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## STUDENT ID 14796

Course Title: Histology II

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Q1: Distinguish the fibrous capsule and articular disc?

**ANS:FIBROUS CAPSULE:**

- Above to the interior edge of the prglenoid plane
- Posteriorly to the squamo tympanic fissure, between these to edges of the articular fossa.
- Below to the periphery pf the neck of mandible.

**ARTICULAR DISC:**

- Fibro cartilaginous disc dividing joint cavity upper and lower component.
- Shape: oval
- Its make articular surface.

Q2: Write a short note on the clinical consideration of salivary glands.

**ANS: CLINICAL CONSIDERATION OF SALIIVARY GLANDS:**

Careful examination of a patients medical history and profile can lend clues to dysfunction of the salivary glands because they are often associated with other systemic disorders such as hormonal imbalances, diabetes mellitus, arteriosclerosis, and neurological disorders.

**FOR Example:**

Xerostomia (dry mouth), sialorrhea (increase salivary flow), both could result from dysfunction of the medullary salivary center, autonomic innervations to the glands, damage to the gland itself, or imbalances in fluid and electrolyte.

**CLINICAL CONSIDERATION:**

**RADIATION CARIES:**

Radiation caries is a rampant from of dental decay that may occur in individuals who receive a course of radiotherapy that include exposure of salivary glands.

**ETIOLOGY (CAUSES):**

Carious lesions are produced due to the exposure of salivary glands and reduced flow of saliva, decreased PH, decreased buffering capacity, and increased viscosity.

**SIGNS:**

Superficial lesions (abnormal change in structure) attack the buccal, occlusal, incisal, and lingual surfaces. It includes cementum and dentin in cervical lesions. Lesions progress around the teeth circumferentially and resulting in loss of the crown.

**Q3: Describe the factors that play a role in shading?**

**ANS: FACTORS THAT PLAY A ROLE IN SHADING:**

- 1) ODONTOCLAST
- 2) PRESSURE

**ODONTOCLAST:**

- When root resorption is almost complete, these odontoclasts degenerate, and mononuclear cells emerge from pulpal vessels and migrate to the predentin surface.
- Less is known about the resorption of soft tissues as it sheds.
- Just before exfoliation, resorption ceases as the odontoclasts migrate away from the dentin surface.
- The tooth sheds with some pulpal tissues intact.

**PRESSURE:**

- The pressure exerted by the erupting permanent teeth seem to play an important role in resorption of deciduous teeth.
- The local pressure is responsible for initiation of resorption.
- In addition to this local pressure, heavy mastication and muscular forces play a role in resorption.

**Q4: Explain the classification of tooth movement?**

**CLASSIFICATION OF TOOTH MOVEMENT:**

**A) PHYSIOLOGICAL TOOTH MOVEMENT**

Naturally occurring tooth movement that take place during and after tooth eruptions.

- 1) Tooth eruptions
- 2) Migration or drift of teeth
- 3) Changes in the tooth position during mastication

**b) Pathologic tooth movement:**

A tumor is a mass of tissue that's formed by an accumulation of abnormal cells.

Tooth eruption is a process in tooth development in which the teeth enter the mouth and become visible.

**C) ORTHODONTIC TOOTH MOVEMENT:**

It is a pathological process from which the tissue recovers.

Orthodontic tooth movement bring areas of pressure and tension around the tooth, the histologic changes seen during tooth movement.

**Q5: Enlist the function and component of TMJ.**

**ANS: FUNCTION OF TMJ:**

TMJ perform the following function.

- Speech and mastication
- Ligaments
- And many others

**COMPONENTS OF TMJ:**

**1) FIBROUS CAPSULE:**

- Above to the interior edge of the parglenoid plane
- Posteriorly to the squamo tympanic fissure, between these to edges of the articular fossa.
- Below to the periphery pf the neck of mandible

## **2) ARTICULAR DISC:**

- Fibro cartilaginous disc dividing joint cavity upper and lower component.
- Shape: oval
- Its make articular surface.

## **3) LATERAL LIGAMENTS OF JAW:**

Attached to the above articular tubercle on the root of zygomatic process of temporal bone extend down word up word angle of 45 degree.

## **4) SPHENOMANDIBULAR LIGAMENTS:**

It is an accessory ligament which lies on a deep plane away from the fibrous capsule. It is attached superiorly to the spine of sphenoid and inferiorly to the lingual.

## **5) STYLOMANDIBULAR LIGAMENTS:**

It represents a thickened part of the deep cervical fossa which separates the parotid and sub-mandibular salivary glands. It is attached to the lateral surface of styloid process.

**The End .....**

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