



## DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

### Final Year BDS Summary Report

#### E-Clinics

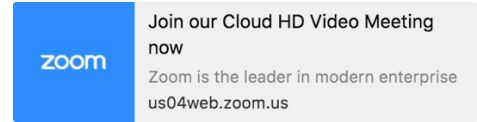
S.NO	DATE	CLINICAL DISCUSSION TOPIC	FACULTY	NO.OF STUDENTS PARTICIPATED
<b>D1 BATCH</b>				
1.	13.04.2020	CLASS II CAVITY PREPARATION IN PRIMARY TEETH	DR.DAYA SRINIVASAN DR.SENTHIL EAGAPPAN, DR.DIVYA NATARAJAN, DR.DEVI CHANDRIKA	07
2.	15.04.2020	PULPOTOMY	DR.SENTHIL EAGAPPAN DR.DAYA SRINIVASAN, DR.DIVYA NATARAJAN, DR.DEVI CHANDRIKA	07
3.	16.04.2020	PULPECTOMY	DR.DIVYA NATARAJAN DR.DAYA SRINIVASAN, DR.SENTHIL EAGAPPAN, DR.DEVI CHANDRIKA	07
4.	17.04.2020	APEXIFICATION AND APEXOGENESIS	DR.DEVI CHANDRIKA DR.DAYA SRINIVASAN, DR.SENTHIL EAGAPPAN, DR.DIVYA NATARAJAN	07
5.	18.04.2020	STAINLESS STEEL CROWNS	DR.DAYA SRINIVASAN DR.SENTHIL EAGAPPAN, DR.DIVYA NATARAJAN, DR.DEVI CHANDRIKA	07

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

## DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

### FINAL YEARS E-CLINICS

Topic : Class II cavity Preparation in Primary Teeth  
Date : 13.04.2020  
Time : 11:30 pm  
Faculty instructor : Dr. Daya Srinivasan.  
Faculty attended : Dr. Senthil Eagappan, Dr.Divya.N, Dr. Devi  
  
Students : Final Years Aug 19-20 – 6/6  
Final Year Feb 20-21 – 1/1  
Batch : Aug C2 ; Feb F2  
Absentee : Nil  
Platform : ZOOM

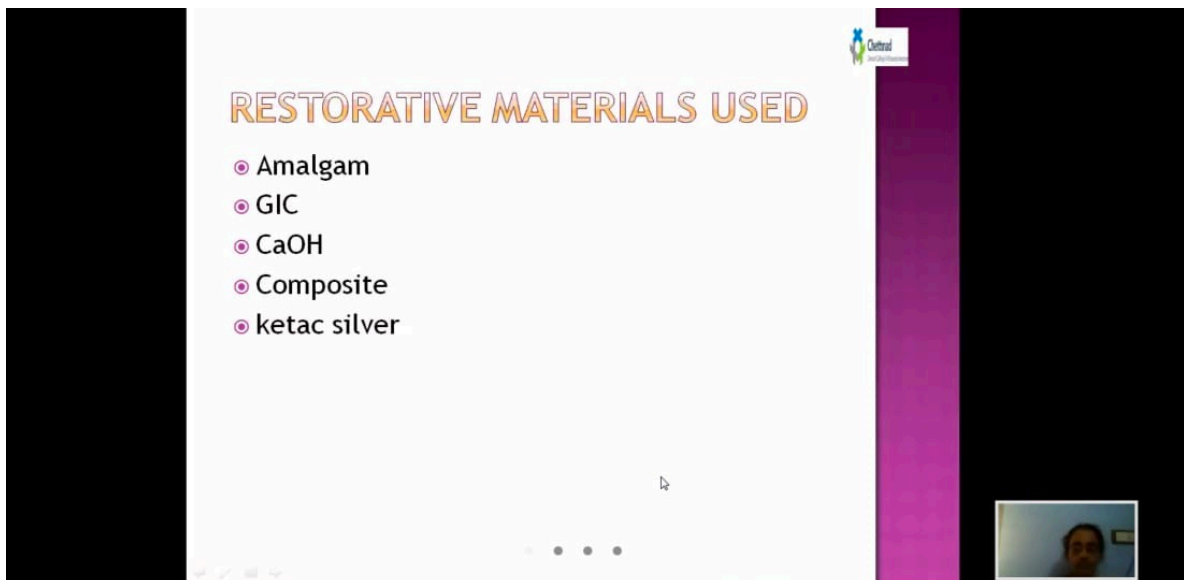


Daya Srinivasan is inviting you to a scheduled Zoom meeting.

Topic: Daya Srinivasan's Zoom Meeting  
Time: Apr 13, 2020 11:30 AM India

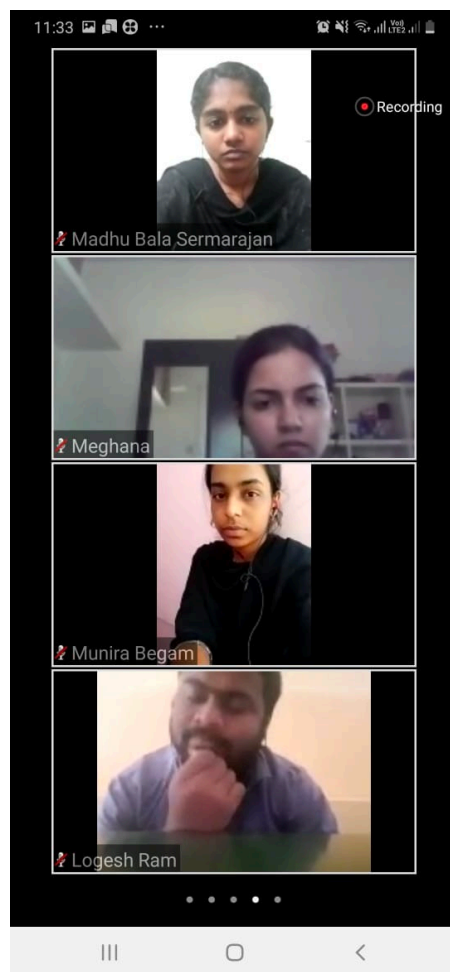
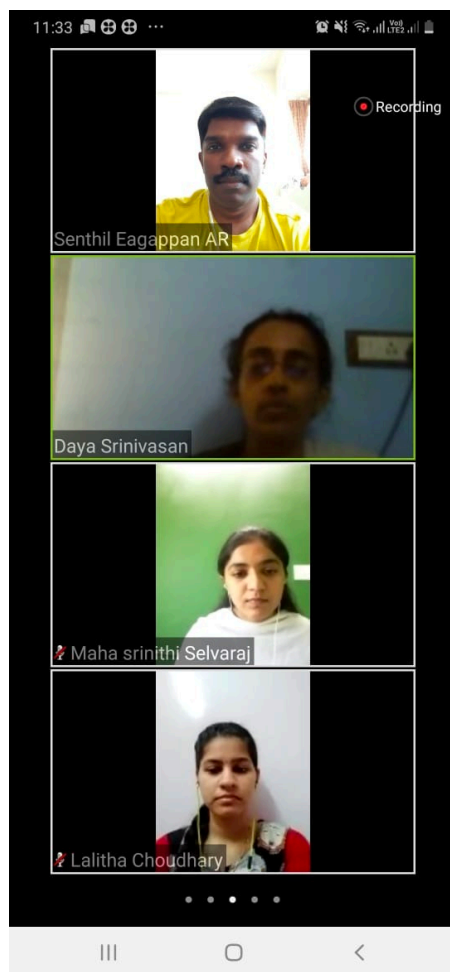
Join Zoom Meeting  
<https://us04web.zoom.us/j/6664598002?pwd=bGFkZWdoVWZJcnc1MlMwc2F5TUdMUT09>

Meeting ID: 666 459 8002

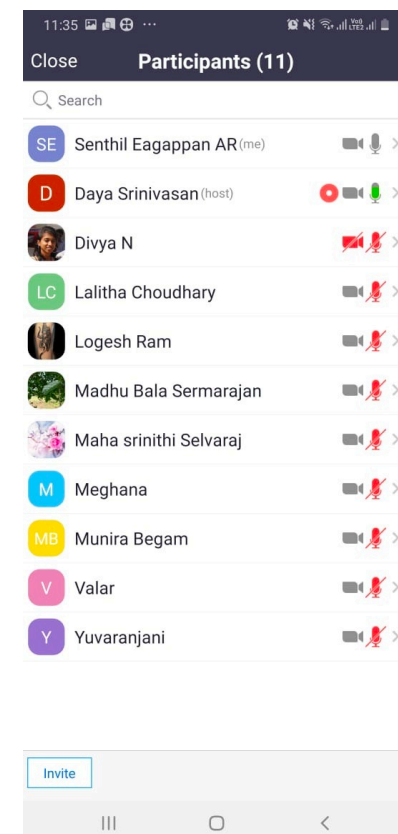
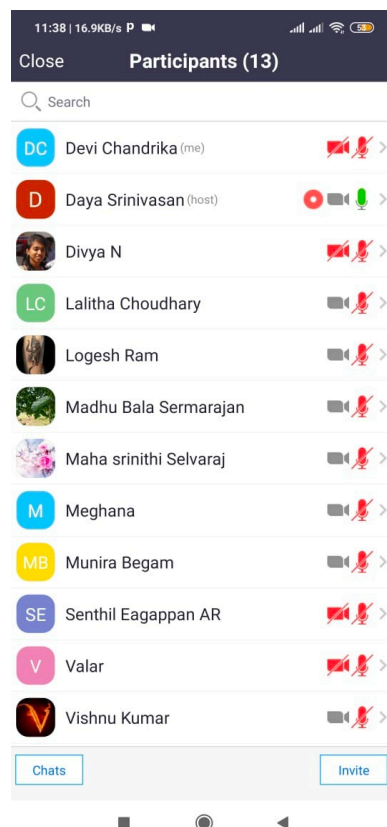
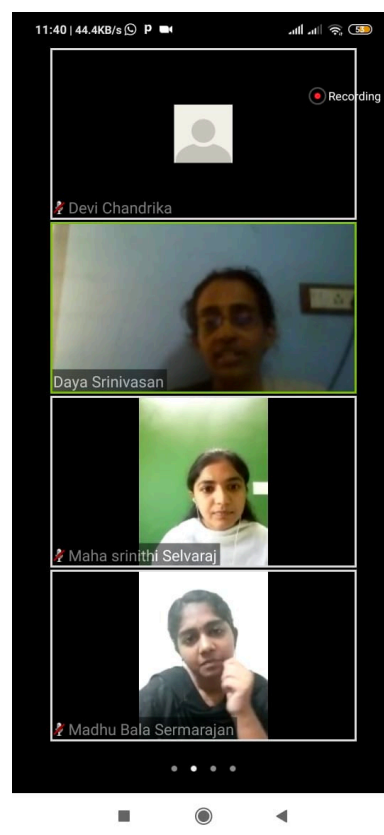
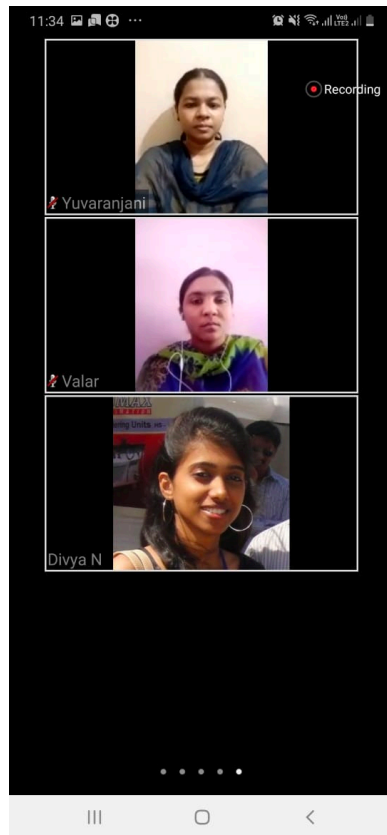


**RESTORATIVE MATERIALS USED**

- ◉ Amalgam
- ◉ GIC
- ◉ CaOH
- ◉ Composite
- ◉ ketac silver







**Department of Pedodontic & Preventive Dentistry**

**C2 batch Final year**

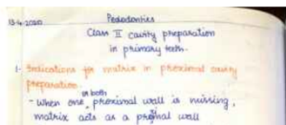
**Write short answers:**

**5\*2=10 marks**

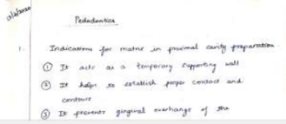
1. Indications for matrix in proximal cavity preparation
2. Indications of wedges in Proximal cavity preparation
3. Difference between partial and Total tunnel preparation
4. Indication for Proximal approach
5. Difference between slot and GV black preparation

**C2 PEDO official final yr**  
Daya, Dr. Senthil Eagappan, Dr.Devi Chandrika , +91 73589 75352, +91 99626 52000 ~Meghana Jayadev

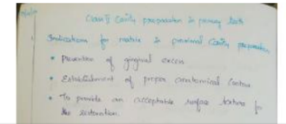
**+91 99626 52000 ~Meghana Jayadev**

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3 pages • PDF • 789 kB 12:41 PM


**+91 73589 75352 ~Madhu Bala**

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**+91 99620 04865 ~Maha Srinithi**

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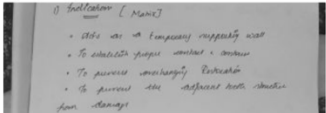
**+91 75502 44011 ~Lalitha**



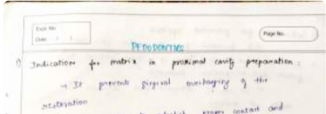
Type a message

**C2 PEDO official final yr**  
Daya, Dr. Senthil Eagappan, Dr.Devi Chandrika , +91 73589 75352, +91 75983 99149 ~Logesh Ram S

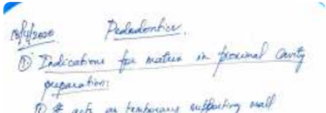
**+91 75983 99149 ~Logesh Ram S**

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**+91 78716 91052 ~Munirabegam**

 PDF munira pedodontics...  
2 pages • PDF • 650 kB 1:12 PM

**+91 91761 93763 ~Vishnu Kumar**

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Type a message

**Department of Pedodontic & Preventive Dentistry**

**C2 batch Final year**

**Write short answers:**

**5\*2=10 marks**

1. Indications for matrix in proximal cavity preparation
2. Indications of wedges in Proximal cavity preparation
3. Difference between partial and Total tunnel preparation
4. Indication for Proximal approach
5. Difference between slot and GV black preparation

13/4/2020

## Pedodontics

### 1. Indications for matrix in proximal cavity preparation.

- ① It acts as a temporary supporting wall
- ② It helps to establish proper contact and contours
- ③ It prevents gingival overhangs of the restoration
- ④ ~~It acts~~ It aids in confining the restorative material while its hardening

### 2. Indications of wedges in proximal cavity preparation

- ① Immobilizes the matrix band
- ② It creates a space between the teeth
- ③ It prevents gingival overhang of the restoration
- ④ Helps in retracting & depressing interproximal gingival area → helps in minimizing trauma to soft tissue.

3.

Partial tunnel	Total tunnel.
<ol style="list-style-type: none"><li>① It extends to proximal surface into cavitation, where enamel is disintegrated</li><li>② Demineralized enamel is left</li><li>③ More resistant to fracture</li></ol>	<ol style="list-style-type: none"><li>① Proximal area is perforated</li><li>② Demineralized enamel is removed</li><li>③ Less resistant to fracture</li></ol>

4. Indication for proximal approach

- A proximal approach is done when restoring a small, caritated proximal lesion in a tooth without occlusal fissures and no previous restorations.
- It can be indicated when adjacent tooth is missing.

5. Slot preparation

① Preparation is done by involving only the marginal ridge without extending occlusal pits + fissures

② No gingival seat is present

G.V. Black preparation

① Marginal ridge ~~are~~ is prepared along with occlusal pit + fissure

② Gingival seat is prepared.



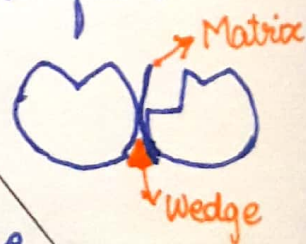
## Class II cavity preparation in primary teeth.

### 1. Indications for matrix in proximal cavity preparation.

- When one <sup>or both</sup> proximal wall is missing, matrix acts as a proximal wall
- To maintain the contour of proximal surface
- To condense the restorative material in plastic state.
- To restore the contact point and area on the proximal surface.

### 2. Indications of wedges in proximal cavity preparation.

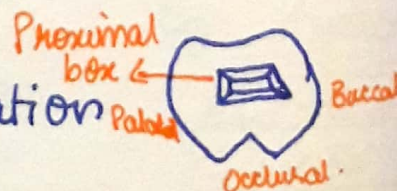
- To prevent overhanging of restoration
- To provide proximal contour to restoration
- Isolation from gingival crevicular fluid as wooden wedges absorb.



### 4. Indications of proximal approach.

- When the teeth adjacent to the affected proximal surface is missing, approach from proximal surface can be done.

- It provides direct visualisation unlike tunnel preparation





### 3. Difference between partial and total tunnel preparation.

#### Partial tunnel



1. More resistant to fracture
2. Extends to proximal surface into cavitation where enamel disintegration has occurred.
3. Demineralised enamel is left behind

#### Total tunnel

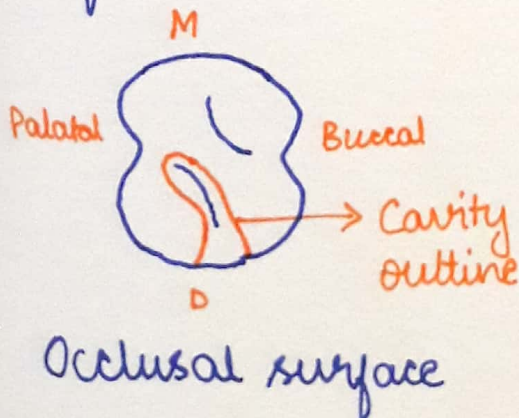


1. Less resistant to fracture.
2. Perforates the proximal wall.
3. Demineralised enamel is removed.

### 5. Difference between GIV black & slot preparation.

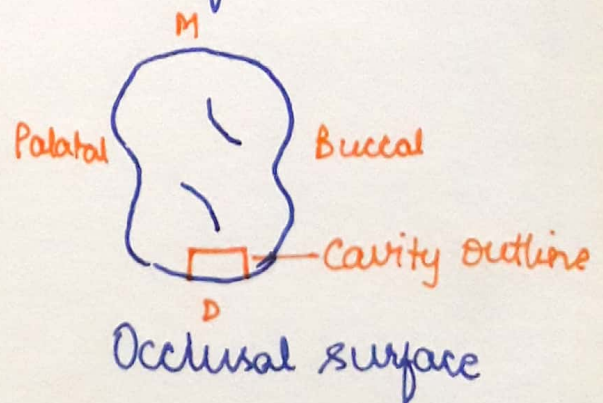
#### GIV Black preparation

- 1- Marginal ridge removed along with occlusal pit and fissure.



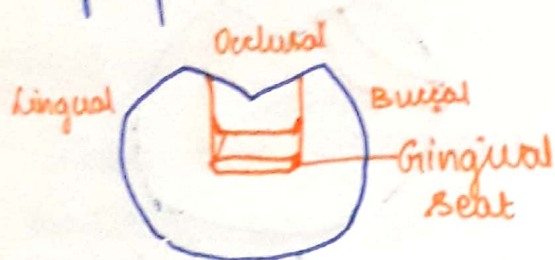
#### Slot preparation.

- 1- Marginal ridge removed without involving occlusal pit and fissure.



## GV Block preparation

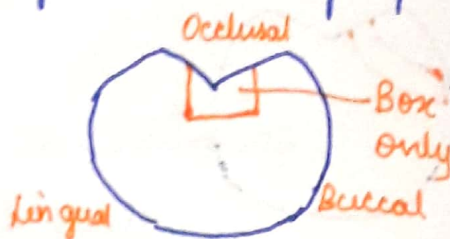
2. Gingival seat is prepared.



Proximal surface

## Slot preparation

2. No gingival seat prepared. Box preparation



Proximal surface



## Class II Cavity preparation in primary teeth

### 1. Indications for matrix in proximal cavity preparation:

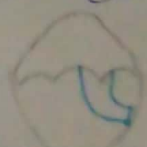
- \* Prevention of gingival excess.
- \* Establishment of proper anatomical contour.
- \* To provide an acceptable surface texture for the restoration.
- \* To Confine the restorative material while it is hardening.

### 2. Indication of wedges in proximal cavity preparation:

- \* It helps in rapid separation of teeth.
- \* It prevents gingival overhang of restoration.
- \* It helps in stabilization of retainer and matrix during restoration.
- \* It helps in retracting and depressing interproximal gingival tissues.

### 3. Difference between partial and Total tunnel preparation

- | Partial Tunnel  | Total tunnel.                         |
|---|---------------------------------------|
| i) More resistant to fracture   | i) Less resistant to fracture         |
| ii) The partial tunnel preparation extends to the proximal surface into the cavitation, where enamel disintegrated during cavity preparation. | ii) proximal area is perforated.      |
| iii) Leaving the demineralized enamel is controversial  | iii) Demineralised enamel is removed. |



#### 4. Indications for proximal approach:

- \* It provides direct visualisation unlike tunnel preparation.
- \* proximal approach can be done if the teeth adjacent to the affected proximal surface is missing.

#### 5. Difference between Slot and GV black preparation:

Slot preparation	GV black preparation
Removal of marginal ridges, without including occlusal pits and fissures.	Remove all trace of demineralised enamel and dentine from the floor, walls and margins of the cavity.
Tooth preparation is usually approached from facial and has the form of a slot.	Tooth preparation is done extensively to self cleansing areas to avoid recurrent caries.
Gingival seal is prepared.	No gingival seal is prepared.

### 1) Indication [ Matrix ]

- Acts as a temporary supporting wall
- To establish proper contact & contour
- To prevent overhanging Restoration
- To prevent the adjacent tooth structure from damage

### 2) Indication (wedge)

- To hold the matrix band
- To create space between them
- To prevent overhanging restoration
- To minimize trauma

3)

Partial

Total

- Extends to proximal surface into cavitation where enamel is disintegrated

- Demineralized enamel is left

- More resistant to fracture

- Proximal area is prepared

- It is dense

- Less resistant to fracture

#### ④ Indication (proximal approach)

- when adjacent tooth is missing
- a small, cavitated proximal lesion without any occlusal form

51

Slot

- Amalgam only the marginal ridge without extending

- No gingival mat is prepared

G.V. Black

- Marginal ridge is prepared along with pit & furrow.

- Gingival mat is prepared.





## 1. Indications for matrix in proximal cavity preparation

- It is indicated where a temporary wall is necessary to provide separation from the adjacent tooth
- To provide appropriate contour to the restoration
- Indicated in Proximal cavity preparation like Ideal Class II, box only preparation, slot preparation, tunnel preparation etc.
- To confine the restorative material within the cavity

## 2. Indications for wedges in proximal cavity preparation

- Double wedging : Indicated where large spacing between adjacent teeth where single wedge is not sufficient
- Wedge wedging :- Indicated while treating mesial aspect of maxillary first premolar
- Piggy back wedging - shallow proximal box with gingival recession
  - To provide closer adaptation and contour of matrix band
  - To avoid overhanging restoration.

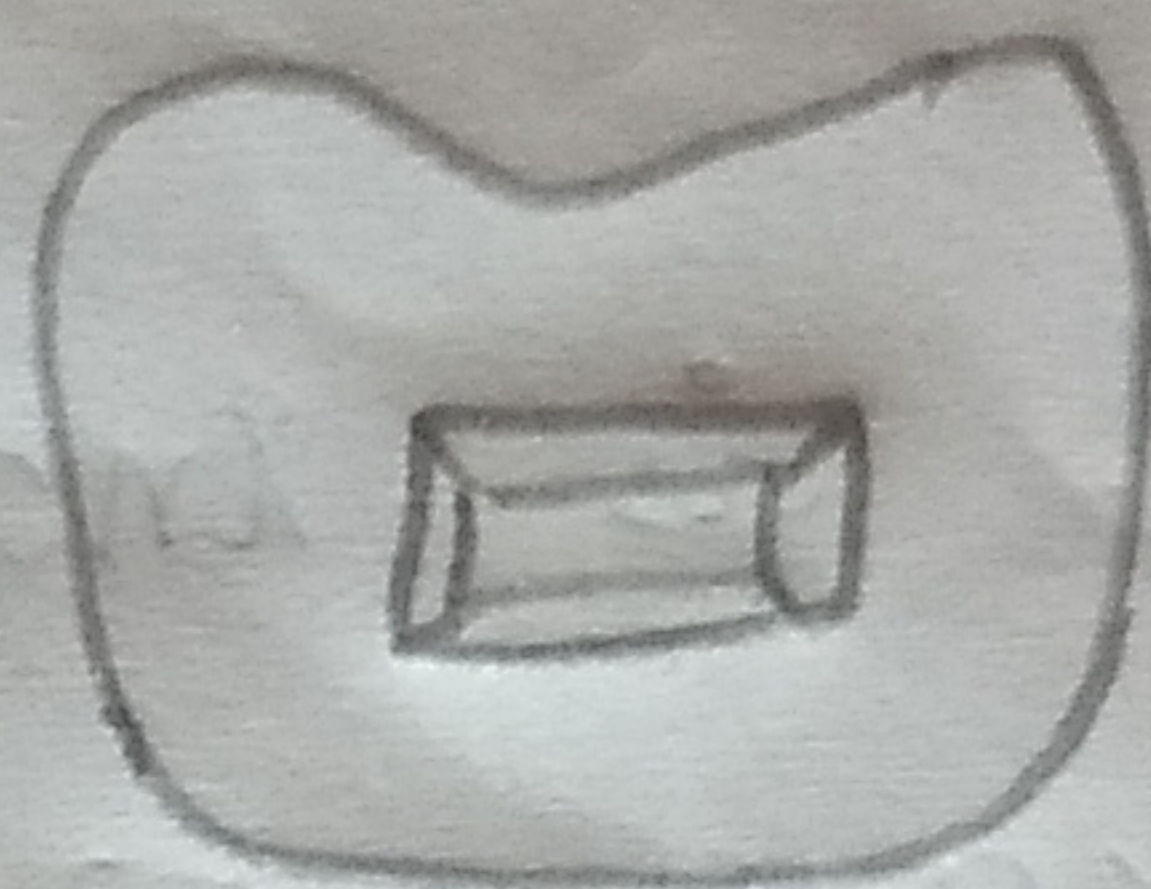
## 3. Difference b/w partial & total tunnel preparation

Partial tunnel	Total tunnel.
<ul style="list-style-type: none"> <li>• Extends to proximal surface into <sup>to</sup>cavitation.</li> <li>• Not all the demineralized enamel is removed</li> <li>• Resistant to fracture</li> </ul> 	<ul style="list-style-type: none"> <li>• Proximal area is perforated</li> <li>• Demineralized area is removed</li> <li>• Less resistant to fracture</li> </ul> 



#### 4.) Indication for proximal approach.

- Proximal approach is indicated when no adjacent teeth is present

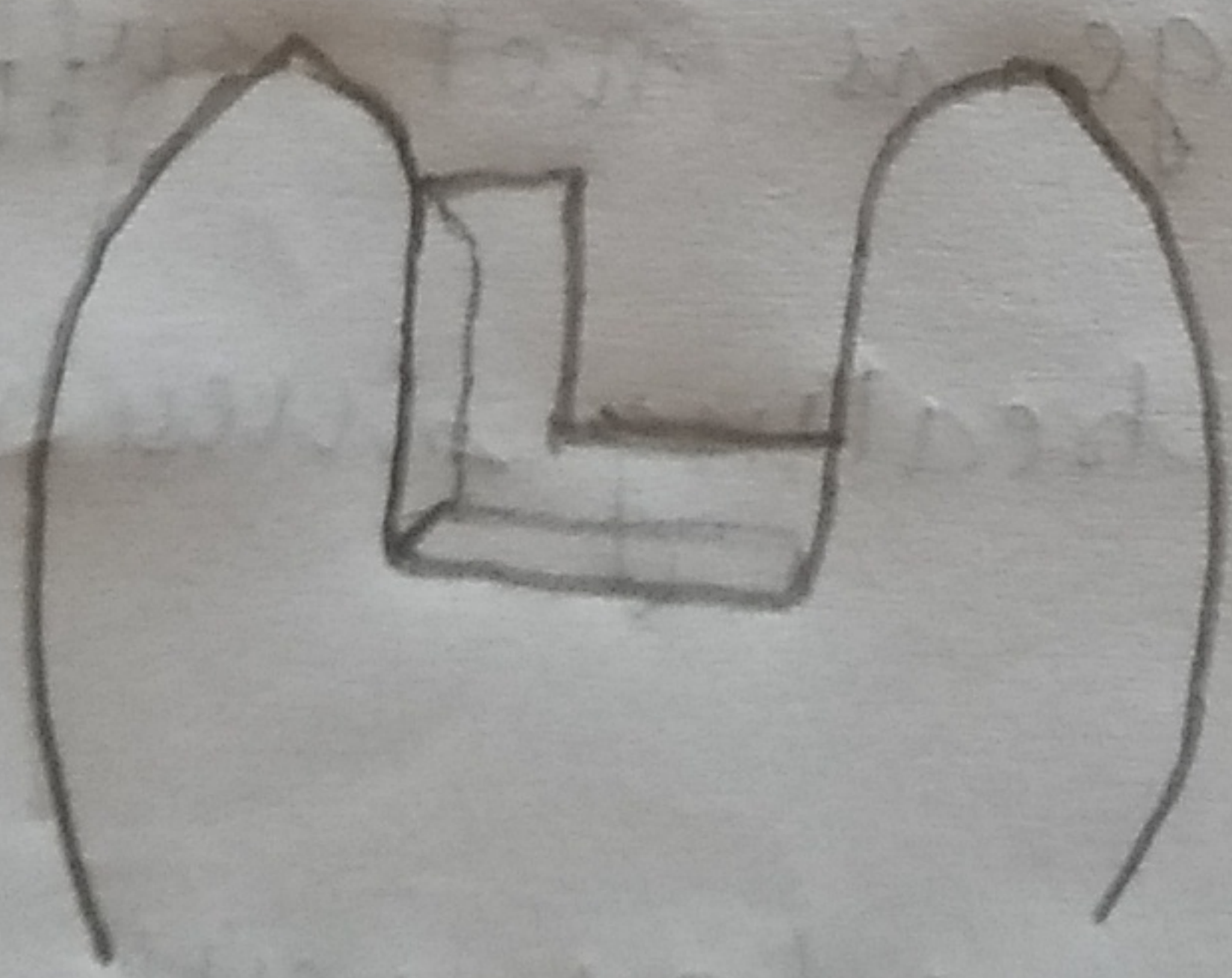


- Direct visualisation of caries
- When a cavity is approached from proximal surface.

#### 5.) Difference between slot and G.V. black preparation

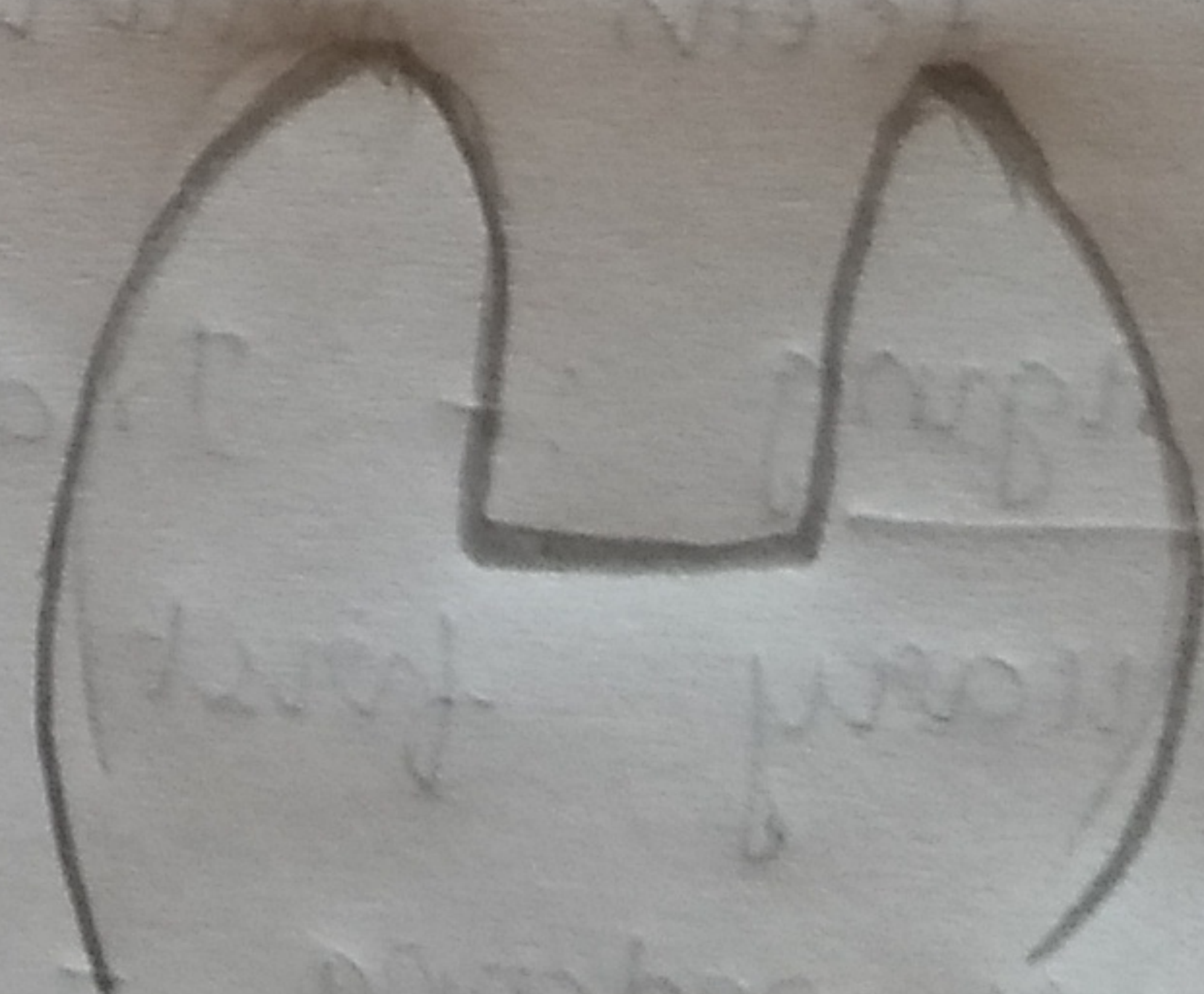
##### G.V. black preparation

- Removal of marginal ridge including occlusal pits and fissures.
- Preparation contains a gingival seat.



##### Slot preparation

- Removal of marginal ridge without involving occlusal pits & fissures
- Preparation does not contain a gingival seat.





## PERIODONTICS

1) Indications for matrix in proximal cavity preparation:

- It prevents gingival overhanging of the restoration.
- It helps to establish proper contact and contour.
- It acts as a temporary supporting wall so that restoration can be easily done.

2) Indications of wedges in proximal cavity preparation:

- It creates a space between the teeth.
- Helps in Immobilisation of matrix band.
- prevents gingival overhanging of the restoration.

3)

PARTIAL TUNNEL	TOTAL TUNNEL
→ Demineralised enamel is left.	→ Demineralized enamel removed.
→ More resistant to fracture	→ less resistant to fracture.
→ It extends to proximal surface into cavitation, where enamel is disintegrated.	→ proximal area is perforated.



#### 4) Indications for proximal approach :

→ A proximal approach is done when restoring a small, cavitated proximal lesion in a tooth without occlusal fissures and no previous restoration.

→ It can be indicated when adjacent tooth is missing.

#### 5) slot preparation

→ Preparation is done by involving only the marginal ridge without extending occlusal pits and fissures.

→ No gingival seat is present.

#### G.V. Black preparation

→ Marginal ridge is prepared along with occlusal pit and fissures.

→ Gingival seat is prepared



18/4/2020

## Pedodontics

### ① Indications for matrix in proximal cavity preparation:

- ① It acts as temporary supporting wall
- ② It aids in confining of the restorative material while setting
- ③ Prevents gingival overhanging of restoration

### ② Indications of wedges in proximal cavity preparation:

- ① Immobilises the matrix band
- ② Prevent overhanging of the restoration
- ③ Creates embrasures between the teeth
- ④ Helps in retracting and depressing interproximal gingival area → helps in minimising trauma to soft tissues.

### ③ Difference between partial and total tunnel:

PARTIAL	TOTAL
① It extends to proximal surface into cavitation where enamel is disintegrated	① Proximal area is preparation
② Demineralised enamel is left	② Demineralised enamel is removed
③ More resistant to fracture	③ Less resistant to fracture.

#### ④ Indication for proximal approach:

- ⇒ Proximal approach is done when restoring a small cavitated proximal lesion in a tooth without occlusal fissures and no previous restorations
- ⇒ It is indicated when adjacent tooth is missing

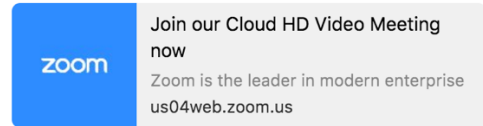
#### ⑤ Difference between Slot and G.V. Black preparation:

Slot preparation	G.V. Black preparation
<ul style="list-style-type: none"><li>① Cavity preparation is done by involving only the marginal ridge without extending into pit and fissures</li><li>② No gingival seat is prepared</li></ul>	<ul style="list-style-type: none"><li>① Marginal ridge is prepared along with occlusal pit &amp; fissures</li><li>② Gingival seat is prepared.</li></ul>

## DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

### FINAL YEARS E-CLINICS

Topic : Pulpotomy  
 Date : 15.04.2020  
 Time : 11:30 pm  
 Faculty instructor : Dr. Senthil Eagappan  
 Faculty attended : Dr. Daya Srinivasan, Dr.Divya.N,  
 Dr. Devi  
  
 Students : Final Years Aug 19-20 – 6/6  
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 Batch : Aug C2 ; Feb F2  
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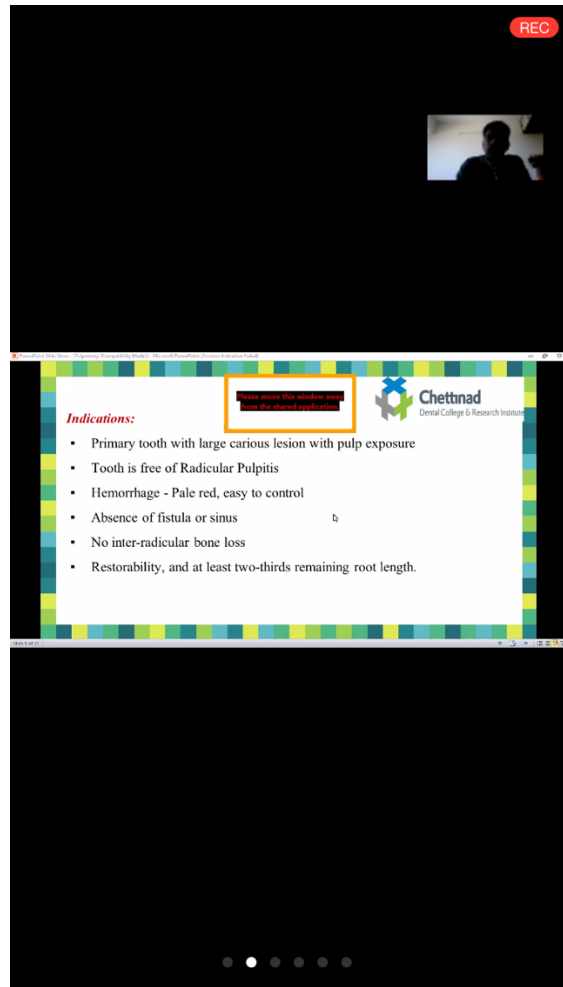
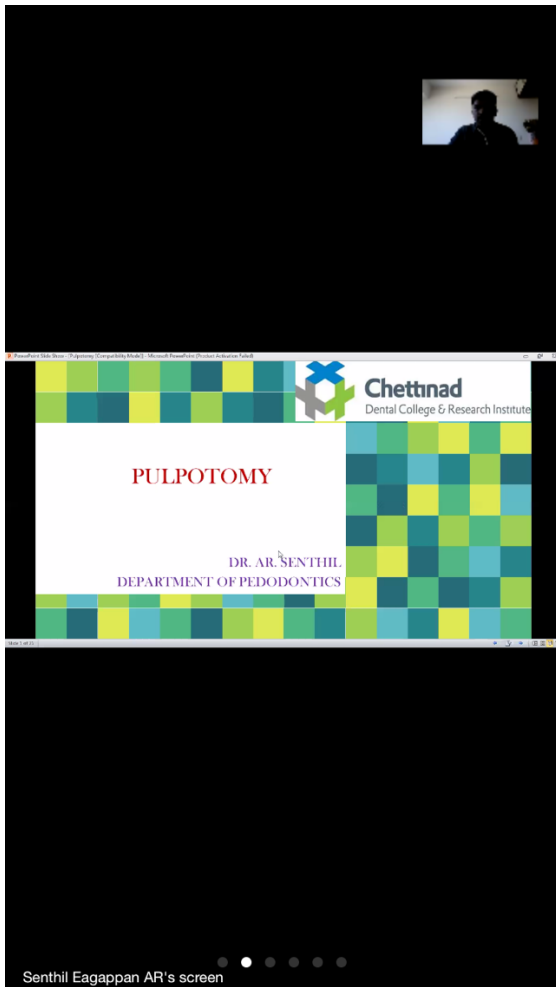



Senthil Eagappan AR is inviting you to a scheduled Zoom meeting.

Topic: Final Year E-Clinics Discussion - 15.04.2020  
 Time: Apr 15, 2020 11:30 AM India

Join Zoom Meeting  
[https://us04web.zoom.us/j/79669362831?](https://us04web.zoom.us/j/79669362831?pwd=dEx5dkxJeEiCL3pCMUJ2U1o3VIJHUT09)  
[pwd=dEx5dkxJeEiCL3pCMUJ2U1o3VIJHUT09](https://us04web.zoom.us/j/79669362831?pwd=dEx5dkxJeEiCL3pCMUJ2U1o3VIJHUT09)

Meeting ID: 796 6936 2831

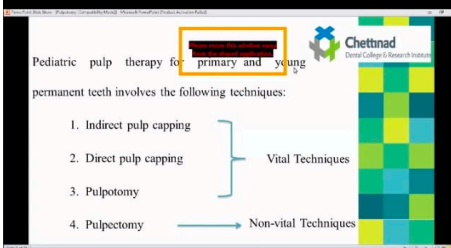




**Pulpal Morphology**

Coronal Pulp

Radicular Pulp



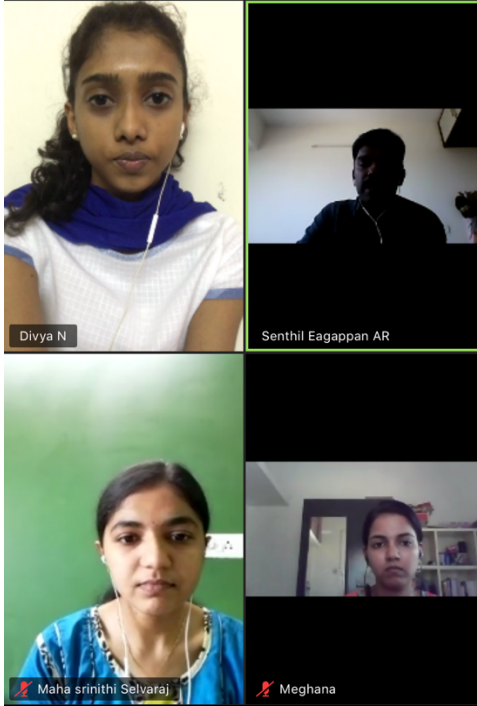
**Pediatric pulp therapy for primary and young permanent teeth involves the following techniques:**

1. Indirect pulp capping
2. Direct pulp capping
3. Pulpotomy
4. Pulpectomy

Vital Techniques

Non-vital Techniques

Senthil Eagappan AR's screen

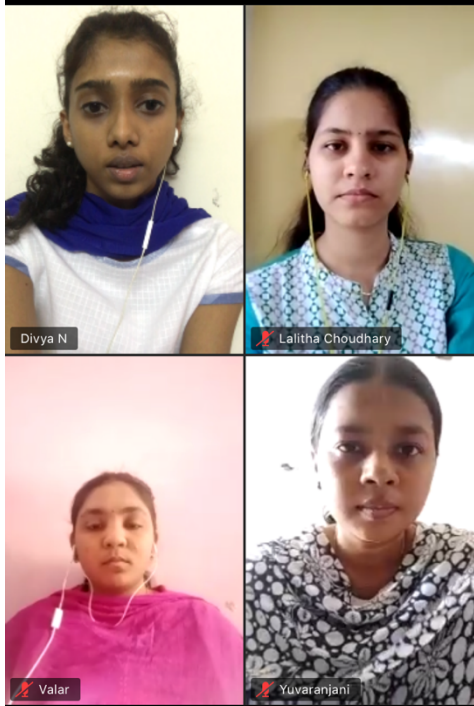


Divya N

Senthil Eagappan AR

Maha srinithi Selvaraj

Meghana



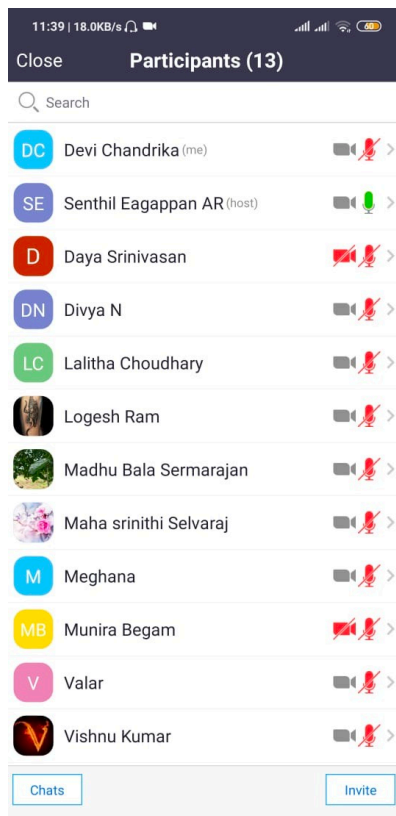
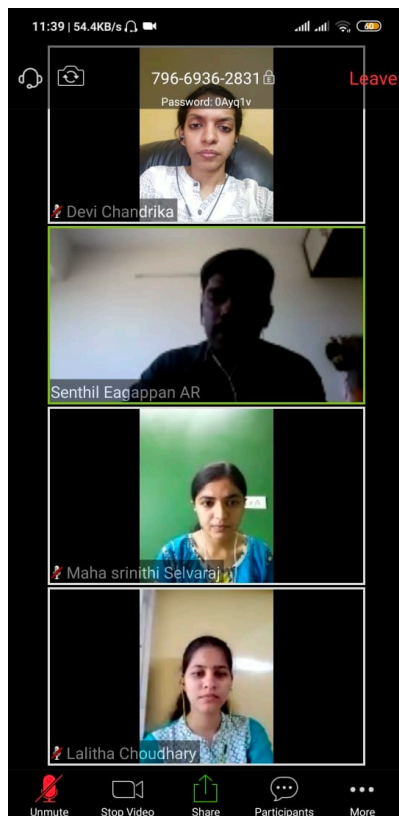
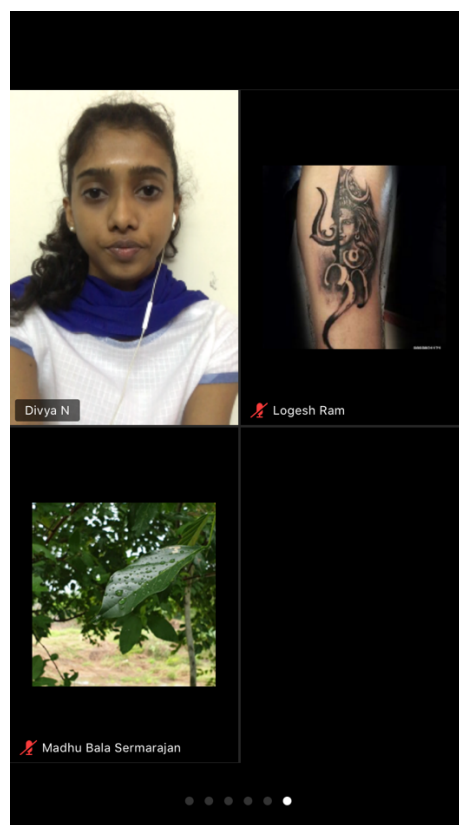
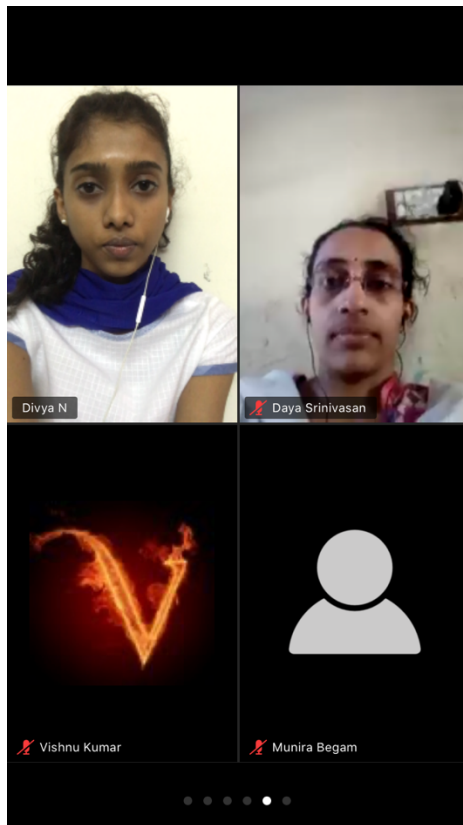
Divya N

Lalitha Choudhary

Valar

Yuvaranjani





**C2 PEDO official final yr**  
Daya, Dr. Senthil Eagappan, Dr.Devi Chandrika , +91 73589 75352, +91 75502 44011, +91 759

TODAY

**Dr. Senthil Eagappan**  
Senthil Eagappan AR is inviting you to a scheduled Zoom meeting.

Topic: Final Year E-Clinics Discussion - 15.04.2020  
Time: Apr 15, 2020 11:30 AM India

Join Zoom Meeting  
<https://us04web.zoom.us/j/79669362831?pwd=dEx5dkxJeEiCL3pCMUJ2U1o3VIJHUT09>

Meeting ID: 796 6936 2831  
Password: 0Ayg1v 6:10 AM

**Dr. Senthil Eagappan**  
Department of Pediatric and Preventive Dentistry  
E Test - Pulpotomy  
docs.google.com  
[https://docs.google.com/forms/d/e/1FAIpQLSdTh1-gibsJcDZIN9\\_t\\_inr2dMP7EnhgNC8oJc0yDk\\_KPJ5Cw/viewform](https://docs.google.com/forms/d/e/1FAIpQLSdTh1-gibsJcDZIN9_t_inr2dMP7EnhgNC8oJc0yDk_KPJ5Cw/viewform) 12:15 PM

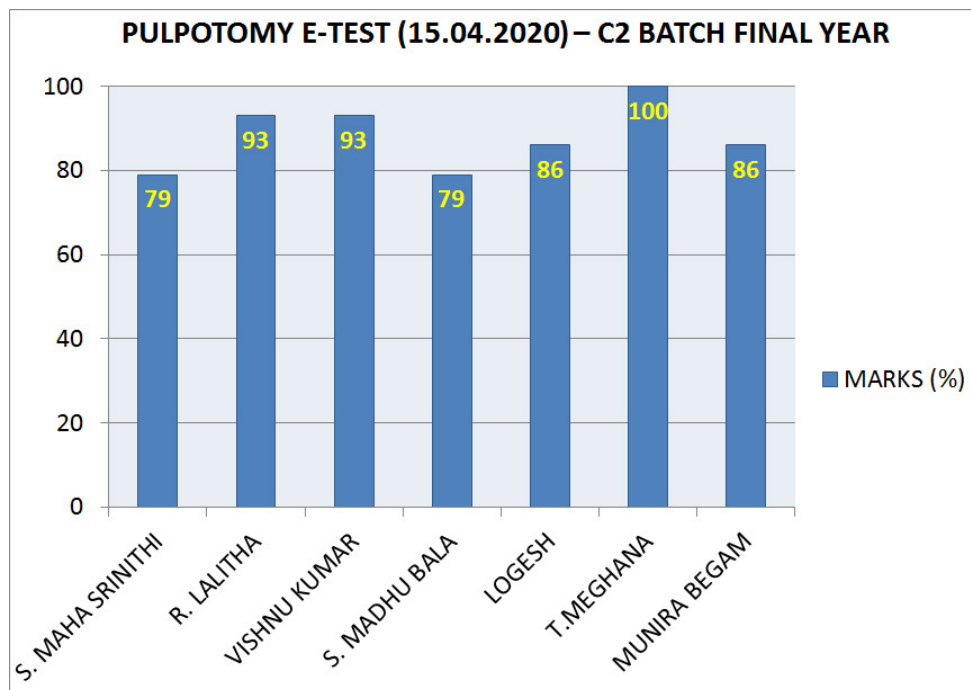
Fill this form and submit it 12:27 PM

+91 99620 04865 ~Maha Srinithi  
OK sir 12:28 PM

+91 75502 44011 ~Lalitha  
Okay sir 12:30 PM

+91 91761 93763 ~Vishnu Kumar  
Done sir 🙌 12:32 PM

Type a message



## DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

### FINAL YEARS E-CLINICS

Topic : Pulpectomy  
 Date : 16.04.2020  
 Time : 11:15 pm  
 Faculty : Dr.Divya.N  
 instructor  
 Faculty : Dr. Daya Srinivasan, Dr. Senthil  
 attended Eagappan, Dr. Devi  
 Students : Final Years Aug 19-20 – 6/6  
 Final Year Feb 20-21 – 1/1  
 Batch : Aug C2 ; Feb F2  
 Absentee : Nil  
 Platform : ZOOM

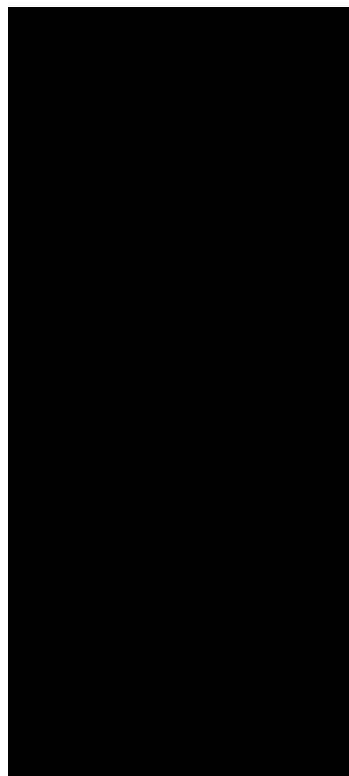
**zoom** Join our Cloud HD Video Meeting now  
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 us04web.zoom.us

Divya N is inviting you to a scheduled Zoom meeting.

Topic: Pulpectomy E-Clinic  
 Time: Apr 16, 2020 11:15 AM Mumbai, Kolkata, New Delhi

Join Zoom Meeting  
<https://us04web.zoom.us/j/78495218961>

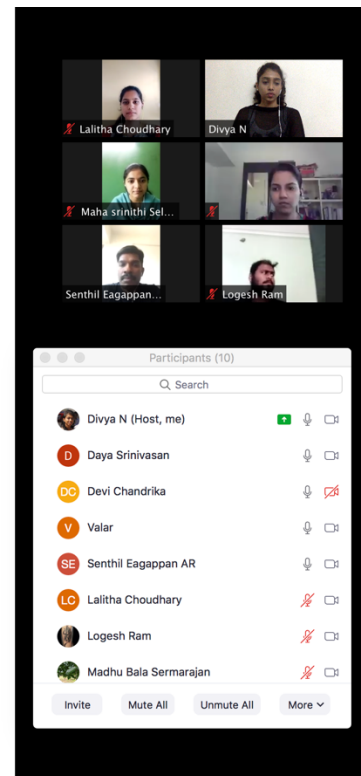
Meeting ID: 784 9521 8961 10:13 AM



ID: 784-9521-8961 Stop Share

## PULPECTOMY

DEPARTMENT OF PEDIATRIC DENTISTRY  
 DR.DIVYA.N.

Participants (10)

Q Search

- Divya N (Host, me)
- Daya Srinivasan
- Devi Chandrika
- Valar
- Senthil Eagappan AR
- Lalitha Choudhary
- Logesh Ram
- Madhu Bala Sermarajan

Invite Mute All Unmute All More



ID: 757-0113-6239 Stop Share

## CASE 1

### Presenting complaint

7 year old Indian female presenting with non-healing extraoral draining sinus on lower right cheek for 1 year.

### History

History of multiple systemic antibiotic regimens along with curettage of the extraoral sinus tract.

### Medical history

No significant medical history

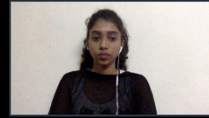
### Extraoral exam

Erythematous area of approximately 1.8x1 cm in diameter was found along the inferior right border of the mandible approximating the angle of mandible. The opening of the lesion was found closed by scab formation with no discharge of pus on palpation.

### Intraoral exam

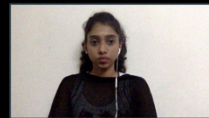
### Soft tissues

Swelling of buccal gingiva and intraoral sinus tract draining through multiple stomata in 85



ID: 757-0113-6239 Stop Share

## Case 1







**Chettinad**  
Dental College & Research Institute

Pulpectomia dente deciduo

ID: 757-0113-5239 Stop Share

Watch later Share

4:33 / 11:34

YouTube

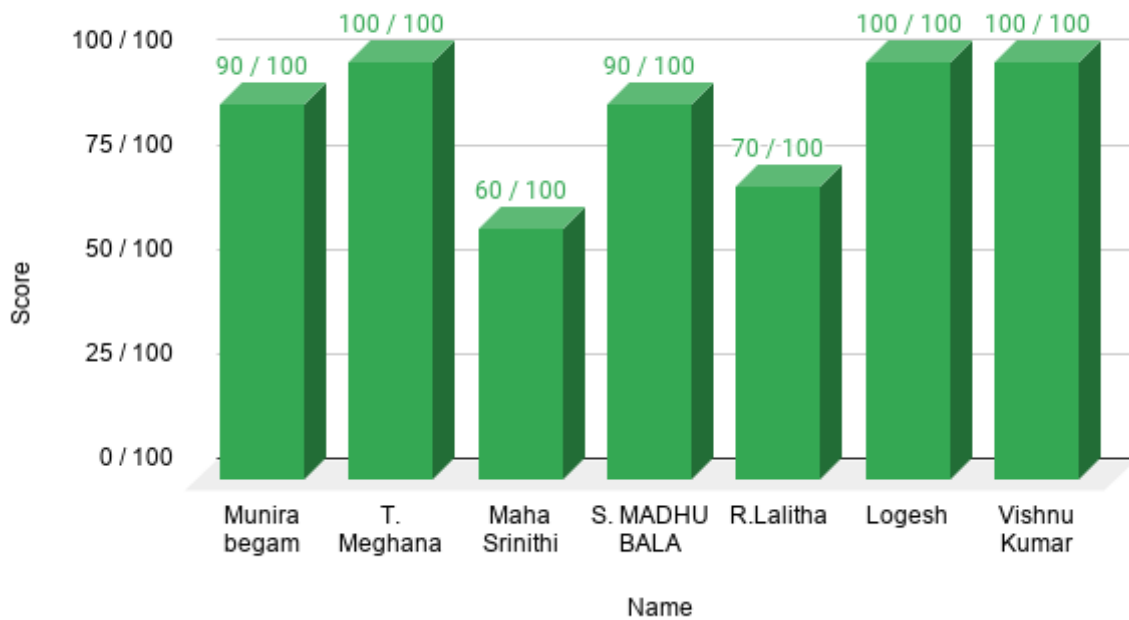
Zoom




**Chettinad**

Dental College & Research Institute

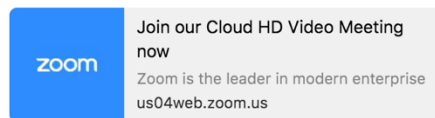
## PULPECTOMY QUIZ



## DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

### FINAL YEARS E-CLINICS

Topic : Apexogenesis and Apexification  
 Date : 17.04.2020  
 Time : 12: 00 pm  
 Faculty : Dr.Devi  
 instructor  
 Faculty : Dr. Daya Srinivasan, Dr. Senthil  
 attended Eagappan, Dr. Divya  
 Students : Final Years Aug 19-20 – 6/6  
 Final Year Feb 20-21 – 1/1  
 Batch : Aug C2 ; Feb F2  
 Absentee : Nil  
 Platform : ZOOM

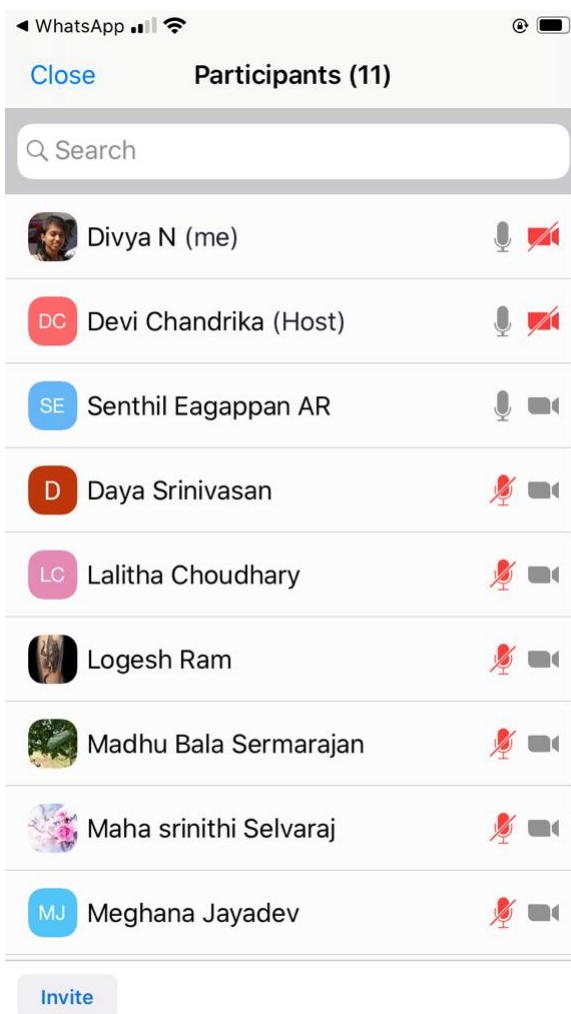
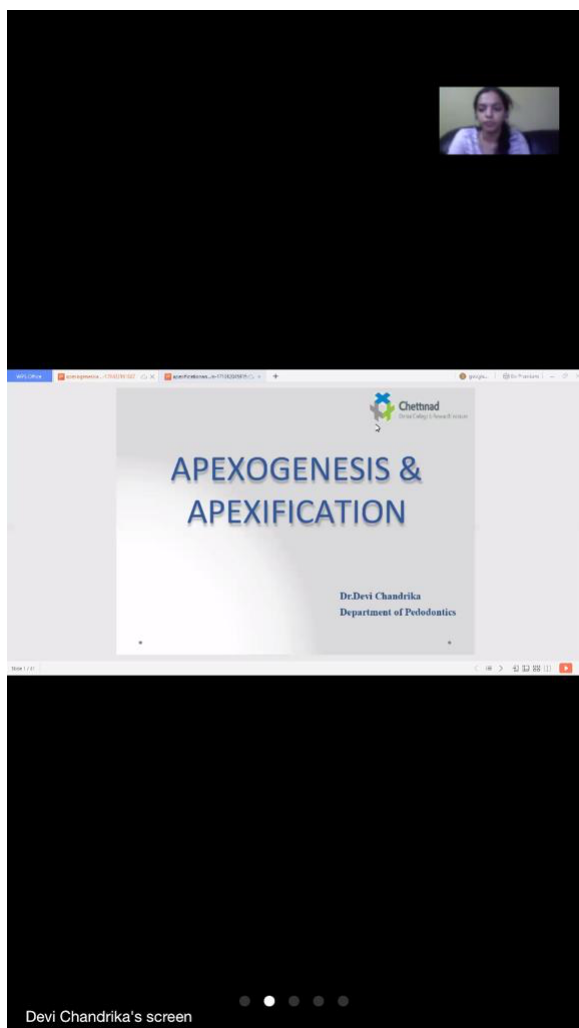


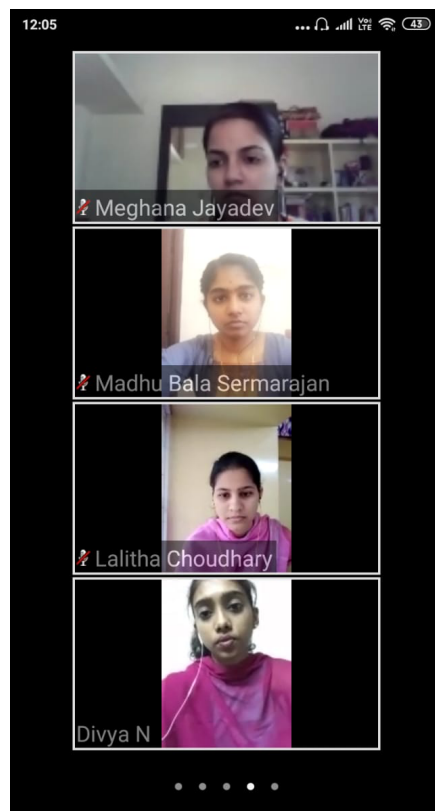
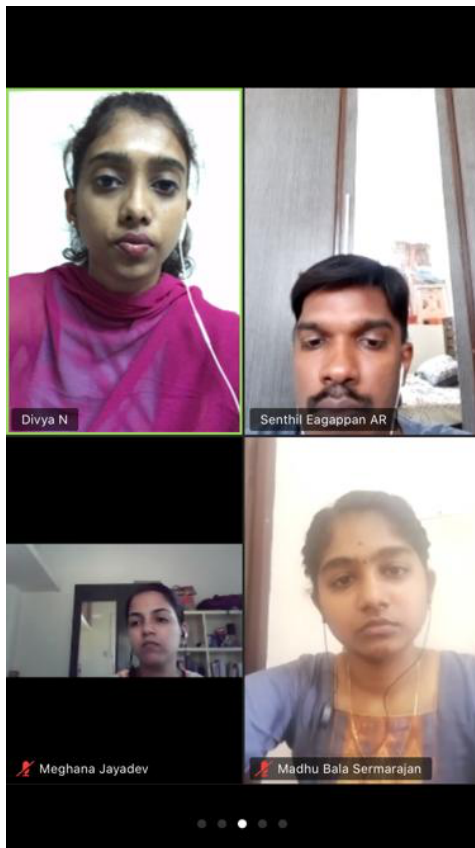
Devi Chandrika is inviting you to a scheduled Zoom meeting.

Topic: Final year clinical discussion  
 Time: Apr 17, 2020 12:00 PM Mumbai, Kolkata, New Delhi

Join Zoom Meeting  
[https://us04web.zoom.us/j/72083023646?](https://us04web.zoom.us/j/72083023646?pwd=dkFxL3NrMFJKaHo4eTFZTEF1Y3NTQT09)  
[pwd=dkFxL3NrMFJKaHo4eTFZTEF1Y3NTQT09](https://us04web.zoom.us/j/72083023646?pwd=dkFxL3NrMFJKaHo4eTFZTEF1Y3NTQT09)

Meeting ID: 720 8302 3646

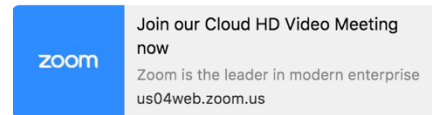




## DEPARTMENT OF PEDODONTICS & PREVENTIVE DENTISTRY

### FINAL YEARS E-CLINICS

Topic : Stainless Steel Crowns  
 Date : 17.04.2020  
 Time : 12: 00 pm  
 Faculty : Dr. Daya Srinivasan  
 instructor  
 Faculty : Dr. Senthil Eagappan, Dr. Divya,  
 attended Dr. Devi  
 Students : Final Years Aug 19-20 – 6/6  
 Final Year Feb 20-21 – 1/1  
 Batch : Aug C2 ; Feb F2  
 Absentee : Nil  
 Platform : ZOOM



Daya Srinivasan is inviting you to a scheduled Zoom meeting.

Topic: Daya Srinivasan's Zoom Meeting  
 Time: Apr 18, 2020 11:30 AM India

Join Zoom Meeting  
[https://us04web.zoom.us/j/6664598002?](https://us04web.zoom.us/j/6664598002?pwd=bGFkZWdoVWZJcnc1MlMwczR5TUdMUT09)  
[pwd=bGFkZWdoVWZJcnc1MlMwczR5TUdMUT09](https://us04web.zoom.us/j/6664598002?pwd=bGFkZWdoVWZJcnc1MlMwczR5TUdMUT09)

Meeting ID: 666 459 8002




Daya Srinivasan's screen




Daya Srinivasan's screen

REC




Untrimmed/Uncontoured Crowns

- Neither trimmed/contoured
- Eg: Rocky mountain



• • • • •

REC



• It is a semi permanent restoration. Restoration of grossly decayed teeth is challenging task.

• William Humphrey

b

• • • • •

Daya Srinivasan's screen

Daya Srinivasan is host now



Divya N



Meghana Jayadev




Logesh Ram




Haritha RK

• • • • •


Daya Srinivasan is host now



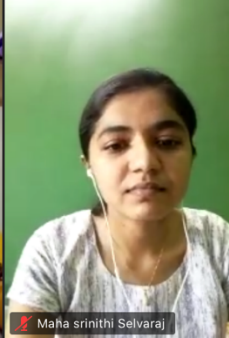
Divya N



Munira Begam



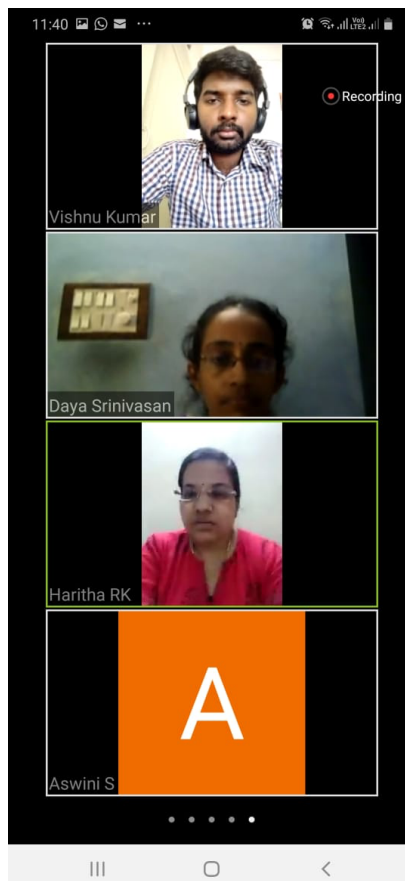
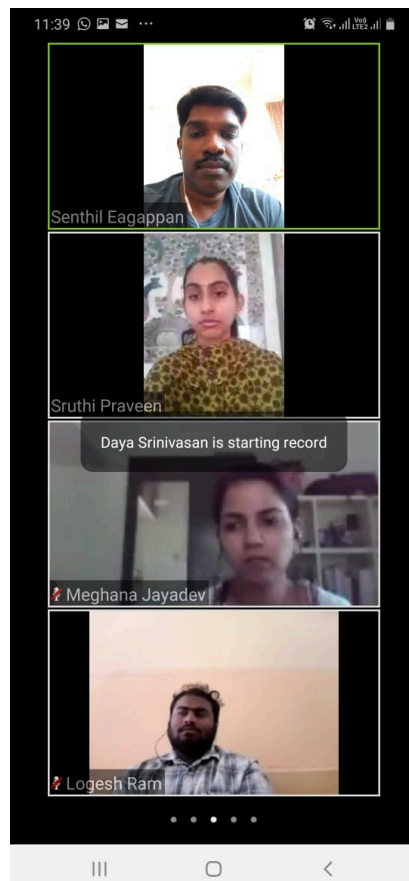
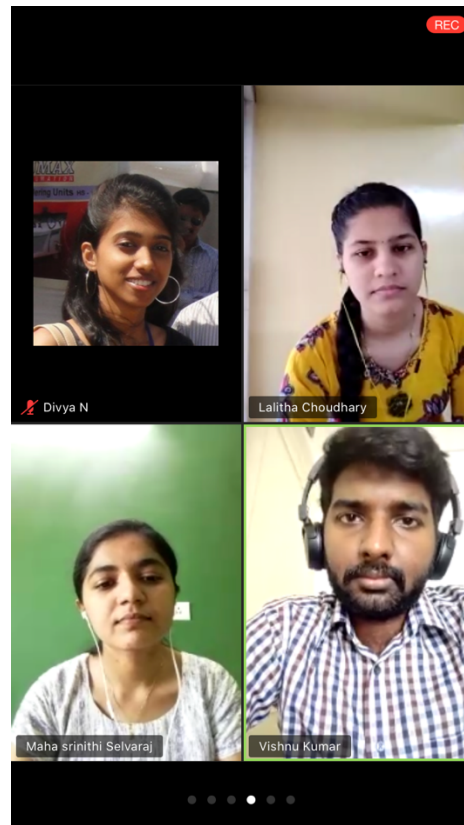
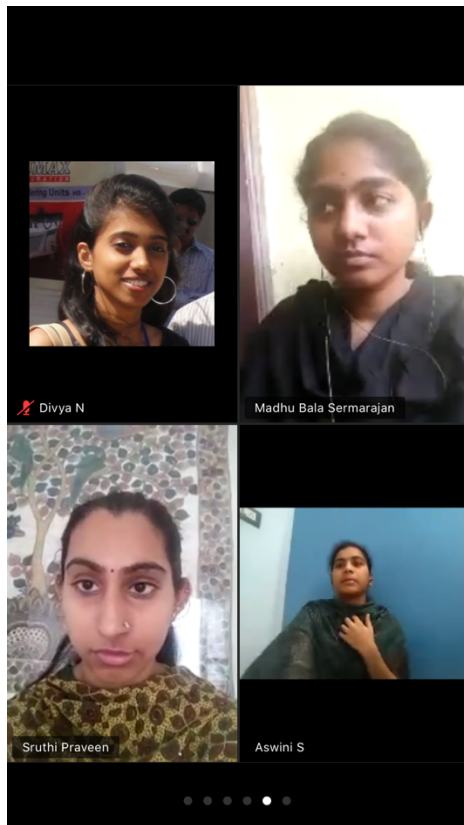
Lalitha Choudhary

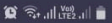


MaHa srinithi Selvaraj


• • • • •









































11:38 


Close **Participants (12)**

 Search


	Senthil Eagappan (me)	  >
	Daya Srinivasan (host)	  >
	Aswini S	  >
	Haritha RK	  >
	Maha srinithi Selvaraj	  >
	Sruthi Praveen	  >
	Vishnu Kumar	  >
	Lalitha Choudhary	  >
	Logesh Ram	  >
	Madhu Bala Sermarajan	  >
	Meghana Jayadev	  >
	Munira Begam	  >




























[Invite](#)

III    ○    <

WhatsApp 

Close **Participants (12)**

 Search

	Divya N (me)	 
	Daya Srinivasan (Host)	 
	Aswini S	 
	Logesh Ram	 
	Maha srinithi Selvaraj	 
	Vishnu Kumar	 
	Haritha RK	 
	Lalitha Choudhary	 
	Madhu Bala Sermarajan	 

[Invite](#)



# Department of Pediatric & Preventive Dentistry

7 responses

[Publish analytics](#)

What is the composition of SS crown, which makes it shiny?

7 responses

Chromium 18%

Iron-4%, nickel-10-13%, chromium-17-19%;chromium makes it shiny

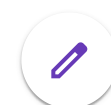
Iron4%,nickel10-13%,chromium17-19%,

Iron4% nickel10-13% chromium17-19%,18%of chromium makes it shiny

Nickel -10-13% , chromium 17-19%,iron 64%. Chromium

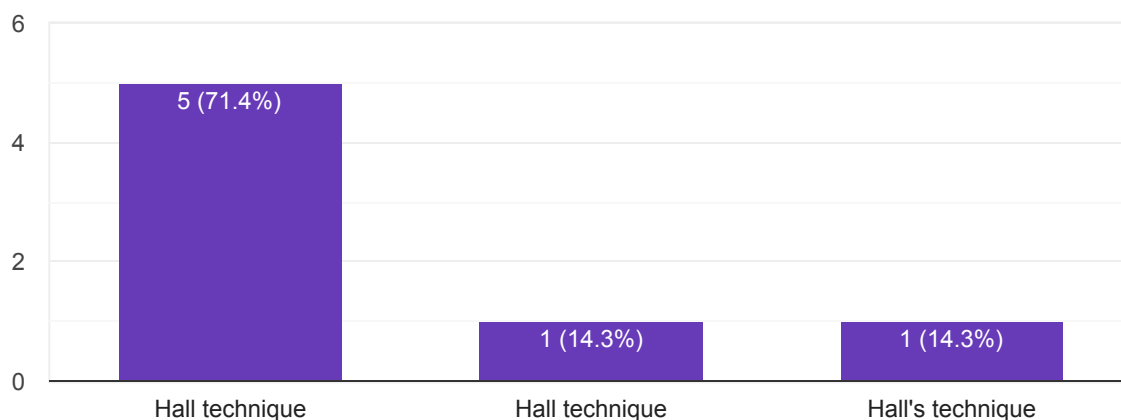
Iron- 4%, Nickel- 10-13%, chromium--17-19%, chromium gives the crown a shiny appearance.

Chromium 17-19%



The newer technique wherein SS crown is placed on un removed caries is called?

7 responses



How SS crown can be used for correction of malocclusion?

7 responses

in anterior cross bite, the labial surface of crown in maxillary incisor is placed palatally, thus allowing the mandibular incisor to attain a lingual position

Used to correct anterior open bite where the buccal surface of the crown is placed in the palatal aspect of the tooth thereby forming an inclined plane to correct the open bite

Palatal surface of tooth comes in contact with the buccal surface

Used to correct the anterior open bite where the buccal surface of the crown is placed in the palatal aspect thereby forming an inclined plane to correct the open bite

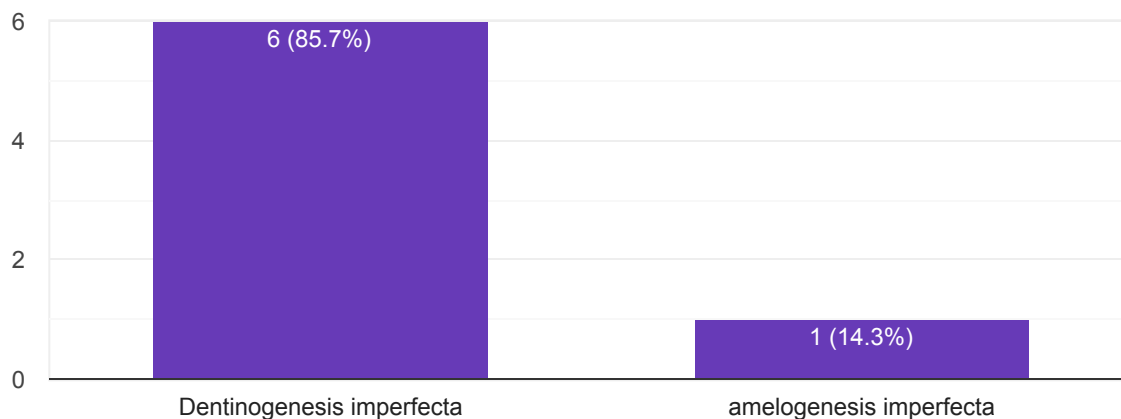
Used to correct the anterior open bite where the buccal surface of the crown is placed on palatal aspect of tooth forming an inclined plane to correct the bite

It is used to correct anterior open bite where the buccal surface of the crown is placed in the palatal aspect of the tooth thereby establishing an inclined plane to correct the open bite.



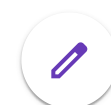
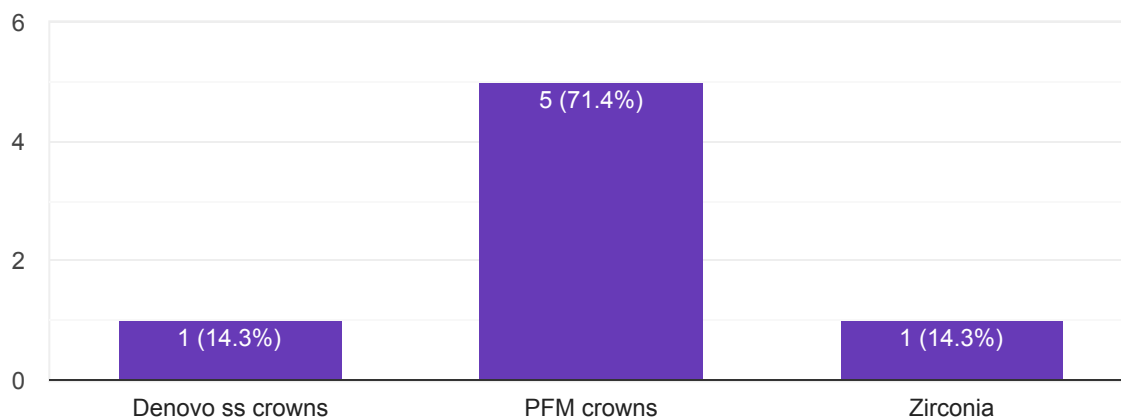
Name a hypoplastic tooth condition where SS crown is indicated?

7 responses



Name one anterior crown with metal backing?

7 responses



Write any one contraindication of SS crown

7 responses

esthetics in anterior tooth (for parents)

Allergy to nickel

Esthetics

Esthetics

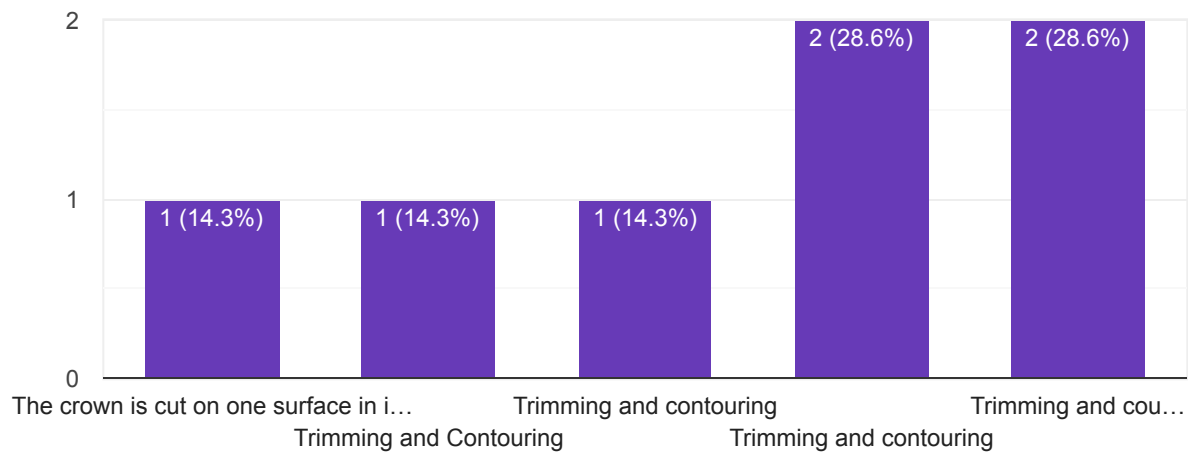
When the patient is allergic to nickel

Aesthetics

When the deciduous tooth is about to exfoliate

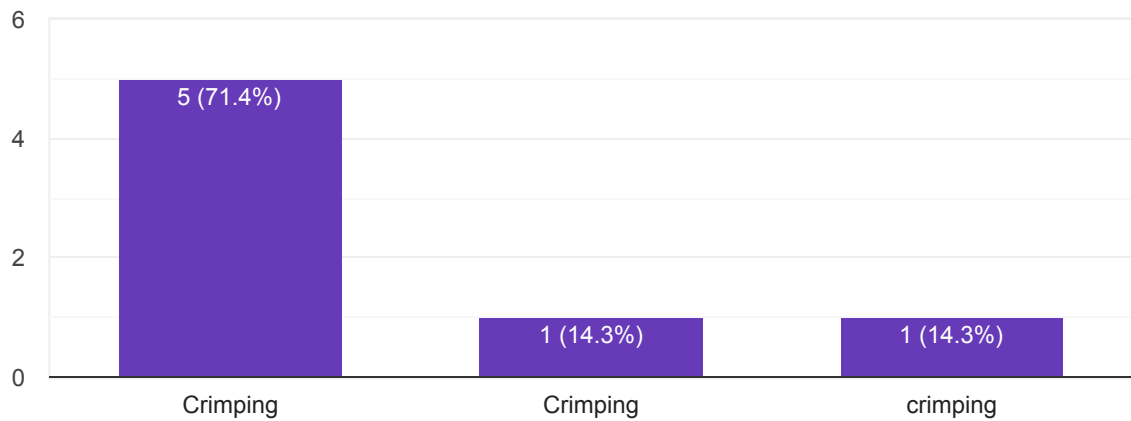
What will you do if you have a large SS crown but tooth is small?

7 responses



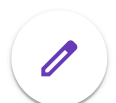
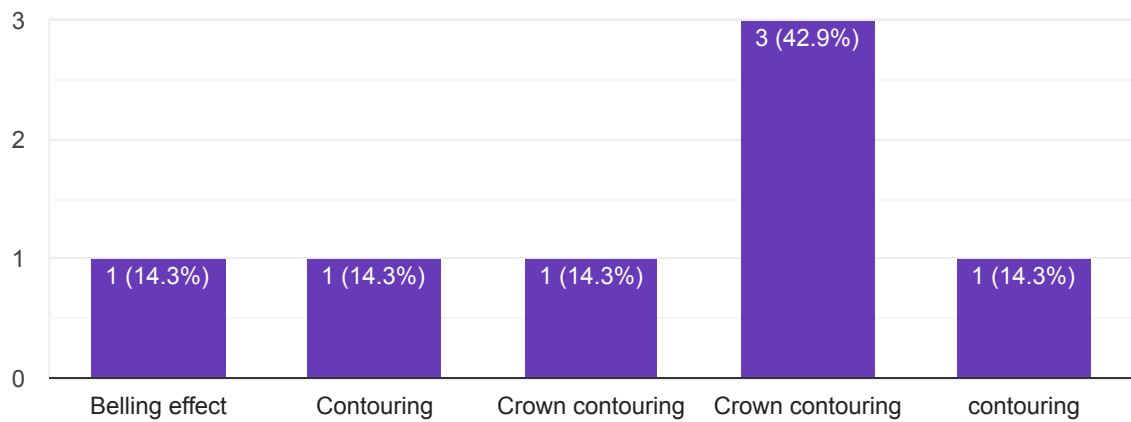
Adaptation of cervical margin of SS crown towards tooth surface is called?

7 responses



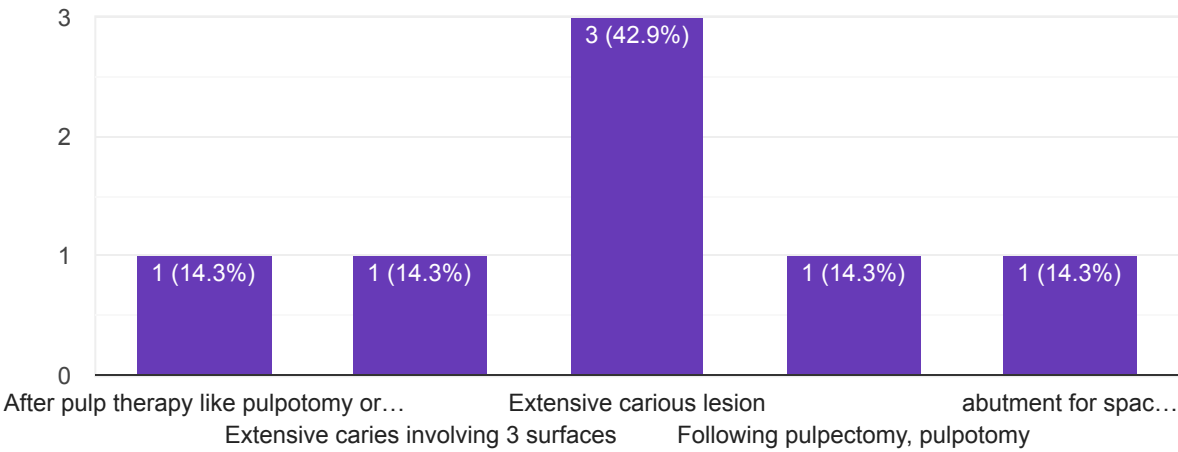
Adaptation of Proximal surface of SS crown is called?

7 responses



Give one indication of SS crown

7 responses



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