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Q2: C.V. defects :-

Ans: class I: cavity in Pits or fissures on the occlusal surfaces of molars and Premolars facial and lingual surface of molars; lingual surface of maxillary incisors

class I, corresponds to surface of a posterior tooth you can clinically see. occlusal lingual / buccal surfaces are not, therefore the interproximal surface are not classified as class I)

class II: cavity on proximal surface of premolars and molars (class II corresponds to tooth you cannot see clinically)

class III: cavity on proximal surface of incisors and canines that do not involve the incisal angle (class III, corresponds to surfaces of an anterior tooth you cannot see clinically.)

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Class IV: Cavity on Proximal Surface of incisors or Canine that involve the incisal angle (class IV lesion is the large version of class III that incisal angle)

Class V: Cavity on the Cervical third of the facial or lingual Surface of any tooth (think of the neck of the tooth)

Class VI: Cavity on incisal edges of anterior teeth and cusp tips of Posterior teeth (class VI corresponds to the very top surface of a tooth.)

Classification:

Dental Caries is the standard method used in identification of carious lesions according to its location on the tooth surface. Black originally devised five classification but a sixth was later added. They cavity classification are used when recording on the patient's chart the type of caries found on the teeth.

Q2: What is taurodontism?

Ans: Variation in tooth form:

Elongated crowns
apically displaced furcations

Resulting in pulp chambers
that have apical occlusal
height.

May be seen as isolated
incident in families
Associated with syndromes
such as

→ Down Syndrome

→ Klinefelter's Syndrome.

Little clinical significance
No treatment is required.

Types of dentinogenesis

imperfecta :

Types I

Types II

Types III

Types I,

occurs in families with osteogenesis imperfecta

Primary teeth are more severely affected than permanent teeth

Type IV

Radiographically:

Partial or total obliteration of pulp chamber + root canal by continued formation of dentin

Root may be short + blunted
Cementum, Periodontal membrane + bone appear normal.

Type (II)

Never occurs in association with osteogenesis imperfecta unless by chance
most frequently referred to as hereditary opalescent dentin

only have dentin abnormalities and no bone disease.

Radiographically:

Partial or total obliteration of pulp chambers + root canals by continued formation of dentin

Root may be short + blunted
Cementum Periodontal membrane + bone appear normal.

Type (III)

Broodwine type:

Recid isolate in Maryland
multiple Pulp exposures
in deciduous not seen in
type I or II

Periapical radiolucencies:

Enamel appears normal

Large size of Pulp chamber

is due not to resorption
but rather to insufficient

+ defective dentin formation.

Q3: Supernumerary teeth

A Supernumerary tooth is one that is additional to the normal series and can be found in almost any region of the dental arch.

Supernumerary teeth may be encountered by the general dental practitioner as a chance finding on a radiograph or as the cause of an impacted central incisor. They may also be found intraorally following spontaneous eruption. The most common supernumerary tooth which appears in the maxillary midline is called a mesiodens. Treatment depends on the type and position of the supernumerary tooth and on its effect on adjacent teeth.

Classification of Supernumeraries:

Supernumerary teeth are classified according to morphology and location. In the primary dentition morphology is usually normal or conical. There is a greater variety of forms presenting in the permanent dentition. Four different morphological types of supernumerary teeth have been described.

Conical
tuberculate
supplemental
odontome.

Problems Associated

Failure of eruption
Displacement
Crowding
Pathological Problems.

Management :-

Treatment depends on the types and position of the supernumerary tooth and on its effect or potential effect on adjacent teeth.

The management of a supernumerary tooth should form part of a comprehensive treatment plan and should not be considered in isolation.

Indications

Removal of the supernumerary tooth is recommended where

Spontaneous eruption of the supernumerary has occurred.

Example:

The most common supernumary tooth is mesiodens which is a malformed peg-like tooth that occurs between the maxillary central incisors

Fourth and fifth molars

that form behind the third molars that form behind the third molars are another kind of supernumary teeth.

Complication:

The supernumary teeth growing into the gum.