

**DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

**Post Graduate Session Reports**

**Reports for Week 8 (25.05.2020 to 30.05.2020)**

S.No	Date	Lecture Topic	Faculty	PG's
1	25.05.2020	S1 - Fluorosis Indices part I	Dr Jagannatha G V Dr Nagappan	Dr Niveditha Dr Sujatha
		S2 - Orientation of Intern Activities	Dr Nagaland T Dr Jagannatha G V Dr Cyril Benedict	Dr Niveditha Dr Sujatha
2	26.05.2020	Session 1 – Fluorosis Indices part II	Dr Jagannatha G V	Dr Niveditha Dr Sujatha
		Session 2 – Other Indices	Dr Jagannatha G V Dr Cyril Benedict	Dr Niveditha Dr Sujatha
3	27.05.2020	Avenues of Public Health Dentistry	Dr Jagannatha G V Dr Cyril Benedict	Dr Niveditha Dr Sujatha
4	28.05.2020	Session 1 - Avenues of Public Health Dentistry Part II	Dr Jagannatha G V	Dr Niveditha Dr Sujatha
		Session 2 Diagnostic Aids in Screening of Oral Cancer		
5	29.05.2020	S1 – Topical Fluoride I S2 - Topical Fluoride II S3 - Critical evaluation of Diagnostic aids for the detection of Oral cancer	Dr Jagannatha G V Dr Cyril Benedict	Dr Niveditha Dr Sujatha
6	30.05.2020	S1 - Finance in Dentistry I	Dr Jagannatha G V Dr Ranjith Kannan	Dr Niveditha Dr Sujatha
		S2 - Finance in Dentistry II	Dr Jagannatha G V	Dr Niveditha Dr Sujatha

## DEPARTMENT OF PUBLIC HEALTH DENTISTRY

### e-DISCUSSION FOR POSTGRADUATES

Date: 25-05-2020

**Session I: 9 am to 1pm**

**Faculty:** Dr. Jagannatha G.V  
Dr. Nagappan

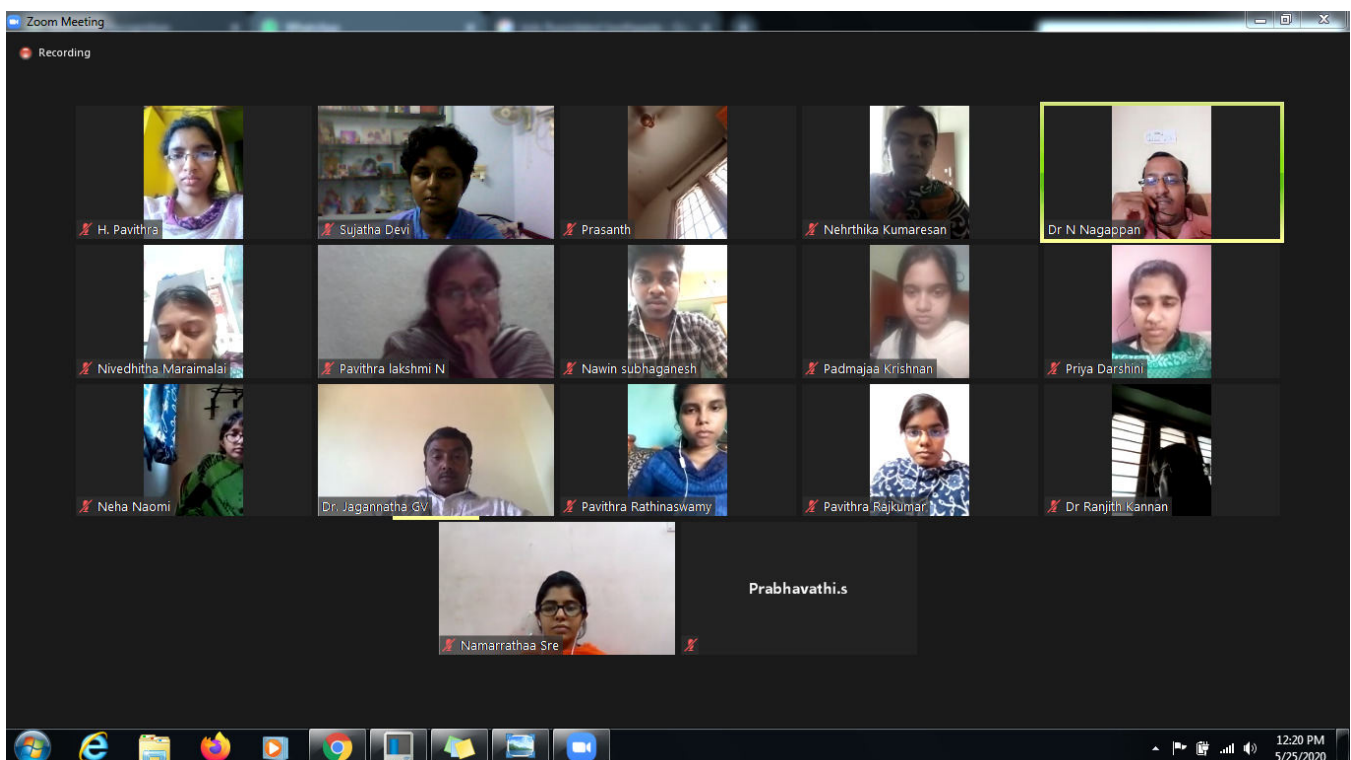
**PG Students:** Dr. Sujatha Devi  
Dr. Niveditha

**Total No of PG Students:** 2/2

**Discussion topic:** Fluoride Indices

#### **Summary:**

A brief introduction to different types of fluoride indices was given. A ways to properly score the various stages of fluorosis was explained. The treatment plan for the different stages of fluorosis was briefed about. The students were asked to find the bleaching agents specific to bleach fluorosis affected teeth.



Zoom Meeting

Recording

Sujatha Devi Dr N Nagappan Namarrathaa Sre Prasanth Neha Naomi Priya Darshini

**Chettinad**  
Dental College & Research Institute

Dental fluorosis is a hypomineralization of the dental enamel caused by excessive ingestion of fluoride during tooth development.

Depending on the quantity and timing of fluoride ingestion during this period, the clinical appearance of fluorosis can range from barely noticeable whitish striations that affect only a small portion of enamel to confluent pitting of almost the entire enamel surface and unsightly dark brown stains and flaking of friable enamel.

An index of fluorosis was needed when the initial investigations of fluorosis began in the 1930s

11:56 AM  
5/25/2020

Zoom Meeting

Recording

Priya Darshini Sujatha Devi Nivedhitha Maraimalai Pavithra Rajkumar

Dr N Nagappan Padmajaa Krishnan Nehrthika Kumaresan Neha Naomi

Pavithra lakshmi N Namarrathaa Sre Prabhavathi H. Pavithra

Prasanth Nawin subhaganesh Pavithra Rathinaswamy Dr. Jagannatha GV

**Participants (16)**

Find a participant

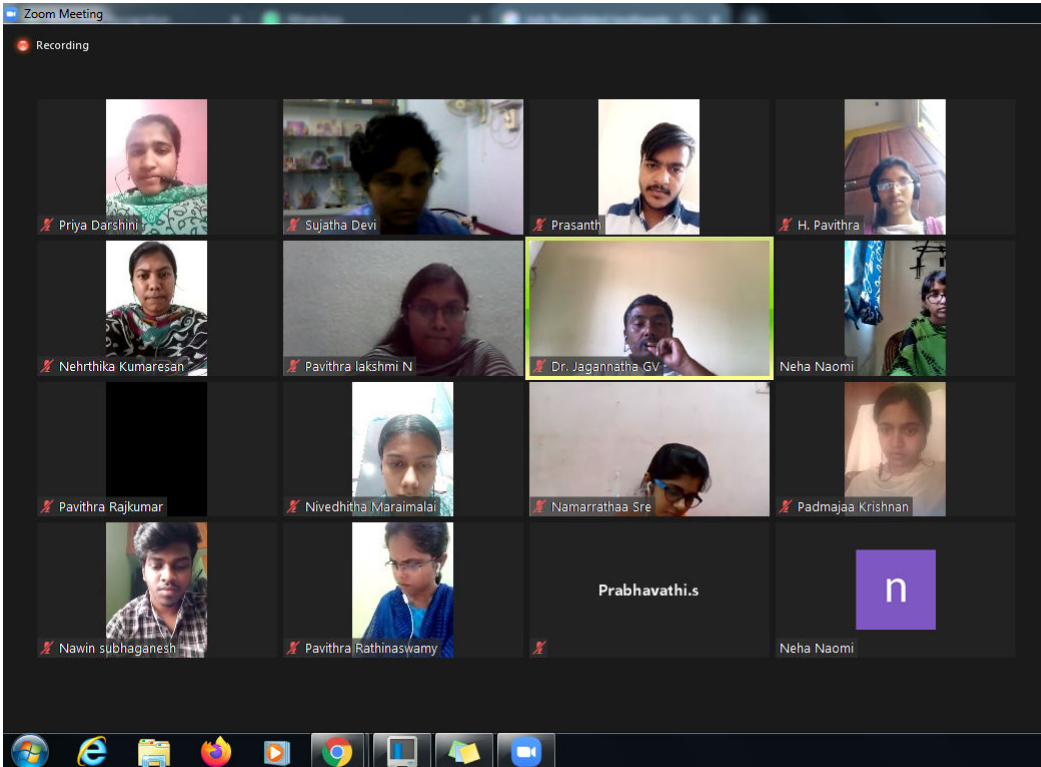
- SD Sujatha Devi (Me)
- Nehrthika Kumaresan (Host)
- DN Dr N Nagappan
- NN Namarrathaa Sre
- NN Neha Naomi
- DJ Dr. Jagannatha GV
- H. Pavithra
- Nawin subhaganesh
- Nivedhitha Maraimalai
- PK Padmajaa Krishnan
- PL Pavithra lakshmi N
- PR Pavithra Rajkumar
- Pavithra Rathinaswamy
- P Prabhavathi.s

Invite Unmute Me Raise Hand

11:44 AM  
5/25/2020

Zoom Meeting

Recording



Participants (16)

Find a participant

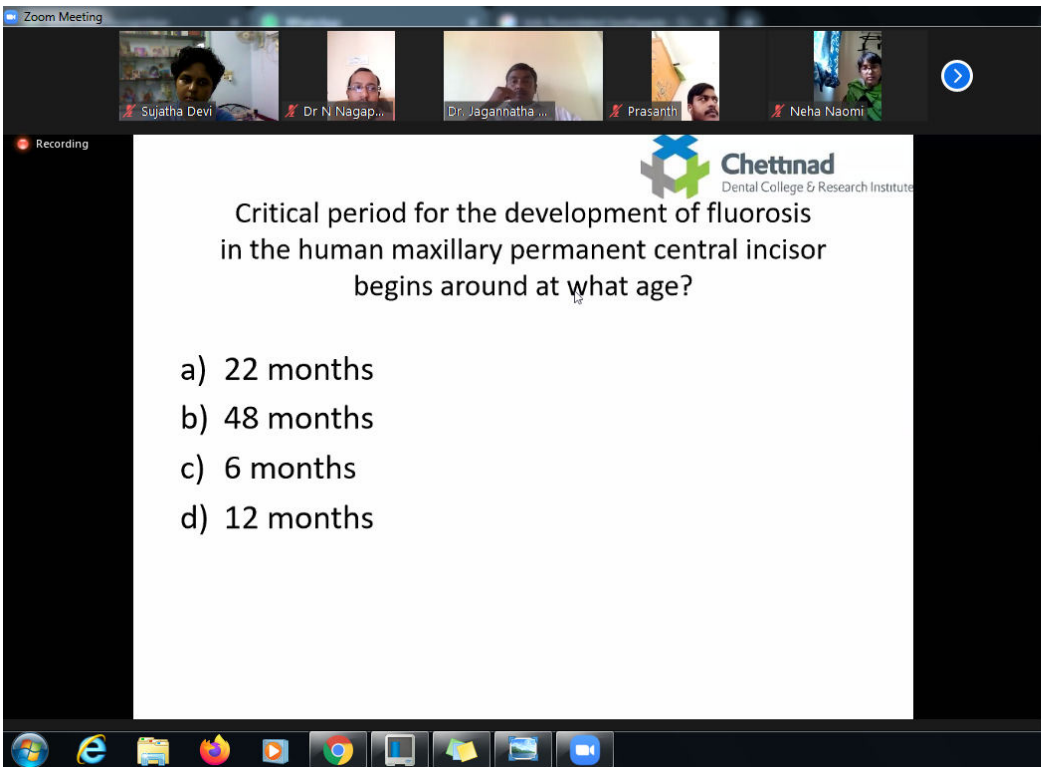
- SD Sujatha Devi (Me)
- PL Pavithra lakshmi N (Host)
- DJ Dr. Jagannatha GV
- NN Neha Naomi
- H. Pavithra
- Namarrathaa Sre
- Nawin subhaganes
- Nehrthika Kumaresan
- Nivedhitha Maraimalai
- PK Padmajaa Krishnan
- PR Pavithra Rajkumar
- Pavithra Rathinaswamy
- P Prabhavathi.s
- P Prasanth

Invite Unmute Me Raise Hand

11:07 AM  
5/25/2020

Zoom Meeting

Recording



Participants (13)

Find a participant

- SD Sujatha Devi (Me)
- PL Pavithra lakshmi N (Host)
- DJ Dr. Jagannatha GV
- Namarrathaa Sre
- DN Dr. N. Nagappan
- H. Pavithra
- Nawin subhaganes
- NN Neha Naomi
- Nivedhitha Maraimalai
- PR Pavithra Rajkumar
- P Prabhavathi.s
- P Prasanth
- Priya Darshini

Invite Unmute Me Raise Hand

12:49 PM  
5/25/2020

**Chettinad**  
Dental College & Research Institute

Critical period for the development of fluorosis  
in the human maxillary permanent central incisor  
begins around at what age?

- a) 22 months
- b) 48 months
- c) 6 months
- d) 12 months

## DEPARTMENT OF PUBLIC HEALTH DENTISTRY

### e-DISCUSSION FOR POSTGRADUATES

Date:25.05.2020

**Session II: 3:30pm-4:30pm**

**Faculty:** Dr. Jagannatha G.V

Dr.Nagaland

Dr.Cyril Benedict

**PG Students:** Dr. Sujatha Devi

Dr. Nivedhitha

**Total No of PG Students:** 2/2

**Discussion topic:**Orientation of Intern activities

#### **Summary:**

A brief orientation about the intern activities was given. Intern schedule was discussed. Activities and clinical procedures done at the Rural Health Center, Poonjeri were explained. We were told about the patient referral from the camps. Activities at the E-block and preventive procedures done in the department were explained. We were told about the research projects given to the interns. Outreach protocol was explained





Zoom Meeting

Recording...



Participants (4)

- Sujatha Devi (Host, me)
- DN Dr. Nagaland
- DB Dr. Cyril Benedict
- NM Nivedhitha Maraimalai

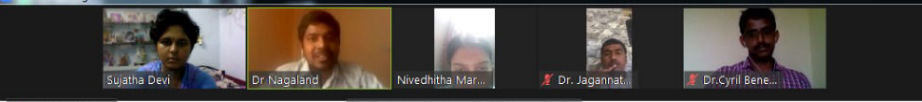
Invite Mute All Unmute All ...

3:36 PM 5/25/2020

Zoom Meeting

Recording...

Remaining Meeting Time: 84:29 | Upgrade to Pro



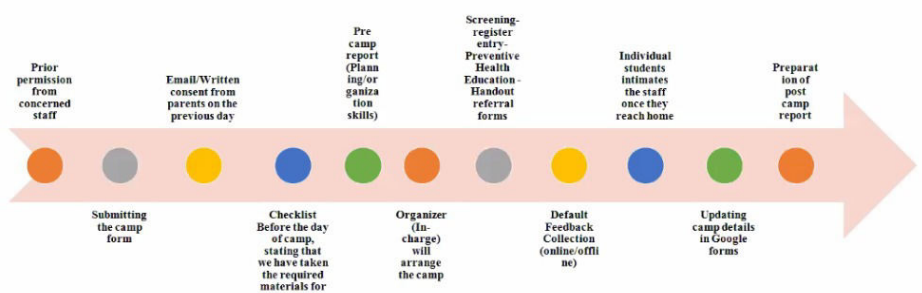
Participants (5)

- Sujatha Devi (Host, me)
- DN Dr. Nagaland
- NM Nivedhitha Maraimalai
- DJ Dr. Jagannath GV
- DB Dr. Cyril Benedict

Invite Mute All Unmute All ...

4:06 PM 5/25/2020

### Outreach Protocol



```

graph LR
    A[Prior permission from concerned staff] --> B[Email/Written consent from parents on the previous day]
    B --> C[Pre camp report Planning/or ganiza tion skills]
    C --> D[Screening- register entry- Preventive Health Education- Handout referral forms]
    D --> E[Individual students intimates the staff once they reach home]
    E --> F[Preparat ion of post camp report]
  
```

Submitting the camp form

Checklist Before the day of camp, stating that we have taken the required materials for the camp.

Organizer (In-charge) will arrange the camp

Default Feedback Collection (online/offline)

Updating camp details in Google forms

## DEPARTMENT OF PUBLIC HEALTH DENTISTRY

### e-DISCUSSION FOR POSTGRADUATES

Date: 26-05-2020

Session I: 10.45am-12.30 am

Faculty: Dr. Jagannatha G.V

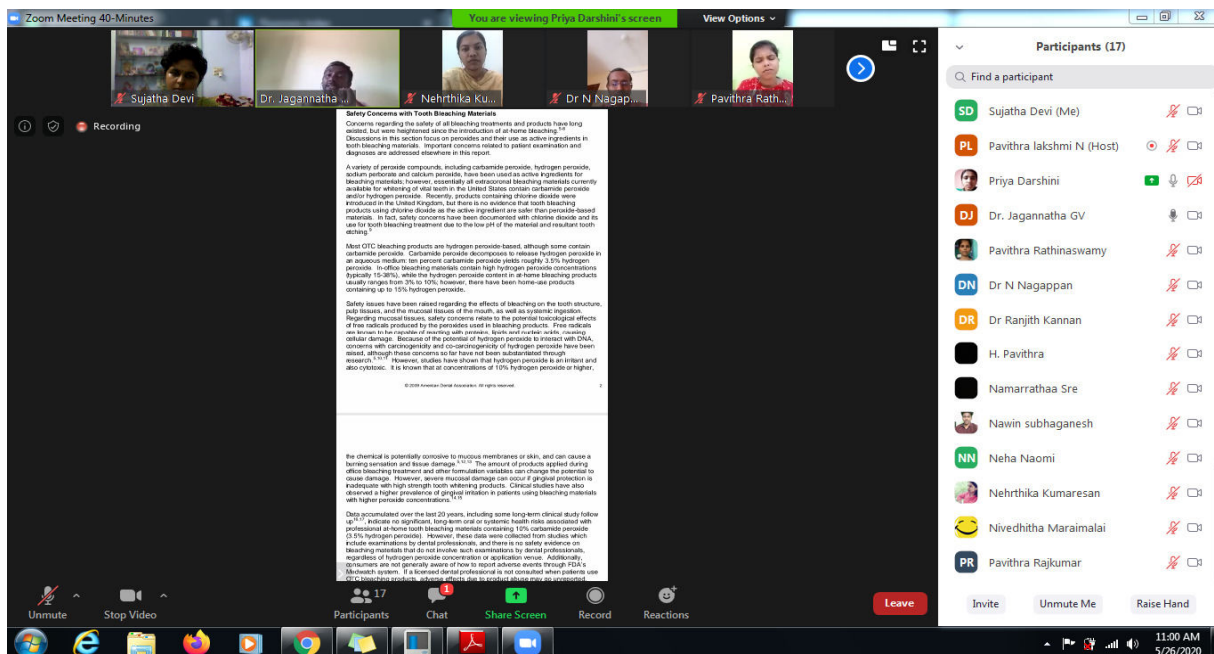
PG Students: Dr. Sujatha Devi  
Dr. Niveditha

Total No of PG Students: 2/2

Discussion topic: Other Indices in Public Health Dentistry.

#### Summary:

A brief introduction about the oral hygiene indices and the proper way to record it was given. The difference between the gingival index and periodontal index were explained. The different types of gingival and periodontal indices were briefed about. Various indices to measure dental caries and the importance of Significant caries index were explained.



The screenshot shows a Zoom meeting in progress. The main window displays a presentation slide titled "Safety Concerns with Tooth Bleaching Materials". The slide contains text discussing the safety of bleaching treatments, mentioning ingredients like carbamide peroxide and hydrogen peroxide, and the potential for tooth sensitivity and gingival irritation. The slide also mentions that the chemical is potentially corrosive to mucous membranes or skin and can cause a burning sensation and tissue damage.

At the top of the Zoom window, it says "You are viewing Priya Darshini's screen". Below the main window, there is a toolbar with icons for Unmute, Stop Video, Participants, Chat, Share Screen, Record, and Reactions. On the right side, there is a list of participants (17) with their names and status (e.g., SD Sujatha Devi (Me), PL Pavithra lakshmi N (Host), Priya Darshini, etc.).

Zoom Meeting 40-Minutes

Recording

Speaker View

Participants (17)

Find a participant

- SD Sujatha Devi (Me)
- PL Pavithra lakshmi N (Host)
- DJ Dr. Jagannatha GV
- PR Pavithra Rajkumar
- Priya Darshini
- DR Dr Ranjith Kannan
- H. Pavithra
- Naafia Fathima
- Namarrathaa Sre
- Nawin subhaganesh
- NN Neha Naomi
- Nehrthika Kumaresan
- Nivedhitha Maraimalai
- Pavithra Rathinaswamy

Unmute Stop Video Participants Chat Share Screen Record Reactions Leave Invite Unmute Me Raise Hand

11:02 AM 5/26/2020

Zoom Meeting 40-Minutes

You are viewing Dr. Jagannatha GV's screen

View Options


Participants (15)

Find a participant

- SD Sujatha Devi (Me)
- PL Pavithra lakshmi N (Host)
- DJ Dr. Jagannatha GV
- P Prasanth
- NN Neha Naomi
- H. Pavithra
- Naafia Fathima
- Namarrathaa Sre
- Nawin subhaganesh
- Nivedhitha Maraimalai
- PR Pavithra Rajkumar
- P Pavithra Rathinaswamy
- P Prabhavathi
- Priya Darshini

Unmute Stop Video Participants Chat Share Screen Record Reactions Leave Invite Unmute Me Raise Hand

11:28 AM 5/26/2020



**Chettinad**  
Dental College & Research Institute

# OTHER INDICES

## 07.05.2020

Public Health Dentistry  
CDCRI



Zoom Meeting 40-Minutes You are viewing Dr. Jagannatha GV's screen View Options

Participants (16)

Find a participant

SD Sujatha Devi (Me) ☒ ☒

PL Pavithra lakshmi N (Host) ☒ ☒

DJ Dr. Jagannatha GV ☒ ☒

H. Pavithra ☒ ☒

NF Naafia Fathima ☒ ☒

Namarrathaa Sre ☒ ☒

Nawin subhaganes ☒ ☒

NN Neha Naomi ☒ ☒

Nehthika Kumaresan ☒ ☒

Nivedhitha Maraimalai ☒ ☒

PR Pavithra Rajkumar ☒ ☒

Pavithra Rathinaswamy ☒ ☒

P Prabhavathi ☒ ☒

P Prasanth ☒ ☒

Invite Unmute Me Raise Hand

## Oral hygiene indices

- Patient Hygiene Performance Index – (PHP Index)
  - Oral hygiene performance
- Glass Index –
  - Evaluating tooth brushing efficacy
- Calculus Surface Index
  - Used in short-term clinical trials of calculus inhibitory agents

Unmute Stop Video Participants Chat Share Screen Record Reactions Leave

11:29 AM 5/26/2020

Zoom Meeting 40-Minutes You are viewing Dr. Jagannatha GV's screen View Options

Participants (13)

Find a participant

SD Sujatha Devi (Me) ☒ ☒

PL Pavithra lakshmi N (Host) ☒ ☒

DJ Dr. Jagannatha GV ☒ ☒

NN Neha Naomi ☒ ☒

H. Pavithra ☒ ☒

NF Naafia Fathima ☒ ☒

Namarrathaa Sre ☒ ☒

Nawin subhaganes ☒ ☒

Nivedhitha Maraimalai ☒ ☒

PR Pavithra Rajkumar ☒ ☒

Pavithra Rathinaswamy ☒ ☒

P Prasanth ☒ ☒

Priya Darshini ☒ ☒

Invite Unmute Me Raise Hand

## Introducing the **Significant Caries Index** together with a proposal for a new global oral health goal for 12-year-olds

Douglas Bratthall  
Malmö, Sweden

**Aim:** To describe a new index, the 'Significant Caries Index' (SIC Index) with the intention of focusing attention on those individuals with the highest caries scores in each population. **Method:** Attention is drawn to the skewed distribution of dental caries within a given population, indicating that there are still large groups of individuals who have considerably more caries than the WHO/IDF target level of DMFT 3 by the year 2000. The index is calculated as follows: individuals are sorted according to their DMFT values. The one third of the population with the highest caries score is selected and the mean DMFT for this subgroup is calculated. This value constitutes the SIC Index. **Results:** The SIC Index can be easily calculated and used as a measure for future oral health goals. **Conclusion:** The SIC Index should be less than 3 DMFT in the 12-year-olds.

In 1979, the most important goal ever to be formulated for global oral health was announced: In the year 2000, the global average for dental caries will be no more than 3 decayed, missing or filled permanent teeth (DMFT) at 12 years of age. This ultimate declaration was the culmination of a series of distinctive events and circumstances. In 1978, the World Health Organization, together with the

Unmute Stop Video Participants Chat Share Screen Record Reactions Leave

11:48 AM 5/26/2020

## DEPARTMENT OF PUBLIC HEALTH DENTISTRY

### e-DISCUSSION FOR POSTGRADUATES

Date: 26.05.2020

**Session II: 1:00pm-1:30pm**

**Faculty: Dr. Jagannatha G.V**

**PG Students:** Dr. Sujatha Devi  
Dr. Nivedhitha

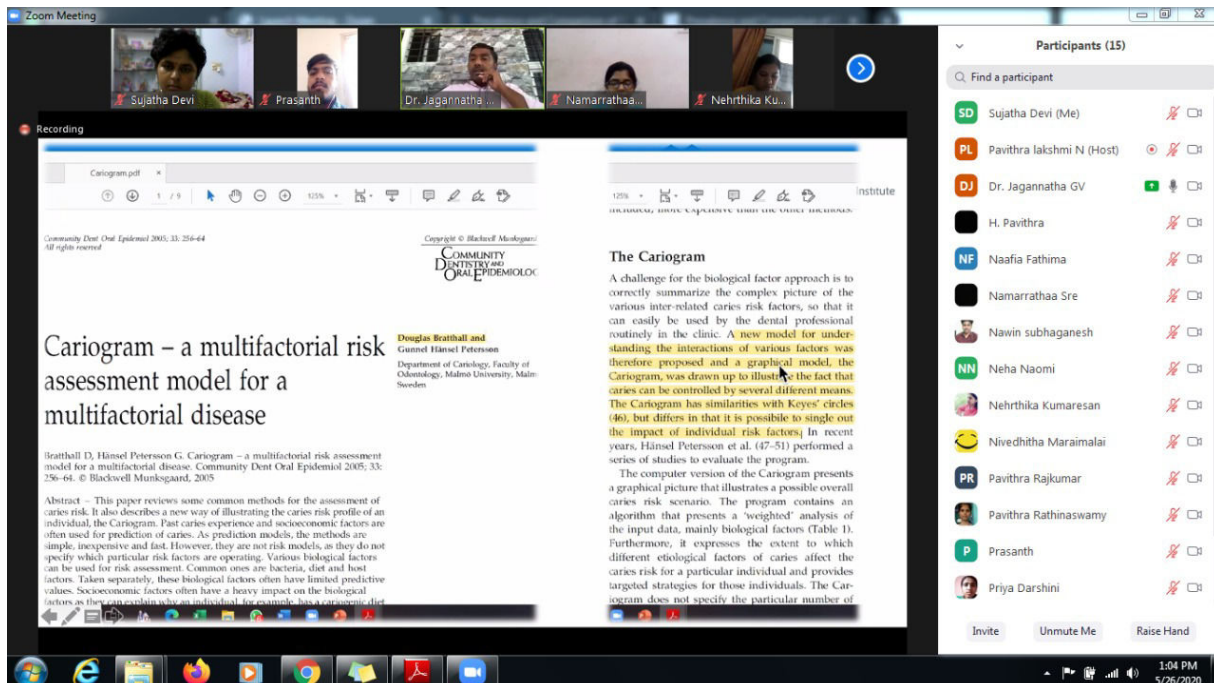
**Total No of PG Students: 2/2**

**Total No of Final Year students: 12**

**Discussion topic:** Other indices in Public Health Dentistry-II

#### **Summary:**

Indices used to measure dental caries was discussed. Topics such as 'Cariogram' and 'ICDAS' were discussed along with article references. Final years were asked to prepare for a debate on 'Indices'



**Cariogram – a multifactorial risk assessment model for a multifactorial disease**

Bratthall D, Hänsel Petersson G. Cariogram – a multifactorial risk assessment model for a multifactorial disease. Community Dent Oral Epidemiol 2005; 33: 256-64. All rights reserved.

**Abstract** - This paper reviews some common methods for the assessment of caries risk. It also describes a new way of illustrating the caries risk profile of an individual, the Cariogram. Past caries experience and socioeconomic factors are often used for prediction of caries. As prediction models, the methods are simple, inexpensive and fast. However, they are not risk models, as they do not specify which particular risk factors are operating. Various biological factors can be used for risk assessment. Common ones are bacteria, diet and host factors. Taken separately, these biological factors often have limited predictive values. Socioeconomic factors often have a heavy impact on the biological factors as they gain causality when an individual, for example, has a cariogenic diet.

**The Cariogram**

A challenge for the biological factor approach is to correctly summarize the complex picture of the various inter-related caries risk factors, so that it can easily be used by the dental professional routinely in the clinic. A new model for understanding the interactions of various factors was therefore proposed and a graphical model, the Cariogram, was drawn up to illustrate the fact that caries can be controlled by several different means. The Cariogram has similarities with Keyes' circles (46), but differs in that it is possible to single out the impact of individual risk factors. In recent years, Hänsel Petersson et al. (47-51) performed a series of studies to evaluate the program.

The computer version of the Cariogram presents a graphical picture that illustrates a possible overall caries risk scenario. The program contains an algorithm that presents a 'weighted' analysis of the input data, mainly biological factors (Table 1). Furthermore, it expresses the extent to which different etiological factors of caries affect the caries risk for a particular individual and provides targeted strategies for those individuals. The Cariogram does not specify the particular number of

**Participants (15)**

Participant	Status
Sujatha Devi (Me)	✓
Pavithra lakshmi N (Host)	✓
Dr. Jagannatha GV	✓
H. Pavithra	✓
Naafia Fathima	✓
Namarrathaa Sre	✓
Nawin subhaganesh	✓
Neha Naomi	✓
Nehrthika Kumaresan	✓
Nivedhitha Maraimalai	✓
Pavithra Rajkumar	✓
Pavithra Rathinaswamy	✓
Prasanth	✓
Priya Darshini	✓

Zoom Meeting

Recording



Participants (15)

Find a participant

- SD Sujatha Devi (Me)
- PL Pavithra lakshmi N (Host)
- H. Pavithra
- NF Naafia Fathima
- Namarrathaa Sre
- Nawin subhaganesh
- NN Neha Naomi
- Nehrthika Kumaresan
- Nivedhitha Maraimalai
- PR Pavithra Rajkumar
- Pavithra Rathinaswamy
- P Prasanth
- Priya Darshini
- DJ Dr. Jagannatha GV

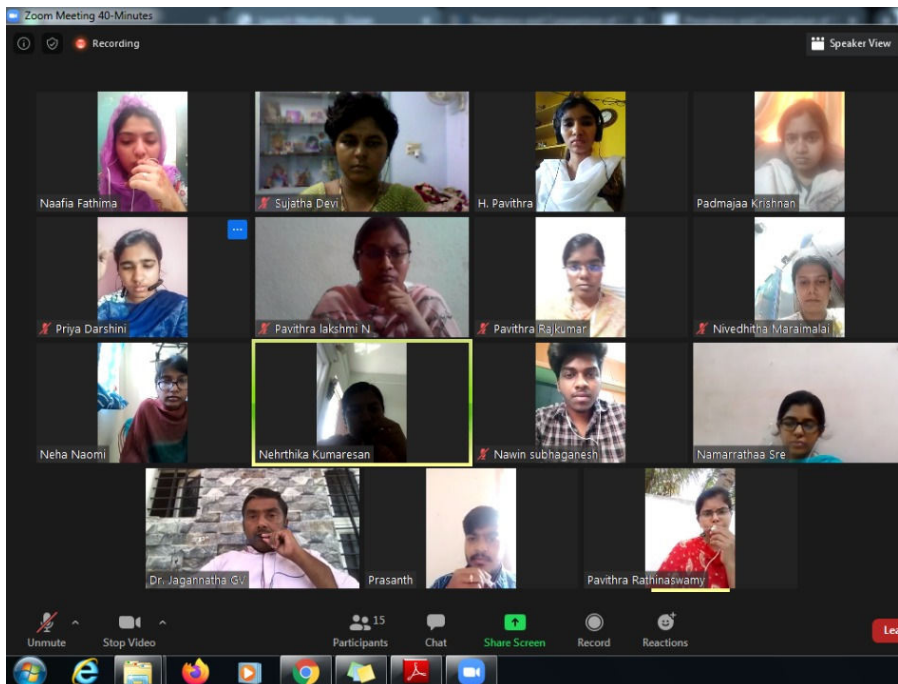
Invite Unmute Me Raise Hand

1:07 PM 5/26/2020

Zoom Meeting 40-Minutes

Recording

Speaker View



Participants (15)

Find a participant

- SD Sujatha Devi (Me)
- PL Pavithra lakshmi N (Host)
- NF Naafia Fathima
- Namarrathaa Sre
- Nehrthika Kumaresan
- Pavithra Rathinaswamy
- DJ Dr. Jagannatha GV
- H. Pavithra
- NN Neha Naomi
- P Prasanth
- Nawin subhaganesh
- Nivedhitha Maraimalai
- PR Pavithra Rajkumar
- Priya Darshini

Invite Unmute Me Raise Hand

1:11 PM 5/26/2020

## DEPARTMENT OF PUBLIC HEALTH DENTISTRY

### e-DISCUSSION FOR POSTGRADUATES

Date: 27.05.2020

**Session 1: 1:15pm-2:00pm**

**Faculty:** Dr. Jagannatha G.V  
Dr. Cyril Benedict

**PG Students:** Dr. Sujatha Devi  
Dr. Nivedhitha

**Total No of PG Students:** 2/2

**Discussion topic:** Avenues for Public Health Dentistry

#### **Summary:**

A brief outline on the activities done in the period of '3 years' was described to the post graduates. An introduction to various softwares, such as SPSS, R, Python, nMaster, which are used in biostatistics was given. Various avenues for Public Health Dentistry were discussed.

Zoom Meeting

Nivedhitha Marai...

Sujatha Devi

Dr. Jagannatha G.V

Benedict Cyril

Recording...

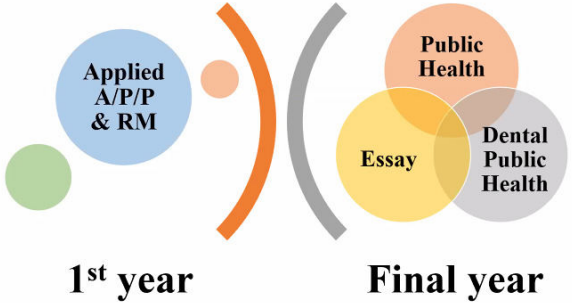
Participants (4)

Nivedhitha Marai... (Host, me)

BC Benedict Cyril

SD Sujatha Devi

DJ Dr. Jagannatha G.V



**Public Health Dentistry - Examination papers**

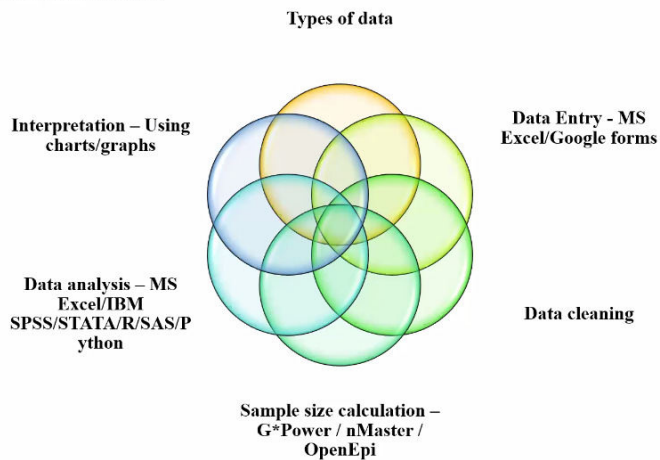
**1<sup>st</sup> year**: Applied A/P/P & RM

**Final year**: Public Health, Essay, Dental Public Health



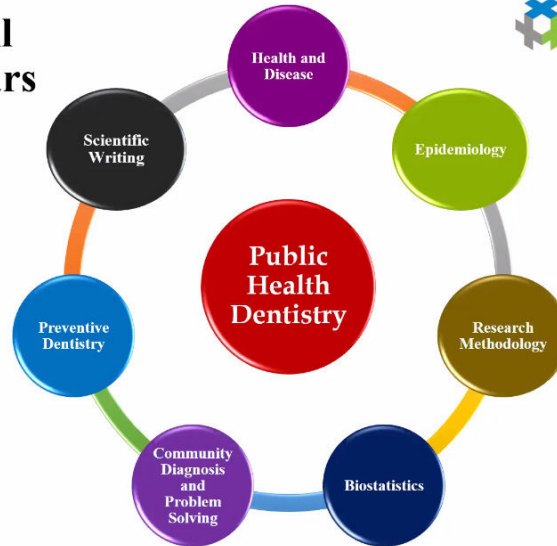
# Avenues for Public Health Dentistry

## Biostatistics

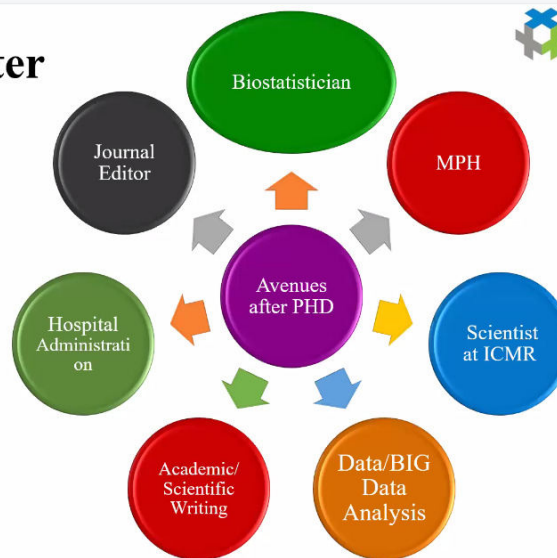




## What you will learn in 3 years in PHD




## Avenues after PHD




Recording...

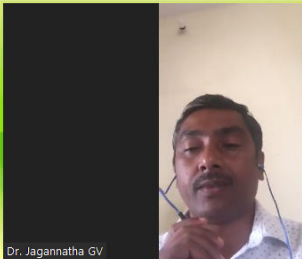
Remaining Meeting Time: 05:00 | Upgrade to Pro




Sujatha Devi



Nivedhitha Maraimalai









Dr. Jagannatha GV









Benedict Cyril

Participants (4)

 Nivedhitha Marai... (Host, me)  

 Dr. Jagannatha GV  

 Sujatha Devi  

 Benedict Cyril  

Invite



Mute All

...

Zoom Group Chat

From Me to [Everyone](#)  
meeting will end in 10 min.sir

To: [Everyone](#)

 File 

Type message here...

## **DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

### **e-DISCUSSION FOR POSTGRADUATES**

Date:-28-05-2020

**Session I: 11am- 12pm**

**Faculty:** Dr. Jagannatha G.V

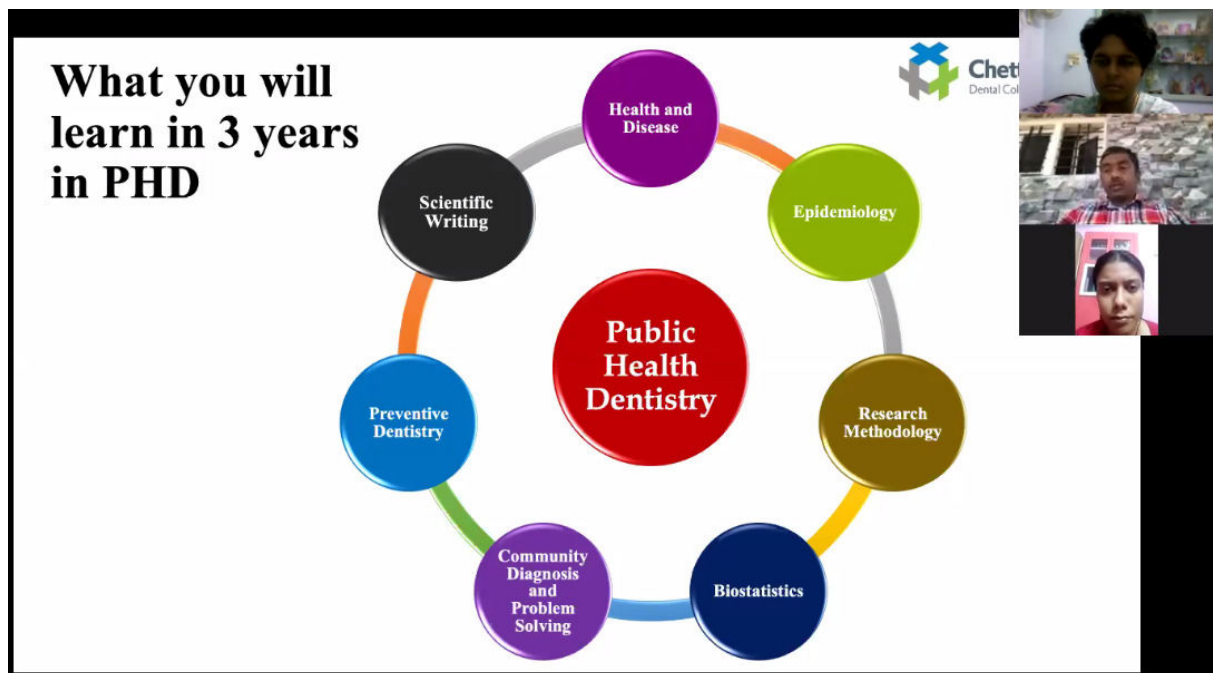
**PG Students:** Dr.Sujatha Devi  
Dr.Niveditha

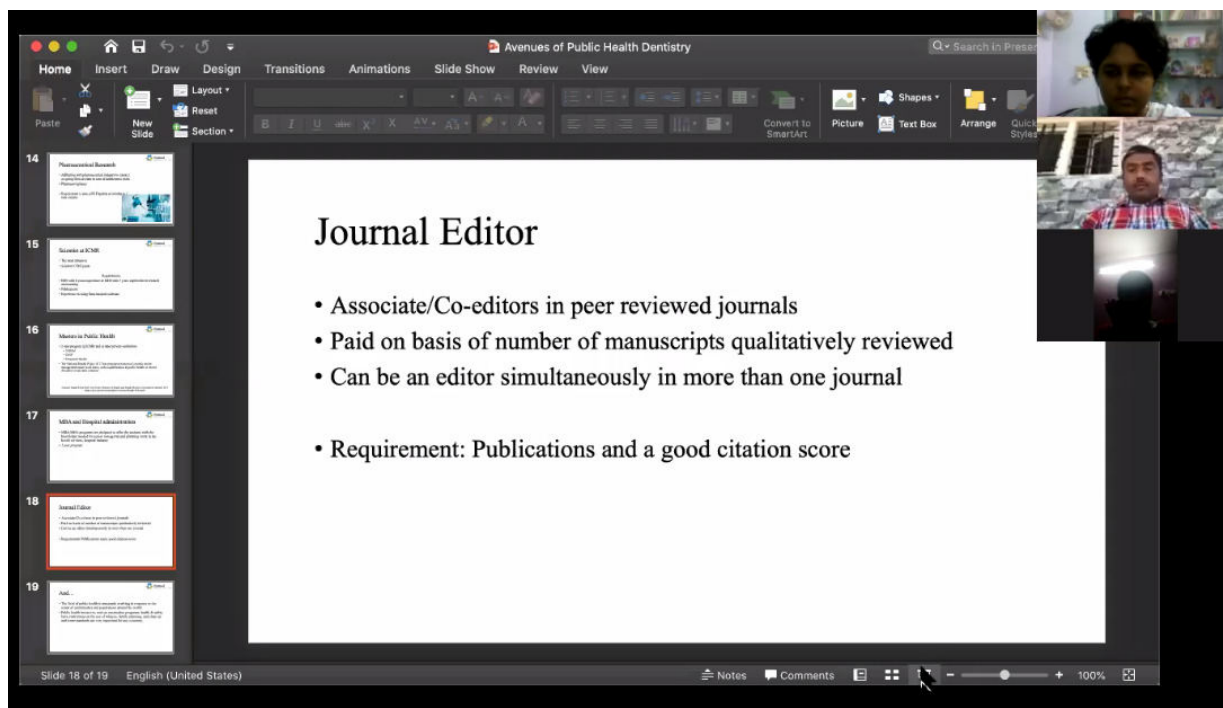
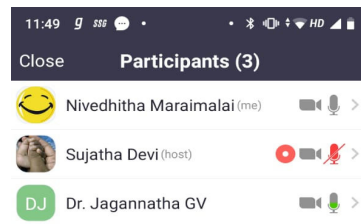
**Total No of PG Students:** 2/2

**Discussion topic:** Avenues for Public Health Dentistry.

#### **Summary:**

A brief discussion about the various avenues in public health dentistry was done. The required skills, experience was explained about.





Avenues of Public Health Dentistry

Home Insert Draw Design Transitions Animations Slide Show Review View

14 Pharmaceutical Research

15 Research at IITM

16 Research in Public Health

17 MSc and English Publications

18 **Journal Editor**

19


## Journal Editor

- Associate/Co-editors in peer reviewed journals
- Paid on basis of number of manuscripts qualitatively reviewed
- Can be an editor simultaneously in more than one journal
- Requirement: Publications and a good citation score

Slide 18 of 19 English (United States)

Notes Comments

100%



## DEPARTMENT OF PUBLIC HEALTH DENTISTRY

### e-DISCUSSION FOR POSTGRADUATES

Date: 28.05.2020

**Session : 1:15pm-2:00pm**

**Faculty:** Dr. Jagannatha G.V

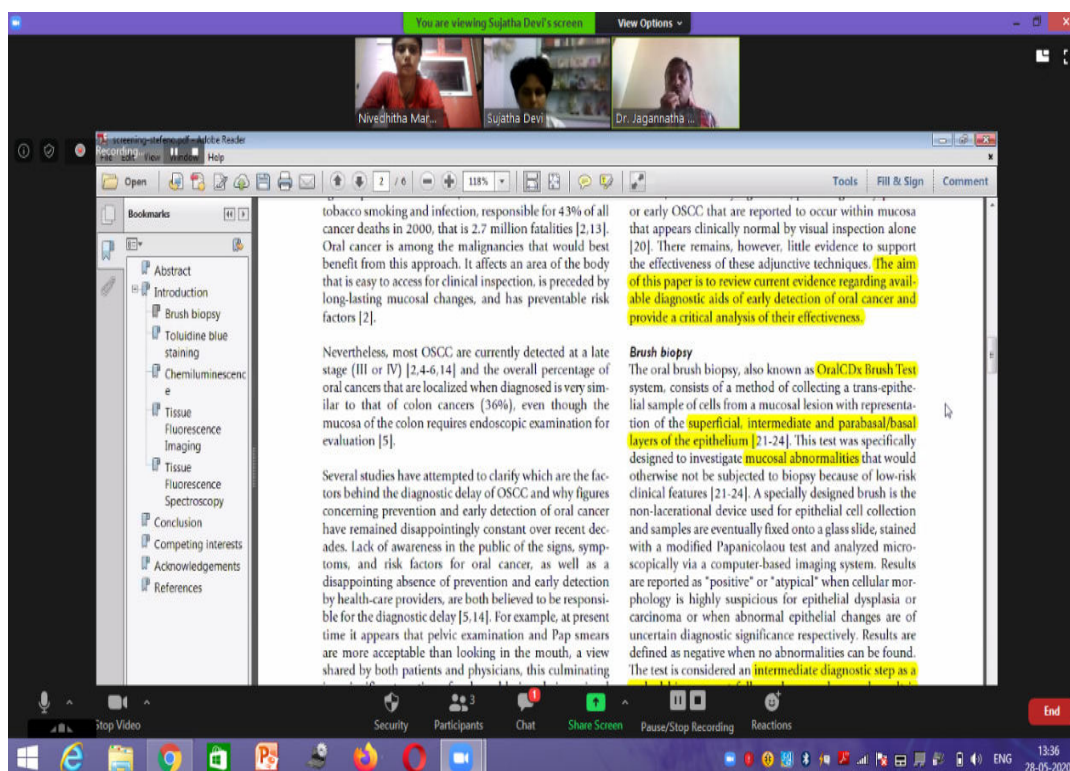
**PG Students:** Dr. Sujatha Devi  
Dr. Nivedhitha

**Total No of PG Students:** 2/2

**Discussion topic:** Discussion on '*Diagnostic aids in the screening of oral cancer*'

#### **Summary:**

The article, Stefano Fedele, Diagnostic aids in the screening of oral cancer, Head and Neck Oncology. 2009; 1: 5.(doi:[10.1186/1758-3284-1-5](https://doi.org/10.1186/1758-3284-1-5)) was discussed. Different diagnostic aids like 'Brush Biopsy', 'Toluidine blue staining', 'Chemiluminescence', 'Tissue Fluorescence Imaging' and 'Tissue Fluorescence Spectroscopy' were discussed.



The screenshot shows a Zoom meeting window. At the top, there are three video thumbnails of participants: Nivedhitha Mar..., Sujatha Devi, and Dr. Jagannatha G.V. Below the thumbnails is a toolbar with various icons for screen sharing, chat, and other meeting functions. The main area of the window displays a PDF document titled "Screening of oral cancer". The document content is visible, showing a summary of oral cancer screening methods and a section on "Brush biopsy". The text in the PDF is as follows:

tobacco smoking and infection, responsible for 43% of all cancer deaths in 2000, that is 2.7 million fatalities [2,13]. Oral cancer is among the malignancies that would best benefit from this approach. It affects an area of the body that is easy to access for clinical inspection, is preceded by long-lasting mucosal changes, and has preventable risk factors [2].

Nevertheless, most OSCC are currently detected at a late stage (III or IV) [2,4-6,14] and the overall percentage of oral cancers that are localized when diagnosed is very similar to that of colon cancers (36%), even though the mucosa of the colon requires endoscopic examination for evaluation [5].

Several studies have attempted to clarify which are the factors behind the diagnostic delay of OSCC and why figures concerning prevention and early detection of oral cancer have remained disappointingly constant over recent decades. Lack of awareness in the public of the signs, symptoms, and risk factors for oral cancer, as well as a disappointing absence of prevention and early detection by health-care providers, are both believed to be responsible for the diagnostic delay [5,14]. For example, at present time it appears that pelvic examination and Pap smears are more acceptable than looking in the mouth, a view shared by both patients and physicians, this culminating

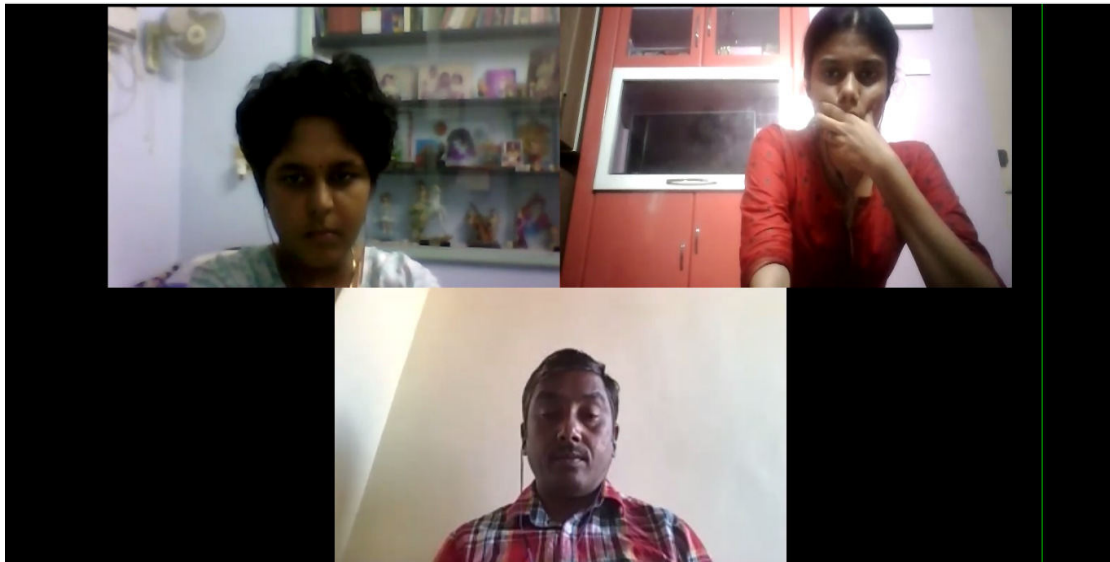
or early OSCC that are reported to occur within mucosa that appears clinically normal by visual inspection alone [20]. There remains, however, little evidence to support the effectiveness of these adjunctive techniques. The aim of this paper is to review current evidence regarding available diagnostic aids of early detection of oral cancer and provide a critical analysis of their effectiveness.

**Brush biopsy**

The oral brush biopsy, also known as OralCDs Brush Test system, consists of a method of collecting a trans-epithelial sample of cells from a mucosal lesion with representation of the superficial, intermediate and parabasal/basal layers of the epithelium [21-24]. This test was specifically designed to investigate mucosal abnormalities that would otherwise not be subjected to biopsy because of low-risk clinical features [21-24]. A specially designed brush is the non-lacerational device used for epithelial cell collection and samples are eventually fixed onto a glass slide, stained with a modified Papanicolaou test and analyzed microscopically via a computer-based imaging system. Results are reported as "positive" or "atypical" when cellular morphology is highly suspicious for epithelial dysplasia or carcinoma or when abnormal epithelial changes are of uncertain diagnostic significance respectively. Results are defined as negative when no abnormalities can be found. The test is considered an intermediate diagnostic step as a

The Zoom interface at the bottom shows the status bar with the time 13:36 and date 28-05-2020.





You are viewing Sujatha Devi's screen

View Options

Participants (3)

- Nivedhitha Marai... (Host, me)
- SD Sujatha Devi
- DJ Dr. Jagannatha GV

Recording...

File Edit View Window Help

Open 2 / 6 118% Tools Fill & Sign Comment

Bookmarks

- Abstract
- Introduction
- Brush biopsy
- Toluidine blue staining
- Chemiluminescence
- Tissue Fluorescence Imaging
- Tissue Fluorescence Spectroscopy
- Conclusion
- Competing interests
- Acknowledgements
- References

tobacco smoking and infection, responsible for 43% of all cancer deaths in 2000, that is 2.7 million fatalities [2,13]. Oral cancer is among the malignancies that would best benefit from this approach. It affects an area of the body that is easy to access for clinical inspection, is preceded by long-lasting mucosal changes, and has preventable risk factors [2].

Nevertheless, most OSCC are currently detected at a late stage (III or IV) [2,4-6,14] and the overall percentage of oral cancers that are localized when diagnosed is very similar to that of colon cancers (36%), even though the mucosa of the colon requires endoscopic examination for evaluation [5].

Several studies have attempted to clarify which are the factors behind the diagnostic delay of OSCC and why figures concerning prevention and early detection of oral cancer have remained disappointingly constant over recent decades. Lack of awareness in the public of the signs, symptoms, and risk factors for oral cancer, as well as a disappointing absence of prevention and early detection by health-care providers, are both believed to be responsible for the diagnostic delay [5,14]. For example, at present time it appears that pelvic examination and Pap smears are more acceptable than looking in the mouth, a view shared by both patients and physicians, this culminating in a significant portion of early oral lesions being missed by patients and/or health care professionals [15].

or early OSCC that are reported to occur within mucosa that appears clinically normal by visual inspection alone [20]. There remains, however, little evidence to support the effectiveness of these adjunctive techniques. **The aim of this paper is to review current evidence regarding available diagnostic aids of early detection of oral cancer and provide a critical analysis of their effectiveness.**

**Brush biopsy**

The oral brush biopsy, also known as **OralCDx brush Test** system, consists of a method of collecting a trans-epithelial sample of cells from a mucosal lesion with representation of the **superficial, intermediate and parabasal/basal layers of the epithelium** [21-24]. This test was specifically designed to investigate **mucosal abnormalities** that would otherwise not be subjected to biopsy because of low-risk clinical features [21-24]. A specially designed brush is the non-lacerational device used for epithelial cell collection and samples are eventually fixed onto a glass slide, stained with a modified Papanicolaou test and analyzed microscopically via a computer-based imaging system. Results are reported as "positive" or "atypical" when cellular morphology is highly suspicious for epithelial dysplasia or carcinoma or when abnormal epithelial changes are of uncertain diagnostic significance respectively. Results are defined as negative when no abnormalities can be found. **The test is considered an intermediate diagnostic step as a scalpel biopsy must follow when an abnormal result is (atypical or positive).**

Share (Alt+S)

Pause/Stop Recording Reactions

End Invite Mute All

13:37 28-05-2020

## **DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

### **e-DISCUSSION FOR POSTGRADUATES**

Date: 29-05-2020

**Session I: 10-45am-12pm**

**Faculty:** Dr. Jagannatha G.V  
Dr. Cyril Benedict

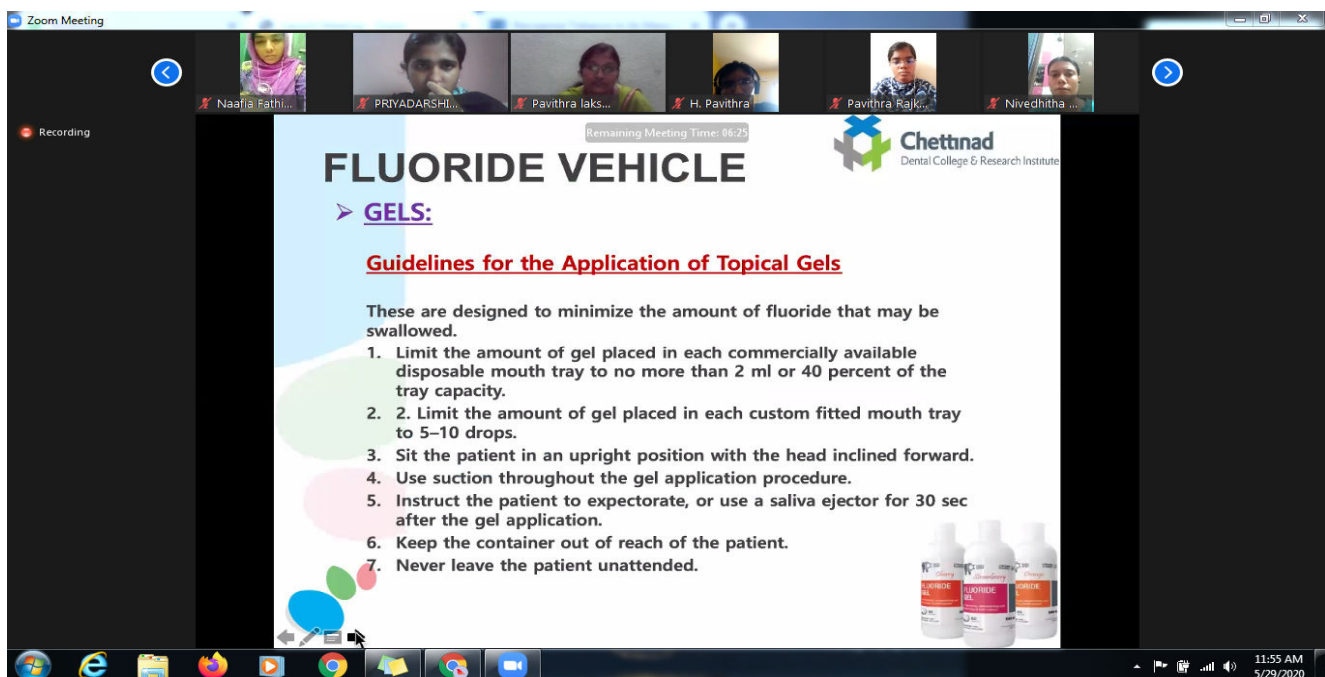
**PG Students:** Dr. Sujatha Devi  
Dr. Niveditha

**Total No of PG Students:** 2/2

**Discussion topic: Topical fluoride**

#### **Summary:**

A brief discussion about the effects of systemic fluoride and topical fluoride application was done. The mechanism by which topical fluorides act to prevent caries was briefed about. The effect of fluoride during the pre-eruptive and post-eruptive stages of tooth was explained. A brief about the process of remineralization, demineralization, critical pH was given. The various types of topical fluoride, its frequency of application, its mechanism of action, advantages and disadvantages were explained.



Zoom Meeting

Recording

Remaining Meeting Time: 06:25

## FLUORIDE VEHICLE

➤ **GELS:**

### **Guidelines for the Application of Topical Gels**

These are designed to minimize the amount of fluoride that may be swallowed.

1. Limit the amount of gel placed in each commercially available disposable mouth tray to no more than 2 ml or 40 percent of the tray capacity.
2. Limit the amount of gel placed in each custom fitted mouth tray to 5-10 drops.
3. Sit the patient in an upright position with the head inclined forward.
4. Use suction throughout the gel application procedure.
5. Instruct the patient to expectorate, or use a saliva ejector for 30 sec after the gel application.
6. Keep the container out of reach of the patient.
7. Never leave the patient unattended.

Chettinad  
Dental College & Research Institute

11:55 AM  
5/29/2020

Zoom Meeting

Recording

Chettinad Dental College & Research Institute

**Demineralization + F**  
pH<5.5; pH>4.5

The diagram illustrates the process of demineralization and remineralization of a tooth. A central tooth shape is shown with 'Hydroxy Apatite' (Ca<sub>10</sub>(PO<sub>4</sub>)<sub>6</sub>OH<sub>2</sub>) and 'Fluorapatite' (Ca<sub>10</sub>(PO<sub>4</sub>)<sub>6</sub>F<sub>2</sub>) labels. Arrows indicate the movement of ions: Ca<sup>2+</sup> and PO<sub>4</sub><sup>3-</sup> move out of the tooth into the saliva during demineralization (pH < 5.5), while Ca<sup>2+</sup> and F<sup>-</sup> move into the tooth during remineralization (pH > 4.5). Sucrose is broken down into Glucose and Fructose, which are then converted to Acid (H<sup>+</sup>). The acid reacts with the tooth's surface, releasing Ca<sup>2+</sup> and PO<sub>4</sub><sup>3-</sup> into the saliva. Fluoride (F<sup>-</sup>) from saliva can form Fluorapatite on the tooth surface. A biofilm is also shown on the tooth surface.

Saliva

Biofilm

Tooth

11:28 AM  
5/29/2020

Zoom Meeting

Recording

Participants (16)

Find a participant

- Sujatha Devi (Me)
- Pavithra lakshmi N (Host)
- Dr. Jagannatha GV
- Pavithra RathinaSwamy
- Prasanth
- H. Pavithra
- Naafia Fathima
- Namarrathaa Sre
- Nawin subhaganes
- Neha Naomi
- Nehrthika Kumaresan
- Nivedhitha Maraimalai
- Padmajaa Krishnan
- Pavithra Rajkumar

Invite Unmute Me Raise Hand

11:34 AM  
5/29/2020

Zoom Meeting

Recording

Participants (17)

Find a participant

Sujatha Devi (Me)

PL Pavithra lakshmi N (Host)

DJ Dr. Jagannatha GV

P Prasanth

DB Dr. Cyril Benedict

H. Pavithra

NF Naafia Fathima

Namarrathaa Sre

Nawin subhaganesh

NN Neha Naomi

Nehrhika Kumaresan

Nivedhitha Maraimalai

PK Padmajaa Krishnan

PR Pavithra Rajkumar

Invite Unmute Me Raise Hand

Chettinad Dental College & Research Institute

**Period Of Enamel Maturation** - At the time of tooth eruption, the enamel is not yet completely calcified and undergoes a post-eruptive period for 2-3 years

During this period **fluoride**, as well as other elements, continue to accumulate in the **superficial portions of enamel**

Fluoride is derived from - **saliva, food, water**

Most of **fluoride incorporation** into enamel occurs during the **pre-eruptive period** (by systemic fluoride) and the **post-eruptive period** of enamel maturation

Application of **topical fluorides** immediately after eruption hastens fluoride uptake and makes enamel **more resistant to dental caries**.

11:05 AM 5/29/2020

Zoom Meeting

Recording

Participants (17)

Find a participant

Sujatha Devi (Me)

PL Pavithra lakshmi N (Host)

DJ Dr. Jagannatha GV

NN Neha Naomi

DB Dr. Cyril Benedict

H. Pavithra

NF Naafia Fathima

Namarrathaa Sre

Nawin subhaganesh

Nehrhika Kumaresan

Nivedhitha Maraimalai

PK Padmajaa Krishnan

PR Pavithra Rajkumar

Pavithra RathinaSwamy

Invite Unmute Me Raise Hand

Chettinad Dental College & Research Institute

**RATIONALE**

Water fluoridation is the most **effective, efficient and economical** measure for the prevention of dental caries.

Fluoridated water is **available to only a few percent of the population**, hence alternative methods for the fluoride therapy is required.

11:03 AM 5/29/2020



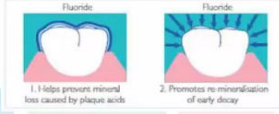
Zoom Meeting

Recording

**INTRODUCTION**

**Topical Fluoride Therapy:** the use of systems containing **relatively large concentrations** of fluoride that are applied **locally, or topically**, to **erupted tooth surfaces** to prevent the formation of dental caries.

Use of fluoride rinses, dentifrices, pastes, gels, and solutions applied in various manners.



Participants (16)

Find a participant

- Sujatha Devi (Me)
- PL Pavithra lakshmi N (Host)
- DJ Dr. Jagannatha GV
- DB Dr. Cyril Benedict
- H. Pavithra
- NF Naafia Fathima
- Namarrathaa Sre
- Nawin subhaganesh
- NN Neha Naomi
- Nehrthika Kumaresan
- Nivedhitha Maraimalai
- PK Padmajaa Krishnan
- PR Pavithra Rajkumar
- Pavithra RathinaSwamy

10:55 AM 5/29/2020

Zoom Meeting 40-Minutes

You are viewing Dr. Jagannatha GV's screen

View Options

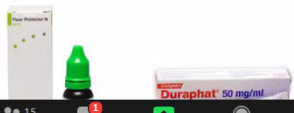
Less than 1 minute

There are two types of fluoride varnish:

- Duraphat [NaF]:** It was first fluoride varnish to be tested. It contains 2.26 percent NaF or 22.6 mgF/ml. It is a viscous, resinous lacquer which should be applied to dry, clean tooth. Duraphat hardens into a yellowish brown coating in the presence of saliva.
- Fluor protector [Silane fluoride]:** It was developed in 1970. It contains Silane fluoride 0.7 percent [7000 ppm fluoride] in polyurethane—based lacquer. Fluor protector leaves a clear transparent film on the teeth.

**Recommended Dosage**

A total of 0.3–0.5 ml of varnish is required to cover the full dentition. 0.5 ml Duraphat contains 11.3 mgF and 0.5 ml of Fluor protector contains 3.1 mgF.



Participants 15

Chat

Share Screen

Record

Reactions

Leave

12:01 PM 5/29/2020



## DEPARTMENT OF PUBLIC HEALTH DENTISTRY

### e-DISCUSSION FOR POSTGRADUATES

Date:29.05.2020

**Session II: 1:15pm-2:20pm**

**Faculty:** Dr. Jagannatha G.V

**PG Students:** Dr. Sujatha Devi  
Dr. Nivedhitha

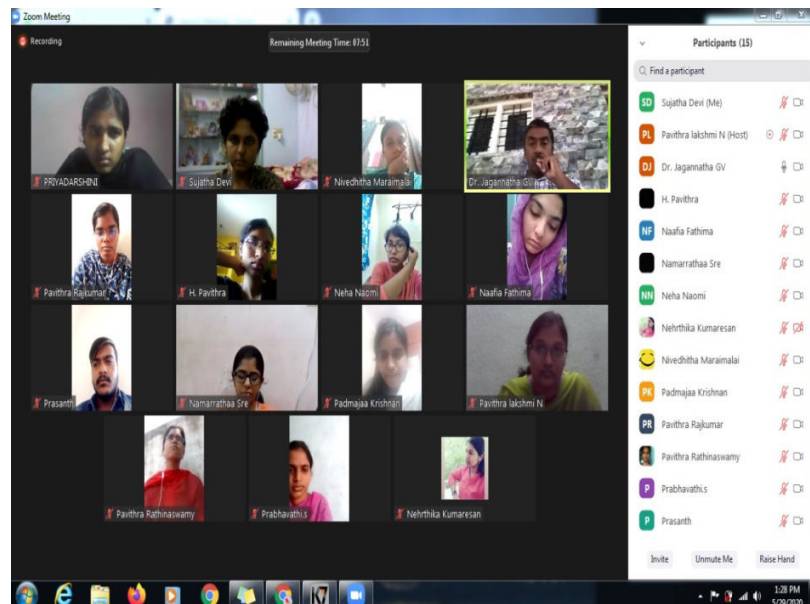
**Total No of PG Students:** 2/2

**Total No.of Final Years:**12

**Discussion topic:**Topical Fluorides-II

#### **Summary:**

Various professionally applied topical fluoride agents were discussed. Video demonstration on APF gel application was given. Quiz on 'Topical Fluorides' was conducted. Discussion regarding the events for 'Anti-Tobacco Day' was done



1:28
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•
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1:28
SSG
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4G
HD

Close

Participants (15)

Q Search

😊 Nivedhitha Maraimalai (me)

PL Pavithra lakshmi N (host)

DJ Dr. Jagannatha GV

H. Pavithra

NF Naafia Fathima

Namarrathaa Sre

NN Neha Naomi

Nehrthika Kumaresan

PK Padmajaa Krishnan

PR Pavithra Rajkumar

Pavithra Rathinaswamy

Invite

Close

Participants (15)

NF Naafia Fathima

Namarrathaa Sre

NN Neha Naomi

Nehrthika Kumaresan

PK Padmajaa Krishnan

PR Pavithra Rajkumar

Pavithra Rathinaswamy

P Prabhavathi.s

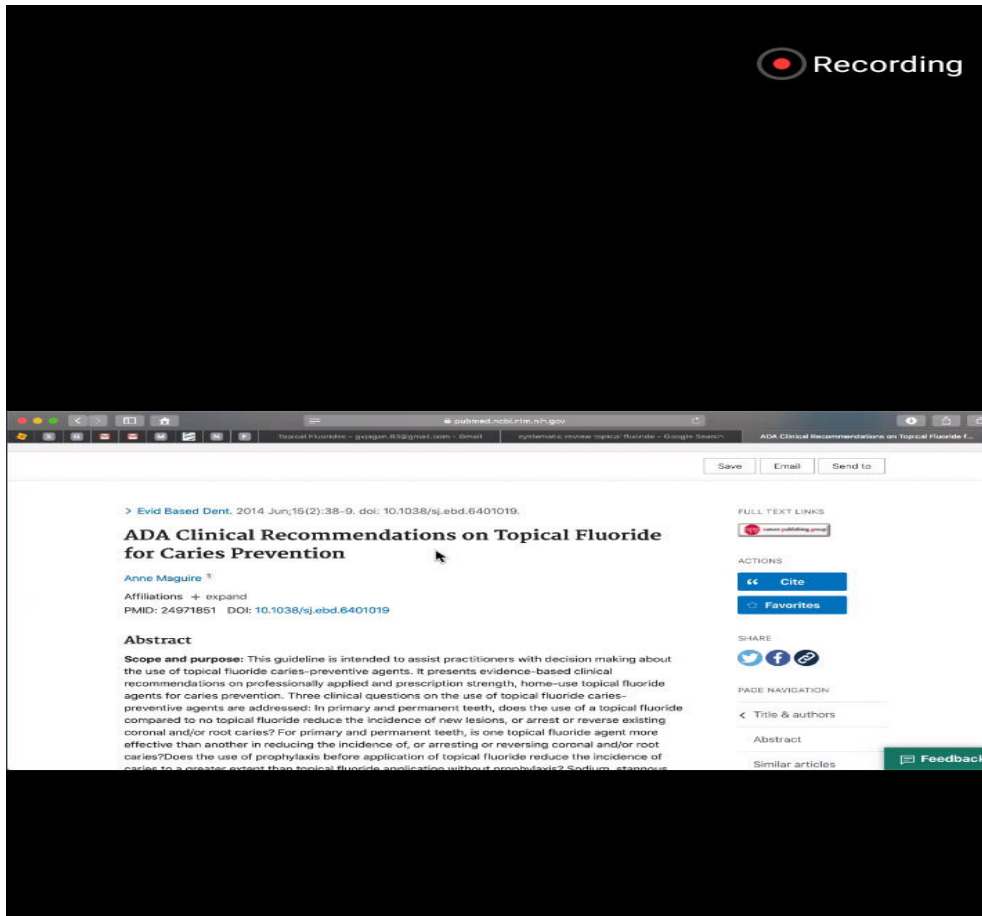
P Prasanth

P PRIYADARSHINI

SD Sujatha Devi

Invite

 Recording



The screenshot shows a web browser window with the URL [pubmed.ncbi.nlm.nih.gov](http://pubmed.ncbi.nlm.nih.gov). The page displays the title "ADA Clinical Recommendations on Topical Fluoride for Caries Prevention" by Anne Maguire. The abstract is visible, discussing evidence-based clinical recommendations for topical fluoride caries-preventive agents. The page includes navigation links like "Save", "Email", and "Send to", as well as "Full Text Links" and "Actions" (Cite, Favorites). The abstract text is partially obscured by a black bar at the bottom of the screenshot.

> Evid Based Dent. 2014 Jun;16(2):38-9. doi: 10.1038/sj.ebd.6401019.

### ADA Clinical Recommendations on Topical Fluoride for Caries Prevention

Anne Maguire <sup>1</sup>

Affiliations + expand  
PMID: 24971851 DOI: 10.1038/sj.ebd.6401019

#### Abstract

**Scope and purpose:** This guideline is intended to assist practitioners with decision making about the use of topical fluoride caries-preventive agents. It presents evidence-based clinical recommendations on professionally applied and prescription strength, home-use topical fluoride agents for caries prevention. Three clinical questions on the use of topical fluoride caries-preventive agents are addressed: In primary and permanent teeth, does the use of a topical fluoride compared to no topical fluoride reduce the incidence of new lesions, or arrest or reverse existing coronal and/or root caries? For primary and permanent teeth, is one topical fluoride agent more effective than another in reducing the incidence of, or arresting or reversing coronal and/or root caries? Does the use of prophylaxis before application of topical fluoride reduce the incidence of caries to a greater extent than topical fluoride application without prophylaxis? Sodium fluoride...

FULL TEXT LINKS  
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**DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

**e-DISCUSSION FOR POSTGRADUATES**

Date:29.05.2020

**Session III: 5:30pm-6:20pm**

**Faculty: Dr. Jagannatha G.V**

**PG Students: Dr. Sujatha Devi  
Dr. Nivedhitha**

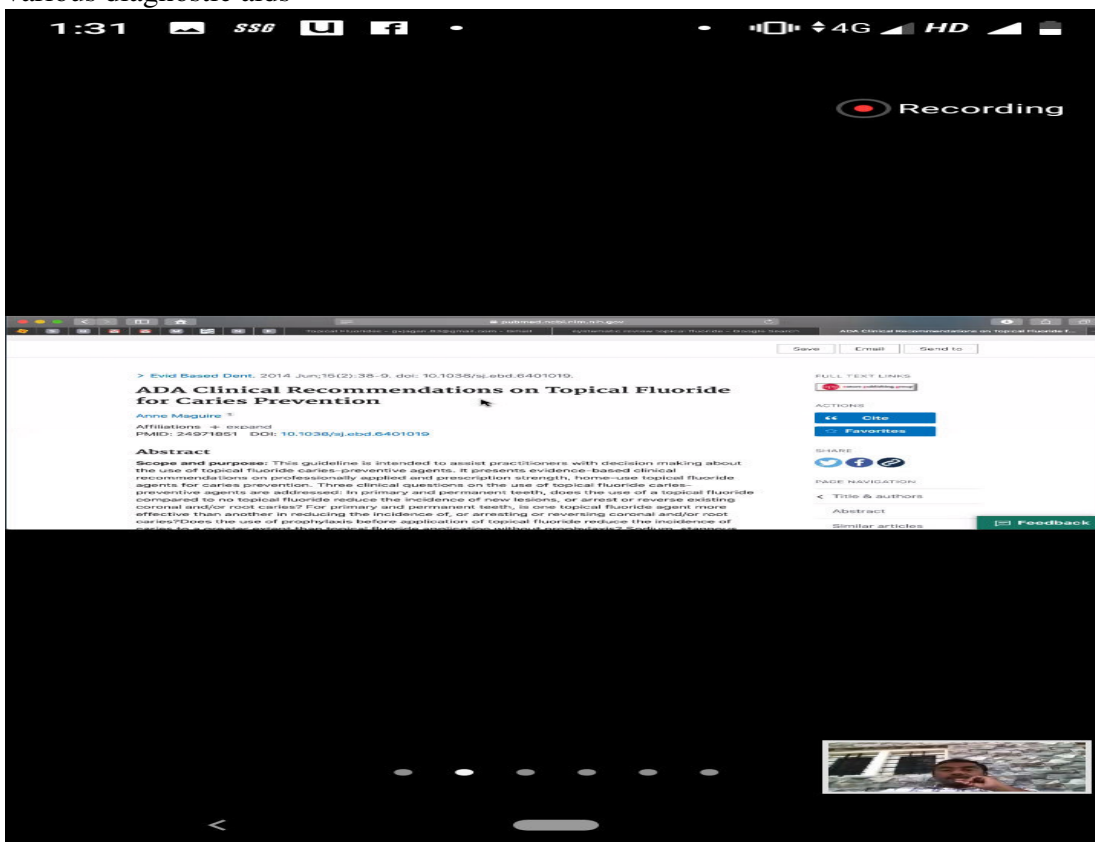
**Total No of PG Students: 2/2**

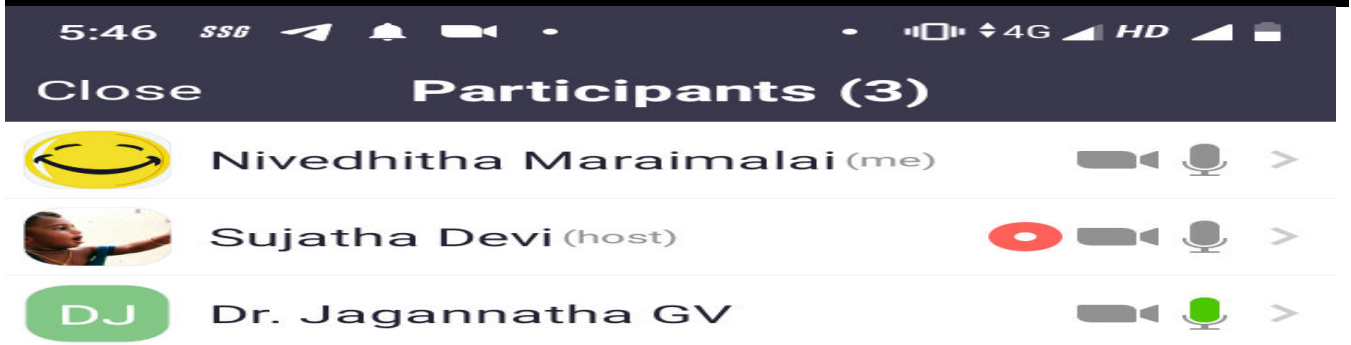
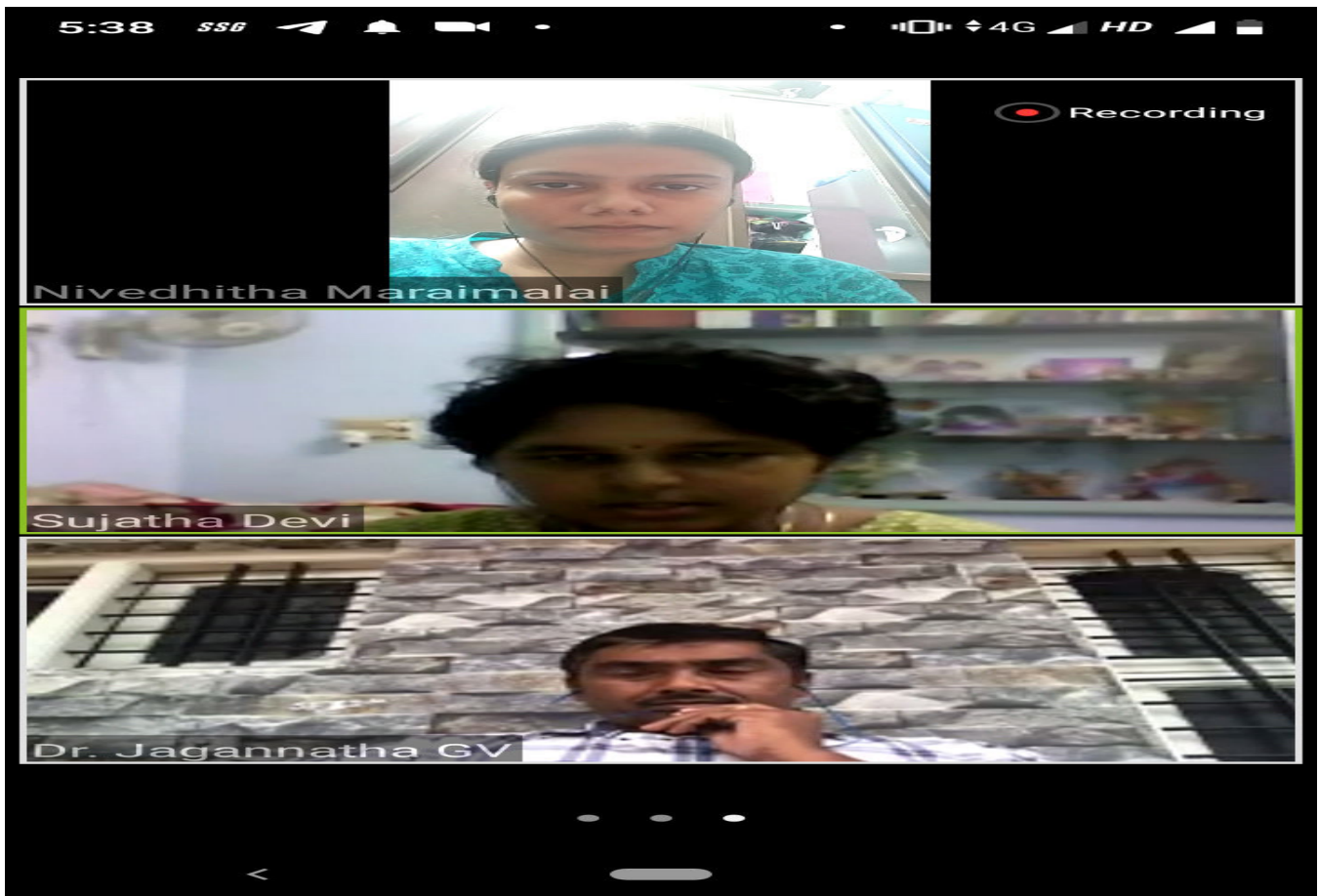
**Discussion topic:(i) Recap of Session 1 & 2**

**(ii)Critical evaluation of Diagnostic aids for the detection of Oral cancer**

**Summary:**

A short recap about the topical fluorides discussed in session-1 and 2 was done. Article,'Mark W. Lingen et al,Critical evaluation of diagnostic aids for the detection of oral cancer,Oral Oncology (2007) ' (doi:10.1016/j.oraloncology.2007.06.011) was discussed. The postgraduates were asked to refer articles on various diagnostic aids







**DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

**e-DISCUSSION FOR POSTGRADUATES**

Date:30.05.2020

**Session I: 10:45 AM-11:30 AM**

**Faculty:** Dr. Jagannatha G.V  
Dr. RanjithKannan

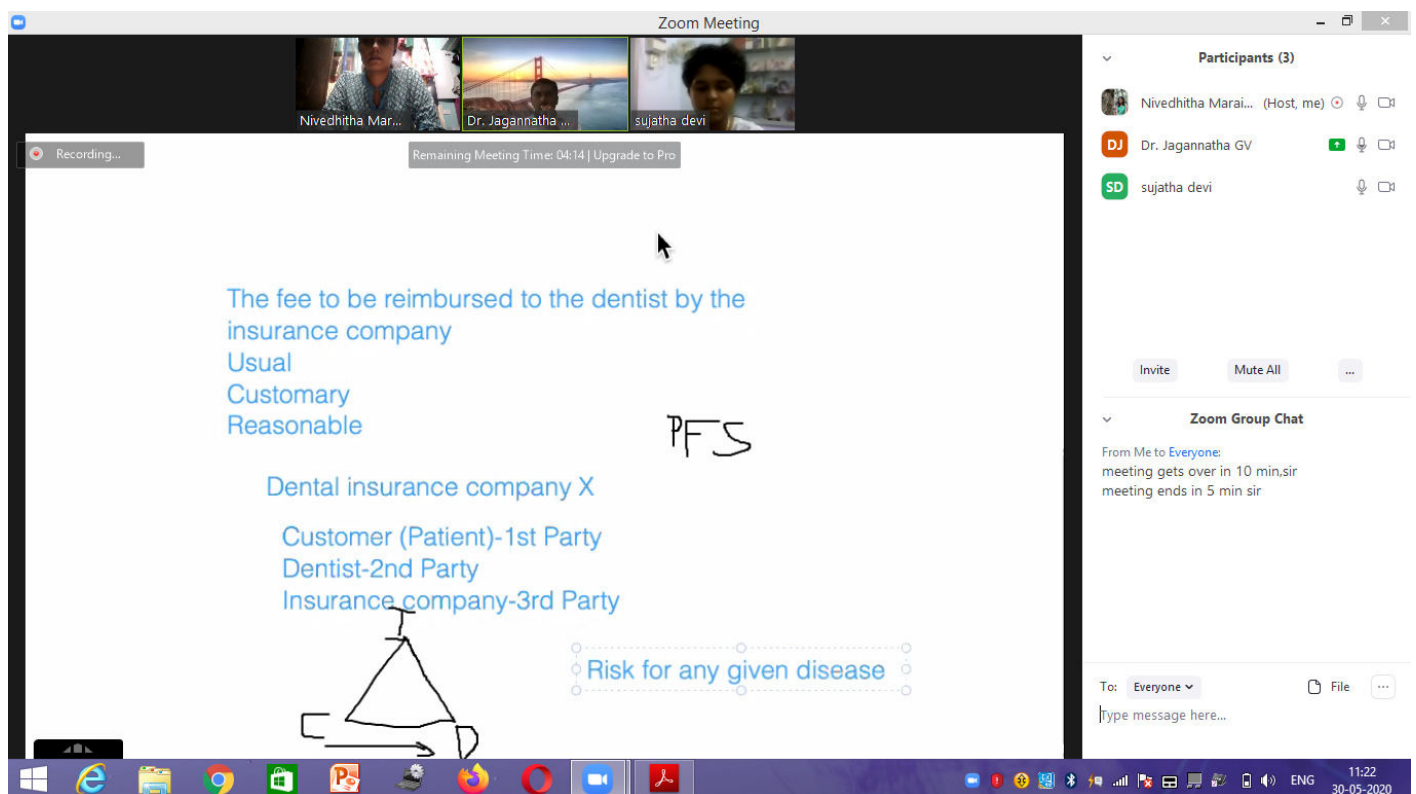
**PG Students:** Dr. Sujatha Devi  
Dr. NivedhithaS

**Total No of PG Students:** 2/2

**Discussion topic:**Finance in Dentistry-1

**Summary:**

The post graduates were asked about the topics which they wanted to be discussed. Discussion on “Finance in Dentistry” was conducted. Topics like 1<sup>st</sup>, 2<sup>nd</sup> and 3rd party, Private fee for service, Principles of Health insurance were discussed



The screenshot shows a Zoom meeting window. At the top, there are three video thumbnails of participants: Nivedhitha Marai..., Dr. Jagannatha G.V, and sujatha devi. Below the thumbnails, a status bar indicates "Recording..." and "Remaining Meeting Time: 04:14 | Upgrade to Pro". The main area of the window displays a presentation slide with the following text:

- The fee to be reimbursed to the dentist by the insurance company
- Usual
- Customary
- Reasonable

Handwritten text "PFS" is visible next to the list. Below the list, there is a diagram showing a triangle with vertices labeled "Dental insurance company X", "Customer (Patient)-1st Party", "Dentist-2nd Party", and "Insurance company-3rd Party". A dashed box labeled "Risk for any given disease" is positioned to the right of the triangle. The Zoom Group Chat on the right side of the window shows a message from the host: "From Me to Everyone: meeting gets over in 10 min, sir meeting ends in 5 min sir". The bottom of the window shows the Windows taskbar with various application icons and the system clock indicating 11:22 on 30-05-2020.

Zoom Meeting

Recording...

Nivedhitha Mar... Dr. Ranjith Ka... Dr. Jagannatha ... Home

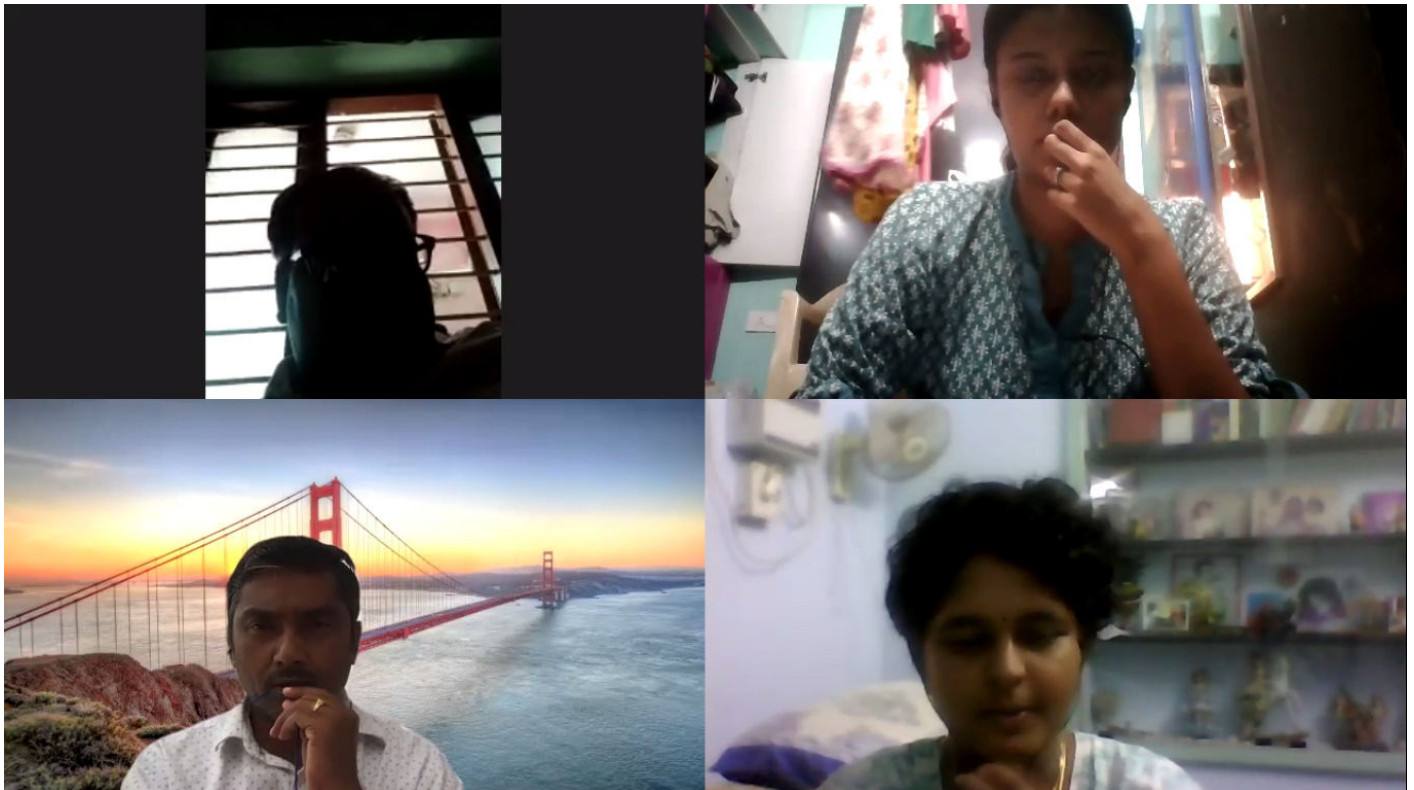
The fee to be reimbursed to the dentist by the insurance company

- Usual
- Customary
- Reasonable

Dental insurance company X

- Customer (Patient)-1st Party
- Dentist-2nd Part
- Insurance company

11:00 30-04-2020



**DEPARTMENT OF PUBLIC HEALTH DENTISTRY**

**e-DISCUSSION FOR POSTGRADUATES**

Date:30-05-2020

**Session II: 1.15 pm to 2.30 pm**

**Faculty:** Dr. Jagannatha G.V

**PG Students:** Dr.Sujatha Devi  
Dr.Niveditha

**Total No of PG Students:** 2/2

**Discussion topic: Dental Finances**

**Summary:**

A brief introduction about the out of pocket payment methods like copayment, deductible and coinsurance was explained. The concept, usage and the implications of copayment, deductible and coinsurance were explained with examples. The ideas of network, out of network were explained. The difference between participating dentist and non participating dentists was briefed about. The major types of insurance like motor insurance, general insurance, health insurance and term insurance was briefed about. The students were asked to findout about the various health insurance companies in India, the plans rendered, limitations and benefits to get a better idea about insurances.

Zoom Meeting

Recording...

nerdwallet.com

## terms

Before you understand how it all works together, let's brush up on some common health insurance terms.

**Premium:** A monthly payment you make to have health insurance. Like a gym membership, you pay the premium each month, even if you don't use it, or else lose coverage. If you're fortunate enough to have employer-provided insurance, the company typically picks up part of the premium.

**Copay:** A predetermined rate you pay for health care services at the time of care. For example, you may have a \$25 copay every time you see your primary care physician, a \$10 copay for each monthly medication and a \$250 copay for an emergency room visit.

**Deductible:** The deductible is how much you pay before your health insurance starts to cover a larger portion of your bills. In general, if you have a \$1,000 deductible, you must pay \$1,000 for your own care out-of-pocket before your insurer starts covering a higher portion of costs. The deductible resets yearly.

**Coinsurance:** Coinsurance is a percentage of a medical charge that you pay, with the rest paid by your health insurance plan, that typically applies after your deductible has been met. For example, if you have a 20% coinsurance, you pay 20% of each medical bill, and your health insurance will cover 80%.

**Out-of-pocket maximum:** The most you could have to pay in one year, out of pocket, for your health care before your insurance covers 100% of the bill. Here

Health Plan

Health Insurers Ease Rules for Harvey Victims

Here's the Penalty for Not Having Health Insurance

173

1:31 PM 5/30/2020

Zoom Meeting

Recording...

Participants (3)

- Sujatha Devi (Host, me)
- Niveditha Maraimalai
- Dr. Jagannatha GV

Dr. Jagannatha GV

Sujatha Devi

Niveditha Maraimalai

1:24 PM 5/30/2020

Zoom Meeting

Recording...

nerdwallet.com

doctors, clinics and hospitals — those within your health plan's provider network. If you use an out-of-network doctor, you could be on the hook for the entire bill, depending on which type of policy you have. This brings us to three new, related definitions to understand:

**Network:** The group of doctors and providers who agree to accept your health insurance. Health insurers negotiate lower rates for care with the doctors, hospitals and clinics that are in their networks.

**Out-of-network:** A provider your insurance plan has not negotiated a discounted rate with. If you get care from an out-of-network provider, you may have to pay the entire bill yourself, or just a portion, as indicated in your insurance policy summary.

**In-network:** A provider who has agreed to work with your insurance plan. When you go in-network, your bills will typically be cheaper, and the costs will count toward your deductible and out-of-pocket maximum.

## Calculating out-of-pocket health costs

Windows taskbar: 2:05 PM 5/30/2020

Zoom Meeting

Recording...

cigna.com

Home > Individuals and Families > Understanding Insurance > Copays, Deductibles and Coinsurance

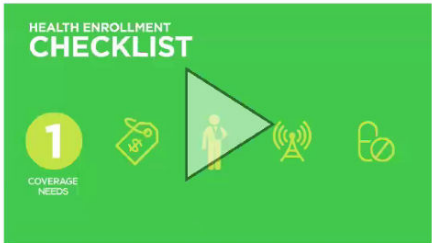
[View Cigna Company Names](#)

## Copays, Deductibles and Coinsurance

How do out-of-pocket costs work?

HEALTH ENROLLMENT CHECKLIST

1 COVERAGE NEEDS



Understanding health care can be confusing. That's why it's helpful to know the

Windows taskbar: 2:04 PM 5/30/2020



Zoom Meeting

Recording...

Sujatha Devi Dr. Jagannatha Nivedhitha Mar...

At 45 years Mr. X bought a HI policy whose tenure is up to 75 years

At age 66 Mr. Y needs to buy an HI policy from Insurance Comp T

2:02 PM 5/30/2020

Zoom Meeting 40-Minutes

You are viewing Dr. Jagannatha GV's screen

View Options

Recording...

Remaining Meeting Time: 07:39 | Upgrade to Pro

coinsurance?

Use this chart to compare copays and coinsurance to better understand the differences.

Copays	Coinsurance
Paid each time you visit your doctor, or fill a prescription	Paid for services and medicines if you've met your deductible
Fixed dollar amount	Actual dollar amount varies; you pay a percentage of the total cost of covered services
Counts toward your deductible (in some cases)	Is paid after you meet your deductible
Paid at the time of service	Billed by the provider who you will pay directly. You'll also receive an Explanation of Benefits (EOB) from your health plan explaining what charges you are responsible for.

Feedback

Mute Stop Video Security Participants Chat Share Screen Pause/Stop Recording Reactions

1:50 PM 5/30/2020