

ORAL MEDICINE AND RADIOLOGY- CRRI WORK DONE 04.05.2020-09.05.2020



DEPARTMENT OF ORAL MEDICINE AND RADIOLOGY E-CLASSES FOR CRI BDS

04.05.2020:

SUPERVISION AND DISCUSSION BY Dr.SIVAN SATHISH, MDS, MFDS RCPS PROFESSOR AND HOD, ORAL MEDICINE



Work done	<u>Participants</u>	Timing
Discussion on Basic	CRRI, IV Year	10.30-11.30 am
science NEET Discussion		
Discussion with PGs on	PGs, CRRIs, Final year,	11.30-01.00 pm
Anti- tubercular drugs	Third year	
Ideal Long case	CRRI, III Year	02 pm- 04 pm
discussion with III Years		

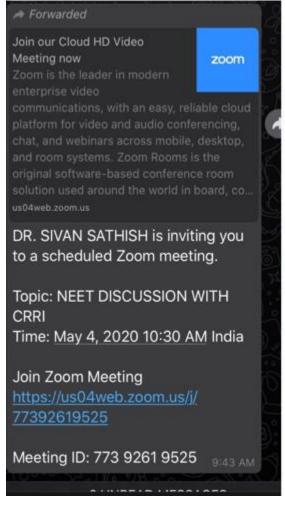
• NAME OF STAFFS PARTICIPATED: 4

- 1. Dr. SIVAN SATHISH
- 2. Dr. CHRISTEFFI MABEL
- 3. Dr. SAI ARCHANA
- 4. Dr. MOOMINA



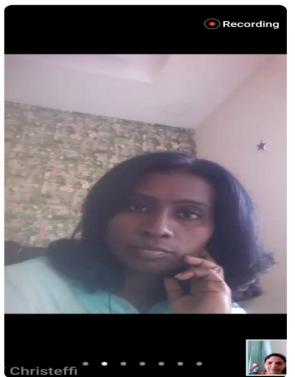
• STUDENTS PARTICIPATED:

- 1. Shafeeq Ahmed
- 2. Anurekha
- 3. Gayathri
- 4. Joanna Gracy
- 5. Lavanya
- 6. Nivashini

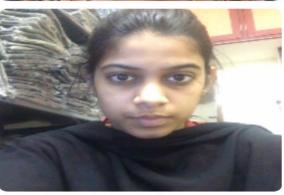


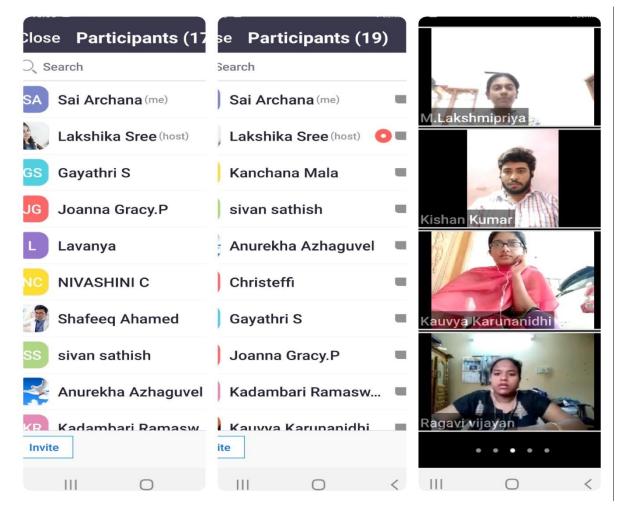




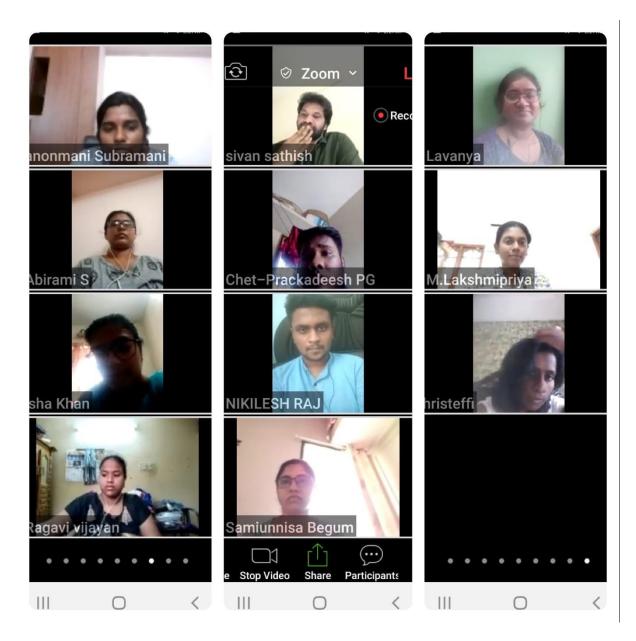




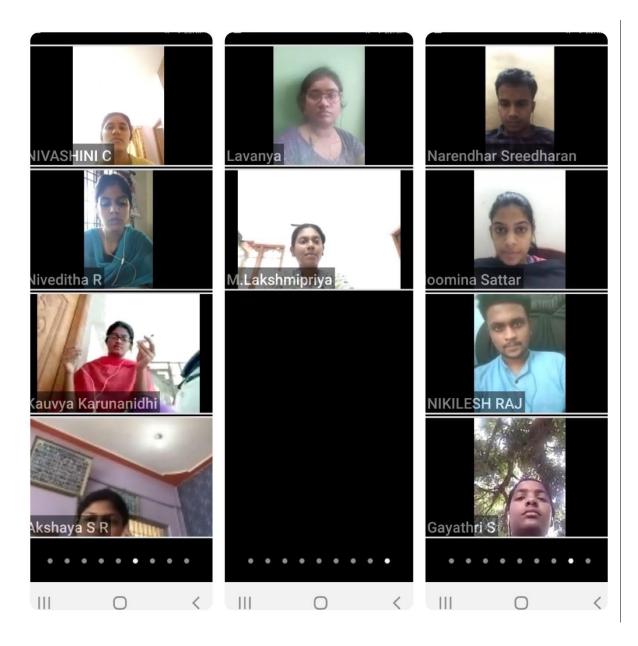




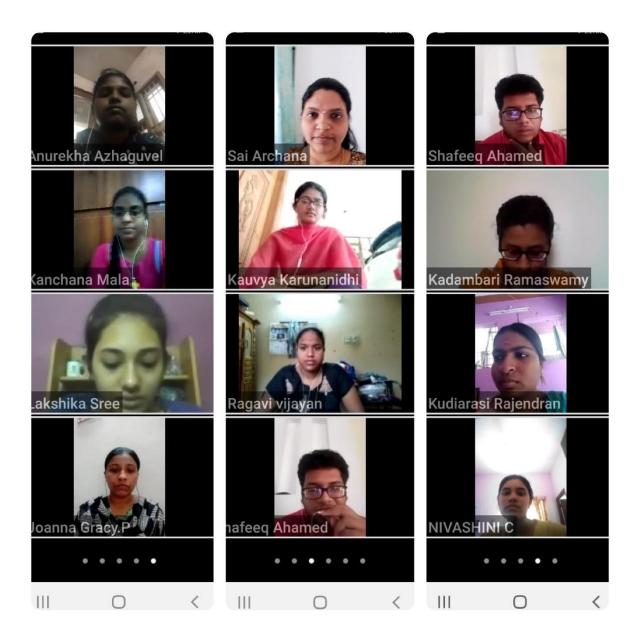




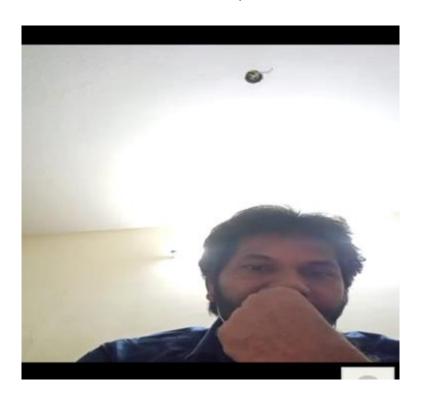












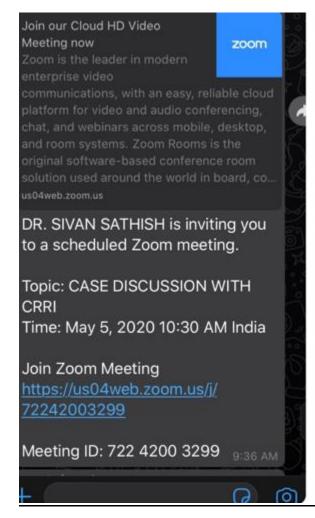
Work done	<u>Participants</u>	<u>Timing</u>
Discussion on NEET	CRRI	10.30-11.00 am
Questions		
Clinical case	CRRI, Final year	11.00-11.30 am
presentation		
Discussion with PGs on	PGs, CRRIs, Final year,	11.30-01.00 pm
Ameloblastoma	Third year	
Clinical case	CRRI, Final year	02 pm -03 pm
presentation		
Theory class on Ideal	III Year, CRRI, Final Year	03 pm- 04 pm
long case		

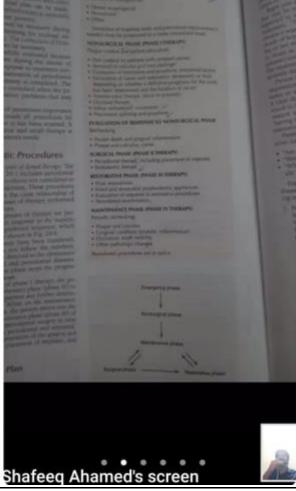


- 1. Dr. SIVAN SATHISH
- 2. Dr. CHRISTEFFI MABEL
- 3. Dr. SAI ARCHANA
- 4. Dr. MOOMINA

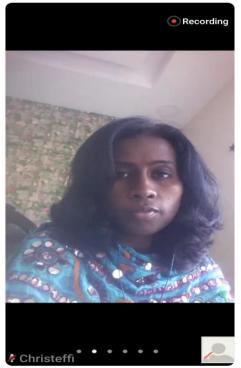
• STUDENTS PARTICIPATED:

- 1. Shafeeq Ahmed
- 2. Anurekha
- 3. Gayathri
- 4. Joanna Gracy
- 5. Lavanya
- 6. Nivashini

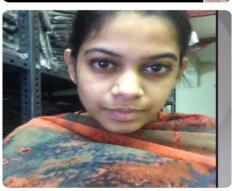


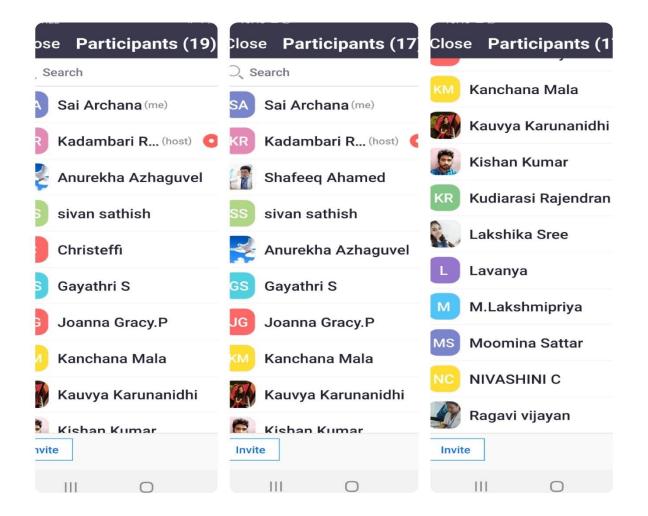




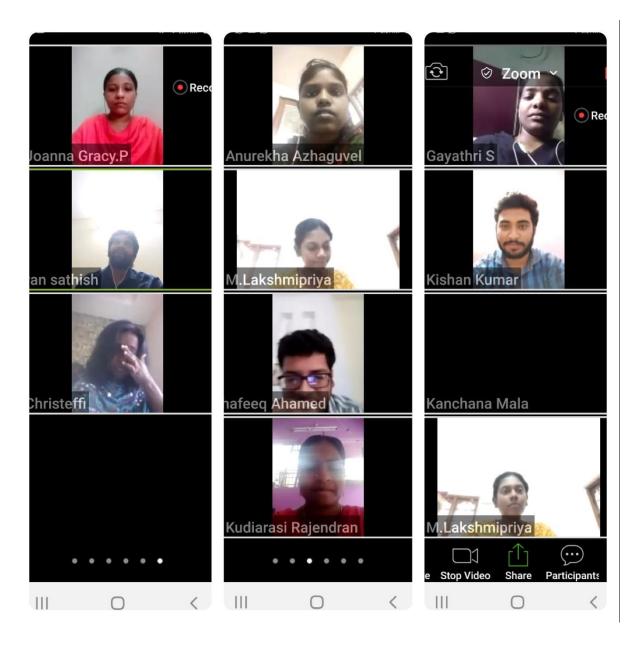




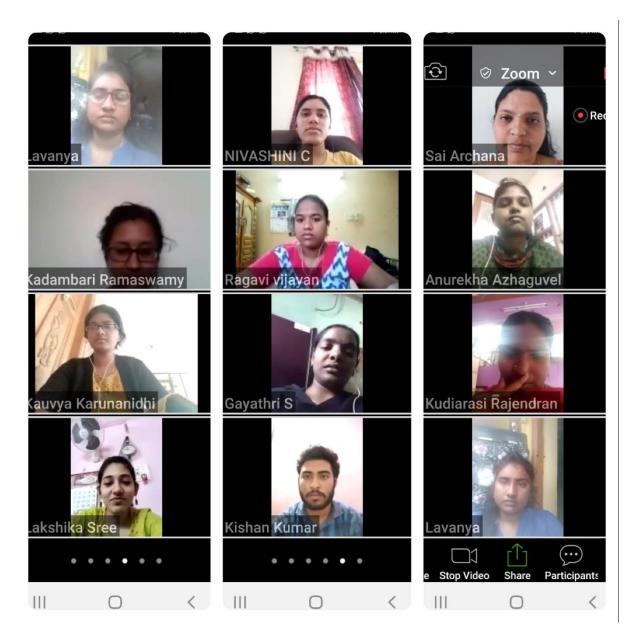
















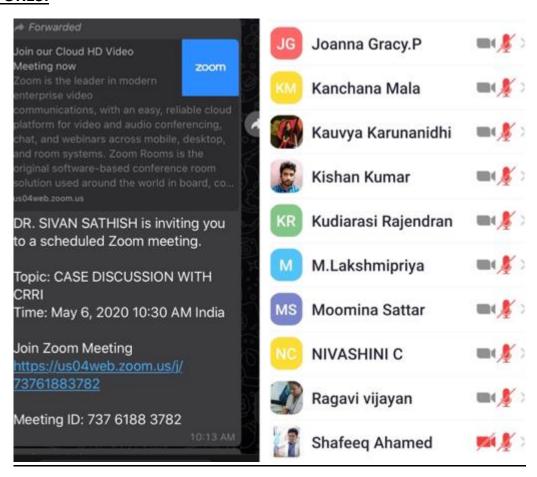
Work done	<u>Participants</u>	<u>Timing</u>
Discussion on NEET Questions	CRRI	10.30-11.00 am
Clinical case presentation	CRRI, Final year	11.00-11.30 am
Discussion with PGs on Corticosteroids in Dentistry	PGs, CRRIs, Final year, Third year	11.30-01.00 pm
Clinical case presentation	CRRI, Final year	02 pm -03 pm
NEET Questions discussion	CRRI, Final Year	03 pm- 04 pm



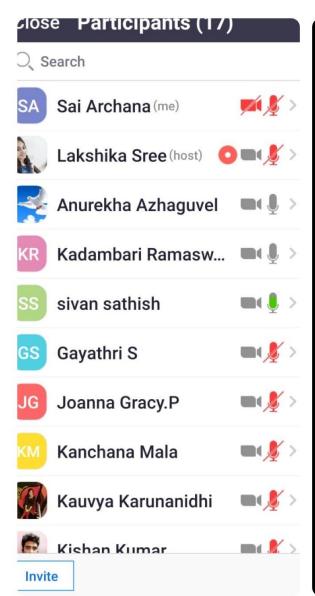
- 1. Dr. SIVAN SATHISH
- 2. Dr. CHRISTEFFI MABEL
- 3. Dr. SAI ARCHANA
- 4. Dr. MOOMINA

STUDENTS PARTICIPATED:

- 1. Shafeeq Ahmed
- 2. Anurekha
- 3. Gayathri
- 4. Joanna Gracy
- 5. Lavanya
- 6. Nivashini

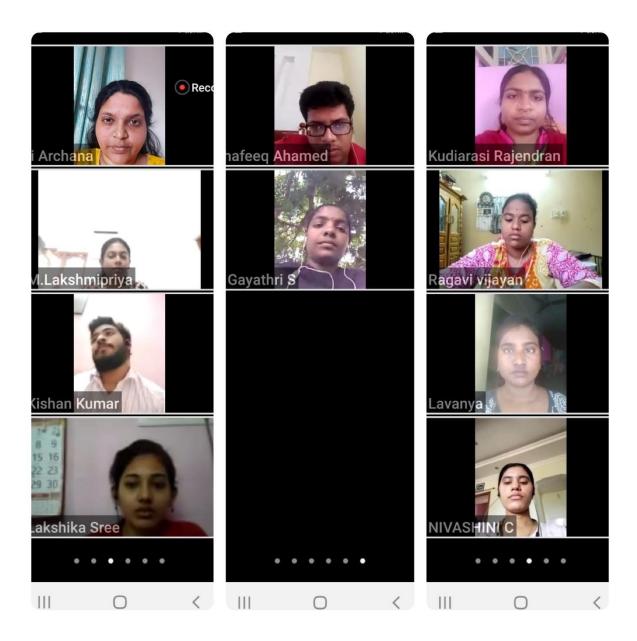












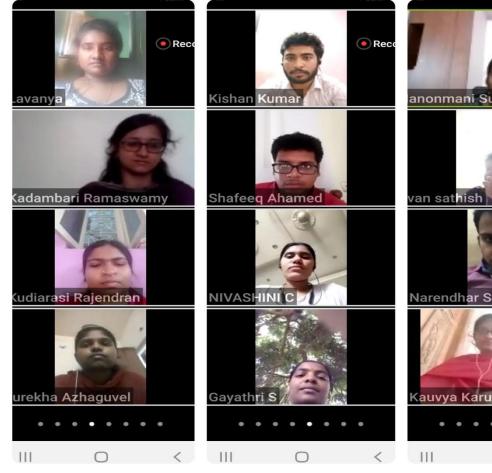








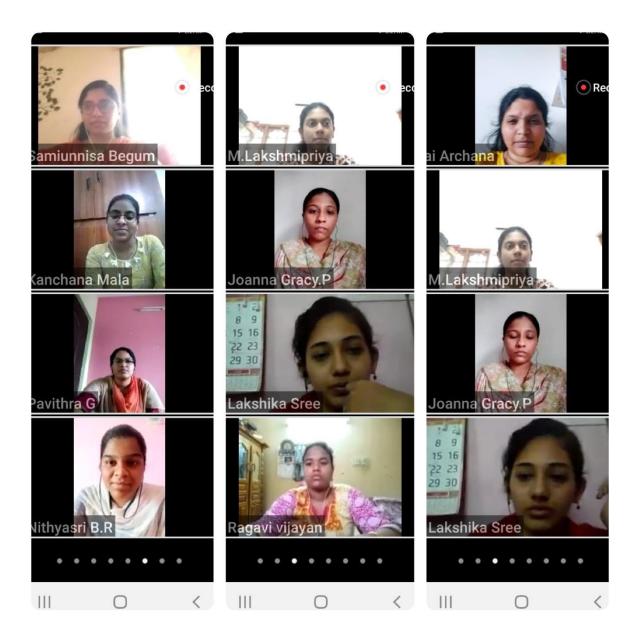
















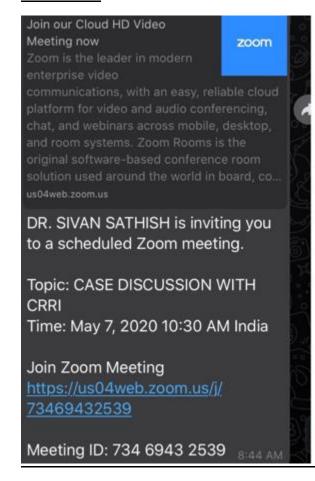
Work done	<u>Participants</u>	<u>Timing</u>
Discussion on NEET Questions	CRRI	10.30-11.00 am
Clinical case presentation	CRRI, Final year	11.00-11.30 am
Discussion with PGs on Radiotherapy	PGs, CRRIs, Final year, Third year	11.30-01.00 pm
Clinical case presentation	CRRI, Final year	02 pm -03 pm
NEET Questions discussion	CRRI, Final Year	03 pm- 04 pm

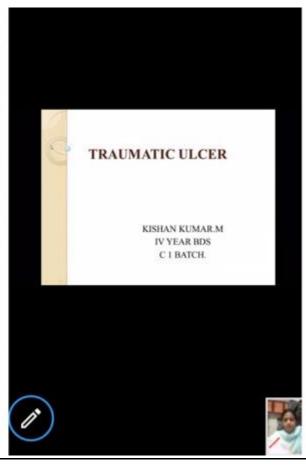


- 1. Dr. SIVAN SATHISH
- 2. Dr. CHRISTEFFI MABEL
- 3. Dr. SAI ARCHANA
- 4. Dr. MOOMINA

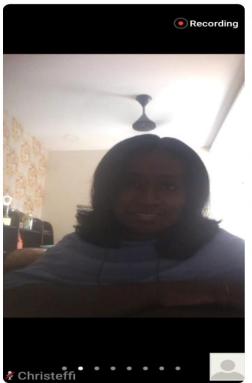
• STUDENTS PARTICIPATED:

- 1. Shafeeg Ahmed
- 2. Anurekha
- 3. Gayathri
- 4. Joanna Gracy
- 5. Lavanya
- 6. Nivashini







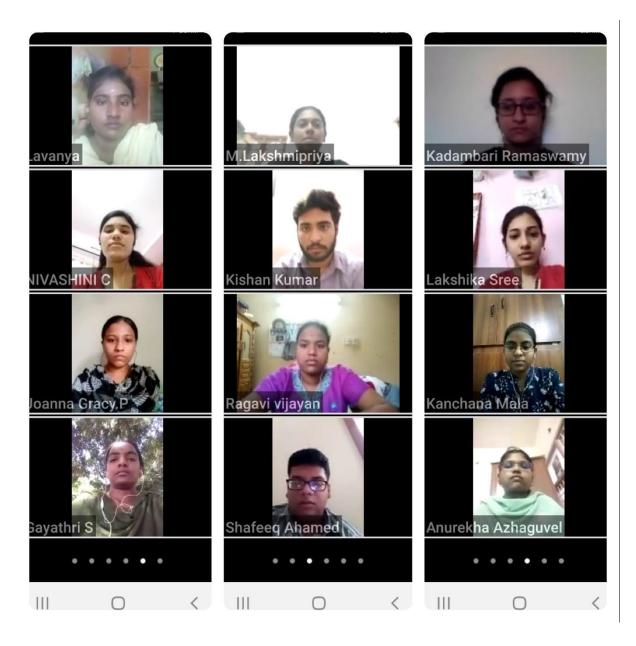
















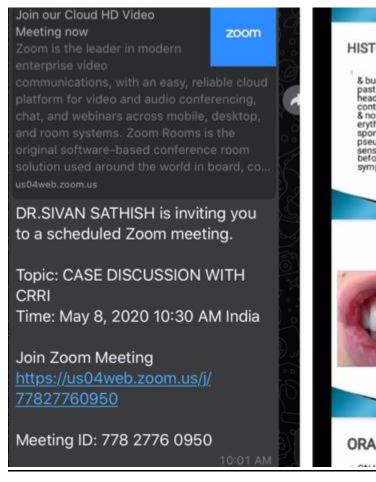
Work done	<u>Participants</u>	<u>Timing</u>
Discussion on NEET Questions	CRRI	10.30-11.00 am
Clinical case presentation	CRRI, Final year	11.00-11.30 am
Discussion with PGs on Erythema Multiforme	PGs, CRRIs, Final year, Third year	11.30-01.00 pm
Discussion on Radiographic Interpretation	CRRI, Final year	02 pm -03 pm
NEET Questions discussion	CRRI, Final Year	03 pm- 04 pm



- 1. Dr. SIVAN SATHISH
- 2. Dr. CHRISTEFFI MABEL
- 3. Dr. SAI ARCHANA
- 4. Dr. MOOMINA

• STUDENTS PARTICIPATED:

- 1. Shafeeq Ahmed
- 2. Anurekha
- 3. Gayathri
- 4. Joanna Gracy
- 5. Lavanya
- 6. Nivashini









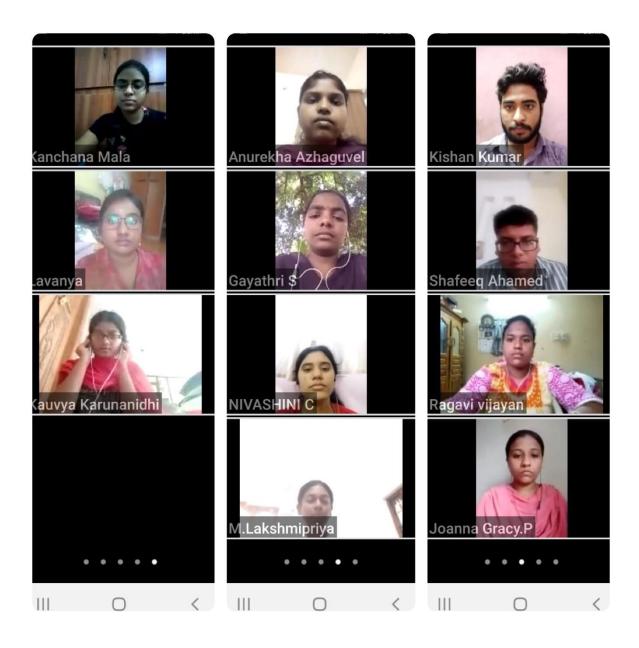






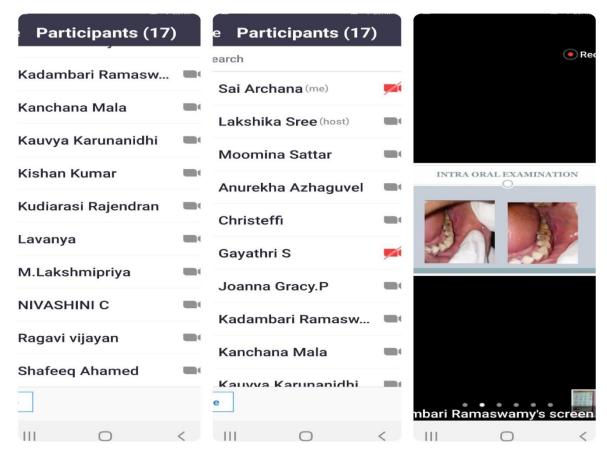
Close Participants (16)	/ <u>+</u>	Clos	•	
KR Kadambari Ramasw	/ / >	SA	Sai Archana (me)	
KM Kanchana Mala	■(<u>*</u> >		Lakshika Sree (host)	
Kishan Kumar	■(<u>&</u> >	GS	Gayathri S	
KR Kudiarasi Rajendran	■(<u>¾</u> >	ss	sivan sathish	— () >
L Lavanya	- (<u>*</u> / <u>*</u> /*)		Anurekha Azhaguvel	
M.Lakshmipriya	■(<u>》</u> >	JG	Joanna Gracy.P	- (<u>*</u>)
MS Moomina Sattar	/ / >	KR	Kadambari Ramasw	
NC NIVASHINI C	/ / / >	КМ	Kanchana Mala	
Ragavi vijayan	- (\$\sqrt{\psi} >		Kishan Kumar	
Shafeeq Ahamed	■(<u>*</u> >	KR	Kudiarasi Rajendran	
Invite		Invit	е	



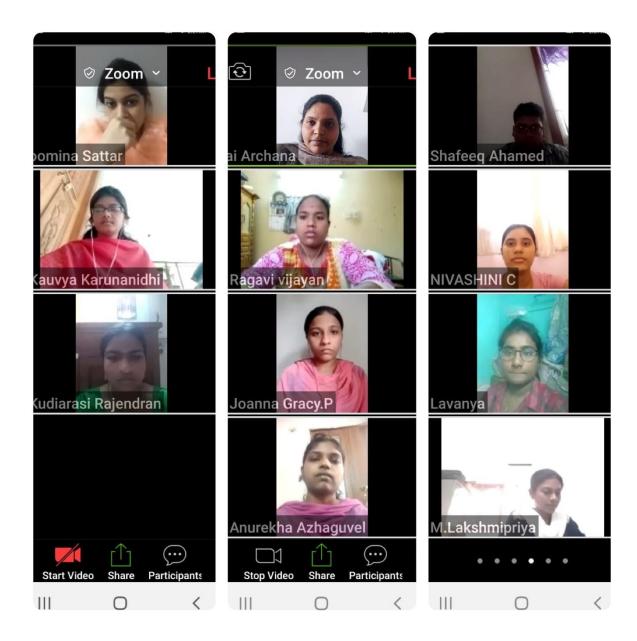




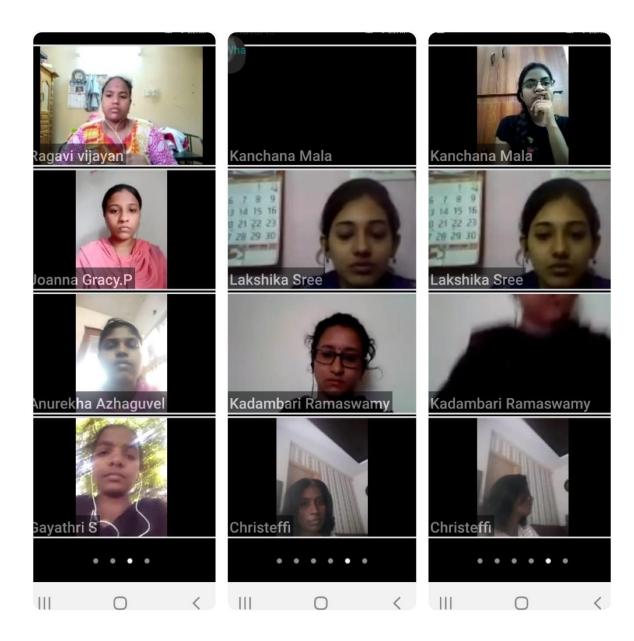
















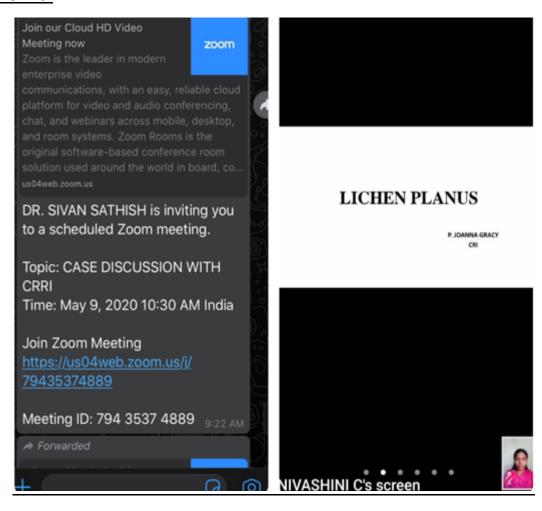
Work done	<u>Participants</u>	<u>Timing</u>
Discussion on NEET Questions	CRRI	10.30-11.00 am
Clinical case presentation	CRRI, Final year	11.00-11.30 am
Discussion with PGs on Nasopharyngeal Carcinoma	PGs, CRRIs, Final year, Third year	11.30-01.00 pm
Clinical Case presentation	CRRI, Final year	02 pm -03 pm
NEET Questions discussion	CRRI, Final Year	03 pm- 04 pm



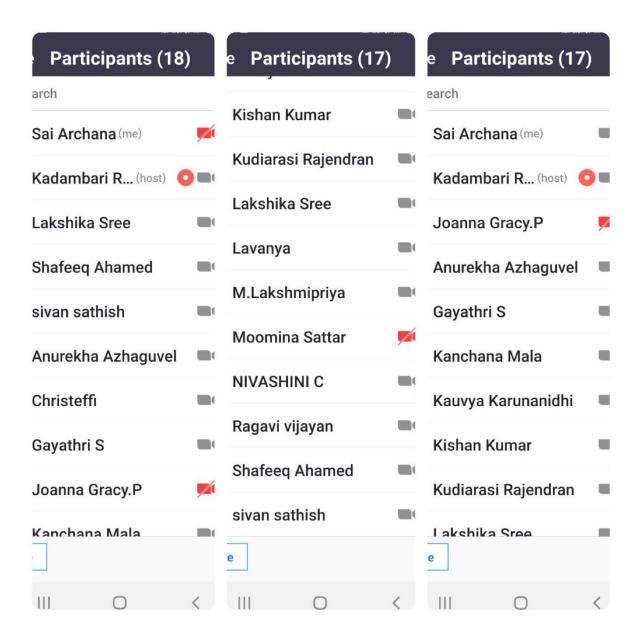
- 1. Dr. SIVAN SATHISH
- 2. Dr. CHRISTEFFI MABEL
- 3. Dr. SAI ARCHANA
- 4. Dr. MOOMINA

• STUDENTS PARTICIPATED:

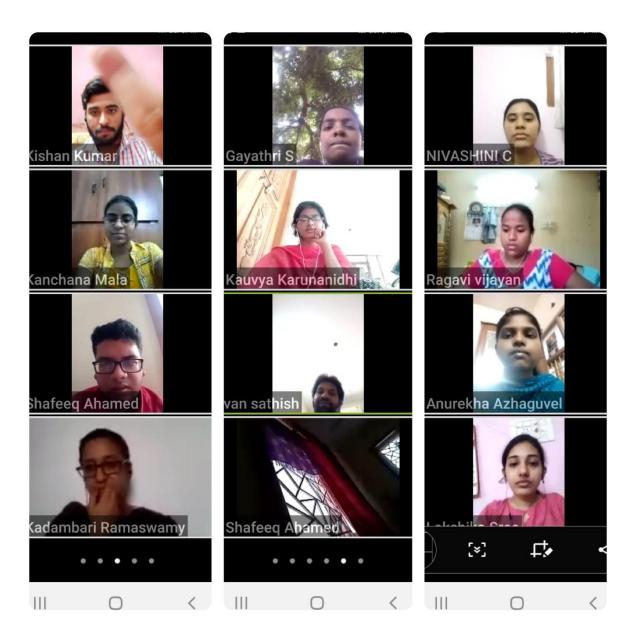
- 1. Shafeeq Ahmed
- 2. Anurekha
- 3. Gayathri
- 4. Joanna Gracy
- 5. Lavanya
- 6. Nivashini











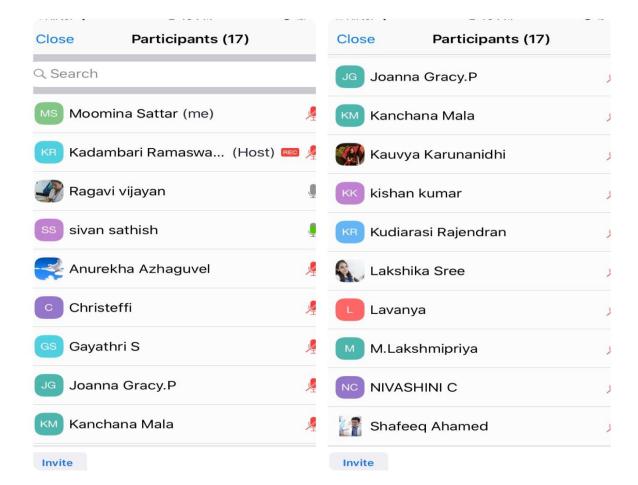
















ctop/Medical%20Books/SECOND%20YEAR/PHARMAC

mation (rheumatoid arthritis) decreases iron absorption, as well as the rate at which iron can be utilized.

Non-compliance to oral iron.

In presence of severe deficiency with chronic bleeding.

5. Along with erythropoietin: oral ion may not be absorbed at sufficient rate to meet the demands of induced rapid erythropoiesis.

Parenteral iron therapy needs calculation of the total iron requirement of the patient for which several formulae have been devised. A simple one is:

Iron requirement (mg) = 4.4 × body weight (kg) × Hb deficit (g/dl)

This formula includes iron needed for replenishment of stores. The rate of response with parenteral iron is not faster than with optimal doses given orally, except probably in the first 2-3 weeks when dose of oral iron is being built up. However, iron stores can be replenished in a shorter time by parenteral therapy, because after correction of anaemia, a smaller fraction of ingested iron is absorbed.

The ionized salts of iron used orally cannot be injected because they have strong protein precipitating action and free iron in plasma is highly toxic. Four organically complexed formulations of iron are currently available in India; two of these Iron-dextran and Iron-sorbitol-citric acid have been in use for over 50 years, while two relatively new ones Ferrous sucrose and Ferric carboxymaltose have been added in the past few years. The newer formulations are less risky and have improved ease of adminis-tration. Few other formulations are marketed elsewhere.

9 erythr muscl and be weeks the ca in urir anaphr

IMFER i.v. inje Intran glutea 2 ml

may c Intrav dextra be inje Altern in 500 i.v. ov in the

Adve Local of ski debilit

palpiti enlarg An an collap





