

MD17PY01 APPLIED ANATOMY

OBJECTIVES:

The following objectives are laid out to achieve the goals of the course.

KNOWLEDGE:

Discuss historical perspective to advancement in the subject proper and related topics.

- Describe etiology, pathogenesis, diagnosis and management of common periodontal diseases with emphasis on Indian population.
- Familiarize with the biochemical, microbiologic and immunologic genetic aspects of periodontal pathology.
- Describe various preventive periodontal measures.
- Describe various treatment modalities of periodontal disease from historical aspect to currently available ones.
- Describe interrelationship between periodontal disease and various systemic conditions.
- Describe periodontal hazards due to estrogenic causes and deleterious habits and prevention of it.
- Identify rarities in periodontal disease and environmental/Emotional determinates in a given case.
- Recognize conditions that may be outside the area of his Speciality/competence and refer them to an appropriate Specialist.
- Decide regarding non – surgical or surgical management of the case.
- Update him by attending course, conferences and seminars relevant to periodontics or by self – learning process.
- Plan out/carry out research activity both basic and clinical aspects with the aim of publishing his work in scientific journals.
- Reach to the public to motivate and educate regarding periodontal disease, its prevention and consequences if not treated.
- Plan out epidemiological survey to assess prevalence and incidence of early onset periodontitis and adult periodontitis in Indian population (Region Wise)
- Shall develop knowledge, skill in the science and practice of Oral Implantology.
- Shall develop teaching skill in the field of periodontology and Oral Implantology.

SKILLS:

- Take a proper clinical history, thorough examination of intra orally, extra orally, medical history evaluation, advice essential diagnostic procedures and interpret them to come to a reasonable diagnosis.
- Effective motivation and education regarding periodontal disease maintenance after the treatment.
- Perform both non – surgical & education regarding periodontal disease, maintenance after the treatment.

- Perform both non – surgical & surgical procedures independently. Provide Basic Life Support Service (BLS) recognizes the need for and advance life support and does the immediate need for that.
- Human values, ethical practice to communication abilities.
- Adopt ethical principles in all aspects of treatment modalities, Professional honesty & integrity are to be fostered Develop, Adopt ethical principals in all aspects of treatment modalities; Professional honesty & integrity are to be fostered. Develop Communication Skill to make awareness regarding periodontal disease Apply high moral and ethical standards while carrying out human or animal research. Be humble, accept the limitations in his knowledge and skill, and ask for help from colleagues when needed, Respect patients rights and privileges, including patients right to information and right to seek a second opinion.

COURSE CONTENTS:

PAPER – I

APPLIED ANATOMY:

1. Development of the periodontium.
2. **Micro and Macro structural anatomy and biology of the periodontal tissues.**
3. Age changes in the periodontal tissues.
4. Anatomy of the periodontium.
 - Macroscopic and microscopic anatomy.
 - Blood supply of the periodontium.
 - Lymphatic system of the periodontium.
 - Nerves of the periodontium.
5. Temporomandibular joint, Maxillae and Mandible.
6. Nerves of periodontium.
7. Tongue, oropharynx.
8. Muscles of mastication.

PHYSIOLOGY:

1. Blood.
2. Respiratory system – Acknowledge of the respiratory diseases which are a cause of periodontal diseases (periodontal Medicine)
3. Cardiovascular system
 - a) Blood Pressure.

- b) Normal ECG.
- c) Shock.
- 4. Endocrinology – hormonal influences on periodontium.
- 5. Gastrointestinal system.
 - a) Salivary secretion – composition, function & regulation.
 - b) Reproductive physiology.
 - c) Hormones – Actions and regulations, role in periodontal disease.
 - d) Family planning methods.
- 6. Nervous system.
 - a) Pain pathways.
 - b) Taste – Taste buds, primary taste sensation & pathway for sensation.

BIOCHEMISTRY:

- 1. Basics of carbohydrates, lipids, proteins, vitamins, enzymes and minerals.
- 2. Diet and nutrition and periodontium.
- 3. Biochemical test and their significance.
- 4. Calcium and phosphorus.

PATHOLOGY:

- 1. Cell structure and metabolism.
- 2. Inflammation and repair, necrosis and degeneration.
- 3. Immunity and hypersensitivity.
- 4. Circulatory disturbances – edema, hemorrhage, shock, thrombosis, embolism, infarction and hypertension.
- 5. Disturbances of nutrition.
- 6. Diabetes mellitus.
- 7. Cellular growth and differentiation, regulation.
- 8. Lab investigations.
- 9. Blood.

MICROBIOLOGY:

- 1. General bacteriology
 - a) Identification of bacteria
 - b) Culture media and methods
 - c) Sterilization and disinfection
- 2. Immunology and Infection

3. Systemic bacteriology with special emphasis on oral microbiology – staphylococci, genus actinomyces and other, Periodontal pathogens.
4. Virology
 - a) General properties of viruses
 - b) Herpes, Hepatitis, virus, HIV virus
5. Mycology
 - a) Candidiasis
6. Applied microbiology
7. Diagnostic microbiology and immunology, hospital infections and management

PHARMACOLOGY:

1. General pharmacology
 - a) Definitions – Pharmacokinetics with clinical applications, routes of administration including local drug delivery in periodontics.
 - b) Adverse drug reactions and drug interactions
2. Detailed pharmacology of
 - a) Analgesics – opioid and nonopioid
 - b) Local anesthetics
 - c) Haematinics and coagulants, Anticoagulants
 - d) Vit D and Calcium preparations
 - e) Antidiabetic drugs
 - f) Steroids
 - g) Antibiotics
 - h) Antihypertensive
 - i) Immunosuppressive drugs and their effects on oral tissues
 - j) Antiepileptic drugs
3. Brief pharmacology, dental use and adverse effects of
 - a) General anesthetics
 - b) Antipsychotics
 - c) Antidepressants
 - d) Anxiolytic drugs
 - e) Sedatives
 - f) Antiepileptics
 - g) Antihypertensives
 - h) Antianginal drugs
 - i) Diuretics

- j) Hormones
- k) Pre – anesthetic medications
- 4. Drugs used in Bronchial asthma cough
- 5. Drug therapy of
 - a) Emergencies
 - b) Seizures
 - c) Anaphylaxis
 - d) Bleeding
 - e) Shock
 - f) Diabetic Ketoacidosis
 - g) Acute addisonian crisis
- 6. Dental Pharmacology
 - a) Antiseptics
 - b) Astringents
 - c) Sialogogues
 - d) Disclosing agents
 - e) Antiplaque agents
- 7. Fluoride Pharmacology

BIOSTATISTICS:

- Introduction, definition and branches of biostatistics
- Collection of data, sampling, types, bias and errors
- Compiling data – graphs and charts
- Measures of central tendency (mean, median and mode), standard deviation and variability
- Test of significance (chi square test' t' test and Z – test)
- Null

hypothesis **PAPER** –

II

ETIOPATHOGENES

IS:

1. Classification of periodontal diseases and conditions.
2. Epidemiology of gingival and periodontal diseases
3. Defense mechanism of gingiva
4. Periodontal microbiology
5. **Basic concepts of inflammation and immunity**
6. Microbial interactions with the host in periodontal diseases
7. Pathogenesis of plaque associated periodontal diseases

8. Dental calculus
9. Role of iatrogenic and other local factors
10. Genetic factor associated with periodontal diseases
11. Influence of systemic diseases and disorders of the periodontium
12. Role of environmental factors in the etiology of periodontal disease
13. Stress and periodal disease
14. Occlusion and periodontal diseases
15. Smoking and tobacco in the etiology of periodontal diseases
16. AIDS and periodontium
17. Periodontal medicine
18. Dentinal hypersensitivity

PAPER – III

Clinical and Therapeutic Periodontology and Oral Implantology

Please note:

Clinical Periodontology includes gingival diseases, periodontal diseases, periodontal instrumentation, diagnosis, prognosis and treatment of periodontal diseases.

I. GINGIVAL DISEASES

1. Gingival inflammation
2. Clinical features of gingivitis
3. Gingival enlargement
4. Acute gingival infections
5. Desquamative gingivitis and oral mucous membrane diseases
6. Gingival diseases in the childhood

II. PERIODONTAL DISEASES

1. Periodontal pocket
2. Bone loss and patterns of bone destruction
3. Periodontal response to external forces
4. Masticatory system disorders
5. Chronic periodontitis
6. Aggressive periodontitis
7. Necrotising ulcerative periodontitis

8. Interdisciplinary approaches
 - Orthodontic
 - Endodontic
9. Periodontic considerations in periodontal therapy

III. TREATMENT OF PERIODONTAL DISEASES

- A. History, examination, diagnosis, prognosis and treatment planning
 1. Clinical diagnosis
 2. Radiographic and other aids in the diagnosis of Periodontal diseases
 3. Advanced diagnostic techniques
 4. Risk assessment
 5. Determination of prognosis
 6. Treatment plan
 7. Rational for periodontal treatment
 8. General principles of anti – infective therapy with special emphasis on infection control in periodontal practice
 9. Halitosis and its treatment
 10. Bruxism and its treatment
- B. Periodontal instrumentation
 1. Instrumentation
 2. Principles of Periodontal instrumentation
 3. Instruments used in different part of the mouth
- C. Periodontal therapy
 1. Preparation of tooth surface
 2. Plaque control
 3. Anti microbial and other drugs used in periodontal therapy and wasting diseases of teeth
 4. Periodontal management of HIV infected patients
 5. Occlusal evaluation and therapy in the management of Periodontal diseases
 6. Role of orthodontics as an adjunct to periodontal therapy
 7. Special emphasis on precautions and treatment for medically compromised patients
 8. Periodontal splints
 9. Management of dentinal hypersensitivity
- D. Periodontal Surgical phase – Special emphasis on drug prescription
 1. General Principles of Periodontal surgery
 2. Surgical anatomy of Periodontium and related structures
 3. Gingival curettage

4. Gingivectomy technique
 5. Treatment of gingival enlargements
 6. Periodontal flap
 7. Osseous surgery (respective and regenerative)
 8. Furcation; Problem and its management
 9. The Periodontic - endodontic continuum
 10. Periodontic plastic and esthetic surgery
 11. Recent advances in surgical techniques
- E. Future direction and controversial questions in periodontal therapy
1. Future directions for infection control
 2. Research direction in regenerative therapy
 3. Future directions in anti – inflammatory therapy
 4. Future directions in measurements of periodontal diseases
- F. Periodontal maintenance phase
1. Supportive periodontal treatment
 2. Results of periodontal treatment

IV. ORAL IMPLANTOLOGY

1. Introduction and historical review
2. Biological, clinical and surgical aspects of dental implants
3. **Diagnosis and treatment planning**
4. Implant surgery
5. Prosthetic aspects of dental implant
6. Diagnosis and treatment of Peri implant complications
7. Special emphasis on plaque control measure implant patients
8. Maintenance phase

V. MANAGEMENT OF MEDICAL EMERGENCIES IN PERIODONTAL PRACTICE Teaching /learning activities

- **Seminars:** - A minimum of 15 seminars to be presented by each student the Post Graduate Course (At least 5 Seminars Per Year)
- **JOURNAL CLUBS:-** a minimum of 25 Journal articles to be reviewed by each student during the Post Graduate Course
- **INTERDEPARTMENTAL SEMINARS:** - **Each** Post Graduate student present at least 1 seminar in an Interdepartmental meeting during the Post Graduate course. Such meetings may be held at least once every month
- **LIBRARY ASSIGNMENT:-** One to be presented at the end of 18 months of the course

ACADEMIC

ACTIVITIES: I

YEAR

Submission of synopsis for Dissertation – within 6 months from the start of the course Library Assignment - to be submitted at the end of the I Year

II Year

Scientific Paper Presentation at the conferences

III YEAR

Scientific Paper / Poster Presentation at conferences

Submission of Dissertation – 6 months before completion of III Year

SKILLS:

FIRST YEAR

Pre – Clinical work

DENTAL

1. Practice of incisions and suturing techniques on the typhodont models
2. Fabrication of bite guards and splints
3. Occlusal adjustments on the casts mounted on the articulator
4. X Ray techniques and interpretation
5. Local anesthetic techniques

MEDICAL

1. Basic diagnostic microbiology and immunology, collection and handling of sample, culture techniques
2. Basic understanding of immunological diseases
3. Interpretation of various biochemical investigations
4. Practical training and handling medical emergencies and basic life support devices
5. Basic Biostatistics – Surveying and data analysis

CLINICAL WORK

- | | |
|------------------------------------|----------|
| 1. Applied periodontal indices | 10 CASES |
| 2. Scaling and root planning (SRP) | |
| a. Hand | 15 CASES |
| b. Ultrasonic | 15 CASES |
| 3. Curettage | 10 CASES |
| 4. Gingivectomy | 20 CASES |
| 5. Gingivoplasty | 10 CASES |

SECOND YEAR

1. Clinical Work 10 CASES
2. Case history and treatment planning 5 CASES
3. Local Drug Delivery techniques
4. Periodontal surgical procedures
 - Pocket therapy
 - Muco – gingival surgeries
 - Implants (2 implants)
 - Management of perio endo problems
5. Occlusal adjustments
6. Perio splints

THIRD YEAR

CLINICAL WORK

1. Regenerative techniques
 - Using various graft and barrier membranes
2. Record, maintenance and follow up of all treated cases including implants

Assessment examinations: - In addition to the regular evaluation, log book etc., Assessment examination should be conducted once every six months & progress of the student monitored

Note:

Submission of Synopsis for Dissertation should be done within 6 months of the commencement of the course

Submission of two copies of Library Assignments at the end of 1 and 2nd year Submission of pre - clinical work as scheduled

Submission of Dissertation – 6 months before completion of III year Maintenance of Work Diary / Log book as prescribed by RGUHS

MONITORING LEARNING PROGRESS:

It is essential to monitor the Learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

SCHEME OF EXAMINATION: (At the end of 3 year of study)

A. THEORY : 400 MARKS

Written examination shall consist of four question paper each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long question charring 20 marks each and 6 short essay questions each carrying 10marks. Paper IV will be on Essay. Question on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

Paper I: Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

Should Epidmiology comes under Paper II?

Paper II: Normal Periodontal structure, Etiology & Pathogenesis of Periodontal diseases, epidemiology as related to Periodontics

Paper III: Periodontal diagnosis, therapy & Oral implantology

Paper IV: Essay (with emphasis on recent advances in periodontics)

*The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is Inevitable Students should be prepared to answer overlapping topics.

B. Practical / Clinical Examination : 200 Marks

The clinical examination shall be of two days duration

1st day

Case discussion

- Long case - One
- Short case - One

Periodontal surgery – Periodontal flap surgery on a previously prepared case in one quadrant of the mouth after getting approval from the examiners

2nd day

Post – surgical review and discussion of the case treated on the

1st day Presentation of dissertation & discussion

All the examiners shall participate in all the aspects of clinical examinations / Viva Voce

Distribution of marks for Clinical examination (recommended)

Long Case discussion	50
2 Short Cases	50
Periodontal Surgery	75
Post – operative review	25
TOTAL	200

C. Viva Voce : 100 Marks

I. Viva – Voce examination : 80 marks

All examiners will conduct viva – voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also

II. Pedagogy : 20 marks

A topic be given to each candidate in the beginning of clinical examination. He / She is asked to make a presentation on the topic for 8 – 10 minutes.

MICROSURGICAL APPLICATIONS IN PERIODONTOLOGY-PG CURRICULLUM

Aim

To give a theoretical and clinical knowledge of periodontal microsurgery .

Objective

To train the postgraduate students in microsurgery techniques it is minimal invasive technique

Contents

Theoretical module

- Concepts in microsurgery
- Visualisation technology in minimal invasive periodontal surgery
- Microsurgical instruments
- Applications in periodontics- hard/ soft tissue surgeries

▪ Preclinical module

Training in rubber dam

models,

1. Microsurgical sutures
2. Instruments and instrumentation including microsurgical instruments and loupes.
3. Examinations

▪ Clinical module

Periodontal examination and diagnosis

Minimally invasive non surgical management

Minimally invasive surgical management like root coverage procedures

RECENT ADVANCES IN MICROSURGERY

Microsurgery is defined as a refinement in surgical technique by which visual acuity is increased using a microscope at magnification exceeding 10X. Microsurgery is also an ergonomic methodology in which surgical manipulations are improved through better motor coordination.

MAGNIFICATION SYSTEMS:

Magnification improves the accuracy of clinical and diagnostic skills. It requires the understanding of optical principles that govern all magnification systems. Magnification systems include 1. Magnifying loupes and 2. Surgical microscope

Magnifying loupes are the most common system of optical magnification used in Periodontics. Loupes are fundamentally dual monocular telescopes with side by side lenses convergent to focus on the operative field. A convergent lens optical system is called keplerian optical system. Disadvantages of dental loupes: 1. Eyestrain 2. Fatigue 3. Pathologic vision changes, especially after prolonged use. Three types of keplerian loupes are used in periodontics a) Simple or single element loupes b) Compound loupes c) Prism telescopic loupes

SIMPLE LOUPES:

Consist of a pair of single meniscus lenses. Primitive magnifier with limited capabilities. Each lens is limited to only 2 refracting surfaces. Magnification increases by increasing lens diameter and thickness. Impractical for magnification beyond 1.5X.

Disadvantage – They are greatly affected by spherical & chromatic aberration, this distorts the image shape & colour of objects being viewed.

COMPOUND LOUPES:

Use multi element lenses with intervening air spaces to gain additional refracting surfaces. Increased magnification with more favourable working distance & depth of field. Magnification can be increased by lengthening the distance between lenses. Improved optical performance.

PRISM TELESCOPIC LOUPES:

Most advanced loupe optical magnification. Such loupes employ Schmidt or rooftop prisms through a series of switchback mirrors between the lenses.

Advantages: 1. Produce better magnification, 2. wider depths of field 3. Longer working distances, 4. Larger field of view.

Recent innovation in prism telescopic loupes include- Coaxial fibre optic lighting incorporated in the lens element to improve illumination.

SURGICAL MICROSCOPES:

They provide higher magnification & superior optical performance compared with dental loupes. It requires training & practice to gain proficiency. Surgical microscopes designed for dentistry employ Galilean optics with binocular eyepieces joined by offsetting prisms to establish parallel optical axes.

Galilean optics- permits stereoscopic vision without eye convergence, which aligns the eyes as if they were focused on infinity & permits a relaxed vision without eye strain or fatigue

Advantage- it allows dentist to change working magnification easily to a value appropriate for a clinical task at hand. Operating microscopes have a rotating variable magnification element that changes magnification to match surgical need

Surgical microscopes have objective lenses with various working distances. A useful range in dentistry is 250 to 350mm.

Fiber optic coaxial illumination is a major advantage of the operating microscope over surgical loupes. With coaxial lighting, no shadows are produced. The surgeon can view perfectly the deepest reaches of the oral cavity, including the sub gingival pockets & angular bony defects.

PERIODONTAL MICROSURGERY:

Periodontal microsurgery introduces the potential for less invasive surgical approach in periodontics. This is exemplified by a decreased need for vertical releasing incisions & greater use of smaller surgical sites. Reduced incision size & surgical retraction are directly related to decreased postoperative pain & rapid healing.

CONCLUSION:

ON:

Microsurgery offers new opportunities for periodontal surgery that can enhance the therapeutic results for a variety of procedures. Benefits includes 1. Improved cosmetics 2. Rapid healing 3. Minimal discomfort 4. Enhanced patient acceptance

REFERENCES:

1. Shanelec DA, Tibbetts OS. Periodontal microsurgery. Journal of Esthetic and Restorative Dentistry. 2003 Jan 1;15(7):402-7.
2. Yadav VS, Salaria SK, Bhatia A, Yadav R. Periodontal microsurgery: Reaching new heights of precision. Journal of Indian Society of Periodontology. 2018 Jan;22(1):5.
3. Andhare MG, Pratibha SG, Shrinivas VK. Periodontal Microsurgery: A Much-Needed Treatment Aspect in Periodontics.
4. Jain R, Kudva P, Kumar R, Nagar S. Periodontal microsurgery- magnifying facts, maximizing results. J Adv Med Dent Sci Res. 2014 Jul;2:24-34.
5. Dhingra VJ, Bathla S. Periodontal Microsurgery. Periodontics Revisited. 2011:411.

MD17PY02 PERIDONTOLOGY-I

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- Familiarize with the biochemical, microbiologic and immunologic genetic aspects of periodontal pathology.
- Describe various preventive periodontal measures.
- Describe various treatment modalities of periodontal disease from historical aspect to currently available ones.
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- Effective motivation and education regarding periodontal disease maintenance after the treatment.
- Perform both non – surgical & education regarding periodontal disease, maintenance after the treatment.

- Perform both non – surgical & surgical procedures independently. Provide Basic Life Support Service (BLS) recognizes the need for and advance life support and does the immediate need for that.
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3. Age changes in the periodontal tissues.
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 - Macroscopic and microscopic anatomy.
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 - Lymphatic system of the periodontium.
 - Nerves of the periodontium.
5. **Temporomandibular joint, Maxillae and Mandible.**
6. Nerves of periodontium.
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hypothesis **PAPER** –

II

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12. Role of environmental factors in the etiology of periodontal disease
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14. Occlusion and periodontal diseases
15. Smoking and tobacco in the etiology of periodontal diseases
16. AIDS and periodontium
17. Periodontal medicine
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PAPER – III

Clinical and Therapeutic Periodontology and Oral Implantology

Please note:

Clinical Periodontology includes gingival diseases, periodontal diseases, periodontal instrumentation, diagnosis, prognosis and treatment of periodontal diseases.

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1. Gingival inflammation
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8. Interdisciplinary approaches
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III. TREATMENT OF PERIODONTAL DISEASES

- A. History, examination, diagnosis, prognosis and treatment planning
 1. Clinical diagnosis
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 9. The Periodontic - endodontic continuum
 10. Periodontic plastic and esthetic surgery
 11. Recent advances in surgical techniques
- E. Future direction and controversial questions in periodontal therapy
1. Future directions for infection control
 2. Research direction in regenerative therapy
 3. Future directions in anti – inflammatory therapy
 4. Future directions in measurements of periodontal diseases
- F. Periodontal maintenance phase
1. Supportive periodontal treatment
 2. Results of periodontal treatment

IV. ORAL IMPLANTOLOGY

1. Introduction and historical review
2. Biological, clinical and surgical aspects of dental implants
3. Diagnosis and treatment planning
4. Implant surgery
5. Prosthetic aspects of dental implant
6. Diagnosis and treatment of Peri implant complications
7. Special emphasis on plaque control measure implant patients
8. Maintenance phase

V. MANAGEMENT OF MEDICAL EMERGENCIES IN PERIODONTAL PRACTICE Teaching /learning activities

- **Seminars:** - A minimum of 15 seminars to be presented by each student the Post Graduate Course (At least 5 Seminars Per Year)
- **JOURNAL CLUBS:-** a minimum of 25 Journal articles to be reviewed by each student during the Post Graduate Course
- **INTERDEPARTMENTAL SEMINARS:** - **Each** Post Graduate student present at least 1 seminar in an Interdepartmental meeting during the Post Graduate course. Such meetings may be held at least once every month
- **LIBRARY ASSIGNMENT:-** One to be presented at the end of 18 months of the course

ACADEMIC

ACTIVITIES: I

YEAR

Submission of synopsis for Dissertation – within 6 months from the start of the course Library Assignment - to be submitted at the end of the I Year

II Year

Scientific Paper Presentation at the conferences

III YEAR

Scientific Paper / Poster Presentation at conferences

Submission of Dissertation – 6 months before completion of III Year

SKILLS:

FIRST YEAR

Pre – Clinical work

DENTAL

1. Practice of incisions and suturing techniques on the typhodont models
2. Fabrication of bite guards and splints
3. Occlusal adjustments on the casts mounted on the articulator
4. X Ray techniques and interpretation
5. Local anesthetic techniques

MEDICAL

1. Basic diagnostic microbiology and immunology, collection and handling of sample, culture techniques
2. Basic understanding of immunological diseases
3. Interpretation of various biochemical investigations
4. Practical training and handling medical emergencies and basic life support devices
5. Basic Biostatistics – Surveying and data analysis

CLINICAL WORK

- | | |
|------------------------------------|----------|
| 1. Applied periodontal indices | 10 CASES |
| 2. Scaling and root planning (SRP) | |
| a. Hand | 15 CASES |
| b. Ultrasonic | 15 CASES |
| 3. Curettage | 10 CASES |
| 4. Gingivectomy | 20 CASES |
| 5. Gingivoplasty | 10 CASES |

SECOND YEAR

1. Clinical Work 10 CASES
2. Case history and treatment planning 5 CASES
3. Local Drug Delivery techniques
4. Periodontal surgical procedures
 - Pocket therapy
 - Muco – gingival surgeries
 - Implants (2 implants)
 - Management of perio endo problems
5. Occlusal adjustments
6. Perio splints

THIRD YEAR

CLINICAL WORK

1. Regenerative techniques
 - Using various graft and barrier membranes
2. Record, maintenance and follow up of all treated cases including implants

Assessment examinations: - In addition to the regular evaluation, log book etc., Assessment examination should be conducted once every six months & progress of the student monitored

Note:

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Submission of two copies of Library Assignments at the end of 1 and 2nd year Submission of pre - clinical work as scheduled

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MONITORING LEARNING PROGRESS:

It is essential to monitor the Learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV.

SCHEME OF EXAMINATION: (At the end of 3 year of study)

A. THEORY : 400 MARKS

Written examination shall consist of four question paper each of three hours duration. Total marks for each paper will be 100. Paper I, II and III shall consist of two long question carrying 20 marks each and 6 short essay questions each carrying 10marks. Paper IV will be on Essay. Question on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: *

Paper I: Applied Basic Sciences: Applied Anatomy, Physiology, & Biochemistry, Pathology, Microbiology, Pharmacology, Research Methodology and Biostatistics.

Should Epidemiology comes under Paper II?

Paper II: Normal Periodontal structure, Etiology & Pathogenesis of Periodontal diseases, epidemiology as related to Periodontics

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*The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is Inevitable Students should be prepared to answer overlapping topics.

B. Practical / Clinical Examination : 200 Marks

The clinical examination shall be of two days duration

1st day

Case discussion

- Long case - One
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Periodontal surgery – Periodontal flap surgery on a previously prepared case in one quadrant of the mouth after getting approval from the examiners

2nd day

Post – surgical review and discussion of the case treated on the

1st day Presentation of dissertation & discussion

All the examiners shall participate in all the aspects of clinical examinations / Viva Voce

Distribution of marks for Clinical examination (recommended)

Long Case discussion	50
2 Short Cases	50
Periodontal Surgery	75
Post – operative review	25
TOTAL	200

C. Viva Voce : 100 Marks

I. Viva – Voce examination : 80 marks

All examiners will conduct viva – voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also

II. Pedagogy : 20 marks

A topic be given to each candidate in the beginning of clinical examination. He / She is asked to make a presentation on the topic for 8 – 10 minutes.

MICROSURGICAL APPLICATIONS IN PERIODONTOLOGY-PG CURRICULLUM

Aim

To give a theoretical and clinical knowledge of periodontal microsurgery .

Objective

To train the postgraduate students in microsurgery techniques it is minimal invasive technique

Contents

Theoretical module

- Concepts in microsurgery
- Visualisation technology in minimal invasive periodontal surgery
- Microsurgical instruments
- Applications in periodontics- hard/ soft tissue surgeries

- Preclinical module

Training in rubber dam

models,

1. Microsurgical sutures
2. Instruments and instrumentation including microsurgical instruments and loupes.
3. Examinations

- Clinical module

Periodontal examination and diagnosis

Minimally invasive non surgical management

Minimally invasive surgical management like root coverage procedures

RECENT ADVANCES IN MICROSURGERY

Microsurgery is defined as a refinement in surgical technique by which visual acuity is increased using a microscope at magnification exceeding 10X. Microsurgery is also an ergonomic methodology in which surgical manipulations are improved through better motor coordination.

MAGNIFICATION SYSTEMS:

Magnification improves the accuracy of clinical and diagnostic skills. It requires the understanding of optical principles that govern all magnification systems. Magnification systems include 1. Magnifying loupes and 2. Surgical microscope

Magnifying loupes are the most common system of optical magnification used in Periodontics. Loupes are fundamentally dual monocular telescopes with side by side lenses convergent to focus on the operative field. A convergent lens optical system is called keplerian optical system. Disadvantages of dental loupes: 1. Eyestrain 2. Fatigue 3. Pathologic vision changes, especially after prolonged use. Three types of keplerian loupes are used in periodontics a) Simple or single element loupes b) Compound loupes c) Prism telescopic loupes

SIMPLE LOUPES:

Consist of a pair of single meniscus lenses. Primitive magnifier with limited capabilities. Each lens is limited to only 2 refracting surfaces. Magnification increases by increasing lens diameter and thickness. Impractical for magnification beyond 1.5X.

Disadvantage – They are greatly affected by spherical & chromatic aberration, this distorts the image shape & colour of objects being viewed.

COMPOUND LOUPES:

Use multi element lenses with intervening air spaces to gain additional refracting surfaces. Increased magnification with more favourable working distance & depth of field. Magnification can be increased by lengthening the distance between lenses. Improved optical performance.

PRISM TELESCOPIC LOUPES:

Most advanced loupe optical magnification. Such loupes employ Schmidt or rooftop prisms through a series of switchback mirrors between the lenses.

Advantages: 1. Produce better magnification, 2. wider depths of field 3. Longer working distances, 4. Larger field of view.

Recent innovation in prism telescopic loupes include- Coaxial fibre optic lighting incorporated in the lens element to improve illumination.

SURGICAL MICROSCOPES:

They provide higher magnification & superior optical performance compared with dental loupes. It requires training & practice to gain proficiency. Surgical microscopes designed for dentistry employ Galilean optics with binocular eyepieces joined by offsetting prisms to establish parallel optical axes.

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Advantage- it allows dentist to change working magnification easily to a value appropriate for a clinical task at hand. Operating microscopes have a rotating variable magnification element that changes magnification to match surgical need

Surgical microscopes have objective lenses with various working distances. A useful range in dentistry is 250 to 350mm.

Fiber optic coaxial illumination is a major advantage of the operating microscope over surgical loupes. With coaxial lighting, no shadows are produced. The surgeon can view perfectly the deepest reaches of the oral cavity, including the sub gingival pockets & angular bony defects.

PERIODONTAL MICROSURGERY:

Periodontal microsurgery introduces the potential for less invasive surgical approach in periodontics. This is exemplified by a decreased need for vertical releasing incisions & greater use of smaller surgical sites. Reduced incision size & surgical retraction are directly related to decreased postoperative pain & rapid healing.

CONCLUSI

ON:

Microsurgery offers new opportunities for periodontal surgery that can enhance the therapeutic results for a variety of procedures. Benefits includes 1. Improved cosmetics 2. Rapid healing 3. Minimal discomfort 4. Enhanced patient acceptance

REFERENCES:

1. Shanelec DA, Tibbetts OS. Periodontal microsurgery. *Journal of Esthetic and Restorative Dentistry*. 2003 Jan 1;15(7):402-7.
2. Yadav VS, Salaria SK, Bhatia A, Yadav R. Periodontal microsurgery: Reaching new heights of precision. *Journal of Indian Society of Periodontology*. 2018 Jan;22(1):5.
3. Andhare MG, Pratibha SG, Shrinivas VK. Periodontal Microsurgery: A Much-Needed Treatment Aspect in Periodontics.
4. Jain R, Kudva P, Kumar R, Nagar S. Periodontal microsurgery- magnifying facts, maximizing results. *J Adv Med Dent Sci Res*. 2014 Jul;2:24-34.
5. Dhingra VJ, Bathla S. Periodontal Microsurgery. *Periodontics Revisited*. 2011:411.

MD17PY03 PERIDONTOLOGY-II

OBJECTIVES:

The following objectives are laid out to achieve the goals of the course.

KNOWLEDGE:

Discuss historical perspective to advancement in the subject proper and related topics.

- Describe etiology, pathogenesis, diagnosis and management of common periodontal diseases with emphasis on Indian population.
- Familiarize with the biochemical, microbiologic and immunologic genetic aspects of periodontal pathology.
- Describe various preventive periodontal measures.
- Describe various treatment modalities of periodontal disease from historical aspect to currently available ones.
- Describe interrelationship between periodontal disease and various systemic conditions.
- Describe periodontal hazards due to estrogenic causes and deleterious habits and prevention of it.
- Identify rarities in periodontal disease and environmental/Emotional determinates in a given case.
- Recognize conditions that may be outside the area of his Speciality/competence and refer them to an appropriate Specialist.
- Decide regarding non – surgical or surgical management of the case.
- Update him by attending course, conferences and seminars relevant to periodontics or by self – learning process.
- Plan out/carry out research activity both basic and clinical aspects with the aim of publishing his work in scientific journals.
- Reach to the public to motivate and educate regarding periodontal disease, its prevention and consequences if not treated.
- Plan out epidemiological survey to assess prevalence and incidence of early onset periodontitis and adult periodontitis in Indian population (Region Wise)
- Shall develop knowledge, skill in the science and practice of Oral Implantology.
- Shall develop teaching skill in the field of periodontology and Oral Implantology.

SKILLS:

- Take a proper clinical history, thorough examination of intra orally, extra orally, medical history evaluation, advice essential diagnostic procedures and interpret them to come to a reasonable diagnosis.
- Effective motivation and education regarding periodontal disease maintenance after the treatment.
- Perform both non – surgical & education regarding periodontal disease, maintenance after the treatment.

- Perform both non – surgical & surgical procedures independently. Provide Basic Life Support Service (BLS) recognizes the need for and advance life support and does the immediate need for that.
- Human values, ethical practice to communication abilities.
- Adopt ethical principles in all aspects of treatment modalities, Professional honesty & integrity are to be fostered Develop, Adopt ethical principals in all aspects of treatment modalities; Professional honesty & integrity are to be fostered. Develop Communication Skill to make awareness regarding periodontal disease Apply high moral and ethical standards while carrying out human or animal research. Be humble, accept the limitations in his knowledge and skill, and ask for help from colleagues when needed, Respect patients rights and privileges, including patients right to information and right to seek a second opinion.

COURSE CONTENTS:

PAPER – I

APPLIED ANATOMY:

1. Development of the periodontium.
2. Micro and Macro structural anatomy and biology of the periodontal tissues.
3. Age changes in the periodontal tissues.
4. Anatomy of the periodontium.
 - **Macroscopic and microscopic anatomy.**
 - Blood supply of the periodontium.
 - Lymphatic system of the periodontium.
 - Nerves of the periodontium.
5. Temporomandibular joint, Maxillae and Mandible.
6. Nerves of periodontium.
7. **Tougue, oropharynx.**
8. Muscles of mastication.

PHYSIOLOGY:

1. Blood.
2. Respiratory system – Acknowledge of the respiratory diseases which are a cause of periodontal diseases (periodontal Medicine)
3. Cardiovascular system
 - a) Blood Pressure.

- b) Normal ECG.
- c) Shock.
- 4. Endocrinology – hormonal influences on periodontium.
- 5. Gastrointestinal system.
 - a) Salivary secretion – composition, function & regulation.
 - b) Reproductive physiology.
 - c) Hormones – Actions and regulations, role in periodontal disease.
 - d) Family planning methods.
- 6. Nervous system.
 - a) Pain pathways.
 - b) Taste – Taste buds, primary taste sensation & pathway for sensation.

BIOCHEMISTRY:

- 1. Basics of carbohydrates, lipids, proteins, vitamins, enzymes and minerals.
- 2. Diet and nutrition and periodontium.
- 3. **Biochemical test and their significance.**
- 4. Calcium and phosphorus.

PATHOLOGY:

- 1. Cell structure and metabolism.
- 2. Inflammation and repair, necrosis and degeneration.
- 3. Immunity and hypersensitivity.
- 4. Circulatory disturbances – edema, hemorrhage, shock, thrombosis, embolism, infarction and hypertension.
- 5. Disturbances of nutrition.
- 6. Diabetes mellitus.
- 7. Cellular growth and differentiation, regulation.
- 8. Lab investigations.
- 9. Blood.

MICROBIOLOGY:

- 1. General bacteriology
 - a) Identification of bacteria
 - b) Culture media and methods
 - c) Sterilization and disinfection
- 2. Immunology and Infection

3. Systemic bacteriology with special emphasis on oral microbiology – staphylococci, genus actinomyces and other, Periodontal pathogens.
4. Virology
 - a) General properties of viruses
 - b) Herpes, Hepatitis, virus, HIV virus
5. Mycology
 - a) Candidiasis
6. Applied microbiology
7. Diagnostic microbiology and immunology, hospital infections and management

PHARMACOLOGY:

1. General pharmacology
 - a) Definitions – Pharmacokinetics with clinical applications, routes of administration including local drug delivery in periodontics.
 - b) Adverse drug reactions and drug interactions
2. Detailed pharmacology of
 - a) Analgesics – opioid and nonopioid
 - b) Local anesthetics
 - c) Haematinics and coagulants, Anticoagulants
 - d) Vit D and Calcium preparations
 - e) Antidiabetic drugs
 - f) Steroids
 - g) Antibiotics
 - h) Antihypertensive
 - i) Immunosuppressive drugs and their effects on oral tissues
 - j) Antiepileptic drugs
3. Brief pharmacology, dental use and adverse effects of
 - a) General anesthetics
 - b) Antipsychotics
 - c) Antidepressants
 - d) Anxiolytic drugs
 - e) Sedatives
 - f) Antiepileptics
 - g) Antihypertensives
 - h) Antianginal drugs
 - i) Diuretics

- j) Hormones
- k) Pre – anesthetic medications
- 4. Drugs used in Bronchial asthma cough
- 5. Drug therapy of
 - a) Emergencies
 - b) Seizures
 - c) Anaphylaxis
 - d) Bleeding
 - e) Shock
 - f) Diabetic Ketoacidosis
 - g) Acute addisonian crisis
- 6. Dental Pharmacology
 - a) Antiseptics
 - b) Astringents
 - c) Sialogogues
 - d) Disclosing agents
 - e) Antiplateque agents
- 7. Fluoride Pharmacology

BIOSTATISTICS:

- Introduction, definition and branches of biostatistics
- Collection of data, sampling, types, bias and errors
- Compiling data – graphs and charts
- Measures of central tendency (mean, median and mode), standard deviation and variability
- Test of significance (chi square test' t' test and Z – test)
- Null

hypothesis **PAPER** –

II

ETIOPATHOGENES

IS:

1. Classification of periodontal diseases and conditions.
2. Epidemiology of gingival and periodontal diseases
3. Defense mechanism of gingiva
4. Periodontal microbiology
5. Basic concepts of inflammation and immunity
6. **Microbial interactions with the host in periodontal diseases**
7. Pathogenesis of plaque associated periodontal diseases

8. Dental calculus
9. Role of iatrogenic and other local factors
10. Genetic factor associated with periodontal diseases
11. Influence of systemic diseases and disorders of the periodontium
12. Role of environmental factors in the etiology of periodontal disease
13. Stress and periodal disease
14. Occlusion and periodontal diseases
15. Smoking and tobacco in the etiology of periodontal diseases
16. AIDS and periodontium
17. Periodontal medicine
18. Dentinal hypersensitivity

PAPER – III

Clinical and Therapeutic Periodontology and Oral Implantology

Please note:

Clinical Periodontology includes gingival diseases, periodontal diseases, periodontal instrumentation, diagnosis, prognosis and treatment of periodontal diseases.

I. GINGIVAL DISEASES

1. Gingival inflammation
2. Clinical features of gingivitis
3. Gingival enlargement
4. Acute gingival infections
5. Desquamative gingivitis and oral mucous membrane diseases
6. Gingival diseases in the childhood

II. PERIODONTAL DISEASES

1. Periodontal pocket
2. Bone loss and patterns of bone destruction
3. Periodontal response to external forces
4. Masticatory system disorders
5. Chronic periodontitis
6. Aggressive periodontitis
7. Necrotising ulcerative periodontitis

8. Interdisciplinary approaches
 - Orthodontic
 - Endodontic
9. Periodontic considerations in periodontal therapy

III. TREATMENT OF PERIODONTAL DISEASES

- A. History, examination, diagnosis, prognosis and treatment planning
 1. **Clinical diagnosis**
 2. Radiographic and other aids in the diagnosis of Periodontal diseases
 3. Advanced diagnostic techniques
 4. Risk assessment
 5. Determination of prognosis
 6. Treatment plan
 7. Rationale for periodontal treatment
 8. General principles of anti – infective therapy with special emphasis on infection control in periodontal practice
 9. Halitosis and its treatment
 10. **Bruxism and its treatment**
- B. Periodontal instrumentation
 1. Instrumentation
 2. Principles of Periodontal instrumentation
 3. Instruments used in different part of the mouth
- C. Periodontal therapy
 1. Preparation of tooth surface
 2. Plaque control
 3. Anti microbial and other drugs used in periodontal therapy and wasting diseases of teeth
 4. Periodontal management of HIV infected patients
 5. Occlusal evaluation and therapy in the management of Periodontal diseases
 6. Role of orthodontics as an adjunct to periodontal therapy
 7. Special emphasis on precautions and treatment for medically compromised patients
 8. Periodontal splints
 9. Management of dentinal hypersensitivity
- D. Periodontal Surgical phase – Special emphasis on drug prescription
 1. General Principles of Periodontal surgery
 2. Surgical anatomy of Periodontium and related structures
 3. Gingival curettage

4. Gingivectomy technique
 5. Treatment of gingival enlargements
 6. Periodontal flap
 7. Osseous surgery (respective and regenerative)
 8. Furcation; Problem and its management
 9. The Periodontic - endodontic continuum
 10. Periodontic plastic and esthetic surgery
 11. Recent advances in surgical techniques
- E. Future direction and controversial questions in periodontal therapy
1. Future directions for infection control
 2. Research direction in regenerative therapy
 3. Future directions in anti – inflammatory therapy
 4. Future directions in measurements of periodontal diseases
- F. Periodontal maintenance phase
1. Supportive periodontal treatment
 2. Results of periodontal treatment

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CONCLUSI

ON:

Microsurgery offers new opportunities for periodontal surgery that can enhance the therapeutic results for a variety of procedures. Benefits includes 1. Improved cosmetics 2. Rapid healing 3. Minimal discomfort 4. Enhanced patient acceptance

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