Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)

CONTINUOUS PERFORMANCE ASSESSMENT REPORT

3rd B.D.S

Name of the student: [redacted] Roll No [redacted] Year: 2019-21

First Term

Date: 28/12/20

S.No.	Criteria		Grade		
			General Medicine	General Surgery	Oral Pathology
1	Performance in class	Theory	2	2	1
		Practicals/Clinics	2	2	1
2	Record Book	Practicals/Clinics	2	2	1
3	Assignments		1	1	1
4	Punctuality		2	1	1
5	Behaviour		2	2	1

Subjects	Remarks	Signature of Faculty	Signature of Student
Gen. Medicine	Can do better	Vineet	Qualified
Gen.Surgery	Steps for Improvement	Bhargava	Qualified
Oral Pathology	Good! Keep it up	MP	Qualified

Second Term

Date: 30/12/20

S.No.	Criteria		Grade		
			Gen. Medicine	Gen.Surgery	Oral Pathology
1	Performance in class	Theory	2	2	1
		Practicals/Clinics	2	1	1
2	Record Book	Practicals/Clinics	2	1	1
3	Assignments		1	1	1
4	Punctuality		1	1	1
5	Behaviour		2	1	1

Subjects	Remarks	Signature of Faculty	Signature of Student
Gen. Medicine	Very good	Ashok.	Qualified
Gen.Surgery	Very good	Rath	Qualified
Oral Pathology	well done!	MP	Qualified

Third Term

Date: 22/1/21

S.No.	Criteria		Grade		
			Gen. Medicine	Gen.Surgery	Oral Pathology
1	Performance in class	Theory	2	2	1
		Practicals/Clinics	2	1	1
2	Record Book	Practicals/Clinics	2	1	1
3	Assignments		1	1	1
4	Punctuality		1	1	1
5	Behaviour		1	1	1

Subjects	Remarks	Signature of Faculty	Signature of Student
Gen. Medicine	Very good	Ashok.	Qualified
Gen.Surgery	Get better	Bhargava	Qualified
Oral Pathology	Keep it up!		Qualified

Grades: 1- Very Good 2- Good 3- Average 4- Below Average

Inderprastha Dental College & Hospital
46/1, Site-IV, Industrial Area, Sahibabad,
Ghaziabad-201010 (U.P.)

CONTINUOUS PERFORMANCE ASSESSMENT REPORT

2nd B.D.S

Name of the student: [redacted] Roll [redacted] Year: Dec-20- Feb22

First Term Date: 24.6.21

S.No.	Criteria		Grade					
			Pathology	Microbiology	Pharmacology	PCP	PCC	DM
1	Performance in class	Theory	2	3	3	3	3	4
		Practicals/Clinics	2	2	2	4	4	4
2	Record Book	Practicals/Clinics	2	2	2	4	2	2
3	Assignments		2	2	3	3	4	3
4	Punctuality		1	2	2	2	4	3
5	Behaviour		2	2	2	4	4	4

Subjects	Remarks	Signature of Faculty	Signature of Student
Pathology		KM	Srusha
Microbiology		SK	Srusha
Pharmacology		Abdul	Srusha
PCP	Need to focus.	Nidhi	Srusha
PCC	Work hard.	Gayatri	Srusha
DM	Scope for improvement.		Srusha

Second Term Date: 4.11.21

S.No.	Criteria		Grade					
			Pathology	Microbiology	Pharmacology	PCP	PCC	DM
1	Performance in class	Theory	2	2	3	2	3	2
		Practicals/Clinics	2	2	2	2	4	3
2	Record Book	Practicals/Clinics	1	3	1	1	2	2
3	Assignments		2	2	3	2	4	2
4	Punctuality		1	2	1	2	2	2
5	Behaviour		2	3	1	3	3	2

Subjects	Remarks	Signature of Faculty	Signature of Student
Pathology		Shyla	Srusha
Microbiology		Sonal	Srusha
Pharmacology		Akul	Srusha
PCP	Can do better.	Ritu	Srusha
PCC			Srusha
DM			Srusha

Third Term Date: 23.12.21

S.No.	Criteria		Grade					
			Pathology	Microbiology	Pharmacology	PCP	PCC	DM
1	Performance in class	Theory	2	2	2	2	2	2
		Practicals/Clinics	2	2	2	2	2	1
2	Record Book	Practicals/Clinics	3	2	1	1	2	2
3	Assignments		2	2	2	2	2	2
4	Punctuality		1	1	1	2	2	2
5	Behaviour		2	2	1	2	2	2

Subjects	Remarks	Signature of Faculty	Signature of Student
Pathology		KM	Srusha
Microbiology		SK	Srusha
Pharmacology		Lili	Srusha
PCP	Scope for improvement.	Kavi	Srusha
PCC			Srusha
DM	Work hard.	Sandeep	Srusha

Grades: 1- Very Good 2- Good 3- Average 4- Below Average

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Date

Enamel Lamellae

Enamel lamellae are thin, leaf like structures that extend from the enamel surface to the DEJ. Enamel lamellae extend for varying in depths from surface of enamel and consists of linear, longitudinally oriented defects filled with organic material with little mineral content.

It can be seen in transverse section.

- It can be seen in decalcified section because of protein content
- It is formed as a result of local failure of maturation process
- It may arise developmentally due to incomplete maturation of groups of prisms (in which case they would contain protein) or after eruption as cracks during function (containing saliva and oral debris.)

⇒ 3 types

(restricted to enamel)

Type A: Lamellae composed of poorly calcified rod segments.
Type B: Lamellae consisting of degenerated cells (may extend to dentin)
Type C: Lamellae arising in erupted teeth where the cracks are filled with organic matter, presumed originating from saliva. (may extended into dentin)

- Enamel lamellae may be a site of weakness in tooth and form a road of entry for bacteria and initiate caries.

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- If discs are cut in an oblique plane near dentin in regions of cusps and incisal edges, the rod arrangement is more complicated.

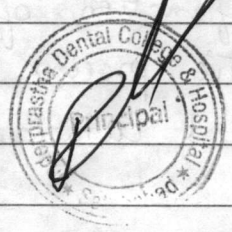
- Enamel rods forming the developmental pits and fissure on occlussal surface of molars and premolars converging in their outer course.

Enamel Spindles

- Before the ~~function~~ formation of enamel certain odontoblastic processes project and get trapped b/w the adjacent ameloblast to form enamel spindles.

- They do not follow the direct^{n} of enamel rods.

- Spindles are more prominent in the cuspal region and generally oriented in a direction perpendicular to the DEJ.



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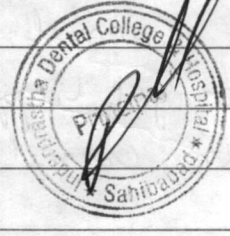

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Types

- Type A: Lamellae composed of poorly calcified rod segments.
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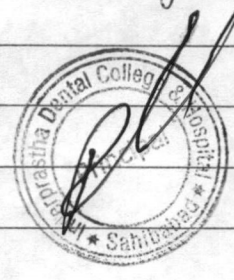

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classmate
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Section – A

-Q1- Enumerate the developmental disturbances affecting teeth. Discuss Amelogenesis Imperfecta in detail -(10)

→ Developmental disturbance of teeth are classified as –

(1) Size – Microdontia, Macrodontia

(2) Shape – Gemination, fusion, concrescence, Dilaceration, Talon's cusp, Dens in dente (dens invaginatus, Dense evaginatus, Taurodontism, supernumary tooth

(3) Eruption – Delayed Eruption, Eruption sequestrum, Embedded & impacted, Ankylosed

(4) Structure – Amelogenesis imperfecta, Dentinogenesis imperfecta, Regional odontodysplasia, Dentin dysplasia

⇒ Amelogenesis Imperfecta.

→ Amelogenesis imperfecta is a heterogeneous group of hereditary disorders of Enamel formation, affecting both deciduous & the permanent dentition.

→ The disease involves only the ectodermal Component of tooth i.e Enamel

→ dentin, cementum & pulp always remain normal.

⇒ Types

Normally, the process of Enamel formation progress through 3 stages.

(1) stage of Enamel matrix formation.
(2) stage of Early mineralization.
(3) stage of Enamel maturation.

Amelogenesis imperfecta may occur during any stage of enamel formation.

→ Four basic types of the disease have been identified.

(I) Hypoplastic amelogenesis imperfecta
(II) Hypomaturation amelogenesis imperfecta
(III) Hypocalcification amelogenesis imperfecta
(IV) Hypomaturation - hypoplastic type with taurodontism

(I) Hypoplastic Amelogenesis imperfecta

→ Enamel thickness is normal
- It affects the stage of matrix formation.
- The teeth exhibit either absence of enamel or a very thin layer of enamel on crown surface.

(II) Hypomaturation type

- This type occurs due to defects in process of enamel matu
- Enamel thickness is normal
- but doesn't have normal hardness & translucency (snow capped tooth)
- the enamel color is often yellow-white or yellow-br

(III) Hypocalcification type

- It represents the disturbance in the process of early mineralization of the enamel.
- Enamel thickness is normal
- but enamel is soft & can be easily removed.

(IV) Hypomaturation - hypoplastic type with tauro-

- This is a rare condition where dentin taurodontism is reported in association with Amelogenesis imperfecta

C/F- Amelogenesis Imperfecta affects both deciduous & permanent dentition
- Sex predilection varies according to mode of inheritance
- Colour of tooth is mostly chalky white but it can be yellow or even dark brown.
- Teeth becomes sensitive and more prone to disintegra
- Contact points in the proximal surfaces are mostly open either due to lack of formation or early loss of enam
- Occlusal & incisal edges surfaces are severely abrade
- Some time there is completely devoid of enamel, which result in severe dentin abrasion.
- Alteration in eruption pattern of teeth results in anterior open bite.
- Pitted enamels, with many pitted grooves on surface of tooth
- Teeth exhibits white opaque flecks at the incisal margins. These types of teeth known as Snow-capped teeth

R/F- The thickness and radiodensity of enamel varies greatly.
- The tooth may be completely devoid of enamel and where ever enamel is present.
- It is very thin and found on the tip of the cusps or interproximal areas.
- In hypoplastic type, the radiodensity of the enamel is usually greater than the adjacent dentin.
- The radiodensity of enamel in hypomaturation is almost equal to that of normal dentin.

Histopathology.

- Enamel in hypoplastic type exhibits lack of differentiation of Ameloblast cells with little or no matrix formation.
- The Enamel in hypocalcification type shows defective matrix structure and abnormal mineral deposition.
- The hypomaturation type reveals alteration in the Enamel rod and rod sheath structures
- The dentin & pulp chamber appears normal.

Treatment.

→ There is no definitive treatment of amelogenesis imperfecta

→ Composite, veneering can be done to improve Esthetics

☆ Write Contents
☆ Elobrate the types
☆ Detailed Description about amelogenesis Imperfecta
☆ Diagrams
☆ Histopathological Eloberated
☆

Q2- define and classify "Cysts of the jaws". Describe calcifying odontogenic cyst. (10)

Definition- Cyst is a pathological cavity containing fluid semifluid, or gas, which is usually lined by epithelium & is not formed by accumulation of pus.

→ classification of cysts

Odontogenic

(1) Developmental
- gingival cyst of Infants
- odontogenic Keratocyst (primordial cyst)
- Dentigerous (follicular) cyst
- Eruption cyst
- Lateral periodontal cyst
- Gingival cyst of Adults
- Botryoid cyst odontogenic cyst
- Glandular odontogenic cyst
- Calcifying odontogenic cyst

(2) Inflammatory.
- Radicular cyst - apical & lateral
- Residual cyst
- Paradental cyst & mandibular infected buccal cyst
- Inflammatory collateral cyst.

(3) Non odontogenic cyst.
- Nasopalatine duct cyst
- Nasolabial cyst
- Mid palatal raphe cyst of Infants
- Medial palatine, median alveolar, & median mandibular cyst
- Globulomaxillary cyst.

(3) Non Epithelial.
- Solitary bone cyst (traumatic, simple & hemorrhagic bone cyst)
- Aneurysmal bone cyst

(4) Cyst Associated with Maxillary sinus.
- Benign mucosal cyst of maxillary sinus
- Post operative Maxillary cyst

(5) Cyst of the tissues of the mouth, face, & neck.
- Dermoid & Epidermoid cysts
- Lymphoepithelial cyst
- Thyroglossal duct cyst
- Anterior median lingual cyst

⇒ Calcifying odontogenic cyst.
Also known as Gorlin cyst.
- This lesion is unusual in nature bcz, It has some features of a cysts and many characteristics of solid neoplasm.

Classification Types of Calcifying odontogenic cyst.

- Type I – Cystic Neoplastic
- Type II
- Type I-A – Simple unicystic type
- Type I-B – The odontoma producing type
- Type I-C – The ameloblastomatous proliferating types.

Type I-A.

C/F. occurs at any age
may be Intraosseous or Extraosseous.

- No sex or race predilection.
- Site - Anterior part of jaws.
- Extraosseous lesions - gingival or Alveolar mucosa
- Anterior to 1st molar

Cp- Swelling, rarely painful
Some times perforate the cortical plates.
Displacement of teeth
Many times Asymptomatic

⇒ Histopathology
- Epithelium - low cuboidal or squamous (2-3 cells thick)
- focal areas of stellate reticulum & ghost cells.
- dentinoid is present
- No other mesenchyme seen.

⇒ Ghost cells - Identify by gorlin
- Characteristically present in calcifying Epithelium odontogenic cyst.
- pale Eosinophilic swollen Epithelial cells that have lots of nucleus, but show a faint outline of cellular & nuclear membrane
- They contain many tonofilaments
- A part from calcifying odontogenic cysts, also found in ameloblastic fibro-odontomatous complex & compound odontomatous

Type I B.

C/F- predilection for occurence blw 10-29 yrs of age.
Intraosseous or Extraosseous in location.
Site → clinical presentation same as Type I A.

Histopathology - unilocular cyst with similar type of lining to type IA
- In addition. Exhibits formation of calcified tissue in the cyst wall similar to those found in Compound & Comp odontomas.
- In the cyst wall proliferating tissue similar to Ameloblas may be present which may invade the severe bon

Type I C
Clf - Mostly Intraosseous.

Histopathology.
- Cystic lesion
- Ameloblastoma like proliferation in the fibrous capsule as well as lumen of the cyst.

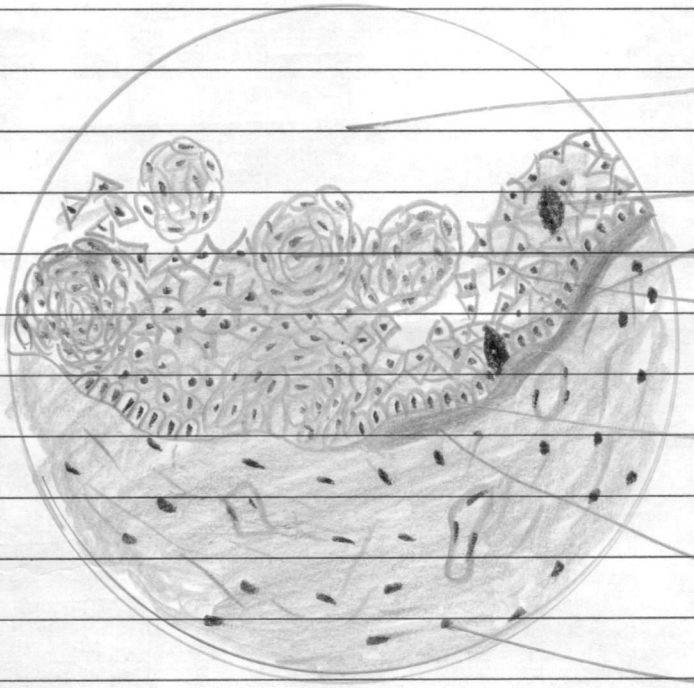
Type II
Clf. Neoplasm like lesion.
occurs predominantly in later life.
Intraosseous or Extraosseous.
Sometimes also called as "dentinogenic ghos Cell tumor"
- Histopathology.
- Ameloblastoma like strands & islands of odontogenic Epithelium.
Infiltrating into mature connective tissue
- Ghost cells in varying number.
- varying amounts of dentinoid

Rlf - Central lesions shows well circumscribed radiolucency
- usually with variable amounts of calcified radiopaque material scattered through out the radiolucency

- tiny flecks to large masses — depending upon the type.

Treatment and prognosis.

- Surgical Excision.
- Recurrence is variable
- occasional malignant transformation



Calcifying odontogenic Cyst

☆	Write Contents

☆ H&E diagrams

☆ Ghost cell