's V K Institute of Dental Sciences, Belagavi, Karnataka
23	2021	Dr Raeesunissa Begum	Efficacy of Glass Ionomer Cement, Tetric N Flow And Biodentine As Intra Orifice Barriers With And Without Laser Activation- An Invitro Study	Prof Dr Rahul Halkai	36th IACDE National Conference & 21st IACDE National PG Convention, Kaher's V K Institute of Dental Sciences, Belagavi, Karnataka
24	2021	Dr. S Firdous Reshma	Evaluation Of Efficacy Of Bioceramic Sealer As Obturatng Material With And Without Guttapercha - An Invitro Study	Prof Dr Rahul Halkai	36th IACDE National Conference & 21st IACDE National PG Convention, Kaher's V K Institute of Dental Sciences, Belagavi, Karnataka
25	2021	Dr. Gopinagaruri Snigdha Priya	Effect of different concentrations of chitosan nanoparticles incorporated in composite resin and bonding agent for class 2 cavities of maxillary first molars - an invitro study.	Prof Dr Rahul Halkai	36th IACDE National Conference & 21st IACDE National PG Convention, Kaher's V K Institute of Dental Sciences, Belagavi, Karnataka

## POST GRADUATE RESEARCH AWARDS

SR. NO.	PG STUDENT	TITLE	CONFERENCE/ institution	POSITION
1	Dr. Sarita Bhandari	"Colour Depth Penetration of Direct & Indirect Composite After One Month Interaction With Different Dolour Drinks"	19 <sup>th</sup> IACDE-IES National PG Convention – Kalaburgi (2018)	1 <sup>st</sup>
2	Dr. Sarita Bhandari	Magnification a boon or bane	monthly essay competition by	1 <sup>st</sup>

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			Indian academy for clinical and dental graduates (August 2018)	
3	Dr. Sarita Bhandari	Dentin Biomodification- from a new experimental material.	20 <sup>th</sup> IACDE National PG Convention, Chandigarh, 2019	1 <sup>st</sup>
4	Dr. Syeda Arshiya Fatima	"Comparative evaluation of sealing ability of AH plus and MTA fillapex in two different moisture conditions"	IACDE 2nd South Zonal Cofereance -Mangalore	1 <sup>st</sup>

## POST GRADUATE SEMINARS PRESENTATIONS

2016-2017

Name of Student	Topic
Dr.Arjumand Fatima	Pulp protection
Dr. Abdul Aleem	CAD CAM
Dr. Ghulam Ahmed	Veneers
Dr. Sangeeta Singh	Trauma in endodontics
Dr. Ashwini Hambire	Fundamentals of cavity preparation for amalgam
Dr. Ahmed Omer Khan	Dental Caries
Dr.Arjumand Fatima	Rationale in Endodontics
Dr.Abdul Aleem	Endo perio lesions and management
Dr. Ghulam Ahmed	Complex amalgam restorations
Dr. Ashwini Hambire	Endodontic Instruments
Dr. Ahmed Omer Khan	Pulpal diseases
Dr. Sangeeta Singh	Sterilisation in Conservative
Dr.Arjumand Fatima	Sterilisation in Endodontics
Dr. Abdul Aleem	Surgical Endodontics
Dr. Ghulam Ahmed	Ultrasonics in Endodontics
Dr. Sangeeta Singh	Pain management in endodontics
Dr. Ashwini Hambire	Newer Composites
Dr. Ahmed Omer Khan	Cast Gold and direct filling gold alloys
Dr.Arjumand Fatima	Inter appointment emergencies
Dr. Abdul Aleem	MTA
Dr. Ghulam Ahmed	Light curing

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Dr. Sangeeta Singh	Glass ionomer cement
Dr. Arjumand Fatima	Newer composites
Dr. Ashwini Hambire	Dental Amalgam
Dr. Ahmed Omer Khan	Dental Cements
Dr. Abdul Aleem	Management of calcified canals, open apices and weeping canals
Dr. Ghulam Ahmed	Management of perforations and broken instruments
Dr. Sangeeta Singh	Elastomeric impression materials
Dr. Arjumand Fatima	Casting defects
Dr. Ashwini Hambire	Pin Retained Amalgam Restorations
Dr. Ahmed Omer Khan	Diagnosis of Dental Caries

## **2017-2018**

<b>Name of Student</b>	<b>Topic</b>
Dr. Ashwini Hambire	Endodontic orthodontic relationship
Dr. Ahmed Omer Khan	Microbiology of infected root canal
Dr. Gulam	Forces acting on restoration
Dr. Aleem	Contour and contact
Dr. Sarita Bhandari	Working length
Dr. Gladson	Endodontics Diagnosis
Dr. Ashwini Hambire	Geriatric restorative dentistry
Dr. Ahmed Omer Khan	Gingival tissue management
Dr. Gulam	Recent advances in irrigation and obturation
Dr. Aleem	Complex amalgam restorations
Dr. Sarita Bhandari	Occlusion in conservative Dentistry
Dr. Gladson	Principles of Esthetics
Dr. Ashwini Hambire	Ledges and Canal Blockades
Dr. Ahmed Omer Khan	Resorption and its management
Dr. Gulam	Post treatment disease and endodontics retreatment
Dr. Aleem	Current concepts in endodontic Surgery and biology of wound healing
Dr. Sarita Bhandari	Recent advances in rotary endodontics
Dr. Gladson	Recent advances in tooth colored restorative materials
Dr. Ashwini Hambire	MTA v/s Calcium Hydroxide
Dr. Ahmed Omer Khan	Endodontic Records and legal responsibilities
Dr. Gulam	Management of discoloured teeth – current concepts
Dr. Aleem	Dental casting alloys, casting procedures and casting defects.
Dr. Sarita Bhandari	Biologic scaffold and regenerative Endodontics
Dr. Gladson	Lasers in endodontics
Dr. Ashwini Hambire	Biocompatibility tests
Dr. Ahmed Omer Khan	Endo perio relationship
Dr. Gulam	Management of curved root canals
Dr. Aleem	Management of traumatic injuries with special emphasis on immature apex teeth
Dr. Sarita Bhandari	Principles of Biomechanical Preparation
Dr. Gladson	Thermoplasticised obturation techniques.





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**2018-2019**

Name of Student	Topic
Dr.Gulam	Hybrid layer
Dr. Aleem	Recent advances in composites
Dr.Sarita Bhandari	Biomechanics of post and core
Dr.Gladson	Access Preparation in Challenging situations
Dr. Mubeen	Dental Amalgam
Dr.Arshiya	Cast Gold restorations
Dr.Gulam	Interappointment emergencies
Dr. Aleem	Ultrasonics in Endodontics
Dr.Sarita Bhandari	Die Preparations and casting Defects
Dr.Gladson	Occlusion and Impression techniques
Dr. Mubeen	Bleaching
Dr.Arshiya	Direct Filling Gold
Dr.Gulam	Endodontic Diagnosis
Dr. Aleem	Glass Ionomer Cement
Dr.Sarita Bhandari	Pain and its management
Dr.Gladson	Principles of Antibiotic therapy and role of antibiotics
Dr. Mubeen	Rationale of Endodontics
Dr.Arshiya	Principles of Endodontics
Dr.Gulam	Endodontic Surgery
Dr. Aleem	Smear Layer
Dr.Sarita Bhandari	Microscopes in Endodontics
Dr.Gladson	Growth factors
Dr. Mubeen	Working length
Dr.Arshiya	Principles of Biomechanical Preparation
Dr.Gulam	Management of Perforations, Calcified canals and Open apices
Dr. Aleem	Non Carious lesions
Dr.Sarita Bhandari	Complex amalgam Restorations
Dr.Gladson	CAD CAM and Veneers
Dr. Mubeen	Irrigants, Intracanal medicaments and sealers
Dr.Arshiya	Obturation



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**2019-2020**

Name of Student	Topic
Dr.Amaan	Development of face, tongue , anomalies and applied aspect
Dr.Raesunisa	Facial and Trigeminal nerves and its applied aspect
Dr.Sarita Bhandari	Light cure units and methods, C factor and polymerisation shrinkage
Dr.Gladson	Smear layer in conservative dentistry and endodontics
Dr. Mubeen	Impression materials and techniques
Dr.Arshiya	Indirect restorative materials and techniques
Dr.Amaan	Pain, its theories and management
Dr.Raesunisa	Antibiotics-Principles and its role
Dr.Sarita Bhandari	Magnification in endodontics
Dr.Gladson	Regenerative endodontics
Dr. Mubeen	Monobloc concept
Dr.Arshiya	Endodontic Surgery
Dr.Amaan	Fundamental of cavity preparation
Dr.Raesunisa	Cast gold restoration
Dr.Sarita Bhandari	Management of discoloured teeth
Dr.Gladson	Dentinal hypersensitivity, theories and its management
Dr. Mubeen	Contacts contours and recent matricing system
Dr.Arshiya	Non Carious lesions
Dr.Amaan	GIC and its recent advances
Dr.Raesunisa	Composites and its recent advances
Dr.Sarita Bhandari	Access opening and Working length
Dr.Gladson	Irrigants, Intracanal medicaments and sealers
Dr. Mubeen	Obturation
Dr.Arshiya	Single visit endodontics
Dr.Amaan	Diagnosis is operative dentistry
Dr.Raesunisa	Diagnosis is endodontics
Dr.Sarita Bhandari	Intermin restorations
Dr.Gladson	CAD CAM and Veneers
Dr. Mubeen	Restoration of badly broken teeth
Dr.Arshiya	Dentin bonding agents



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**2020-2021**

Name of Student	Topic
Dr.Amaan	Diagnosis in Endodontics
Dr.Raeesunisa	Endodontic Emergencies
Dr. Priya	Instruments & instrumentation in Conservative dentistry
Dr.Reshma	Anatomy of Pulp space & root apex
Dr. Mubeen	Principles in Endodontics
Dr.Arshiya	Obturing materials & principles
Dr.Amaan	Esthetic Restorations
Dr.Raeesunisa	Principles of Cast restorations
Dr. Priya	Endodontic Surgery
Dr.Reshma	Dentin Bonding Agents
Dr. Mubeen	Non Carious Lesions
Dr.Arshiya	Lasers in endodontics
Dr.Amaan	Bleaching
Dr.Raeesunisa	Biofilm
Dr.Priya	Complex Amalgam Restorations
Dr.Reshma	Principles of access cavity preparation
Dr. Mubeen	Pulpal diseases
Dr.Arshiya	Modern concepts of cavity preparation & Cast restorations
Dr.Amaan	Monobloc concept
Dr.Raeesunisa	Dentin Hypersensitivity
Dr.Priya	Working length determination
Dr.Reshma	Principles of biomechanical preparation
Dr. Mubeen	Management of perforations and broken instruments
Dr.Arshiya	Biologic scaffold and regenerative Endodontics
Dr.Amaan	CAD CAM and Veneers
Dr.Raeesunisa	Contact & Contours
Dr.Priya	Glass Ionomer Cements
Dr.Reshma	Intracanal Medicaments
Dr. Mubeen	Trauma in endodontics
Dr.Arshiya	Endo perio relationship





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**PUBLICATIONS**

Sl No	Name of PG student	Title of publication	Name of the journal & ISSN no	Year of publication
1.	Dr Sangeetha Singh	Diagnosing and Management of Middle Mesial Canal in Mandibular Molar Using Cone Beam Computerized Tomography - A Case Report	International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064	2016
2.	Dr Sangeetha Singh	A Multidisciplinary and Multipronged Approach for the Management of Subgingivally Fractured Incisors – A Case Report	International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064	2016
3.	Dr. Syeda Arjumand Fatima	Pain after single visit endodontic treatment using fifth generation file systems -An invivo study	Indian Journal of Conservative and Endodontics ISSN : 2581-9534 E-ISSN : 2581-8988	2017
4.	Dr. Ashwini Hambire	Root Amputation: Practical Way to Salvage Compromise Tooth - A Case Report	Scholars Journal of Dental Sciences (SJDS) ISSN 2394-4951 (Print) ISSN 2394-496X (Online)	2017
5.	Dr. Omar Ahmed Khan	Root Amputation: Practical Way to Salvage Compromise Tooth - A Case Report	Scholars Journal of Dental Sciences (SJDS) ISSN 2394-4951 (Print) ISSN 2394-496X (Online)	2017
6.	Dr. Omar Ahmed Khan	Revascularization of Immature Central Incisor with Apical Periodontitis: A Case Report	Scholars Journal of Dental Sciences (SJDS) ISSN 2394-4951 (Print) ISSN 2394-496X (Online)	2018
7.	Dr. Ashwini Hambire	Revascularization of Immature Central Incisor with Apical Periodontitis: A Case Report	Scholars Journal of Dental Sciences (SJDS) ISSN 2394-4951 (Print) ISSN 2394-496X (Online)	2018
8.	Dr. Sarita Bhandari	Color depth penetration of direct and indirect composite after one month interaction with different colored drinks	International Journal of Applied Dental Sciences ISSN Print: 2394-7489 ISSN Online: 2394-7497	2018
9.	Gladson Selvakumar	Apical microleakage in root canal-treated teeth containing broken hand files obturated with two different obturating	Endodontology ISSN - Print: 0970-7212, Online: 2543-0831	2019



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		materials: An in vitro study		
10.	Gladson Selvakumar	A.Comparative evaluation of apical seal using cention N and mineral trioxide aggregate as retrograde filling material	RGUHS Journal of Health Sciences www.rguhs.ac.in	2019
11	Dr. Sarita Bhandari	Evaluation of indomethacin as matrix metalloproteases inhibitor in human dentin	Journal of Conservative Dentistry ISSN - 0972-0707	2020
12	Dr. Sarita Bhandari	Regenerative endodontic management of an immature permanent maxillary central incisor with necrotic pulp and periapical lesion using prf as scaffold-A case report	Guident	2020
13.	Dr. Syed Mubeen Mohiuddin Hussaini	Effect of diode laser irradiation and 10% citric acid conditioning	Endodontology ISSN - Print: 0970-7212, Online: 2543-0831	2020



### SPECIAL CASE STUDIES

Special case discussions are conducted with post graduate students. This helps to broaden their knowledge and improve clinical skills. The cases are discussed using the images of IOPA X-rays, case history etc. discussions are done regarding the Interpretation of radiograph, differential diagnosis, diagnosis, and finally the treatment plan. Cases that need interdisciplinary approach were also discussed. Students are encouraged and guided to take up such special cases and treatment is done accordingly. Students are motivated to publish such cases as case reports/ series of case reports/ case reports with review etc in reputed national and international journals.

List of some of the special cases treated in our department and published in journals.

Sl No	Name of PG student	Title of publication	Name of the journal & ISSN no	Year of publication	Indexed in pubmed/s copus/ UGc/others
1.	Dr Sangeetha Singh	Diagnosing and Management of Middle Mesial Canal in Mandibular Molar Using Cone Beam Computerized Tomography - A Case Report	International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064	2016	others
2.	Dr Sangeetha Singh	A Multidisciplinary and Multipronged Approach for the Management of Subgingivally Fractured Incisors – A Case Report	International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064	2016	others
3.	Dr. Ashwini Hambire	Root Amputation: Practical Way to Salvage Compromise Tooth - A Case Report	Scholars Journal of Dental Sciences (SJDS) ISSN 2394-4951 (Print) ISSN 2394-496X (Online)	2017	others
4.	Dr. Omar Ahmed	Root Amputation: Practical	Scholars Journal of	2017	others





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	Khan	Way to Salvage Compromise Tooth - A Case Report	Dental Sciences (SJDS) ISSN 2394-4951 (Print) ISSN 2394-496X (Online)		
5.	Dr. Omar Ahmed Khan	Revascularization of Immature Central Incisor with Apical Periodontitis: A Case Report	Scholars Journal of Dental Sciences (SJDS) ISSN 2394-4951 (Print) ISSN 2394-496X (Online)	2018	others
6.	Dr. Ashwini Hambire	Revascularization of Immature Central Incisor with Apical Periodontitis: A Case Report	Scholars Journal of Dental Sciences (SJDS) ISSN 2394-4951 (Print) ISSN 2394-496X (Online)	2018	others
12	Dr. Sarita Bhandari	Regenerative endodontic management of an immature permanent maxillary central incisor with necrotic pulp and periapical lesion using prf as scaffold-A case report.	Guident	2020	others



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## CONFERENCES /CONVENTIONS ATTENDED BY POST GRADUATE STUDENTS

Sl No	Year	Name of the PG students	Place, date and year of conference/convention
1	2016	Dr. Ashwini Hambire	31th IACDE & 24th IES National Conference Kolkata-2016
2	2017	Dr. Ashwini Hambire	19th Scientific Congress of Asian Pacific Endodontic Confederation & 18th IACDE & IES PG Convention April 5-8, 2017 ,NCR Delhi,India
3	2017	Dr. Ahmed Omar Khan	19th Scientific Congress of Asian Pacific Endodontic Confederation & 18th IACDE & IES PG Convention April 5-8, 2017 ,NCR Delhi,India
4	2017	Dr.Sarita Bhandari	32nd IACDE and 25th IES National conference, Gandhi nagar, Gujrat Nov 2017
5	2018	Dr.Sarita Bhandari	19th IACDE-IES National PG Convention, Gulbarga, Karnataka Feb 2018
6	2018	Dr. Ashwini Hambire	19th IACDE-IES National PG Convention Gulbarga, Karnataka Feb 2018
7	2018	Dr. Ahmed Omar Khan	19th IACDE-IES National PG Convention Gulbarga, Karnataka Feb 2018
8	2018	Dr. Ghulam Ahmed	19th IACDE-IES National PG Convention Gulbarga, Karnataka Feb 2018.
9	2018	Dr.Sarita Bhandari	1st IACDE Zonal Conference (south), Chennai, Tamilnadu august 2018.
10	2019	Dr.Sarita Bhandari	20th IACDE National PG Convention, Chandigarh - March 2019
11	2019	Dr. Syed Mubeen Mohiuddin	20 <sup>th</sup> National PG convention, Chandigarh 8-03-2019
12	2019	Dr. Gladson Selvakumar	IACDE 2nd South Zonal Conference Mangalore 9-8-2019
13	2019	Dr. Syed Mubeen Mohiuddin	IACDE 2nd South Zonal Conference Mangalore 9-8-2019
14	2019	Dr Syeda Arshia Fatima	IACDE 2nd South Zonal Conference Mangalore 9-8-2019
15	2019	Dr Amaan Ahmed	IACDE 2nd South Zonal Conference Mangalore 9-8-2019
16	2019	Dr Raeesunissa Begum	IACDE 2nd South Zonal Conference Mangalore 9-8-2019
17	2019	Dr.Sarita Bhandari	27th IES National Conference, Delhi December 2019
18	2020	Dr Syeda Arshia	34 <sup>th</sup> IACDE National Conference, Mumbai

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		Fatima	30-12-2020
19	2021	Dr. Syed Mubeen Mohiuddin Hussaini	35th IACDE National Conference, Assam 27-2-2021
20	2021	Dr Amaan Ahmed	35th IACDE National Conference, Assam 27-2-2021
21	2021	Dr Raeesunissa Begum	35th IACDE National Conference, Assam 27-2-2021
22	2021	Dr Amaan Ahmed	36th IACDE National Conference & 21 <sup>st</sup> IACDE National PG Convention, Kaher's V K Institute of Dental Sciences, Belagavi, Karnataka 17 <sup>th</sup> -21 <sup>st</sup> November 2021.
23	2021	Dr Raesunnisa Begum	36th IACDE National Conference & 21 <sup>st</sup> IACDE National PG Convention, Kaher's V K Institute of Dental Sciences, Belagavi, Karnataka
24	2021	Dr. Firdous Reshma	36th IACDE National Conference & 21 <sup>st</sup> IACDE National PG Convention, Kaher's V K Institute of Dental Sciences, Belagavi, Karnataka. 17 <sup>th</sup> -21 <sup>st</sup> November 2021.
25	2021	Dr. Gopinagaruri Snigdha Priya	36th IACDE National Conference & 21 <sup>st</sup> IACDE National PG Convention, Kaher's V K Institute of Dental Sciences, Belagavi, Karnataka





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**CDE PROGRAMMES/ WORKSHOPS/HANDS-ON COURSES**  
**ATTENDED BY POST GRADUATE STUDENTS**



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Sl No	Year	Name of the PG student/ Faculty	Topic	Place, date and year of Programme Attended
1	2016	Dr. Ashwini Hambire	Live Surgical Workshop on "Free Microvascular Flap Surgery for Mandible Reconstruction"	H.K.ES S. Nijalingappa Institute of Dental Sciences and Research, Kalaburagi on 21st June, 2016
2	2017	Dr. Sarita Bhandari	Fundamentals of Research Methodology & Biostatistics	H.K.ES S. Nijalingappa Institute of Dental Sciences and Research, Kalaburagi on 30 <sup>th</sup> June & 1 <sup>st</sup> July 2017.
3	2017	Dr. Gladson Selvakumar	Fundamentals of Research Methodology & Biostatistics	H.K.ES S. Nijalingappa Institute of Dental Sciences and Research, Kalaburagi on 30 <sup>th</sup> June & 1 <sup>st</sup> July 2017.
4	2017	Dr. Gladson Selvakumar	Veneers and laminates	Lecture and live demonstration conducted by PMNM Dental College & Hospital Bagalkot in association with IDA on 25 <sup>th</sup> September 2017.
5	2018	Dr. Ashwini Hambire	Research for All	CDE programme at Department of Oral Pathology, Al Badar Dental Collage & Hospital, Gulbarga on 18th January 2018.
6	2018	Dr. Gladson Selvakumar	Research for All	CDE programme at Department of Oral Pathology, Al Badar Dental Collage & Hospital, Gulbarga on 18th January 2018.
7	2018	Dr. Sarita Bhandari	Research for All	CDE programme at Department of Oral Pathology, Al Badar Dental Collage & Hospital, Gulbarga on 18th January 2018.
8	2018	Dr. Gladson Selvakumar	Laser- A light scalpel in Periodontics	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 19th April 2018.
9	2018	Dr. Sarita Bhandari	Laser- A light scalpel in Periodontics	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 19th April 2018.
10	2018	Dr. Gladson	Porcelain Laminates	Preconference Hands on course

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			Design Concepts	conference, Chennai, Tamilnadu at Sree Balaji Dental College & Hospital, Chennai on 9th August 2018
11	2019	Dr. Sarita Bhandari	Management of Medical Emergencies in Dental Practice	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 30 <sup>th</sup> March 2019
12	2019	Dr. Gladson Selvakumar	Management of Medical Emergencies in Dental Practice	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 30 <sup>th</sup> March 2019
13	2019	Dr Syeda Arshia Fatima	Magnification in Endodontics	Demonstration and Handson at IACDE 2nd South Zonal conference, Mangaluru, Karnataka 9th -10th August 2019
14	2019	Dr. Gladson Selvakumar	Magnification in Endodontics	Demonstration and Handson at IACDE 2nd South Zonal conference, Mangaluru, Karnataka 9th -10th August 2019.
15	2019	Dr Raeesunissa Begum	Magnification in Endodontics	Demonstration and Handson at IACDE 2nd South Zonal conference, Mangaluru, Karnataka 9th -10th August 2019.
16	2019	Dr Raeesunissa Begum	Inner circle Module-1 to build necessary human skills for better patient care	At Al Badar Dental Collage & Hospital, Gulbarga on 3 <sup>rd</sup> October 2019.
17	2019	Dr. Sarita Bhandari	Clinical Dentistry- Explore the newer concepts	Dentists mega meet 2019- IDA, Kalaburgi Branch on 22 <sup>nd</sup> October 2019.
18	2019	Dr. Gladson Selvakumar	Clinical Dentistry- Explore the newer concepts	Dentists mega meet 2019- IDA, Kalaburgi Branch on 22 <sup>nd</sup> October 2019.
19	2019	Dr Raeesunissa Begum	Clinical Dentistry- Explore the newer concepts	Dentists mega meet 2019- IDA, Kalaburgi Branch on 22 <sup>nd</sup> October 2019.
20	2019	Dr Amaan Ahmed	Clinical Dentistry- Explore the newer concepts	Dentists mega meet 2019- IDA, Kalaburgi Branch on 22 <sup>nd</sup> October 2019.
21	2020	Dr. Gladson Selvakumar	National level comprehensive Academic programme	Rapid Recap 2020 at GDCRI, Bengaluru held on 6 <sup>th</sup> , 7 <sup>th</sup> and 8 <sup>th</sup> February 2020
22	2020	Dr. Sarita	National level	Rapid Recap 2020 at GDCRI,





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		Bhandari	comprehensive Academic programme	Bengaluru held on 6 <sup>th</sup> , 7 <sup>th</sup> and 8 <sup>th</sup> February 2020
23	2020	Dr Raeesunnisa Begum	Handson Lecture and Demo on Game changer in the restorative world of Dentistry.	At PMNM Dental College & Hospital Bagalkot on 2 <sup>nd</sup> March 2020.
24	2020	Dr Amaan Ahmed	Handson Lecture and Demo on Game changer in the restorative world of Dentistry.	At PMNM Dental College & Hospital Bagalkot on 2 <sup>nd</sup> March 2020.
25	2020	Dr Raeesunnisa Begum	Management of traumatic injuries to young permanent teeth	Online CDE Webinar conducted by DCI on 13/09/2020
26	2020	Dr Amaan Ahmed	Management of traumatic injuries to young permanent teeth	Online CDE Webinar conducted by DCI on 13/09/2020
27	2021	Dr Raesunnisa Begum	Evidence to deep learning -the new paradigm in orthodontics	Online CDE Webinar conducted by DCI on 17/01/2021
28	2021	Dr Amaan Ahmed	Evidence to deep learning -the new paradigm in orthodontics	Online CDE Webinar conducted by DCI on 17/01/2021
29	2021	Dr Amaan Ahmed	Electronic working length determination	Online CDE Webinar conducted by DCI on 31/01/2021
30	2021	Dr Raesunnisa Begum	Electronic working length determination	Online CDE Webinar conducted by DCI on 31/01/2021
31	2021	Dr Amaan Ahmed	Techniques in minor oral and dentoalveolar surgery and management of impacted tooth - mandibular third molar	Online CDE Webinar conducted by DCI on 14/02/2021
32	2021	Dr Raesunnisa Begum	Techniques in minor oral and dentoalveolar surgery and management of impacted tooth - mandibular third	Online CDE Webinar conducted by DCI on 14/02/2021



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			molar	
33	2021	Dr Raesunnisa Begum	Principles and designing of cast partial dentures	Online CDE Webinar conducted by DCI on 28/03/2021
34	2021	Dr Amaan Ahmed	Principles and designing of cast partial dentures	Online CDE Webinar conducted by DCI on 28/03/2021
35	2021	Dr. Gopinagaruri Snigdha Priya	Contemporary rotary Endodontics	Lecture & Hands on course organized by H.K.E S. Nijalingappa Institute of Dental Sciences and Research, Kalaburagi on 14 <sup>th</sup> September 2021.
36	2021	Dr.Gopinagaruri Snigdha Priya	Good clinical Practice and current regulations, new drugs and clinical trail rules, Ethics Committee composition and functioning.	Al Badar Dental Collage & Hospital, Gulbarga on 27 <sup>th</sup> September 2021.



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**CONFERENCES /CONVENTIONS ATTENDED BY FACULTY**

Sl No	Year	Name of the Faculty	Place, date and year of conference
1	2018	Dr Janavathi	Undergraduate Zonal Conference-Navodenticon18, Navodaya Dental College& Hospital, Raichur on 31 <sup>st</sup> October 2018
2	2018	Dr Shreeshail Indi	19th IACDE-IES National PG Convention, Gulbarga, Karnataka 16 <sup>th</sup> – 18 <sup>th</sup> Feb 2018
3	2018	Dr Janavathi	19th IACDE-IES National PG Convention, Gulbarga, Karnataka 16 <sup>th</sup> – 18 <sup>th</sup> Feb 2018
4	2018	Dr Pavan Diwanji	19th IACDE-IES National PG Convention, Gulbarga, Karnataka 16 <sup>th</sup> – 18 <sup>th</sup> Feb 2018
5	2019	Dr Shreeshail Indi	47 <sup>th</sup> Karnatak State & 6 <sup>th</sup> Inter State Dental Conference, PES Engineering College, Mandya 13 <sup>th</sup> -15 <sup>th</sup> December 2019
6	2020	Dr. Kiran Ghatole	29th Annual Conference of the Indian Academy of Aesthetic and Cosmetic Dentistry held virtually, on 31st October and 1st November 2020
7	2021	Dr Kiran Halkai	AEEDC Dubai 2021- UAE International Dental Conference& Arab dental Exhibition, Dubai UAE 29 <sup>th</sup> June-1 <sup>st</sup> July 2021
8	2021	Dr. Kiran Ghatole	36th IACDE National Conference & 21 <sup>st</sup> IACDE National PG Convention, Kahe's V K Institute of Dental Sciences, Belagavi, Karnataka. 17 <sup>th</sup> -21 <sup>st</sup> November 2021.





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**CDE PROGRAMMES/ WORKSHOPS/HANDS-ON COURSES ATTENDED BY  
FACULTY**

Sl No	Year	Name of the Faculty	Topic	Place, date and year of Programme Attended
1	2017	Dr Shreeshail Indi	Good clinical Practice	Department of Pharmacology, Khaja Bandenawa Institue of medical sciences, Kalaburgi on 21-8-2017
2	2017	Dr Pavan Diwanji	Good clinical Practice	Department of Pharmacology, Khaja Bandenawa Institue of medical sciences, Kalaburgi on 21-8-2017
3	2018	Dr Janavathi	Research for All	CDE programme at Department of Oral Pathology, Al Badar Dental Collage & Hospital, Gulbarga on 18th January 2018.
4	2018	Dr Shreeshail Indi	Research for All	CDE programme at Department of Oral Pathology, Al Badar Dental Collage & Hospital, Gulbarga on 18th January 2018.
5	2018	Dr Janavathi	Laser- A light scalpel in Periodontics	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 19th April 2018.
6	2018	Dr Shreeshail Indi	Laser- A light scalpel in Periodontics	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 19th April 2018.
7	2019	Dr. Ashwini Hambire	Management of Medical Emergencies in Dental Practice	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 30th March 2019
8	2019	Dr Janavathi	Management of Medical Emergencies in Dental Practice	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 30th March 2019
9	2019	Dr Shreeshail Indi	Management of Medical Emergencies in Dental Practice	CDE programme at Dept of Periodontics, Al Badar Dental Collage & Hospital, Gulbarga on 30th March 2019
10	2019	Dr Janawati	Basic course in Educational	Al Badar Dental Collage & Hospital,



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			Methodology	Gulbarga on 21 <sup>st</sup> & 22 <sup>nd</sup> August 2019.
11	2019	Dr Shreeshail Indi	Basic course in Educational Methodology	Al Badar Dental Collage & Hospital, Gulbarga on 21 <sup>st</sup> & 22 <sup>nd</sup> August 2019.
12	2019	Dr Kiran Ghatole	Basic course in Educational Methodology	Al Badar Dental Collage & Hospital, Gulbarga on 4 <sup>th</sup> & 5th October 2019.
13	2019	Dr Ashwini Hambire	Basic course in Educational Methodology	Al Badar Dental Collage & Hospital, Gulbarga on 4th & 5th October 2019.
14	2019	Dr Janavathi	Clinical Dentistry- Explore the newer concepts	Dentists mega meet 2019- IDA, Kalaburgi Branch on 22nd October 2019.
15	2019	Dr Shreeshail Indi	Clinical Dentistry- Explore the newer concepts	Dentists mega meet 2019- IDA, Kalaburgi Branch on 22nd October 2019.
16	2020	Dr Janavati	Composites A to Z	Al Badar Dental Collage & Hospital, Gulbarga on 5th March 2020.
17	2020	Dr Kiran Ghatole	Composites A to Z	Al Badar Dental Collage & Hospital, Gulbarga on 5th March 2020.
18	2020	Dr Shreeshail Indi	Composites A to Z	Al Badar Dental Collage & Hospital, Gulbarga on 5th March 2020.
19	2020	Dr. Ashwini Hambire	Composites A to Z	Al Badar Dental Collage & Hospital, Gulbarga on 5th March 2020.
20	2020	Dr Sumapriya Sulgante	Pandemics and Dentistry	Online webinar conducted by DCI on 28 June 2020
21	2020	Dr Sumapriya Sulgante	Covid and its implications in conservative dentistry & Endodontics	Online webinar conducted by DCI on 19 July 2020
22	2020	Dr Sumapriya Sulgante	Periodontics for the General Practice	Online CDE webinar conducted by DCI on 26 July 2020
23	2020	Dr Sumapriya Sulgante	Management of impression materials, impressions and models in covid 19 era	Online webinar conducted by DCI on 16 August 2020
24	2020	Dr Janavati	Informed consent- from dental surgeons perspective	Online webinar conducted by DCI on 6 <sup>th</sup> September 2020
25	2020	Dr Kiran Ghatole	Informed consent- from dental surgeons perspective	Online webinar conducted by DCI on 6th September 2020
26	2020	Dr Shreeshail Indi	Informed consent- from dental surgeons perspective	Online webinar conducted by DCI on 6th September 2020
27	2020	Dr Janavati	Adverse drug interactions and effects what every dentist should know	Online webinar conducted by DCI on 20 September 2020
28	2020	Dr Kiran Ghatole	Adverse drug interactions and effects what every	Online webinar conducted by DCI on 20 September 2020





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			dentist should know	
29	2020	Dr Shreeshail Indi	Adverse drug interactions and effects what every dentist should know	Online webinar conducted by DCI on 20 September 2020
30	2020	Dr Sumapriya Sulgante	Adverse drug interactions and effects what every dentist should know	Online webinar conducted by DCI on 20 September 2020
31	2020	Dr Shreeshail Indi	Role of magnification in Conservative Dentistry & Endodontics	Online webinar conducted by DCI on 27 September 2020
32	2020	Dr Sumapriya Sulgante	Re treatment strategies in Prosthodontics in general dental practice	Online webinar conducted by DCI on 11 October 2020
33	2020	Dr Kiran Ghatole	Orthodontic Diagnosis & Analysis of Diagnostic records	Online webinar conducted by DCI on 8 <sup>th</sup> November 2020
34	2020	Dr Kiran Ghatole	Biopsy an integral component of Diagnosis Treatment & Prognosis of Oral Pre cancer & Cancer	Online webinar conducted by DCI on 22 November 2020
35	2021	Dr Kiran Ghatole	Tobacco Cessation and Dentistry	Online CDE webinar conducted by DCI on 3 <sup>rd</sup> January 2021
36	2021	Dr Shreeshail Indi	Tobacco Cessation and Dentistry	Online CDE webinar conducted by DCI on 3 <sup>rd</sup> January 2021
37	2021	Dr Sumapriya Sulgante	Tobacco Cessation and Dentistry	Online CDE webinar conducted by DCI on 3 <sup>rd</sup> January 2021
38	2021	Dr Kiran Halkai	Evidence to Deep Learning The New Paradigm in Orthodontics	online webinar conducted by DCI on 17 January 2021
39	2021	Dr Kiran Ghatole	Evidence to Deep Learning The New Paradigm in Orthodontics	online webinar conducted by DCI on 17 January 2021
40	2021	Dr Pavan Diwanji	Evidence to Deep Learning The New Paradigm in Orthodontics	Online CDE webinar conducted by DCI on 17 January 2021
41	2021	Dr Shreeshail Indi	Evidence to Deep Learning The New Paradigm in Orthodontics	Online CDE webinar conducted by DCI on 17 January 2021
42	2021	Dr Sumapriya Sulgante	Evidence to Deep Learning The New Paradigm in Orthodontics	Online CDE webinar conducted by DCI on 17 January 2021
43	2021	Dr Kiran Halkai	Successful research grant applications-getting it right	Online module conducted by Researcher academy on 27 January 2021
44	2021	Dr Kiran Halkai	Electronic Working Length Determination : Clinical Tips &	Online CDE webinar conducted by DCI on 31 January 2021





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			Troubleshooting	
45	2021	Dr Kiran Ghatole	Electronic Working Length Determination : Clinical Tips & Troubleshooting	online CDE webinar conducted by DCI on 31 January 2021
46	2021	Dr Pavan Diwanji	Electronic Working Length Determination : Clinical Tips & Troubleshooting	Online CDE webinar conducted by DCI on 31 January 2021
47	2021	Dr Shreeshail Indi	Electronic Working Length Determination : Clinical Tips & Troubleshooting	Online CDE webinar conducted by DCI on 31 January 2021
48	2021	Dr Sumapriya Sulgante	Electronic Working Length Determination : Clinical Tips & Troubleshooting	Online CDE webinar conducted by DCI on 31 January 2021
49	2021	Dr Kiran Ghatole	Techniques in minor Oral & Dentoalveolar Surgery and Management of Impacted Tooth - Mandibular Third Molar	Online CDE webinar conducted by DCI on 14 Feb 2021
50	2021	Dr Pavan Diwanji	Techniques in minor Oral & Dentoalveolar Surgery and Management of Impacted Tooth - Mandibular Third Molar	Online CDE webinar conducted by DCI on 14 Feb 2021
51	2021	Dr Shreeshail Indi	Techniques in minor Oral & Dentoalveolar Surgery and Management of Impacted Tooth - Mandibular Third Molar	Online CDE webinar conducted by DCI on 14 Feb 2021
52	2021	Dr Sumapriya Sulgante	Antimicrobial therapy Principles, pitfalls and controversies	Online CDE webinar conducted by GDCH Hyderabad Alumni association on 21 February 2021
53	2021	Dr Kiran Halkai	Clinico Pathological Perspective of Development Anomalies of Teeth	online webinar conducted by DCI on 28 February 2021
54	2021	Dr Janavati	Clinico Pathological Perspective of Development Anomalies of Teeth	online webinar conducted by DCI on 28 February 2021
55	2021	Dr Kiran Ghatole	Clinico Pathological Perspective of Development Anomalies of Teeth	online CDE webinar conducted by DCI on 28 February 2021
56	2021	Dr Pavan Diwanji	Clinico Pathological Perspective of Development Anomalies of Teeth	Online CDE webinar conducted by DCI on 28 February 2021
57	2021	Dr Shreeshail	Clinico Pathological	Online CDE webinar conducted by

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		Indi	Perspective of Development Anomalies of Teeth	DCI on 28 February 2021
58	2021	Dr Sumapriya Sulgante	Clinico Pathological Perspective of Development Anomalies of Teeth	Online CDE webinar conducted by DCI on 28 February 2021
59	2021	Dr Kiran Halkai	Basic Concept of Removal & Fixed Orthodontic Appliance	Online CDE webinar conducted by DCI on 14 March 2021
60	2021	Dr Janavati	Basic Concept of Removal & Fixed Orthodontic Appliance	Online CDE webinar conducted by DCI on 14 March 2021
61	2021	Dr Kiran Ghatole	Basic Concept of Removal & Fixed Orthodontic Appliance	Online CDE webinar conducted by DCI on 14 March 2021
62	2021	Dr Pavan Diwanji	Basic Concept of Removal & Fixed Orthodontic Appliance	Online CDE webinar conducted by DCI on 14 March 2021
63	2021	Dr Shreeshail Indi	Basic Concept of Removal & Fixed Orthodontic Appliance	Online CDE webinar conducted by DCI on 14 March 2021
64	2021	Dr Sumapriya Sulgante	Basic Concept of Removal & Fixed Orthodontic Appliance	Online CDE webinar conducted by DCI on 14 March 2021
65	2021	Dr Janavati	Principles and Designing of Cast Partial Dentures	Online CDE webinar conducted by DCI on 28 March 2021
66	2021	Dr Kiran Ghatole	Principles and Designing of Cast Partial Dentures	Online CDE webinar conducted by DCI on 28 March 2021
67	2021	Dr Sumapriya Sulgante	Principles and Designing of Cast Partial Dentures	Online CDE webinar conducted by DCI on 28 March 2021
68	2021	Dr Kiran Halkai	Minimally invasive endodontics using a single file rotary system	Online live webinar conducted by CAPP on 8 April 2021
69	2021	Dr Pavan Diwanji	Oral Habits in Children: Clinical Aspects & Management	Online CDE webinar conducted by DCI on 11 April 2021.
70	2021	Dr Shreeshail Indi	Oral Habits in Children: Clinical Aspects & Management	Online CDE webinar conducted by DCI on 11 April 2021.
71	2021	Dr Sumapriya Sulgante	Oral Habits in Children: Clinical Aspects & Management	Online CDE webinar conducted by DCI on 11 April 2021.
72	2021	Dr Kiran Ghatole	Direct restorative Dentistry	Course conducted by One dental on 11-4-2021
73	2021	Dr Sumapriya Sulgante	Making Endo work for you	Live webinar by CAPP on 27 May 2021.
74	2021	Dr Sumapriya Sulgante	Scan to 3D print models for core applications in one	Live webinar by CAPP on 28 May 2021.

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			hour	
75	2021	Dr Sumapriya Sulgante	Digital workflow between practice and lab	Live webinar by CAPP on 29 May 2021.
76	2021	Dr Kiran Halkai	Tobacco Cessation: A professional update	Al Badar Dental Collage & Hospital, Gulbarga on 31 <sup>st</sup> May 2021.
77	2021	Dr Kiran Ghatole	Tobacco Cessation: A professional update	Al Badar Dental Collage & Hospital, Gulbarga on 31 <sup>st</sup> May 2021.
78	2021	Dr Sumapriya Sulgante	Tobacco Cessation: A professional update	Al Badar Dental Collage & Hospital, Gulbarga on 31 <sup>st</sup> May 2021.
79	2021	Dr Sumapriya Sulgante	Master posterior restorations in a simple way	Live webinar by CAPP on 02 July 2021.
80	2021	Dr Kiran Halkai	Integrating cone beam computed tomography system into daily practice	Live webinar by CAPP on 09 July 2021.
81	2021	Dr. Ashwini Hambire	Good clinical Practice and current regulations, new drugs and clinical trail rules, Ethics Committee composition and functioning.	Al Badar Dental Collage & Hospital, Gulbarga on 27 <sup>th</sup> September 2021.
82	2021	Dr. Shreeshail Indi	Good clinical Practice and current regulations, new drugs and clinical trail rules, Ethics Committee composition and functioning.	Al Badar Dental Collage & Hospital, Gulbarga on 27 <sup>th</sup> September 2021.
83	2021	Dr. Adil T	Good clinical Practice and current regulations, new drugs and clinical trail rules, Ethics Committee composition and functioning.	Al Badar Dental Collage & Hospital, Gulbarga on 27 <sup>th</sup> September 2021.
84	2021	Dr Ashwini Hambire	Clear Aligner & Biomechanics &Temporo mandibular dysfunction	Al Badar Dental Collage & Hospital, Gulbarga on 5 <sup>th</sup> October 2021.





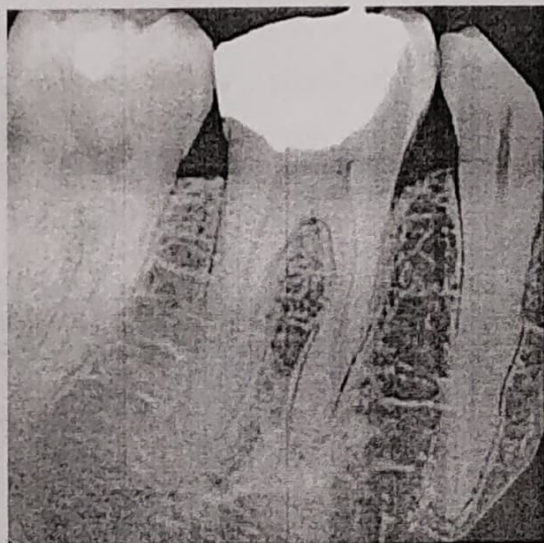
## Case discussions

Case discussions are done with students by providing case scenarios with images of IOPA Xrays, brief case history and discussed regarding the Interpretation of radiograph, differential diagnosis, diagnosis, and finally the treatment plan.

### First case report: Diagnostic Case Examples

Mandibular right first molar had been hypersensitive to cold and sweets over the past few months, but the symptoms have subsided. Now there is no response to thermal testing and there is tenderness to biting and pain to percussion. Radiographically, there are diffuse radiopacities around the root apices.

a.



Kindly describe/ diagnosis the above case

1. Differential diagnosis
2. Interpretation of radiograph
3. Diagnosis
4. Treatment plan
5. References

### **Differential Diagnosis:**

1. Irreversible pulpitis,
2. Pulp necrosis.

### **Interpretation of IOPA X Ray:**

1. IOPA X Ray shows 47, 46, 45 teeth and its adjacent area (cone cut at coronal and apical part of 45).
2. Radio opaque material involving enamel dentin, approximating/ involving the pulp horns showing deep restoration (DO)



3. Narrowing of the root canal
4. Widening of PDL space
5. Loss of lamina dura
6. Radiopaque thickening of bone around the mesial and distal root apex of lower right mandibular teeth
7. Lot of bone trabeculae all around the 46- showing healthy bone.

**Diagnosis:**

**Pulp necrosis; symptomatic apical periodontitis with condensing osteitis.**

**Treatment plan:**

Non-surgical endodontic treatment is indicated followed by a build-up and crown. Over time the condensing osteitis should regress partially or totally.

**Reference:**

1. Green TL, Walton RE, Clark JM, Maixner D. Histologic examination of condensing osteitis in cadaver specimens. J Endod 2013; 39:977-9.

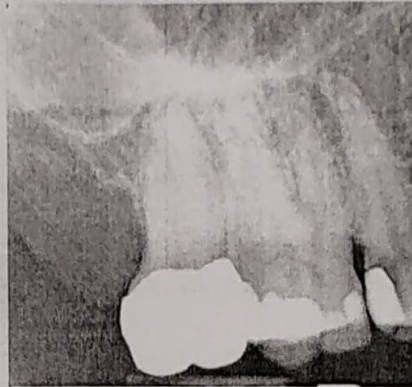
**Second Case report**

Following the placement of a full gold crown on the maxillary right second molar, the patient complained of sensitivity to both hot and cold liquids; now the discomfort is spontaneous. Upon application of Endo-Ice® on this tooth, the patient experienced pain and upon removal of the stimulus, the discomfort lingered for 12 seconds. Responses to both percussion and palpation were normal; radiographically, there was no evidence of osseous changes.



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Kindly describe/ diagnosis the above case in below format.

1. Differential diagnosis
2. Interpretation of radiograph
3. Diagnosis
4. Treatment plan
5. References

**Differential Diagnosis:**

1. Irreversible pulpitis,
2. Dentinal hypersensitivity

**Interpretation of IOPA X Ray:**

1. IOPA X Ray shows 17, 16, 15 teeth and its adjacent area.
2. Radio opaque material involving whole of the crown with 17 suggestive of full veneer crown, and with 16 radio opacity involving enamel, dentin, approximating/ involving the pulp horns suggesting of deep restoration (DO) and with 15 Radio opacity involving enamel dentin extending disto-occlusal suggestive of restoration and radiolucency below the restoration suggestive of secondary caries.
3. Narrowing of the root canal with 17 and 16
4. Widening of PDL space with 17
5. Loss of lamina dura with 17
6. Normal bony architecture irt to 17 16 15 teeth suggesting of healthy bone health bone.





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### Diagnosis:

Symptomatic irreversible pulpitis; normal apical tissues.

### Treatment plan:

Non-surgical endodontic treatment is indicated; access is to be repaired with a permanent restoration.

Note: that the maxillary second premolar has severe distal caries; needs future evaluations

following evaluation, the tooth was diagnosed with symptomatic irreversible pulpitis (hypersensitive to cold, lingering eight seconds); symptomatic apical periodontitis (pain to percussion).



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**DEBATE COMPETITION**

**AY 2020-2021**

Debate competition was conducted for Post graduate students and interns on 5th March, 2021 on occasion of Cons Endo day.

**Topic: single Vs multiple visit endodontics**

We had around 31 participants.

**List of participants is as follows:**

Sl. No	Name	Year of study	Groups
1.	Dr. Reshma.	1 <sup>st</sup> year PG	Group 1
2.	Dr. Amaan	2 <sup>nd</sup> year PG	
3.	Dr. Mubeen	3 <sup>rd</sup> Year PG	
4.	Dr. Rasiya Bilal	Intern	
5.	Dr Shareq	Intern	
6.	Dr Samreen Malik	Intern	
7.	Dr. Aazra	Intern	
8.	Dr. Naziya	Intern	
9.	Dr. Abrar	Intern	
10.	Dr. Vedika	Intern	
11.	Dr. Kavsar	Intern	
12.	Dr. Ruba	Intern	
13.	Dr. Ruffeda	Intern	
14.	Dr. Anfal	Intern	
15.	Dr. Swati	Intern	
16.	Dr. Snigdha Priya	1 <sup>st</sup> year PG	Group 2
17.	Dr Raees unisha	2 <sup>nd</sup> year PG	
18.	Dr. Arshiya	3 <sup>rd</sup> year PG	



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19.	Dr. Sara	Intern	
20.	Dr. Anand	Intern	
21.	Dr. Ruksara Shaikh	Intern	
22.	Dr. Sangamitra	Intern	
23.	Dr. Ruksar Parveen	Intern	
24.	Dr. Ameera	Intern	
25.	Dr. Deepa	Intern	
26.	Dr. Priyanka	Intern	
27.	Dr. Tasmiya	Intern	
28.	Dr. Ambika	Intern	
29.	Dr. Faiza	Intern	
30.	Dr. Sadiya	Intern	
31.	Dr. Ashwarya	Intern	

**Results:** Group 1 secured the prize.





## ART COMPETITION

### AY 2020-2021

Art (painting/drawing etc) competition was conducted for Undergraduate & Post graduate students, interns and staff was conducted on 4<sup>th</sup> March, 2021 on occasion of Cons Endo day.

**Theme: GENERAL DENTISTRY**

List of participants is as follows:

Sl. No	Name	Year of study/staff
1.	Hajira Abdul Nasir	2 <sup>nd</sup> BDS
2.	Zoha Fatima	2 <sup>nd</sup> BDS
3.	Zainab Abdul Nasir	1 <sup>st</sup> BDS
4.	Sara Shaik	2 <sup>nd</sup> BDS
5.	Bushra Bandenawaz	4 <sup>th</sup> BDS
6.	Iram Naaz	3 <sup>rd</sup> BDS
7.	Ayisha Tanveer	3 <sup>rd</sup> BDS
8.	Nagma Shaikh	3 <sup>rd</sup> BDS
9.	Syeda Bushra Afreen	3 <sup>rd</sup> BDS
10.	Atifa Rumman	2 <sup>nd</sup> BDS
11.	Shuchismita Dey	3 <sup>rd</sup> BDS
12.	Zoha Khan	2 <sup>nd</sup> BDS
13.	Saba	Receptionist ( Cons Dept)
14.	Sadiya Tabassum	3 <sup>rd</sup> BDS
15.	Noothan MS	2 <sup>nd</sup> BDS
16.	Syed Aftab Goni	3 <sup>rd</sup> BDS
17.	Syed Mubeen	PG student



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**Winners:**

1<sup>st</sup> Place is shared by Bushra Bandenawaz and Noothan

2<sup>nd</sup> place is shared by Sadiya Tabassum and Nagma Shaikh.

3<sup>rd</sup> Place is shared by Shuchismita Dey and Iram Naaz.



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## ART EXHIBITION

### AY 2020-2021

Art (painting/drawing etc) Exhibition was conducted for Undergraduate & Post graduate students, interns and staff was conducted on 4<sup>th</sup> March, 2021 on occasion of Cons Endo day.

**Theme: GENERAL DENTISTRY**

List of participants is as follows:

Sl. No	Name	Year of study/Faculty/staff
1.	Hajira Abdul Nasir	2 <sup>nd</sup> Year
2.	Zainab Abdul Nasir	1 <sup>st</sup> year
3.	Zoha Khan	2 <sup>nd</sup> year
4.	Ismat mulla	4 <sup>th</sup> year
5.	Zoha Fatima	2 <sup>nd</sup> Year
6.	Sara Shaikh	2 <sup>nd</sup> year
7.	Noothan MS	2 <sup>nd</sup> year
8.	Adila Munawar	4 <sup>th</sup> year
9.	Mariyam Habib	4 <sup>th</sup> Year
10.	Shankar gouda	2 <sup>nd</sup> year
11.	Aftab	3 <sup>rd</sup> year
12.	Fiza	3 <sup>rd</sup> year
13.	Iram	3 <sup>rd</sup> year
14.	Ayesha	3 <sup>rd</sup> year
15.	Nagma	3 <sup>rd</sup> year
16.	Ayesha maham	3 <sup>rd</sup> year
17.	Rihana	3 <sup>rd</sup> year
18.	Sadiya	3 <sup>rd</sup> year
19.	Fareeha Shakeel	4 <sup>th</sup> Year
20.	Fatima Kousar	4 <sup>th</sup> year
21.	Asma Tahseen	4 <sup>th</sup> year
22.	Syed Aftab Gani	3 <sup>rd</sup> year
23.	Atifa Rumman	2 <sup>nd</sup> year
24.	Dr Mubeen	PG student
25.	Shashi Patil	1 <sup>st</sup> year
26.	Dr Divya	PG student
27.	Dr Saba	PG student
28.	Somashekhar Patil	Artist & Photographer





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29.	Razakh	Lab technician
30.	Panchakshari	Lab technician

**Winners:**

1<sup>st</sup> Place is shared by Somashekhar Patil and Fareeha Shakeel.

2<sup>nd</sup> Place is shared by Hajira Abdul Nasir & Zainab Abdul Nasir and Mariyam Habib.

3<sup>rd</sup> Place is shared by Zoha Khan and Noothan MS.



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**Department of Oral Medicine & Radiology -3.2.1**

**Radio Visio Graphy [RVG]**



**This RVG sensor reduces X-ray exposure time, thereby reduces the patient's exposure to X-ray radiations. Use of this sensor helps the dentist to get instant results and decrease the waiting time of the patients.**

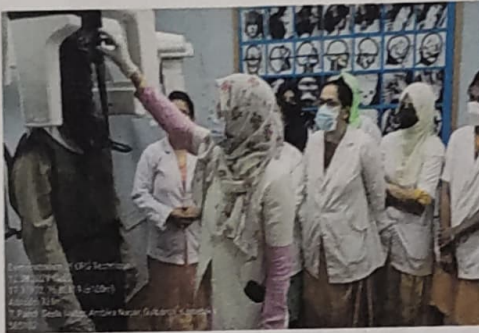
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### Orthopantomography [OPG]



This Digital OPG gives Broad coverage of facial bones and teeth, Low patient radiation dose, Ability to be used in patients who cannot open the mouth or where the opening is restricted, Short time required for making the image. It is of great help in patient diagnosis and treatment planning.

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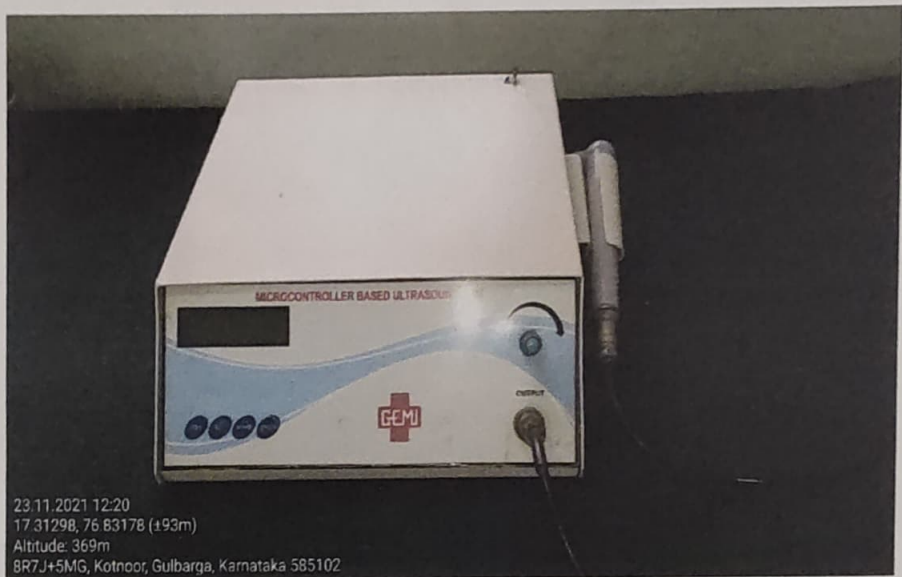




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## Ultrasound Therapy



23.11.2021 12:20  
17 31298, 76 83178 (193m)  
Altitude: 369m  
8R7J+5MG, Kotnoor, Gulbarga, Karnataka 585102

Therapeutic ultrasound is a noninvasive therapeutic method. It is known to accelerate healing, decrease joint stiffness, alleviate pain, increase the extensibility of collagen fibers, and reduce muscle spasm. It is of great help in management of TMJ and orofacial pain.

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### Carbon Monoxide Analyzer



12.08.2021 10:07  
17.31307, 76.8813 (±20m)  
Altitude: 327m  
8R7J+8FM, Panch Seela Nagar, Tarfile, Gulbarga, Karnataka  
585102

The Carbon monoxide analyzer have great potential to be used as an adjunct in achieving the goal of combating tobacco addiction. It is cheap, easy to use, non invasive and gives immediate results. Its main application is in smoking cessation

*[Signature]*  
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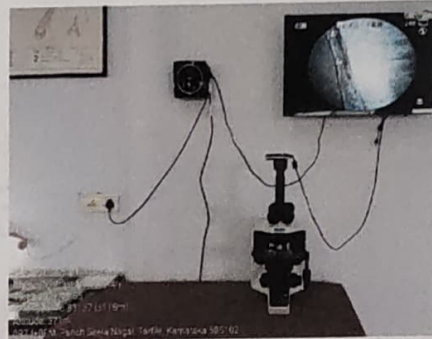


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## DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

### RESEARCH MICROSCOPE



The research microscope is a specialized trinocular type of compound microscope having high resolution at a very high magnification. Has a high standard of optical and mechanical qualities for teaching and research. Additional attachments: An optional adapter is present to mount digital cameras for digital imaging. Darkfield central stop is present, which is placed underneath the condenser with attachment lens. Phase contrast and polarizer filters are present for attaching under the condenser.

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**TRINOCULAR MICROSCOPE**



A trinocular is same as a binocular microscope but with a third eyepiece tube to attach a camera to be able to photograph or video the microscopic slides. It is used for teaching and research by connecting to a LED screen.

*S. J. Sankar*  
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**AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL, KALABURAGI**

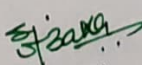
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Recognized by Dental Council of India (New Delhi)

### BINOCULAR MICROSCOPE



Al-Badar Dental College  
Binocular Microscopes  
31/12/2021 10:21  
17°31'30.3"N 76°53'42"E (±16m)  
Altitude: 372m  
DR7J+5YQ, Kothoor, Kalaburagi, Karnataka 585102

A compound microscope having 2 eyepieces for viewing with both the eyes, which divides a single image from an objective, reducing eyestrain and fatigue. It is used in the department for teaching and research of Oral histology and Histopathology of various oral diseases.

  
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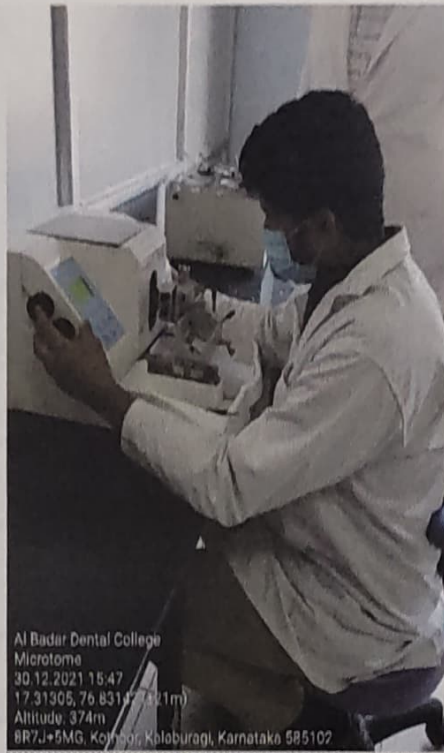


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### MICROTOME



Al Badar Dental College  
Microtome  
30.12.2021 15:47  
17.31305, 76.83147 (12.1m)  
Altitude: 374m  
BR7J+5MG, Kalaburagi, Karnataka 585102

Rotary microtome with semi-automated adjustments for operation, used in the laboratory for serial sectioning. It has an adjustable block holder which allows for altering the block angle. Manual sectioning is possible via a counter balanced exceptionally smooth running wheel, automatic feed mechanism and feed release. Disposable Blade holder is present which is suitable for use with both low profile blade and high profile blade.

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### IMMUNOHISTOCHEMISTRY



Al Badar Dental College  
IHC  
31.12.2021 10:15  
17.31297, 76.83152 (±22m)  
Altitude: 374m  
8R7J+5MG, Kotnoor, Kalaburagi, Karnataka 585102

Immunohistochemistry is an advanced diagnostic immunostaining method that uses antibodies to check for certain antigens (markers) in a sample of tissue.

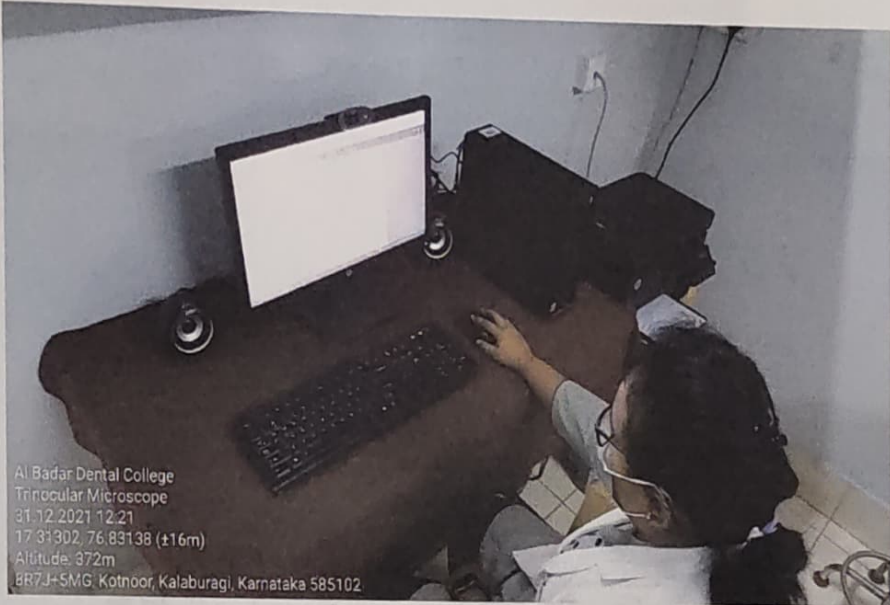
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## COMPUTER WITH LAN CONNECTIVITY AND PRINTER



Al Badar Dental College  
Trinocular Microscope  
31.12.2021 12:21  
17.31302, 76.83138 ( $\pm 16m$ )  
Altitude: 372m  
8R7J+SMG, Kotnóor, Kalaburagi, Karnataka 585102

Fastens the work, helps in computations, record mainating , surfing etc

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**DEPARTMENT OF PERIODONTICS**

**Dental Implant Placement on Patient**



Dept Of Periodontics  
IMPLANT  
13.08.2021 11:23  
8R7J+5MG, Kottur, Gulbarga

**Dental implant surgery is a procedure that replaces tooth roots with metal (titanium), screw like posts and replaces damaged or missing teeth with artificial teeth that look and function much like real ones. Dental implant surgery can offer a welcome alternative to dentures or bridgework that doesn't fit well and can offer an option when a lack of natural teeth roots don't allow building denture or bridgework for tooth replacements.**

*Signature*  
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& Hospital, KALABURAGI**

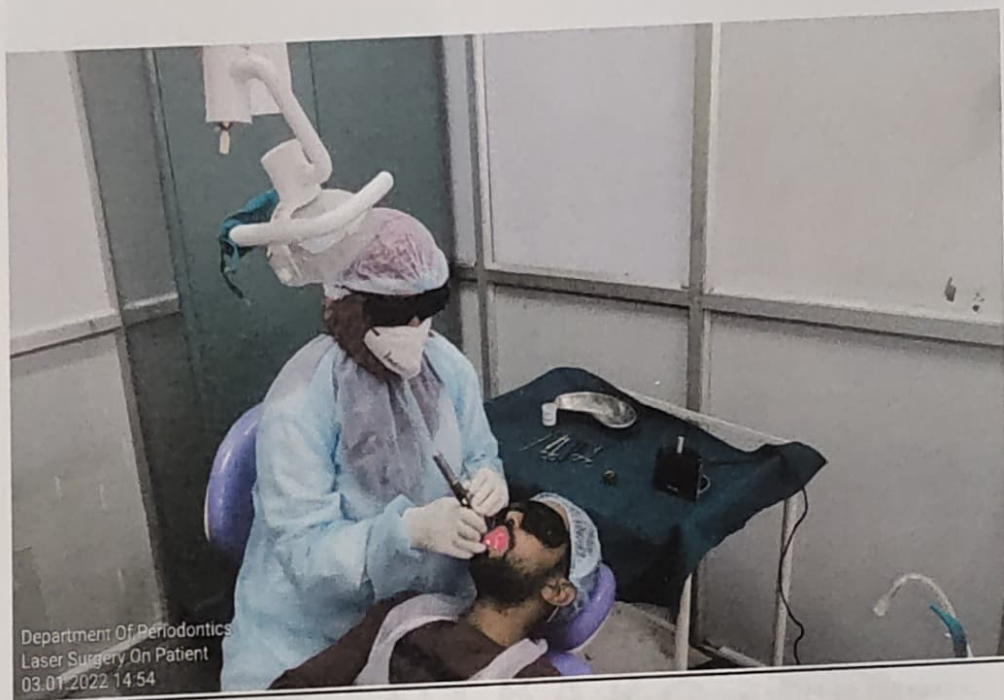




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**Laser Surgery on Patient**



Department Of Periodontics  
Laser Surgery On Patient  
03.01.2022 14:54

**Laser Assisted Periodontal Therapy, or LAPT for short, is the latest advancement in Periodontal Infection Removal. The precision of laser dentistry allows us to remove only the diseased tissue. This results in less post operative discomfort and faster recovery time. This Laser is used for various periodontal procedures like Gingivectomy, Frenectomy, Depigmentation, Flap Debridement, Operculectomy, Peri-implantitis.**

*[Signature]*  
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**Electrocautery Surgery on Patient**



Department Of Periodontics  
Electrocautery Surgery On Patient  
03.01.2022 15:07

**Electrocautery surgery is the passage of radio frequency or the high- Frequency electrical current through the tissue to create a desired clinical effect on the tissue. This high-frequency energy is used to cut or coagulate the tissue. Application of high frequency electrical current causes tissue to vaporize as the electrode passes through the tissue and capillaries. Hence leads into Bloodless surgery.**

*Asaka*  
PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI



### Iontophoresis on Patient



Department Of Periodontics  
Iontophoresis Surgery On Patient  
03.01.2022 15:22

**Iontophoresis is one of the popular technique which allows the concentrated application of drugs into the desired localized region of exposed dentine there by reducing dentinal hypersensitivity.**

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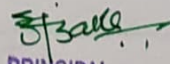
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Recognized by Dental Council of India (New Delhi)

**DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS**

**SURGICAL OPERATING MICROSCOPE**



The operating microscope greatly enhances a clinician's ability to view the tiniest details inside a patient's tooth. By magnifying vision up to 25 times that of the naked eye, the dental microscope is useful in both diagnosis and treatment. It also helps to find out the variations in internal anatomy of tooth

  
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Phone : 08472 - 227610, 220222 - Fax : 229687 | albadar\_glb@yahoo.com



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**OFFICE BLEACHING UNIT**



AI BADAR DENTAL COLLEGE  
Bleaching Unit  
29.10.2021 09:37  
17.31292, 76.83162  
173, Panch Seela Nagar, K H B Colony, Gulbarga, Karnataka  
585102

The inoffice bleaching unit greatly enhances the tooth whitening procedure  
. In-office teeth whitening light designed to be used by dental  
professionals for use in whitening discolored teeth. Lightens the shade 2  
to 5 times, therefore imparts esthetics of the discoloured teeth.

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## ULTRASONIC PIEZOSURGERY UNIT



AI BADAR DENTAL COLLEGE  
Piezo Surgical Unit  
29.10.2021 09:42  
17.31298, 76.83152  
173, Panch Seela Nagar, K H B Colony, Gulbarga, Karnataka  
585102

The compact piezo is the ideal variant for the dental unit in a surgery where there is little room to spare. Piezo electric technology offers more “cycles” per second (40,000 CPS versus 24,000 CPS). The tips of these units work in a linear, back and forth “piston-like” effect. This motion is ideal for endodontics. This is particularly evident when “troughing” for hidden canals. A magnostriuctive unit, on the other hand, creates more of a figure 8 (elliptical) motion. This is not as ideal for surgical or non-surgical endodontic use. Used for Removing separated instruments, Removing posts and cores and Increased efficacy of the irrigation agent etc.

  
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**THERMOPASTIZED OBTURATING SYSTEM**



AI BADAR DENTAL COLLEGE  
Thermoplasticized Obturating Unit  
29.10.2021 09:30  
17.31296, 76.83163  
173, Panch Seela Nagar, K H B Colony, Gulbarga, Karnataka  
585102

The unit help to plasticize the root canal filling material much easier and faster. It  
Increases precision of thermo-plasticized back fill obturation. It is designed with  
adjustable temperature settings. Reduces hand and wrist fatigue and Increases precision

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## LOUPES



AL-BADAR DENTAL COLLEGE  
Loupes  
29.10.2021 09:35  
17 31292 76 83157  
8R7J+5MG, Kotmoor, Gulbarga, Karnataka 585102

**Loupes are used in dental procedures and dental surgery. Allows optimal assessment, preservation and maintainance of tooth structure and oral tissue, as well as in MID. Used to magnify orifice and reduce eye strain**

*[Signature]*  
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Phone : 08472 - 227610, 220222 - Fax : 229687 | albadar\_glb@yahoo.com

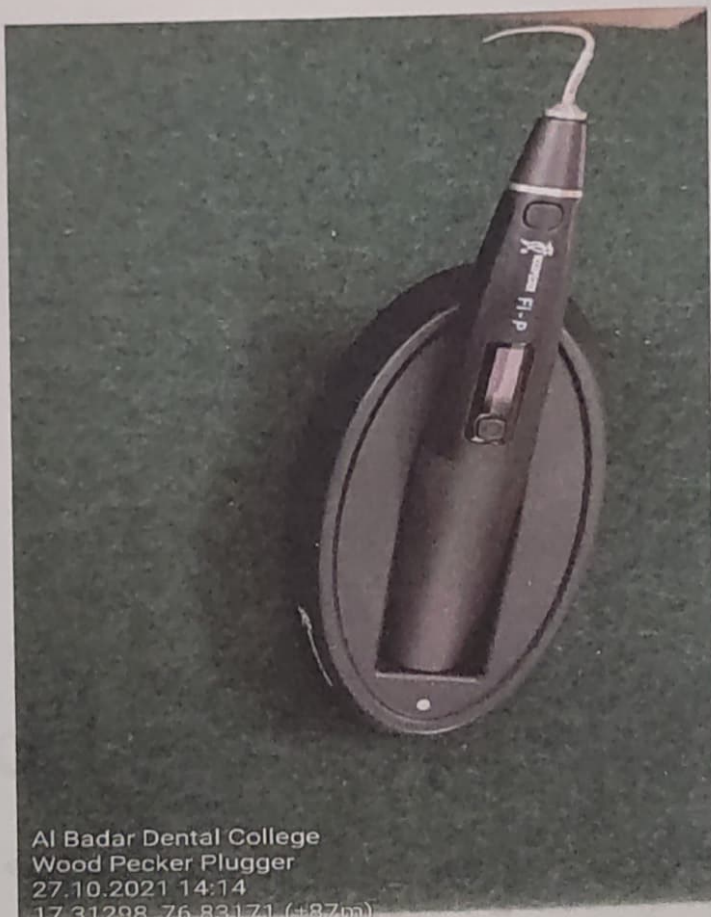


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### WOOD PECKER CORDLESS PLUGGER



Al Badar Dental College

Wood Pecker Plugger

27.10.2021 14:14

17 31298 76 83171 (+87mm)

Altitude: 370m

2017-10-20, 14:14, Kalaburagi

**This plugger is battery charged ensures homogenous filling of the gutta percha in the apical portion of the root canal system.**

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**WOOD PECKER OBTURA GUN**



Al Badar Dental College  
Woodpecker Obtura Gun  
27.10.2021 14:19  
17.31302, 76.83168 ( $\pm 362m$ )  
Altitude: 378m  
8R7J+5MG, Kotnoor, Gulbarga

It is a popular warm gutta-percha that uses a gun to warm and inject the gutta percha filling into the root canal. Gutta percha pellets are used. Lightweight therefore less fatigue. Eliminates voids.

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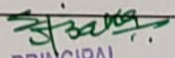
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### PHANTOM HEAD DENTAL



Al Badar Dental College  
Phantom  
28.10.2021 13:53

**Phantom head are used to simulate the clinical conditions for performing dental procedures. Usually used for student training in preclinical labs. Helps to evaluate the performance during conducting studies.**

  
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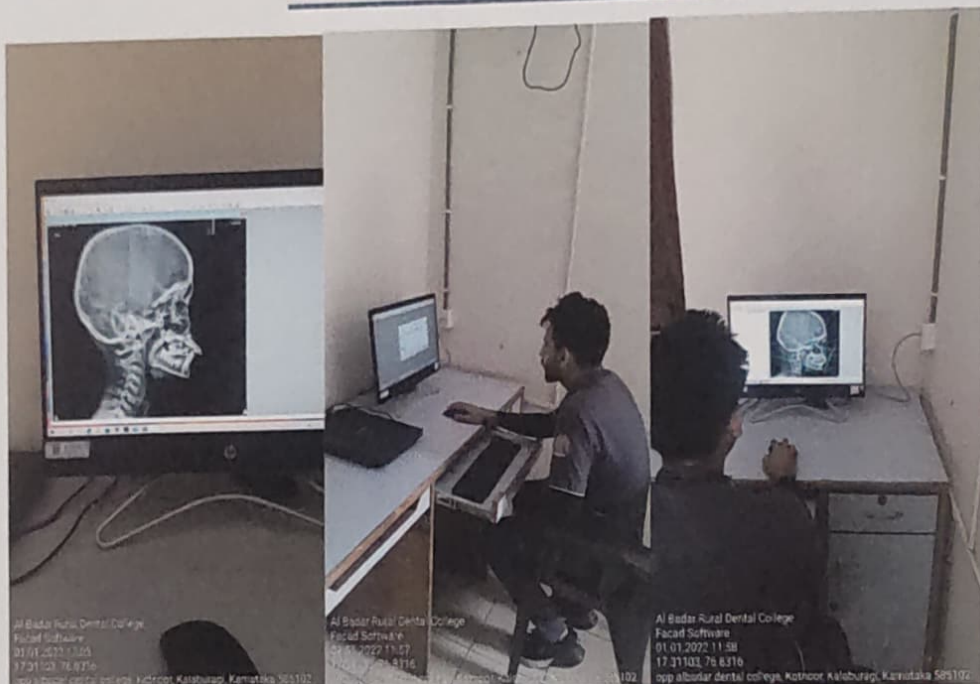


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**DEPARTMENT OF ORTHODONTICS AND DENTOFACIAL  
ORTHOPAEDICS**

**FACAD SOFTWARE**



The facad software is a specialized software used for orthodontic tracing, cephalometric analysis, and visual diagnostic imaging, as well as treatment planning with hard tissue and soft tissue prediction for both orthodontic and maxillofacial surgery. This software is meant for teaching and research for various orthodontic cases in the department

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# Diagnosing and Management of Middle Mesial Canal in Mandibular Molar Using Cone Beam Computerized Tomography - A Case Report

Ravisankar Dameneni<sup>1</sup>, Shailendra Mashalkar<sup>2</sup>, Ayesha Fathima<sup>3</sup>, Sangeetha Singh<sup>4</sup>

<sup>1</sup>Professor and HOD, Al-Badar Dental College and Hospital, Gulbarga, Karnataka

<sup>2</sup>Reader, Al-Badar Dental College and Hospital, Gulbarga, Karnataka

<sup>3</sup>Post Graduate Student, Al-Badar Dental College and Hospital, Gulbarga, Karnataka

<sup>4</sup>Post Graduate Student, Al-Badar Dental College and Hospital, Gulbarga, Karnataka

**Abstract:** *The main objective of root canal treatment is the thorough mechanical and chemical cleansing of the entire pulp space followed by complete obturation with inert filling material. The root canal treatment of a mandibular molar with aberrant canal configuration can be diagnostically and technically challenging. This clinical case report describes the management of the mandibular molar with three separate mesial canals including middle mesial canal, in which the diagnosis was confirmed with the help of cone beam computerized tomography and it also highlights the management of the unusual canal morphology using CBCT.*

**Keywords:** Mandibular Molar, Middle Mesial Canal, Cone Beam Computed Tomography.

## 1. Introduction

The main objective of root canal treatment is the thorough mechanical and chemical cleansing of the entire pulp space followed by complete obturation with inert filling material<sup>[1]</sup>. Knowledge of both normal and abnormal anatomy of the root canal system dictates the parameters for proper execution of root canal therapy and can directly affect the outcome of the endodontic therapy.<sup>[1,2,3,4]</sup> Therefore, it is imperative that aberrant anatomy of the root canal system should be identified before and during root canal treatment to effectively clean and shape the root canal system.

Mandibular molars are the most frequent tooth type to be endodontically treated<sup>[1]</sup>. Traditionally, mandibular molars are described as 2-rooted teeth with 2 canals in the mesial root and 1 or 2 canals in the distal root<sup>[3,4]</sup>. However, studies have shown several variations in the anatomy of mandibular molars.

Since Vertucci and Williams<sup>[3]</sup> first reported the presence of a middle mesial (MM) canal in a mandibular molar, there have been multiple case reports of aberrant canal morphology in the mesial root<sup>[3,5]</sup>. Pomeranz et al<sup>[4,6]</sup> described the anatomy of MM canals as follows: (1) fin: The file passes freely between the main mesial canal (ML or MB) and the MM canal (transverse anatomies), (2) confluent: The MM canal originates as a separate orifice but apically joins the MB or ML canal, and (3) independent: The MM canal originates as a separate orifice and terminates as a separate apical foramen.

It is of prime importance for the clinician to identify the entire topographic location of any additional canal orifices and also extremely important that clinicians use all the armamentaria at their disposal to locate and treat the entire root canal system<sup>[7]</sup>. Radiographic examination using

conventional intraoral periapical views is important for the evaluation of the canal configuration. Well-angulated periapical films should be taken with cone-directed straight-on, mesio-oblique, and disto-oblique; this technique often reveals and clarifies the three dimensional morphology of the tooth. However, it has its inherent limitation to assess the root canal system completely.<sup>[8,9,10]</sup> The use of the magnifying loupes, dental operating microscope, and adjunctive diagnostic aids like cone beam CT and so forth can also be used<sup>[11,12]</sup>.

Recently, cone beam CT (CBCT) imaging has been shown to provide comparable images at reduced dose and costs to be considered as an relative new method that produces three-dimensional (3D) information of the maxillofacial skeleton, including the teeth and their surrounding tissue. Specific endodontic applications for CBCT are being identified as the use of this technology becomes more common<sup>[13]</sup>. Cotton et al<sup>[8,9,10]</sup> reported a number of useful applications of CBCT imaging in endodontics. Furthermore, Matherne et al<sup>[14]</sup> suggested that CBCT imaging is useful even in identifying the root canal system.<sup>[17,18,19]</sup>

In this case report, we present clinical detection and the management of an independent MM canal in mandibular first molar by using CBCT imaging.

## 2. Case Report

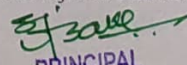
A 28-year-old male patient reported to department of conservative dentistry and endodontics, Al-Badar Dental College, Gulbarga, Karnataka with a chief complaint of pain in right lower posterior region of the mouth since a month. The patient's medical history was non-contributory. Clinical examination revealed the presence of deep occlusal caries with tooth 46. The tooth 46 was tender and there was no swelling / sinus opening present in the adjacent soft tissues.

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Paper ID: NOV161645

  
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# A Multidisciplinary and Multipronged Approach for the Management of Subgingivally Fractured Incisors – A Case Report

Ravisankar Damineni<sup>1</sup>, Sangeeta Kulkarni<sup>2</sup>, Sangeetha Singh<sup>3</sup>

<sup>1</sup>Professor and HOD, Al-Badar Dental College and Hospital, Gulbarga, Karnataka, India

<sup>2</sup>Senior lecturer, Al-Badar Dental College and Hospital, Gulbarga, Karnataka, India

<sup>3</sup>Post Graduate Student, Al-Badar Dental College and Hospital, Gulbarga, Karnataka, India

**Abstract:** This case report describes the management of a subgingivally complicated crown root fracture of upper anterior teeth using different treatment approaches. A 26 year old patient was referred to the Department of Conservative Dentistry for the management of his traumatized maxillary incisors. Tooth 11 had a subgingival crown root fracture; the mobile coronal fragment was extracted atraumatically. Gingivectomy was performed with electrosurgery to expose remaining subgingival fragment. This was followed by single visit endodontic therapy, placement of prefabricated fibre post and core buildup with composite resin. Since 21 had Ellis class I fracture and vitality tests were normal, it was decided to be treated with direct composite restoration. In 22 the small mobile palatal fragment was removed followed by single visit endodontic therapy and subsequent composite core build up. Results – evaluation of 9 months follow up after treatment revealed good esthetics, good periodontal health & normal function.

**Keywords:** Traumatic injury, Ellis fracture, Gingivectomy, Osteotomy, prefabricated fibre posts

## 1. Introduction

Dento alveolar trauma of the maxillary anterior often leads to aesthetic, functional and phonetic problems.<sup>1, 2</sup>

Treatment options for such fractures include fragment reattachment, restoration after gingivectomy/osteotomy, forced orthodontic or surgical extrusion, vital tooth submergence, resin crowns, ceramic crowns and composite restoration reinforced with/without pins. Traumatic injuries of anterior teeth usually occur within the gingival margin and very often manifest with complex presentations.<sup>4, 5, 6</sup> When the fracture extends further subgingivally, flap surgery, combined with osteoplasty /osteotomy procedures is required.<sup>7, 8, 9</sup> This case report describes the management of a subgingivally complicated crown root fracture of teeth 11, 21 and 22 using different treatment approaches.

**Case History:** A 26 year old male patient reported to our Department of Conservative Dentistry and Endodontics, Albadar dental college & hospital, Gulbarga, Karnataka with a chief complaint of pain in upper anterior region. Patient gives history of road traffic accident seven days before, followed by mild loss of consciousness and lacerated wounds over outer canthus of eye, lower lip, forehead and chin. He was rushed to a general hospital and immediately treated for his lacerated wounds. Prophylactic medications including tetanus toxoid injections were given for systemic infection and relieve pain. The patient's medical and family histories were non-contributory. Physical examination revealed healed lip lacerations and some remnant sutures were noticed in the forehead and chin region. No other extra oral injuries were noted. Intra oral examination revealed subgingival crown root fracture in relation to 11, coronal fracture involving enamel & dentin in relation to 21, suggesting Ellis class II #. Further probing revealed a complex fracture in relation to 22 with the fracture line extending from mesial part of the crown to the distal part of the root. On palpation, there was no

Dento-Alveolar fracture and mobile fragments were noticed in relation to 11 & 22 (Figure 1a & b). Intra oral periapical (IOPA) radiograph revealed subgingival crown root fracture in relation to 11. In tooth numbered 22, the fracture line was seen to extend subgingivally as shown in (Figure 2). At the same time, the fracture line extending from the mesial part of the crown to the distal part of the root at the crest of the inter dental alveolar bone was noted. It was also accompanied by widening of PDL space. There was no evidence of root fracture with either 11, 21 or 22.



Figure 1a & b: pre operative



Figure 2: Diagnostic radiograph



## Pain after single visit endodontic treatment using fifth generation file systems -An in vivo study

Syeda Arjumand Fatima<sup>1,\*</sup>, Shaik Mohammed Moinuddin<sup>2</sup>

<sup>1</sup>PG Student, Dept. of Conservative Dentistry & Endodontics, Al-Badar Dental College & Hospital, Gulbarga, Karnataka,  
<sup>2</sup>Registrar, Dept. of Periodontics, King Fahd Hospital, Al- Medina, Saudi Arabia

\*Corresponding Author:

Email: drsyeda.arjumand@gmail.com

### Abstract

**Aim:** To compare the incidence, duration and severity of pain after single visit root canal treatment with three different fifth generation file systems (ProTaper Next, One Shape, and Revo-S).

**Materials and Method:** Three groups, each consisting of 45 patients with symptomatic irreversible pulpitis and symptomatic periapical periodontitis were selected and instrumented. Group I (n = 45) was instrumented with ProTaper Next file system, Group II (n = 45) was instrumented using One Shape file system and Group III (n = 45) was instrumented using Revo-S file system. All canals were instrumented and obturated in the same visit, following treatment patients were discharged with a questionnaire to gather data about the incidence (yes/no), severity (mild, moderate or severe), and duration of pain (days). Postoperative pain response of patients was evaluated at 6, 12, 24 and 48 hrs. using the visual analogue scale (VAS) score. The severity and incidence of pain between groups were compared using the chi-squared test. The statistical significance of differences were estimated by one way ANOVA and *post hoc* Tukey test.  $P < 0.05$  was considered as significant.

**Results:** Highest mean pain ( $1.378 \pm 0.49$ ) was seen in group II, 12 hr post-operatively, while lowest mean pain ( $0.067 \pm 0.25$ ) was seen 48 hr post-operatively in group III. There was highly significant difference ( $P < 0.001$ ) in pain between the group I & II (at 24 hours and 48 hours), group II & III (at 6, 12, 24 and 48 hours) and group I & III (at 6 & 12 hours), of post-operative sessions. Group III had lowest mean pain. There was statistically significant difference ( $P < 0.001$ ) in intensity of pain between the groups I, II & III at 6 hours, 12 hours, 24 hours & 48 hours.

**Conclusion:** Tooth instrumented with Revo-S file system were found to be least associated with incidence, duration and severity of postoperative pain at the time points assessed.

**Keywords:** Pain, Post endodontic pain, Single-visit root canal, Rotary, ProTaper Next, One Shape, Revo-S, Visual analog scale

### Introduction

It has been well established over the past 30 years that endodontic disease, has a microbial pathogenesis. Consequently, root canal treatment is performed to treat endodontic disease by eradicating bacteria from the root canal space. It is widely accepted that disinfection and subsequent obturation of the root canal space require mechanical enlargement of the main canals,<sup>(1)</sup> and the vast majority of techniques and instruments are based on these objectives.

Two approaches have been proposed in this regard. In one approach, residual bacteria are eliminated or prevented from repopulating the root canal system by introducing an inter appointment dressing during the root canal treatment in multi visit. The second approach is aimed at eliminating the remaining bacteria or rendering them harmless by entombing them in a complete and three dimensional obturation, finishing the treatment in single visit, to deprive the microorganisms of nutrition and the space required to survive and multiply.<sup>(2)</sup>

Recent clinical reports, have shown that patients generally tolerate and prefer single-visit endodontic therapy.<sup>(3)</sup> Therefore, single-visit root canal treatment has become a common practice and offers several advantages, including a reduced flare-up rate, decreased number of operative procedures, and no risk of inter-appointment leakage through temporary restorations.

A major concern in single visit endodontic therapy is incidence of post-operative pain and healing following the treatment.

Post endodontic pain is clearly multifactorial, and one important cause has been claimed to be the instrumentation process. This may be the result of debris and bacterial extrusion during chemo mechanical preparation, which worsens the inflammatory response and causes peri-radicular inflammation.<sup>(4)</sup>

Major advances in rotary instrumentation and metallurgy have led to the introduction of numerous systems with innovative designs in recent years. Nonetheless, all the preparation techniques and instruments available to date are still associated with some degree of extrusion of debris.<sup>(5,6)</sup>

Fifth generation, the latest generation of shaping files have been designed in such a way that the centre of mass or the centre of rotation, or both, are offset. It includes Revo-S, One Shape and the ProTaper Next file systems. This offset design enhances auguring debris out of a canal which can result in least debris extrusion<sup>(7-9)</sup> and thus reduced postoperative pain.

In absence of in vivo studies that compare pain after root canal treatment using fifth generation file systems namely ProTaper Next, One Shape and Revo-S, a study was designed to compare incidence, severity and



## Root Amputation: Practical Way to Salvage Compromise Tooth - A Case Report

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### Case Report

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**Abstract:** Advances in dentistry, as well as the increased desire of patients to maintain their dentition, have led to treatment of teeth that once would have been extracted. The treatment may involve combining restorative dentistry, endodontics and periodontics so that the teeth are retained in whole or in part. The term tooth resection denotes the excision and removal of any segment of the tooth or a root with or without its accompanying crown portion. Various resection procedures described are: root amputation, hemisection, radisection and bisection. Root amputation refers to removal of one or more roots of multirooted tooth while other roots are retained. This case report illustrates determination of prognosis and immediate resection carried out, after completing the endodontic therapy, during the surgery employed for managing a non periodontal problem. This case report demonstrates root amputation procedure, carried out on maxillary right first molar for eliminating the cause for root caries on mesio buccal root to salvage the remaining portion of a strategically important tooth structure.

**Keywords:** Mesio buccal root, root caries, root resection, root amputation

### INTRODUCTION

In modern era of dentistry emphasis is placed on maintain & preservation the nature dentition & the main goal of dentistry being prevention, preservation & restoration of defects. According to De Van "perpetual preservation of what remains is more important than meticulous replacement of what is lost [1]."

Thus tooth resection procedures are used to preserve as much tooth structure as possible rather than sacrificing the whole tooth [2]. The treatment may involve combining restorative dentistry, endodontics and periodontics so that the teeth are retained in whole or in part. Such teeth can be useful as independent units of mastication or as abutments in simple fixed bridges [3].

Root amputation procedures are a logical way to eliminate a weak, diseased root to allow the stronger to survive, whereas if retained together, they would collectively fail. Selected root removal allows improved access for home care and plaque control with resultant bone formation and reduced pocket depth.<sup>2</sup> Root amputation—once a common surgical procedure aimed at eliminating furcation invasion in multirooted teeth was first described by Farrar in 1884. It was reintroduced into periodontics by Messinger and Orban in 1954 [4].

The indications for root amputation were given by Basaraba [5] and Staffileno [6]. They include Class III furcation involvement; deep Class II furcation; cases of isolated severe bone loss involving one of the roots;

vertical root fracture; subgingival root caries; and endodontic indications, such as a persisting periapical pathologic lesion, root resorption or iatrogenic root perforation [3].

A long-term successful outcome of root amputation depends upon four variables, including meticulous endodontic, periodontic and restorative procedures, and a highly motivated patient [3]. As always, case selection is an important factor in success. Proper diagnosis, treatment planning, case presentation & good restorative procedures are all critical factors equally important to the resective procedure itself. The strategic value of the tooth involved must be convincing.

This case report demonstrates root amputation procedure, carried out after the completion of endodontic therapy on maxillary right 1<sup>st</sup> molar (16), for eliminating the cause for root caries, to salvage the remaining portion of a strategically important tooth structure.

## Root Amputation: Practical Way to Salvage Compromise Tooth - A Case Report

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## Revascularization of Immature Central Incisor with Apical Periodontitis: A Case Report

Dr. Khan Ahmed Omar\*, Dr. Mashalkar Shailendra, Dr. Kulkarni Sangeeta, Dr. Janavathi, Dr. Kiran, Dr. D. Pawan, Dr. Indi Shreeshaail, Dr. W. Jyothi, Dr. Hambire Ashwini

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**Abstract:** The field of regenerative endodontics is rapidly advancing. It is based upon the principles of tissue engineering, namely the spatial delivery of appropriate cells, scaffolds, and growth factors. To date, none of the published clinical studies fully engage the concepts of tissue engineering. Instead, these studies are best described as revascularization procedures that attempt to regenerate biologic tissues within the root canal space, without necessarily replicating the pulp – dentin complex. This article describes the revascularization procedure done on a 15 year old patient with immature central incisor, diagnosed with apical periodontitis. Periodic follow up has shown successful apical healing and closure of apex.

**Keywords:** Revascularization, Blunderbuss canal, immature teeth, Regeneration.

### INTRODUCTION

The goal of endodontics is to prevent or treat apical periodontitis. An optimal way to accomplish this goal is to either maintain pulpal health in cases of pulpal inflammation or to regenerate healthy pulpal tissue in cases of pulpal necrosis [1]. Pulp necrosis of an immature tooth as a result of caries or trauma could arrest further development of the root, leaving the tooth with thin root canal walls and blunderbuss apices. The absence of an apical constriction makes root canal treatment problematic because of the difficulty to obtain a seal with conventional obturation methods. The thin root canal walls render it susceptible to fracture [2].

Traditionally, multiple-visit specification with calcium hydroxide was the treatment of choice in necrotic immature teeth, which would induce formation of an apical hard tissue barrier.

Although this approach was predictable and successful, long-term use of calcium hydroxide has several disadvantages such as multiple treatment appointments, probable recontamination of the root canal system during treatment period, and increased brittleness of root dentin, which increases the risk of future cervical root fractures. An alternative technique for specification with calcium hydroxide is artificial apical barrier technique, which is done by placing barrier material in apical portion of the canal. The material of choice for this technique is mineral trioxide aggregate (MTA), which has been shown to have high success rates and reduce the number of required clinical sessions. Both of the mentioned methods (i.e. specification and artificial apical barrier techniques) share the same disadvantage of not allowing the continuation of root development, which leads to a fragile root structure. Revascularization is a regenerative treatment and a biologically based alternative approach to treat necrotic immature teeth that, unlike specification and artificial apical barrier

techniques, allows continuation of root development [3].

### CASE REPORT

A 15 year old female patient reported to the Department of Conservative Dentistry and Endodontics, Al Badar Rural Dental College and Hospital, Gulbarga, Karnataka, with a chief complain of pain in upper front teeth region since two months. Patient gives history of trauma five years back and pus discharge; symptoms were relieved then but, since past two month's patient noticed pain and sensitivity on the involved tooth. On further intra oral examination we noticed fracture of 21 which was tender on percussion. Pulp vitality test was performed which showed negative response. On radiographic examination, the teeth showed a blunderbuss canal with periapical radiolucency. It was diagnosed as Ellis class III fracture with apical periodontitis. Revascularization was the treatment plan. Rubber dam (Hygiene) was placed and access opening was done and working length was confirmed through



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## Color depth penetration of direct and indirect composite after one month interaction with different colored drinks

**Dr. Mashalkar Shailendra, Dr. Sarita Bhandari, Dr. Sangeeta Kulkarni,  
Dr. Janavati and Dr. Kiran Ghatole**

### Abstract

**Aim:** The aim of this study was to evaluate and compare the color depth penetration of direct and indirect composite after one month interaction with three different colored drinks.

**Materials and method:** Seventy sound extracted molars were collected and stored in saline at room temperature. The teeth were divided into two groups (group I –direct restorative technique and group II indirect restorative technique) and Class I cavity were prepared and restored. Specimens were immersed in cold drink, tea, food color (turmeric solution) and control group (distilled water) for one month, three times a day, and one hour each. Teeth were then soaked in Rhodamine B dye for 24 hours and then sectioned mesio-distally and evaluated under stereomicroscope at 10X magnification. The statistical analysis was done by One Way ANOVA with post hoc test.

**Results:** The highest colour penetration was observed in indirect composite restorations with turmeric group and lowest colour penetration in direct composite restorations with tea group

**Conclusion:** Indirect composite restorations showed more color penetration than direct restorations.

**Keywords:** Color, molars, rhodamine, temperature, turmeric

### Introduction

Composites resins are currently considered as universal materials for restorations and have become the potential first choice for direct anterior and posterior restorations with great success and high patient acceptance. The great popularity can be related to their good esthetic appearance results and reduced need of sound tissue removal as compared with former materials [1]. But after a long term use and exposure to a huge variety of food and beverages, the most commonly encountered problem has been color change which is a frequent reason for replacement of restoration.

According to Asmusse E [2] and Dietschi D *et al.* [3] there are three types of composite resin discolorations 1) Extrinsic discoloration: This is caused by the accumulation of plaque and superficial pigments; 2) Intrinsic discoloration: This is caused by the aging of material itself; 3) Alteration of the surface color due to superficial degradation or mild penetration and reaction of the staining agents on the inner side of superficial composite resin layer. Color stability of a restoration throughout its functional lifetime is important for the durability of treatment and of cosmetic importance [4].

The use of composite inlay techniques has already been proved to be an elegant approach to improve the marginal seal and adaptation of esthetic posterior restorations by greatly restricting the volume of composite resin to be simultaneously cured and bonded to tooth [5]. Excessive contact of the tooth structure with acidic food leads to loss of dental hard tissues. Thus it can be assumed that restorative materials, when subjected to low pH environment in the oral cavity, leads to degradation of its surface and marginal integrity [6].

Microleakage may be defined as the clinically undetectable passage of bacteria, fluids, molecules or ions between a cavity wall and the restorative material applied to it [7]. Microleakage will result in the discoloration/staining of the restoration, produce tooth sensitivity, aid in the recurrence of caries, and, finally may lead to failure of the restoration [8]. It is already known that the continuous exposure of the restoration margins in the oral

## Original Article

# Apical microleakage in root canal-treated teeth containing broken hand files obturated with two different obturating materials: An *in vitro* study

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Department of Conservative Dentistry and Endodontics, Al Badar Dental College and Hospital Gulbarga, Karnataka, India

### ABSTRACT

**Introduction:** Separated instruments in root canals complicate routine endodontic treatment. This study aimed to compare apical microleakage in root canals containing separated hand stainless steel K-files obturated with gutta-percha and Portland cement.

**Materials and Methods:** In this *in vitro*, experimental study, forty single-rooted freshly extracted teeth were decoronated and then the roots were randomly divided into four groups ( $n = 40$ ). The biomechanical preparation was done according to the step-back technique. The K-file of 25 size was intentionally broken in apical third and obturation was done with gutta-percha and AH Plus sealer using lateral compaction technique and with Portland cement. Apical microleakage was measured using dye penetration method; teeth were immersed in Indian ink for 48 h. The roots were rinsed and sectioned by a cutting saw. The sections were evaluated under a stereomicroscope under  $\times 50$  magnification by two observers. Data were analyzed using ANOVA test.

**Results:** Root canals filled with Portland cement have shown lowest microleakage when compared to laterally compacted gutta-percha according to dye penetration depth. Statistical results with ANOVA have showed a significant difference in microleakage among the four groups ( $P < 0.001$ , significant).

**Conclusion:** The results of this study have shown that apical microleakage is less in instrument-separated teeth obturated with Portland cement than in instrument-separated teeth obturated with gutta-percha.

**Keywords:** Apical microleakage, gutta-percha, lateral compaction, Portland cement

### INTRODUCTION

The success of endodontic treatment relies on proper diagnosis, thorough biomechanical preparation and three-dimensional (3D) obturation. The chemomechanical preparation is accomplished by stainless steel files and different chemicals. Separation of the instrument is one of the procedural accident during root canal treatment, which could compromise the clinical outcome in terms of failure of the root canal treatment. Most of the stainless steel instruments fail due to excessive torque, whereas NiTi rotary files usually fracture due to torsional stress and cyclic loading.<sup>[1]</sup>

Fractured instrument itself may not cause treatment failure. However, the remaining fragment in the root canal can hinder the complete preparation of root canal space. In a situation where broken instrument cannot be retrieved, then achieving a proper 3D obturation becomes difficult and can lead to failure in the long run.<sup>[2]</sup>

Traditionally, gutta-percha has been used in lateral compaction technique to give hermetic seal which guarantees

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Original Article

## Comparative Evaluation of Apical Seal using Centon N and Mineral Trioxide Aggregate as Retrograde Filling Material

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### ABSTRACT

**Introduction:** The study was done to compare and evaluate sealing ability of two retrograde filling materials namely mineral trioxide aggregate (MTA) and Centon N using stereomicroscope.

**Methodology:** A total of 40 single rooted freshly extracted teeth were collected and decoronated. They were randomly divided in two groups of 15 teeth each as group 1 and 2 and 5 teeth each in group 3 and 4 (control groups). Bio-mechanical preparation was then done till 30 size K file using step back technique. The teeth were obturated and 3 mm of each root apex was sectioned at a 90° angle. 3 mm retrograde preparation was performed with a short head bur attached to a high speed hand piece. Retrofills were performed with MTA and Centon N in groups 1 and 2. Teeth were immersed in 1% methylene blue dye for 48 hours. The roots were rinsed and sectioned by diamond disc. The sections were evaluated under a stereomicroscope under 10X magnification.

**Results:** Group 2 (Centon N) exhibited least micro-leakage, however statistical results with ANOVA showed no significant difference in micro-leakage among groups 1 and 2 ( $p = 0.847$ ).

**Conclusion:** Centon N can be an alternative to MTA as retrograde filling material however, further bio-compatibility tests to check the reactions of periapical tissues to the materials need to be evaluated.

### INTRODUCTION

Surgical endodontic therapy is a viable alternative when conventional endodontic therapy is unsuccessful or contraindicated because of complexity of root canal systems, inadequate instrumentation, and presence of physical barriers.<sup>1</sup>

Success of endodontic surgery depends on case selection, instrumentation technique, and selection of retrograde filling material. The primary role of retrograde filling material is to perform the hermetic sealing. By hermetic sealing with a root end filling, prevention of the passage of microorganisms and their products into the periapical tissues can be achieved.<sup>2</sup>

The properties of the ideal root-end filling material are as follows: bio-compatibility, promotion of tissue regeneration without causing inflammation, ease of handling, low solubility in tissue fluids, bonding to dental tissue, non-absorbable, dimensional stability, radio-opacity, and no staining of surrounding tissues.<sup>3</sup> Many materials are currently being used, including amalgam, composite, super-EBA, IRM, and mineral trioxide aggregate as retrograde filling material. Among these materials, mineral trioxide aggregate is considered as the gold standard of retrograde filling material.<sup>4</sup> However, this biocompatible material presents certain drawbacks such as long setting time. Extensive porosity is also observed in mineral trioxide aggregate when it comes in contact with low pH solution which may lead to micro-leakage and may stand as an obstruction in the success of the treatment.

Composites were introduced in 1960s and have been available for nearly fifty years. Despite having good physical properties, the main shortcomings of composite resin materials are shrinkage resulting in marginal micro-leakage, postoperative sensitivity, and secondary caries.<sup>5</sup>

Centon N an "alkasite" restorative material which is a new category of filling material is essentially a subgroup of the composite resin with less setting time which can produce cost-effective way to deliver a high-quality, predictable retrograde seal. It is like compomer or

## Original Article

# Evaluation of indomethacin as matrix metalloproteases inhibitor in human dentin

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## Abstract

**Objective:** The objective was to determine a new experimental material, indomethacin's inhibitory effect on the enzymatic activity of dentin collagen.

**Materials and Methods:** Fifteen freshly extracted teeth were collected and stored at 4°C until use. Enamel, roots, and remnant pulp tissue were removed, and dentin powder was obtained by pulverizing liquid nitrogen-frozen coronal dentin with a mortar and pestle. The obtained protein extract from human dentin powder was treated with indomethacin and incubated. The inhibition of enzymatic activity was analyzed using plate assay method and zymographic analysis.

**Results:** Plate assay method and zymograms showed that indomethacin-treated samples inhibited dentin enzymatic activity.

**Significance:** Bond strength at the dentin adhesive interface decreases because of the hydrolytic degradation of dentin collagen. The inhibition of enzymes responsible for collagen degradation may improve the bond strength durability. This study demonstrates the efficacy of indomethacin in inhibiting enzymatic activity.

**Keywords:** Indomethacin; matrix metalloproteinase inhibitors; plate assay method

## INTRODUCTION

Composite restorations are the most commonly used esthetic restorative materials in clinical practice. Despite the evolution of material sciences over the past decades, the longevity and clinical performance of composite restoration mainly depends on the bonding of composite restoration with tooth. Resin-dentin bonding relies on proper hybrid layer formation from resin infiltration in demineralized dentin collagen, which couples adhesives/resin composites to the underlying mineralized dentin. Enzymes present in dentin substrate can degrade the collagen fibrils by the activity of collagenolytic enzymes, leading to reduced bond strength with time.<sup>[1,2]</sup> Matrix metalloproteinases (MMPs) are the enzymes degrading extracellular matrix components.<sup>[3,4]</sup>

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Till date, human dentin has shown to contain MMP-3 (stromelysin-1), MMP-8 (collagenase-2), MMP-2, MMP-9 (gelatinases), and MMP-20 (enamelysin).<sup>[5]</sup> The physiological roles of these enzymes in the dentin are still unknown, but they have been suggested in the formation of peritubular and tertiary dentin formation and the release of dentinal growth factors, which in turn, regulate the pulp defensive reactions.<sup>[6]</sup> Thus, with a change in different pH, the human dentin collagen matrix also exhibits various collagenolytic and gelatinolytic activities. Studies have investigated the preservation of the collagen matrix using various MMP inhibitors, which were effective, but for a short time, so the saga of quest for the best still continues.<sup>[6]</sup>

Indomethacin is a non-steroidal anti-inflammatory drug that inhibits cyclooxygenase (COX) and prostaglandin synthesis. Indomethacin is a nonselective COX inhibitor and exerts the inhibition of MMP-2 expression in human cancer cells.<sup>[7]</sup> Its role in dentistry as an enzyme inhibitor

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## Original Article

# Effect of diode laser irradiation and 10% citric acid conditioning on the sealing ability of mineral trioxide aggregate as a retrograde filling material

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### ABSTRACT

**Aim:** The aim was to evaluate the effect of diode laser irradiation and 5% citric acid conditioning on microleakage of mineral trioxide aggregate (MTA) when used as root-end filling material.

**Materials and Methods:** Forty-five human anterior teeth were decoronated and subjected to root canal instrumentation. Three millimeters of apical root portion was resected, and root-end cavities were prepared using ultrasonic tips. The teeth were then randomly divided into three groups ( $n = 15$ ). In Group 1 – root-end cavity was prepared and treated with citric acid followed by MTA application; in Group 2 – root-end cavity was prepared and treated with diode laser followed by MTA application; and in Group 3 – root-end cavity was prepared and treated with citric acid and laser application followed by MTA application. The specimens were then subjected to glucose leakage analysis at 48 h, 7 days, and 14 days. One-way ANOVA test was used for raw data and Chi-square test for consolidated data to test the significance of difference between the variables. SPSS software version 20 was used for analyzing the data.

**Results:** Group 1 showed significantly more leakage than Group 2 and Group 3 at all time intervals, whereas Group 3 showed the least microleakage at 48 h, 7 days, and 14 days.

**Conclusion:** MTA had a better sealing ability when root-end cavities were conditioned with 5% citric acid followed by diode laser irradiation.

**Keywords:** Citric acid, lasers, mineral trioxide aggregate cement

### INTRODUCTION

Successful elimination of pathogens, sealing all avenues to prevent re-infection and allowing healing to take place, determines the success of endodontic therapy.<sup>[1]</sup> Inadequate cleaning, shaping, and obturation and loss of coronal seal due to operator errors may lead to failure of root canal treatment.<sup>[2-5]</sup> Surgical endodontic therapy becomes the last choice in saving the tooth from being extracted when nonsurgical retreatment fails to give the desired results.<sup>[6]</sup>

During periradicular surgery, instrumentation of root dentin surface results in the production of smear layer.<sup>[7]</sup> The prepared dentin surface should be very clean to increase sealing ability, and it has been stated that application of acids or chelating agents helps in the elimination of smear layer and improves the adhesion and penetration of root-end filling materials.<sup>[8]</sup> Irradiation with diode laser has performed significantly better in modifying the smear

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## REGENERATIVE ENDODONTIC MANAGEMENT OF AN IMMATURE PERMANENT MAXILLARY CENTRAL INCISOR WITH NECROTIC PULP & PERIAPICAL LESION USING PRF AS SCAFFOLD:



**Dr. Sarita Bhandari**  
P.G. Student



**Dr. Mashalkar Shalendra**  
Professor & H.O.D.

### A Case Report

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#### INTRODUCTION

The regenerative endodontic procedure (REP) is considered a viable treatment option which can facilitate thickening of dentinal wall, closure of apex, lengthening of tooth as well as its vitality, adding strength to the tooth in immature teeth with necrotic pulp and periapical radiolucency.

Regenerative endodontic procedures (REP) can be described as "paradigm shift" by biologically designed procedure to replace diseased or missing pulpodentinal complex.<sup>1</sup> In 1961, the first case report by Nygaard-Ostby<sup>2</sup> was published, it reemerged in 2001 and 2004 as a potential alternative to apexification with the work of Banchs & Trope<sup>3</sup> & Iwaya<sup>4</sup> respectively. The survival rate of all the teeth treated with REP 77% of teeth treated compared with CaOH apexification.

#### CASE REPORT

A 9 year old female patient reported to the department with the chief complaint of fractured incisal edge 21 due to trauma 3 years back. There was no relevant medical history or any pain or swelling present. The symptoms of periapical pathology were absent. There was no response to thermal & electrical pulp tests.

On radiographical examination an immature tooth with a periapical radiolucency of size 7x6 mm was observed (Fig.1). REP was planned using PRF as scaffold with written informed consent was obtained from the patient's parents.

The tooth was isolated with rubber dam and the access opening was initiated. Using hand K files (Mani, India), gentle filing was performed to disrupt the biofilm present on the canal walls. An IOPA x ray was taken to determine the working length (Fig.2). No mechanical instrumentation was performed and gentle irrigation of the canal was performed using 20 mL of 3% sodium hypochlorite solution (Prime Dental, India) followed by irrigation with 20 mL of 17 % EDTA.



Fig 1: Pre operative intraoral periapical radiograph



Fig 2: Working length determination

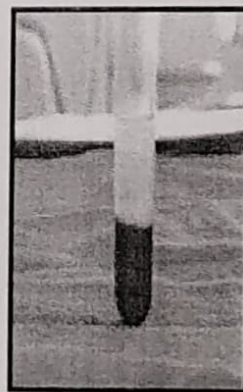


Fig 3: Platelet rich fibrin

# Denovo High Grade Salivary Duct Carcinoma: A Case Report and Review of Literature

HEENA ZAINAB<sup>1</sup>, AMEENA SULTANA<sup>2</sup>, PRAMOD JAHAGIRDAR<sup>3</sup>

## ABSTRACT

Salivary Duct Carcinoma (SDC) is a distinctive and clinically aggressive adenocarcinoma of salivary origin. It arises from the ductal epithelium, predominantly occurring in the major salivary glands, especially the parotid gland. Here, we report a case of an extensive salivary gland pathology involving the right side of face, possibly arising from the parotid gland in a 25-year-old male patient. On routine histopathology, the tumour mass revealed a papillary pattern of neoplastic ductal epithelial cells showing comedo-like-central necrosis. Immunohistochemical staining showed tumour cells in the infiltrative component to be diffusely immunopositive for cytokeratin-7 and Her-2, confirming the diagnosis of SDC. This paper presents a case report on salivary duct carcinoma and highlights a review on histological variants of salivary duct carcinoma.

**Keywords:** Comedo-like, Histopathology, Immunohistochemical markers, Parotid gland, Tumour

## CASE REPORT

A 25-year-old male patient reported to the Department of Oral Medicine with the chief complaint of a swelling on the right side of the face and neck. The patient had noticed the swelling seven months back in the right parotid region when it was small in size. Since then the swelling had progressively increased in size. There was no history of bleeding or pain associated with the swelling. Past medical history was not significant.

The patient was well built and had normal gait and posture. He was well oriented to surroundings and had normal vision and normal intelligence. His vital signs were within normal limits.

On extraoral examination an irregular multinodular swelling was noted on the right side of the face and neck [Table/Fig-1]. Antero-posteriorly, it measured 7 cm and superior-inferiorly 10 cm. The lobule of the right ear was raised. The skin over the swelling appeared shiny, stretched and erythematous. At the center, the nodules showed secondary changes and punctum formation. On palpation swelling was found to be non-tender, soft to firm in consistency, non-fluctuant, non-compressible and non-reducible. Temperature over the swelling was raised. The right submandibular lymph nodes were enlarged, firm and tender on palpation. Intraorally, no abnormality was detected related to the swelling.

A CT scan was performed [Table/Fig-2] which confirmed the presence of a hyperdense lesion arising from the right parotid gland.

The tumour was clinically and radiologically staged as Stage III ( $T_3N_1M_0$ ) and a provisional diagnosis of malignant parotid gland tumour was given.

Surgical resection of the parotid tumour along with skin [Table/Fig-3] and lymph node dissection was performed. Grossly, the resected tumour was an irregular ovoid nodular mass of 11 x 8 cm. The cut surface showed a greyish white mass with small areas of necrosis as seen in the [Table/Fig-4].

Histopathological examination revealed multinodular growth pattern with islands of tumour cells showing central comedo-necrosis as seen in [Table/Fig-5]. Irregular papillary cystic arrangements with tumour cells that partially or completely filled cyst like spaces were also evident. The ductal epithelium showed fenestrations resembling Roman bridge architecture as shown in [Table/Fig-6]. The cells exhibited fine granular dense eosinophilic cytoplasm with

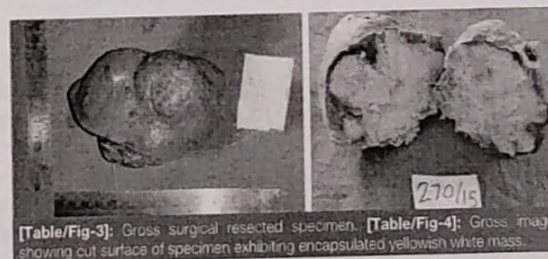
pleomorphic nuclei. Squamous foci were also seen. The excised lymph nodes showed follicles replaced by tumour cells. Based on the above histopathological findings an impression of high grade salivary duct carcinoma was given.

For the confirmation of the diagnosis, fresh sections of the tissue were further subjected to a panel of immunohistochemical markers. The tumour cells were diffusely immunopositive for cytokeratin 7 (CK7) [Table/Fig-7] and human epidermal growth factor (Her-2) [Table/Fig-8]. The tumour was immunonegative for CK14, CK20, p63 and GFAP. Intracytoplasmic mucin was absent. Finally, this lesion was diagnosed as SDC.

The management included wide surgical excision of the tumour followed by chemotherapy and radiotherapy. The superficial lobe and part of the deep lobe were removed and a small portion of parotid gland was left behind. All the branches of the facial nerve were preserved. The patient was on regular follow up after surgery and was undergoing chemotherapy and radiotherapy, but the patient eventually died after a period of 10 months.



[Table/Fig-1]: Multinodular swelling on the right side of face with the right ear lobe raised. [Table/Fig-2]: CT scan reveals a diffuse lobulated mass arising from the right parotid gland.



[Table/Fig-3]: Gross surgical resected specimen. [Table/Fig-4]: Gross image showing cut surface of specimen exhibiting encapsulated yellowish white mass.





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### Assessment of field cancerization in apparently safe surgical margins in radical neck dissection specimens of oral squamous cell carcinoma

**Dr. Hina Zainab, Dr. Mohammad Khaja Moinuddin and Dr. Shahnaaz Saba**

#### Abstract

**Introduction:** The oral cavity is one of the predominant and prevalent sites of development of potential malignancies, since it comes into direct contact with many carcinogens. Despite monitoring the original tumor site following an advanced surgical and non-surgical therapy, the overall mortality rate remains unchanged probably due to the recurrence of the tumor either locally or at a remote site, development of second primary tumors, even when the surgical margins are histopathologically free from tumor corroborates to the concept of field cancerization.

**Aim:** To determine the histological characteristics of mucosa which appears normal clinically at different sites from the apparent tumor margins in oral squamous cell carcinoma patients.

**Materials and Methods:** A total of 15 pre diagnosed cases of oral squamous cell carcinoma were included in the study. The cases were clinically evaluated for safe margins using vital staining and the resected RND specimens were eventually evaluated histologically for field cancerization.

**Results:** The observations in the present study showed that, 6 (40%) out of 15 cases with tumor infiltration into the adjacent margins (vital stain negative areas) at a distance of 1cm from the so called clinically safe surgical margins even after the surgeons employed vital staining for safe margins during pre-operative period. When the margins were statistically evaluated all parameters showed statistically significant differences.

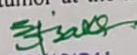
**Conclusion:** This study probably assess field cancerization of clinically normal appearing mucosa at different sites from the apparent tumor margins in oral squamous cell carcinoma patients.

**Keywords:** field cancerization, squamous cell carcinoma, RND

#### Introduction

"Field Cancerization" is the term which was introduced in 1953 to describe histologically abnormal tissues surrounding oral squamous cell carcinoma, particularly in the upper aerodigestive tract, likely related to exposure to carcinogens. Lateral cancerization is another term used subsequently to indicate the lateral spread of tumors which was due to progressive transformation of cells adjacent to a tumor. The concept of field cancerization is most commonly associated with the development of multiple cancer, in which several tumors develop at different distant sites due to gene aberration induced by carcinogens<sup>[1]</sup>. The field of genetically altered cells in patients with squamous cell carcinoma called 'field cancerization', has been documented with numerous clinical, histopathological and molecular studies. Therefore, the patients with head and neck squamous cell carcinoma are subject to risk of developing local recurrences or second primary tumors as a consequence of field cancerization, which is considered to be a bad prognostic sign<sup>[2]</sup>. The optimal width of the surgical margin for oral cancer has always been an issue of debate. There however has not been consensus on the impact of margin status on survival. A decrease in survival with a positive margin has been reported by some, but not by other investigators. A close, but clear margin, is also felt to contribute to an adverse outcome. This consideration is important in establishing the adequate depth and width of surgical resection. The most widely accepted definition of a close margin is tumor within 5 mm of the inked resection margin<sup>[3]</sup>. This an arbitrary designation and when recurrence rates are specifically cited for close margins they are generally less than the rate observed for patients with tumor at the inked resection

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## Forensic Corner

### Original Article

# A comparative assessment of bite marks in analyzing the overlay generation using styrofoam sheet and modeling wax with the dental casts as one of the adjuncts for archiving the forensic records: An *in vivo* study

Zainab H, Shaimaa, J Pramod, Hugar D, Sultana A

Department of Oral Pathology, Al Badar Dental College and Hospital, Gulbarga, Karnataka, India

## Abstract

**Introduction:** Bite mark evidence is unique to an individual and plays an important role in the legal system. There has always been the need to develop newer materials for bite mark analysis that will have excellent reproducibility as well as reliability.

**Aim:** The present study aimed to evaluate the efficacy of styrofoam sheets and modeling wax with time-dependent changes when compared to the routine dental cast models.

**Materials and Methods:** The present study included thirty volunteers and their bite marks were taken on the styrofoam and wax sheet materials that were traced on the transparent sheet and evaluation of the bite marks on the two materials were carried out at an interval of 1 day for 3 alternate days and grades were given, respectively. ANOVA test and *t*-test were used for statistical analysis.

**Results:** The comparison between the styrofoam sheet and wax sheet with the dental cast on day 1 proved to be excellent materials for reproducibility, but from day 3 onward, the styrofoam sheet showed changes in bite registered area; whereas wax sheet maintained its registered dimensions.

**Conclusion:** The study concludes that bite mark registration on styrofoam and wax sheet had excellent reproducibility on day 1, which makes these two materials advantageous in bite mark registration and overlay generation on the same day, whereas on day 3 and day 5, the styrofoam sheet showed changes with respect to bite registration and overlay generation, which questions the reliability of the styrofoam sheet for long-term record keeping when compared with the modeling wax.

**Keywords:** Bite registering materials, forensic odontology, record maintenance, reproducibility, time-dependent changes

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## INTRODUCTION

Forensic odontologists are the experts in identifying the suspect by studying the various aspects of the dentition

which are as specific and unique to an individual as the fingerprints, and in criminology, personal identification is

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**Comparison of Longitudinal and transverse sections of teeth in Assessing Cemental Annulations for Age Estimation using Bright Field and Phase Contrast Microscopy: An in-vitro pilot study**

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**Conflicts of Interest:** Nil

**Type of Publication:** Original Research Paper

**Conflicts of Interest:** Nil

**Abstract**

**Background:** Age estimation plays an important role in identification of an individual in the field of forensic odontology. Literature studies have revealed that tooth cemental annulations would serve as a reliable tool in establishing the age of an individual. The use of specialized microscopic methods in conjunction with longitudinal sections and transverse sections individually or in combination respectively has also being employed to enhance the assessment of the cemental annulations.

**Aims:** The study aims at assessment and evaluation of cemental annulations in longitudinal and transverse sections of the extracted teeth using bright field and phase contrast microscopic methods.

**Materials and methods:** Thirty teeth were sectioned longitudinally and thirty teeth were transverse-sectioned at mid portion of the root using diamond discs. Sections were mounted and observed under bright field microscope and phase contrast microscope. The cemental lines were assessed for age estimation by adding eruption age of that tooth to obtain the chronologic age for each individual.

**Results:** The estimation of age using longitudinal sections is significantly better as compared to transverse sections. There was no significant difference in estimating age using bright field microscopy and phase contrast microscopy.

**Conclusion:** The study concluded that, the longitudinal sections of the extracted teeth appeared to be more promising in comparison to the transverse sections using cemental annulations as parameter for estimating the age of an individual. The study did not reveal any significance difference between the two methods of microscopy. More so over, it would be advisable that larger sample size would shed more light on the obtained results.

**Keywords:** Forensic odontology, age estimation, cementum, incremental lines, microscope.

**Introduction**

Estimation of age plays a major role in identification of an individual in the field of forensic odontology.<sup>[1]</sup> Age estimation of dead bodies, skeletal remains and living individuals may help to clarify issues with significant





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### Glandular odontogenic cyst in maxilla: A rare case report and literature review

**Dr. Heena Zainab, Dr. Shahnaaz Saba and Dr. Mohammad Khaja  
Moinuddin**

#### Abstract

Glandular odontogenic cyst (GOC) is odontogenic in origin and is an uncommon jaw bone cyst, with a frequency rate ranging from 0.12% to 0.13% of all jaw cysts. It was first described in 1987 by Gardner *et al.*, GOC has a male predominance and occurs primarily in middle-aged individuals. Clinically, the most common site of occurrence is the anterior region of mandible and maxilla. The incidence of recurrence reported is due to incomplete removal of the lining following conservative treatment. This article presents a rare case of glandular odontogenic cyst in a 24-year old male patient in the posterior region of the maxilla.

**Keywords:** Glandular cyst, maxilla, odontogenic cyst

#### Introduction

Glandular odontogenic cyst (GOC) is a rare lesion that arises in the tooth bearing areas of the jaws. In 1992 World Health Organization (WHO) typing of odontogenic tumors, GOC was defined as "a cyst arising in the tooth-bearing areas of the jaws characterized by an epithelial lining with cuboidal or columnar cells both at the surface and lining crypts or cyst-like spaces within the thickness of the epithelium". Padayachee and Van Wyk initially reported it as a sialodontogenic cyst in 1987 based on the possibility of salivary gland origin but its odontogenic origin was first described in 1988 by Gardner *et al.*, who proposed the name GOC because the cystic wall epithelium was odontogenic and contained mucin elements with no evidence of salivary tissue involvement [1-3]. The term mucoepidermoid cyst or mucous producing cyst was used by Sadeghib in 1991 due to the microscopic findings of mucus producing cells and squamous cells [4, 5].

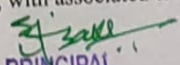
GOC occurs with a frequency rate of 0.012-1.3% of all the jaw cysts and its prevalence rate is 0.17%. GOC primarily occurs in middle-aged patients with slight male predilection and the most common site of occurrence is mandibular anterior region where it usually presents as a painless, slow-growing swelling. Radiographic appearance is nonspecific, the lesion may appear as unilocular or multilocular radiolucency, usually with well-defined margins and scalloped border [6, 7].

Histologically, GOC shows a non-keratinized stratified squamous epithelial lining, focal plaque like thickenings within the lining, microcysts or intraepithelial crypts containing mucin, mucous cells and hyaline bodies, eosinophilic cuboidal or columnar cells that may be ciliated, with papillary projections of epithelium and absence of inflammation in the subepithelial connective tissue [11]. It has two clinically important attributes: A "high recurrence rate" and an "aggressive growth potential". The relative rarity of the lesion prompted us to add one more of our case and review the literature.

#### Case report

A 24-year-old male patient reported with a swelling in the upper left back region of the jaw. The swelling was present since 6 months and increased gradually and attained the present size and was associated with pain on pressure since 2 months. Intra orally a diffuse, non-fluctuant and firm swelling was seen extending from palatal aspect of 25, 26, 27, with associated teeth

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Original Article

# Stromal desmoplasia as a possible prognostic indicator in different grades of oral squamous cell carcinoma

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## Abstract

**Introduction:** One of the major aspects of tumor cell invasion and metastasis is the interaction between cancer cells and the extracellular matrix component. The invasion of epithelial tumor cells into the underlying connective tissue stroma causes dynamic changes in its microenvironment, which can be seen as radical changes in the stroma. The characteristics of the stroma in relation to the invading malignant epithelial cells and the interdependence between the stroma and the tumor cells are always a matter of discussion and interest.

**Aim:** The aim of this study is to predict the biological behavior of oral squamous cell carcinoma (OSCC) by evaluating stromal desmoplasia and its possible use as important prognostic indicators.

**Objective:** To assess the desmoplastic reaction in varying histopathological grades of OSCC.

**Materials and Methods:** The study included a total of 30 histopathologically prediagnosed cases of OSCC (well, moderate and poorly differentiated grades of OSCC). Picrosirius red stain in conjunction with polarizing microscope was used to evaluate the stromal desmoplastic reaction.

**Results:** The results of the study revealed that, in the initial grades, cancer invasion induces a desmoplastic reaction, whereas in the later stages, there is degradation of the stroma, thereby facilitating tumor invasion.

**Conclusion:** The study would emphasize the importance of stromal desmoplasia as a prognostic indicator and may help to reflect the biological diversity of oral cancer and predict the clinical outcomes.

**Keywords:** Desmoplasia, polarizing microscope, squamous cell carcinoma

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## INTRODUCTION

Oral cancer is rapidly becoming a global health concern.<sup>[1]</sup> More than 90% of all oral cancers are squamous cell carcinomas.<sup>[2]</sup>

Squamous cell carcinomas are malignant epithelial neoplasms showing atypically arranged epithelial cells with

varying degrees of differentiation. These oncogenetically mutated epithelial cells invade through the basement membrane causing changes in its microenvironment, which can profoundly be seen as changes in the stroma.<sup>[3]</sup>

The morphological signs of cancer-associated stromal alterations are desmoplasia, angiogenesis and inflammatory cell infiltration.<sup>[4]</sup> The collagenous tissue which is the chief

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ORIGINAL ARTICLE

Open Access



# Age estimation with cemental incremental lines in normal and periodontally diseased teeth using phase contrast microscope: an original research

Ameena Sultana<sup>1\*</sup>, Heena Zainab<sup>1</sup>, Pramod Jahagirdar<sup>2</sup>, Deepa Hugar<sup>1</sup> and Shaimaa<sup>3</sup>

## Abstract

**Background:** Age estimation is an important factor in forensic science for human identification. Teeth are considered to play a vital role as they resist decomposition at death unlike other tissues. This resistance and the gradual structural changes that take place throughout the life of an individual have made teeth useful indicators for age estimation. Dental cementum shows continuous apposition throughout the life of an individual. Tooth cemental annulation is a microscopic method for the determination of an individual's age based on the analysis of incremental lines of cementum. Light microscopy as well as specialized microscopic methods have been employed to enhance the assessment of the cemental annulations. Periodontal disease is the most common dental problem affecting millions of people. Assessing the efficiency of the tooth cemental annulations method in periodontally diseased teeth is an important requisite. This study aims at assessing and evaluating the tooth cemental annulations in normal and periodontally diseased teeth using phase contrast microscopic method for age determination.

**Results:** A total of 60 teeth were included in the study and out of which 30 teeth were normal (sound teeth without any associated pathologies) and 30 were periodontally involved teeth respectively. Longitudinal ground sections were prepared and observed under phase contrast microscope. Measurements were made using an image analyzer software. The total width of the cementum was divided by the distance between two incremental lines. The eruption age of the tooth was then added to this to obtain the chronologic age for each individual. The results in the present study showed that tooth cemental annulations are applicable to periodontally sound teeth as well as in periodontally diseased teeth. There was no significant difference of estimated age from the actual age in both periodontally sound and periodontally diseased teeth. Normal teeth showed a reliability value of 92% and periodontally compromised teeth showed 96% respectively. There was no substantial influence of periodontal health on the estimated age.

**Conclusions:** The study concludes that the use of phase contrast microscopy in conjunction with image enhancement procedures improves the accuracy of age estimation and may serve as a reliable aid in forensic identification.

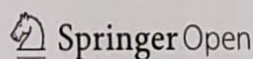
**Keywords:** Age estimation, Cementum, Forensic odontology, Microscope

## Background

Human identity is the hallmark of civilization, and the identification of unknown individuals always has been of great importance to the society. In this modern speedy epoch, several incidents are taking place, varying from natural calamities to unwanted disasters. Forensic

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Original Article

# A comparative study to assess risk of oral candidiasis in pregnant and nonpregnant women

Shaimaa, Heena Zainab, Deepa Hugar, Ameena Sultana

Department of Oral and Maxillofacial Pathology and Microbiology, Al Badar Dental College and Hospital, Gulbarga, Karnataka, India

## Abstract

**Background:** The major hormonal changes observed in pregnant women lead to an imbalance in the oral environment. Hence, recent studies suggest that the placenta may harbor a unique microbiome that may have originated in the maternal oral microbiome.

**Aim:** The present study aimed to assess the risk factor of oral candidiasis in pregnancy and to evaluate the prevalence of *Candida* species in the oral cavity of pregnant women in all three trimesters. The comparison was also done between pregnant and nonpregnant women to evaluate the cause of the prevalence of candidal species.

**Materials and Methods:** Thirty pregnant and thirty nonpregnant women aged between 20 and 30 years were included in the study that were healthy and who did not have any obvious lesion in the oral cavity. The sterile swabs were used to collect samples from the oral cavity from both the groups by brushing the dorsum of the tongue and buccal mucosa. The pregnant women were followed throughout the pregnancy, i.e., in every trimester, for the sample collection. The samples were then cultured on Sabouraud Dextrose Agar media. The positive growth on culture plates was then inoculated on HiCrome agar differential agar media for speciation.

**Results:** Statistical analysis was done by comparing the positive growth in pregnant and nonpregnant women using Fisher's exact test. The pregnant women were compared in three trimesters using the McNemar Chi-square test.

**Conclusion:** The study concludes that there was no significant presence of Candidal species when compared between pregnant and nonpregnant groups. The prevalence of *Candida* species also remained the same.

**Keywords:** *Candida*, culture, media, microbiology, oral cavity, pregnancy, prevalence

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## INTRODUCTION

*Candida* is a normal inhabitant in the skin, oral cavity, gastrointestinal tract, respiratory tract and genitourinary

tract. Many changes in the internal and external factors induce the harmless saprophyte to become a true pathogen. These predisposing factors are aging, pregnancy, AIDS,

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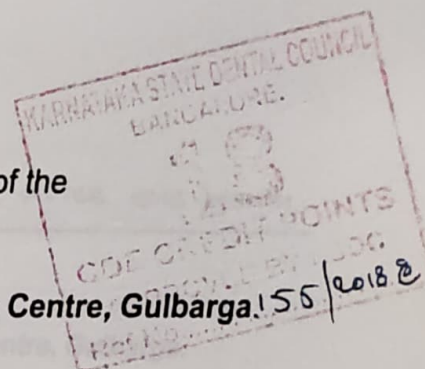
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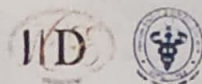
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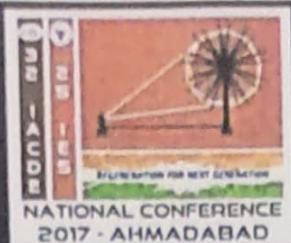
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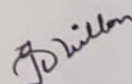
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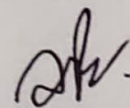
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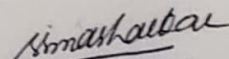
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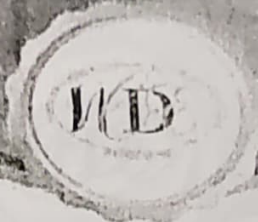
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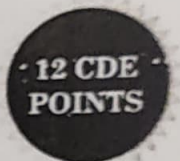


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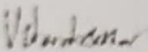
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
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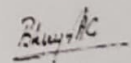
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
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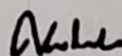
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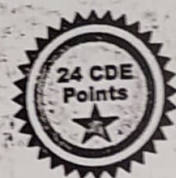
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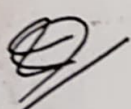
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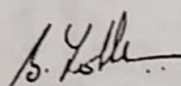
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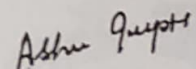
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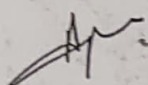
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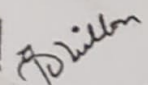


  
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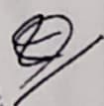
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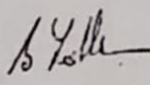
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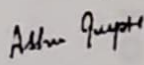
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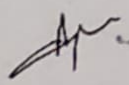
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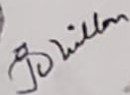


  
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DR. GULAM AHMED

*For the scientific paper/poster presentation and contributing  
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at the 19<sup>th</sup> IACDE - IES National PG Convention held on 16<sup>th</sup> to 18<sup>th</sup> February 2018 at  
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19<sup>th</sup> Scientific Congress of  
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April 5 - 8, 2017, Hotel Hyatt Regency, Gurgaon, NCR Delhi, India

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19<sup>th</sup> Scientific Congress of  
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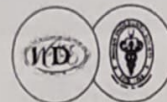
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
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KOLKATA - 2016**





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
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
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
  
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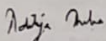
  
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at the IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)

held on 9<sup>th</sup> - 10<sup>th</sup> August 2019 at TMA Pai, International Convention Centre, Mangaluru, Karnataka.

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HOSTED BY : BHOJIA DENTAL COLLEGE & HOSPITAL, BADDI, H.P.



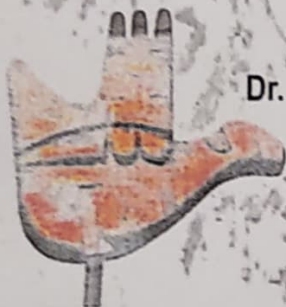
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
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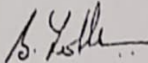
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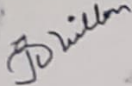
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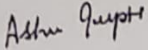
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from 7-10th March, 2019

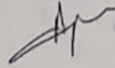


  
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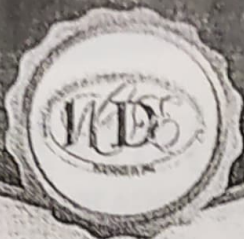
  
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35<sup>th</sup> IACDE  
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## Original Article

# Comparative Evaluation of Apical Seal using Centon N and Mineral Trioxide Aggregate as Retrograde Filling Material

Mashalkar Shailendra<sup>1</sup>, Gladson Selvakumar<sup>2</sup>, Pavan Diwanji<sup>3</sup>, Shreeshail Indi<sup>3</sup>, Ashwini Hambire<sup>3</sup>

<sup>1</sup>Professor and Head, <sup>2</sup>Resident, <sup>3</sup>Senior Lecturer, Department of Conservative Dentistry and Endodontics, Al Badar Dental College and Hospital, Kalburgi, Karnataka, India

## ABSTRACT

**Introduction:** The study was done to compare and evaluate sealing ability of two retrograde filling materials namely mineral trioxide aggregate (MTA) and Centon N using stereomicroscope.

**Methodology:** A total of 40 single rooted freshly extracted teeth were collected and decoronated. They were randomly divided in two groups of 15 teeth each as group 1 and 2 and 5 teeth each in group 3 and 4 (control groups). Bio-mechanical preparation was then done till 30 size K file using step back technique. The teeth were obturated and 3 mm of each root apex was sectioned at a 90° angle. 3 mm retrograde preparation was performed with a short head bur attached to a high speed hand piece. Retrofills were performed with MTA and Centon N in

Success of endodontic surgery depends on case selection, instrumentation technique, and selection of retrograde filling material. The primary role of retrograde filling material is to perform the hermetic sealing. By hermetic sealing with a root end filling, prevention of the passage of microorganisms and their products into the periapical tissues can be achieved.<sup>2</sup>

The properties of the ideal root-end filling material are as follows: bio-compatibility, promotion of tissue regeneration without causing inflammation, ease of handling, low solubility in tissue fluids, bonding to dental tissue, non-absorbable, dimensional stability, radio-opacity, and no staining of surrounding tissues.<sup>3</sup> Many materials are currently being used, including amalgam, composite, super-EBA, IRM, and mineral trioxide aggregate as



## Original Article

# Apical microleakage in root canal-treated teeth containing broken hand files obturated with two different obturating materials: An *in vitro* study

SHAILENDRA MASHALKAR, GLADSON SELVAKUMAR, PAWAN DIWANJI, SHREESHAIL INDI, JYOTI WARAD

Department of Conservative Dentistry and Endodontics, Al Badar Dental College and Hospital Gulbarga, Karnataka, India

### ABSTRACT

**Introduction:** Separated instruments in root canals complicate routine endodontic treatment. This study aimed to compare apical microleakage in root canals containing separated hand stainless steel K-files obturated with gutta-percha and Portland cement.

**Materials and Methods:** In this *in vitro*, experimental study, forty single-rooted freshly extracted teeth were decoronated and then the roots were randomly divided into four groups ( $n = 40$ ). The biomechanical preparation was done according to the step-back technique. The K-file of 25 size was intentionally broken in apical third and obturation was done with gutta-percha and AH Plus sealer using lateral compaction technique and with Portland cement. Apical microleakage was measured using dye penetration method; teeth were immersed in Indian ink for 48 h. The roots were rinsed and sectioned by a cutting saw. The sections were evaluated under a stereomicroscope under  $\times 50$  magnification by two observers. Data were analyzed using ANOVA test.

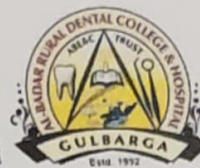
**Results:** Root canals filled with Portland cement have shown lowest microleakage when compared to laterally compacted gutta-percha according to dye penetration depth. Statistical results with ANOVA have showed a significant difference in microleakage among the four groups ( $P < 0.001$ , significant).

**Conclusion:** The results of this study have shown that apical microleakage is less in instrument-separated teeth obturated with Portland cement than in instrument-separated teeth obturated with gutta-percha.

**Keywords:** Apical microleakage, gutta-percha, lateral compaction, Portland cement



**ida**  
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In association with

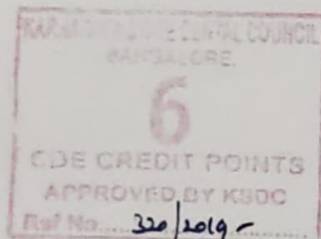


Al-Badar Dental College & Hospital, Kalaburagi  
&  
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Dated 22nd October 2019 organised by IDA Kalaburagi Branch

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*Polychromatic veneers with direct composites and bestowing brilliance to restoration with finishing and polishing*  
techniques

at the **IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)**

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Convenor, Pre - Conference Committee

D1 - Hall 1 - 12:45 to 1:45



ASSOCIATION OF CONSERVATIVE DENTISTRY & ENDODONTICS OF KARNATAKA  
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# RAPID RECAP 2020

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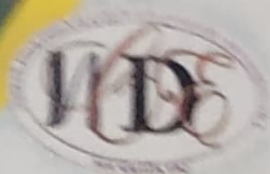
**HELD ON 6<sup>TH</sup>, 7<sup>TH</sup> & 8<sup>TH</sup> OF FEBRUARY 2020 AT GDCRI, BENGALURU.**

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**IACDE 1st Zonal Conference (South)  
Chennai, TamilNadu**

Organized by  
Conservative Dentistry & Endodontics Association of Tamilnadu

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Presented to

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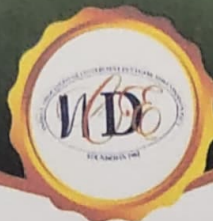
**Dr. M. Kavitha**  
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**Dr. M. Rajasekaran**  
IACDE South Zone Coordinator

**Dr. K. Raj Kumar**  
Registration - Chairman



# IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)



## Certificate of Attendance

Presented to

**DR. GLADSON SELVAKUMAR**

For attending and contributing to the success of **IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)**  
held on **9<sup>th</sup> - 10<sup>th</sup> August 2019** at **TMA Pai, International Convention Centre, Mangaluru, Karnataka**

Dr. Girish Parmar  
President, IACDE

Dr. B. Mohan  
Hon. Secretary, IACDE

Dr. Rajasekaran M  
Zonal Co - Ordinator

Dr. Mithra N Hegde  
Organizing Chairperson

Dr. Kundabala Mala  
Organizing Secretary

Dr. Shashi Rashmi Acharya  
Convenor, Scientific Committee

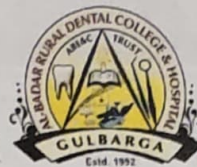




**ida**<sup>®</sup>

KALABURAGI BRANCH

In association with



**Al-Badar Dental College & Hospital, Kalaburagi  
&**

**HKE's S N Institute of Dental Sciences & Research, Kalaburagi**

## **CERTIFICATE OF ATTENDANCE**

**"DENTIST MEGA MEET - 2019"**

**"CLINICAL DENTISTRY - EXPLORE THE NEWER CONCEPTS"**

This is to Certify that

Dr. GLADSON SELVA KUMAR . B

has attended for

Lecture & Hands On **"Advanced Rotary Endodontics"**

On 23rd October 2019 organised by IDA Kalaburagi Branch

Organising Chairman  
**Dr. Girish Katti**  
President, IDA Kalaburagi Branch

Dr. Satishkumar G Patil  
EC member & CDE Convenor  
KSDC Bengaluru

Dr. Harsh Haren Shah  
Guest Speaker

Organising Secretary  
**Dr. Vishwanath S Patil**  
IDA Kalaburagi Branch



## STUDENTS EXCHANGE PROGRAM 2018



### *Certificate of Participation*

This certificate is presented to

**Dr. GLADSON SELVAKUMAR B**

for his active and valuable participation in the Students Exchange Program  
held at Army College of Dental Sciences from 27-08-2018 to 30-08-2018

**Dr. Kidiyoor .K.H**  
President

**Dr. B. Mohan**  
Hon. Gen. Sec

**Dr. K.V. Ramana Reddy**  
Principal

**Dr. Mamta Kaushik**  
Professor & Head



# 33<sup>rd</sup> IACDE NATIONAL CONFERENCE 2018



" Etch Your Memories & Bond Our Knowledge "

## Certificate of Appreciation

Presented to

**DR. GLADSON SELVAKUMAR**

for participating in **Student Event - CONS & ENDO ART COMPETITION**

at the **33<sup>rd</sup> IACDE National Conference 2018**

held on **16<sup>th</sup> to 18<sup>th</sup> November 2018** at **Vijayawada**.

We appreciate your contribution to the success of this conference.

*Kidiyoor*

**Dr. Kidiyoor. K. H**

President, IACDE

*Murali*

**Dr. T Murali Mohan**

Organising Chairman

*B Mohan*

**Dr. B Mohan**

Hon. General Secretary

*Nagesh Bolla*

**Dr. Nagesh Bolla**

Organising Secretary

*Naik*

**Dr. Balaram Naik**

Conference Secretary

*Pushpa*

**Dr. Pushpa S**

Scientific Convenor





## AL-BADAR RURAL DENTAL COLLEGE & HOSPITAL

Daryapur Village, Naganahalli Road, Kalaburagi, Karnataka, Phone : 08472-227610

# Certificate

Dr. GLADSON SELVA KUMAR . B

has attended

CDE programme on

**Management of Medical Emergencies in Dental Practice**

conducted by

Al-Badar Rural Dental College & Hospital, Kalaburagi

on 30<sup>th</sup> March 2019

Dr. Girish Katti

MD, D.D.S.

Dr. Neelakamal Hallur

MD, D.D.S.

Dr. Manjunath Doshetty

MD, D.D.S.

Dr. Tejashwini Badiger

MD, D.D.S.

Dr. Alok N. Ghanate

MD, D.D.S.

Dr. Shivakumar Kumbhar

MD, D.D.S.



# 33<sup>rd</sup> IACDE NATIONAL CONFERENCE 2018



" Etch Your Memories & Bond Our Knowledge "

## Certificate of Attendance

Presented to

**DR. GLADSON SELVAKUMAR**



for attending and contributing to the success of  
**33<sup>rd</sup> IACDE National Conference 2018**  
held on 16<sup>th</sup> to 18<sup>th</sup> November 2018 at Vijayawada.

*Kidiyoor*  
**Dr. Kidiyoor. K. H**  
President, IACDE

*B. Mohan*  
**Dr. B Mohan**  
Hon. General Secretary

*Naik*  
**Dr. Balaram Naik**  
Conference Secretary

*Murali Mohan*  
**Dr. T Murali Mohan**  
Organising Secretary

*Nagesh Bolla*  
**Dr. Nagesh Bolla**  
Organising Secretary

*CH Ram Sunil*  
**Dr. CH Ram Sunil**  
Treasurer



# 19<sup>TH</sup> IACDE-IES NATIONAL PG CONVENTION 2018

HOST: S. NIJALINGAPPA INSTITUTE OF DENTAL SCIENCE & RESEARCH, GULBARGA, KARNATAKA.



## Certificate of Attendance

Presented to

**DR. GLADSON SELVAKUMAR**

For having attended and contributed to the success of the

19<sup>th</sup> IACDE - IES National PG Convention

held on 16<sup>th</sup> to 18<sup>th</sup> February 2018 at HKE Society's Convention Centre, Gulbarga. 155/2018. C.

Dr. Kidiyoor. K. H  
President, IACDE

Dr. Mohan B  
Hon. General Secretary, IACDE

Dr. Girish Parmar  
President, IES

Dr. Karunakar P  
Convention Secretary

Dr. Murali Mohan  
Convention Convenor

Dr. Preeti Kore  
Organizing Chairman

Dr. P Ratnakar  
Organizing Secretary

Dr. Jayaprakash Patil  
Scientific Chairman

0149





# AL-BADAR DENTAL COLLEGE & HOSPITAL, GULBARGA

DEPARTMENT OF ORAL PATHOLOGY & MICROBIOLOGY



## Certificate of Participation

13/1/2018 - 18/1

This is to Certify that DR. GLADSON SELVAKUMAR has  
attended Continuing Dental Education programme on  
"Research for All" organized by Department of Oral Pathology &  
Microbiology, Al-Badar Dental College & Hospital, Gulbarga  
on 18th of January 2018

Dr. Girish Katti  
Organizing Chairman

Dr. Kishore G. Bhat  
Guest Speaker

Dr. Heena Zainab  
Organizing Secretary



AL-BADAR DENTAL



Rajiv Gandhi University of Health Sciences Karnatak, Bangalore  
presents



# Prologue

2017


Orientation Program for MDS Course

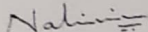
## CERTIFICATE OF ATTENDANCE

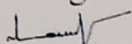
This is to certify that

Dr. Gladson Schwakumar B

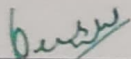
has attended the Orientation Program for MDS Course  
held on 8th & 9th, 10th & 11th August 2017  
at Dhanvanthri Hall, RGUHS, Bangalore.

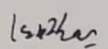
  
Dr. Jayaprasad N. Shetty  
President,  
GDC & RI Alumni Association

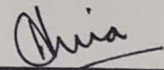
  
Dr. Nalini C.M.  
Hon. Secretary,  
GDC & RI Alumni Association

  
Dr. C.M. Noor Mansoor  
Registrar  
Rajiv Gandhi University of  
Health Sciences

  
Dr. M.K. Ramesh  
Vice-chancellor  
Rajiv Gandhi University of  
Health Sciences

  
Dr. Girish K...

  
Dr. Kishore G. Bhat

  
Dr. Hemant...



32<sup>nd</sup> IACDE & 25<sup>th</sup> IES  
**NATIONAL CONFERENCE 2017**  
*Conceive the future. Conserve the nature*

**CERTIFICATE OF ATTENDANCE**

*Presented to*

**DR. GLADSON SELVAKUMAR**

*for attending the*

**32<sup>nd</sup> IACDE & 25<sup>th</sup> IES National Conference**

**held from 23<sup>rd</sup> to 26<sup>th</sup> November 2017 at Mahatma Mandir Convention Centre,  
Gandhinagar, Gujarat.**

*We appreciate your contribution to the success of this conference.*

**Dr. Vimal Sikri**  
President, IACDE

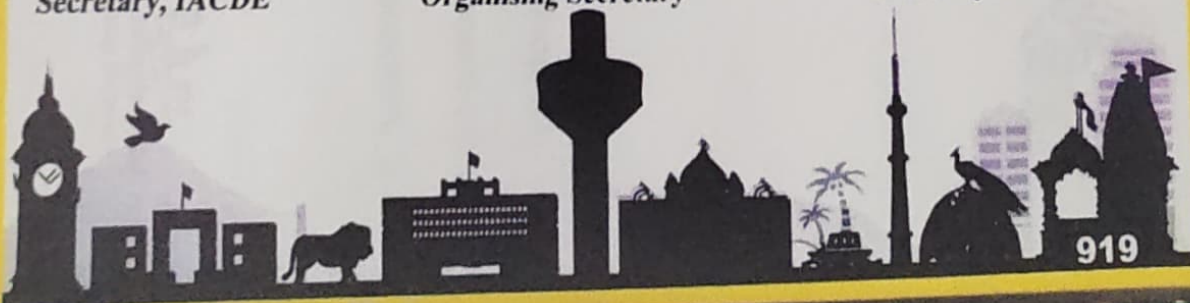
**Dr. Girish Parmar**  
Organising Chairman

**Dr. Jaidev Singh Dhillon**  
President, IES

**Dr. Mohan B**  
Secretary, IACDE

**Dr. Shikha Kanodia**  
Organising Secretary

**Dr. K S Banga**  
Secretary, IES







H.K.E.Society's

**S.Nijalingappa Institute of Dental Sciences & Research**  
**Kalaburagi - Karnataka**



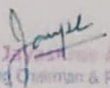
*Department of Public Health Dentistry*

**Anuprama - 2017**  
(Knowledge)

38/2017 J

**Certificate of Participation**


This is to Certify that Dr. Gladson Selvakumar has attended the Workshop on  
"Fundamentals of Research Methodology & Biostatistics" organized by the Department of  
Public Health Dentistry, H.K.E.Society's S. Nijalingappa Institute of Dental Science & Research,  
Kalaburagi, on 30<sup>th</sup> June & 1<sup>st</sup> July, 2017

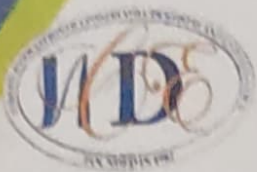
  
Dr. (Smt) Jayashree A. Mudde  
Organizing Chairman & Principal

  
Dr. Rajesh G  
Guest Speaker

  
Dr. Ravi Shirahatti  
Guest Speaker

  
Dr. Shreyas Tikare  
Guest Speaker

  
Dr. Subhash Patil  
Organizing Secretary



## IACDE 1st Zonal Conference (South) Chennai, TamilNadu

Organised by  
Conservative Dentistry & Endodontics Association of Tamilnadu

### Certificate of Appreciation

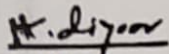
This is Awarded to

Dr. GLADSON SELVAKUMAR B.

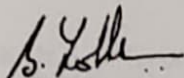
for presenting a scientific paper / poster

in "IACDE 1st Zonal Conference (South) TamilNadu"

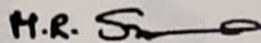
held on 10th & 11th August 2018 at Chennai.



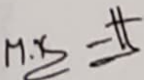
**Dr. Kidiyoor**  
President, IACDE



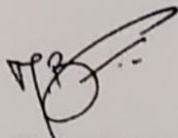
**Dr. B. Mohan**  
Secretary, IACDE



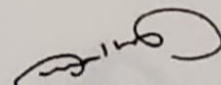
**Dr. M.R. Srinivasan**  
Organizing Chairman



**Dr. M. Kavitha**  
Organizing Secretary



**Dr. M. Rajasekaran**  
IACDE South Zone Coordinator



**Dr. Anil Kumar**  
Scientific Chairman





# PERIOWAVE

CDE Programme

LASER - A Light Scalpel in Periodontics



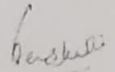
## Certificate of Attendance

Presented to


Dr. GLADSON SELVAKUMAR. R for

having participated in the CDE Programme conducted by Dept. of Periodontics on

19<sup>th</sup> April 2018 at Al-Badar Rural Dental College & Hospital, Gulbarga.

  
Dr. Girish Katti  
Organising Chairman

  
Dr. Jay Jain  
Guest Speaker

  
Dr. Ghousia Fatima  
Organising Secretary

  
Dr. Roopali Tapashetti  
Joint Organising Secretary





## IACDE 1st Zonal Conference (South) Chennai, TamilNadu

Organised by  
Conservative Dentistry & Endodontics Association of Tamilnadu

### Certificate of Participation

This is Awarded to

*Dr. G. Ladson, Selvakumar*.....

for participating in the Pre-conference course titled

"Porcelain Laminates with Digital Smile Design Concepts"

at Sree Balaji Dental college and Hospital, Chennai, on 09th August 2018.

*K. Kidiyoor*  
**Dr. Kidiyoor**  
President, IACDE

*B. Mohan*  
**Dr. B. Mohan**  
Secretary, IACDE

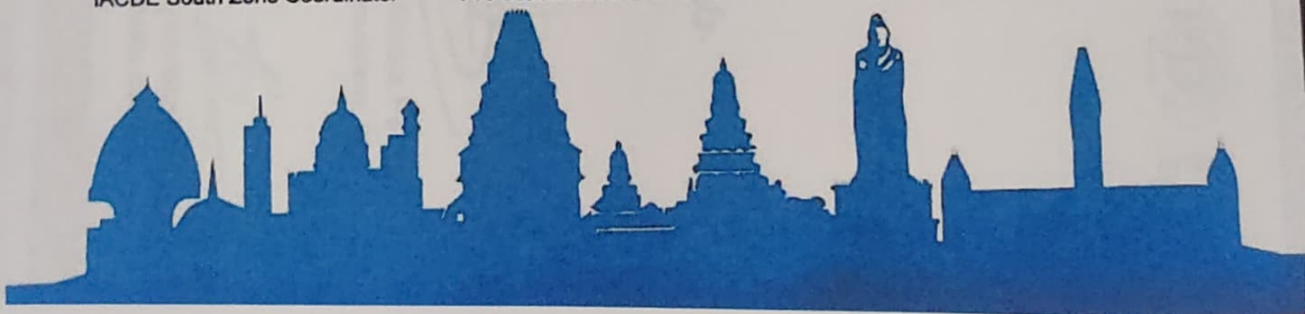
*M.R. Srinivasan*  
**Dr. M.R. Srinivasan**  
Organizing Chairman

*M. Kavitha*  
**Dr. M. Kavitha**  
Organizing Secretary

*M. Rajasekaran*  
**Dr. M. Rajasekaran**  
IACDE South Zone Coordinator

*N. Velmurugan*  
**Dr. N. Velmurugan**  
Pre conference Chairman

*A. Subbiya*  
**Dr. A. Subbiya**  
Course co-ordinator





# 19<sup>TH</sup> IACDE-IES NATIONAL PG CONVENTION 2018



HOST : S. NIJALINGAPPA INSTITUTE OF DENTAL SCIENCE & RESEARCH, GULBARGA, KARNATAKA.

## Certificate of Participation

Presented to

Dr. Gladson Selvakumar.

For his / her contribution to the success of scientific programme by presenting a

Scientific Paper as a Author / Co-Author titled

Apical microleakage in Root canal treated tooth containing  
Broken hand files Obturated with two different Obturating Materials.

at the 19<sup>th</sup> IACDE - IES National PG Convention held on 16<sup>th</sup> to 18<sup>th</sup> February 2018 at

HKE Society's Convention Centre, Gulbarga.

We appreciate your contribution to the success of conference.

Dr. Kidiyoor. K. H  
President, IACDE

Dr. Mohan B  
Hon. General Secretary, IACDE

Dr. Girish Parmar  
President, IES

Dr. Karunakar P  
Convention Secretary

Dr. Preeti Kore  
Organizing Chairman

Dr. P Ratnakar  
Organizing Secretary

Dr. Jayaprakash Patil  
Scientific Chairman





**32<sup>ND</sup> IACDE & 25<sup>TH</sup> IES  
NATIONAL CONFERENCE 2017**  
*Conceive the future, Conserve the nature*

**CERTIFICATE OF PARTICIPATION**

Presented to

Dr. B. GILADSON SELVAKUMAR

For Presentation in Oral Paper / E-poster / Table Clinics  
titled ENDO FORENSIC ALLIANCE - INDICATOR'S OF IDENTIFICATION

at the 32<sup>nd</sup> IACDE & 25<sup>th</sup> IES National Conference

held from 23<sup>rd</sup> to 26<sup>th</sup> November 2017 at Mahatma Mandir Convention Centre,  
Gandhinagar, Gujarat.

**We appreciate your contribution to the success of this conference.**

Geethana

Dr. Geeta Asthana  
Scientific Chairperson

Girish Parmar

Dr. Girish Parmar  
Organising Chairman

Shikha

Dr. Shikha Kanodia  
Organising Secretary





# IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)



## Certificate of Attendance

Presented to

**DR. GLADSON SELVAKUMAR**

For attending the *Industry Technology Platform (ITP) - Demonstration and Hands On* titled

**Magnification in Endodontics**

at the IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)

held on 9<sup>th</sup> - 10<sup>th</sup> August 2019 at TMA Pai, International Convention Centre, Mangaluru, Karnataka.

Dr. Girish Parmar  
President, IACDE

Dr. B. Mohan  
Hon. Secretary, IACDE

Dr. Rajasekaran M  
Zonal Co - Ordinator

Dr. Mithra N Hegde  
Organizing Chairperson

Dr. Kundabala Mala  
Organizing Secretary

Dr. Gowrish S Bhat  
Convenor, Pre - Conference Committee

D2-Hall 1 - 2:15 to 3:15



Shri B.V.V.Sangha's

P.M.N.M DENTAL COLLEGE AND HOSPITAL,  
BAGALKOT

In association with

INDIAN DENTAL ASSOCIATION, BAGALKOT BRANCH  
&  
IDA STUDENTS WING, BAGALKOT BRANCH

*Certificate*

**COSMO-VISTA 2017**

*An Insight on Veneers and Laminates*

This is to certify that Dr. GLADSON SELVAKUMAR . R has participated in Lecture & Live Demonstration in CDE Programme

COSMO-VISTA 2017 on Veneers & Laminates conducted at P.M.N.M. Dental College & Hospital, Bagalkot on 25th September 2017.



ivoclar  
vivadent  
passion for innovation

*Dr. Nagaraj Kalburgi*  
Organising Chairman &  
President IDA Bagalkot

*Dr. Shreenivas Vanaki*  
Principal & CDE Chairman

*Dr. Prahlad Saraf*  
Organising Secretary &  
Hon. Secretary IDA Bagalkot

*Dr. Mohan B.*  
Gen. Secretary IACDE

*Dr. Ravichandra Handral*  
Treasurer IDA Bagalkot

**ida**  
INDIAN DENTAL ASSOCIATION  
BAGALKOT BRANCH



# IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)



## Certificate of Appreciation

Awarded to

**DR. GLADSON SELVAKUMAR**

For *Scientific Paper Presentation* titled

**COMPARATIVE EVALUATION OF GUTTAPERCHA AND SEALER REMOVAL USING PROTAPER RETREATMENT FILES WITH AND WITHOUT ROTARY SYSTEM AS AN ADJUNCT- A STEREOMICROSCOPIC STUDY**  
at the IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)

held on 9<sup>th</sup> - 10<sup>th</sup> August 2019 at TMA Pai, International Convention Centre, Mangaluru, Karnataka.

Dr. Girish Parmar  
President, IACDE

Dr. B. Mohan  
Hon. Secretary, IACDE

Dr. Rajasekaran M  
Zonal Co - Ordinator

Dr. Mithra N Hegde  
Organizing Chairperson

Dr. Kundabala Mala  
Organizing Secretary

Dr. Shashi Rashmi Acharya  
Convenor, Scientific Committee



# IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)



## Certificate of Attendance

Presented to

**DR. SYEDA ARSHIA FATIMA**

For attending and contributing to the success of *IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)*  
held on *9<sup>th</sup> - 10<sup>th</sup> August 2019 at TMA Pai, International Convention Centre, Mangaluru, Karnataka*

Dr. Girish Parmar  
President, IACDE

Dr. B. Mohan  
Hon. Secretary, IACDE

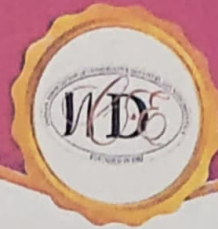
Dr. Rajasekaran M  
Zonal Co - Ordinator

Dr. Mithra N Hegde  
Organizing Chairperson

Dr. Kundabala Mala  
Organizing Secretary

Dr. Shashi Rashmi Acharya  
Convenor, Scientific Committee

# IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)



## Certificate of Appreciation

Awarded to

*Dr. Syeda Arshia Fatima*

For winning BEST Prize in *Scientific Paper Presentation*

at the IACDE 2<sup>nd</sup> South Zonal Conference 2019 (Zone 4)

held on 9<sup>th</sup> - 10<sup>th</sup> August 2019 at TMA Pai, International Convention Centre, Mangaluru, Karnataka.

Dr. Girish Parmar  
President, IACDE

Dr. B. Mohan  
Hon. Secretary, IACDE

Dr. Rajasekaran M  
Zonal Co - Ordinator

Dr. Mithra N Hegde  
Organizing Chairperson

Dr. Kundabala Mala  
Organizing Secretary

Dr. Shashi Rashmi Acharya  
Convenor, Scientific Committee



# Certificate of Presentation



ILLUMINATING  
THE  
DARK SIDE

This is to certify that

**Dr. AMAAN AHMED**

has presented an Oral Paper titled

Evaluation of sealing ability of Mineral Trioxide Aggregate, Super Ethoxy-benzoic acid, and Biodentin with and without laser as a furcation repair material-In Vitro Study.

at the 36<sup>th</sup> IACDE National Conference and

21<sup>st</sup> IACDE National PG Convention

held on 19<sup>th</sup>, 20<sup>th</sup> & 21<sup>st</sup> November 2021 hosted by

**KLE Vishwanath Katti Institute of Dental Sciences,**

**KAHER, Belagavi.**

Dr. Vibha Hegde  
President, IACDE

Dr. Prahlad Saraf  
Hon. General Secretary, IACDE

Dr. Deepak Sharma  
Conference Secretary

Dr. Sonal B Joshi  
Organizing Chairperson

Dr. Preeti Doddwad  
Organizing Secretary

Dr. Anand C Patil  
Scientific Chairperson



35th IACDE  
NATIONAL CONFERENCE

35th IACDE

UID

"Elixir Of Minimalism"

# CERTIFICATE

OF PARTICIPATION

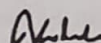
Presented to

**DR. SYED MUBEEN MOHIUDDIN HUSSAINI**

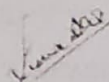
For scientific presentation (paper/poster) in online category at the 35<sup>th</sup> IACDE National Conference 2021  
held on 27<sup>th</sup> and 28<sup>th</sup> February 2021 at Guwahati, Assam



Dr. Chandana Kalita  
CHAIRPERSON  
SCIENTIFIC COMMITTEE



Dr. T. Murli  
CONFERENCE SECRETARY



Dr. Lima Das  
CO-CHAIRPERSON  
SCIENTIFIC COMMITTEE



20TH  
NATIONAL PG CONVENTION  
CHANDIGARH - 2019  
SHAPE - SALVAGE - SMILE

# 20<sup>th</sup> NATIONAL PG CONVENTION, CHANDIGARH 2019 SHAPE SALVAGE SMILE



Indian Association of Conservative  
Dentistry and Endodontics

## CERTIFICATE OF APPRECIATION

This is to certify that

Dr. SARITA  
has won BEST PAPER on 8<sup>th</sup> March 19 of session 4- 5:30 pm

in the 20th National PG Convention, Chandigarh  
from 7-10th March 2019

*Dr. Dhillon*  
DR. JAIDEV SINGH DHILLON  
ORGANISING CHAIRMAN

*Dr. Jagat Bhushan*  
DR. JAGAT BHUSHAN  
CHAIRMAN SCIENTIFIC COMMITTEE

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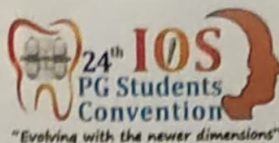
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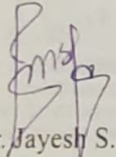
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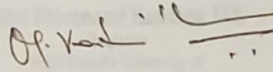
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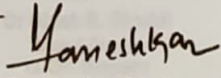



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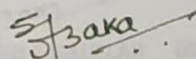
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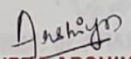
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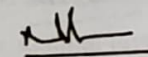
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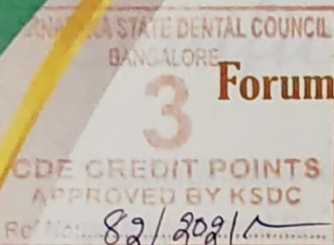
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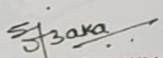
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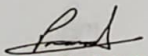
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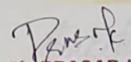
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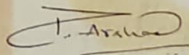
  
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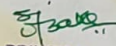
  
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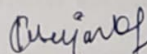
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


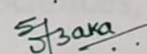
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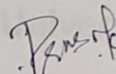
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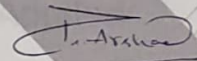
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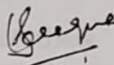
  
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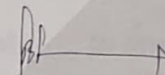
  
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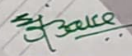
  
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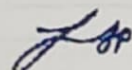
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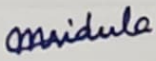
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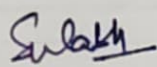
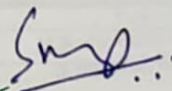
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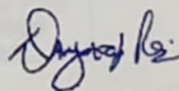
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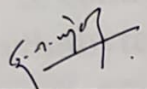


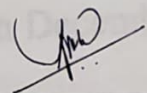



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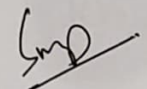
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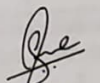
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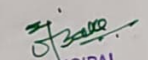
  
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## Review Article

# Post covid-19 fungal infection and its impact on orthodontic practice: A review

Prasad Konda<sup>1</sup>, Arshad Hussain<sup>1</sup>, Mohammad Anas<sup>1,\*</sup>, Mohammed Baba Fareed<sup>1</sup>, Rony T Kondody<sup>1</sup>, Shibu M P<sup>1</sup>

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## ABSTRACT

As COVID-19 cases are reducing worldwide, the patients recovered from this disease are showing some complications include impact on lungs, kidneys, heart, and cases of a black fungal infection, called mucormycosis. There are a variety of bacterial and fungal co-infections which is associated with poorly controlled diabetes mellitus and other immune impaired condition. The COVID-19 exhibits, a specific pathophysiological feature, which will result in secondary fungal infections. The recent COVID-19 wave showed that many children and young people are testing positive for this disease. There is high chance for some of them can come across an orthodontic clinic. Oral mucormycosis is normally developed from the breathing of spores or through an open contaminated oral wound, affecting mainly immunocompromised patients. Oral mucormycosis is reported in some patient, following tooth extraction. The fungal spore can reach the body when there is a loss of anatomical continuity as can occur after a tooth extraction or in an ulcer. Chance for Post COVID-19 Mucormycosis in orthodontic patients are very rare. However, Orthodontist should take care when doing minor surgical procedure in the patient recovered from severe COVID-19 infection. Orthodontic appliances can increase the number of bacteria and fungus by limiting oral hygiene. Orthodontist should advise patients to the importance of maintaining basic oral hygiene measures, which include simple things like changing the toothbrush once they test negative, oral rinsing and brushing.

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## 1. Introduction

The novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which is caused by the coronavirus disease 2019 (COVID-19) infection, can cause a variety of symptoms, from mild to life-threatening pneumonia. There are a variety of bacterial and fungal co-infections which is associated with poorly controlled diabetes mellitus and other immune impaired condition.<sup>1</sup>

Systemic immune alterations in COVID-19 infection and other preexisting immunocompromised condition like a Diabetic Mellitus, previous respiratory pathology or use

of immunosuppressive therapy can result in secondary infections.<sup>2</sup> A review by Rawson TM<sup>3</sup> shown during hospital admission, 8% of patients had secondary bacterial or fungal infections. This may be associated with extensive use of broad-spectrum antibiotics with no underlying evidence of infection (72% of patients).<sup>3</sup>

The COVID-19 exhibits, a specific pathophysiological feature, which will result in secondary fungal infections, like an extensive pulmonary disease cause an alveolo-interstitial pathology which will increase the chance of invasive fungal infections. And it can be secondary to the immune dysregulation related to COVID-19, with reduced numbers of T lymphocytes, CD4+T, and CD8+T cells, may alter natural immunity.<sup>4</sup>

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The fungal spore enters the body through inhaled dust, results in the nose and paranasal sinus infection. The fungus starts to invade blood vessels, once the infection is established, which results in thrombosis, hypoxia and necrosis. vascularity in the maxillofacial region is high, for this reason there is a high risk of being suffering from mucormycosis and to the entry of microorganisms followed by dental extraction.<sup>5</sup>

As Covid-19 cases are increasing worldwide, many children and young people are testing positive for this disease.<sup>6</sup> There is high chance for some of them can come across an orthodontic clinic. Orthodontic appliances can increase the number of bacteria and fungus by limiting oral hygiene.<sup>7</sup> Orthodontist should advise patients to the importance of maintaining basic oral hygiene measures, which include simple things like changing the toothbrush once they test negative, oral rinsing and brushing.

## 2. Mucormycosis

Mucormycosis is a rare fungal infection caused by mucormycete, which usually effect the maxillofacial region. These fungi found throughout the environment, particularly in soil and in the rotten organic matter, like leaves, compost pile, or rotting trees. This type of fungus people frequently experiences, when they have rotten fruit or molded bread in their kitchen.<sup>8</sup>

People get mucormycosis, when fungus from then environments enter the body when someone breathes in spores. This type of mucormycosis usually occur in patients, who have chronic diseases or take medicines that lower the body immunity. Mucormycosis also can develop on the skin after the fungus enters the skin through a cut, scrape, burn, or other sort of skin trauma.<sup>9</sup>

## 3. Etiology

Mucormycosis is a communicable disease caused by a fungus of the class of Zygomycetes and therefore the order of Mucorales. The species most often isolated from patients are Apophysomyces, Cunninghamella, Lichtheimia, Mucor, Rhizopus, Rhizomucor, and Saksenaia.<sup>10</sup>

They are usually seen in surroundings and aren't harmful to people with innate immunity. In immunocompromised patients like transplant patients, HIV, patients under chronic steroids, leukemia or other cancer patients, they will present with a rapidly progressive necrotizing infection. Similarly, patients with uncontrolled diabetics also are in danger.<sup>10-12</sup>

## 4. Types of Mucormycosis

### 4.1. Rhino-orbital mucormycosis (ROCM)

This type of mucormycosis seen in people with uncontrolled diabetes and in those who have had a kidney transplant, which occurs in the sinus then spread to the brain.<sup>13</sup>

### 4.2. Pulmonary (lung) mucormycosis

This type of mucormycosis found in cancer patients and in those who have had a transplant.<sup>9</sup>

### 4.3. Gastrointestinal mucormycosis

This type of mucormycosis is more common among young children and premature and low birth weight infants than adults, who have had antibiotics or medications that lower the body immunity.<sup>5</sup>

### 4.4. Cutaneous (skin) mucormycosis

It is the most common type of mucormycosis. When the patient is suffering from chronic disease, this type of fungus enters the body through an opening within the skin.<sup>9</sup>

### 4.5. Disseminated mucormycosis

It occurs when the fungus enters the blood to affect another part of the body. Usually it effects on the brain, but can also affect other organs like the spleen, heart, and skin.<sup>9</sup>

## 5. Epidemiologic Characteristics

Among invasive fungal infections it is estimated that mucormycosis represents 0.7% of them, affecting sinus tissues mainly, but are often found in a skin, pulmonary and digestive form, establishing the rhino cerebral form between 40 and 49% of those fungal infections. Being the third-commonest mycosis after aspergillosis and candida infection.<sup>14,15</sup>

India, alongside the Covid-19 outbreak, is additionally witnessing a surge within the cases of mucormycosis among coronavirus patients. However, India isn't the sole country facing this problem. Before the outbreak of Covid-19, mucormycosis cases were reported in diabetes mellitus patients.<sup>16</sup> As per March 2021, India accounted for 71 per cent of the entire cases of mucormycosis reported from around the world.<sup>17</sup>

According to report from Pakistan media, the country is also facing a surge in cases of ' mucormycosis ' among Covid-19 patients. Like in India, Pakistan suspects the rampant use of steroids for the surge in cases of this rare disease. Russia too, on 17 May, confirmed reports of Black Fungus among COVID-19 patients. Russia, though has ruled out a chance of a person to person the spread of the Fungus and has claimed that the case is in control.<sup>18</sup>

## 6. Oral Manifestation

In reference to dental practice, it can manifest from the beginning with symptoms like facial pain, ear pain or dental pain.<sup>19</sup> On the other hand, the inflow of the fungus may occur at dental consultation when a wound occurs after a tooth extraction or curettage. The disease also can develop



from the beginning as a periodontitis. Generating ulcerative-necrotizing gingivitis and with the possible spread to the bone, producing its necrosis and, therefore, dental mobility when the periodontium is destroyed.<sup>20</sup>

#### Other Fungal Infection Associated with COVID-19

##### 6.1. Invasive candidiasis (IC)

Candida infection is seen in severe COVID-19 patients, who have treated with broad-spectrum antibacterial drugs, invasive examinations, or the patients accompanied by prolonged neutropenia and other immunocompromised condition.<sup>21</sup>

Candida auris is an emerging fungus which will cause outbreaks of severe infections in healthcare facilities. Earlier in the United States, candida infection was reported in patients with chronic diseases. However, since the beginning of the COVID-19 pandemic, outbreaks of *C. auris* are reported in COVID-19 units of acute care hospitals. The changes in routine infection control practices during the COVID-19 pandemic, including limited obtainability of gloves and gowns, or reuse of those items, and changes in cleaning and disinfection practices, could be the reason for this outbreak. New Canada auris cases are reported, without any links to known cases or healthcare in multiple states, alarming a rise in undetected transmission.<sup>9</sup>

#### 7. Oral Manifestation

Oral manifestation may vary according to types of oral candidiasis. The most frequent type of oral candidiasis is Pseudomembranous candidiasis, which presents white or yellow scrapable plaques on the oral mucosa. The yeast that predisposes keratinocyte desquamation is seen as a white and/or yellow plaque on the oral mucosa. It can be either acute or chronic. The Pseudomembranous type of oral candidiasis is seen in patients with immune dysregulation or immunosuppressive medications.<sup>22</sup>

The erythematous type can be acute or chronic. Erythematous patches are commonly seen on the palate and dorsum of the tongue and are usually presented as atrophied areas of the oral mucosa. Patient under corticosteroids or broad-spectrum antibiotics may develop Erythematous candidiasis. The chronic hyperplastic type of candidiasis manifests as a white plaque on the commissural region of the oral cavity. The white plaque areas are seen in chronic hyperplastic candidiasis cannot be readily scrapped off.<sup>23</sup>

##### 7.1. Invasive aspergillosis (IA)

Invasive Aspergillosis might be a deadly infection in COVID-19 patients, especially seen in those with high risk factors. Bacterial and fungal infections are reported in a severe COVID-19 patient, those who are admitted to Intensive Care Unit.<sup>24</sup> "Diagnosis is very difficult

as patients often associates non-specific symptoms and testing typically requires a specimen from deep within the lungs.<sup>9</sup>" A German study found COVID-19 associated invasive pulmonary aspergillosis (IPA) was found in five (26.3%) of 19 consecutive critically ill patients with moderate to severe ARDS.<sup>24</sup>

##### 7.2. Clinical features

Primary aspergillosis of oral cavity seen in the palate and posterior region of tongue, which manifests as black or yellow necrotic tissue on an ulcer base. The toxins of aspergillosis hyphae can penetrate into the vessel wall and form thrombosis that results in infarction and necrosis. Aspergillosis organisms show centrifugal linear growth and eventually become ball-shaped masses. On radiographic examination, inorganic phosphate in the middle of the mass is identified as foreign bodies.<sup>23</sup>

##### 7.3. Invasive cryptococcosis

The human immunodeficiency virus (HIV) infection patients with less than 200 cells of T-lymphocyte count and other immune disease are vulnerable to cryptococcosis, which manifest as meningoencephalitis.<sup>21</sup> Using immunosuppressant drugs for COVID-19 patients may results in infections like Cryptococemia, leading to death within 30 days.<sup>25</sup>

##### 7.4. Clinical features

Cryptococcosis is deep fungal infection with invasive character, seen in the face, neck, and scalp region.<sup>26</sup> Oral lesions are very rare, but can see in immunocompromised condition, which manifested as mucosal surface ulceration, nodules, or granuloma formation. Oral ulcerations sometimes look like carcinomatous tissue.<sup>27</sup>

#### 8. Impact on Orthodontist

The orthodontic brackets effect on good oral hygiene, leading to plaque accumulation and increase in cariogenic microorganisms in saliva like candida and dental plaque of patients.<sup>28</sup> Increased number of bacteria and yeasts are associated with the fixed orthodontic appliances.<sup>19</sup> oral mycosis can develop, when there is underlying predisposing factors along with an increased number of fungus in the oral cavity.<sup>29</sup>

Mouth is the entry for respiratory and digestive systems, it is important to maintain good oral hygiene. Oral mucormycosis is normally developed from the breathing of spores or through an open contaminated oral wound, affecting mainly immunocompromised patients.<sup>30</sup> Chance of Post COVID-19 mucormycosis in orthodontic patients are very rare. However, orthodontist should stress about oral hygiene measurements in these patients.



## 9. Minor Surgical Procedure in Orthodontics

The intake route for fungi can be a loss of anatomical continuity as can occur after a tooth extraction or in an ulcer and therefore the spores can reach the body by inhalation, inoculation or ingestion. These spores usually face the primary line of defense of the organism (mononuclear and polynuclear phagocytes) and in healthy patients don't generate infection, destroying the spores of mucor fungi by oxidative metabolites and defensins.<sup>30</sup>

However, some cases are reported in immune compromised patients.<sup>31</sup> Orthodontist should use caution when doing minor surgery in patients, who's recently recovered from COVID-19.

## 10. Conclusion

Maintaining good oral hygiene, post-COVID-19 recovery is a must for patients to guard themselves from the effect of the disease. Orthodontist should advice to change the toothbrush once they test negative. A COVID-19 recovered patient should have a separate brush holder and they should Clean brush, tongue cleaner regularly using an antiseptic mouthwash.

Chance for Post COVID-19 Mucormycosis in orthodontic patients are very rare. However, Orthodontist should take care when doing minor surgical procedure in the patient recovered from severe COVID-19 infection.

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None.

## 12. Conflict of Interest

The authors declare no conflict of interest.


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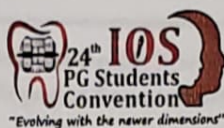
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
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
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
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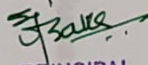
  
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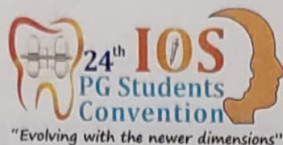
  
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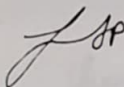
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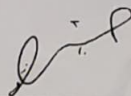
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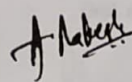
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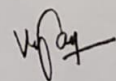
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
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
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
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
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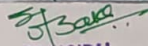
  
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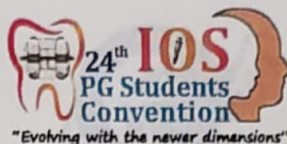
  
Shri Shivanand Kapashi, IAS  
Registrar  
Rajiv Gandhi University of  
Health Sciences, Karnataka

  
Dr. Girish B. Giraddi  
Dean & Director  
GDCRI, Bangalore

  
Dr. A.R. Pradeep  
President  
GDCRIB Alumni Association

  
Dr. T. Soorya Poduval  
Hon. Secretary  
GDCRIB Alumni Association

  
PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI



# 24<sup>th</sup> IOS PG STUDENTS CONVENTION

Department of Orthodontics and Dentofacial Orthopaedics  
Sri Sai College of Dental Surgery, Vikarabad



## Certificate of Appreciation

Awarded to

Dr. Mohammed Nehal Naimatullah

for having presented a Scientific Paper/ Poster/ Table clinic in **NON-COMPETITIVE** category  
during the 24<sup>th</sup> IOS PG Students Convention  
held at HICC, Hyderabad from 20<sup>th</sup> - 23<sup>rd</sup> February 2020.

Dr. Silju Mathew  
President  
IOS

Dr. Sridevi Padmanabhan  
Hon. Secretary  
IOS

Dr. K. Rajesh Reddy  
Org. Chairman  
24th IOS PG Convention

Dr. A. Rakesh Rao  
Org. Secretary  
24th IOS PG Convention

Dr. G. Vijay Reddy  
Scientific Chairman  
24th IOS PG Convention



**Continuing Dental Education  
Indian Orthodontic Society  
Certifies that**

**Dr. Mohammed Nehal Naimatullah**

*has attended the Orthobite 2020 on 3<sup>rd</sup> to 6<sup>th</sup> December 2020  
and credited with 16 credit points (MSDC/CDE/651/2020-2021 dated 26/11/20)*

Dr. Suryakant N Powar  
MSDC Observer

Dr. Silju Mathew  
President

Dr. Sridevi Padmanabhan  
Hon. Secretary

Dr. Suryakanta Das  
Organizing Chairman

Dr. Salil Nene  
Organizing Secretary

PRINCIPAL  
Al-Badar Rural Dental College  
& Hospital, KALABURAGI





# AL BADAR DENTAL COLLEGE & HOSPITAL

Kalaburagi 585102

## Certificate of Participation

This Certificate is proudly presented to

Dr. Mohammed Nehal Naimatullah

for

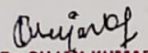
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
active participation in the online webinar on

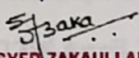
"Clear Aligner & Biomechanics & Temporo-Mandibular Dysfunction"

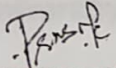
held on 5<sup>th</sup> October 2021.

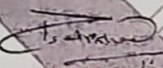


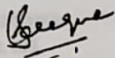
  
**Dr. SUJAN KUMAR**  
Guest Speaker

  
**Dr. SWARNA PURI**  
Guest Speaker

  
**Dr. SYED ZAKAULLAH**  
Principal

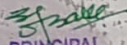
  
**Dr. PRASAD KONDA**  
Organizing Chairman & H.O.  
Dept. of Orthodontics

  
**Dr. ARSHAD HUSSAIN**  
Organising Secretary

  
**Dr. LAEQUE BANGI**  
Scientific Committee  
Chairman

  
**Dr. ASMA FATIMA**  
Scientific Committee  
Member

  
**Dr. MD. BABA FAREED**  
Scientific Committee  
Member

  
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& Hospital, KALABURAGI

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UNIVERSITY**  
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DENTAL SCIENCES**



# **CERTIFICATE OF PARTICIPATION**

*This certifies that*

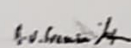
**Dr. Mohammed Nehal Naimatullah**


*has attended*


## **ORTHOGNATHIC AND ORTHODONTIC SURGICAL SYMPOSIUM**


held virtually at Faculty of Dental Sciences, Ramaiah University of Applied


Sciences on 22<sup>nd</sup> April 2021


  
**Dr B V Sreenivasa  
Murthy**  
Dean, FDS, RUAS

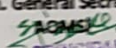
  
**Dr Silju Mathew**  
President, IOS  
Prof & Head  
(Orthodontics)  
FDS, RUAS

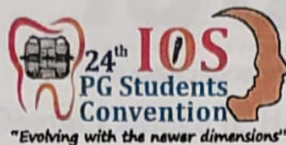
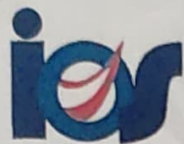
  
**Dr Sridevi  
Padmanabhan**  
Hon. Secretary, IOS

  
**Dr Veerabahu M**  
President  
AIOMS

  
**Dr Pritham N  
Shetty**  
Hon. General Secretary

  
**Dr K Ranganath**  
Prof & Head, OMFS  
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# 24<sup>th</sup> IOS PG STUDENTS CONVENTION

Department of Orthodontics and Dentofacial Orthopaedics  
Sri Sai College of Dental Surgery, Vikarabad



## Certificate of Attendance

This is to certify that

Dr. Mohammed Nehal Naimatullah

has participated as a DELEGATE at 24<sup>th</sup> IOS PG Students Convention  
held at HICC, Hyderabad from 20<sup>th</sup> - 23<sup>rd</sup> February 2020.



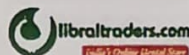
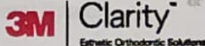
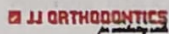
Dr. Silju Mathew  
President  
IOS

Dr. Sridevi Padmanabhan  
Hon. Secretary  
IOS

Dr. K. Rajesh Reddy  
Org. Chairman  
24<sup>th</sup> IOS PG Convention

Dr. A. Rakesh Rao  
Org. Secretary  
24<sup>th</sup> IOS PG Convention

Dr. G. Vijay Reddy  
Scientific Chairman  
24<sup>th</sup> IOS PG Convention



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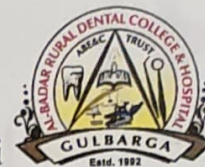




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## CERTIFICATE OF ATTENDANCE

**"DENTIST MEGA MEET - 2019"**



**"CLINICAL DENTISTRY - EXPLORE THE NEWER CONCEPTS"**

This is to Certify that

Dr. Mohammed Nehal Naimatullah

has attended "DENTIST MEGA MEET - 2019"

Clinical Dentistry - Explore the Newer Concepts

Dated 22nd October 2019 organised by IDA Kalaburagi Branch

Organising Chairman  
Dr. Girish Katti  
President, IDA Kalaburagi Branch

Dr. Satishkumar G Patil  
EC member & CDE Convenor  
KSDC Bengaluru

Dr. Aaquib Hashmi  
EC member, KSDC  
Bengaluru

Organising Secretary  
Dr. Vishwanath S Patil  
IDA Kalaburagi Branch

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# AL BADAR DENTAL COLLEGE & HOSPITAL

Kalaburagi 585102, Web : albadardental.org

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KARNATAKA STATE DENTAL COUNCIL  
BANGALORE.

3

Forum for Ethics Review Committee India (FERCI)

3 CREDIT POINTS  
APPROVED BY KSOC

22/9/2021

## Certificate of Participation

Presented to

Dr. Mohammed Nehal Naimatullah for

active participation in the online workshop on

"Good Clinical Practice And Current Regulations, New Drugs And Clinical Trial Rules,  
Ethics Committee Composition And Functioning"

held on 27th September 2021.

Sy Zaka

**DR. SYED ZAKAULLAH**  
Principal & Organizing Chairman,  
ARDCH

Arshiya

**DR. SYEDA ARSHIYA ARA**  
HOD, Member Secretary  
[IEC] & Organizing Secretary, OMDR, ARDCH

NK

**DR. NANDINI K. KUMAR**  
Resource Person,  
Vice President, FERICI

Sy Zaka  
PRINCIPAL

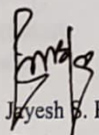
Al-Badar Rural Dental College  
& Hospital, KALABURAGI

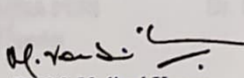


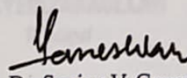



## .....Certificate of Attendance.....

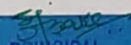
Presented to Dr. MOHAMMED NEHAL NAIMATULLAH.....for attending the  
IBO Awareness programme organized by the Department of Orthodontics,  
PMNM Dental College & Hospital, Bagalkot On 9<sup>th</sup> September 2019.

  
Dr. Jayesh S. Rahalkar  
Chairman IBO

  
Dr. M. Vadivel Kumar  
Secretary IBO

  
Dr. Sanjay V. Ganeshkar  
Organizing Chairperson

  
Dr. Shreenivas S. Vanaki  
Principal, PMNM Dental College

  
PRINCIPAL

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& Hospital, KALABURGI





# AL BADAR DENTAL COLLEGE & HOSPITAL

Kalaburagi 585102

## Certificate of Participation

This Certificate is proudly presented to

Dr. Mohammed Nehal Naimatullah

for

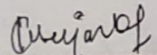
active participation in the online webinar on


"Clear Aligner & Biomechanics & Temporo-Mandibular Dysfunction"

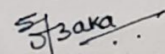
held on 5<sup>th</sup> October 2021.

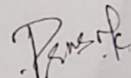


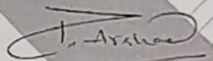
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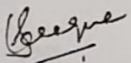
  
**Dr. SUJAN KUMAR**  
Guest Speaker

  
**Dr. SWARNA PURI**  
Guest Speaker

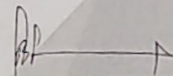
  
**Dr. SYED ZAKAULLAH**  
Principal

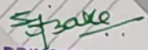
  
**Dr. PRASAD KONDA**  
Organizing Chairman & H.O.D  
Dept. of Orthodontics

  
**Dr. ARSHAD HUSSAIN**  
Organising Secretary

  
**Dr. LAEQUE BANGI**  
Scientific Committee  
Chairman

  
**Dr. ASMA FATIMA**  
Scientific Committee  
Member

  
**Dr. MD. BABA FAREED**  
Scientific Committee  
Member

  
**PRINCIPAL**  
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& Hospital, KALABURAGI

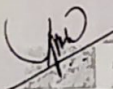


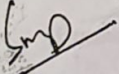
## Certificate of Participation

*Presented to*


**DR. MOHAMMED NEHAL NAIMATULLAH**


for participating in the **QUIZ COMPETITION**  
& contributing to the success of  
**Orthobyte 2020, 3rd - 6th December.**


  
Dr. Silfu Mathew  
President

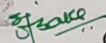
  
Dr. Suryakanta Das  
Organizing Chairman



  
Dr. Salil Nene  
Organizing Secretary

  
Dr. Sridevi Padmanabhan  
Hon. Secretary

  
Dr. Vinod Krishnan  
Scientific Chairman

  
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& Hospital, KALABURAGI

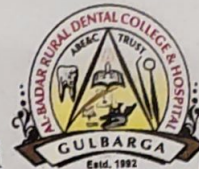




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## CERTIFICATE OF ATTENDANCE

**"DENTIST MEGA MEET - 2019"**

KARNATAKA STATE DENTAL COUNCIL BANGALORE. **CLINICAL DENTISTRY - EXPLORE THE NEWER CONCEPTS"**

This is to Certify that

Dr. Mohammed Nehal Naimatullah

has attended for Lecture & Hands On

**"CBCT - Applications Where & When"**

On 23rd October 2019 organised by IDA Kalaburagi Branch

**3**  
CDE CREDIT POINTS  
APPROVED BY KSDC  
No. 3201/2019

Organising Chairman  
Dr. Girish Katti

President, IDA Kalaburagi Branch

Dr. Satishkumar G Patil  
EC member & CDE Convenor  
KSDC Bengaluru

Dr. Kuhu Majumdar  
Guest Speaker

**PRINCIPAL**

Al-Badar Rural Dental College  
& Hospital, KALABURAGI

Organising Secretary  
Dr. Vishwanath S Patil  
IDA Kalaburagi Branch





# CERTIFICATE OF PARTICIPATION

*presented to*


**Dr. Mohammed Nehal Naimatullah**


for participating in the 1st ever 2 days International Webinar

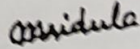
**A-Z LINGUAL ORTHODONTICS**

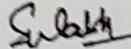
organized by Indian Orthodontic Society & NIMS University Rajasthan, Jaipur

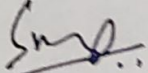
held at the ZOOM Cloud Meeting, on 29th & 30th April 2020.

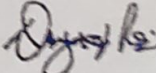
  
Dr. Silju Mathew  
President, IOS

  
Dr. Sri Devi Padmanabhan  
Hon. Secretary, IOS

  
Dr. Mridula Trehan  
Organising Chairperson

  
Dr. Sanjay Labh  
Scientific Chairman

  
Dr. Suryakanta Das  
Scientific Chairman (International)

  
Dr. Divyaroop Ral  
Organising Secretary

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