

## Third Year BDS Summary Report 29.06.20 - 04.07.20

### **E-Clinics**

S.NO	DATE	CLINICAL DISCUSSION TOPIC	FACULTY	NO OF STUDENTS PARTICIPATED
	Т	F1 BA	ТСН	1
1.	29.06.2020	PULPOTOMY	DR. DIVYA, DR. DAYA DR. SENTHIL, DR.JOE	6
2.	30.06.2020	PULPECTOMY	DR. DAYA, DR. DIVYA, DR. SENTHIL, DR. JOE,	7
3.	01.07.2020	STAINLESS STEEL CROWN	DR. DIVYA, DR. DAYA DR. SENTHIL, DR. JOE,	8
		E2 BA	TCH	1
4.	02.07.2020	CASE HISTORY& DIAGNOSIS	DR. SENTHIL, DR. JOE DR. DIVYA, DR. DAYA	8
5.	03.07.2020	CHAIR SIDE BEHAVIOUR MANAGEMENT TECHNIQUES	DR. DAYA, DR. DIVYA DR. SENTHIL, DR. JOE	8
6.	04.07.2020	CLASS II CAVITY PREPARATION IN PRIMARY TEETH	DR. SENTHIL, DR. JOE, DR. DIVYA, DR. DAYA	8



NAME OF E-REOSURCE PLATFORM	WEBLINK	USED FOR
ZOOM	https://zoom.us/	THEORY CLASS CLINICAL CASE DISCUSSIONS ATTENDANCE
Google Forms	https://docs.google.com/forms/u/0/	ASSIGNMENTS QUIZ ASSESSMENT AND GRADING



#### THIRD YEAR E-CLINICS

Topic :Pulpotomy

Date :29.06.20

Time :12.00 PM - 1.00.PM

Faculty :Dr. Divya

Instructor

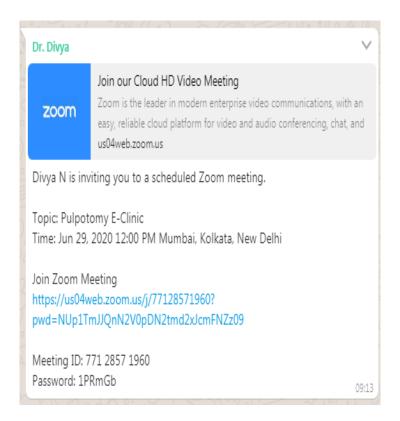
Faculty :Dr. Daya, Dr.Senthil

Attended

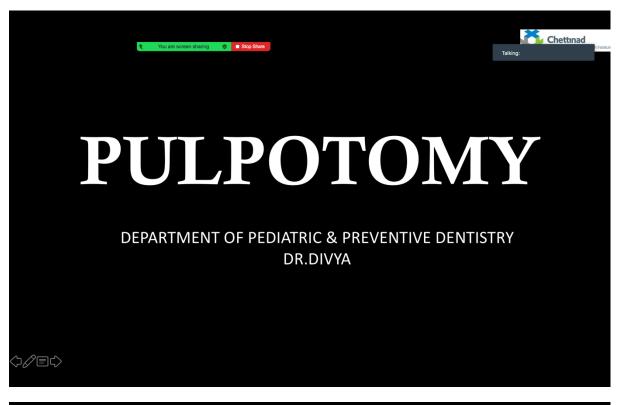
Students : Third years 6/7 (REG- 7)

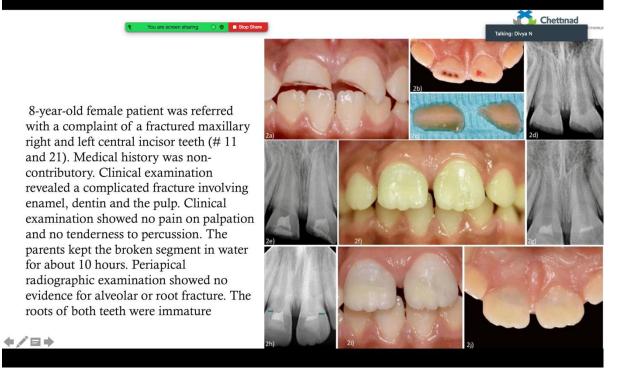
Batch :F1 Absentee :1

Platform :ZOOM











## 5.3 Pulpotomy Technique for Primary Teeth

Numerous pulpotomy materials are available to maintain the vitality of the primary radicular pulp aiming to preserve the primary molar in the dental arch. However, there is in essence only one pulpotomy technique prior to medicament placement:

- Select the tooth to receive the pulp therapy using criteria addressed in Chaps. 3
  and 4 of this book. In summary, the tooth should be devoid of spontaneous pain,
  have no parulis or mobility, and demonstrate no radiographic internal or external
  root resorption nor furcation radiolucency.
- Anesthetize using the technique of choice and isolate the tooth preferably with a rubber dam to avoid contamination of the pulp chamber with salivary bacteria (Fig. 5.1).
- 3. Remove all caries prior to entering the pulp chamber.
- Once all caries is removed, a #330 carbide bur under copious water spray is used to expose the pulp chamber (Fig. 5.2).



Fig. 5.1 Tooth isolated with a rubber dam prior to caries removal

Fig. 5.2 Pulp exposed prior to de-roofing the pulp chamber

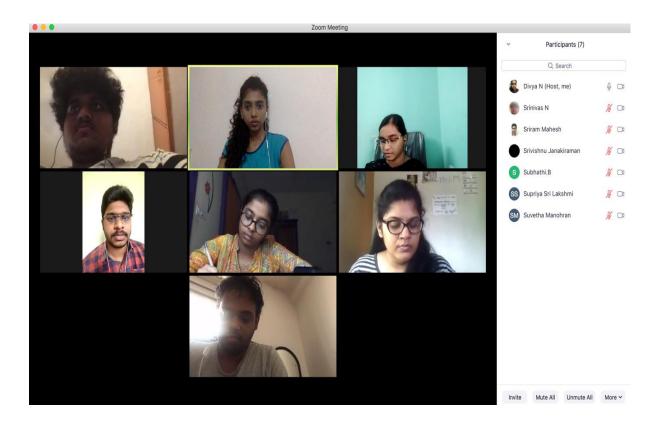


Fig. 5.3 Root canal orifices showing vital tissue after hemostasis

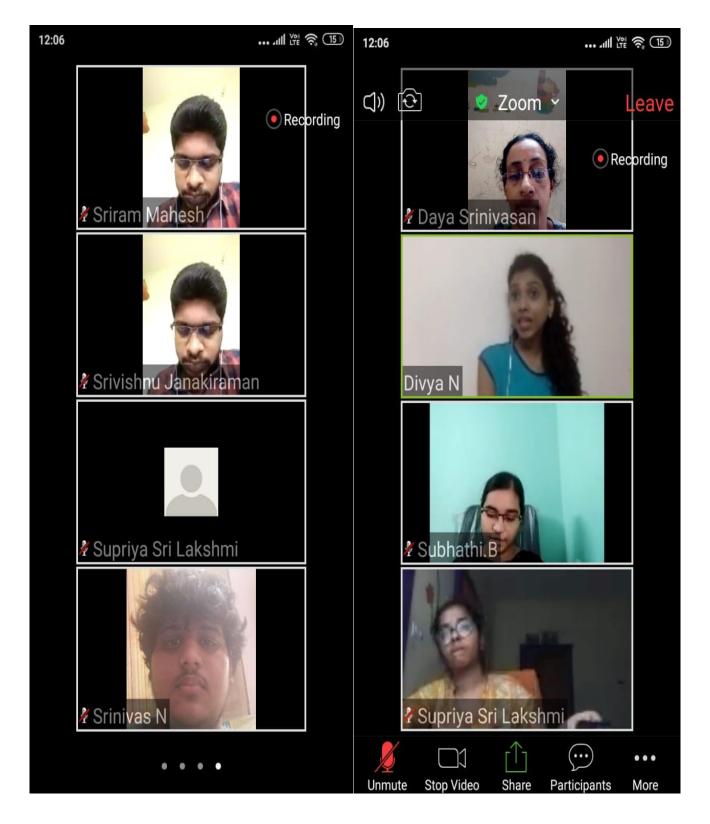


- 5. Coronal pulp is removed with a round bur on a slow speed handpiece, and hemostasis is achieved by the application of a cotton pellet for no more than 5 min (Fig. 5.3). If hemostasis cannot be achieved, pulpotomy is no longer indicated as the pulp tissue is inflamed and hyperemic. In such condition, an alternative treatment would be needed (pulpectomy or even extraction).
- 6. Once hemostasis is obtained, the chosen material is placed and the tooth is

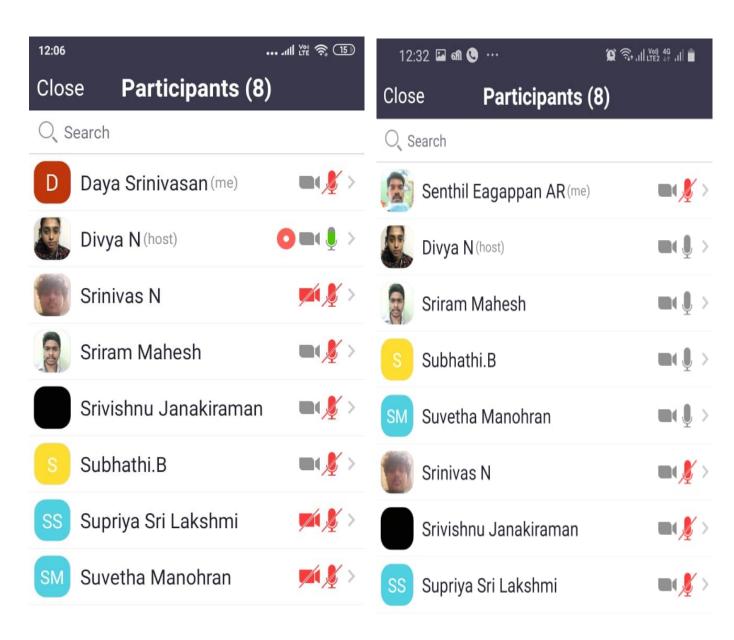












Invite



#### THIRD YEAR E-CLINICS

Topic : Pulpectomy

Date :30.06.20

Time :12.00 - 1.00.PM

Faculty : Dr. Daya

Instructor

Faculty :Dr. Senthil

Attended

Students : Third years 7/7 (REG-7)

Batch :F1
Absentee :0

Platform : ZOOM





# Indications



- ☐ Irreversibly inflamed pulp with not more than 1/3<sup>rd</sup> of root resorbed
- □ Abscess or sinus opening
- Traumatized anterior teeth with fracture or caries

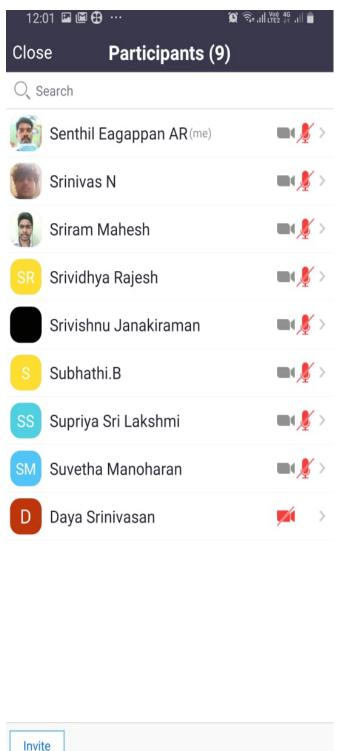














#### THIRD YEAR E-CLINICS

Topic :Stainless steel crowns

Date :01.07.20

Time :11.30 AM - 12.30.PM

Faculty :Dr. Divya

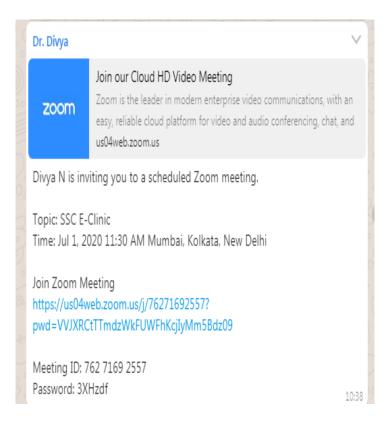
Instructor

Faculty :Dr.Daya

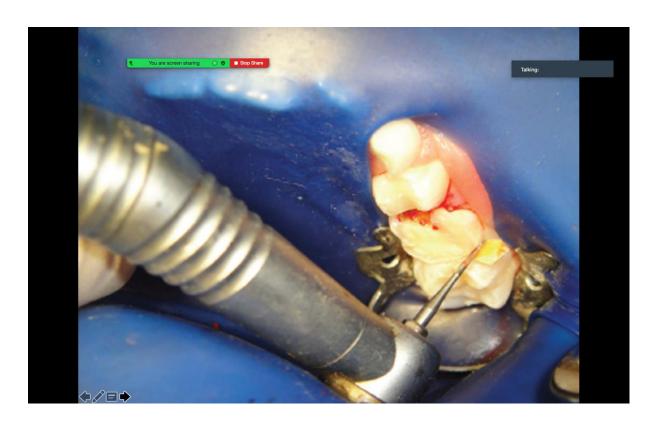
Attended

Students : Third years -8 (Reg - 7, Supp - 1)

Batch :F1
Platform :ZOOM

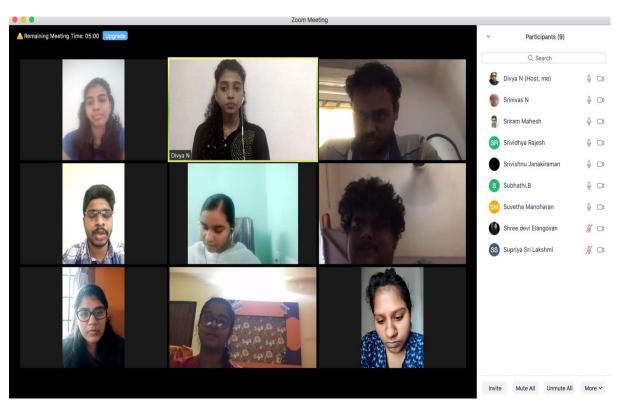






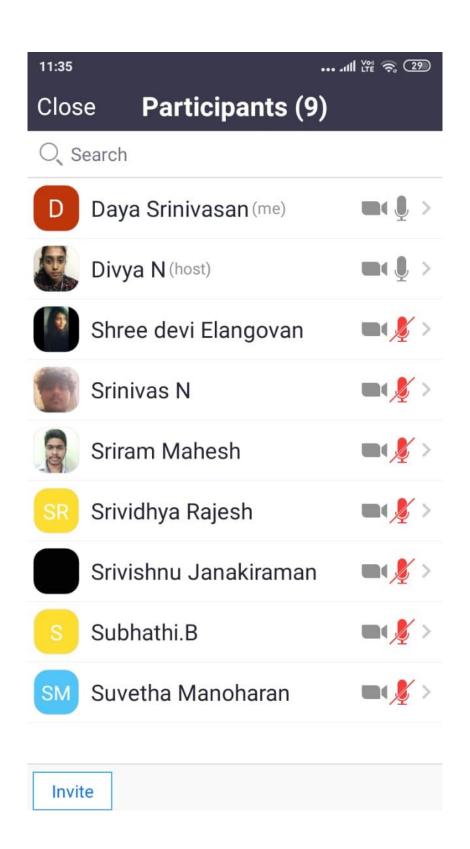














#### THIRD YEAR E-CLINICS

Topic : Case History & Diagnosis

Date :02.07.20

Time :12.15 PM - 1.15.PM

Faculty :Dr.Senthil

Instructor

Faculty :Dr. Daya and Dr. Divya

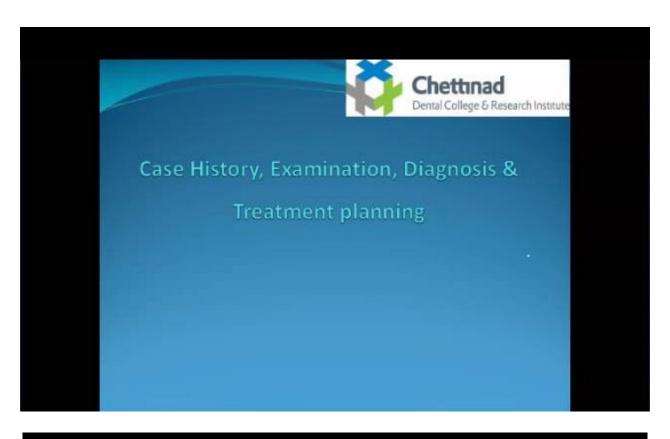
Attended

Students :Third year - 8 (REG-7,SUPP-1)

Batch :E2
Platform :ZOOM







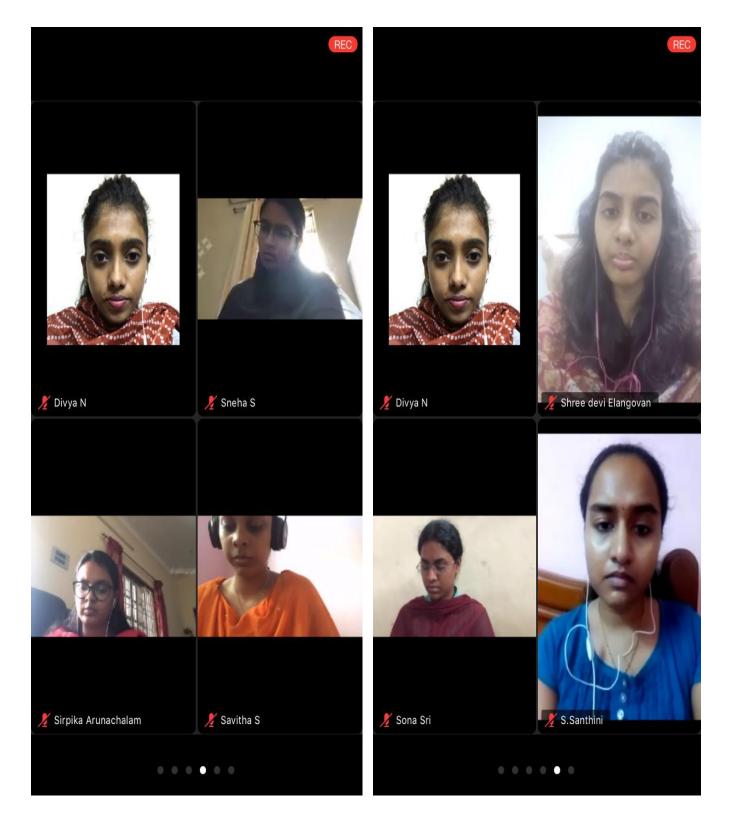




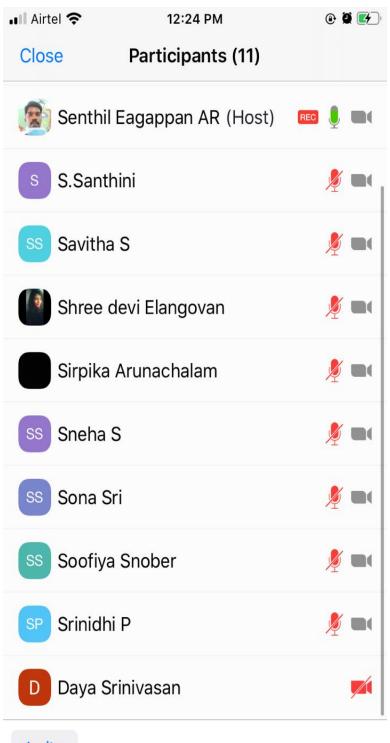












Invite



#### THIRD YEAR E-CLINICS

Topic :Chair side Behavior management techniques

Date :03.07.20

Time :12.35 - 1.35.PM

Faculty: Dr.Daya

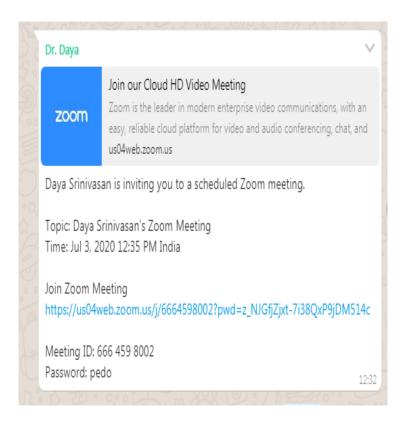
Instructor

Faculty :Dr.Divya and Dr.Senthil

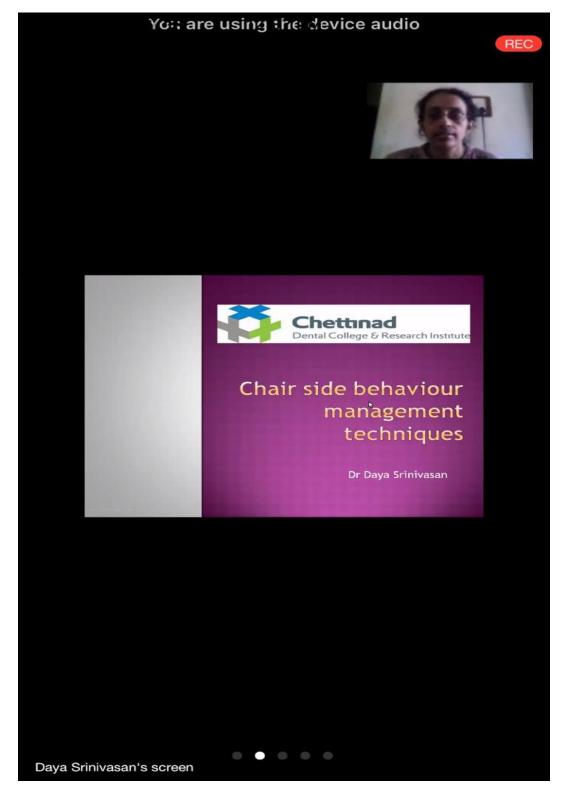
Attended

Students : Third years - 8 (REG- 7, SUPP - 1)

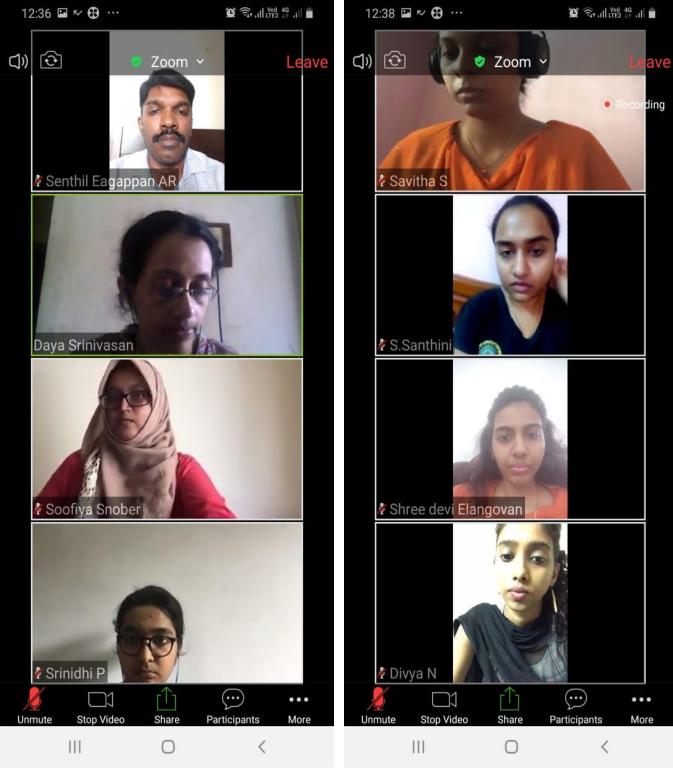
Batch :E2
Platform :ZOOM

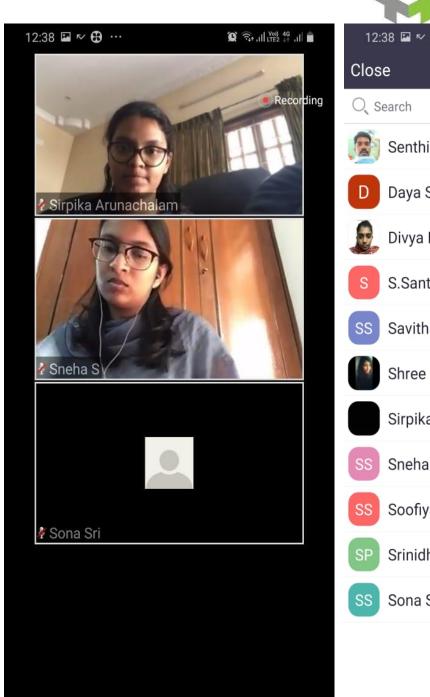




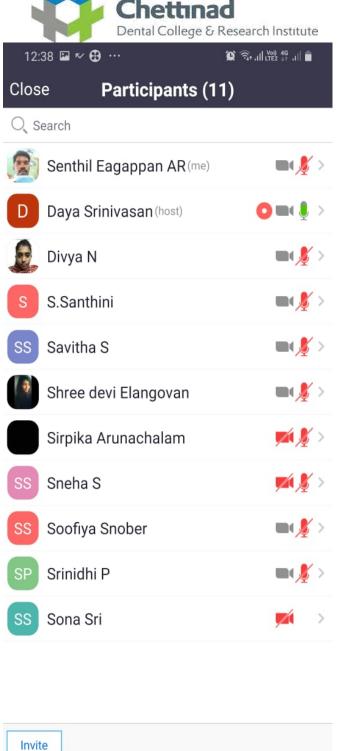








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III



#### THIRD YEAR E-CLINICS

Topic : Class II Cavity Preparation in Primary Teeth

Date :04.07.20

Time :11.30 AM- 12.30.PM

Faculty :Dr.Senthil

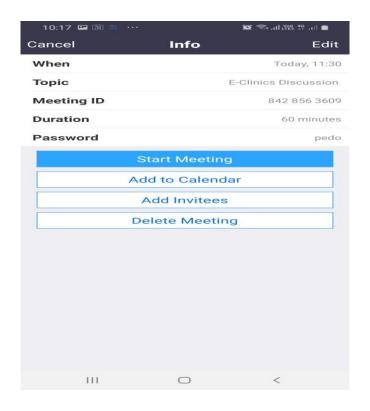
Instructor

Faculty :Dr.Daya and Dr.Divya

Attended

Students :Third years – 8 (REG- 7, SUPP-1)

Batch :E2
Platform ZOOM







## CLASS II CAVITY PREPARATION IN PRIMARY TEETH

Dr. Senthil
Department of Pedodontics & Preventive Dentistry

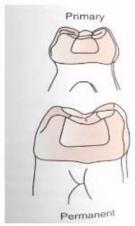


Morphological considerations in cavity preparation of primary teeth

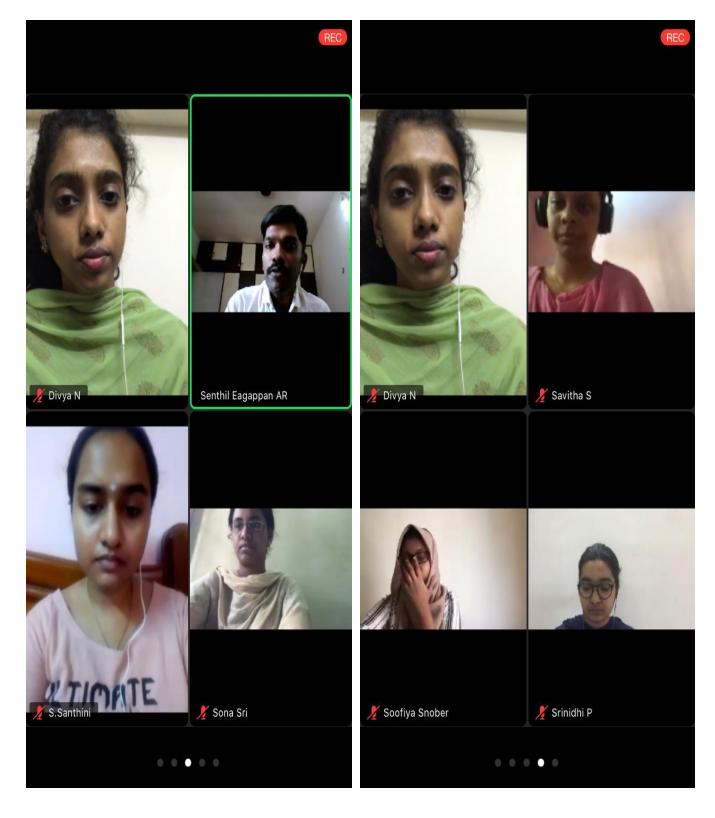
Occlusal table is narrow - occlusal convergence







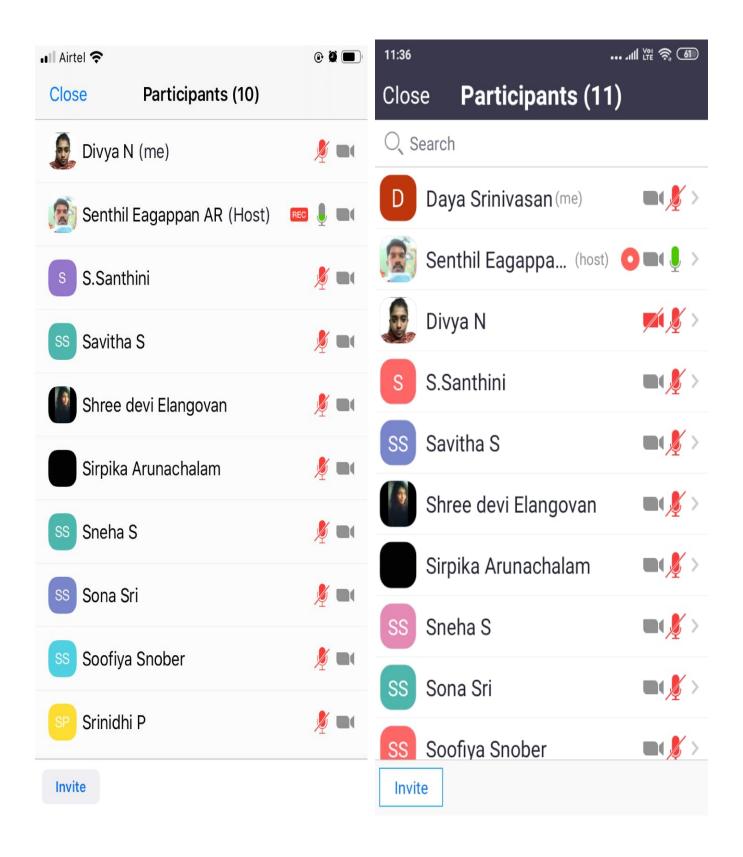














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E-Test	Which is true about contact area of primary teeth 🔞 🔟 Multiple choice 💌
CLASS II CAVITY PREPARATION IN PRIMARY TEETH	○ Narrow >
Email address *	O Broad and flatter
Valid email address	ituated gingivally
This form is collecting email addresses. Change settings	O both 2 & 3
	Add option or Add *Other*
Name * Short-answer text	☐ ÎÎ Required ■
	Enamel rod inclination in gingival one third of primary teeth *
List some morphological differences between primary and permanent teeth which you will	O Inclines gingivally
consider before doing class II cavity preparation in primary teeth	Horizontal
Short-answer text	inclines occlusally
How will you identify class II lesion early *	which is not true about class II cavity preparation in primary teeth *
	Occlusal convergent buccal and lingual walls of cavity
Clinical examination (visual)	should not extend beyond 0.5 mm from DEJ
Tactile examination (probe)	gingival seat should be below the contact area
Bitewing Radiographs	Gingival seat bevelling is required



cavity preparation	
O proximal approach	
o slot preparation	
tunnel cavity preparation	
:::	
what is indication of Tunnel cavity preparation	Short answer ▼
Short-answer text	
	Required :
How will you gain access to Tunnel cavity preparation *	*
O from centre of tooth	
O buccal or lingual approach	

