



# **TATYASAHEB KORE DENTAL COLLEGE AND RESEARCH CENTRE**

**NEW PARGAON – 416 113**

**Tal.: Hatkanangale Dist.:Kolhapur (Maharashtra State)**

## **National Dental Commission**

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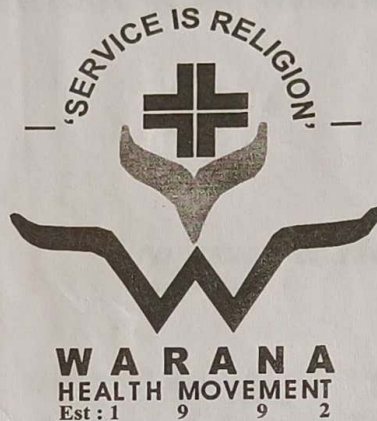
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*Mahatma Gandhi Charitable Medical Trust, Warananagar*

**TATYASAHEB KORE DENTAL COLLEGE & RESEARCH CENTRE,  
NEW PARGAON**

**RECOGNISED BY DENTAL COUNCIL OF INDIA, NEW DELHI**

**AFFILIATED TO MAHARASHTRA UNIVERSITY OF  
HEALTH SCIENCES, NASHIK**



**DEPARTMENT OF PERIODONTICS**

**CLINICAL WORK RECORD BOOK**

NAME PALAK JATICHAND VERMA

CLASS IV B.D.S ROLL NO. 55

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# DEPARTMENT OF PERIODONTICS

# CERTIFICATE

This is to certify that this is a bonafide clinical work done in the Department of Periodontics by Mr./ Miss PALAK JATCHAND VERMA \_\_\_\_\_ Reg. No. 516821 student of IV B. D. S. in the year 2023-2024 as prescribed by the Maharashtra University of Health Sciences, Nashik.

  
*Professor & Head of the Department*

Place : T.K.D.C & R.C; New Pargaon

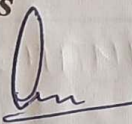
Date : 19-11-2024

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TATYASAHEB KORE DENTAL COLLEGE &  
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*Signature of the Examiners*

  
*Signature of the Staff Incharge*

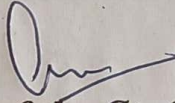
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## INTRODUCTION

### 1. **Periodontium** - Peri-around; odontas-tooth.

It is dynamic structure composed of the tissues supporting and investing the teeth which comprises of four principal components: Gingiva, Periodontal ligament, cementum and alveolar process.

### 2. **Periodontology**

Periodontology is a scientific study of periodontium in health and disease.

### 3. **Periodontics**

The clinical science that deals with periodontium in health & disease is called periodontology, the practice of which is periodontics.

### 4. **Gingiva**

The gingiva is the part of the oral mucosa that covers the alveolar processes of the jaws and surrounds the neck of the teeth.

### 5. **Cementum**

Cementum is a calcified, avascular mesenchymal tissue that forms the outer covering of the anatomic root.

### 6. **Periodontal ligament**

It is a specialized fibrous connective tissue that surrounds and attaches the roots of the teeth to the alveolar bone. It is referred to as 'periodontal ligament'.

### 7. **Alveolar process**

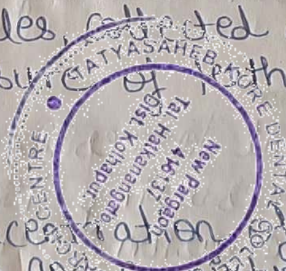
The alveolar process is the portion of maxilla & mandible that forms & supports the tooth sockets (alveoli).

### 8. **Oral debris**

Loose food particles, situated above cervical third and proximal embrasure of tooth.

### 9. **Materia alba**

Materia alba is a concentration of microorganisms, desquamated epithelial cells, leukocytes and digested products of salivary gland proteins & lipids, with few or no food particles, & it lacks the regular internal pattern observed in plaque.



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#### 10. Stains

Pigmented deposits on the tooth surface are called stains.

#### 11. Plaque

Dental plaque is defined clinically as a structural, resilient, grayish yellow substance that adheres tenaciously to the intra-oral hard surfaces, including removable and fixed restoration.

#### 12. Calculus

Calculus consists of mineralised bacterial plaque that forms on the surfaces of natural teeth and dental prostheses.

#### 13. Periodontal Pockets

The periodontal pockets is defined as the pathologically deepened gingival sulcus.

#### 14. Gingival recession

Recession is the exposure of the root surface by an apical shift in the position of gingiva.

#### 15. Clinical attachment loss

It is a distance between base of pocket (gingival sulcus) and point on crown i.e. CEJ. It occurs when gingiva is located apical to CEJ.

#### 16. Furcation involvement

Furcation involvement refers to the invasion of bifurcation & trifurcation of multirrooted teeth by periodontal disease.

#### 17. Food impaction

Food impaction is the forceful wedging of the food into the periodontium by occlusal forces.

#### 18. Trauma from occlusion

When occlusal forces exceed the adaptive capacity of the tissues, resulting tissue injury is known as trauma from occlusion.

#### 19. Pathologic tooth migration

Pathologic migration refers tooth displacement that results when the balance among the factors that maintain physiologic tooth position is disturbed by periodontal disease.

#### 20. Osseous defects

Different types of bone deformities resulting from periodontal disease is known as osseous defects.

#### 21. Hypersensitivity

Pain occurring from exposed dentin typically in response to chemical, mechanical or osmotic stimuli, this pain can't be explained or arising from any other form of dental defect.

#### 22. Attrition

Attrition is occlusal wear resulting from functional contacts with opposing teeth.

#### 23. Abrasion

Abrasion refers to the loss of tooth substance induced by mechanical wear other than that of mastication.

#### 24. Erosion

Erosion is a sharply defined, wedge-shaped depression in the cervical area of the facial tooth surface. It is also known as corrosion.

#### 25. Risk

The likelihood that a person will get a disease in a specified time period is called risk. It further includes risk factors and risk assessment.

#### 26. Diagnosis

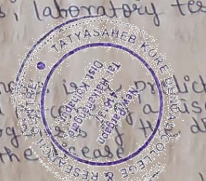
Identifying disease from an evaluation of history, signs, symptoms, laboratory tests & procedures.

#### 27. Prognosis

The prognosis is prediction of the probable course, duration and or the pathogenesis of the disease based on general knowledge and the prognosis factors for the disease.

#### 28. Periodontitis

Periodontitis is defined as an inflammatory disease of the supporting tissues of the teeth.



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**29. Chronic periodontitis**

Chronic periodontitis has been defined as a recurrent disease resulting in inflammation within the supporting tissues of teeth, progressive attachment loss and bone loss.

**30. Aggressive periodontitis**

It is periodontal destruction that becomes clinically significant around adolescence or early adulthood.

**31. Periodontal abscess**

A periodontal abscess is a localized accumulation of pus within the gingival wall of the periodontal pocket and may result in destruction of periodontal ligament and alveolar bone.

**32. Pericoronitis**

The term pericoronitis refers to inflammation of the gingiva in relation to the crown of an incompletely erupted tooth.

**33. Treatment plan**

It is the blue print for case management. It includes all procedures required for the reestablishment & maintenance of oral health.

**34. Plaque control**

Plaque control is the regular removal of dental plaque and the prevention of its accumulation on the teeth and adjacent gingival surfaces.

**35. Disclosing agents**

Disclosing agents are solutions or wafers capable of staining bacterial deposits on the surfaces of teeth, tongue and gingiva.

**36. Oral prophylaxis**

Removal of plaque, calculus and staining from exposed and unexposed surfaces of teeth by scaling as a preventive measure for control of local irritation.

**37. Oral physiotherapy**

Removal of bacterial plaque with brushes and dental floss or other special instruments and also for maintenance of oral medicine.

**38. Antimicrobials**

Chemotherapeutic agents that work by reduction in bacterial number.

**39. Scaling**

Scaling is the process by which <sup>biofilm</sup> plaque and calculus are removed from both supragingival and subgingival tooth surfaces.

**40. Root planing**

Root planing is the process by which residual embedded calculus and portions of cementum are removed from the roots to produce a smooth, hard, clean surface.

**41. Coronoplasty**

It is meticulous process by which residual embedded calculus & portions, altering size and shape of teeth & resulting tooth surface for perfect.

**42. Curettage**

Curettage means the scrapping of the gingival wall of the periodontal pocket of the separate diseased soft tissue.

**43. Gingivectomy**

Gingivectomy means excision of gingiva by removing the pocket wall which provides visibility and accessibility for complete calculus removal & through smoothing of the roots.

**44. Gingivoplasty**

Gingivoplasty is a reshaping of the gingiva to create physiologic gingival contours, with the sole purpose of recountouring the gingiva is absence of the pockets.

**45. Periodontal flap**

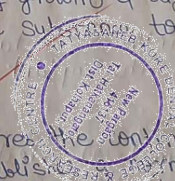
A periodontal flap is a section of gingiva or mucosa surgically separated from the underlying tissues to provide visibility & access to the bone & root surface.

**46. Regeneration**

Regeneration is the natural process of renewal of a structure produced by growth & differentiation of new cells & intercellular substance to form a new tissue or part.

**47. Repair**

Simply restores the continuity of gingiva & reestablishes normal gingival architecture at the same level of the root as the base of pre-existing periodontal pocket.



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**48. Reattachment**  
Repair in area of root not previously covered as after surgical detachment of tissues or tears in the cementum, total fracture or the treatment of periodontal lesion.

**49. New attachment**  
It is the embedding of new periodontal ligament fibres into new cementum & the attachment of the gingival epithelium to a tooth surface previously denoted by the disease.

**50. Resective Osseous surgery**  
It may be defined as the procedure by which changes in the alveolar bone can be accompanied by to get rid of determines induced by periodontal disease process or other related factors.

**51. Osteotomy**  
The removal of tooth supporting bone is known as osteotomy.

**52. Osteoplasty**  
Osteoplasty refers to reshaping the bone without removing tooth supporting bone.

**53. Mucogingival surgery**  
It is defined as the surgical procedures performed to correct or eliminate anatomic, developmental or traumatic deformities of the gingiva or alveolar mucosa.

**54. Periodontal plastic surgery**  
It is defined as periodontal surgical procedure designed to correct defect in morphological position & amount of gingiva.

**55. Dental Implants**  
An alloplastic material or device that is generally placed into oral cavity beneath the mucosal or periosteal layer or within the bone for functional, therapeutic & esthetic purposes.

**56. Osseointegration**  
It is when bone is in intimate contact but not ultra-structural or contact with implant.

**57. Supportive periodontal therapy (SPT)**  
It is procedure performed at selected intervals to assist the periodontal patient in maintaining oral health.

## INSTRUMENTATION

### 1. CLASSIFICATION OF PERIODONTAL INSTRUMENTS

### 2. PRINCIPLES OF PERIODONTAL INSTRUMENTATION

### 3. PLAQUE CONTROL

- a. Mechanical
- b. Chemical

### CLASSIFICATION OF PERIODONTAL INSTRUMENTS

- The re-establishment & maintenance of periodontal health are main objectives of periodontal treatment.
- Local factors such as plaque & calculus are major factors for periodontal disease progression.
- Periodontal instruments are designed to remove local factors & obtain clean tooth & root surface.

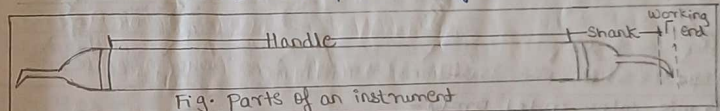


Fig. Parts of an instrument

### CLASSIFICATION

**Diagnostic**

- Periodontal probe
- Mouth mirror
- Tweezer
- Explorer

**Scaling, root planing and curettage instruments**

- Sickle scalers
- Curettes
- Hoe
- Chisel
- File
- Wire
- Ultrasonic scaler

Periodontal Endoscope

**Cleansing & polishing instruments**

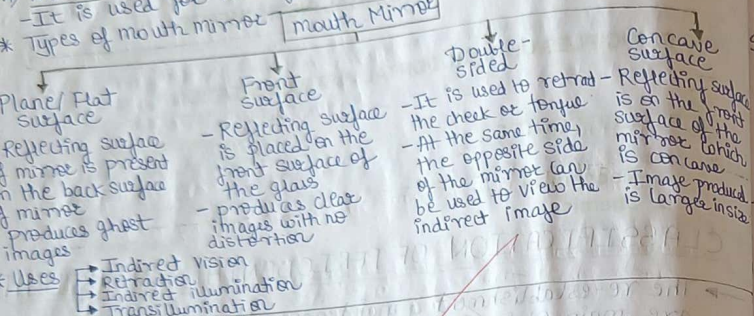
- Rubber cups
- Bristle brushes
- Dental Tape

**Surgical**

- Excisional & incisional instruments
- Periosteal elevators
- Surgical curettes
- Surgical curettes
- Scissors
- Forceps

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**Diagnostic Instruments:**  
**A) Mouth mirror -**  
 - It is used for viewing inside a patient's oral cavity

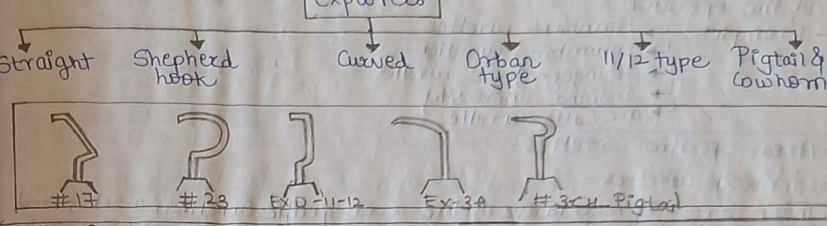


**B) Periodontal Probe -**  
 - The typical probe is a tapered, rod like instrument calibrated in mm, with blunt rounded tip  
 - It is used to accurately locate, assess & measure the sulcus & pocket depth.



- Marquis color coded probe -**  
 - The calibration are in 3mm section
- UNC-15 probe**  
 - It is 15 mm long probe with 5mm markings at each 5mm & color coding at 5mm, 10mm, 15mm
- Williams probe**  
 - It has markings at 1, 2, 3, 5, 7, 8, 9, 10 mm
- Michigan-O probe**  
 - Markings at 3, 6, 8 mm
- WHO probe**  
 - Also known as CPITN probe, which has 0.5mm ball at tip & markings at 3.5, 5.5, 8.5 & 11.5 mm
- Naber's probe**  
 - For detection of furcation with colour coding present at 3, 6, 9, 12

**C) Explorers:**  
 - It is used to locate subgingival deposits & carious areas & check smoothness of root surface after root planing.



**Scaling Instruments:**  
**A) Sickle scalers -**

- It has a flat surface & 2 cutting edges that converge in a sharply pointed
- It is used to remove supragingival calculus
- used with pull stroke
- Sickle scalers with contra-angled shank used for posterior teeth



\* Examples - U15/30, Ball, Indiana University Sickle scaler, Jacquett sickle scalers - #1, 2, 3, Montana Jack Sickle scaler, Nevi 2, 3, 4

**B) Curettes -**

- It is the instrument of choice for removing deep subgingival calculus
- root planing altered cementum & removing the soft tissue lining periodontal pocket
- Each working end has a cutting edge on both sides of blade & rounded tip
- It is finer than sickle scalers & does not have any sharp point or corners other than the cutting edges of the blade
- It provides good access to deep pockets, with minimal soft tissue
- Types :-



1) Universal Curettes :-  
 - These have cutting edges that may be inserted in these areas of dentition by altering & adapting the finger rest, fulcrum & hand position of the operator.  
 - Examples :-  
 ↳ Barnhart Curettes  
 ↳ Columbia Curettes  
 ↳ Younger-good curettes  
 ↳ Indiana University  
 ↳ McCall's Curette

2) Area-specific Curettes :-  
 @ Gracey Curettes -  
 - These are representative of the area specific curettes, a set of several instruments designed & angled to adapt to specific anatomic areas of dentition.  
 - These are best instruments for subgingival scaling & root planing because they provide the best adaptation to complex root anatomy.  
 - Double-ended Gracey Curettes are paired in following manner  
 - Gracey # 1-2 & 3-4 : Anterior teeth  
 - Gracey # 5-6 : Anterior teeth & premolar  
 - Gracey # 7-8 & 9-10 : Posterior teeth: facial & lingual surface  
 - Gracey # 11-12 : Posterior teeth: Mesial  
 - Gracey # 13-14 : Posterior teeth: Distal  
 - These are used with pull stroke  
 - Recent modifications # 15-16 & 17-18

|                    | Gracey Curette  | Universal Curette   |
|--------------------|---|---|
| Area of use        | Set of many curettes designed for specific areas & surfaces | One curette designed for all areas & surfaces                 |
| Cutting Edge - use | One cutting edge used; work with both edge only             | Both cutting edges used; work with either outer or inner edge |
| Curvature          | Curved in two planes  | Curved in one plane   |
| Blade angle        | Face of blade beveled at 60° to shank                       | Face of blade beveled 90° to shank                            |

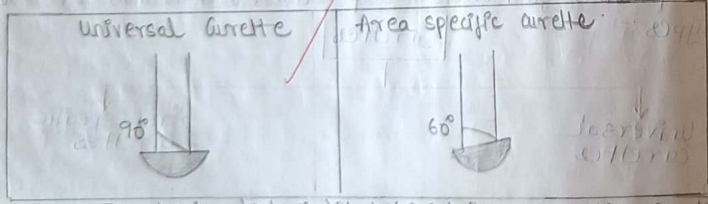


Fig. Design features for universal & area specific curette

6) Extended-Shank Curettes :-  
 - Its terminal shank is 3mm longer, allowing its extension into deeper periodontal pocket of 5mm.  
 - Its thinned blade provide :-  
 - Smoother subgingival insertion  
 - Reduced tissue distention

7) Mini Five Gracey Curettes :-  
 - The terminal shank is 3mm longer than standard Gracey & the blade is 50% shorter & 10% thinner  
 - It is used for scaling in deep narrow pockets

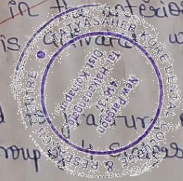
8) Micro Mini Five Gracey Curettes :-  
 - These have an extended terminal shank with 20% thinner blade as compared to mini five Gracey curettes which help in reducing tissue distention & ease in gingival insertion to access deep periodontal pockets.

9) Longer & Mini Longer Curettes :-  
 - These are a set of 3 curettes combining the shank design of standard Gracey # 5-6, 11-12 & 13-14 with a universal blade honed at 90°  
 - These instruments can be adapted to both mesial & distal tooth surfaces

3) Hee Scales  
 - These are used for scaling of ledges or rings of calculus  
 - The blade is bent at 99° angle  
 - The cutting edge is beveled at 45°  
 - It permits access to the roots without interference from adjacent tissue  
 - It is activated with firm pull stroke.

4) Chisel scales  
 - These have been designed for scaling of proximal areas & are primarily used in the anterior areas of the mouth.  
 - The instrument is activated with push motion.

5) File Scales :-  
 - These are used for scaling of proximal areas or law Pargaon, Kalhapanangli  
 - These are a group of 4 scales used for buccal, lingual, mesial & distal sites.



## Cleansing & Polishing Instruments :-

**Rubber cups:**  
• These are routinely used for polishing of the tooth surface after scaling.  
• These are made up of a rubber shell with a hollow interior.  
• A good cleansing & polishing paste that contains fluoride should be used & kept to minimize frictional heat as the cup revolves.

**Bristle brushes:**  
• These are available in wheel & cup shapes which is used with polishing paste.  
• Since the bristles are stiff, use of the brush should be confined to the crown to avoid injuring cementum & the gingiva.

**Dental Tape:**  
• Dental tape with polishing paste is used for proximal surfaces that are inaccessible to other polishing instruments.

**Air-Powder Polishing:**  
• In this process, the cleaning & polishing of the dentition are achieved by a device that mixes air & water pressure with an abrasive agent such as sodium bicarbonate powder, aluminium trihydroxide & calcium carbonate powder, to remove extrinsic stains remaining after scaling.

• It is contra-indicated in:-  
- For patients on a sodium-restricted diet  
- Patients who have a severe respiratory illness  
- On restorations like golds, composites & cements  
- Area with hypersensitivity.

## General Principles of Instrumentation

Principles of instrumentation are as follows:

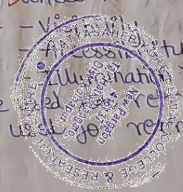
1. Accessibility: Positioning of patient & operator
2. Visibility, Illumination & Retraction
3. Condition & sharpness of instruments
4. Maintaining a clear field
5. Instrument stabilization
6. Instrument activation

### 1. Accessibility: Positioning of Patient & Operator

- It facilitates thoroughness of instrumentation
- The position of the patient & operator should provide maximal accessibility to the area of operation
- The clinicians feet are flat on the floor with the thighs parallel to the floor
- The clinician should be able to observe the field of operation while keeping the back straight & the head erect
- For instrumentation of Maxillary Arch: Patient should be asked to raise the chin slightly to provide optimal visibility and accessibility.
- For instrumentation of Mandibular Arch: Patient should be asked to lower the chin until the mandible is parallel to the floor.

### 2. Visibility, Illumination and Retraction:-

- Whenever possible, direct vision with direct illumination from the dental light is most desirable.
- If this is not possible, indirect vision may be obtained by using the mouth mirror
- Indirect illumination may be obtained by using the mirror to reflect the light to where it is needed.
- Retraction provides:-
  - Visibility
  - Illumination
  - Retraction
- The mirror may be used for retraction of the lips or tongue
- The index finger is used for retraction of the lips or tongue



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3. Condition and Sharpness of Instruments

- Before any instrumentation, all instruments should be inspected to make sure that they are clean, sterile & in good condition.
- The working ends of pointed or bladed instruments must be sharp because it enhance tactile sensitivity & allow the clinician to work more precisely & efficiently.
- Dull instruments may lead to incomplete calculus removal & unnecessary trauma because of excess force applied to increase its efficiency.

4. Maintaining a clear field:

- Despite good visibility, illumination & retraction, instrumentation can be hampered if the operative field is obscured by saliva, blood & debris.
- The pooling of saliva interferes with visibility during instrumentation & impedes control because a firm finger rest cannot be established on wet, slippery tooth surfaces.
- Adequate suction is essential & can be achieved with a saliva ejector or if working with an assistant, an operator.
- Gingival bleeding is an unavoidable consequence of subgingival instrumentation.
- In that cases, blood & debris can be removed from the operative field with suction & by wiping or blotting with gauze squares.
- The operative field should also be flushed with water.

5. Instrument Stabilization

A) Instrument Grasp

- modified pen grasp
- Standard pen grasp
- Palm & thumb grasp

- Modified pen grasp is most effective & stable grasp for all periodontal instruments.
- The thumb, index finger & middle finger are used to hold the instrument as a pen is held.

- The index finger is bent at the second joint from the fingertip and is positioned well above the middle finger on the side of the handle.

→ TRIPOD EFFECT :-

- The pad of the thumb is placed midway between the middle & index fingers on the opposite side of the handle. This creates a triangle of forces or tripod effect.
- This enhances control, because it counteracts the tendency of the instrument to turn uncontrollably between the fingers when scaling force is applied to the tooth.
- The palm & thumb grasp is useful for stabilizing instruments during sharpening.

B) FINGER REST

- A good finger rest prevents injury & lacerations of the gingiva & surrounding tissue by poorly controlled instruments.
- The fourth (ring) finger is preferred by most clinicians for the finger rest.
- Maximal control is achieved when the middle finger is kept between the instrument shank & the fourth finger.

**Finger Rests**

**Intraoral finger rests**

- 1) Conventional: Finger rest is established on tooth surfaces immediately adjacent to the working area.
- 2) Cross-arch: Finger rest is established on the other side of the same arch.
- 3) Opposite arch: Finger rest is established on the opposite arch.
- 4) Finger on finger: The finger rest is established on the middle finger or thumb of the non-operating hand.

**Extra-oral fulcrums**

- 1) Palm up: - It is established by resting the backs of the middle & fourth fingers on the skin overlying the lateral aspect of the mandible on the right side of the face.
- 2) Palm down: - It is established by resting the front surfaces of the middle & fourth fingers on the skin overlying the lateral aspect of the mandible on the right side of the face.

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## 6. Instrument Activation:

### A) Adaptation:

- It refers to the manner in which the working end of a periodontal instrument is placed against the surface of a tooth.
- The objective of adaptation is to make the working end of the instrument conform the contour the tooth surface.
- The lower third of the working end, must be kept in constant contact with the tooth, while it is moving over varying teeth.

### B) Angulation:

- It refers to the angle between the face of a bladed instrument & tooth surface.
- It may also be called tooth-blade relationship.
- Correct angulation is essential for effective calculus removal.
- For subgingival insertion → Angulation should be as close to 0 degree as possible.
- For scaling & root planing → Optimal angulation should be between 45° and 90°.

### C) Lateral Pressure:

- It refers to the pressure created when force is applied against the surface of a tooth with the cutting edge of a bladed instrument.
- Lateral pressure may be:-
  - Firm
  - Moderate
  - Light
- When removing calculus, lateral pressure is initially applied firmly or moderately & is progressively diminished until light lateral pressure is applied for final root planing.

## D) Strokes :-

- Exploratory stroke
- Scaling stroke
- Root-planing stroke
- Any of these strokes can be activated by pull or push stroke motion in a vertical, oblique or horizontal direction.
- Vertical & oblique strokes are used most frequently.
- Horizontal strokes are used on line angles or deep pockets.

### 1) Exploratory stroke :-

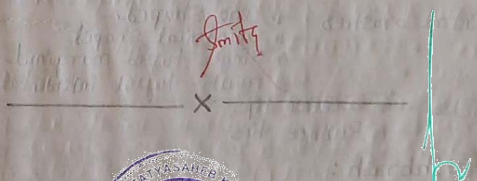
- It is a light, "feeling" stroke that is used with probes & explorers to evaluate the dimensions of the pocket & to detect calculus & irregularities of the tooth surfaces.

### 2) Scaling Stroke

- It is a short, powerful pull stroke that is used with bladed instrument for the removal of both supragingival & subgingival calculus.

### 3) Root-planing Stroke

- It is a moderate to light pull stroke that is used for final smoothing & planing of the root surface.



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# MECHANICAL PLAQUE CONTROL

- microbial plaque control is an effective way of treating & preventing periodontal diseases
- microbial biofilm must be completely removed atleast every 48 hours in periodontally healthy patients to prevent inflammation

## Classification of mechanical plaque control aids:

- 1) Chewing sticks
  - Neem sticks
  - mango sticks
  - miswak sticks
- 2) Toothbrushes
  - a) Depending upon type of bristles
    - Natural
    - Synthetic
  - b) Depending on the junction
    - Manual
      - Single headed
      - Double headed
      - Triple headed
    - Powered
  - c) Depending on bristle diameter
    - Soft
    - Medium
    - Hard
    - Extra soft
  - d) Depending on number of tufts
    - Space tufted
    - Multitufted

## Inter dental aids:-

- a) Dental floss
  - Twisted / Non-twisted
  - Bonded / Non-bonded
  - Waxed / Unwaxed
  - Thin / Thick
  - Monofilament floss
  - Manual floss
  - Powered floss
- b) Interdental brushes
  - Cone shaped
  - Cylindrical shaped
  - Single tufted marginal
  - Multi-tufted interdental
- c) Toothpicks
  - Wooden tips
  - Rubber tips

## Manual Toothbrush:

- \* ADA dimensions of acceptable brushes are -
  - Length - 1-1.25 inches
  - Width - 5/16-3/8 inches
  - Rows - 2-4
  - Tufts - 5-12/rows

## \* Diameter of bristles :-

- Soft = 0.2mm
- Medium = 0.3mm
- Hard = 0.4mm

## \* Bristle hardness $\propto$ $\frac{(\text{Diameter of Bristles})^2}{(\text{Length of Bristles})^3}$

## \* Parts of Brush

### 1) Handle -

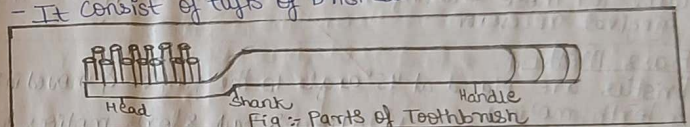
- It helps to grasp the brush in hand during toothbrushing
- It should be thick enough to allow firm grip & good control

### 2) Shank -

- It connects head with the handle

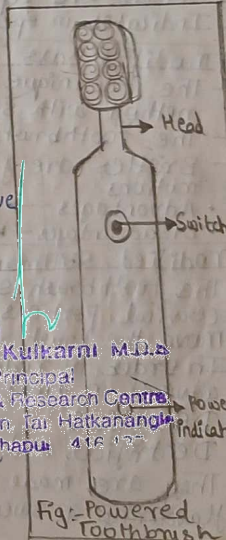
### 3) Head -

- It consist of tufts of bristles



## B) Powered / Toothbrush:-

- It is first introduced in Switzerland, 1937.
- The movements of early brushheads used side-to-side of elliptical motions
- Recommended for people with limited physical & mental capacities
- In 1964, ADA Council on Dental Therapeutics recognised powered toothbrush as an effective cleaning device
- In 1980s-90s a new generation had arrived currently, powered toothbrushes have oscillating & rotating motion of low frequency to enhance cleaning ability
- The brush head should be in a range of 8500-9000 oscillations/minute
- Brush head angled 3° posterior regions
- Recommended time for use :- 5-6 months



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- Teethbrushing Techniques:**
- 1) **Fones method / Circular Method**
    - The child is asked to draw big circles using whole area in the arch.
    - The diameter of circle is reduced until small circles are formed in the tooth.
    - It is indicated in young children, physically or emotionally handicapped & patient who lacks dexterity.
    - Advantage → Easy to learn & shorter time is required.
    - Disadvantage → Interdental area not properly cleaned.

- 2) **Charter's Method:**
  - Bristles are placed at angle of  $45^\circ$  to the gingiva with the bristles directed coronally.
  - Bristles are activated by mid-vibratory strokes with the bristle ends lying interproximally.
  - Indicated for those wearing FPD or orthodontic appliances, patients with gingival recession.

- 3) **The Bass Method**
  - The bristles are placed at  $45^\circ$  angle to the gingiva & moved in small back & forth motions.
  - The bristles are directed coronally.
  - Strokes are repeated around 20 times & back & forth motions used.
  - Strokes are repeated around 20 times & back & forth motions used.
  - Strokes are repeated around 20 times & back & forth motions used.
  - Indicated in open interproximal areas & exposed root surfaces.

- 4) **Modified Bass Technique:**
  - The technique combines vibratory & circular movements of Bass method with sweeping motion.
  - The toothbrush is held in a such way that bristles are  $45^\circ$  to the gingiva.
  - Bristles are generally vibrated by moving brush handle in back & forth motions.
  - Advantages → Excellent sulcus cleaning.
  - Disadvantages → Dexterity of wrist is required.

- 5) **Modified Stillman's Method:**
  - The toothbrush is positioned with its bristle ends passing partly on cervical portions of tooth & partly to adjacent gingiva.
  - Move the brush with short, back & forth strokes in coronal direction.
  - In order to reduce abrasive tissue destruction, this method is advised in areas with progressing gingival recession & root exposure.

- \* Dentifrices**
- Dentifrices aid in cleaning & polishing tooth surfaces.
  - They are made up of abrasives, water, humectants, soaps, flavouring & sweetening agents & preservatives.

## Interdental Cleaning Aids:

Interdental aids are indicated to clean interproximal areas of tooth & are recommended on the basis of embrasure space.

- Type I embrasure - Gingival papilla fills up the space.
  - Dental floss is used.
- Type II embrasure - Gingival papilla partially fills embrasure.
  - Interproximal brush used.
- Type III embrasure - Embrasure space is unfilled.
  - Single tufted brush is used.

## Dental Floss -

- Most widely recommended tool for removing biofilm from interproximal tooth surface.
- It is made up of nylon filaments or plastic monofilaments.

### Technique -

Start with a piece of floss long enough to grasp securely (12-18 inches)

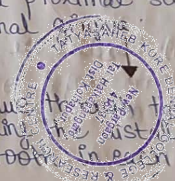
Stretch the floss tightly between the thumbs & forefingers

OR

between both the forefingers & pass it gently through each contact area with a firm back & forth motion

Once the floss is apical to the contact area between the teeth, wrap the floss around proximal surface & slip it under marginal gingiva

Continue through the whole dentition including the last last tooth



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- Interdental Brushes:
- The interdental brushes consist of soft nylon filaments twisted into a fine stainless steel wire.
  - Since the steel wire causes discomfort to the patient with sensitive tooth surfaces for such patients, use of plastic coated wires may be recommended.
  - most common form
    - Cylindrical
    - Conical
    - Tapered

- It is currently available for the smallest to the largest interdental space which ranges from 1.9 to 14 mm in diameter.

- Technique -  
while using, the brush should be inserted gently between the teeth & should not be forced into the space.

↓  
Then the brush is to be moved full length, back & forth, a few times until the entire tooth surface gets properly cleaned.

↓  
The brush can be rinsed with water & re-used.

→ Wooden/Rubber Tips:-

- Wooden toothpicks without handles are used from buccal surface.
- Triangular wooden tips are useful for anterior areas.
- Rubber tips are conical & are used to clean interproximal areas.

• Technique:-

The tip of the toothpick is used to trace along gingival margin & into proximal areas, from both buccal & lingual surface of each tooth.

Oral Irrigation:-

Supragingival Irrigation:-

→ Oral irrigators work by directing pulsating stream of water through nozzle to tooth surface.

Technique - Tip of irrigator is plastic nozzle at 90° less attached to pump regulated by dial. Patients are instructed to aim pulsating jet across proximal papilla & hold for 10-15 sec & trace along marginal gingiva from both buccal & lingual side.

- Daily supragingival irrigation with dilute chlorhexidine for 6 months has reduced gingivitis.

Subgingival Irrigation:-

- Subgingival irrigation with oral irrigator using Chlorhexidine diluted to 1% strength & performed regularly at home improves gingival health.

- Subgingival irrigation disrupts half of subgingival plaque.

- It can be performed at home & dental office.

*Janit*

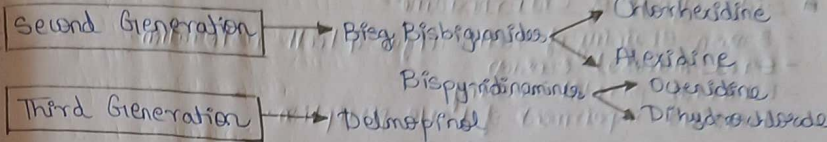
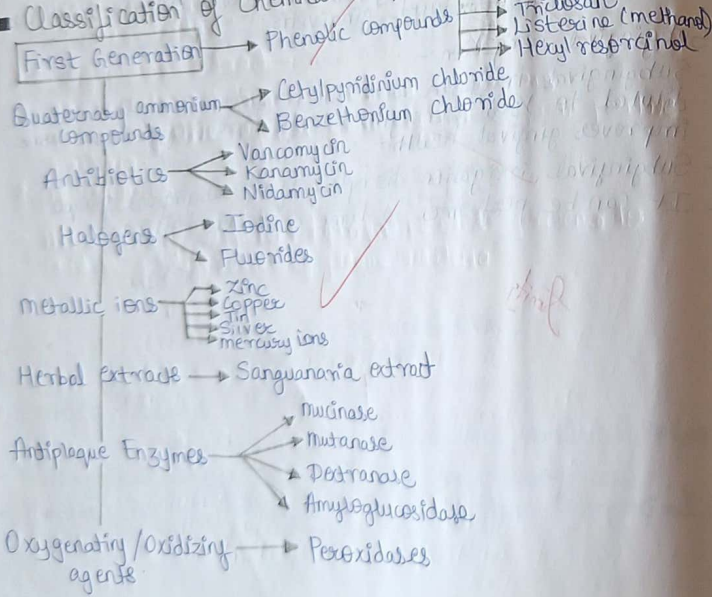


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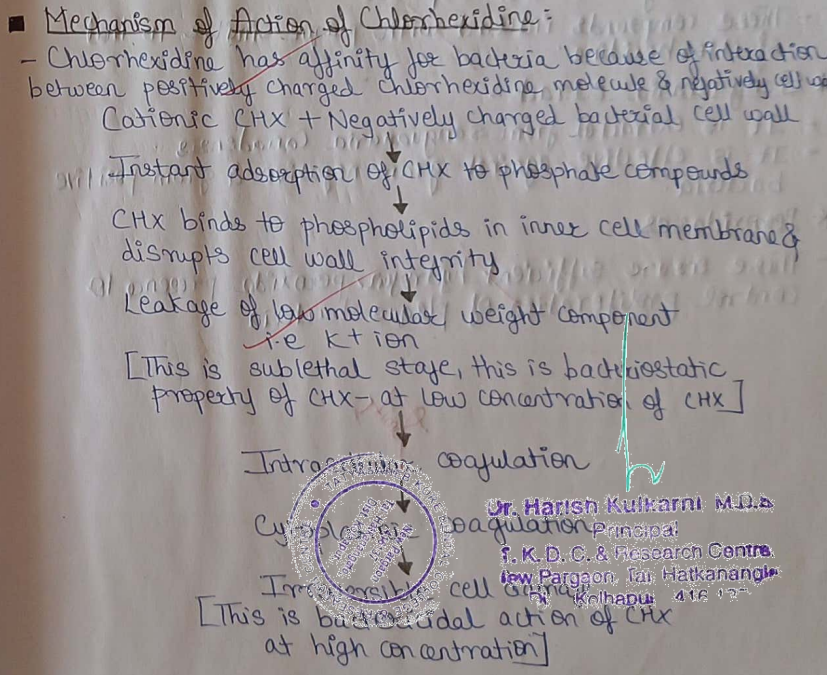
# CHEMICAL PLAQUE CONTROL

**Mouthwash:** It is a liquid which is held in mouth passively, swirled around the mouth by contraction of the perioral muscles and/or movement of the head & gargled.

- Other synonyms for mouthwash: mouthrinse, Oral rinse
- An ideal chemical plaque control agent should possess the properties:
  - **Substantivity** - Ability of agent to bind to tissue surfaces & be released over time
  - **Penetrability** - Ability to penetrate deeply into the biofilm
  - **Selectivity** - Ability to affect specific bacteria in a mixed population



- **Chlorhexidine Rinse:**
  - It has best antibacterial properties
  - Two daily rinses with 10ml of 0.2% aqueous solution of chlorhexidine almost completely inhibited the development of dental plaque, calculus & gingivitis
  - 0.12% chlorhexidine gluconate preparation (15ml) reduces plaque & gingivitis



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## ■ Side effects of Chlorhexidine -

- Brown staining of teeth, tongue & teeth restoration.
- Oral mucosal erosion
- Bilateral parotid swelling
- Transient impairment of taste perception.

## \* Nonprescription essential oil rinse -

- Listerine, combination of thymol, eucalyptus oil, phenol ions mixed with menthol & methyl salicylate suppresses odontogenic bacteria.

## \* Heavy metal ions -

- Divalent heavy metal ions bind to plaque components & alter surface charge & displace  $Ca^{++}$  ions from pellicle.

## \* Quaternary ammonium compounds -

- These compounds interact with plaque similar to that of chlorhexidine.

## \* Sanguanaria extract -

- It is extracted from Sanguanaria Canadensis.
- It is effective against gram negative & gram positive bacteria.

## \* Peroxidases

- These ensure sufficient hydrogen peroxide presence to control proliferation of plaque bacteria.



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Smriti

# **TATYASAHEB KORE DENTAL COLLEGE & RESEARCH CENTRE , NEW PARGAON**

## **INSTRUCTIONS FOR THE STUDENTS**

- 1) Students are instructed to come to the department 10 minutes before the commencement of the clinics.
- 2) Students should attend the clinic with clean apron, name plate, instruments, head cap, gloves, mouth mask and clinical work record book.
- 3) Students should carry two sets of instruments for the clinical work. The department holds no responsibility for any loss of instruments.
- 4) Students should thoroughly wash and sterilize all the instruments before taking up any case.
- 5) Correct postures should be followed while attending the patients
- 6) Absence without permission will be considered seriously.
- 7) They should complete the required quota of work as stipulated OR they will not be eligible to appear for the University Examination.
- 8) They should give proper oral hygiene instructions to the patient after each and every sitting .
- 9) They should take the signatures of the concerned staff members, in both the case paper and the Record Book before relieving the patients.
- 10) They should make entries of all the treated cases in the work done register.
- 11) There will be clinical assessment and viva-voce on the last day of each posting.
- 12) All the above mentioned instructions should be followed strictly without fail.



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## LIST OF INSTRUMENTS

|  |  |
|--|--|
| 1) Mouth mirror (two)                            |  |
| 2) Straight explorer (two)                       |  |
| 3) Curved explorer (two)                         |  |
| 4) Tweezer                                       |  |
| 5) William's graduated Periodontal probe         |  |
| 6) Set of Supra gingival and subgingival scalers |  |
| 7) Curette (two -universal / Gracey)             |  |
| 8) Dappen dish (two)                             |  |
| 9) Polishing brush.                              |  |
| 10) Cotton holder                                |  |
| 11) Patient drape                                |  |
| 12) Waste dispenser                              |  |
| 13) Green cloth                                  |  |
| 14) Disposable gloves                            |  |
| 15) Head cap and face mask                       |  |
| 16) Contra-angle micromotor handpiece            |  |
| 17) Steel Kidney tray                            |  |
| 18) Enamel tray                                  |  |
| 19) Toothbrush                                   |  |
| 20) Upper & lower ideal dentulous cast.          |  |

Staff Signature

## WORK SCHEDULE FOR III & IV B. D. S.

### THIRD B. D. S.

#### QUOTA FOR THE STUDENTS

- 1) Completion of oral prophylaxis - 25 cases.
- 2) Case History recording and discussion - 5 cases.

### FINAL B. D. S.

#### QUOTA FOR THE STUDENTS

- 1) Completion of oral prophylaxis - 25 cases.
- 2) Case History recording and discussion - 5 cases.



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# SYLLABUS FOR PERIODONTOLOGY

- 1) Introduction - Definition, Scope, Aims, Objectives & Applicability of the subject.
- 2) Historical Background of Periodontology.
- 3) Tissues of Periodontium.
- 4) Ageing of Periodontium.
- 5) Classification & Etiopathogenesis of gingival & Periodontal diseases.
- 6) Gingival inflammation.
- 7) Clinical features of gingivitis.
- 8) Gingival enlargements.
- 9) Acute gingival infections.
- 10) AIDS & the Periodontium.
- 11) Desquamative gingivitis.
- 12) Defence mechanism of gingiva.
- 13) Gingival diseases in childhood.
- 14) Dental plaque, Plaque retention areas.
- 15) Immunology of periodontal diseases.
- 16) Bacterial interactions in periodontal disease.
- 17) Influence of systemic diseases on the periodontium.
- 18) Periodontal medicine.
- 19) Periodontal pocket
- 20) Mechanism of bone loss & patterns of bone loss
- 21) Chronic periodontitis
- 22) Aggressive periodontitis.
- 23) Halitosis.
- 24) Bruxism & parafunctional habits.
- 25) Trauma from occlusion.
- 26) Mobility & migration of teeth.
- 27) Epidemiology of gingival & periodontal diseases.
- 28) Clinical diagnosis.

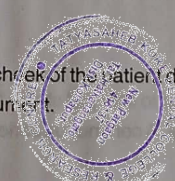


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- 29) Advanced diagnostic aids.
- 30) Determination of prognosis.
- 31) Treatment plan.
- 32) Rationale for periodontal treatment.
- 33) Periodontal treatment for medically compromised patients.
- 34) Periodontal instrumentarium.
- 35) Principles of periodontal instrumentation.
- 36) Plaque control.
- 37) Drugs, antimicrobials & other chemotherapeutic agents in periodontal therapy.
- 38) General considerations for periodontal therapy.
- 39) Gingival curettage.
- 40) Gingivectomy & gingivoplasty.
- 40) Periodontal flap.
- 42) Resective & Reconstructive osseous surgery.
- 43) Healing mechanism after periodontal therapy.
- 44) Furcation involvement & its treatment.
- 45) Endodontic- Periodontal interrelationships.
- 46) Mucogingival surgery.
- 47) Treatment of acute gingival diseases & Gingival enlargements.
- 48) Occlusal adjustments.
- 49) Periodontal splints.
- 50) Prosthetic & Restorative procedures in the management of periodontal diseases.
- 51) Oral Implantology.
- 52) Maintenance phase of periodontal treatment.
- 53) Supportive periodontal treatment.
- 54) Hypersensitivity & conduction of pain.
- 55) Results of periodontal therapy.
- 56) Risk factors in periodontal therapy.
- 57) Concept of focal infection.
- 58) Recent advances in periodontics.

## INSTRUMENTATION GLOSSARY

1. **Handle :**  
The portion of the instrument that is grasped.
2. **Shank :**  
The metal portion of the instrument that connects the handle to the working end; it may be straight or have one or more bends in it.
3. **Terminal Shank :**  
The lower shank - that portion closest to the cutting edge.
4. **Blade :**  
The working end of the curette or sickle.
5. **Cutting Edge :**  
The junction of the face of the curette or sickle blade and the lateral side, forming a knife edge used for scaling and root planning.
6. **Adaptation :**  
Adaptation refers to the manner in which the working end of the periodontal instrument is placed against the surface of tooth.
7. **Angulation :**  
It may also be called tooth-blade relationship. During scaling and root planing, optimal angulation is between 45 and 90 degrees.
8. **Illumination :**  
Illumination is the reflection of light from an outside source off the dental mirror onto the viewed surface; say a tooth or area of the gingiva.
9. **Fulcrum :**  
The axis of rotation used in periodontal instrumentation.
10. **Extraoral Fulcrum :**  
A solid rest on the chin or cheek of the patient during instrumentation, used for leverage and control of an instrument.
11. **Intraoral Fulcrum :**  
Placement of the third or ring finger on a hard tissue surface in the mouth for leverage and control of an instrument.



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**12. Finger Rest :**  
The finger rest serves to stabilize the hand and the instrument by providing a firm fulcrum as movements are made to activate the instrument. A good finger rest prevents injury and laceration of the gingiva and surrounding tissues by poorly controlled instruments. The fourth (ring) finger is preferred by most clinicians for the finger rest.

Classification of finger rest :

1. Intraoral
  - i) Conventional
  - ii) Cross-arch
  - iii) Opposite arch
  - iv) Finger-on-finger
2. Extra-oral
  - i) Palm-up
  - ii) Palm-down

**13. Lateral Pressure :**  
Lateral pressure refers to the pressure created when force is applied against the surface of a tooth with the cutting edge of the bladed instrument lateral pressure may be firm, moderate or light.

**14. Exploratory Stroke :**  
The exploratory stroke is a light feeling stroke that is used with probes and explorers to evaluate the dimensions of the pocket and to detect calculus and irregularities of the tooth surface

**13. Scaling Stroke :**  
Scaling stroke is a short, powerful pull stroke that is used with bladed instruments for the removal of both supragingival and calculus. The scaling motion should be initiated in the forearm & transmitted from the wrist to the hand with a slight flexing of the fingers.

**14. Root planing Stroke:**  
Root planing stroke is a moderate to light pull stroke that is used for final smoothing and planing of the root surface. A continuous series of long, overlapping sharing strokes is activated.  
(Curettes are most effective and versatile instruments for this procedure)

**15. Horizontal Strokes :**  
Movement of the working end perpendicular to the long axis of the tooth. Horizontal strokes are used selectively on line angles or deep pockets.

**16. Oblique Strokes :**  
Movement of the working end in a coronal and proximal direction.

**17. Curette :**  
The curette is the instrument of choice for removing deep subgingival calculus, for root planing altered cementum and for removing the soft tissue lining the periodontal pocket.



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## OPERATOR POSITIONS



### POSITIONING SUMMARY

| Treatment Area                                  | Clock Position | Patient Head Position       |
|---|----------------|-----------------------------|
| Mandibular Arch- Anterior surfaces toward       | 8.-9.00        | Slightly toward , chin DOWN |
| Maxillary Arch- Anterior surfaces toward        | 8.-9.00        | Slightly toward , chin UP   |
| Mandibular Arch- Anterior surfaces away         | 12.00          | Slightly toward , chin DOWN |
| Maxillary Arch- Anterior surfaces away          | 12.00          | Slightly toward , chin UP   |
| Maxillary Arch- Posterior aspects facing toward | 9.00           | Slightly away , chin DOWN   |
| Maxillary Arch- Posterior aspects facing toward | 9.00           | Slightly away , chin DOWN   |
| Maxillary Arch- Posterior aspects facing away   | 10-11.00       | Toward , chin DOWN          |
| Maxillary Arch- Posterior aspects facing away   | 10-11.00       | Toward , chin UP            |



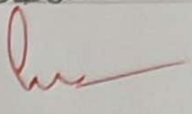



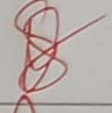
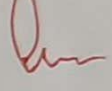
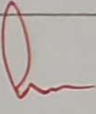


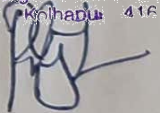
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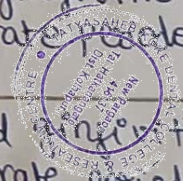
# CASE HISTORY RECORD



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# INDEX

| OPD-NO. | date      | NAME OF PATIENT          | DIAGNOSIS   | SIGN  |
|---------|-----------|--------------------------|---|---|
| 14550   | 1-7-2024  | Sudam Jaysing Powar      | Chronic generalized gingivitis with localized moderate periodontitis $\bar{c}$ 32, 33, 42, 43, 35, 36, 46, 47 |    |
| 14281   | 4-7-2024  | Vijay Jalindar Povalkat  | Chronic generalized severe periodontitis  |    |
| 14300   | 6-7-2024  | manisha Bhaskar Kumbade  | Chronic generalized severe periodontitis  |    |
| 15621   | 9-7-2024  | lalase Dinkar Patil      | Chronic generalized gingivitis with localized moderate periodontitis $\bar{c}$ 16, 12, 13, 22, 23, 26         |    |
| 16473   | 16-7-2024 | Santosh Yashwant Mohite  | Chronic generalized gingivitis  |    |
| 15436   | 8-7-2024  | Avinash Sampatras Patil  | Chronic generalized gingivitis with localized moderate periodontitis $\bar{c}$ 14, 25, 31, 41, 43             |   |
| 16374   | 15-7-2024 | Ranjeet Prakash Lohar    | Chronic generalized gingivitis with localized severe periodontitis $\bar{c}$ 13, 23, 31, 32, 41, 42           |  |
| 28840   | 4-11-2024 | Shital Ramras Hirve      | Aggressive generalized periodontitis  |  |
| 29493   | 8-11-2024 | Rushikesh Kolekar Gavali | Chronic generalized gingivitis with localized moderate periodontitis $\bar{c}$ 11, 12, 31, 32                 |  |
| 89398   | 2-7-2024  | Nilofar Abdul Nadak      | Chronic generalized gingivitis with localized moderate periodontitis $\bar{c}$ 11, 21, 31                     |  |



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# DEPARTMENT OF PERIODONTICS

## CASE RECORD

Serial No. : 1

O. P. D. No. : 14550

Name : Mr. Sudam Jaysing Powar

Date : 1-7-2024

Age : 44 year

Gender : Male

Occupation : Farmer

Address : Taluka :- Walwa  
District :- Sangali

Chief Complaint : Patient complains of unclear teeth of upper and lower arch since 6 months.

History of Present illness : Patient was, apparently, alright 6 months back, then he noticed deposits on maxillary and mandibular teeth.

Past dental History : Patient has undergone RCT of upper right back tooth region of jaw 10 years ago under LA without any complications.



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Medical History: Patient has hyperthyroidism and is on medication for the same since 12 years (medications: thyroxine 112mg)

Family History: No relevant history

Personal History:

- a) Agents used: Commercially available toothpaste (dentifrices) & toothbrush
- b) Duration: 2-3 min
- c) Type of brushing: Horizontal scrub method
- d) Frequency / frequency of changing brush: 4 months
- e) Reason for changing brush: Fraying of bristles
- f) Any other interdental aids used: None

Adverse Habits:

- Tobacco chewing: Patient has habit of chewing tobacco 5-6 times daily since 12 years. Patient consumes 1 packet in 2 days
- Smoking: Absent
- Pan/betal nut chewing: Absent
- Alcohol: Absent
- Parafunctional: Absent

General Examination:

- 1) Stature: Normal
- 2) Nourishment: Well nourished
- 3) Gait: Normal
- 4) Built: Mesomorphic

Extraoral Examination:

Symmetry of face: No gross facial asymmetry detected

Lymph node: Non tender, non palpable

TMJ: No clicking, no crepitus, no deviation & deflection

Lips: Competent

Intraoral Examination:

Buccal mucosa: No abnormality detected

Labial mucosa: No abnormality detected

Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality detected

Halitosis: Present



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**GINGIVAL STATUS**

|                  |   |   |   |
|------------------|---|---|---|
| Colour:          | Pale pink   | Pale pink   | Pale pink   |
|                  | Reddish pink  | Reddish pink  | Reddish pink  |
| Consistency      | Firm and resilient  | Firm and resilient  | Firm and resilient  |
|                  | Soft and edematous  | Soft and edematous  | Soft & edematous  |
| Contour:         | Scalloped   | Scalloped   | Scalloped   |
|                  | Accentuated $\bar{c}$ 46, 47                                    | Accentuated $\bar{c}$ 32, 33, 42, 43                            | Accentuated $\bar{c}$ 35, 36                                    |
| Size:            | Grade 0   | Grade 0   | Grade 0   |
|                  | Grade I   | Grade I   | Grade I   |
| Shape:           | Knife edge gingival margin with tent shaped interdental papilla | Knife edge gingival margin with tent shaped interdental papilla | Knife edge gingival margin with tent shaped interdental papilla |
|                  | Bulged out margin with bulbous interdental papilla              | Rolled out margin with bulbous interdental papilla              | Rolled out margin with bulbous interdental papilla              |
| Surface texture: | Stippling present   | Stippling present   | Stippling present   |
|                  | Stippling is reduced  | Stippling is reduced  | Stippling is reduced  |
| Position:        | At CEJ  | At CEJ  | At CEJ  |
|                  | Apical to CEJ   | Apical to CEJ   | Apical to CEJ   |

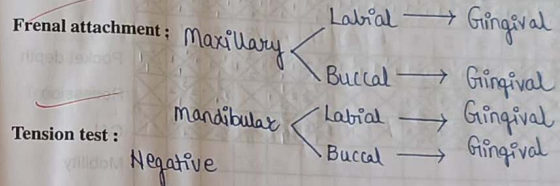
Bleeding on probing :

|         |         |         |
|---------|---------|---------|
| Absent  | Absent  | Absent  |
| Present | Present | Present |

Exudation : Absent

Abscess : Absent

**MUCOGINGIVAL PROBLEMS**



Width of attached gingiva : Adequate

Depth of vestibule : Adequate



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**DENTAL STATUS**

Teeth present: 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Teeth missing: -

Carious teeth: Pit & fissure Caries = 26

Restorations/ Prosthesis: -

Overhanging restorations: -

Plunger cusp: -

Food impaction: -

Hypersensitivity: -

Wasting disease

Attrition: -

Abrasion: Abrasion = 44, 45, 46

Erosion: -

Proximal contact relationship: Generalised tight contact

Tooth anatomy: Normal

Malposed teeth: -

Teeth Deposits:

Plaque: +

Calculus: ++

Stains: +++

Occlusion: traumatic / atraumatic

1) Overjet: 2mm

2) Overbite: 1.5mm

3) Crossbite: Absent

4) Crowding: Absent

Trauma from occlusion: Absent

Fremitus test: Absent



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PROBABLE ETIOLOGIC FACTORS:

- Improper brushing technique
- Local: Dental plaque  
Dental calculus
- Systemic: Hypothyroidism

PROVISIONAL DIAGNOSIS:  
Chronic generalized gingivitis with localized moderate periodontitis  $\bar{c}$  32, 33, 42, 43, 35, 36, 46, 47 — AAP (1999)

INVESTIGATIONS:

1) Laboratory

2) Roentgenographic

FINAL DIAGNOSIS

Chronic generalized gingivitis with localized moderate periodontitis  $\bar{c}$  32, 33, 42, 43, 35, 36, 46, 47 — AAP (1999)

PROGNOSIS:

Overall: Good

|             | Good  | Fair | Poor | Questionable | Hopeless |
|-------------|---|------|------|--------------|----------|
| Individual: | 11, 12, 13, 14, 15, 16, 17<br>18, 21, 22, 23, 24, 25, 26<br>27, 28, 31, 32, 33, 34,<br>35, 36, 37, 38, 41, 42,<br>43, 44, 45, 46, 47,<br>48 |      |      |              |          |

TREATMENT PLAN:

Emergency phase:

Phase I therapy: Habit counselling  
Oral hygiene instructions  
Scaling and root planning

Evaluation of response to phase I

Patient is recalled after 4 weeks  
Gingival and periodontal checked



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Phase II therapy :  
Mucogingival surgery @ 33, 48

Evaluation of response to phase II  
Check gingival and periodontal status after  
4 weeks

Phase III therapy :  
Permanent restoration @ 26

Phase IV therapy (maintenance phase) :  
Patient is recalled once <sup>in</sup> 3 months for 1 year

Discussed with : Dr. Pradnya Khatavkar  
Malam

Signature 

## DEPARTMENT OF PERIODONTICS

### CASE RECORD

Serial No. : 2

O. P. D. No. : 14281

Name : Vijay Jalindax Povalekar Date : 4-7-2024

Age : 49 years Gender : Male

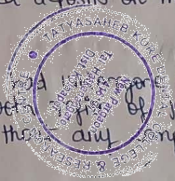
Occupation : Farmer

Address : Vasbhaw Bungalow At Post :- Kodoli  
District :- Kolhapur

Chief Complaint : Patient complains of unclear teeth of upper  
and lower arch since 1 year.

History of Present illness : Patient was apparently alright 1 year back,  
then he noticed deposits on maxillary and mandibular  
teeth.

Past dental History : Patient had extraction of Pansod left  
back teeth of jaw Sukob Chikitsachal Centre,  
LA with any complication. Jy Bargaon, Tal. Hatkanangli,  
Kolhapur, 416 12



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Sukob Chikitsachal Centre  
Jy Bargaon, Tal. Hatkanangli,  
Kolhapur, 416 12

Medical History: No relevant history

Family History: No relevant history

Personal History:

a) Agents used: Commercially available dentifrices and toothbrush

b) Duration: 2-3 min

c) Type of brushing: Horizontal scrub method

d) Frequency / frequency of changing brush: 3 months

e) Reason for changing brush: Fraying of bristles

f) Any other interdental aids used: None

Adverse Habits:

Tobacco chewing: Patient has habit of chewing tobacco 5-6 times daily since 25 years. Patient consumes 1 packet in 4 days

Smoking: Absent

Pan/betal nut chewing: Absent

Alcohol: Absent

Parafunctional: Absent

#### General Examination:

1) Stature: Normal      2) Nourishment: Well nourished  
3) Gait: Normal      4) Built: Endomorphic

#### Extraoral Examination:

Symmetry of face: No gross facial asymmetry detected

Lymph node: Non tender, non palpable

TMJ: No clicking, no crepitus, no deviation and deflection

Lips: Competent

#### Intraoral Examination:

Buccal mucosa: Grayish-white lesion which was non-scrapable seen in buccal vestibule extending from tooth region 34 to 38 and 44 to 48. Lesion is non-tender and no purulent discharge is seen. Suspected to be: Tobacco pouch keratosis

Labial mucosa: No abnormality detected

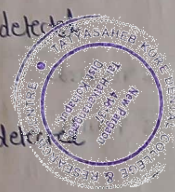
Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality detected

Halitosis: Present



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**GINGIVAL STATUS**

|                  |  |  |  |
|------------------|--|--|--|
| Colour:          | Reddish pink                                       | Reddish pink                                       | Reddish pink                                       |
| Consistency:     | Soft & edematous                                   | Soft & edematous                                   | Soft & edematous                                   |
| Contour:         | Accentuated $\bar{c}$ 15, 16, 17                   | Accentuated $\bar{c}$ 13, 23                       | Accentuated $\bar{c}$ 24, 27                       |
| Size:            | Grade I  | Grade I  | Grade I  |
| Shape:           | Rolled out margin with bulbous interdental papilla | Rolled out margin with bulbous interdental papilla | Rolled out margin with bulbous interdental papilla |
| Surface texture: | Stippling is reduced                               | Stippling is reduced                               | Stippling is reduced                               |
| Position:        | Apical to CEJ                                      | Apical to CEJ                                      | Apical to CEJ                                      |

Bleeding on probing :

|         |         |         |
|---------|---------|---------|
| Present | Present | Present |
| Present | Present | Present |

Exudation : Absent

Abscess : Absent

**MUCOGINGIVAL PROBLEMS**

Frenal attachment : Maxillary   
 Labial → Gingival   
 Buccal → Gingival

Mandibular   
 Labial → Gingival   
 Buccal → Gingival

Tension test : Negative

Width of attached gingiva : Adequate

Depth of vestibule : Adequate



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**DENTAL STATUS**

Teeth present :  

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 7 | 8 |
| 8 | 7 | - | 3 | 2 | 1 | 1 | 2 | 3 | 5 | 6 | 7 | 8 | 1 |

Teeth missing :  
 Missing teeth : 25, 26, 34, 44, 45, 46

Carious teeth :  
 Restorations/ Prosthesis : Grossly decayed, 27

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease  
 Attrition : Attrition 26, 27, 36, 47

Abrasion :

Erosion : -

Proximal contact relationship: Generalized tight contact

Tooth anatomy: Normal

Malposed teeth -

Teeth Deposits :

Plaque : +

Calculus : ++

Stains : +++

Occlusion : traumatic / atraumatic

1) Overjet : 2mm

2) Overbite : 1-5mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test : Absent



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PROBABLE ETIOLOGIC FACTORS:

Local: Improper brushing technique  
Dental plaque  
Dental calculus

Systemic: -

PROVISIONAL DIAGNOSIS:

Chronic generalized severe periodontitis — AAP 1999  
Generalized periodontitis Stage IV, Grade C — CDC-2017

INVESTIGATIONS:

1) Laboratory

2) Roentgenographic

FINAL DIAGNOSIS

Chronic generalized severe periodontitis (AAP-1999)  
Generalized periodontitis stage IV, grade C

PROGNOSIS:

Overall: Fair

|             | Good                                      | Fair  | Poor              | Questionable/Hopeless |
|-------------|---|---|-------------------|-----------------------|
| Individual: | 18, 14, 12, 11, 21, 22,<br>28, 37, 38, 48 | 13, 15, 23,<br>24, 35, 36,<br>31, 32, 33,<br>41, 42, 43 | 16, 17,<br>27, 47 |                       |

TREATMENT PLAN:

Emergency phase: -

Phase I therapy: Habit counselling  
Oral hygiene instruction  
Scaling & root planning  
Splinting 31, 32, 41, 42

Evaluation of response to phase I:

Patient is recalled after 1 week  
Gingival status is stable  
Periodontal status is stable



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Phase II therapy:

RCT 27  
Mucogingival surgery 31, 32, 41, 42  
Bone grafting / GTR 46, 49, 57

Evaluation of response to phase II

Check status of gingiva after 4 week  
Check periodontal status after 4 weeks

Phase III therapy:

Fixed prosthesis 25, 26, 34, 44, 45, 46

Phase IV therapy (maintenance phase):

Patient is recalled once in 3 month for 1 year

Discussed with Dr. Pradnya Khatawkar  
Malam

Signature

DEPARTMENT OF PERIODONTICS

CASE RECORD

Serial No.: 3

O. P. D. No. : 14300

Name : Manisha Bhaskar Kombade

Date : 6-7-2024

Age : 45 years

Gender : Female

Occupation : Housewife

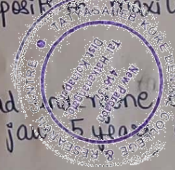
Address : At post : Yedenipani  
District : Sangali

Taluka : Valwa

Chief Complaint : Patient complains of unclean teeth of upper and lower arch since 1 year

History of Present illness : Patient was apparently alright 1 year back, then he noticed deposits on maxillary and mandibular teeth.

Past dental History : Patient had no more extractions of any back tooth region of jaw 5 years ago any complications.



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Principal

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Low Budget for Hatkanangli  
Kohapur 416 12

Medical History: No relevant history

Family History: Patient's father is diabetic and is on medication for the same since 5 years

Personal History:

- a) Agents used: Commercially available dentifrices & toothbrush
- b) Duration: 2-3 min
- c) Type of brushing: Horizontal scrub method
- d) Frequency / frequency of changing brush: 3 months
- e) Reason for changing brush: Fraying of bristles
- f) Any other interdental aids used: None

Adverse Habits:

Tobacco chewing: Patient has habit of applying mishri 5-6 times daily since 15 years. Patient consumes 1 packet in 7 days

Smoking: Absent

Pan/betal nut chewing: Absent

Alcohol: Absent

Parafunctional: Absent

General Examination:

- 1) Stature: Normal
- 2) Nourishment: Well nourished
- 3) Gait: Normal
- 4) Built: Mesomorphic

Extraoral Examination:

- Symmetry of face: No gross facial asymmetry detected
- Lymph node: Non tender, non palpable
- TMJ: No clicking, no crepitus, no deviation and no deflection
- Lips: Competent

Intraoral Examination:

Buccal mucosa: No abnormality detected

Labial mucosa: No abnormality detected

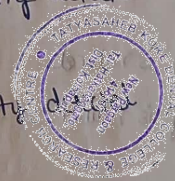
Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality detected

Halitosis: Present



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**GINGIVAL STATUS**

|                  |  |  |  |
|------------------|--|--|--|
| Colour:          | Reddish pink                                       | Reddish pink                                       | Reddish pink                                       |
| Consistency      | Soft & edematous                                   | Soft & edematous                                   | Soft & edematous                                   |
| Contour:         | Accentuated $\bar{c} 11$                           | Accentuated $\bar{c} 33, 43$                       | Accentuated $\bar{c} 25$                           |
| Size:            | Grade I  | Grade I  | Grade I  |
| Shape:           | Roller out margin with bulbous interdental papilla | Roller out margin with bulbous interdental papilla | Roller out margin with bulbous interdental papilla |
| Surface texture: | Stippling is reduced                               | Stippling is reduced                               | Stippling is reduced                               |
| Position:        | Apical to CEJ                                      | Apical to CEJ                                      | Apical to CEJ                                      |

Bleeding on probing :

|                |                |                |
|----------------|----------------|----------------|
| Present        | Present        | Present        |
| Absent Present | Absent Present | Absent Present |

Exudation : Absent

Abscess : Absent

**MUCOGINGIVAL PROBLEMS**

Frenal attachment : Maxillary   
 Labial → Gingival   
 Buccal → Gingival   
 Mandibular   
 Labial → Gingival   
 Buccal → Gingival

Tension test : Negative

Width of attached gingiva : Adequate

Depth of vestibule : Adequate



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**DENTAL STATUS**

Teeth present: 8 7 6 4 3 2 1 2 3 5 6 7 8  
 8 5 4 3 1 3 4 5 8

Teeth missing: 15, 21, 24, 31, 32, 36, 37, 41, 42, 46, 47

Carious teeth: Proximal caries 44

Restorations/ Prosthesis: -

Overhanging restorations: -

Plunger cusp: -

Food impaction: -

Hypersensitivity: -

Wasting disease

Attrition: Generalized attrition

Abrasion: -

Erosion: -

Proximal contact relationship: Generalized tight contact

Tooth anatomy: Normal

Malposed teeth: -

Teeth Deposits: Plaque: +  
 Calculus: ++  
 Stains: ++

Occlusion: traumatic / atraumatic

- 1) Overjet: 2mm
- 2) Overbite: 1.5mm
- 3) Crossbite: Absent
- 4) Crowding: Absent

Trauma from occlusion: Absent

Fremitus test: Absent



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PROBABLE ETIOLOGIC FACTORS:

Local: Improper brushing technique  
Dental plaque  
Dental calculus

Systemic: -

PROVISIONAL DIAGNOSIS:  
Chronic generalized severe periodontitis — AAP 1999  
Generalized Periodontitis Stage IV, Grade C — CDC 2017

INVESTIGATIONS:

1) Laboratory

2) Roetgenographic

FINAL DIAGNOSIS

Chronic generalized severe periodontitis — AAP 1999  
Generalized Stage IV, Grade C Periodontitis — CDC 2017

PROGNOSIS:

Overall: Good

Individual:

| Good  | Fair | Poor                             | Questionable | Hopelus |
|---|------|----------------------------------|--------------|---------|
| 12, 13, 14, 17, 18,<br>22, 23, 26, 27,<br>28, 34, 35, 44,<br>48 |      | 16, 11, 25,<br>35, 33, 43,<br>45 |              |         |

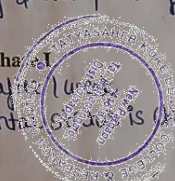
TREATMENT PLAN:

Emergency phase: -

Phase I therapy: Habit counselling  
Oral hygiene instruction  
Scaling & root planing

Evaluation of reponse to phase I

Patient is recalled after 1 month  
Gingival & periodontal status is checked



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DEPARTMENT OF PERIODONTICS

CASE RECORD

Serial No. : 4

O. P. D. No. : 15621

Name : Lalase Dinkar Patil

Date : 9-07-2024

Age : 40 years

Gender : Male

Occupation : Farmer

Address : At Post : Pargaon ; Taluka : Hatkanangale  
District : Kolhapur

Chief Complaint : Patient complains of unclean teeth of upper and lower arch since 1 year.

History of Present illness : Patient was apparently alright 1 year back then he noticed ~~change~~ on maxillary and mandibular teeth

Past dental History : Patient had undergone extraction of tooth region of 5. ~~5 years back~~ any complications

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Dist. Kolhapur

Phase II therapy :

Mucogingival surgery on 11, 33, 43


Evaluation of response to phase II  
Check gingival & periodontal status after 4 weeks

Phase III therapy :

Fixed prosthesis on 15, 21, 24, 31, 32, 36, 37, 41, 42, 46, 47  
Permanent restoration on 44

Phase IV therapy (maintenance phase) :

Patient is recalled once in 3 months for 1 year

Discussed with  Signature  
Supriya Shirodkar M.A.M.

Medical History :

No relevant history

Family History :

No relevant history

Personal History :

a) Agents used: Commercially available dentifrices & toothbrush

b) Duration: 2-3 min

c) Type of brushing: Horizontal scrub method

d) Frequency / frequency of changing brush: 3 months

e) Reason for changing brush: Fraying of bristles

f) Any other interdental aids used: None

Adverse Habits :

Tobacco chewing: Absent

Smoking: Absent

Pan/ betel nut chewing: Absent

Alcohol: Absent

Parafunctional: Absent

General Examination :

1) Stature: Normal

2) Nourishment: Well nourished

3) Gait: Normal

4) Built: Endomorphic

Extraoral Examination :

Symmetry of face: No gross facial asymmetry detected

Lymph node: Non tender, non palpable

TMJ: No clicking, no crepitation, no deviation & no defects

Lips: Competent

Intraoral Examination :

Buccal mucosa: No abnormality detected

Labial mucosa: No abnormality detected

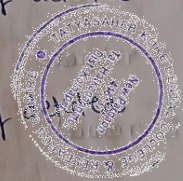
Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality

Halitosis: Present



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**GINGIVA**

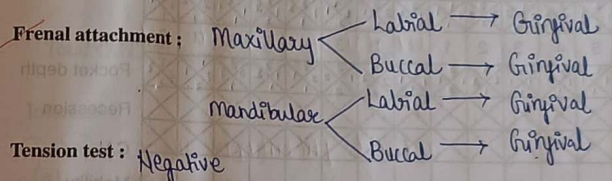
|                  |  |  |  |
|------------------|--|--|--|
| Colour:          | Reddish pink                                       | Reddish pink                                       | Reddish pink                                       |
| Consistency      | Soft & edematous                                   | Soft & edematous                                   | Soft & edematous                                   |
| Contour:         | Accentuated $\bar{12, 13, 22, 23}$                 | Accentuated $\bar{26}$                             | Scalloped  |
| Size:            | Grade I  | Grade I  | Grade I  |
| Shape:           | rolled out margin with bulbous interdental papilla | rolled out margin with bulbous interdental papilla | rolled out margin with bulbous interdental papilla |
| Surface texture: | Stippling is reduced                               | Stippling is reduced                               | Stippling is reduced                               |
| Position:        | Apical to CEJ                                      | Apical to CEJ                                      | Apical to CEJ                                      |

**Bleeding on probing :**

|             |         |         |
|-------------|---------|---------|
| Present     | Present | Present |
| Present     | Present | Present |
| Exudation : |         |         |
| Absent      |         |         |

**Abscess : Absent**

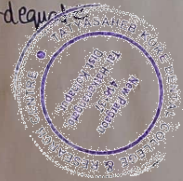
**MUCOGINGIVAL PROBLEMS**



**Tension test : Negative**

**Width of attached gingiva : Adequate**

**Depth of vestibule : Adequate**



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 Dist. Kolhapur - 416 122



**DENTAL STATUS**

Teeth present : 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Teeth missing : -

Carious teeth : Proximal caries = 25

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease

Attrition : -

Abrasion : -

Erosion : -

Proximal contact relationship: Generalised tight contact

Tooth anatomy: Normal

Malposed teeth -

Teeth Deposits : - Plaque : +

Calculus : ++

Stains : ++

Occlusion : traumatic / atraumatic

1) Overjet : 2mm

2) Overbite : 1-5mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test Absent



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Jew Pargaon, Tal. Hatkanangli  
Dist. Kolhapur, 416 127

PROBABLE ETIOLOGIC FACTORS:

Local: Improper brushing technique  
Dental plaque  
Dental Calculus

Systemic: -

PROVISIONAL DIAGNOSIS:

Chronic generalized gingivitis with localized moderate periodontitis  
16, 13, 12, 22, 23, 26 — AAP 1999.  
Generalized dental biofilm induced gingivitis with localized Stage II  
Grade A periodontitis — AAP/EPF

INVESTIGATIONS:

1) Laboratory

2) Roentgenographic

Generalized dental biofilm induced gingivitis with localized Stage II  
Grade A periodontitis — AAP/EPF

PROGNOSIS:

Overall: Good

|             | Good   | Fair                      | Poor | Questionable | Hopeless |
|-------------|--|---------------------------|------|--------------|----------|
| Individual: | 11, 14, 15, 17, 18, 21,<br>24, 25, 27, 28, 31,<br>32, 33, 34, 35, 36, 37,<br>38, 41, 42, 43, 44, 45,<br>46, 47, 48 | 16, 13, 12,<br>22, 23, 26 |      |              |          |

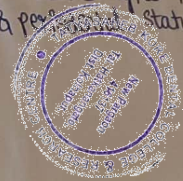
TREATMENT PLAN:

Emergency phase: -

Phase I therapy: Habit counselling  
Oral hygiene instructions  
Scaling & root planing

Evaluation of response to phase I

Patient is recalled after 4 weeks  
Gingival & periodontal status is checked



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DEPARTMENT OF PERIODONTICS  
CASE RECORD

Serial No. : 5

O. P. D. No. : 16473

Name : Santosh Yashwant Mohite

Date : 16-7-24

Age : 37 years

Gender : Male

Occupation : Teacher

Address : At Post :- Padal  
Taluka :- Panhala  
District :- Kolhapur

Chief Complaint : Patient complains of unclean teeth of upper and lower arch since 1 year.

History of Present illness : Patient was apparently alright 1 year back, then he noticed  maxillary and mandibular teeth

Past dental History : NO relevant

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Phase II therapy :

muco-gingival surgery 22, 23, 12, 18

Evaluation of response to phase II

Check gingival & periodontal status after 4 weeks

Phase III therapy :

Permanent restoration 25

Phase IV therapy (maintenance phase) :

Patient is recalled once in 3 month for 1 year

Discussed with : Dr. Supriya Shirodkar  
ma'am

Signature

Medical History : NO relevant history

Family History : No relevant history

Personal History :

- a) Agents used : Commercially available dentifrices & toothbrush
- b) Duration : 2-3 min
- c) Type of brushing : Horizontal scrub technique
- d) Frequency / frequency of changing brush : 3 months
- e) Reason for changing brush : Fraying of bristles
- f) Any other interdental aids used : None

Adverse Habits :

Tobacco chewing : Absent

Smoking : Absent

Pan/betal nut chewing : Absent

Alcohol : Absent

Parafunctional : Absent

General Examination :

- 1) Stature : Normal
- 2) Nourishment : Well-nourished
- 3) Gait : Normal
- 4) Build : Endomorphic

Extraoral Examination :

- Symmetry of face : NO gross facial asymmetry detected
- Lymph node : Non tender, non palpable
- TMJ : No clicking, no crepitus; no deviation & no deflection
- Lips : Competent

Intraoral Examination :

Buccal mucosa : NO abnormality detected

Labial mucosa : NO abnormality detected

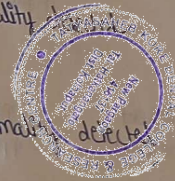
Vestibular mucosa : NO abnormality detected

Floor of the mouth : NO abnormality detected

Palate : NO abnormality detected

Tongue : NO abnormality detected

Halitosis : Present



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GINGIVAL STATUS

Colour:

|                              |                           |                           |
|------------------------------|---------------------------|---------------------------|
| Reddish pink<br>Reddish pink | Pale pink<br>Reddish pink | Reddish pink<br>Pale pink |
|------------------------------|---------------------------|---------------------------|

Consistency

|                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|
| Soft & edematous<br>Soft & edematous | Firm & resilient<br>Soft & edematous | Soft & edematous<br>Firm & resilient |
|--------------------------------------|--------------------------------------|--------------------------------------|

Contour:

|                        |                        |                        |
|------------------------|------------------------|------------------------|
| Scalloped<br>Scalloped | Scalloped<br>Scalloped | Scalloped<br>Scalloped |
|------------------------|------------------------|------------------------|

Size:

|                    |                    |                    |
|--------------------|--------------------|--------------------|
| Grade I<br>Grade I | Grade 0<br>Grade I | Grade I<br>Grade 0 |
|--------------------|--------------------|--------------------|

Shape:

|  |   |   |
|--|---|---|
| Rolled out margin with bulbous interdental papilla | Knife edged gingival margin with pyramidal shaped interdental papilla | Rolled out margin with bulbous interdental papilla<br>Knife edged gingival margin with pyramidal shaped interdental papilla |
|--|---|---|

Surface texture:

|  |   |   |
|--|---|---|
| Stippling is reduced<br>Stippling is reduced | Stippling present<br>Stippling is reduced | Stippling is reduced<br>Stippling present |
|--|---|---|

Position:

|                  |                  |                  |
|------------------|------------------|------------------|
| At CEJ<br>At CEJ | At CEJ<br>At CEJ | At CEJ<br>At CEJ |
|------------------|------------------|------------------|

Bleeding on probing:

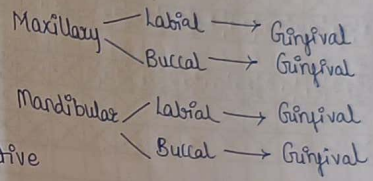
|                    |                   |                   |
|--------------------|-------------------|-------------------|
| Present<br>Present | Absent<br>Present | Present<br>Absent |
|--------------------|-------------------|-------------------|

Exudation: Absent

Abscess: Absent

MUCOGINGIVAL PROBLEMS

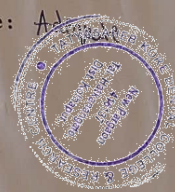
Frenal attachment:



Tension test: Negative

Width of attached gingiva: Adequate

Depth of vestibule: A



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PERIODONTAL STATUS

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| +   | + | + | + | + | + | - | - | + | - | - | + | + | + | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| BOP   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Furcation   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Path migration  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mobility  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| CAL   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Recession   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pocket depth  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> </tr> <tr> <td>2</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> </tr> <tr> <td>3</td><td>2</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td> </tr> <tr> <td>4</td><td>3</td><td>2</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td> </tr> <tr> <td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>2</td><td>3</td> </tr> <tr> <td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td><td>2</td> </tr> <tr> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> </table> |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 3 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 4 | 3 | 2 | 1 | 2 | 3 | 4 | 5 | 5 | 4 | 3 | 2 | 1 | 2 | 3 | 4 | 6 | 5 | 4 | 3 | 2 | 1 | 2 | 3 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 2 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 2   | 1 | 2 | 3 | 4 | 5 | 6 | 7 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 3   | 2 | 1 | 2 | 3 | 4 | 5 | 6 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 4   | 3 | 2 | 1 | 2 | 3 | 4 | 5 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 5   | 4 | 3 | 2 | 1 | 2 | 3 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 6   | 5 | 4 | 3 | 2 | 1 | 2 | 3 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 7   | 6 | 5 | 4 | 3 | 2 | 1 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 8   | 7 | 6 | 5 | 4 | 3 | 2 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pocket depth  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Recession   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| CAL   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mobility  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Path migration  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Furcation   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| +   | + | + | + | + | + | + | + | + | + | + | - | - | - | - |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| BOP   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

Oral hygiene status :

a) O.H.I.S. (Greene & Vermillion)

Debris Index :

|   |   |   |
|---|---|---|
| 1 | 0 | 1 |
| 6 | 1 | 6 |
| 1 | 0 | 1 |

Total D.I. Score :  $\frac{4}{6} = 0.6$   
= (Good)

Calculus Index :

|   |   |   |
|---|---|---|
| 0 | 1 | 1 |
| 6 | 1 | 6 |
| 0 | 1 | 1 |

Total C.I. Score :  $\frac{4}{6} = 0.6$  = (Good)

Total O.H.I.S. Score per Person =  $0.6 + 0.6$   
= 1.2

Inference :

Debris Index : Good  
Calculus Index : Good  
OHI-S Index : Good



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DENTAL STATUS

Teeth present : 

|   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Teeth missing : -

Carious teeth : Deep proximal caries 25

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

bad - distal distal  
bad - distal distal  
bad - distal distal

Hypersensitivity : -

Wasting disease

Attrition : -

Abrasion : -

Erosion : -

Proximal contact relationship: Generalised tight contact

Tooth anatomy : Normal

Malposed teeth -

Teeth Deposits :

Plaque : +

Calculus : ++

Stains : ++

Occlusion : traumatic / atraumatic

1) Overjet : 2mm

2) Overbite : 1.5mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test Absent



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PROBABLE ETIOLOGIC FACTORS:

Local: Improper brushing technique  
Dental plaque  
Dental calculus

Systemic: -

PROVISIONAL DIAGNOSIS:

Chronic generalized gingivitis (AAP 1999)  
Dental biofilm induced generalized gingivitis (AAP/EFP 2017)

INVESTIGATIONS:

1) Laboratory -

2) Roentgenographic -

FINAL DIAGNOSIS

Chronic generalized gingivitis (AAP 1999)  
Dental biofilm induced generalized gingivitis (AAP/EFP 2017)

PROGNOSIS:

Overall: Good

Individual:

| Good  | Fair | Poor | Questionable | Hopeless |
|---|------|------|--------------|----------|
| 11, 12, 14, 15, 16, 17,<br>18, 21, 22, 23, 24, 25,<br>26, 27, 28, 31, 32,<br>33, 34, 35, 36, 37,<br>38, 41, 42, 43, 44,<br>45, 46, 47, 48 |      |      |              |          |

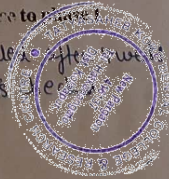
TREATMENT PLAN:

Emergency phase:

Phase I therapy: Oral hygiene instructions  
Scaling

Evaluation of response to

patient is recalled after 2 weeks  
gingival status is stable



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Phase II therapy :

Root canal treatment of 25

Evaluation of response to phase II

Check status of gingiva after 4 weeks

Phase III therapy : -

Phase IV therapy (maintenance phase) :

Patient is recalled once in 3 months for 1 year

Discussed with :

Dr. Supriya Shirodkar  
Ma'am

Signature

### CASE RECORD

Serial No. : 6

O.P.D. No. : 15436

Name : Avinash Sampatras Patil

Date : 8-07-2024

Age : 40 years

Gender : Male

Occupation : Farmer

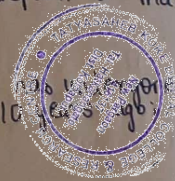
Address : Taluka : Karvir

District : Kolhapur

Chief Complaint : Patient complains of unclean teeth of upper and lower arch since 6 months

History of Present illness : Patient was apparently alright 6 months back then he noticed deposits on maxillary and mandibular teeth.

Past dental History : Patient  
tooth region of jaw 10  
Complications



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R.C.T. of upper front back  
and Dr. K.D.C. & Research Centre  
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Dist. Kolhapur 416 13

Medical History: No relevant history

Family History: No relevant history

Personal History:

a) Agents used: Commercially available dentifrices & toothbrush

b) Duration: 2-3 min

c) Type of brushing: Horizontal scrub method

d) Frequency / frequency of changing brush: 3 months

e) Reason for changing brush: Fraying of bristles

f) Any other interdental aids used: None

Adverse Habits:

Tobacco chewing: Patient has habit of chewing tobacco 3-4 times daily since 5 years. Patient consumes 1 packet in 4 days

Smoking: Absent

Pan/betal nut chewing: Absent

Alcohol: Absent

Parafunctional: Absent

General Examination:

1) Stature: Normal

3) Gait: Normal

2) Nourishment: Well nourished

4) Build: Mesomorphic

Extraoral Examination:

Symmetry of face: No gross facial asymmetry detected

Lymph node: Non tender, non palpable

TMJ: No clicking, no crepitus, no deviation & no deflection

Lips: Competent

Intraoral Examination:

Buccal mucosa: No abnormality detected

Labial mucosa: No abnormality detected

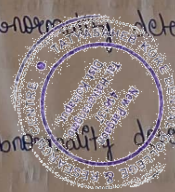
Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality detected

Halitosis: Present



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GINGIVALS

Colour:

|              |              |              |
|--------------|--------------|--------------|
| Reddish pink | Pale pink    | Reddish pink |
| Pale pink    | Reddish pink | Pale pink    |

Consistency

|                  |                  |                  |
|------------------|------------------|------------------|
| Soft & edematous | Firm & resilient | Soft & edematous |
| Firm & resilient | Soft & edematous | Firm & resilient |

Contour:

|                          |                                 |                          |
|--------------------------|---------------------------------|--------------------------|
| Accentuated $\approx 14$ | Scalloped                       | Accentuated $\approx 25$ |
| Scalloped                | Accentuated $\approx 2, 41, 43$ | Scalloped                |

Size:

|         |         |         |
|---------|---------|---------|
| Grade I | Grade 0 | Grade I |
| Grade 0 | Grade I | Grade 0 |

Shape:

|  |  |  |
|--|--|--|
| rolled out margin with bulbous interdental papilla               | knife shaped edged gingival margin with pyramidal shaped interdental papilla | rolled out margin with bulbous interdental papilla               |
| knife edged gingival margin with tent shaped interdental papilla | rolled out margin with bulbous interdental papilla                           | knife edged gingival margin with tent shaped interdental papilla |

Surface texture:

|                   |                   |                   |
|-------------------|-------------------|-------------------|
| Stippling reduced | Stippling present | Stippling reduced |
| Stippling present | Stippling reduced | Stippling present |

Position:

|               |               |               |
|---------------|---------------|---------------|
| Apical to CEJ | At CEJ        | Apical to CEJ |
| At CEJ        | Apical to CEJ | At CEJ        |

Bleeding on probing:

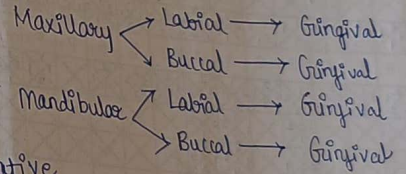
|         |         |         |
|---------|---------|---------|
| Present | Absent  | Present |
| Absent  | Present | Absent  |

Exudation: Absent

Abscess: Absent

MUCOGINGIVAL PROBLEMS

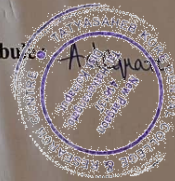
Frenal attachment:



Tension test: Negative

Width of attached gingiva: Adequate

Depth of vestibule: Adequate



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DENTAL STATUS

Teeth present :

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Teeth missing : 5 55

Carious teeth : Deep proximal caries 2/25

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease

Attrition : -

Abrasion : -

Erosion : -

Proximal contact relationship: Generalized tight contact

Tooth anatomy: Normal

Malposed teeth -

Teeth Deposits :

Plaque : +

Calculus : ++

Stains : ++

Occlusion : traumatic / atraumatic

1) Overjet : 2 mm

2) Overbite : 1.5 mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test Absent



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PROBABLE ETIOLOGIC FACTORS:

Local: Improper brushing technique  
 Dental plaque  
 Dental Calculus  
 Systemic: -

PROVISIONAL DIAGNOSIS:

Chronic generalized gingivitis with localized moderate periodontitis 7, 14, 25, 21, 41, 43 (AAP 1999)  
 Generalized dental biofilm induced gingivitis with localized stage I Grade B periodontitis (AAP/EFP 2017)

INVESTIGATIONS:

1) Laboratory

2) Roentgenographic

FINAL DIAGNOSIS

Chronic generalized gingivitis with localized moderate periodontitis 7, 14, 25, 21, 41, 43 (AAP 1999)  
 Generalized dental biofilm induced gingivitis with localized stage I Grade B periodontitis (AAP/EFP 2017)

PROGNOSIS:

Overall: Good

| Individual   | Good | Fair   | Poor | Questionable | Hopeless |
|--|------|--------|------|--------------|----------|
| 11, 12, 13, 15, 16, 17, 18, 21, 22, 23, 24, 26, 27, 28, 32, 33, 34, 36, 37, 38, 41, 42, 44, 45, 46, 47, 48 |      | 41, 43 |      |              |          |

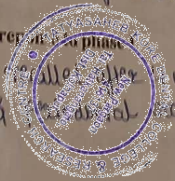
TREATMENT PLAN:

Emergency phase: -

Phase I therapy: Habit counselling  
 Oral hygiene instructions  
 Scaling & root planing

Evaluation of repair phase

Patient is stable with Gingival & periodontal



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Phase II therapy :

Muco-gingival surgery on 31.01.23  
Root canal treatment on 25.01.23

Evaluation of response to phase II

Check gingival & periodontal status after 4 weeks


Phase III therapy :

Fixed prosthesis on 35

Phase IV therapy (maintenance phase) :

Patient is recalled once in 3 months for 1 year

Discussed with : Dr. Pradnya Khatavkar  
ma'am

Signature 

DEPARTMENT OF PERIODONTICS  
CASE RECORD

Serial No. : 7

O.P.D. No. : 16374

Name : Ranjeet Prakash Lohar

Date : 15-07-2024

Age : 30 years

Gender : Male

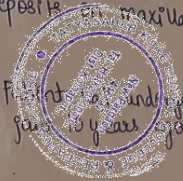
Occupation : Worker at MIDC

Address : At Post :- Pargan  
Taluka :- Hattkanangale  
District :- Kolhapur

Chief Complaint : Patient complains of unclean teeth of upper and lower arch since 1 year.

History of Present illness : Patient was apparently alright 1 year back; then he noticed deposits on maxillary and mandibular teeth.

Past dental History : Patient underwent orthodontic treatment in Pargan, Hattkanangale, Kolhapur 4 yrs ago.



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Principal

Principal & Research Consultant  
Department of Periodontics  
Pargan, Hattkanangale,  
Kolhapur - 416 112

Medical History: No relevant history

Family History: No relevant history

**Personal History:**

- a) Agents used: Commercially available dentifrices & toothbrush
- b) Duration: 2-3 min
- c) Type of brushing: Horizontal scrub method
- d) Frequency / frequency of changing brush: 3 months
- e) Reason for changing brush: Fraying of bristles
- f) Any other interdental aids used: None

**Adverse Habits:**

Tobacco chewing: Patient has habit of eating mawa twice daily since 5 years; Patient consumes 1 packet in 4 days

Smoking: Absent

Pan/betal nut chewing: Absent

Alcohol: Absent

Parafunctional: Absent

**General Examination:**

- 1) Stature: Normal
- 2) Nourishment: Well-nourished
- 3) Gait: Normal
- 4) Build: Mesomorphic

**Extraoral Examination:**

- Symmetry of face: No gross facial asymmetry detected
- Lymph node: Non tender, non palpable
- TMI: No clicking, no crepitation, no deviation and no deflection
- Lips: Competent

**Intraoral Examination:**

Buccal mucosa: No abnormality detected

Labial mucosa: No abnormality detected

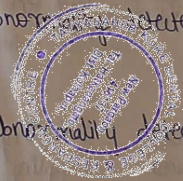
Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality detected

Halitosis: Present



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### GINGIVAL STATUS

Colour:

|                           |                              |                        |
|---------------------------|------------------------------|------------------------|
| Pale pink<br>Reddish pink | Reddish pink<br>Reddish pink | Pale pink<br>Pale pink |
|---------------------------|------------------------------|------------------------|

Consistency

|                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|
| Firm & resilient<br>Soft & edematous | Soft & edematous<br>Soft & edematous | Firm & resilient<br>Firm & resilient |
|--------------------------------------|--------------------------------------|--------------------------------------|

Contour:

|                                       |  |                        |
|---------------------------------------|--|------------------------|
| Scalloped<br>Accentuated $\approx 46$ | Accentuated $\approx 13, 23$<br>Accentuated $\approx 31, 32, 41, 42$ | Scalloped<br>Scalloped |
|---------------------------------------|--|------------------------|

Size:

|                    |                     |                    |
|--------------------|---------------------|--------------------|
| Grade 0<br>Grade I | Grade II<br>Grade I | Grade 0<br>Grade 0 |
|--------------------|---------------------|--------------------|

Shape:

|  |   |  |
|--|---|--|
| Knife edged gingival margin with tent shaped interdental papilla | Rollled out margin with bulbous interdental papilla | Knife edged gingival margin with tent shaped interdental papilla |
| Rollled out margin with bulbous interdental papilla              | Rollled out margin with bulbous interdental papilla | Knife edged gingival margin with tent shaped interdental papilla |

Surface texture:

|   |  |  |
|---|--|--|
| Stippling present<br>Stippling is reduced | Stippling is reduced<br>Stippling is reduced | Stippling present<br>Stippling present |
|---|--|--|

Position:

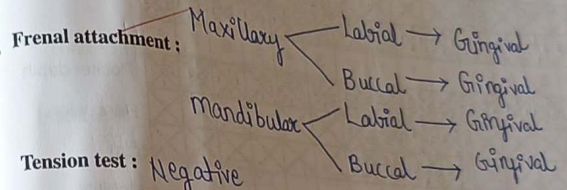
|                         |                                |                  |
|-------------------------|--------------------------------|------------------|
| At CEJ<br>Apical to CEJ | Apical to CEJ<br>Apical to CEJ | At CEJ<br>At CEJ |
|-------------------------|--------------------------------|------------------|

Bleeding on probing:

|                   |                    |                  |
|-------------------|--------------------|------------------|
| Absent<br>Present | Present<br>Present | Absent<br>Absent |
| Exudation: Absent |                    |                  |

Abscess: Absent

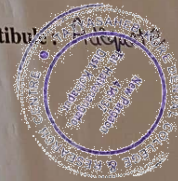
### MUCOGINGIVAL PROBLEMS



Tension test: Negative

Width of attached gingiva: Adequate

Depth of vestibule:



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PERIODONTAL STATUS

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |                |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------|---|----------------|
| - | - | - | - | + | + | + | + | + | + | - | - | - | - | BOP            |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   | Furcation      |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   | Path migration |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   | Mobility       |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   | CAL            |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   | Recession      |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   | Pocket depth   |   |                |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7              | 8 | Pocket depth   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   | Recession      |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   | CAL            |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   | Mobility       |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   | Path migration |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   | Furcation      |
| - | - | - | + | - | + | + | + | + | + | - | - | - | - | -              | - | BOP            |

a) O.H.I.S. (Greene & Vermillion) Oral hygiene status :

Debris Index :

|   |   |   |
|---|---|---|
| 1 | 1 | 1 |
| 6 | 1 | 6 |
| 1 | 1 | 1 |

Total D.I. Score :  $\frac{6}{6} = 1$   
: (Fair)

Calculus Index :

|   |   |   |
|---|---|---|
| 1 | 0 | 1 |
| 6 | 1 | 6 |
| 1 | 1 | 0 |

Total C.I. Score :  $\frac{4}{6} = 0.6$   
: Good

Total O.H.I.S. Score per Person = 1 + 0.6  
= 1.6 (Fair)

Inference :

Debris Index : fair  
Calculus Index : Good  
DHIS Index : fair



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DENTAL STATUS

Teeth present : 8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Teeth missing : -

Carious teeth : Pit & fissure caries = 36, 46

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease -

Attrition : -

Abrasion : -

Proximal contact relationship: Generalized tight contact

Tooth anatomy: Normal

Malposed teeth -

Teeth Deposits :

Plaque : ++

Calculus : ++

Stains : ++

Occlusion : ~~traumatic~~ / atraumatic

1) Overjet : 2mm

2) Overbite : 1.5mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test : Absent



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PROBABLE ETIOLOGIC FACTORS:

- Local: Improper brushing technique  
Dental Plaque  
Dental Calculus
- Systemic: -

PROVISIONAL DIAGNOSIS:

- Chronic generalized gingivitis with localized severe periodontitis 13, 23, 31, 32, 41, 42, 46 - AAP (1999)
- Generalized dental biofilm induced gingivitis with localized Stage III Grade A periodontitis - AAP/EFP 2017

INVESTIGATIONS:

- 1) Laboratory
- 2) Roetgenographic

FINAL DIAGNOSIS

- Chronic generalized gingivitis with localized severe periodontitis 13, 23, 31, 32, 41, 42, 46 - AAP 1999
- Generalized dental biofilm induced gingivitis with localized Stage III Grade A periodontitis - AAP/EFP 2017

PROGNOSIS:

Overall: Good

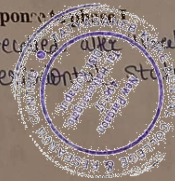
|             | Good   | Fair                       | Poor | Questionable | Hopeless |
|-------------|--|----------------------------|------|--------------|----------|
| Individual: | 11, 12, 14, 15, 16, 17, 18, 21, 22, 24, 25, 26, 27, 28, 33, 34, 35, 36, 37, 38, 43, 44, 45, 46, 47, 48 | 13, 23, 31, 32, 41, 42, 46 |      |              |          |

TREATMENT PLAN:

Emergency phase: -

- Phase I therapy: Habit counselling  
Oral hygiene instructions  
Scaling & root planning

Evaluation of response  
Patient is re-evaluated  
Gingival & periodontal status is checked



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Phase II therapy :

Mucogingival surgery  $\bar{13, 23, 31, 32, 41, 42}$

Evaluation of response to phase II

Check gingival & periodontal status after 4 weeks

Phase III therapy : Permanent restoration  $\bar{36, 46}$

Phase IV therapy (maintenance phase) :

Patient is recalled once in 3 months for 1 year

Discussed with

Dr. Pradya Khatavkar  
M.A.M

Signature

## DEPARTMENT OF PERIODONTICS CASE RECORD

Serial No. : 8

O.P.D. No. : 28840

Name : Mrs. Shital Ramras Hirve

Date : 4-11-2024

Age : 32 years

Gender : Female

Occupation : Housewife

Address : Vaibhav Colony, Male;  
Taluka : Panhala  
District : Kolhapur

Chief Complaint : Patient complains of unclear teeth of upper and lower arch since 1 year.

History of Present illness : Patient was apparently alright 1 year back; the noticed deposits on maxillary.

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S.K.D. Research Centre  
Jaw Parganah, Tal. Hatkanangli,  
Kolhapur.

Past dental History : Patient had undergone LA without any complications.

Medical History : No relevant history

Family History : No relevant history

Personal History :

- a) Agents used : Commercially available dentifrices and toothbrush
- b) Duration : 2-3 min
- c) Type of brushing : Horizontal scrub method
- d) Frequency / frequency of changing brush : 3 months
- e) Reason for changing brush : Fraying of bristles
- f) Any other interdental aids used : None

Adverse Habits :

Tobacco chewing : No relevant history

Smoking : Absent

Pan/ betel nut chewing : Absent

Alcohol : Absent

Parafunctional : Absent

General Examination :

- 1) Stature : Normal
- 2) Nourishment : Well nourished
- 3) Gait : Normal
- 4) Built : Mesomorphic

Extraoral Examination :

- Symmetry of face : No gross facial asymmetry recorded
- Lymph node : Non tender ; non palpable
- TMJ : No clicking ; no crepitation ; no deviation and no defects
- Lips : Competent

Intraoral Examination :

Buccal mucosa : No abnormality detected

Labial mucosa : No abnormality detected

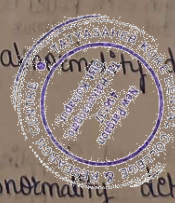
Vestibular mucosa : No abnormality detected

Floor of the mouth : No abnormality detected

Palate : No abnormality detected

Tongue : No abnormality detected

Halitosis : Present



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GINGIVAL STATUS

Colour:

|              |              |              |
|--------------|--------------|--------------|
| Reddish pink | Reddish pink | Reddish pink |
| Reddish pink | Reddish pink | Reddish pink |

Consistency

|                  |                  |                  |
|------------------|------------------|------------------|
| Soft & edematous | Soft & edematous | Soft & edematous |
| Soft & edematous | Soft & edematous | Soft & edematous |

Contour:

|             |             |             |
|-------------|-------------|-------------|
| Accentuated | Accentuated | Accentuated |
| Accentuated | Accentuated | Accentuated |

Size:

|         |         |         |
|---------|---------|---------|
| Grade I | Grade I | Grade I |
| Grade I | Grade I | Grade I |

Shape:

|  |  |  |
|--|--|--|
| Rolled out margin with bulbous interdental papilla | Rolled out margin with bulbous interdental papilla | Rolled out margin with bulbous interdental papilla |
| Rolled out margin with bulbous interdental papilla | Rolled out margin with bulbous interdental papilla | Rolled out margin with bulbous interdental papilla |

Surface texture:

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Stippling is reduced | Stippling is reduced | Stippling is reduced |
| Stippling is reduced | Stippling is reduced | Stippling is reduced |

Position:

|               |               |               |
|---------------|---------------|---------------|
| Apical to CEJ | Apical to CEJ | Apical to CEJ |
| Apical to CEJ | Apical to CEJ | Apical to CEJ |

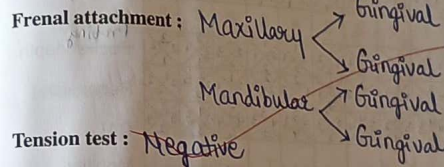
Bleeding on probing:

|         |         |         |
|---------|---------|---------|
| Present | Present | Present |
| Present | Present | Present |

Exudation: Absent

Abscess: Absent

MUCOGINGIVAL PROBLEMS



Width of attached gingiva: Adequate

Depth of vestibule: Adequate



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DENTAL STATUS

Teeth present :  
8 7 6 5 4 3 2 1 | 2 3 4 5 6 7 8  
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Teeth missing : 21

Carious teeth : Proximal caries = 37; 44

Restorations/ Prosthesis : Absent

Overhanging restorations : Absent

Plunger cusp : Absent

Food impaction : Absent

Hypersensitivity : Absent

Wasting disease

Attrition : Absent

Abrasion : Absent

Erosion : Absent

Proximal contact relationship: Generalized tight contact

Tooth anatomy : Normal

Malposed teeth Absent

Teeth Deposits : Plaque : +

Calculus : ++

Stains : ++

Occlusion : traumatic / atraumatic

1) Overjet : 2mm

2) Overbite : 1.5mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test : Absent



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PROBABLE ETIOLOGIC FACTORS:

Local: Improper brushing technique  
Dental plaque  
Dental Calculus

Systemic: -

PROVISIONAL DIAGNOSIS:

Aggressive generalized periodontitis - AAP 1999  
Generalized periodontitis Stage II Grade C  
- AAP/EFP 2017

INVESTIGATIONS:

1) Laboratory -

2) Roentgenographic -

FINAL DIAGNOSIS

- Aggressive generalized periodontitis - AAP 1999
- Generalized periodontitis Stage II Grade C - AAP/EFP 2017

PROGNOSIS:

Overall: Fair

| Good | Fair  | Poor | Questionable | Hopeless |
|------|---|------|--------------|----------|
|      | 11, 12, 13, 14, 15, 16, 17,<br>18, 22, 23, 24, 25, 26, 27,<br>28, 31, 32, 33, 34, 35,<br>36, 37, 38, 41, 42,<br>43, 44, 45, 46, 47,<br>48 |      |              |          |

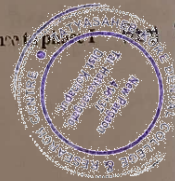
Individual:

TREATMENT PLAN:

Emergency phase: - Oral hygiene instructions  
Phase I therapy - Scaling and root planing

Phase I therapy: Patient is recalled after 4 weeks  
Gingival and periodontal status is checked

Evaluation of report



Patient recalled after 4 weeks  
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Phase II therapy :

micro-gingival surgery  $\bar{c}$  31, 32, 41, 42, 13, 23

Evaluation of response to phase II

Check gingival and periodontal status after 4 weeks


Phase III therapy :

Permanent restoration  $\bar{c}$  37, 44

Fixed prosthesis  $\bar{c}$  21

Phase IV therapy (maintenance phase):

Patient is recalled once in 3 month for 1 year

Discussed with :  Signature

DEPARTMENT OF PERIODONTICS  
CASE RECORD

Serial No. : 9

O.P.D. No. : 29493

Name : Rushikesh Kolekar Gaudsi

Date : 8-11-24

Age : 24 years

Gender : Male

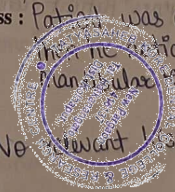
Occupation : Student

Address : New Pargan, Hatkanangale  
District : Kolhapur

Chief Complaint : Patient complains of unclear teeth of upper and lower arch since 1 year.

History of Present illness : Patient was apparently alright 1 year back, then he noticed deposits on maxillary & mandibular teeth.

Past dental History : No dental history.



Medical History: No relevant history

Family History: No relevant history

Personal History:

- a) Agents used: Commercially available dentifrices & toothbrush
- b) Duration: 2-3 min
- c) Type of brushing: Horizontal scrub method
- d) Frequency / frequency of changing brush: 3 months
- e) Reason for changing brush: Fraying of bristles
- f) Any other interdental aids used: None

Adverse Habits:

- Tobacco chewing: Patient has habit of chewing tobacco 1-2 times daily since 2 years. Patient consumes 1 packet in 6 days
- Smoking: Absent
- Pan/ betel nut chewing: Absent
- Alcohol: Absent
- Parafunctional: Absent

General:

- 1) Stature: Normal
- 2) Nourishment: Well nourished
- 3) Gait: Normal
- 4) Build: Mesomorphic

Extraoral Examination:

- Symmetry of face: - NO gross facial asymmetry detected
- Lymph node: - Non tender; non-palpable
- TMJ: No clicking; no crepitus; no deviation & no deflection
- Lips: Competent

Intraoral Examination:

Buccal mucosa: NO abnormality detected

Labial mucosa: NO abnormality detected

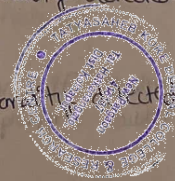
Vestibular mucosa: NO abnormality detected

Floor of the mouth: NO abnormality detected

Palate: - NO abnormality detected

Tongue: - NO abnormality detected

Halitosis: - NO abnormality detected



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**GINGIVAL STATUS**

Colour:

|                      |                         |                      |
|----------------------|-------------------------|----------------------|
| <del>Pale pink</del> | <del>Reddish pink</del> | <del>Pale pink</del> |
| <del>Pale pink</del> | <del>Reddish pink</del> | <del>Pale pink</del> |

Consistency

|                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|
| <del>Firm &amp; resilient</del> | <del>Soft &amp; edematous</del> | <del>Firm &amp; resilient</del> |
| <del>Firm &amp; resilient</del> | <del>Soft &amp; edematous</del> | <del>Firm &amp; resilient</del> |

Contour:

|                      |                               |                      |
|----------------------|-------------------------------|----------------------|
| <del>Scalloped</del> | <del>Accentuated 11, 12</del> | <del>Scalloped</del> |
| <del>Scalloped</del> | <del>Accentuated 21, 32</del> | <del>Scalloped</del> |

Size:

|                    |                    |                    |
|--------------------|--------------------|--------------------|
| <del>Grade 0</del> | <del>Grade I</del> | <del>Grade 0</del> |
| <del>Grade 0</del> | <del>Grade I</del> | <del>Grade 0</del> |

Shape:

|   |  |   |
|---|--|---|
| <del>Knife edged gingival margin with tent shaped interdental papilla</del> | <del>Rollled out margin with bulbous interdental papilla</del> | <del>Knife edged gingival margin with tent shaped interdental papilla</del> |
| <del>Knife edged gingival margin with tent shaped interdental papilla</del> | <del>Rollled out margin with bulbous interdental papilla</del> | <del>Knife edged gingival margin with tent shaped interdental papilla</del> |

Surface texture:

|                              |                                 |                              |
|------------------------------|---------------------------------|------------------------------|
| <del>Stippling present</del> | <del>Stippling is reduced</del> | <del>Stippling present</del> |
| <del>Stippling present</del> | <del>Stippling is reduced</del> | <del>Stippling present</del> |

Position:

|                   |                          |                   |
|-------------------|--------------------------|-------------------|
| <del>At CEJ</del> | <del>Apical to CEJ</del> | <del>At CEJ</del> |
| <del>At CEJ</del> | <del>Apical to CEJ</del> | <del>At CEJ</del> |

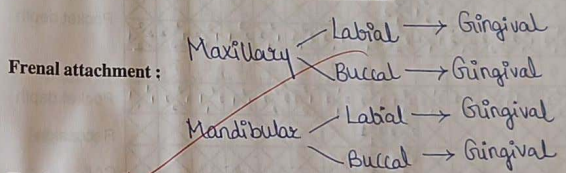
Bleeding on probing:

|                   |                    |                   |
|-------------------|--------------------|-------------------|
| <del>Absent</del> | <del>Present</del> | <del>Absent</del> |
| <del>Absent</del> | <del>Present</del> | <del>Absent</del> |

Exudation: Absent

Abscess: Absent

**MUCOGINGIVAL PROBLEMS**



Tension test: Negative

Width of attached gingiva: Adequate

Depth of vestibule: Adequate



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**PERIODONTAL STATUS**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   |                |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------|---|---|----------------|
| - | - | - | + | + | + | + | + | - | - | - | - | - | - | - | BOP            |   |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Furcation      |   |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Path migration |   |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Mobility       |   |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | CAL            |   |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Recession      |   |   |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Pocket depth   |   |   |                |
| 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 2 | 3 | 4 | 5 | 6              | 7 | 8 | Pocket depth   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   | Recession      |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   | CAL            |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   | Mobility       |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   | Path migration |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |   |   | Furcation      |
| - | - | - | + | + | + | + | - | - | - | - | - | + | - | - | BOP            |   |   |                |

**Oral hygiene status :**

a) O.H.I.S. (Greene & Vermillion)

Debris Index :

|   |   |   |
|---|---|---|
| 1 | 0 | 1 |
| 6 | 1 | 6 |
| 0 | 1 | 0 |

Total D.I. Score :  $\frac{2}{3} = 1$  (Fair)

Calculus Index :

|   |   |   |
|---|---|---|
| 1 | 2 | 0 |
| 6 | 1 | 6 |
| 0 | 1 | 0 |

Total C.I. Score :  $\frac{4}{3} = 1.3$  (Fair)

Total O.H.I.S. Score per Person =  $1 + 1.3 = 2.3$  (Fair)

Inference :

- Debris Index :- Fair
- Calculus Index :- Fair
- O.H.I.S. Index :- Fair



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DENTAL STATUS

Teeth present :  
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8  
8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Teeth missing : -

Carious teeth : Proximal caries 244

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease -

Attrition :

Abrasion :

Erosion : -

Proximal contact relationship: Generalized tight contact

Tooth anatomy: Normal

Malposed teeth -

Teeth Deposits :

Plaque : +

Calculus : +

Stains : ++

Occlusion : traumatic / atraumatic

1) Overjet : 2mm

2) Overbite : 1-5mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test :- Negative



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PROBABLE ETIOLOGIC FACTORS:

Local: Improper brushing technique  
Dental plaque  
Dental Calculus

Systemic: —

PROVISIONAL DIAGNOSIS:

Chronic generalized gingivitis with localized moderate periodontitis — AAP 1999  
Generalized dental biofilm induced gingivitis with localized Stage II  
Grade B periodontitis — AAP/EFP 2017

INVESTIGATIONS:

1) Laboratory —

2) Roentgenographic —

FINAL DIAGNOSIS

- Chronic generalized gingivitis with localized moderate periodontitis — AAP 1999
- Generalized dental biofilm induced gingivitis with localized Stage I Grade B periodontitis — AAP/EFP 2017

PROGNOSIS:

Overall: Good

|             | Good   | Fair           | Poor | Questionable/ hopeless |
|-------------|--|----------------|------|------------------------|
| Individual: | 13, 14, 15, 16, 17, 18, 21, 22, 23, 24, 25, 26, 27, 28, 33, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 46, 47, 48 | 11, 12, 31, 32 |      |                        |

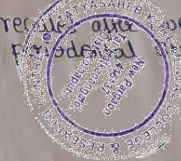
TREATMENT PLAN:

Emergency phase: —

Phase I therapy: Habit counselling  
Oral hygiene instruction  
Scaling & root planing

Evaluation of response to phase I

Patient is ready for phase II  
Gingival & periodontal status is



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Phase II therapy:

Muco-gingival surgery  $\bar{=}$  11, 12, 31, 32

Evaluation of response to phase II

Check gingival & periodontal status after 4 weeks

Phase III therapy:

Permanent restoration  $\bar{=}$  44

Phase IV therapy (maintenance phase):

Patient is recalled once in 3 month for 1 year

Discussed with :

Signature

## DEPARTMENT OF PERIODONTICS

### CASE RECORD

Serial No. : 10

O. P. D. No. : 89398

Name: Mrs. Nityajay Abdul Nadak

Date: 2-7-24

Age: 33 years

Gender: Female

Occupation: Housewife

Address: Vaibhav Niwas;  
Kodoli; District - Kolhapur

Chief Complaint: Patient complains of unclear teeth of upper & lower arch since 1 year

History of Present illness: Patient was apparently alright 1 year back after which she noticed deposits on maxillary and mandibular teeth.

Past dental History : No

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Medical History: No relevant history

Family History: No relevant history

Personal History:

- a) Agents used: Commercially available dentifrices & toothbrush
- b) Duration: 2-3 min
- c) Type of brushing: Horizontal scrub method
- d) Frequency / frequency of changing brush: 2 months
- e) Reason for changing brush: Fraying of bristles
- f) Any other interdental aids used: None

Adverse Habits:

- Tobacco chewing: Patient has habit of applying Mishri 1-2 times daily since 5 years
- Smoking: Absent
- Pan/betal nut chewing: Absent
- Alcohol: Absent
- Parafunctional: Absent

1) Stature: Normal

3) Gait: Normal

2) Nourishment: Well nourished

4) Built: Mesomorphic

Extraoral Examination:

Symmetry of face: No gross facial asymmetry recorded

Lymph node: No lymph node palpable

TMJ: No clicking; crepitus; deviation or deflection

Lips: Competent

Intraoral Examination:

Buccal mucosa: No abnormality detected

Labial mucosa: No abnormality detected

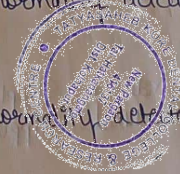
Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality detected

Halitosis: Present



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### GINGIVAL STATUS

Colour:

|                      |                         |                      |
|----------------------|-------------------------|----------------------|
| <del>Pale pink</del> | <del>Reddish pink</del> | <del>Pale pink</del> |
| Pale pink            | Reddish pink            | Pale pink            |

Consistency

|                                 |                                 |                                 |
|---------------------------------|---------------------------------|---------------------------------|
| <del>Firm &amp; resilient</del> | <del>Soft &amp; edematous</del> | <del>Firm &amp; resilient</del> |
| Firm & resilient                | Soft & edematous                | Firm & resilient                |

Contour:

|                      |  |                      |
|----------------------|--|----------------------|
| <del>Scalloped</del> | <del>Accentuated <math>\approx</math> 11, 21</del> | <del>Scalloped</del> |
| Scalloped            | Accentuated $\approx$ 31                           | Scalloped            |

Size:

|                    |                    |                    |
|--------------------|--------------------|--------------------|
| <del>Grade 0</del> | <del>Grade I</del> | <del>Grade 0</del> |
| Grade 0            | Grade I            | Grade 0            |

Shape:

|   |   |   |
|---|---|---|
| <del>Knife edged gingival margin with tent shaped interdental papilla</del> | <del>Polled out margin with bulbous interdental papilla</del> | <del>Knife edged gingival margin with tent shaped interdental papilla</del> |
| Knife edged gingival margin with tent shaped interdental papilla            | Polled out margin with bulbous interdental papilla            | Knife edged gingival margin with tent shaped interdental papilla            |

Surface texture:

|                              |                                 |                              |
|------------------------------|---------------------------------|------------------------------|
| <del>Stippling present</del> | <del>Stippling is reduced</del> | <del>Stippling present</del> |
| Stippling present            | Stippling is reduced            | Stippling present            |

Position:

|                   |                          |                   |
|-------------------|--------------------------|-------------------|
| <del>At CEJ</del> | <del>Apical to CEJ</del> | <del>At CEJ</del> |
| At CEJ            | Apical to CEJ            | At CEJ            |

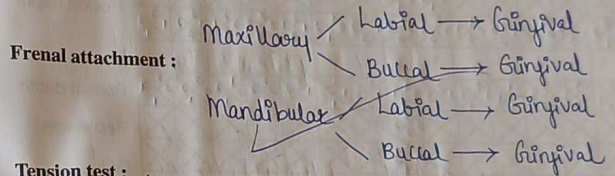
Bleeding on probing:

|                   |                    |                   |
|-------------------|--------------------|-------------------|
| <del>Absent</del> | <del>Present</del> | <del>Absent</del> |
| Absent            | Present            | Absent            |

Exudation: Absent

Abscess: Absent

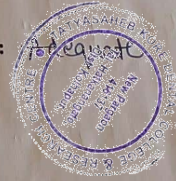
### MUCOGINGIVAL PROBLEMS



Tension test: Negative

Width of attached gingiva: Adequate

Depth of vestibule: Adequate



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PERIODONTAL STATUS

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                |                |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------|----------------|
| - | - | - | - | - | - | + | + | + | + | + | - | - | - | - | BOP            |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Furcation      |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Path migration |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Mobility       |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | CAL            |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Recession      |                |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | Pocket depth   |                |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8              | Pocket depth   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                | Recession      |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                | CAL            |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                | Mobility       |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                | Path migration |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |                | Furcation      |
| - | - | - | - | - | - | + | + | + | + | - | - | - | - | - | BOP            |                |

Oral hygiene status :

a) O.H.I.S. (Greene & Vermillion)

Debris Index :

|   |   |   |
|---|---|---|
| 1 | 1 | 1 |
| 6 | 1 | 6 |
| 1 | 1 | 1 |

Total D.I. Score :  $\frac{6}{6} = 1$  (Fair)

Calculus Index :

|   |   |   |
|---|---|---|
| 1 | 0 | 1 |
| 6 | 1 | 6 |
| 1 | 1 | 0 |

Total C.I. Score :  $\frac{4}{6} = 0.6$  (Good)

Total O.H.I.S. Score per Person =  $1 + 0.6$

= 1.6 (Fair)

Inference :

Debris Index : Fair

Calculus Index : Fair

O.H.I.S. Index : Fair



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**DENTAL STATUS**

Teeth present :  

|   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Teeth missing : -

Carious teeth : Pit & fissure Caries E 36

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease : -

Attrition :

Abrasion :

Erosion :

Proximal contact relationship: Generalized tight contact

Tooth anatomy: Normal

Malposed teeth -

Teeth Deposits :

Plaque : +

Calculus : +

Stains : ++

Occlusion : traumatic / atraumatic

1) Overjet : 2mm

2) Overbite : 1.5mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test :- Negative



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PROBABLE ETIOLOGIC FACTORS:

Improper brushing technique  
Local: Dental plaque  
Dental calculus  
Systemic: -

PROVISIONAL DIAGNOSIS:

Chronic generalized gingivitis with localized moderate periodontitis  
11, 21, 31 — AAP 1999  
Generalized dental biofilm induced gingivitis with localized stage II  
Grade B periodontitis — AAP/EFP 2017

INVESTIGATIONS:

1) Laboratory -

2) Roentgenographic -

FINAL DIAGNOSIS

Chronic generalized gingivitis with localized moderate periodontitis  
11, 21, 31 — AAP 1999  
Generalized dental biofilm induced gingivitis with localized  
stage II Grade B periodontitis — AAP/EFP 2017

PROGNOSIS:

Overall: Good

Individual :

| Good   | Fair          | Poor | Questionable | Hopeless |
|--|---------------|------|--------------|----------|
| 12, 13, 14, 15, 16, 17, 18,<br>22, 23, 24, 25, 26, 27, 28,<br>32, 33, 34, 35, 36, 37, 38,<br>41, 42, 43, 44, 45, 46,<br>47, 48 | 11, 21,<br>31 |      |              |          |

TREATMENT PLAN:

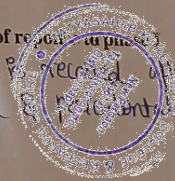
Emergency phase: -

Phase I therapy:

- Habit counselling
- Oral hygiene instruction
- Scaling & root planing

Evaluation of response at phase I

Patient responded after 1 week  
Gingival & periodontal



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Phase II therapy :

Mucogingival surgery 2 11, 21, 31

Evaluation of response to phase II

Check gingival & periodontal status after 4 week.

Phase III therapy :

Permanent restorations 2 36

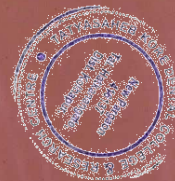
Phase IV therapy (maintenance phase) :

Patient is recalled once in 3 month for 1 year.

Discussed with :

Signature

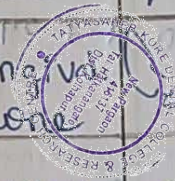
# STATEMENT OF WORK DONE



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## WORK DONE

| Sr. No. | OPD No. | Date    | Name               | Age | Sex | Work Done   | Signature |
|---------|---------|---------|--------------------|-----|-----|---|-----------|
| 1.      | 81333   | 5-9-23  | Ranjeet Santpal    | 47  | m   | Supragingival Scaling done                              | Amita     |
| 2.      | 81304   | 6-9-23  | Umesh Patil        | 25  | M   | Supragingival Scaling done                              | Amita     |
| 3.      | 81690   | 7-9-23  | Ganesh Nagargoje   | 23  | M   | Oral prophylaxis done                                   | Amita     |
| 4.      | 81721   | 8-9-23  | Ravindra Jadhav    | 38  | M   | Supragingival Scaling done                              | Amita     |
| 5.      | 81974   | 11-9-23 | Sharubai Rathod    | 50  | F   | Supragingival Scaling done                              | Pwag      |
| 6.      | 78838   | 12-9-23 | Sharad Chougule    | 35  | M   | Supragingival Scaling done                              | Amita     |
| 7.      | 82199   | 13-9-23 | Satyajeet Shirsale | 20  | M   | Supragingival Scaling done                              | Pradya    |
| 8.      | 82340   | 13-9-23 | Sanket Kamble      | 21  | M   | Supragingival Scaling done                              | Amita     |
| 9.      | 63193   | 14-9-23 | Suparna Patil      | 43  | F   | Supragingival Scaling done                              | Amita     |
| 10.     | 82823   | 18-9-23 | Rubala Momin       | 55  | F   | Supragingival Scaling done                              | Amita     |
| 11.     | 82838   | 18-9-23 | Mahesh Talap       | 33  | M   | Supragingival Scaling done                              | Amita     |
| 12.     | 81843   | 26-9-23 | Baburao Patil      | 70  | M   | Supragingival Scaling of maxillary anterior teeth done  | Amita     |
| 13.     | 83792   | 27-9-23 | Nandakumar Shinde  | 24  | M   | Supragingival Scaling of mandibular anterior teeth done | Amita     |



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DEPARTMENT OF PERIODONTICS

CERTIFICATE

This is to certify that this is a bonafide clinical work done in the Department of Periodontics by Mr./ Miss Kshitija Nitin Shinde Reg. No. 516274 student of IV B. D. S. in the year 2023 - 24 as prescribed by the Maharashtra University of Health Sciences, Nashik.

Professor & Head of the Department

Place : TKDC & RC, New Pargaon

Date : 29/11/2024

DEPARTMENT OF PERIODONTICS  
TATYASAHEB KORE DENTAL COLLEGE &  
RESEARCH CENTRE, NEW PARGAON.

Signature of the Examiners

Signature of the Staff Incharge


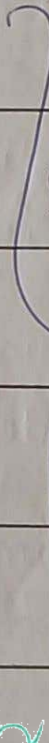
(1) Dr. Pradyu K

(2) Dr. Girish Deore



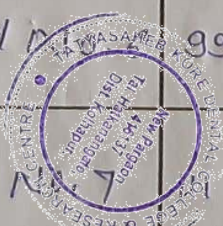
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Kolhapur - 416 117

# INDEX



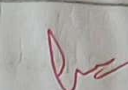
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## INTRODUCTION

1. **Periodontium**  $\Rightarrow$  Peri - around; Odontos - tooth.

It is a dynamic structure composed of tissues supporting and investing the teeth which comprises of four principal components - gingiva, periodontal ligament, cementum and alveolar process.

2. **Periodontology**

Periodontology is a scientific study of periodontium in health and disease.

3. **Periodontics**

The clinical science that deals with periodontium in health and disease is called periodontology, the practice of which is periodontics.

4. **Gingiva**

The gingiva is the part of the oral mucosa that covers the alveolar processes of the jaws and surrounds the neck of the teeth.

5. **Cementum**

Cementum is a calcified, avascular mesenchymal tissue that forms the outer covering of the anatomic root.

6. **Periodontal ligament**

It is a specialised fibrous connective tissue that surrounds and attaches the roots of teeth to the alveolar bone. It is also referred as periodontal membrane.

7. **Alveolar process**

The alveolar process is the portion of maxilla and mandible that forms and supports the tooth sockets (alveoli).

8. **Oral debris**

Loose food particles collected above cervical third and proximal embrasure of teeth.

9. **Materia alba**

Materia alba is a concentration of desquamated epithelial cells, leukocytes, and a mixture of food particles, and it lack regular internal pattern observed in plaque.



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#### 10. Stains

Pigmented deposits on the tooth surface are called as dental stains.

#### 11. Plaque

Dental plaque is defined clinically as a structured, resilient yellow-grayish substance that adheres tenaciously to the internal hard surfaces, including removable and fixed restorations.

#### 12. Calculus

Calculus consists of mineralised bacterial plaque that forms on the surfaces of natural teeth and dental prostheses.

#### 13. Periodontal Pockets

The periodontal pocket is defined as the pathological deepened gingival sulcus.

#### 14. Gingival recession

Recession is the exposure of the root surface by an apical shift in the position of gingiva.

#### 15. Clinical attachment loss

It is distance between base of pocket and fixed point on crown i.e. CEJ. It occurs when gingival margins located apical to CEJ.

#### 16. Furcation involvement

Furcation involvement refers to the invasion of the bifurcation and trifurcation of multirrooted teeth by periodontal disease.

#### 17. Food impaction

Food impaction is the forceful wedging of food into the periodontium by occlusal forces.

#### 18. Trauma from occlusion

When occlusal forces exceed the adaptive capacity of the tissues, resulting tissue injury is known as trauma from occlusion.

#### 19. Pathologic tooth migration

Pathologic migration refers to tooth displacement that results when the balance among the factors that maintain physiologic tooth position is disturbed by periodontal disease.

#### 20. Osseous defects

Different types of bone deformation resulting from periodontal disease is known as osseous defects.

#### 21. Hypersensitivity

Attrition occurring from exposed dentin typically in response to chemical, mechanical/osmotic stimuli, this pain can't explain arising from any other form of dental defect.

#### 22. Attrition

Attrition is occlusal wear resulting from functional contacts with opposing teeth.

#### 23. Abrasion

Abrasion refers to the loss of tooth substance induced by mechanical wear other than of mastication.

#### 24. Erosion

Erosion is a sharply defined, wedge-shaped depression in the cervical area of the facial tooth surface. It is also known as corrosion.

#### 25. Risk

The likelihood that a person will get a disease in a specified time period is called risk.

#### 26. Diagnosis

Identifying disease from an evaluation of history, signs, and symptoms, laboratory tests and procedures.

#### 27. Prognosis

The prognosis is a prediction of the course, duration and outcome of disease. It is based on knowledge of the pathogenesis of disease and presence of risk factors for the disease.

#### 28. Periodontitis

It is defined as an inflammatory disease of supporting tissue of the teeth.

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Khadi.

29. **Chronic periodontitis**  
Chronic periodontitis has been defined as infectious disease resulting in inflammation within supporting tissues of teeth, progressive attachment loss and bone loss.

30. **Aggressive periodontitis**  
It is periodontal destruction that becomes clinically significant around adolescence of early adulthood.

31. **Periodontal abscess**  
A periodontal abscess is a localized accumulation of pus within gingival wall of periodontal pocket and may result in destruction of periodontal ligament and alveolar bone.

32. **Pericoronitis**  
The term pericoronitis refers to inflammation of the gingiva in relation to the crown of an incompletely erupted tooth.

33. **Treatment plan**  
It is the blueprint for case management. It includes all procedures required to the crown of an incompletely erupted tooth.

34. **Plaque control**  
Plaque control is the regular removal of dental plaque and the prevention deposits on the surfaces of teeth, tongue and gingiva.

35. **Disclosing agents**  
Disclosing agents are solutions or wafers capable of staining bacterial deposits on the surfaces of teeth, tongue and gingiva.

36. **Oral prophylaxis**  
Removal of plaque, calculus and staining from exposed and unexposed surface of tooth by scaling as a preventive measure for control of facial irritation.

37. **Oral physiotherapy**  
Removal of bacterial plaque with brush and dental floss, other special instruments and also for maintenance of oral cleanliness.

38. **Antimicrobials**  
Chemotherapeutic agent that works by reduction in bacterial numbers.

39. **Scaling**  
Scaling is the process by which plaque and calculus are removed from both supragingival and subgingival tooth surfaces.

40. **Root planing**  
Root planing is the process by which residual embedded calculus and portions of cementum are removed from the roots to produce a smooth hard, clean surface.

41. **Coronoplasty**  
It is meticulous process of gently recourting a patient's tooth enamel, altering size and shape of teeth and resulting tooth surface for perfect.

42. **Curettage**  
Curettage means the scraping of the gingival wall of the periodontal pocket to separate diseased soft tissue.

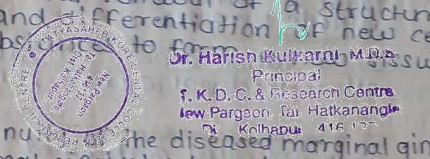
43. **Gingivectomy**  
Gingivectomy means excision of gingiva by removing the pocket wall which provides visibility and accessibility for complete calculus removal and thorough smoothing of the roots.

44. **Gingivoplasty**  
Gingivoplasty is a reshaping of the gingiva to create physiologic gingival contours, with sole purpose of recontouring gingiva in absence of pockets.

45. **Periodontal flap**  
A periodontal flap is a section of gingiva or mucosa surgically separated from underlying tissues to provide visibility and access to bone and root surface.

46. **Regeneration**  
Regeneration is the natural renewal of a structure produced by growth and differentiation of new cells and intercellular substance to form new tissues or parts.

47. **Repair**  
Simply restores the continuity of the diseased marginal gingiva and reestablishes a normal gingival sulcus at same level of the root as the base of pre-existing periodontal pocket.



#### 48. Reattachment

Repair in areas of root not previously exposed to the pocket such as after surgical detachment of tissues or following traumatic tears in cementum, tooth fracture or treatment of periapical lesions.

#### 49. New attachment

New attachment is the embedding of new periodontal ligament fibres into new cementum and attachment of gingival epithelium to a tooth surface previously denuded by disease.

#### 50. Resective Osseous surgery

It may be defined as procedure by which changes in alveolar can be accompanied by to get ridge of other tissues induced by periodontal disease process or other related factor.

#### 51. Osteotomy

The removal of tooth supporting bone is known as osteotomy.

#### 52. Osteoplasty

Osteoplasty refers to reshaping bone without removing tooth supporting bone.

#### 53. Mucogingival surgery

It is defined as periodontal surgical procedure designed to correct defect in morphology, position and amount of gingiva.

#### 54. Periodontal plastic surgery

It is defined as the surgical procedures performed to correct or eliminate anatomic, developmental or traumatic deformities of gingiva or alveolar mucosa.

#### 55. Dental Implants

An alloplastic material or device that is generally placed into oral cavity beneath mucosal or periodontal layer or within bone for functional, therapeutic and esthetic purposes.

#### 56. Osseointegration

It is when bone is in intimate contact, but not ultra structural contact with implant.

#### 57. Supportive periodontal therapy (SPT)

It is procedure performed at selected intervals to assist the periodontal patient in maintaining oral health.

## INSTRUMENTATION

### 1. CLASSIFICATION OF PERIODONTAL INSTRUMENTS

### 2. PRINCIPLES OF PERIODONTAL INSTRUMENTATION

### 3. PLAQUE CONTROL

- a. Mechanical
- b. Chemical

#### 1. CLASSIFICATION OF PERIODONTAL INSTRUMENTS :-

- The re-establishment and maintenance of periodontal health are main objectives of periodontal treatment.
- Local factors such as plaque and calculus are major factors for periodontal disease progression.
- Periodontal instruments have been designed to remove local factors and to obtain clean root surface.

#### ① Parts of Instrument :-

Working end / Blade / Nib



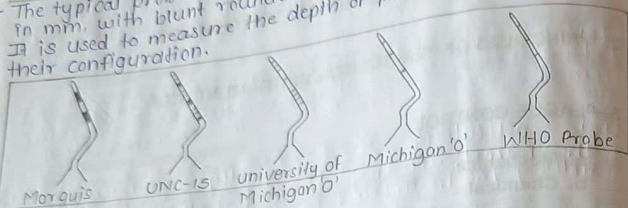
#### ② Classification :-

1. Diagnostic → Periodontal probe, mouth mirror, Tweezers, explorers, periscopes.
2. Scaling, root planing and curettage instruments → sickle scalars, curettes, hae, chisels, file scalars, ultrasonic and sonic instruments.
3. Periodontal endoscopes
4. Cleansing and polishing instruments.
5. Surgical → Excisional and incisional instruments, periodontal elevators, surgical curetters, state surgical section scissors, hemostat and tissue forceps.



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Periodontal Probes :-  
 - The typical probe is a tapered, rod like instrument calibrated in mm, with blunt rounded tip.  
 - It is used to measure the depth of pockets and to determine their configuration.



Types :-

- A) Marquis color coded probe :-  
The calibration are in 3mm section.
- B) The UNC 15 probe :-  
It is 15mm long probe with 5mm marking at each mm and colour coding at 5<sup>th</sup>, 10<sup>th</sup> and 15<sup>th</sup> mm.
- C) Williams probe :-  
Has color coded and non-color coded with marking at 1, 2, 3, 6, 7, 8, 9 and 10mm.
- D) Michigan O probe :-  
Markings as 3, 6, 8 mm.
- E) WHO probe :-  
It has 0.5mm ball at tip and markings at 3.5, 8.5 and 11.5mm and colour coding from 3.5 to 55mm.
- F) Nabers probe :-  
For dissection of furcation are with colour coded marking at 3, 6, 9 and 12 mm.
- G) Explorers :-  
- It is used to locate subgingival deposits and carious areas and check smoothness of root surface after root planing.  
- Types → A) # 17 carbon explorer B) # 28 shepherd hook explorer  
C) Exp 11-12 D) # 3E E) # 3CH F) # 3CH pigtail

## INSTRUMENTATION

### 1. CLASSIFICATION OF PERIODONTAL INSTRUMENTS

### 2. PRINCIPLES OF PERIODONTAL INSTRUMENTATION

### 3. PLAQUE CONTROL

- a. Mechanical
- b. Chemical



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3) Scaling, Root planing and Curettage Instruments:-

- 1) Sickel scaler:-
  - It has flat surface of two cutting edge that covers in sharp tip.
  - Used primarily to remove supragingival calculus.
  - Used with pull strokes.
  - Sickel scaler with contra-angled shank used to posterior teeth.



2) Curettes:-  
 Each working end has cutting edge on both side of blade and tip face.

- The instruments of choice removing deep gingival calculus, root planing altered cementum and removing soft tissue lining pockets.
- Curette is finer than sickel scaler and does not have any sharp point or corners.

D. Types:-

1) Universal Curette:-

The cutting edge that may be inserted in most area of deletion by altering and adapting finger rest, fulcrum and position of operator.

Examples:-

- 1) Burnhart curette # 1-2, 4, 5-6
- 2) Columbia university # 18-14, 2R-2L, 4R-4L
- 3) Indiana university # 17-18
- 4) McCallis # 17-18

2) Area specific curette:-

Gracey curette:-

These curette and their modifications are best instruments for subgingival scaling and root planing because they provide best adaptation to complex root-anatomy.

- Gracey # 1-2, 3-4 - Anterior teeth
- Gracey # 5-6 - Anterior teeth and premolars
- Gracey # 7-8, 9-10 - Posterior teeth facial and lingual
- Gracey # 11-12 - Posterior teeth - medial
- Gracey # 13-14 - Posterior teeth - Distal

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| Area of use  | Gracey curette   | Universal Curette   |
|--------------|--|---|
| Cutting edge | Designed for many curettes designed for specific area and surface. | One curette designed for all area & surface.              |
| Curvature    | Curved in two planes, blades curves up & to the side.              | Curved in one plane, blade curves up, not to the side.    |
| Blade angle  | offset blade face of blade bevelled at 60° to shank.               | Blade not offset, face of blade bevelled at 90° to shank. |

Other curette modifications:-

- 1) Extended shank curettes:-
  - Extended shank curettes such as after five curettes are modification of standard gracey curettes design.
  - The terminal shank is 8mm longer allowing extension into deeper periodontal pockets of 5mm or more.
  - Other features include a thinned blade for smoother subgingival insertion and reduced tissue distention and a large diameter, tapered sharp.
  - It is used on maintenance patients displaying in periodont light scaling.

Mini-bladed curettes:-

The shorter blade allows easier insertion and adaptation in deep narrow pockets, ferritation, developmental grooves & line angles.

Examples:-

- (i) # 1-2 -> Anterior teeth and posterior
- (ii) # 18-14 -> Posterior distal
- (iii) # 11-12 -> Posterior mesial

Langer and Mini-Langer curettes:-

They are set of three curette combining the shank and design of standard.

- c (iv) the scalers - scaling of edges or rings of calculus.
- It is used for scaling of go. angle.
  - The blade is bent at 90° junction of blade.
  - The cutting edge with the inner proximal surface of teeth too class minimal surfaces.
  - It is designed for the use of other scalers, usually used spaced to permit the use of mouth.
- (v) Files -
- Files have series of blades on a base in the anterior part of mouth.
  - Their primary function is fracture or crush large deposits of lenticular calculus.
- (vi) Dental endoscopes -
- The periscopy system consists of 0.9mm diameter, reusable.
  - Fibroptic endoscope over which periodontal probes and ultrasonic instruments.
- D. Cleaning and Polishing Instruments :-
- E (i) Rubber cups -
- Consists of rubber shell with or without webbed configuration in hollow interior.
  - They are used in handpiece with specialised prophylaxis angle.
- (ii) Bristle brushes -
- They are available in wheels and cups shaped.
  - Used in prophylaxis angle with polishing paste, confined to crown to avoid injury to cementum and gingiva.
- (iii) Dental tapes -
- Dental tapes with polishing paste is used for polishing proximal surfaces that are inaccessible to other polishing instruments.
  - The tapes are passed interproximally while being kept at 90° to long axis of tooth and activated with labelling and small

(iv) Air - powder polishing -

- First specially designed nozzle deliver an air powder slurry of water and solid called 'propyl jet'.
- contraindications -
- Patients with medical history of respiratory illness and haemodialysis.
- Patients with infectious diseases.

2) PRINCIPLES OF PERIODONTAL INSTRUMENTATION :-

(a) accessibility, position of patient and operator :-

- If facilitates thoroughness of instrumentation.
- The position of patient and operator should provide maximal accessibility to the area of operation.
- The clinician should be seated on comfortable operating stool.
- Clinicians feet are flat on floor, thighs parallel to floor.
- Clinicians should be able to observe the field operation while keeping back straight and head erect.
- For instrumentation of maxillary arch - patient should be asked to raise the chin slightly to provide visibility and accessibility.
- For instrumentation on mandibular arch -
- Raise the back of the chair slightly and request that the patient lower the chin until the mandible is parallel to floor.

(b) Visibility, Illumination and Retraction :-

- Direct vision with direct illumination from the dental light is most desirable.
- If not possible indirect vision - obtained by using the mouth mirror and indirect illumination obtained by using to reflect to where it is needed.
- Mirror is used for retraction of cheek and tongue and fingers are used for retraction of lips, cheeks.
- Careful retraction is especially important for patients with history of recurrent herpes labialis because these patients develop herpetic lesions after instrumentation.

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 411 004

Condition and sharpness of instruments :-  
 - Before any instrumentation all instruments should be checked to make sure that they are clean, sterile and in good condition.  
 - The working ends of pointed or bladed instruments must be sharp to be effective.  
 - Sharp instruments enhance tactile sensitivity and allow the clinician to work more effectively.  
 - Dull instruments may lead to incomplete calculus removal and unnecessary trauma because of excess force applied and unnecessary pressure.  
 - Dull instruments may lead to incomplete calculus removal and unnecessary trauma because of excess force applied and unnecessary pressure.

- (C) Maintaining a clean field :-  
 1. Instrumentation can be hampered if operative field is obscured by saliva, blood and debris.  
 2. Pooring of saliva interferes because a firm finger rest cannot be established on wet and slippery tooth surfaces.  
 3. Gingival inflammation can be used to facilitate inflammation.  
 4. Compressed air and gauze squares just below gingival margin during instrumentation defects a retractable gingival margin.  
 5. A jet of air directed into pocket retracts away from tooth by margin.  
 6. Retractable tissue can be deflected away from pocket with back margin.  
 7. Gently packing edge of gauze square into pocket with back margin.

Instrumentation Stabilization and hand is primary requisites for stability of instrumentation.

- 1) Instrument grasp -  
 - A proper grasp is established for precise control of movement made during periodontal instrumentation.  
 - The most effective and stable grasp for all the periodontal instruments is modified pen grasp.  
 - Modifications of standard pen grasp ensures greatest control in performing intraoral procedures.  
 - The palm & thumb grasp is useful for stabilizing instruments during sharpening and for manipulating air and water syringes.

but is not recommended for Instrumentation.

Finger rest :-  
 - Finger rest serves to stabilize the hand and the instrument by providing a firm fulcrum for movement and laceration of the activate instruments.  
 - A good finger rest provides stability and control of the gingiva and surrounding tissue.  
 - The ring finger is preferred for most incision for finger rest.  
 - Finger rests may be general classified as intra-oral finger rest or extraoral fulcrums.

Intraoral finger rests :-  
 - Intraoral finger rest on tooth surfaces, dentally are established close to working areas.

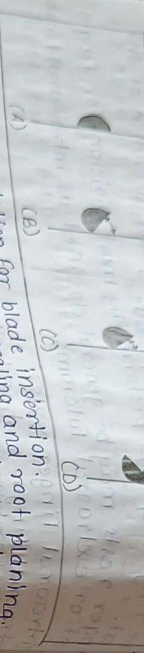
Examples :-  
 i) Conventional  
 ii) Opposite arch

Extraoral fulcrums :-  
 - Extraoral fulcrums are essential for effective instrumentation of some aspects of maxillary posterior teeth.  
 - Extraoral fulcrums are not fingers rests in lateral sense, because the tips or pads of fingers are not used for extraoral fulcrums as they are for intraoral finger rests.  
 - Instead a much of front or back surface of fingers as possible is placed on the patients face to provide greatest degree of stability.  
 - The two most important extraoral fulcrums are -  
 1) Palm up - resting on right side.  
 2) Palm down - resting on left side.

Instrument Activation :-

Adaptation :-  
 - Adaptation refers to manner in which working end of the periodontal instrument is placed against the surface of tooth.  
 - The objective of adaptation is to make working end of instrument conform to contour of teeth surface.  
 - Proper adaptation must be maintained with all instruments to avoid trauma to soft tissue and root surfaces & ensure maximum effectiveness of instrumentation.

(D) Angulation - II refers to angle between face of the bladed instrument and tooth surface. Also called the tooth is essential for effective calculus removal. correct angulation - correct angulation



- 0° - correct angulation for blade insertion and root planing.
- 45-90° - correct angulation for scaling and root planing.
- Less than 45° - incorrect angulation for scaling and root planing.
- More than 90° - incorrect angulation for gingival stimulation.

(C) Lateral pressure - It refers to pressure created when force is applied against the surface of teeth with cutting edge of bladed instrument.

- It varies according to nature of calculus.
- Lateral pressure may be firm, moderate or light.
- When removing calculus, lateral pressure is progressively diminished applied firmly or moderately and its progressively diminished with high lateral pressure is applied for final root planing.

(D) Strokes - 3 basic types of strokes are used during instrumentation -

- Exploratory strokes
- Scaling strokes
- Root planing strokes

Any of these basic strokes may be activated by pull or push motion. Vertical and oblique strokes are used mostly.

(i) Exploratory stroke - It is a light feeling stroke that is used with probes and explorers to evaluate dimensions of pocket and detect calculus.

(ii) Scaling stroke -

It is short, power stroke that is used with bladed instruments for removal of supragingival and subgingival calculus.

(iii) Root planing stroke - It is a moderate to light pull stroke that is used for final smoothing and planing of the root surface.

Roots of teeth

Handwritten notes on the bottom page of the notebook, including a diagram of a tooth with the root labeled 'Roots of teeth'. The text is mostly illegible due to blurriness and bleed-through from the reverse side of the page.

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MECHANICAL PLAQUE CONTROL

Microbial plaque control is an effective way of treating and preventing gingivitis and is an essential part of all procedures involved in treatment and prevention of periodontal disease.

# Mechanical plaque control aids:-

- 1. Toothbrushes
- 2. Interdental brushes
- 3. Aids for gingival massage
- 4. Tongue scrapers

TOOTHBRUSHES:-

- a) The first toothbrush appeared in America in 1857 and has undergone little change.
- b) According to ADA Council of dental Therapists. The toothbrush is designed primarily to promote cleanliness of tooth and oral cavity.
- c) Toothbrush are most widely used oral hygiene aids.

Toothbrush Design:-

- 1) The toothbrush bristles are grouped in tufts that are usually arranged in three or four rows.
- 2) Two types of bristles are used in toothbrushes, natural bristles from hogs and artificial filaments made of nylon.
- 3) Natural bristles fray, break, soften and lose their elasticity quickly.

$\frac{\text{Diameter of bristles}^2}{\text{Length of bristles}} = \text{Bristle hardness}$



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Diameter of common bristles ranges from 0.007 inch (0.2mm) for soft brushes to 0.014 inches (0.35mm) for medium brushes. Hard brushes with a diameter slightly below 0.014 inches (0.35mm) are most effective. The gingival margin is not well protected with a stiffer brush. The gingival margin is associated with more uses of hard bristles.

Vigorous brushing is not necessary and can lead to gingival recession, parodontia, especially in patients with pronounced gingivitis, wedge shaped defects in crevical area of root surfaces and painful ulceration of gingiva.

Soft, nylon bristles toothbrushes clean effectively remain effective a reasonable time, and tend to traumatize gingiva or root surfaces.

Toothbrushes need to be replaced about every 3 months.

\* Powered toothbrush:-

Electrically powered toothbrushes designed to mimic back-and-forth brushing techniques were invented in 1939. Powered toothbrushes have oscillating and rotating motions and brushes use low frequency acoustic energy to enhance cleaning ability.

Powered toothbrushes rely primarily on mechanical contact between bristles and tooth to remove plaque.

The addition of low-frequency acoustic energy generates dynamic fluid movement and provides cleaning slightly away from bristles tips.

① DENTRIFICES:-

- 1) According to ADA, A dentrifice is a substance used with a toothbrush for the purpose of cleaning accessible surfaces of teeth.
- 2) Dentrifaces aid in cleaning and polishing tooth surface.
- 3) Caries Prevention:-
- 4) Fluorides present in low concentrations and high frequency are more effective at preventing caries.
- 5) Gluonated dentrifice is best method for delivering fluoride to the tooth surface.

- Fluorides can be delivered in several different chemical forms
  - a) Stannous fluoride (SnF<sub>2</sub>)
  - b) Sodium fluoride (NaF)
  - c) Sodium monofluorophosphate
  - d) Ammonium fluoride (NH<sub>4</sub>F)
  - e) Aluminium fluoride
- Anticalcals-
  - By 1930s carboxyl calculus agents had carboxyl calculus are
    - a) Pyrophosphate
    - b) Sodium hexametaphosphate (HMP)
    - c) Zinc
    - d) Glycerol
- Whitening Agents-
  - Stain control and whitening are key benefits of modern dentifrice
    - (a) Extrinsic stains - Relatively easily removed on a daily basis by proper tooth brushing with dentifrices. - Mild abrasives and polyphosphates are used to remove extrinsic stains.
    - (b) Intrinsic stains - Bleaching is usually used to remove intrinsic stains or minimize intrinsic discoloration.
- Antibacterial Action-
  - Several modern dentifrices ingredients have potential to kill or inhibit bacteria that cause plaque induced gingivitis and oral malodour.
  - Some antibacterial agents are as follows-
    - a) Stannous
    - b) Triclosan
    - c) Zinc
    - d) Chlorhexidine.

- Anti-hypersensitivity-
  - Dental hypersensitivity is generally treated in one of two ways:
    - a) Chemical desensitizing agents or barriers to reduce dentin permeability
    - b) Tubular occluding or occluding agents
  - Agents used are-
    - i) Nerve desensitizing or occluding agent
    - ii) Tubular occluding agent
    - iii) Newer tubular occluding agent
- Other Dentifrices Ingredients-
  - a) Humectants - Retain moisture so that dentifrices does not dry out.
    - eg: Glycerine and sorbitol
  - b) Binders - Also referred as thickeners. Provides textures & determines how thick or viscous of dentifrice.
    - eg: Xanthan gums, carboxymethyl cellulose, etc.
  - c) Flavors or sweeteners - Added to improve dentifrice taste.
    - eg: Peppermint, saccharide, Xylitol.
  - d) Buffers - Keeps the buffer constant.
    - eg: Trisodium phosphate, pyrophosphate.
  - e) Surfactant - creates foaming and aids in cleaning process.
    - eg: sodium lauryl sulphate.
  - f) Colours and Visals - Titanium dioxide provides opacity; mica provides sparkly appearance.

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| Method                        | Brush placement   | Motion   | Advantage/Disadvantage  |
|-------------------------------|---|--|---|
| 1. Scrub                      | Horizontal on gingival margin   | Scrub in anterior position, keeping horizontal.  | Easy to learn and best suited for children.   |
| 2. Charter's                  | Conventionally 45° slides of bristles at angle to tooth & half on gingiva.                      | Small circular motion over gingiva towards gingival margin.  | Hard to learn and position of brush does not clean proximal surfaces.   |
| 3. Fones                      | Perpendicular to the tooth.   | With teeth in occlusion move brush in rotational motion over gingival margin.                        | Easy to learn but interproximal areas are not cleaned and may cause friction.                                     |
| 4. Folt                       | Apically parallel to the tooth & then pressure then over the tooth surface.                     | On buccal and lingual inward pressure then rolling of head to sweep bristles over gingiva and teeth. | Doesn't clean sulcular area, easy to learn good gingival stimulation.   |
| 5. Stillman's Method          | On buccal and lingual apically at an oblique angle to tooth, ends on gingiva and cervical part. | On buccal and lingual slight rotational motion with bristles end stationary.                         | Easy, excellent gingival stimulation, moderate decay, moderate required, moderate cleans the interproximal areas. |
| 7. Modified Stillman's method | Pointing apically at angle of 45° to tooth surface.   | Apply pressure as Stillman's method but vibrate brush and also move occlusally.                      | Easy to master and gingival stimulation.  |

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# INTERDENTAL CLEANING

① Dental Floss:-

Dental floss is the most widely recommended tool for removing plaque from proximal teeth surfaces.  
Floss is available as multi-filament, waxed or unwaxed and or nonwaxed, bonded or or nonbonded, thick and thin.  
Factors influencing the choice of dental floss:  
a) Tightness of the floss contact.  
b) Roughness of proximal surfaces.  
c) Patient manual dexterity.  
The recommendations about type of floss should be based on ease of use and personal preference.

② Interdental brushes:-

Interdental brushes are cone-shaped or cylindrical brushes made of bristles protruding on a handle, single tufted brushes. They are particularly suitable for cleaning large, irregular or concave tooth surfaces adjacent to wide interdental spaces.  
Technique -  
They are inserted through interdental spaces and moved back and forth between teeth with short strokes.  
The diameter of brush should be slightly larger than gingival embrasure to be cleaned.  
Single tufted brushes have access to furcation area or isolated areas of deep recession and work well on lingual surfaces of mandibular molars and premolars.

③ Wooden tips:-

They are used either with or without handle.  
Access is easier from buccal surfaces for tips without handles primarily in anterior and buccal areas.  
Use with handle improves access to all areas.  
Rubber and plastic tips are also available.  
Technique -  
One mounted on handle, toothpick is broken off so that it is only 6-7mm long.  
The tip of toothpick is used to trace along gingival margin and into proximal areas from both facial and lingual surface of each tooth, being being to dip into then heads to support

### # AIDS FOR GINGIVAL STIMULATION :-

- Gingival massage :-
  - Massaging the gingiva with toothbrush or interdental cleaning devices.
  - Epithelial stimulation in epithelium and gingival connective tissue.
  - Increased plaque activity for softening connective tissue.
  - Increased plaque activity for softening connective tissue.
  - This has not shown any beneficial effects for softening gingival health.
  - Improved gingival health associated with plaque removal.
  - Plaque removal is more likely result of plaque removal than gingival massage.
- Oral Irrigation :-
  - Oral irrigators clean non-adherent bacteria and debris from interdental areas and cavity more effectively than toothbrushes and floss.
  - Irrigators are particularly helpful for removal of debris from inaccessible areas around the orthodontic appliances and fixed prostheses.
  - When used a solution to toothbrushing these devices can have beneficial effects on periodontal health by reducing accumulation of plaque and calculus.
- Supragingival Irrigation :-
  - It reduces gingival inflammation and is easier for some patients than using mechanical interdental antiseptic, chlorhexidine.
  - Daily supragingival irrigation with dilute antiseptic reduction in bleeding and gingivitis.
- Subgingival Irrigation :-
  - Subgingival irrigation with specialised tips for deep pockets and furcation areas is effective when used daily as part of home care routine.
  - Subgingival irrigation with an oral irrigator using chlorhexidine diluted to one third strength has produced significant gingival inflammation.
  - It has shown to disrupt more than half of subgingival plaque and reach about half depth of pocket upto firm.

### # Caries control :-

The major difference between root and coronal caries is the amount of organic matrix, since dental caries in enamel surface, since dental caries in enamel matrix mostly consisting of collagen is exposed, resulting in rapid destruction of enamel.

Fluoride works primarily by forming a fluoride-enamel complex which is more resistant to acid attack. Fluoride reverse caries process by forming a fluoride-enamel complex which is more resistant to acid attack. Fluoride reverse caries process by forming a fluoride-enamel complex which is more resistant to acid attack.

All periodontal patients should be encouraged to use fluoride toothpaste (100 ppm) daily. Patients at higher risk of caries should use higher concentration of fluoride toothpaste (5000 ppm) until caries risk is in control.

### ◦ Tongue scrapers :-

According to ADA, they are defined as process of removing debris from surface of tongue, with some form of scrapers designed for this purpose.

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Amity  
30/09/23

## CLASSIFICATION OF CHEMICAL PLAQUE CONTROL

### First generation antiplaque agents

- This may reduce the plaque to 20-50%.
- They have low mouth retention.
- Eg. Antibiotics, ammonium quaternary ammonium compounds, phenols, sanguinarine.

### Second generation antiplaque agent

- The plaque decreases is about 70-90% overall and is better preserved than the 1<sup>st</sup> generation.
- They demonstrate improved oral tissue retention slow release characteristics.
- eg. Biobiguani des (Chlorhexidine)

### Third generation antiplaque agents

- They block microorganisms binding on or against the tooth.
- In contrast to 2<sup>nd</sup> generation chlorhexidine they have low retention capability.
- eg. Delmopinol

CHEMICAL PLAQUE CONTROL

### # Chlorhexidine mouth

- Chlorhexidine is a second generation antiplaque agent. It has bacteriostatic and periodontal effect. It is a divanidohexane with pronounced antiseptic properties.

### Available forms:-

- Digluconate - water soluble
- Acetate - water soluble
- Hydrochloride

### Use and Indications:-

- Used as an adjunct to improve mechanical oral hygiene in initial periodontal therapy.
- Improves healing after routine oral surgical procedure.
- Helps to control plaque accumulation in patients with drug induced gingival enlargement.
- Medically compromised patients.
- Patients suffering from recurrent oral infections.

### Adverse effect :-

- Brown staining of teeth.
- Alliteration on taste sensation.
- Oral mucosa erosion.
- Parotid gland swelling.

Dose:- 0.12 to 0.2% of 15ml of undiluted oral rinse twice in a day.

### Trade names:-

- Betacept, Chlorosep, Chlorostat.

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# Other controlling products -  
 Heavy metal ions pass antiplaque potential  
 Divalent metal ions pass antiplaque potential  
 Ability to bind plaque forces  
 Attaching surfaces charge and adherence  
 Able to displace Ca<sup>2+</sup> ions from the pellicle  
 and bacterial surfaces  
 having antihyalocytic effect  
 Reduce pathogenesis of established plaque  
 by synthesis plaque adogenesis.

9) Enzymes -  
 Peroxidases have been added to mouthrinses and dentifrices to ensure presence of sufficient hydrogen peroxide to control proliferation of plaque bacteria.

10) Triclosan -  
 Non-ionic broad spectrum antimicrobial agent. Currently being incorporated into dentifrices and mouthrinses because of its high retention in oral cavity. Its anti-inflammatory action is because of its having ability to inhibit both cyclo-oxygenase and lipo-oxygenase.

Reduction of prostaglandin and leukotriene production.

Hexidine -  
 The synthetic hexadimethrine  
 It has a little antiseptic effect.  
 Higher concentration causes frequency of desquamated lesions.

Delmopinol -  
 Substituted aminoglycoside  
 Disrupted the bacterial matrix from action thereby inserting with its side effects -  
 Transient anaesthesia of dorsum of tongue.  
 Mucosal soreness.  
 Erythema.  
 Taste disturbances.



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fenitrol  
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**TATYASAHEB KORE DENTAL COLLEGE &  
RESEARCH CENTRE , NEW PARGAON**

**INSTRUCTIONS FOR THE STUDENTS**

- 1) Students are instructed to come to the department 10 minutes before the commencement of the clinics.
- 2) Students should attend the clinic with clean apron, name plate, instruments, head cap, gloves, mouth mask and clinical work record book.
- 3) Students should carry two sets of instruments for the clinical work. The department holds no responsibility for any loss of instruments.
- 4) Students should thoroughly wash and sterilize all the instruments before taking up any case.
- 5) Correct postures should be followed while attending the patients
- 6) Absence without permission will be considered seriously.
- 7) They should complete the required quota of work as stipulated OR they will not be eligible to appear for the University Examination.
- 8) They should give proper oral hygiene instructions to the patient after each and every sitting .
- 9) They should take the signatures of the concerned staff members, in both the case paper and the Record Book before relieving the patients.
- 10) They should make entries of all the treated cases in the work done register.
- 11) There will be clinical assessment and viva-voce on the last day of each posting.
- 12) All the above mentioned instructions should be followed strictly without fail.



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**LIST OF INSTRUMENTS**

|  |  |
|--|--|
| 1) Mouth mirror (two)                            |  |
| 2) Straight explorer (two)                       |  |
| 3) Curved explorer (two)                         |  |
| 4) Tweezer                                       |  |
| 5) William's graduated Periodontal probe         |  |
| 6) Set of Supra gingival and subgingival scalers |  |
| 7) Curette (two universal / Gracey)              |  |
| 8) Dappen dish (two)                             |  |
| 9) Polishing brush.                              |  |
| 10) Cotton holder                                |  |
| 11) Patient drape                                |  |
| 12) Waste dispenser                              |  |
| 13) Green cloth                                  |  |
| 14) Disposable gloves                            |  |
| 15) Head cap and face mask                       |  |
| 16) Contra-angle micromotor handpiece            |  |
| 17) Steel Kidney tray                            |  |
| 18) Enamel tray                                  |  |
| 19) Toothbrush                                   |  |
| 20) Upper & lower ideal dentulous cast.          |  |

Staff Signature

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**WORK SCHEDULE FOR III & IV B. D. S.**



**D. S.**

**QUOTA FOR THE STUDENTS**

- 1) Completion of oral prophylaxis - 25 cases.
- 2) Case History recording and discussion - 5 cases.

**FINAL B. D. S.**

**QUOTA FOR THE STUDENTS**

- 1) Completion of oral prophylaxis - 25 cases.
- 2) Case History recording and discussion - 5 cases.

## SYLLABUS FOR PERIODONTOLOGY

- 1) Introduction - Definition, Scope, Aims, Objectives & Applicability of the subject.
- 2) Historical Background of Periodontology.
- 3) Tissues of Periodontium.
- 4) Ageing of Periodontium.
- 5) Classification & Etiopathogenesis of gingival & Periodontal diseases.
- 6) Gingival inflammation.
- 7) Clinical features of gingivitis.
- 8) Gingival enlargements.
- 9) Acute gingival infections.
- 10) AIDS & the Periodontium.
- 11) Desquamative gingivitis.
- 12) Defence mechanism of gingiva.
- 13) Gingival diseases in childhood.
- 14) Dental plaque, Plaque retention areas.
- 15) Immunology of periodontal diseases.
- 16) Bacterial interactions in periodontal disease.
- 17) Influence of systemic diseases on the periodontium.
- 18) Periodontal medicine.
- 19) Periodontal pocket
- 20) Mechanism of bone loss & patterns of bone loss
- 21) Chronic periodontitis
- 22) Aggressive periodontitis.
- 23) Halitosis.
- 24) Bruxism & parafunctional habits.
- 25) Trauma from occlusion.
- 26) Mobility & migration of teeth.
- 27) Epidemiology of gingival & periodontal diseases.
- 28) Clinical diagnosis.



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- 29) Advanced diagnostic aids.
- 30) Determination of prognosis.
- 31) Treatment plan.
- 32) Rationale for periodontal treatment for medically compromised patients.
- 33) Periodontal instrumentation.
- 34) Principles of periodontal instrumentation.
- 35) Plaque control.
- 36) Drugs, antimicrobials & other chemotherapeutic agents in periodontal therapy.
- 37) General considerations for periodontal therapy.
- 38) Gingival curettage.
- 39) Gingivectomy & gingivoplasty.
- 40) Periodontal flap.
- 42) Resective & Reconstructive osseous surgery.
- 43) Healing mechanism after periodontal therapy.
- 44) Furcation involvement & its treatment.
- 45) Endodontic- Periodontal interrelationships.
- 46) Mucogingival surgery.
- 47) Treatment of acute gingival diseases & Gingival enlargements.
- 48) Occlusal adjustments.
- 49) Periodontal splints.
- 50) Prosthetic & Restorative procedures in the management of periodontal diseases.
- 51) Oral Implantology.
- 52) Maintenance phase of periodontal treatment.
- 53) Supportive periodontal treatment.
- 54) Hypersensitivity & conduction of pain.
- 55) Results of periodontal therapy.
- 56) Risk factors in periodontal therapy.
- 57) Concept of focal infection.
- 58) Recent advances in periodontics.

**INSTRUMENTATION GLOSSARY**

1. **Handle :**  
The portion of the instrument that is grasped
2. **Shank :**  
The metal portion of the instrument that connects the handle to the working end, it may be straight or have one or more bends in it.
3. **Terminal Shank :**  
The lower shank - that portion closest to the cutting edge.
4. **Blade :**  
The working end of the curette or sickle.
5. **Cutting Edge :**  
The junction of the face of the curette or sickle blade and the lateral side, forming a knife edge used for scaling and root planning.
6. **Adaptation :**  
Adaptation refers to the manner in which the working end of the periodontal instrument is placed against the surface of tooth.
7. **Angulation :**  
It may also be called tooth-blade relationship. During scaling and root planning, optimal angulation is between 45 and 90 degrees.
8. **Illumination :**  
Illumination is the reflection of light from an outside source off the dental mirror onto the viewed surface; say a tooth or area of the gingiva.
9. **Fulcrum :**  
The axis of rotation used in periodontal instrumentation.
10. **Extraoral Fulcrum :**  
A solid rest on the chin or cheek of the patient during instrumentation, used for leverage and control of an instrument.
11. **Intraoral Fulcrum :**  
Placement of the third or ring finger on a hard tissue surface in the mouth for leverage and control of an instrument.



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**12. Finger Rest :**  
The finger rest serves to stabilize the hand and the instrument by providing a firm fulcrum as movements are made to activate the instrument. A good finger rest prevents injury and laceration of the gingiva and surrounding tissues by poorly controlled instruments. The fourth (ring) finger is preferred by most clinicians for the finger rest.

Classification of finger rest :

1. Intraoral
  - i) Conventional
  - ii) Cross-arch
  - iii) Opposite arch
  - iv) Finger-on-finger
2. Extra-oral
  - i) Palm-up
  - ii) Palm-down

**13. Lateral Pressure :**  
Lateral pressure refers to the pressure created when force is applied against the surface of a tooth with the cutting edge of the bladed instrument. Lateral pressure may be firm, moderate or light.

**14. Exploratory Stroke :**  
The exploratory stroke is a light feeling stroke that is used with probes and explorers to evaluate the dimensions of the pocket and to detect calculus and irregularities of the tooth surface.

**13. Scaling Stroke :**  
Scaling stroke is a short, powerful pull stroke that is used with bladed instruments for the removal of both supragingival and calculus. The scaling motion should be initiated in the forearm & transmitted from the wrist to the hand with a slight flexing of the fingers.

**14. Root planing Stroke :**  
Root planing stroke is a moderate to light pull stroke that is used for final smoothing and planing of the root surface. A continuous series of long, overlapping sharing strokes is activated.  
(Currettes are most effective and versatile instruments for this procedure)

**15. Horizontal Strokes :**  
Movement of the working end of the instrument to the long axis of the tooth. Horizontal strokes are used selectively for the removal of supragingival deposits and for deep pockets.

**16. Oblique Strokes :**  
Movement of the working end in a coronal and proximal direction.

**17. Currette :**  
The curette is the instrument of choice for removing deep subgingival calculus, for root planing altered cementum and for removing the soft removing the soft tissue lining the periodontal pocket.

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## OPERATOR POSITIONS



### POSITIONING SUMMARY

| Treatment Area                                  | Clock Position | Patient Head Position       |
|---|----------------|-----------------------------|
| Mandibular Arch- Anterior surfaces toward       | 8.-9.00        | Slightly toward , chin DOWN |
| Maxillary Arch- Anterior surfaces toward        | 8.-9.00        | Slightly toward , chin UP   |
| Mandibular Arch- Anterior surfaces away         | 12.00          | Slightly toward , chin DOWN |
| Maxillary Arch- Anterior surfaces away          | 12.00          | Slightly toward , chin UP   |
| Maxillary Arch- Posterior aspects facing toward | 9.00           | Slightly away , chin DOWN   |
| Maxillary Arch- Posterior aspects facing toward | 9.00           | Slightly away , chin DOWN   |
| Maxillary Arch- Posterior aspects facing away   | 10-11.00       | Toward , chin DOWN          |
| Maxillary Arch- Posterior aspects facing away   | 10-11.00       | Toward , chin UP            |



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# CASE HISTORY RECORD



  
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DEPARTMENT OF PERIODONTICS

CASE RECORD

Serial No. : 01

O. P. D. No. : 98557

Name : Uma Suresh Jadhav Date : 10/02/2024

Age : 34 years Gender : Female

Occupation : Housewife

Address : A/P Kudlad Tal. Valva Dist. Sangli

Chief Complaint : Patient complains of undecan teeth since 2 months.

History of Present illness : Patient was apparently alright 2 months back and then she started noticing deposits on teeth with stains.

Past dental History : Patient had undergone extraction under LA without any complications ~~at~~ 36 10 years back.



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Medical History: No relevant history detected

Family History: No relevant history detected

Personal History:

a) Agents used: Commercially available toothpaste

b) Duration: One daily for 2-3 minutes

c) Type of brushing: Horizontal technique

d) Frequency/frequency of changing brush: 3-4 months

e) Reason for changing brush: Expiry of brushes.

f) Any other interdental aids used: No

Adverse Habits:

Tobacco chewing: Absent

Smoking: Absent

Pan/betal nut chewing: Absent

Alcohol: Absent

Parafunctional: Absent

General Examination:

1) Stature: Normal

2) Build: Mesomorphic

Extroral Examination:

Symmetry of face: Asymmetrical

Lymph node: On inspection - No abnormality detected

TMD: On palpation - No deviation, non palpable

Lips: On palpation - Non tender

Intraoral Examination:

Buccal mucosa: No abnormality detected

Labial mucosa: No abnormality detected

Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality detected

Halitosis: Present

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**GINGIVAL STATUS**

|                  | Reddish pink with melanin pigmentation                    | Reddish pink with melanin pigmentation                    | Reddish pink with melanin pigmentation                      |
|------------------|---|---|---|
| Colour:          | Reddish pink with melanin pigmentation                    | Reddish pink with melanin pigmentation                    | Reddish pink with melanin pigmentation                      |
| Consistency:     | soft and edematous  | soft and edematous  | soft and edematous  |
| Contour:         | accentuated $\bar{c}$ 14, 16, 17<br>scalloped             | accentuated $\bar{c}$ 48, 32<br>scalloped                 | scalloped, $\bar{c}$ 26                                     |
| Size:            | Grade I<br>Grade I  | Grade I<br>Grade I  | Grade I<br>Grade I  |
| Shape:           | Scalloped gingival margin with blunt interdental papilla. | scalloped gingival margin with blunt interdental papilla. | accentuated gingival margin with blunt interdental papilla. |
| Surface texture: | loss of stippling   | loss of stippling   | loss of stippling   |
| Position:        | apical to CEJ $\bar{c}$ 14, 16, 17                        | apical to CEJ $\bar{c}$ 48, 32                            | apical to CEJ $\bar{c}$ 26                                  |

Bleeding on probing: present present

Exudation: Absent

Abscess: Absent

**MUCOGINGIVAL PROBLEMS**

Frenal attachment: Mandibular - Gingival  
Mandibular - Mucosa

Tension test: Negative

Width of attached gingiva: Adequate.

Depth of vestibule: Adequate.

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**DENTAL STATUS**

Teeth present : 18, 17, 16, 15, 14, 13, 12, 11 | 21, 22, 23, 24, 25, 26, 27, 28  
48, 45, 44, 43, 42, 41 | 31, 32, 33, 34, 35, 36, 37, 38

Teeth missing : 37, 46

Carious teeth : Root stump 36 | 14, 15, 16, 17, 25, 26, 27, 28, 47, 48  
pit and fissure caries 47

Restorations/ Prosthesis : Buccal pit 47

Overhanging restorations : -

Plunger cusp : Distopalatal cusp of maxillary molar.

Food impaction : -

Hypersensitivity : -

Wasting disease

Atrition : 31, 41, 42

Abrasion : -

Erosion : -

Proximal contact relationship: Close

Tooth anatomy : Normal

Malposed teeth : -

Teeth Deposits : Plaque : +

Calculus : ++

Stains : ++

Occlusion : traumatic/ atraumatic

1) Overjet : 2mm

2) Overbite : 2mm

3) Crossbite : -

4) Crowding : -

Trauma from occlusion : -

Frenius test : -



**Dr. Harsh Kulkarni, M.D.S.**  
 Principal  
 P.K.D.C.A. Research Centre  
 Jawahar, Ind. Maharashtra

**PROBABLE ETIOLOGIC FACTORS:**

Local: Dental calculus, dental stains  
 Flossy brushing technique

Systemic: -

**PROVISIONAL DIAGNOSIS:**  
 Chronic generalized marginal gingivitis with  
 localized moderate periodontitis  $\bar{c}$  14, 16, 17, 26, 32, 48

**INVESTIGATIONS:**

1) Laboratory -

2) Radiographic -

**FINAL DIAGNOSIS**

Chronic generalized marginal gingivitis with  
 localized moderate periodontitis  $\bar{c}$  14, 16, 17, 26, 32, 48



Dr. Harsh Kulkarni, M.D.S.  
 Principal  
 J.K.D.C. & Research Centre  
 Jawahar, M.S. Maharashtra  
 Pin: 425 127

**PROGNOSIS:**

Overall: Good

| Individual: | Excellent  | Good | Fair                   | Poor | Questionable | Hopedless |
|-------------|--|------|------------------------|------|--------------|-----------|
|             | 11, 12, 13, 15, 17, 18, 21, 22, 23, 24, 25, 27, 28, 31, 33, 34, 35, 38, 41, 42, 44, 45, 47, 48 |      | 14, 16, 17, 26, 32, 43 |      |              |           |
|             |  |      |                        |      |              | 46        |

**TREATMENT PLAN:**

Emergency phase: Extraction of root stump  $\bar{c}$  46

Phase I therapy: Oral Hygiene instructions

Scaling and root planning  
 causes excavation and temporary restoration  
 $\bar{c}$  14, 15, 16, 17, 26, 27, 30, 47, 48

Evaluation of response to phase I

Patient is recalled after 3-4 weeks  
 gingival status of patient to be checked.  
 Oral hygiene instructions to be given.

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New Pargana, Dist. Maharashtra  
Mumbai 400 174

DEPARTMENT OF PERIODONTICS



Serial No. : 02

O. F. D. No. : 91290

Name : Dilip Tukaram Patil

Date : 13/12/14

Age : 52 year

Gender : Male

Occupation : Grocery shop owner

Address : Chaudel Tal. Kagal Dist. Kolhapur

Chief Complaint : Patient complains of deposits on teeth since 6 months on upper front and lower front and back tooth region.

History of Present Illness : Patient noticed calculus and stains on upper and lower front and lower right back and left back tooth region of mouth since 6 months.

Past dental History : Patient had undergone extraction under LA without any complications 5 years back experience was pleasant.

Phase II therapy :  
Microgingival surgery T 14.

Evaluation of response to phase II  
Patient is recalled after 3-4 weeks evaluation  
of healing to be done.

Phase III therapy :  
Permanent restoration T 14, 15, 16, 17, 25, 26, 27, 30,  
47, 48

Replacement of missing teeth T 57, 46.

Phase IV therapy (maintenance phase) :  
Patient is recalled once in 8 months during 1st  
year of therapy and then patient is recalled  
once in 6 months.

Signature

Discussed with :  
Dr. Pradnya Gadgil Maam

Medical History : No relevant history

Family History : No relevant history

Personal History :

- a) Agents used : Commercially available dentifrice
- b) Duration : Once daily for 2-3 minutes
- c) Type of brushing : Horizontal technique
- d) Frequency/frequency of changing brush : 3-4 months
- e) Reason for changing brush : fraying of bristles
- f) Any other interdental aids used : No

Adverse Habits :

Tobacco chewing : No  
 Smoking : No  
 Pan/beta nut chewing : No  
 Alcohol : No  
 Parafunctional : No

General Examination :

- 1) Stature : Normal
- 2) Gait : Normal

Extroral Examination :

Symmetry of face : appears bilaterally symmetrical  
 On inspection - No abnormality detected  
 Lymph node : On palpation - Non tender, non palpable  
 TMJ : on inspection - No deviation No dysfunction  
 Lips : Competent

Intraoral Examination :

Buccal mucosa : No abnormality detected  
 Labial mucosa : No abnormality detected  
 Vestibular mucosa : No abnormality detected  
 Floor of the mouth : No abnormality detected  
 Palate : No abnormality detected  
 Tongue : No abnormality detected  
 Halitosis : Present

Dr. Harsh Kulkarni M.D.S.  
 Principal  
 P. K. D. C. A. Research Centre  
 Govt. Pimpri, Dist. Maharashtra  
 411 004



| GINGIVAL STATUS |                    |                    |                    |
|-----------------|--------------------|--------------------|--------------------|
| Colour          | Reddish pink       | Reddish pink       | Reddish pink       |
| Reddish pink    | Reddish pink       | Reddish pink       | Reddish pink       |
| Consistency     | soft and edematous | soft and edematous | soft and edematous |
| Number          | normal             | accentuated        | scalloped          |
| Surface texture | loss of stippling  | loss of stippling  | loss of stippling  |
| Position        | apical to CEJ      | apical to CEJ      | apical to CEJ      |

| MUCOGINGIVAL PROBLEMS     |                      |                      |                      |
|---------------------------|----------------------|----------------------|----------------------|
| Bleeding on probing       | Present              | Present              | Present              |
| Exudation                 | Present              | Present              | Present              |
| Abscess                   | Present              | Present              | Present              |
| Frenal attachment         | Mandibular - Mucosal | Mandibular - Mucosal | Mandibular - Mucosal |
| Tension test              | Negative             | Negative             | Negative             |
| Width of attached gingiva | Adequate             | Adequate             | Adequate             |
| Depth of vestibule        | Adequate             | Adequate             | Adequate             |

Dr. Harish Kumar, M.D.S.  
Principal  
R. K. D. C. A. Postgraduate Centre  
Dental College, Mysore  
Karnataka 575 001



**DENTAL STATUS**

Teeth present : 18, 17, 16, 15, 14, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48

Teeth missing : 35, 36

Carious teeth :  
Root stumps - 14, 15, 16, 17, 19, 22, 23, 24, 25, 26, 27, 47, 48  
Occlusal caries - 37, 38  
Proximal caries - 28, 46  
Restorations/ Prosthesis :  
Class II composite restoration 11, 21

Overhanging restorations : -

$$I0 + I0 = 21 + 21 = 42$$

just - robotic (fractured)  
root - robotic (absent)  
root - robotic (absent)

Hypersensitivity : -

Wasting disease

Attrition : 31, 32, 41, 42

Abrasion : -

Erosion : -

Proximal contact relationship: Classed ? contacts

Tooth anatomy : Normal

Malposed teeth -

Teeth Deposits :

Plaque : +

Calculus : ++

Stains : +

Occlusion : traumatic/ atraumatic - Atraumatic

1) Overjet : 2mm

2) Overbite : 1.5 mm

3) Crossbite : -

4) Crowding : Absent.

Trauma from occlusion : -

Frenitis test -



Dr. Harish Kumar, M.D.S.  
Periodontologist  
K.D.C. & Maxillofacial Centre  
New Pargana, Kolkata

**PROBABLE ETIOLOGIC FACTORS:**

Local : Dental calculus, dental stains, faulty brushing technique, dental caries.

Systemic : -

**PROVISIONAL DIAGNOSIS:**  
 Chronic generalised marginal gingivitis with localized moderate periodontitis

**INVESTIGATIONS:**

1) Laboratory -

2) Roentgenographic -

**FINAL DIAGNOSIS**  
 Chronic generalised marginal gingivitis with localized moderate periodontitis

Dr. Harish Kumar M.D.S.  
 Principal  
 C. & Research Centre  
 Jawahar Institute of Postgraduate  
 Dental Education  
 Kollhapur

**PROGNOSIS:**

Overall : Good

| Individual : | Excellent   | Good               | Fair | Poor | Questionable | Hopeless  |
|--------------|---|--------------------|------|------|--------------|---|
|              | 11, 12, 21, 22, 28, 31, 32, 34, 35, 41, 42, 45, 46. | 13, 33, 37, 43, 44 |      |      |              | 14, 15, 16, 17, 18, 19, 23, 24, 27, 28, 29, 30, 36, 47, 48. |

**TREATMENT PLAN:**

**Emergency phase:**

Root stump extraction  $\tau$  14, 15, 16, 17, 18, 19, 22, 23, 24, 25, 26, 27, 47, 48.

**Phase I therapy:**

Oral hygiene instructions  
 Scaling and root planning  
 Caries excavation and temporary restoration  $\tau$  28, 37, 38, 46

**Evaluation of response to phase I**

Patient is recalled after 3-4 weeks  
 gingival status of patient to be checked.

Phase II therapy :  
Missing and supply 7 03/29

Evaluation of response to phase II  
Patient is recalled after 3-4 weeks  
evaluation of healing.

Phase III therapy :  
Permanent restoration 2 23, 46, 37, 38  
Replacement of missing teeth 2 35, 36

Phase IV therapy (maintenance phase) :  
Patient is recalled once in 3 months during 1<sup>st</sup>  
year of therapy and then patient is recalled once  
in 6 months.

Discussed with :  
Dr. Pradyumn Wagh Malom,

Signature  
*Pradyumn Wagh Malom*



DEPARTMENT OF PERIODONTICS  
CASE RECORD

Dr. Hareesh Kulkarni, M.D.S.  
Principal  
P. K. D. C. A. Research Centre  
New Pargana, Tal. Madhavaraj  
Dist. Kolhapur 422 117

Serial No. : 03

O.P.D. No. : 92929

Name : Mangaling Bapu Potli

Date : 14/02/2029

Age : 60 years

Gender : Male

Occupation : Rental car driver

Address : A/P Karhane Tal. Panhala Dist. Kolhapur

Chief Complaint : Patient complains of loose teeth in upper  
front tooth region of jaw since 1 month.

History of Present Illness : Patient was apparently alright 1 month  
back then he noticed mobility in upper  
front teeth region of jaw since 1 month.

Past dental History : Patient had amalgam extraction under LA  
without any complication & months back.  
Experiencing pain.

Medical History : No relevant history

Family History : No relevant history

Personal History :

a) Agents used : comminately available toothpaste

b) Duration : Once daily for 1-2 minutes

c) Type of brushing : Horizontal technique

d) Frequency / frequency of changing brush : 4 months

e) Reason for changing brush : frequency of bristles

f) Any other interdental aids used : No

Adverse Habits :

Tobacco chewing : Present since 20 years, 4 times a day

Smoking : No

Para/braxial nut chewing : No

Alcohol : No

Parafunctional : No

General Examination

General : Normal

Dr. Harish Kumar M.D. Principal  
R.K.D.S. A Hospital Center  
New Pargana, Kolkata

Well - Nourished  
Melanophic

Symmetry of face : Approx bilaterally symmetrical  
Lymph node : ON  
TMJ : ON  
Lips : Non-tender

Intraoral Examination:

Buccal mucosa : No abnormality detected

Labial mucosa : No abnormality detected

Vestibular mucosa : No abnormality detected

Floor of the mouth : No abnormality detected

Palate : No abnormality detected

Tongue : No abnormality detected

Halitosis : Present

| GINGIVAL STATUS  |   |   |                                |
|--|---|---|--------------------------------|
| Colour: Reddish pink with pigmentation   | Reddish pink with pigmentation                                | Reddish pink with pigmentation                        | Reddish pink with pigmentation |
| Consistency: soft and edematous  | soft and edematous  | soft and edematous                                    | soft and edematous             |
| Contour: accentuated $\bar{C}$ 14, 16, 17, 18<br>accentuated $\bar{C}$ 47, 48      | accentuated $\bar{C}$ 11, 12, 13, 22, 23<br>buccal philomonds | accentuated $\bar{C}$ 24, 25, 28<br>buccal philomonds | accentuated $\bar{C}$ 27, 39   |
| Size: Grade I  | Grade I   | Grade I   | Grade I                        |
| Shape: blunt interdental papilla   | blunt interdental papilla                                     | blunt interdental papilla                             | blunt interdental papilla      |
| Surface texture: loss of stippling   | loss of stippling   | loss of stippling                                     | loss of stippling              |
| Position: apical to CEJ $\bar{C}$ 14, 16, 17, 18<br>apical to CEJ $\bar{C}$ 47, 48 | apical to CEJ $\bar{C}$ 11, 12, 13, 22, 23                    | apical to CEJ $\bar{C}$ 24, 25, 28                    | apical to CEJ $\bar{C}$ 27, 39 |

Dr. Harish Kumar, M.D.S.  
Professor  
F.K.D. & Hospital Centre  
New Pargana, Kolkata  
Kolkata



Bleeding on probing: Present

Present Present

Exudation: -

Abscess: -

MUCOGINGIVAL PROBLEMS

Frenal attachment: Mandibular - Gingival  
Mandibular - Mucosal

Tension test: Negative

Width of attached gingiva: Adequate

Depth of vestibule: Adequate



**DENTAL STATUS**

Teeth present : 13, 17, 16, 19, 13, 12, 11, 10, 21, 28, 24, 25, 28, 48, 47, 41, 38

Teeth missing : 15, 21, 26, 27, 31, 32, 38, 34, 35, 36, 41, 42, 43, 44, 45, 46

Carious teeth :  
Pit and fissure caries : 87  
Occlusal caries : 87

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease : -

Attrition : -

Abrasion : -

IO + IO  
2:1 + S =  
2:2 =

1009 - xodon 2 rds 0  
1009 - xodon 1 rds 0  
1009 - xodon 2 rds 0

Erosion : -  
Proximal contact :  
Tooth anatomy :  
Malposed teeth :  
Teeth Deposits :  
Plaque :  
Calculus : +  
Stains : ++



hip: Closed contact

Occlusion : traumatic / atraumatic

1) Overjet : -

2) Overbite : -

3) Crossbite : -

4) Crowding : Absent

Trauma from occlusion : -

Fremius test : -

PROBABLE ETIOLOGIC FACTORS:

Local: Tobacco chewing, poor oral hygiene, dental flossing technique, poor oral hygiene, dental flossing, stains, poor oral hygiene, dental flossing, stress.

Systemic: -

PROVISIONAL DIAGNOSIS:  
Chronic generalised moderate periodontitis.

INVESTIGATIONS:

1) Laboratory -

2) Radiographic -

*Periodontitis*

FINAL DIAGNOSIS

Chronic generalised moderate periodontitis

PROGNOSIS:

Overall: Good



Dr. Harish Kulkarni, M.D.S.  
Principal  
P. K. D. & A. Hospital Centre  
New Pargana, Kalyan  
Kalyan, Maharashtra

Individual:

| Excellent      | Good       | Poor | Questionable | Healed |
|----------------|------------|------|--------------|--------|
| 11, 12, 13, 14 | 39, 49, 16 |      |              | 37     |
| 17, 18, 22     |            |      |              |        |
| 23, 24, 25     |            |      |              |        |
| 28, 47         |            |      |              |        |

TREATMENT PLAN:

Emergency phase: -

Phase I therapy:

Oral hygiene instructions  
Scaling and root planning  
Caries excavation and temporary restoration  
e 16, 17, 18, 28, 39, 47, 37.  
Evaluation of response to phase I  
Patient is recalled after 3-4 weeks  
gingival status of patient to be checked.  
periodontal status of patient to be checked.

Phase II therapy:  
Periodontal flap surgery 12, 16, 19, 20, 24, 37, 48  
Mucogingival surgery 11, 15, 16, 17, 23, 25, 28, 31, 47.

Evaluation of response to phase II  
Patient is recalled after 3-4 weeks  
evaluation of healing  
periodontal status to be checked.

board

Phase III therapy:  
Replacement restoration 16, 17, 18, 28, 32, 37, 47  
Replacement of missing teeth 15, 21, 26, 27, 31,  
32, 33, 34, 35, 36, 41, 42, 43, 44,  
45, 46.

Phase IV therapy (maintenance phase):  
Patient is recalled once in 3 months during  
1st year of therapy and then patient is  
recalled once in 6 months.

Discussed with:  
Dr. Pradya Wagh Maam

Signature

Approx 0-2 mm buccal exposure of incisors  
restored w/ of bridge for aesthetic highlighting  
restored w/ of bridge to achieve better balance

DEPARTMENT OF PERIODONTICS

RECORD

Dr. Harish Kulkarni, M.D.S.  
Principal  
F.K.D.C. & Research Center  
New Pargana, Hatkandighat  
Kolar, Karnataka

Serial No.: 04

O.P.D. No.: 94040

Name: Dilakar Kulkarni

Date: 21/02/2024

Age: 68 years

Gender: Male

Occupation: Farmer

Address: Alp Rajawade Tal. Valva Dist. Sangli

Chief Complaint: Patient complains of deposits on upper and  
lower teeth since 3 months

History of Present Illness: Patient noticed stains and calculus on  
upper and lower teeth since 3 months.

Past dental History: Patient had undergone extraction under  
without any complications 3 years back.  
Experience of patient was pleasant.

Medical History : No relevant history

Family History : No relevant history

Personal History :

a) Agents used : Commercially available toothpaste.

b) Duration : Once daily teeth for 2-3 min.

c) Type of brushing : Horizontal technique.

d) Frequency / frequency of changing brush : 2-4 months.

e) Reason for changing brush : Fraying of bristles

f) Any other interdental aids used : No.

Adverse Habits :

Tobacco chewing : Present since 20 years 2-3 times a day

Smoking : No

Pan/betal nut chewing : No

Alcohol : No

Parafunctional : No

General Examination :

Stature : Normal

Build : Normal

Extraoral Examination :

Symmetry of face : No

Lymph node : On inspection

TMI : On palpation

Lips : Competent

Intraoral Examination :

Buccal mucosa : No abnormality detected

Labial mucosa : No abnormality detected

Vestibular mucosa : No abnormality detected

Floor of the mouth : No abnormality detected

Palate : No abnormality detected

Tongue : No abnormality detected

Halitosis : Present

Dr. Harish Kulkarni M.D.S  
Principal  
F.K.D. & A. Hassan College  
Dental College  
New Pargana, Bidar  
Karnataka



| GENERAL STATUS                        |                                 |                                |
|---------------------------------------|---------------------------------|--------------------------------|
| Color: Reddish pink with pigmentation | Reddish pink with pigmentation  | Reddish pink with pigmentation |
| Consistency: Soft and edematous       | Soft and edematous              | Soft and edematous             |
| Consistency: Septal and interdental   | Septal and interdental          | Septal and interdental         |
| Consistency: $\bar{c} 16$             | Consistency: $\bar{c} 23$       | Scalloped                      |
| Consistency: $\bar{c} 48$             | Consistency: $\bar{c} 22$       | Scalloped                      |
| Size: Grade 0                         | Grade I                         | Grade 0                        |
| Size: Grade 0                         | Grade I                         | Grade I                        |
| Shape: Sharp interdental papilla      | Blunt interdental papilla       | Blunt interdental papilla      |
| Shape: Sharp interdental papilla      | Blunt interdental papilla       | Blunt interdental papilla      |
| Surface texture: Loss of stippling    | Loss of stippling               | Loss of stippling              |
| Surface texture: Loss of stippling    | Loss of stippling               | Loss of stippling              |
| Position: Applied to CEJ $\bar{c} 16$ | Applied to CEJ $\bar{c} 23$     | at CEJ                         |
| Position: Applied to CEJ $\bar{c} 48$ | Applied to CEJ $\bar{c} 33, 42$ | at CEJ                         |

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Principal  
F.K.D. & A. Hassanali Centre  
New Paragon, Old Habaswadi  
Kohapur 410217



Bleeding on probing: Present

Exudation: Present  
Abscess: Present  
Mucogingival problems: Present

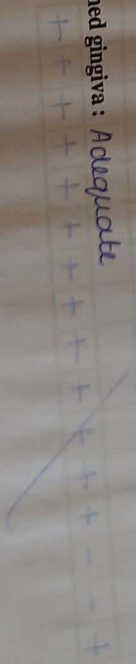
**MUCOGINGIVAL PROBLEMS**

Frenal attachment: Maxillary - Mucosal  
Mandibular - Mucosal

Tension test: Negative

Width of attached gingiva: Adequate

Depth of vestibule: Adequate





DENTAL STATUS

Teeth present : 13, 15, 16, 18, 19, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39

Teeth missing : 46, 47

Carious teeth :  
 occlusal caries  $\bar{c}$  36  
 proximal caries  $\bar{c}$  31, 41  
 pit and fissure caries  $\bar{c}$  15, 16, 19, 25, 26, 28, 37, 45, 48  
 Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease

Abrasion : ~

*Dislabial cusp of maxillary molar*

dot - maxillary 21, 25, 29  
 dot - maxillary 31, 35, 39  
 5009 - 57052 2 CHD

Erosion : -

Proximal contact relation

Tooth anatomy : Normal

Malposed teeth : None

Teeth Deposits : None

Calculus : ++

Stains : +++

Occlusion : traumatic / atraumatic

1) Overjet : 2 mm

3) Crossbite : -

Trauma from occlusion : -

Tremulous test -

2) Overbite : 1-5 mm

4) Crowding : -



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 Principal  
 R. K. D. & P. Research Centre  
 Jawahar Nagar, Tal. Hattangadi  
 Kolhapur - 416 117

*Signature*

**PROBABLE ETIOLOGIC FACTORS:**

Local: Dental plaque, tobacco chewing.

Systemic: -

**PROVISIONAL DIAGNOSIS:**  
Chronic generalised moderate periodontitis

**INVESTIGATIONS:**

1) Laboratory -

2) Roentgenographic -

**FINAL DIAGNOSIS**  
Chronic generalised moderate periodontitis

Dr. Harish Kumar, M.D.S.  
Principal  
P.K.D. & Research Centre  
New Pargana, Md. Madan Mohan  
Kolkata - 700 017

**PROGNOSIS:**

Overall: Good

Individual:

| Excellnt                               | Good   | Fair | Poor | Questionable | Hopeless |
|--|--|------|------|--------------|----------|
| 11, 12, 13, 14, 15                     | 16, 23,  |      |      |              |          |
| 17, 18, 21, 22, 24, 25, 26, 27, 28, 31 | 29, 34, 35, 36, 37, 38, 41, 42, 43, 44, 45, 48 |      |      |              |          |

**TREATMENT PLAN:**

Emergency phase: -

**Phase I therapy:**

Oral hygiene instructions  
Scaling and root planning  
caries excavation and temporary restoration  
Evaluation of response to phase I  
Patient recalled after 3-4 weeks  
gingival and periodontal status of patient to be checked

Phase II therapy:  
 Mucogingival surgery 2, 3, 4, 18, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Evaluation of response to phase II  
 Patient is recalled after 3-4 weeks  
 Evaluation of healing to be checked.  
 Gingival and periodontal status to be checked.

Phase III therapy:  
 Removable restoration 15, 16, 17, 18, 25, 26, 28, 29, 31,  
 36, 37, 41, 45, 48  
 Replacement of missing teeth 2, 4, 6, 14, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Phase IV therapy (maintenance phase):  
 Patient is recalled once in 6 months  
 year of therapy then he is called once in 6 months.

Discussed with:

Dr. Pradya Magh Marm

Signature



Handwritten notes in the left margin, including the name 'Dr. Pradya Magh Marm' and some illegible text.

**DEPARTMENT OF PERIODONTICS**  
**CLINICAL RECORD**

Dr. Harish Kulkarni M.D.S.  
 Principal  
 R. K. D. & P. S. S. Hospital  
 New Pargana, Tal. Matkalgare  
 Dist. Kolhapur



Serial No.: 05

O.P.D. No.: 98125

Name: Raghunath Ramchandra  
 Khedkar

Date: 21/2/2024

Age: 74 year.

Gender: Male

Occupation: Manager at shop

Address: All P. Ichalkaranji Tal. Matkalgare Dist. Kolhapur.

Chief Complaint: Patient complains of loose teeth in lower  
 front teeth region of jaw since 1 month.

History of Present illness: Patient was apparently alright 1 month  
 back then he started noticing mobility  
 of teeth in lower front mouth region  
 since 1 month

Past dental History: Patient had undergone extraction under  
 LA 6 year back without any complication.  
 Experience of patient was pleasant.

**Medical History :**  
 Patient is known case of hypertension since 2 years  
 Patient is on antihypertensives

**Family History :** No relevant history

**Personal History :**

- a) Agents used: Commercially available toothpaste.
- b) Duration: Once daily for 8-10 minutes.
- c) Type of brushing: Horizontal technique.
- d) Frequency / Frequency of changing brush: 4 months span.
- e) Reason for changing brush: Straying of bristles.
- f) Any other interdental aids used: No.

**Adverse Habits :**

**Tobacco chewing:** Tobacco chewing (Khaini) habit was present 7-8 years back 5-6 times a day.  
**Smoking:** No.  
**Pan/betal nut chewing:** No.  
**Alcohol:** No.  
**Parafunctional:** No.

**General Examination :**

1) **Stature:** Normal  
 2) **Gait:** Normal

Dr. Harish Kulkarni M.D.  
 Professor  
 P. K. D. & Wason on Corolla  
 New Pargana, Mir Hatkanvala  
 K. Kolhapur



Well-nourished  
 Normophic

**Extraoral Examination:**

Symmetry of face: Face appears symmetrically on inspection.  
 TMJ: On inspection, no palpable deviation, no dysfunction.  
 Lips: Competent

**Intraoral Examination:**

**Buccal mucosa:** No abnormality detected

**Labial mucosa:** No abnormality detected

**Vestibular mucosa:** No abnormality detected

**Floor of the mouth:** No abnormality detected

**Palate:** No abnormality detected

**Tongue:** No abnormality detected

**Halitosis:** Present

|                                |  | GINGIVAL STATUS                            |                                |
|--------------------------------|--|--|--------------------------------|
| Colour:                        |  | Reddish pink                               | Reddish pink                   |
| Consistency:                   |  | soft and edematous                         | soft and edematous             |
| Contour:                       |  | accentuated $\bar{c}$ 19                   | accentuated $\bar{c}$ 25, 28   |
| Size:                          |  | Grade 0                                    | Grade I                        |
| Shape:                         |  | Sharp interdental papilla                  | blunt interdental papilla      |
| Surface texture:               |  | stippling present                          | stippling absent               |
| Position:                      |  | apical to CEJ $\bar{c}$ 19                 | apical to CEJ $\bar{c}$ 25, 28 |
| apical to CEJ $\bar{c}$ 44, 45 | apical to CEJ $\bar{c}$ 31, 33, 42, 43 | apical to CEJ $\bar{c}$ 11, 12, 13, 21, 22 | apical to CEJ $\bar{c}$ 35, 38 |

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Principal  
R. K. D. S. A. Hospital, GOMMA  
New Pargana, G. B. Hatkhandi  
Kolkata - 700 012



bleeding on probing : -  
Exudation : -  
Abscess : -

**MUCOGINGIVAL PROBLEMS**

Frenal attachment :  
Mandibular - Mucosal

Tension test : Negative

Width of attached gingiva : Adequate

Depth of vestibule : Adequate

++ ++ ++ ++ ++



**DENTAL STATUS**

Teeth present : 16, 17, 26, 27, 32, 34, 36, 37, 41, 45

Teeth missing : 16, 17, 26, 27, 32, 34, 36, 37, 41, 45

Carious teeth : 16, 17, 26, 27, 32, 34, 36, 37, 41, 45

Root Stump : 14, 15, 23, 24, 34, 46, 47, 49

Overhanging restorations : -

Plunger cusp : -

Food impaction : -

Hypersensitivity : -

Wasting disease

Atrition : 31, 33, 42, 44

Abrasion : -

$2 + 1 = 3$   
 $3 + 2 = 5$   
 $5 + 2 = 7$   
 2009 - 2010 I 2 hrs 49  
 2009 - 2010 I 2 hrs 49  
 2009 - 2010 I 2 hrs 49

Erosion : -

proximal contact relationship

Tooth anatomy : Norm

Malposed teeth Ab

Teeth Deposits : -



Plaque : ++

Calculus : ++

Stains : ++

Occlusion : traumatic / atraumatic A traumatic

1) Overjet : 2 mm

3) Crossbite : -

Trauma from occlusion : -

Fremius test -

2) Overbite : 2 mm

4) Crowding : -

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 Principal  
 P. K. B. & A. Hospital Centre  
 New Pargana, G. B. Hatkanangle  
 Kolhapur - 423 002

Proximal contact relationship  
 (generalised)

**PROBABLE ETIOLOGIC FACTORS:**  
 Local: Tobacco chewing, dental plaque and calculus,  
 Fatty brushing technique.

Systemic: -

**PROVISIONAL DIAGNOSIS:**  
 Chronic generalised moderate periodontitis.

**INVESTIGATIONS:**

1) Laboratory -

2) Roentgenographic -

**FINAL DIAGNOSIS**  
 Chronic generalised

**PROGNOSIS:**

Overall: Good



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 P. K. D. S. A. Hospital Centre  
 New Pargana, Via. Hatkanangle,  
 Kolhapur - 416 002

| Individual: | Good                       | Fair           | Poor                           | Questionable | Hopeters |
|-------------|----------------------------|----------------|--------------------------------|--------------|----------|
| Present     | 12, 13, 19, 21, 22, 25, 45 | 81, 42, 48, 45 | 14, 15, 28, 24, 25, 46, 47, 48 |              |          |
| Absent      |                            |                |                                |              |          |

**TREATMENT PLAN:**

**Emergency phase:**

Extraction of root stumps  $\bar{14, 15, 23, 24, 34, 46, 47, 48}$

**Phase I therapy:**

Oral hygiene instructions  
 Scaling and root planning  
 Caries excavation and temporary restoration  $\bar{16, 17, 27, 36, 37, 45}$

**Evaluation of response to phase I**

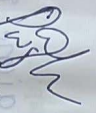
patient recalled after 3-4 weeks  
 gingival and periodontal status of patient to be checked

Phase II therapy:  
 Gingival flap surgery 28, 29, 30, 31, 32, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45  
 Mucogingival 28, 29, 30, 31, 32, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45

Evaluation of response to phase II  
 Patient is recalled after 3-4 weeks  
 Evaluation of healing status to be checked.  
 gingival and periodontal

Phase III therapy:  
 Remnant restoration 16, 17, 26, 27, 36, 37, 45  
 Replacement of missing teeth 16, 17, 26, 27, 32, 34, 36, 37, 41, 45

Phase IV therapy (maintenance phase):  
 Patient is recalled once in 6 months during 1st year of therapy then he is recalled once in 6 months

Discussed with:  
 Dr. Pradya kish Mohan  
 Signature: 

Dr. Pradya kish Mohan  
 28, 29, 30, 31, 32, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45

DEPARTMENT OF PERIODONTICS  
 CASE RECORD

Dr. Harish Kulkarni M.D.S.  
 Principal  
 P. K. D. & Research Centre  
 New Pargana, 4th Marhanganj  
 Kolkata - 700 017

Serial No. : 06

O. P. D. No. : 48915

Name : Kanda



Pathl

Date : 22/2/2024

Age : 65 years

Gender : Female

Occupation : Housewife

Address : All P - Bhaduwadi  
 Tal. - Kalurir  
 Dist - Kolkata

Chief Complaint : Patient complains of deposits on both upper and lower arch teeth surfaces since 6 months.

History of Present illness : Patient was apparently alright 2 months ago then she started noticing deposits teeth with stains.

Past dental History : No relevant history.

Medical History : No relevant history

Family History : No relevant history

Personal History :

a) Agents used : Commercially available tooth paste

b) Duration : Once daily for 2-3 min.

c) Type of brushing : Horizontal scrub technique.

d) Frequency / frequency of changing brush : 3-4 months

e) Reason for changing brush : Gearying of bristles

f) Any other interdental aids used : No.

Adverse Habits :

Tobacco chewing : No

Smoking : No

Pan/betal nut chewing : No

Alcohol : No

Parafunctional : No

General Examination :

1) Stature : Normal  
2) Gait : Normal

Extrioral Examination :

Symmetry of face : Face appears symmetrically

Lymph node : On inspection on palpation normal

TMJ : On inspection on palpation normal

Lips : Competent

Intraoral Examination :

Buccal mucosa : No abnormality detected

Labial mucosa : No abnormality detected

Vestibular mucosa : No abnormality detected

Floor of the mouth : No abnormality detected

Palate : No abnormality detected

Tongue : No abnormality detected

Halitosis : No abnormality detected

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Principal  
P. K. D. S. A. Hospital Centre  
New Pargana, Mir Hatkandole  
Kolkata



|                  |  | GINGIVAL STATUS  |  |
|------------------|--|--|--|
|                  |  | Reddish pink with melanin pigmentation                     | Reddish pink with melanin pigmentation                     |
| Colour:          | Reddish pink with melanin pigmentation                     | Reddish pink with melanin pigmentation                     | Reddish pink with melanin pigmentation                     |
| Consistency:     | Soft and edematous   | Soft and edematous   | Soft and edematous   |
| Contour:         | accentuated gingival margin<br>accentuated gingival margin | accentuated gingival margin<br>accentuated gingival margin | accentuated gingival margin<br>accentuated gingival margin |
| Size:            | grade I<br>grade I   | grade I<br>grade I   | grade I<br>grade I   |
| Shape:           | Rollled out margin with blunt interdental papilla          | Rollled out margin with blunt interdental papilla          | Rollled out margin with blunt interdental papilla          |
| Surface texture: | Reduced stippling<br>Reduced stippling                     | Reduced stippling<br>Reduced stippling                     | Reduced stippling<br>Reduced stippling                     |
| Position:        | Apical to CEJ<br>Apical to CEJ                             | Apical to CEJ<br>Apical to CEJ                             | Apical to CEJ<br>Apical to CEJ                             |

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Principal  
R.K.D. & Mission Centre  
New Pargeon, Mir Mathanganole  
Kohapur 422 172



**MUCOGINGIVAL PROBLEMS**

Bleeding on probing : -

Exudation : -

Abscess : -

Frenal attachment : Maxillary - gingival  
Mandibular - mucosal

Tension test : Negative

Width of attached gingiva : Adequate

Depth of vestibule : Adequate

|         |         |
|---------|---------|
| Present | Present |
| Present | Present |



**DENTAL STATUS**

|   |                         |
|---|-------------------------|
| Teeth present : 18, 17, 16 - - 13, 12, 11 | 21, 22, 23, 24, 25 - 27 |
| 48 - 46, 45 - 43, 42, 41                  | 31, 32, 33, 34, 35 - 37 |

Teeth missing : 14, 15, 06, 50, 39, 04, 47

Carious teeth : Deep proximal caries 46  
 Occlusal caries 17, 18, 27, 28, 37, 47  
 PI and fissure caries 17, 18, 27, 28, 37, 47

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : Absent

Food impaction : -

Hypersensitivity : Absent

Wasting disease

Attrition : 11, 12, 21, 31, 32, 21, 42

Abrasion : -

Handwritten notes in Hindi:  
 1) 04 - subsoni 2) 06 - subsoni  
 17 - subsoni 18 - subsoni  
 27 - subsoni 28 - subsoni  
 37 - subsoni 47 - subsoni

Erosion : -  
 Proximal contact : 2  
 Tooth anatomy : Normal  
 Dr. Harish Kulkarni, M.D.S.  
 Principal  
 J.K.D. & Research Centre  
 Jawahar, 1st Matkhandga  
 Kalyan



Open contacts between anterior teeth

Malposed teeth

Teeth Deposits :

Plaque : ++

Calculus : ++

Stains : +

Occlusion : traumatic / atraumatic - Atraumatic

1) Overjet : 2mm

2) Overbite : 2mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremius test Negative.

**PROBABLE ETIOLOGIC FACTORS:**

Local: Accumulation of plaque, calculus, faulty brushing technique.

Systemic: -

**PROVISIONAL DIAGNOSIS:**

According to AAP 1999: -  
 Chronic generalised severe periodontitis  
 According to AAP 2017: -  
 Chronic generalised stage III, grade B periodontitis.

**1) Laboratory -**

**2) Radiographic -**

**FINAL DIAGNOSIS**

According to AAP 1999: -  
 Chronic generalised severe periodontitis.  
 According to AAP 2017: -  
 Chronic generalised stage III, grade B periodontitis.

**PROGNOSIS:**

Overall: Fair



**Individual:**

|  | Good           | Fair                           | Poor | Questionable | Hopeless |
|--|----------------|--------------------------------|------|--------------|----------|
| 11, 12, 13, 18, 21, 27, 28, 33, 34, 43, 45, 49 | 02, 03, 24, 25 | 17, 32, 41, 42, 37, 16, 35, 46 | 31   |              |          |

**TREATMENT PLAN:**

**Emergency phase: -**

**Phase I therapy:** Oral hygiene instructions

- Scaling and root planing
- Excavation of caries and temporary restoration
- 16, 35, 46.

**Evaluation of response to phase I**

Patient is recalled after 3-4 weeks  
 Gingival status of patient to be checked  
 Oral hygiene instructions to be given.  
 Evaluation of inflammation of gingiva.


Phase II therapy:  
 Mucogingival surgery / gingivectomy,  $\bar{2}, 91, 39, 41, 42$   
 Plaque / gingivectomy,  $\bar{1}, 17, 37$

Evaluation of response to phase II  
 - Evaluation of surgical plaque / gingivectomy and  
 for accumulation of plaque or debris.

Phase III therapy:  
 Replacement of missing teeth by fixed or removable  
 prosthesis  $\bar{14}, 15, 26, 36, 34, 44, 47$ .

Phase IV therapy (maintenance phase):  
 Patient is recalled once in 3 months cleaning  
 year of therapy and then patient is recalled once  
 in 6 months.

Discussed with:  
 Dr. Pradyo Gadbole Maam.

Signature  


Handwritten notes in the left margin, partially obscured and difficult to read.

Serial No.: 07

O.P.D. No.: 97796

Name: Shivaji B. ...



Age: 66 years

Date: 2/8/2024

Gender: Male

Occupation: Farmer

Address: Alp - Dhannwadi  
 Tal - Hatkalangura  
 Dist - Kolhapur.

Chief Complaint:

Patient complains of sunken teeth and loose teeth in  
 lower front teeth region of jaw, since 8-10 months.

History of Present Illness: Patient was apparently alright 8 months  
 ago when he started noticing deposits and staining on upper  
 right and left and lower right and left teeth and tooth  
 mobility in lower front teeth region.

Past dental History:

Patient had undergone extraction under LA without  
 any complication 10 years ago.

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 Principal  
 R.K.D. & Wasonon Centre  
 New Pargan, Kolhapur

DEPARTMENT OF PERIODONTICS  
 RECORD

|                  |  | GINGIVAL STATUS  |  |
|------------------|--|--|--|
|                  |  | Reddish pink with melanin pigmentation                     | Reddish pink with melanin pigmentation                     |
| Colour:          | Reddish pink with melanin pigmentation                     | Reddish pink with melanin pigmentation                     | Reddish pink with melanin pigmentation                     |
| Consistency:     | soft and edematous   | soft and edematous   | soft and edematous   |
| Contour:         | accentuated gingival margin                                | accentuated gingival margin                                | accentuated gingival margin                                |
| Size:            | Grade I  | Grade I  | Grade I  |
| Shape:           | rolled out gingival margin with blunt interdental papilla. | rolled out gingival margin with blunt interdental papilla. | rolled out gingival margin with blunt interdental papilla. |
| Surface texture: | Reduced stippling  | Reduced stippling  | Reduced stippling  |
| Position:        | Apical to CET  | Apical to CET  | Apical to CET  |

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 Principal  
 P.K.D.C. & Research Centre  
 New Pargana, Hatkanangale  
 Kolhapur



|            |         |         |         |
|------------|---------|---------|---------|
| gingivitis | Present | Present | Present |
| Exudation  | Present | Present | Present |
| Abscess    | Absent  |         |         |

**MUCOGINGIVAL PROBLEMS**

Frenal attachment : Mandibular - gingival (both labial & buccal)  
 Mandibular - Mucosal (labial) gingival (buccal)

Tension test : Negative.

Width of attached gingiva : Adequate

Depth of vestibule : Adequate



DENTAL STATUS

Teeth present :

Teeth missing : 16, 25, 26, 35, 47, 48

Carious teeth : Deep occlusal caries 537  
mesio-proximal caries 27, 46  
PI and fissure caries 15, 17, 18, 28, 38, 47  
Root stump 6C

Restorations/ Prosthesis : -

Overhanging restorations : -

Plunger cusp : Absent

Food impaction : Absent

Hypersensitivity : Absent

Wasting disease

Attrition : C 81, 82, 41, 42, 43

Abrasion : -

Erosion : -

Proximal contact relationship

tooth anatomy : Normal

Malposed teeth Absent

Teeth Deposits :

Plaque : ++

Calculus : ++

Stains : +

Occlusion : traumatic / atraumatic Abnormal

1) Overjet : 2mm

2) Overbite : 2mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test Negative.

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Principal  
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New Parganah, Tal. Hatkandigha  
Tal. Kolhapur Dist. Kolhapur



Proximal contact

PROBABLE ETIOLOGIC FACTORS:

Local: Accumulation of plaque and calculus.  
fatty brushing technique.

Systemic: Not present.

PROVISIONAL DIAGNOSIS:

According to AHP 1993:-  
Chronic generalised severe periodontitis.  
According to AHP 2017:-  
Chronic generalised Stage III grade B periodontitis.

1) Laboratory -

2) Roentgenographic -

FINAL DIAGNOSIS

According to AHP 1993  
Chronic generalised severe periodontitis.  
According to AHP 2017.  
Chronic generalised Stage III grade B periodontitis.

PROGNOSIS:

Overall: Fair

| Individual: | Overall  |                    | Submorbile | Hopeless |
|-------------|--|--------------------|------------|----------|
|             | Good   | Poor               |            |          |
|             | 11, 12, 18, 14, 15, 18, 17, 31, 41, 32, 34, 37, 38, 43, 44, 45, 46 | 17, 31, 41, 42, 46 | 32         | 36       |

TREATMENT PLAN:

Emergency phase:

Extraction of hopeless tooth  $\bar{C} 36$ .

Phase I therapy:

- Oral hygiene instructions
- scaling and root planing
- extraction of  $\bar{C} 36$  and temporary restoration

Evaluation of response to phase I

patient is recalled after 3-4 weeks.  
Gingival status of patient to be checked.  
Oral hygiene instructions to be given.  
Evaluation of inflammation of gingiva.

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Principal  
P.K.D. & A. Hassenon Centre  
New Pargeon, Old Hatkanvli  
Kohapur Dist. 431 17



Phase II therapy:  
Matrix flap surgery  $\bar{c}$  81, 89, 14, 42  
gingivectomy  $\bar{c}$  17, 46  
gum recession plastic

Evaluation of response to phase II  
- Evaluation of surgical records.  
- Evaluation of function of plaque or debris.  
for accumulation

Phase III therapy:  
Permanent restoration  $\bar{c}$  37, 27, 46, 15, 17, 18, 28, 39, 41  
Replacement of missing teeth with removable or  
fixed prosthesis  $\bar{c}$  16, 25, 26, 35, 36, 47.

Phase IV therapy (maintenance phase):  
Patient is recalled once in 2 months during 1<sup>st</sup>  
year of therapy and then patient is recalled  
once in 6 months.

Discussed with:

Dr. Supriya Shirodkar Matam

Signature

Serial No.: 02

O.P.D. No.: 99830

Name: Chetan Chandrashekar  
Chavan

Age: 38 years

Occupation: Office worker

Address: A/P - Bhalawadi  
Tal - Karvir  
Dist - Kolhapur.

Chief Complaint: Patient complains of deposits on both upper  
and lower arch teeth since 6 months.

History of Present illness: Patient was apparently alright 6 months  
ago when he started noticing deposits and  
stains on teeth surface.

Past dental History:

DEPARTMENT OF  
CASUAL  
DENTISTRY  
ODONTICS

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Principal  
F.K.D.S. & M.Sc. in O.R.T.  
New Pargana, Kolhapur  
K. Kolhapur



Date: 17/12/2024

Gender: Male

Medical History : No relevant history.

Family History : No relevant history.

Personal History :  
a) Agents used : Commercially available toothbrush and toothpaste.

b) Duration : Once daily for 2-3 min.

c) Type of brushing : Horizontal scrub technique.

d) Frequency/frequency of changing brush : 2-3 months.

e) Reason for changing brush : Straying of bristles.

f) Any other interdental aids used : No

**Adverse Habits :**

Tobacco chewing : No

Smoking : No

Pan/betal nut chewing : No

Alcohol : No

Parafunctional : No.

**General Examination :**

1) Pulse : Normal

2) Gait : Normal

**Extraoral Examination :**

Symmetry of face : appears bilaterally

Lymph node : on inspection - No

TMI : on inspection - No

Lips : Competent

**Intraoral Examination :**

Buccal mucosa : No abnormality detected

Labial mucosa : No abnormality detected

Vestibular mucosa : No abnormality detected

Floor of the mouth : No abnormality detected

Palate : No abnormality detected

Tongue : No abnormality detected

Halitosis : Present



Dr. Harish Kumar M.D.S.  
Principal  
R.K.D. & Wason College  
New Pargana, Katkandigha  
Kolkata

**GINGIVAL STATUS**

|   |                                  |                                  |
|---|----------------------------------|----------------------------------|
| Colour: <u>Reddish pink</u>                           | <u>Reddish pink</u>              | <u>Reddish pink</u>              |
| Consistency contour: <u>scalloped gingival margin</u> | <u>scalloped gingival margin</u> | <u>scalloped gingival margin</u> |
| Consistency contour: <u>scalloped gingival margin</u> | <u>scalloped gingival margin</u> | <u>scalloped gingival margin</u> |
| Contour consistency: <u>Soft and edematous</u>        | <u>soft and edematous</u>        | <u>soft and edematous</u>        |
| Size: <u>Grade I</u>                                  | <u>Grade I</u>                   | <u>Grade I</u>                   |
| Shape: <u>blunt interdental papilla</u>               | <u>blunt interdental papilla</u> | <u>blunt interdental papilla</u> |
| Surface texture: <u>Reduced stippling</u>             | <u>Reduced stippling</u>         | <u>Reduced stippling</u>         |
| Position: <u>apical to CEJ</u>                        | <u>at CEJ</u>                    | <u>apical to CEJ</u>             |

Bleeding on probing: Present

Exudation: Absent

Abscess: Absent

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Principal  
P. K. D. S. & Research Centre  
New Parganah, Gid. Hatkanangle  
Kalyan, Dist. Solapur



**MUCOGINGIVAL PROBLEMS**

Frenal attachment: Mandibular - Mucosal

Mandibular - Mucosal

Tension test: Negative

Width of attached gingiva: Adequate

Depth of vestibule: Adequate

Present Present



**DENTAL STATUS**

Teeth present : 19, 17, 16, 15, 14, 13, 10, 11 | 21, 22, 23, 24, 25, 26, 27, 28  
 - 07, 06, 05, 04, 03, 02, 01 | 31, 32, 33, 34, 35, 36, 37, -

Teeth missing : No

Carious teeth : P1 and fissure caries 2, 20, 07

Restorations/ Prosthesis : No

Overhanging restorations : No

Plunger rasp : Distobuccal cusp of maxillary molar.

Food impaction : Absent Present

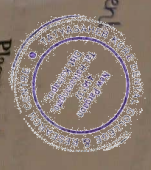
Hypersensitivity : Absent

Wasting disease

Attrition : Absent

Abrasion : Absent

Erosion : Absent  
 Proximal contact relations : Normal  
 Tooth anatomy : Normal  
 Malposed teeth : Absent  
 Teeth Deposits :  
 Plaque : +  
 Calculus : ++  
 Stains : +



Occlusion : traumatic / atraumatic - Atraumatic

1) Overjet : 2mm

2) Overbite : 1.5 mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test : Negative

**PROBABLE ETIOLOGIC FACTORS:**  
Local accumulation of plaque and calculus.  
Racily brushing technique.  
Systemic: No relevant data available.

**PROVISIONAL DIAGNOSIS:** According to AAP (1988) -  
Chronic generalized moderate periodontitis  $\leq$  16, 17, 18, 27, 28  
According to 1999 -  
Chronic localized stage I Grade A periodontitis  $\leq$  16, 17, 18, 27, 28

**INVESTIGATIONS:**

- 1) Laboratory -
- 2) Radiographic -

**FINAL DIAGNOSIS**

According to AAP  
Chronic localized moderate periodontitis  $\leq$  16, 17, 18, 26, 27, 28  
According to 1999  
Chronic localized stage I Grade A periodontitis  $\leq$  16, 17, 18, 27, 28

**PROGNOSIS:**

Overall: Good

| Individual:  | Good               | Fair | Poor | Questionable | Hopeless |
|--|--------------------|------|------|--------------|----------|
| 11, 12, 13, 14, 15, 21, 22, 23, 24, 25, 26, 27, 28     | 16, 17, 18, 27, 28 |      |      |              |          |
| 31, 32, 33, 34, 35, 36, 37, 41, 42, 43, 44, 45, 46, 47 |                    |      |      |              |          |

**TREATMENT PLAN:**

Emergency phase: -

**Phase I therapy:**  
Oral hygiene counselling scaling and root planning.  
curies excavation and restoration  $\leq$  28, 47.

Evaluation of response in phase I  
patient is recalled after 3-4 weeks to check for integrity  
of restoration and evaluate oral hygiene status.  
gingival status to be checked.



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Principal  
P. K. D. S. A. Wadgaonkar  
Dental College, Kolhapur

Phase II therapy :-

Evaluation of response to phase II -

Phase III therapy :-

Phase IV therapy (maintenance phase):  
Patient is recalled after 5-4 weeks for evaluation of gingival status, check for new scarles lesion and check for oral hygiene status.  
Patient is advised to visit dentist atleast once in 3 months.

Discussed with :  
Dr. Pradyo Khatavkar, Moan.

Signature

Dr. Harish Kulkarni M.D.S.  
Principal  
F.K.D.C. & Postgraduate Centre  
New Parganah, Tal. Matkandri  
Dist. Kolhapur

Serial No. : 09

O.P.D. No. : 18174

Name : Bhushan Jaypal Sumanikule

Date : 30/1/2024

Age : 25 years

Gender : Male

Occupation : Businessman

Address : A/P Nagaan  
Tal. Hatkalangau  
Dist. ~~Kolhapur~~ Sangli

Chief Complaint : Patient complains of unclear teeth since  
2-3 months.

History of Present illness : Patient was apparently alright 2-3  
months ago then he started noticing  
deposits on and stains on both upper  
and lower arch teeth.

Past dental History : No relevant history.

Medical History : No relevant history

Family History : No relevant history

Personal History :

- a) Agents used : Commercially available toothbrush and toothpaste.
- b) Duration : (2-3 minutes) one daily
- c) Type of brushing : Horizontal scrub technique.
- d) Frequency / frequency of changing brush : 3 months
- e) Reason for changing brush : fraying of bristles.
- f) Any other interdental aids used : No.

Adverse Habits :

Tobacco chewing : No

Smoking : No

Pan/betal nut chewing : No

Alcohol : No

Parafunctional : No

General Examination :

1) Posture : Normal  
2) Gait : Normal

Extraoral Examination :

Symmetry of face : face appears bilaterally symmetrical.  
Lymph node : on inspection enlargement noted.  
on palpation  
TMD : on palpation non or palpable.  
Lips : competent  
on palpation or deflation noted present, No tenderness.

Intraoral Examination :

Buccal mucosa : No abnormality detected

Labial mucosa : No abnormality detected

Vestibular mucosa : No abnormality detected

Floor of the mouth : No abnormality detected

Palate : No abnormality detected

Tongue : No abnormality detected

Halitosis : present

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**GINGIVAL STATUS**

|                                |                                |              |
|--------------------------------|--------------------------------|--------------|
| Reddish pink with pigmentation | Reddish pink with pigmentation | Reddish pink |
| Reddish pink                   | Reddish pink                   | Reddish pink |

|                    |                    |                    |
|--------------------|--------------------|--------------------|
| Soft and edematous | soft and edematous | soft and edematous |
| Soft and edematous | soft and edematous | soft and edematous |

|  |  |  |
|--|--|--|
| Scalloped gingival margin with knife edge papilla              | scalloped gingival margin with knife edge papilla              | scalloped gingival margin with knife edge interdentals papilla |
| Scalloped gingival margin with knife edge interdentals papilla | scalloped gingival margin with knife edge interdentals papilla | scalloped gingival margin with knife edge interdentals papilla |

|         |         |         |
|---------|---------|---------|
| Grade I | Grade I | Grade 0 |
| Grade I | Grade I | Grade 0 |

|  |   |                            |
|--|---|----------------------------|
| rolled out margin with blunt interdental papilla | rolled out gingival margin with blunt interdental papilla | knife edge gingival margin |
| rolled out margin with blunt interdental papilla | rolled out gingival margin with blunt interdental papilla | knife edge gingival margin |

|                   |                   |                   |
|-------------------|-------------------|-------------------|
| Reduced stippling | Reduced stippling | Reduced stippling |
| Reduced stippling | Reduced stippling | Reduced stippling |

|               |        |        |
|---------------|--------|--------|
| apical to CEJ | at CEJ | at CEJ |
| apical to CEJ | at CEJ | at CEJ |

|               |               |        |
|---------------|---------------|--------|
| apical to CEJ | apical to CEJ | at CEJ |
| apical to CEJ | apical to CEJ | at CEJ |

Bleeding on probing :

Exudation : Absent

Abscess : Absent

**MUCOGINGIVAL PROBLEMS**

Frenal attachment : Maxillary - Gingival  
Mandibular - Mucosal

Tension test : Negative

Width of attached gingiva : Adequate

Depth of vestibule : Adequate

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Kolkata - 700 022



|         |         |
|---------|---------|
| Present | Present |
| Present | Present |



**DENTAL STATUS**

|                 |   |   |   |   |   |   |   |   |  |   |   |   |   |   |   |   |   |
|-----------------|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|
| Teeth present : | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|                 | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 |  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

Teeth missing : 0

Carious teeth : **PI and PISURE caries** 15, 17, 26, 27, 18, 31, 32, 48  
**Mesoproximal caries** 16  
**Distal proximal caries** 36, 47

Restorations/ Prosthesis : Absent

Overhanging restorations : Absent

Plunger cusp : Absent

Food impaction : Absent

Hypersensitivity : Absent

Wasting disease

Atrition : Absent

Abrasion : Absent

Erosion : Absent

proximal contact relationship

tooth anatomy : Normal

Malposed teeth Absent

Teeth Deposits :

Plaque : ++

Calculus : +

Stains : +

Occlusion : traumatic / atraumatic

1) Overjet : 2 mm

3) Crossbite : absent

Trauma from occlusion : Absent

Fremitus test Negative

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 Kolhapur 422 002



Normal contacts

2) Overbite : 2 mm

4) Crowding : absent

PROBABLE ETIOLOGIC FACTORS:

Local : Accumulation of plaque and calculus.  
Faulty brushing technique.

Systemic : Not present.

PROVISIONAL DIAGNOSIS:

According to AAP 1999:-  
Chronic generalised gingivitis with localized periodontitis  
According to AAP 2017:-  
Chronic localized stage II grade A periodontitis (12, 13, 14, 15, 4, 6, 9)

INVESTIGATIONS:

1) Laboratory -

2) Roentgenographic -

FINAL DIAGNOSIS

According to the AAP 1999  
Chronic generalised  
periodontitis (12, 13, 14, 15, 4, 6, 9)  
According to AAP 2017  
Chronic generalised  
12, 13, 14, 15, 4, 6, 9  
Stage II Grade A periodontitis (12, 13, 14, 15, 4, 6, 9)

Overall : Good.

Individual :

TREATMENT PLAN:

Emergency phase : -

Phase I therapy:

- Oral hygiene instructions
- scaling and root planing to be done
- fixation of cavities and restoration (15, 16, 17, 26, 27, 29, 37, 38, 48, 47).

Evaluation of response to phase I

patient is recalled after 2-4 weeks.  
Gingival status of patient to be checked.  
Oral hygiene instructions to be given.  
Evaluation of inflammation of gingiva.



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Phase II therapy: Mucogingival surgery 19.15.24

Evaluation of response to phase II  
Evaluation of inflammation and accumulation of  
plaque and calculus.

Phase III therapy: -

Phase IV therapy (maintenance phase):  
Patient is recalled once in 3 months during 1<sup>st</sup> year  
of therapy and then patient is recalled once in  
6 months.

Discussed with:

Dr. Pradnya Khatwale Moam

Signature

Serial No.: 10

O.P.D.No.: 17005

Name: Vikas Sopan Gaud



Date: 20/1/24

Age: 48 years

Gender: Male

Occupation: Farmer

Address: A/P. Asha  
Tal. Velva  
Dist. Kolhapur.

Chief Complaint: Patient complains of unclear teeth since 1 year.

History of Present Illness: Patient was apparently alright 1 year ago  
when he started noticing deposits and stains  
on tooth surface.

Past dental History: Patient had undergone extraction under LA  
without any complications 4 years ago.

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Kolhapur

Medical History: No relevant history.

Family History: No relevant history.

Personal History:

- a) Agents used: Commercially available toothbrush and toothpaste.
- b) Duration: Once daily for 2-3 min.
- c) Type of brushing: Horizontal scrub technique.
- d) Frequency / frequency of changing brush: 5-6 months.
- e) Reason for changing brush: Scavenging of bristles.
- f) Any other instrumental aids used: No.

Adverse Effects:

Tobacco chewing: No

Smoking: No

Penal brush use chewing: No

Alcoholic NG

Parafunctional: No.

General Examination:

Insure: Normal  
Gait: Normal

Extraoral Examination:

Symmetry of face: appears normally symmetrical  
Lymph node: On inspection, enlargement noted  
TMJ: on inspection, non palpable  
Lips: Competent  
No degeneration.

Intraoral Examination:

Buccal mucosa: No abnormality detected

Labial mucosa: No abnormality detected

Vestibular mucosa: No abnormality detected

Floor of the mouth: No abnormality detected

Palate: No abnormality detected

Tongue: No abnormality detected.

Halitosis: Present.



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Kolkata

|                  |   | GINGIVAL STATUS                            |  |
|------------------|---|--|--|
| Colour:          | Reddish pink                              | Reddish pink                               | Reddish pink                               |
| Consistency:     | Soft and edematous                        | Soft and edematous                         | Soft and edematous                         |
| Contour:         | accentuated gingival margin               | accentuated                                | accentuated                                |
| Size:            | grade II                                  | grade II                                   | grade I                                    |
| Shape:           | accentuated and blunt interdental papilla | accentuated with blunt interdental papilla | accentuated with blunt interdental papilla |
| Surface texture: | loss of stippling                         | loss of stippling                          | loss of stippling                          |
| Position:        | apical to CEJ                             | apical to CEJ                              | apical to CEJ                              |

bleeding on probing : Present  
 Exudation : Absent  
 Abscess : Absent



**MUCOGINGIVAL PROBLEMS**

Frenal attachment : Mavillary - Gingival (both labial and buccal)  
 Mandibular - Mucosal (both labial and buccal)

Tension test : Negative

Width of attached gingiva : Adequate

Depth of vestibule : Adequate

|         |         |
|---------|---------|
| Present | Present |
| Present | Present |



**DENTAL STATUS**

Teeth present : 

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 | 7 | 6 | 5 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |   |
| - | 7 | - | - | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | - | 7 | 8 |

Teeth missing : 14, 56, 45, 46, 47

Carious teeth : P1 and P2222 Caries C 16, 17, 18, 28

Restorations/ Prosthesis :  
 Interim restoration C 87  
 Prothesis C 22, 25, 24, 25, 26, 27

Overhanging restorations : Absent

Plunger cusp : Absent

Food impaction : Absent

Hypersensitivity : Absent

Wasting disease

Atrition : Absent

Abrasion : 48, 44, 433, 42, 48, 44

Erosion : Absent

proximal contact relationship: Normal

Tooth anatomy : Normal

Malposed teeth Absent

Teeth Deposits :

Plaque : +

Calculus : ++

Stains : +

Occlusion : traumatic / atraumatic **Atraumatic**

1) Overjet : 2mm

2) Overbite : 2mm

3) Crossbite : Absent

4) Crowding : Absent

Trauma from occlusion : Absent

Fremitus test Negative

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 Dist. Kolhapur - 416 117



PROBABLE ETIOLOGIC FACTORS:

Local: Accumulation of plaque and calculus.  
Gummy brushing technique.

Systemic: Not present.

PROVISIONAL DIAGNOSIS:

According to APE 1993:-  
Chronic generalized severe periodontitis.

According to APE 2017:-  
Chronic generalized stage III grade A periodontitis.

INVESTIGATIONS:

- 1) Laboratory -
- 2) Radiographic -

FINAL DIAGNOSIS

According to 1993  
Chronic generalized  
According to 2017:-  
Chronic generalized

PROGNOSIS:

Overall: Fair

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Kolkata - 700 017



stage III grade A periodontitis.

Individual:

| Good  | Fair               | Poor    | Questionable | Hopeless |
|---|--------------------|---------|--------------|----------|
| 11, 12, 13, 15, 18, 21, 22, 23, 24, 25, 26, 27, 28, 33, 34, 35, 38, 42, 43, 44, | 37, 31, 47, 17, 32 | 41, 16. |              |          |

TREATMENT PLAN:

Emergency phase: -

Phase I therapy:

- i) Oral hygiene instructions.
  - modified bass brushing technique.
- ii) scaling and root planning.
- iii) Excavation of cavities and restoration T 16, 17, 18, 28

Evaluation of response to phase I

patient is recalled after 3-4 weeks for evaluation of integrity of restoration, oral hygiene status and gingival status.

Phase II therapy:  
Periodontal flap surgery 2.31.20, 01.

Evaluation of response to phase II  
Exhibit is recalled after 3-4 weeks for evaluation  
of surgical wounds, healing of wounds and gingival status.  
Evaluation of oral hygiene status and gingival status.

Phase III therapy:  
Replacement of missing teeth 14, 36, 45, 46, 47

Phase IV therapy (maintenance phase):  
Patient is recalled once in 3 months during 1<sup>st</sup> year  
of therapy and then patient is recalled once in  
6 months.

Discussed with:

Dr. Pradya Kantawar M.D.M.

Signature



Dr. Hareesh Kantawar M.D.S.  
Principal  
R. K. D. S. A. Maheshwari College  
New Pargana, Old Madhavaram  
Chennai - 600 031

**STATEMENT OF  
WORK DONE**

| Sr. No. | OPD No. | Date    | Name                 | Age | Sex | Work Done                                      | Signature |
|---------|---------|---------|----------------------|-----|-----|--|-----------|
| 12.     | 97796   | 5/2/24  | Shivaji Fadare       | 66  | M   | Supragingival scaling done                     |           |
| 13.     | 98088   | 7/2/24  | Sombar Bag           | 19  | M   | supragingival scaling done                     |           |
| 14.     | 98436   | 9/2/24  | Madhuri Bore         | 20  | F   | supragingival scaling done                     |           |
| 15.     | 97017   | 10/2/24 | Nojimg Mirgal        | 31  | F   | supragingival scaling done                     |           |
| 16.     | 98674   | 15/2/24 | Pranav Khar Satpute  | 19  | M   | supragingival scaling done                     |           |
| 17.     | 99330   | 17/2/24 | Chetan C. Chavhan.   | 28  | M   | supragingival scaling done                     |           |
| 18.     | 99583   | 20/2/24 | Abhinandan Wadhkar   | 26  | M   | supragingival scaling done                     |           |
| 19.     | 99731   | 21/2/24 | Sudhendra Gokulwad   | 40  | F   | supragingival scaling done                     |           |
| 20.     | 97659   | 22/2/24 | Sanika Pahl          | 19  | F   | supragingival scaling done                     |           |
| 21.     | 97960   | 23/2/24 | Suraj V. Vaidar      | 28  | M   | supragingival scaling done                     |           |
| 22.     | 95523   | 28/2/24 | Chaya Kumbhar        | 54  | F   | supragingival scaling done                     |           |
| 23.     | 17005   | 20/7/24 | Vikas Sapon Gadikwad | 43  | M   | supragingival scaling done and mandibular arch |           |
| 24.     | 1012    | 24/7/24 | Sahaji B. Kogale     | 34  | M   | Oral prophylaxis done.                         |           |



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| Sr. No. | OPD No. | Date   | Name                | Age | Sex | Work Done                  | Signature |
|---------|---------|--------|---------------------|-----|-----|----------------------------|-----------|
| 25.     | 12171   | 7/2/24 | Dhruvan T. Solankhe | 25  | M   | supragingival scaling done |           |

WORK DONE

| Sr. No. | OPD No. | Date    | Name                    | Age | Sex | Work Done  | Signature |
|---------|---------|---------|-------------------------|-----|-----|--|-----------|
| 14      | 99898   | 10-7-24 | Nirajar Nadak           | 33  | F   | Supragingival Scaling of maxillary and mandibular teeth done.          |           |
| 15      | 14550   | 1-7-24  | Sudam Jaysing Pooze     | 44  | M   | Supragingival Scaling of maxillary and mandibular anterior teeth done. |           |
| 16      | 14071   | 4-7-24  | Vijay Povalkar          | 49  | M   | Supragingival Scaling of maxillary teeth done.                         |           |
| 17      | 14300   | 6-7-24  | Manisha Kombade         | 45  | F   | Supragingival Scaling of mandibular teeth done.                        |           |
| 18      | 5294    | 6-7-24  | Ashwini Mahesh Mane     | 46  | F   | Supragingival Scaling of maxillary & mandibular teeth done.            |           |
| 19      | 15243   | 8-7-24  | Gauri Pessa             | 28  | F   | Supragingival Scaling of mandibular teeth done.                        |           |
| 20      | 15300   | 8-7-24  | Pramod Shamrao Bomye    | 32  | F   | Supragingival Scaling of maxillary and mandibular teeth done.          |           |
| 21      | 15436   | 8-7-24  | Avinash Sampatras Patil | 40  | M   | Supragingival Scaling of maxillary and mandibular anterior teeth done. |           |
| 22      | 15621   | 9-7-24  | Lalasa Patil            | 40  | M   | Supragingival Scaling of mandibular teeth done.                        |           |

WORK DONE

| Sr. No. | OPD No. | Date    | Name                      | Age | Sex | Work Done                                      | Signature |
|---------|---------|---------|---------------------------|-----|-----|--|-----------|
| 23      | 16374   | 15-7-24 | Ranjeet Prakash Lohar     | 30  | M   | Supragingival scaling of maxillary teeth done. |           |
| 24      | 16473   | 16-7-24 | Santosh Yashwanth Mohite  | 37  | M   | Oral Prophylaxis done.                         |           |
| 25      | 28840   | 4-11-24 | Shital Ramras Hirve       | 32  | F   | Supragingival Scaling of maxillary teeth done. |           |
| 26      | 29493   | 8-11-24 | Rushikesh Kolekar Gravali | 24  | M   | Oral prophylaxis done.                         |           |



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