

Name Fazal Hayat

ID 13631

Oral pathology.

Q 5:- What is the role of oral pathology in dentistry, Explain in details.

Oral pathology in dentistry :- Oral pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. In other words, oral pathology is the science that understand the causes and effect of these disease. Common practices include clinical examinations, lab testing, and taking the whole body health and chemistry into consideration.

pathology is important because if you have a certain problem, we want to know exactly what it is so that we can offer the right treatment. For example

viruses and bacteria are completely different kinds of organisms, both can make you sick but in order to get the proper treatment - we want to know what exactly is causing the problem.

Oral diseases :-

According to the world Health organization, Risk factors for oral diseases include an unhealthy diet, tobacco use, harmful alcohol use and poor oral hygiene and social determinants. Any of these combined with your personal risk factors can make you and your mouth unhealthy.

The main categories of oral diseases are:

Pain:- Any number of problems can cause pain in your mouth, jaw, and neck.

Infection:- Can be caused by fungus, bacteria, or viruses.

Cancer:- Warning signs include a discolored tongue or gums, open wounds, or lumps in your mouth or throat.

Cavities:- Called dental caries, lead to tooth decay and other complications.

Gum disease:- A common but treatable infection and inflammation of the gums.

Tooth loss: - Many oral diseases can cause tooth loss, your Grabury dentist can treat the problem and also talk with you about tooth replacement options.

Any thing that prevents you from comfortably speaking, smiling, chewing, and swallowing is an oral problem. Accident and injuries aren't diseases, but they can certainly harm your oral health.

A healthy mouth is a key to a healthy body and happy life. The best way to protect your oral health is through good oral hygiene and healthy lifestyle habits. This includes:

- Brushing your teeth twice a day for two minutes
- Flossing or cleaning between your teeth once every day.
- Seeing the dentist regularly, usually two times per year
- Eating a healthy diet and avoiding limiting smoking, sugar, and alcohol
- Drinking lots of water and getting good sleep
- Understanding how your overall health affects your oral health.

Qno(2) what is gemination. Explain in detail different types of amelogenesis Imperfecta.

Gemination and fusion are anomalies in size, shape and structure of teeth. Gemination more frequently affects the primary teeth, but it may occur in permanent dentitions, usually in incisor region. Geminated teeth are typically disfigured in appearance due to irregularities of the enamel.

Amelogenesis Imperfecta:

Amelogenesis Imperfecta refers to a group of rare, inherited disorders characterized by abnormal enamel formation. The term is typically restricted to those disorders of enamel development not associated with other abnormalities of the body.

Types of amelogenesis Imperfecta:-

- ① hypoplastic (type I)
- ② hypomaturation (type II)
- ③ hypocalcified (type III)

④ hypomaturation/hypoplasia/tourodontism (type IV)

Type I Hypoplastic:- AI is characterized by small to normal tops (crown) of the teeth upper and lower teeth that do not meet showing a poor bite and the teeth that vary in color from off white to yellow-brown. The enamel thickness varies from thin and smooth to normal, with grooves, line and or pits.

Type II Hypomaturation - The teeth are a creamy opaque to yellow or brown with sensitivity. The enamel has a normal thickness, but its too soft so the teeth appear mottled and may wear away and break. Hypomaturation represents between 20 to 40 percent of all cases of amelogenesis imperfecta.

Type III Hypocalcified:- The enamel may have a normal thickness, but its too soft. The teeth may be white, yellow, or brown, and the enamel may be rough. The teeth may also be extremely sensitive to hot and cold. This is the least common type of amelogenesis imperfecta representing about 7 percent of all cases.

Type IV Hypomaturation/hypoplasia/taurodontism
Here. ~~therefore~~ on the basis of this were made AI is a developmental condition of the dental enamel that is characterized by hypoplasia and/or hypomineralisation.

Q no (3) write a detailed note on Supernumerary teeth along with example:

Supernumerary teeth:-

Supernumerary teeth are odontostomatologic anomaly characterized by as the existence excessive number of teeth in relation to the normal dental formula - This condition is commonly seen with several Congenital genetic disorders such as Gardner's Syndrome, cleidocranial dysostosis and cleft lip and palate. Less common syndromes that are associated with ST are Fabry diseases, Ellis van Creveld Gen Syndrome, Nance-Horan Syndrome, Rubinstein-Taybi Syndrome and trico Rhino-phalangeal Syndrome. ST can be an important component of a distinctive disorder and an important clue for early diagnosis. Certainly early detecting the abnormalities gives us to make correct management of the patient and also it is important for making well informed decisions about long term medical care and treatment. In this review the genetic syndromes that are related with ST were discussed.

Example of Supernumerary teeth:-

Supernumerary

^ Mandibular Central Incisors

Maxillary premolars.

Mesiodens:-

• Most common Supernumerary teeth

Tooth situated between maxillary Central Incisor.

Singly, paired, erupted or impacted
Inverted, Small tooth,
Cone shaped crown, short root.

Fourth molars

2nd most common

situated distal to 3rd molar

Small rudimentary tooth but may be of normal size

Mandibular 4th molar also is seen occasionally but less common than maxillary molar

Premolar :-

Small + rudimentary
Situating buccally or lingually to one
of the maxillary molars

Inteproximally between 1st + 2nd or 2nd + 3rd
maxillary molars.

Distomolar / Distodens.

-> Molar located distal to molar.

Hypodontia: Lack of development of one or more teeth

Oligodontia: when all three teeth are missing

pseudodontia: when teeth are missing

False Adontia: when teeth have been exfoliated
or extracted.

Qno 4) Write a note on Severe marginal periodontitis. What are the factors that lead to Severity of periodontitis.

Marginal periodontitis: Marginal periodontitis is a disease of the marginal periodontium characterized by inflammation and resorption of the alveolar crest. Clinically it must be differentiated from gingivitis and senile atrophy although this disease is associated with calculus in the gingival crevice and inflammation of the gingiva. Study of human autopsy material reveals that neither the depth of the gingival crevice nor the degree of the inflammation bears any relationship to the condition of the alveolar crest. Why marked resorption is seen in some cases and not in others cannot be established from histologic evidence.

Are the factors that lead to Severity of periodontitis.

It is important to consider periodontal risk factors because they can

affect periodontal disease onset progression and severity. Risk factors include genetics, ethnicity, advancing age, Smoking diabetes, Specific medication Impaired nutrition poor oral hygiene poor dental restorations hormonal variations, Immunocompromised status Connective tissue diseases and previous history of periodontal disease.

Q no 1:- Briefly explain different types of microdontia along with diagrammatic illustration.

Microdontia:- is a condition in which one or more teeth appear smaller than normal. In the generalized form all teeth are involved, in the localized form only a few teeth are involved. The most common teeth affected are the upper lateral incisor and third molars.

There are three types of microdontia.

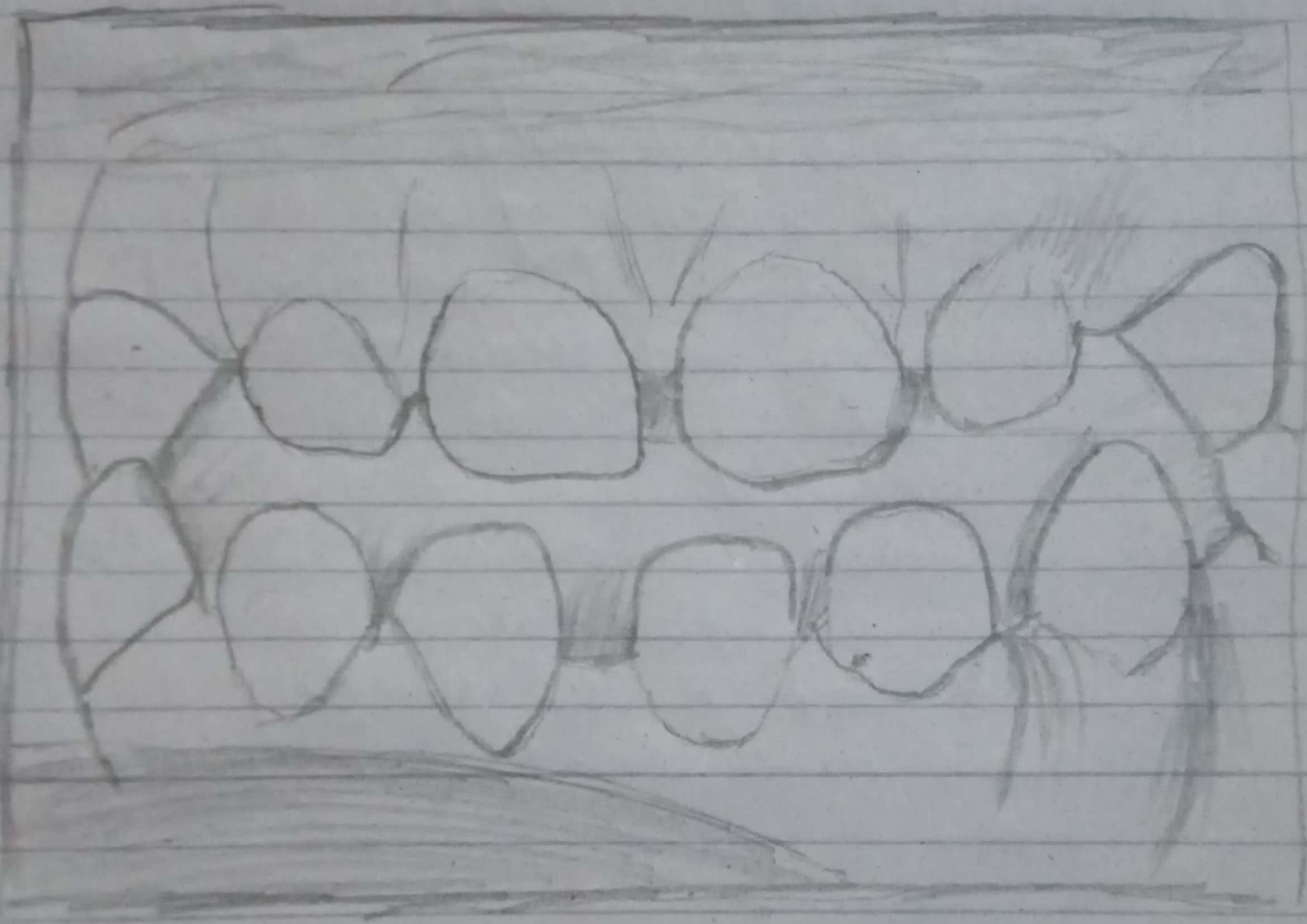
① True generalized:- All the teeth are smaller than the normal size. True generalized microdontia is very rare, and occurs in pituitary dwarfism. Due to decreased levels of growth hormone the teeth fail to develop to a normal size.

② Relative generalized:- All the teeth are normal size but appear smaller relative to enlarged jaw. Relative generalized microdontia may be the result of inheritance of a large jaw from one parent, and normal sized teeth from the other.

③ Localized (Focal)

Localized microdontia is also termed focal, or pseudo-microdontia. A single tooth is smaller than normal.

Localized is far more common than generalized microdontia, and is often associated with hypodontia (reduced number of teeth). The most commonly involved tooth in localized microdontia is the maxillary lateral incisor which may also be shaped like an inverted cone (a peg lateral). Peg laterals typically occur on the both sides and have short roots. Inheritance may be involved and the frequency of microdontia in the upper lateral is just under 50%. The second most commonly involved tooth is the maxillary third molars and after this supernumerary teeth.



MICRODONTIA DIAGRAM