

POLICY DOCUMENT OF MIDCOURSE IMPROVEMENT OF PERFORMANCE OF STUDENTS

Students are categorised into good, fair and poor according to their performance in clinics, pre-clinics and theory examination.

A format has been made which helps the faculties/examiners to divide the students into said categories.

According to their performance, the head of each departments formulate a remedial action to improve the performance of the students.

Apart from this, All the students are subjected to a mentor for any kind of queries they have.

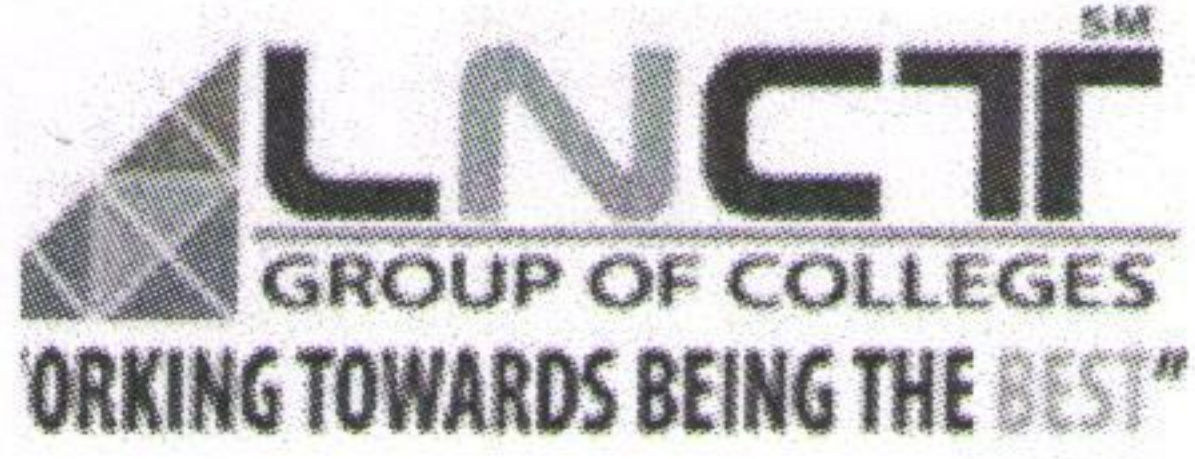
On daily basis, discussions, seminars, patient record and briefing, trainings, demonstrations are been conducted for the students.

Students are also asked to make assignments (group and solo) so that they have a clear understanding of the subject.

A format of the internal assessment evaluation sheet has been enclosed.



RISHIRAJ COLLEGE OF DENTAL SCIENCES & RESEARCH CENTRE



Pipalner Road, Gandhi Nagar, Near Airport, Bhopal – 462 036
Tel: 0755-6647306, Mobile: 7440777333 E.Mail: info@Lnctrishiraj.ac.in,
Website: www.Lnctrishiraj.ac.in



List of Opportunities provided for the Students for Midcourse Improvement of Performance in the Examinations.

1. **Creating Learning Standards:** Instructions for an assignment should always be clearly mentioned to the learning target. We can best know that our students have met the learning standard if we use a measurable learning target. Likewise, we created our feedback forms to know the reason for the student's poor performance and help our students master a learning target.
2. **Including Formative Assessment:** By including formative assessment, students are able to understand the quality work and are able to assess the quality of their own work. This helps to show where students need improvement. Students become more motivated about learning and confident in their abilities.
3. **Providing consistent Feedback:** Students whose teachers have used formative assessment with them significantly improved their performance on standardized tests. As a result, the highest gains occurred from lower performing students.
4. **Use the Feedback concept:** This involves teachers and students simultaneously collecting and analyzing student learning information to determine where students are and where they need improvement. Students movement from one learning target to another works best when students receive feedback to help them improve.
5. **Self-assess regularly:** Teachers self-assess themselves on how well they perform these three actions:
 1. My students clearly see how one day of learning builds on the next day of learning.
 2. I create opportunities where my students receive continuous and specific feedback that helps them improve.
 3. I consistently recognize my students strengths.




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Rishiraj College of Dental Sciences and Research Centre, Bhopal

Department of Oral and Maxillofacial Surgery

Pre-University Examination(RETEST) 2021-22

Time – 3 Hours

Maximum Marks - 70

Note – Answer all Questions in Sequence.

Draw Neat and Labelled diagram wherever necessary.

Long Notes – 6 Marks Each

1. Classify Mandibular Fractures. Write in detail about clinical features, diagnosis and management of unilateral mandibular parasymphysis fracture.
2. Define trigeminal neuralgia and add a note on its management.
3. Describe in detail etiopathogenesis, clinical features, diagnosis and surgical management of KCOT.
4. Write in detail about TMJ Ankylosis and its management.
5. Define and classify local Anaesthesia. Write in detail about vazirani -Akinosi Block.

Short Notes – 3 Marks Each

1. Vestibuloplasty
2. Sialolithiasis
3. Cleft lip repair
4. Buccal Space Infection
5. Oroantral Communication
6. Management of Bleeding from extraction socket
7. BSSO
8. Difficulty index for mandibular third molars
9. Lefort Fractures
10. Dental Implants

MCQ 1 Mark Each

1. In which of the following nerve block bevel of needle kept away from the bone
 - a. Classical inferior alveolar nerve block
 - b. Vazirani akinosi nerve block
 - c. Gow gates nerve Block
 - d. Clark's and Holme Nerve Block
2. Hot Potato speech is seen in
 - a. ORN
 - b. Ludwig's Angina
 - c. Pleomorphic adenoma
 - d. Cleft lip and Palate
3. Battle's sign is indicative of –
 - a. Fracture of coronoid process
 - b. Fracture of mandibular condyles
 - c. Skull Base fractures
 - d. Fracture of Maxilla



4. **Syncope is type of**
 - a. Hypovolemic shock
 - b. Vasovagal shock
 - c. Hypoglycemic shock
 - d. Cardiogenic shock
5. **Dry socket is best explained by –**
 - a. Epker's Hypothesis
 - b. Stobie's hypothesis
 - c. Warwick and James
 6. Birn's Hypothesis
6. **Which is not an postulate of Kaban's Protocol in management of TMJ Ankylosis**
 - a. Early mobilization
 - b. Gap arthroplasty
 - c. Al Kayat Bramley
 - d. Delayed Physiotherapy
7. **Coleman's sign is indicative of**
 - a. Condylar fracture
 - b. Epistaxis
 - c. Sublingual hematoma
 - d. Blowout fracture
8. **Miniplate osteosynthesis is type of**
 - a. Semirigid Fixation
 - b. Non rigid fixation
 - c. Rigid fixation
 - d. Intermaxillary fixation
9. **instrument used in preprosthetic surgery is**
 - a. Hayton Williams forcep
 - b. Bristow elevator
 - c. Bone ronguer
 - d. Rowe disimpaction forcep
10. **Local anaesthetics are metabolised through**
 - a. Kidney
 - b. Liver
 - c. Lungs
 - d. Spleen



**RISHIRAJ COLLEGE OF
DENTAL SCIENCES & RESEARCH CENTRE**

Gandhi Nagar, Bhopal (M.P.)

Name of examination ... PRE UNIVERSITY EXAMINATION (RETEST) ...

Roll No. ... 05 ... Name ... AKRITI SINGH ...

Date ... 11 Feb, 22 ... Subject ... DENTAL SURGERY ...

Number of Supp copies ... 04 ... Marks obtained ...

37
70

(Please start writing from here)

LONG NOTES

Ans CLASSIFICATION OF MANDIBULAR FRACTURE

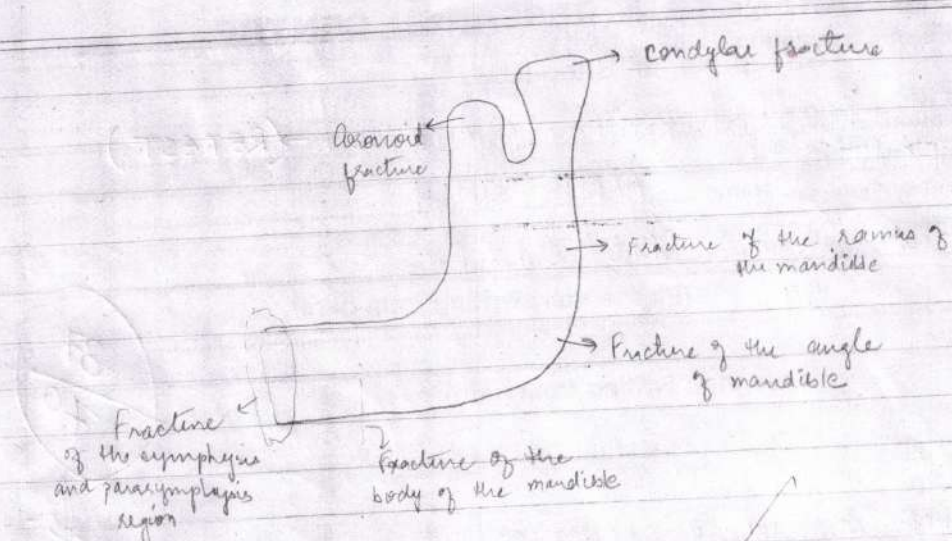
Based on the location.

- Angle of the mandible
- Body of the mandible
- Ramus of the mandible
- Condylar process
- Coronoid process
- Symphysis
- Parasymphysis

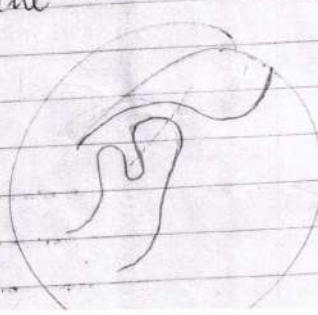
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Rishiraj College of Dental Sciences & Research Centre

MULTIPLE

- 1) Clas
- 2) Ludu
- 3) Fix
- 4) He
- 5) Bis
- 6) Al
- 7) ~~Bo~~
- 8) Lev
- 9) Bon
- 10) K



Based on the glenoid fossa & condyle relationship
1) Displacement

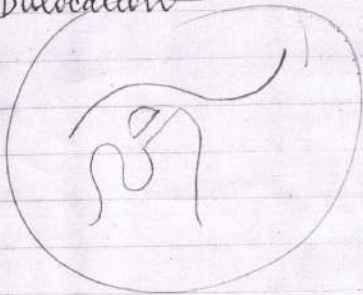


[Signature]
Principal
Dental Sciences & Research Centre
Gandhi Nagar, Bhopal

2) Non-displacement



3) Dislocation



not required

UNILATERAL MANDIBULAR PARASYMPHYSIS FRACTURE

CLINICAL FEATURES

Pain

- Ecchymosis
- ~~Pain~~ facial asymmetry is ~~not~~ pronounced
- Mobility of tooth



- Swelling of the face
- Anterior open bite
- Patient's discomfort is present

• DIAGNOSIS

- Clinical history
- Clinical examination
- CT-Scan
- MRI
- CBCT

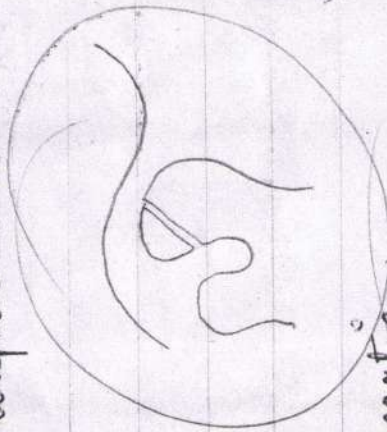
• MANAGEMENT

Principles of management

- Reduction → Open reduction
- Reduction → Closed reduction
- Fixation
- Immobilisation
- Rehabilitation



2) Non-displacement



3) Dislocation



Displacement
not

UNILATERAL MANDIBULAR PARASYMPHYSIS FRACTURE

CLINICAL FEATURES

Pain

- Ecchymosis
- ~~Pain~~ facial asymmetry is ~~not~~ pronounced
- Mobility of teeth

[Signature]



* ~~CLOSED~~ ^{OPEN} REDUCTION Indications

- Condylar fracture
- Atrophic edentulous maxilla with displacement
- Severe comminuted fracture
- Unfavourable displaced fracture

* ~~CLOSED~~ ^{CLOSED} REDUCTION INDICATIONS

- Coronoid fracture
- Atrophic edentulous maxilla
- Compound fracture
- Favourable displaced fracture

INCISIONS → Intra-oral: Anterior; vertical degloving technique
Extra-oral: Risdon's submandibular approach.



* FLXATION

Internal fixation

• Transosseous wiring

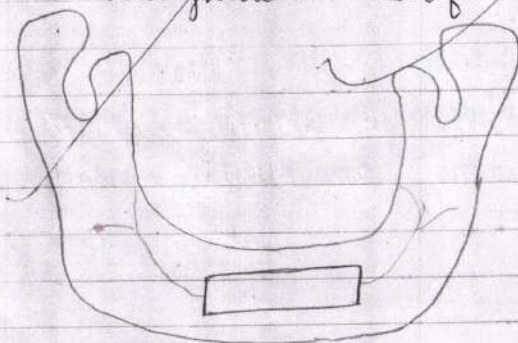
- | Arter has fixation
- | Figure of 8 wiring
- | Key loop wiring

External fixation

- Head frame
- Plate
- Screws

CHAMPY'S LINE

→ It is an fixation of miniplate by the screws over the ideal osteosynthetic lines (favourable line)



One plate is placed below the apices of the root.
Another plate parallel to the 1st plate with a min gap of 4-5 mm between them.

One plate is placed over the bulky region of external oblique region at the angle of the mandible.

One plate is placed above the inferior alveolar nerve.

* IMMOBILISATION

In the dentulous patient, ~~they are~~ immobilised for 3 weeks.
For retained teeth, 4 weeks.

In children, 2-3 weeks.

In older patients, 4-6 weeks.

* REHABILITATION

Post-operative instructions are given to the patient.

Patient is called for follow-up.

(h)


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College of Dental Sciences & Research Centre



Ques TRIGEMINAL NEURALGIA

• DEFINITION

- It is defined as the sudden onset, ^{paroxysmal} unilateral, lancinating type of pain in a confined area of the distribution of the trigeminal nerve.

• ETIOLOGY

- Nerve compression
- Cerebello-spontaneous ^{angioma} tumour
- Nerve injury

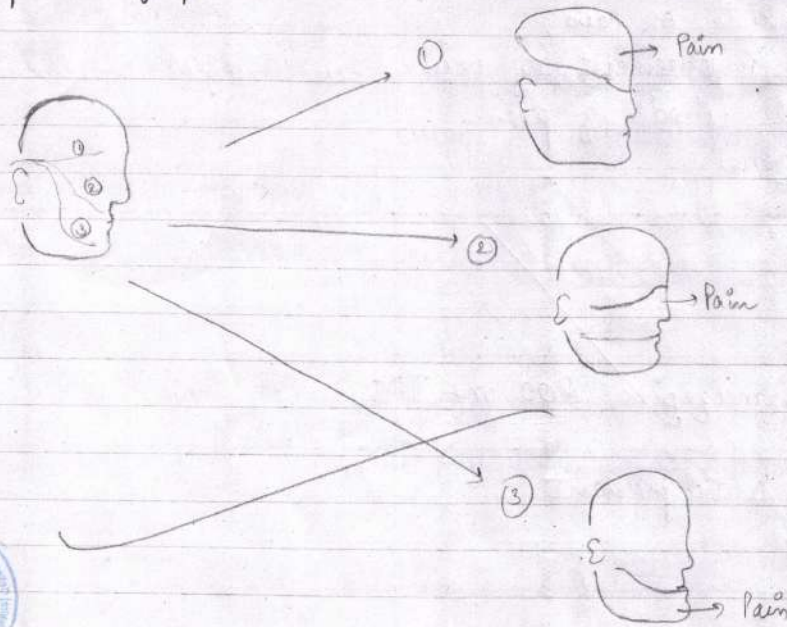
• CLINICAL FEATURES

- Sudden in onset
- Unilateral pain
- Severe, lancinating type of pain (knife edge, stabbing type of pain)
- Negative history of night pain
- Trigger zones - eye
 - cheek
 - lip
 - ala of nose



Roll No- 05

- Pain aggravates on: cold blow air
 - ↳ Touch
 - ↳ Smile etc.
- Paroxysmal episodes of pain occur



• DIAGNOSIS

- Clinical history
- Clinical examination
- Swedi criteria
 - ↳ sudden onset of pain
 - ↳ Unilateral involvement of pain
 - ↳ Paroxysmal episodes of pain
 - ↳ Trigger zones

• MANAGEMENT

- * Medicinal treatment
 - ↳ Tab. Carbamazepine 200 mg TDS
 - ↳ Baclofen
 - ↳ Tricyclic antidepressant
 - ↳ Gabapentin

* Injection

- ↳ Injection of boiling water



- ↳ Injection of sclerosing agent
- ↳ Injection of absolute alcohol

(3)

* Surgical treatment

- ↳ Nervectomy
- ↳ Nerve decompression

Ans 3 KCOT (KERATOCYSTIC ODONTOGENIC TUMOUR)

- It is an odontogenic ~~tumour~~ ^{cyt} of epithelial origin.

• CUNICAL FEATURES

- Common site: - Mandibular posterior region
- Maxillary posterior region
- Common in 3rd - 4th decade of life.
- Male is more commonly involved.
- Asymptomatic patient unless secondarily infected, give rise to pain.
- Facial asymmetry is seen.
- Displacement / mobility of tooth is present.
- Root resorption of tooth is present.



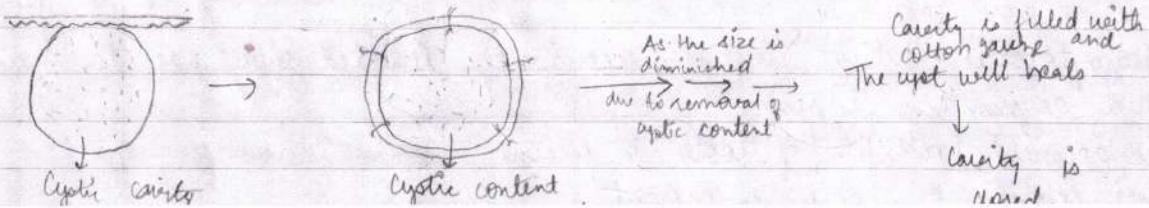
• RADIOGRAPHIC FEATURE

- Large cystic lesion show snowball appearance on radiographs
- Small cystic lesion show honeycomb appearance on radiograph.
- ~~3~~ Variants - Central
- Periapical
- A thin sclerotic border is seen which shows buccal & lingual cortical plates expansion.

- Recurrence rate is high because
- thin, friable membrane
 - satellite cysts

• Management

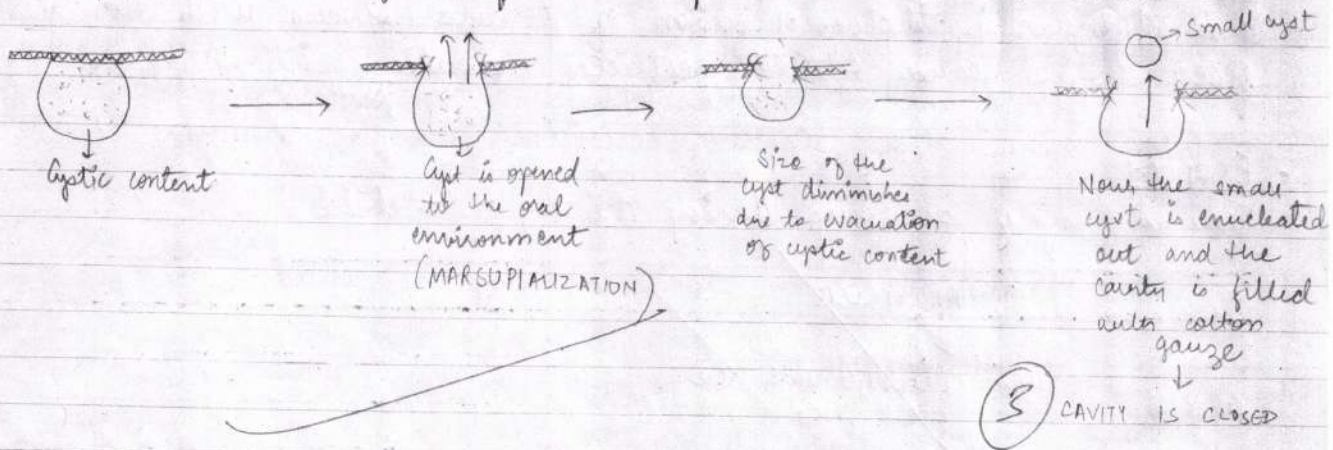
① MARSUPIALIZATION (PARSONS OPERATION)



Date: 11 Feb, 22

② WALDRON PROCEDURE

In this procedure, the cyst is first marsupialized & then enucleated.



Cotton gauze contains Carnoy's solution for ~~the~~ to prevent the recurrence

Glac
Chlor
fer. sulphate
Alcohol

Contents

- Glacial acetic acid 6%
- Chloroform 3%
- Ferric sulphate # 1 gm
- Alcohol 1% absolute

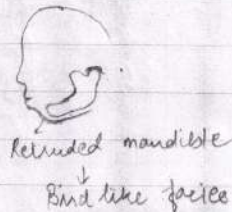
Principle

PRINCIPAL

- Puffiness of the pain towards the affected side
- Pain is present

2) BILATERAL ANKYLOSIS

- Bird like facies
- Retruded mandible
- Low steep plane of mandible
- Trismus
- Pain
- Restricted jaw movement
- No facial asymmetry present



- ⇒ Pre-auricular depression is present
- Difficulty in speech, swallowing food

• DIAGNOSIS

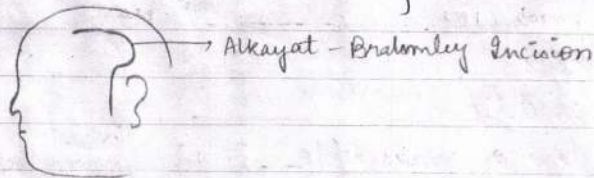
- Clinical history
- Clinical examination
- CT scan
- CBCT
- Reverse Town's View

(2)



• MANAGEMENT

- Gap arthroplasty
- Interpositional flap with Alkayat - Bromley Incision



Kaban's Protocol

Given by Fischer, Kaban, Porech

Consists of 9 steps

1) Early mobilisation

2)

3)

4) Locally displaced flap

5) Total jaw reconstruction

6)

7)

8)

9) Relaxed Physiotherapy

3



Roll No. - 05

Ans LOCAL ANAESTHESIA

• DEFINITION

Local anaesthesia is defined as the reversible loss of sensation in a circumscribed area of the body caused ~~by~~ by depression of excitation of nerves and inhibition of conduction ~~of~~ in peripheral nerves.

• CLASSIFICATION

a) Ester linked → (Benzoic acid)

- Benzocaine

- Cocaine

↳ Paraminobenzoic acid

- Procaine

- Chlorprocaine

b) Amide linked

- Lidocaine

- Prilocaine



3) Quinidine linked
↳ Articaine

6) Based on the duration

a) short duration

- Procaine
- Chlorprocaine

b) Immediate action
- Tetracaine

c) long duration
- Lidocaine

(2)

• VAZIRANI AKINDSI BLOCK

- It is the block for the oral submucous fibrosis patient.
- It is an closed mouth technique.
- The needle is inserted: inside of the mouth
- It is an dx



SHORT NOTES

1 VESTIBULOPLASTY

- It is an ridge correction procedure
- Done for the fabrication of prosthesis (PRE-PROSTHETIC SURGERY)
- Used to increase the sulcus depth in case of flat ridge / severe ridge resorption cases.

(1)

Ans 2 SIALDLITHIASIS

- It is the formation of calculi of minerals (of salivary secretion) in the salivary gland / salivary duct leading to obstruction of the salivary flow.

Types

- Mucous extravasation cyst
- Mucous retention cyst

(1)



• CLINICAL FEATURES

- Pain
- obstruction of salivary flow leading to dry mouth
- difficulty in swallowing
- Halitosis
- difficulty in speaking

• MANAGEMENT

- surgical excision

(1)

Ans 5 ORO-ANTRAL COMMUNICATION

- It is the ^{pathological} communication between the oral antrium and oral cavity.

• ETIOLOGY

- Extraction of 3rd molar
- Foreign body in the maxillary sinus
- Trauma / injury
- Hypertumor
- ~~trauma~~

Date - 11 Feb 22

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• CLINICAL FEATURES

- Epistaxis
- Bad breath
- Pain
- Difficulty in having food

• MANAGEMENT

1) Cold - well - Luc Procedure

↳ given by Henry Luc & Cold.

(2)

- 2) Flap used -
- Buccal advancement flap
 - Ashley's palatal rotational flap
 - Buccal fat pad

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Ans MANAGEMENT OF BLEEDING FROM SOCKET

- Warm water gargle after 24 hours of extraction
- Cold liquid food items after 45-1 hour of extraction.
min
- Soft liquid food.
- ~~Hot~~ Cold compression.

①

Ans DIFFICULTY INDEX

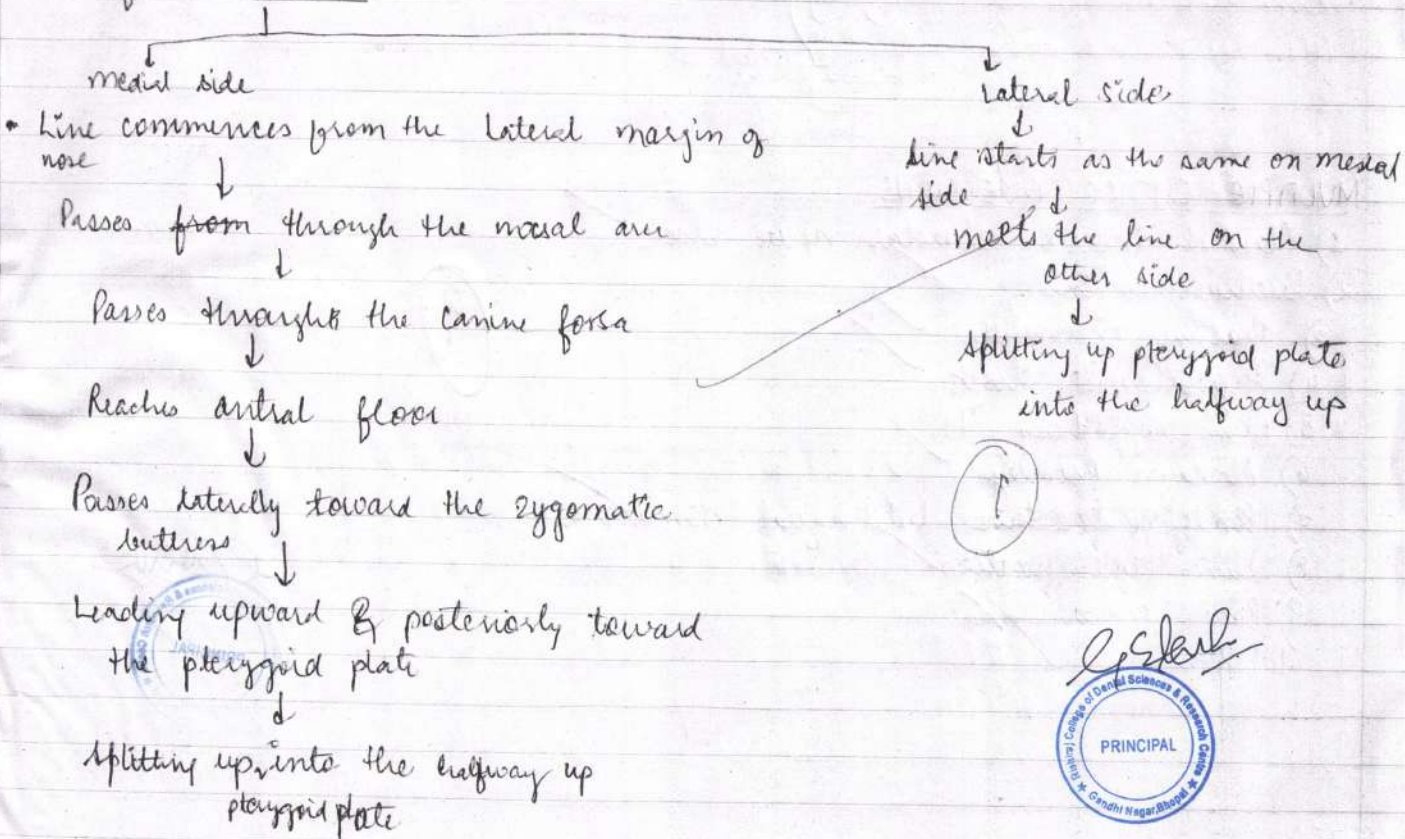
* WHARFE INDEX

- W = Winter's classification
- H = Height of the mandible
- A = Angle of the tooth
- R = Rotation of tooth
- F = follicle size
- E = Exit path



9 Le-fort fracture

Le-fort - I line



C. S. Kulkarni
PRINCIPAL
Gandhi Nagar, Bhopal



MULTIPLE CHOICE QUESTIONS

- 1) Classical inferior alveolar nerve block ✓
- 2) Ludwig's angina ✓
- 3) Fracture of maxilla ✓/✓
- 4) Hypovolemic shock ✓
- 5) Birm's hypothesis ✓
- 6) Al-kayot Bramley ✓
- 7) ~~mandibular fracture~~ sublingual hematoma ✓
- 8) semi-rigid fixation ✓
- 9) Bone renquer ✓
- 10) Kidney ✓

9

