Q.1 You have been advised by the principal of your institution to make a presentation to a group of veteran army personals about the effects of increasing age on periodontal health. Enlist the different factors and aspects you would highlight in this presentation and the effect of aging on each of these factors.

Q.2 The periodontal index (PI) developed & published by Russell in 1956 has been extensively used in screening of periodontal disease.

a) What are the salient features of this index?

b) What are the main differences between this index and the Periodontal disease index (PDI) of Ramfjord (1959)?

Q.3 17 years old black female is referred by a general dentist to Periodontology department with complaint of gap and discomfort in upper and lower anterior teeth with concomitant mobility. Intraoral examination reveals that the attachment loss on these teeth ranges from 7 to 9mm. Attachment loss is also seen in some of the molar teeth.

a) How would this disease be classified based on the American Academy of Periodontology Classification of 1999?

b) Write down the feature other than that given in above scenario which can help your diagnosis.

c) What will be your treatment steps?
Q.4 A 19 years old girl presented with the concern of yellowing of her teeth. Clinical examination revealed yellowish white hard deposits along the lingual cervical area of many of her teeth with maximum amount seen in the mandibular incisor area.

a) What are these deposits composed of?
b) Why are the deposits present in maximum amount in the area of mandibular incisors?
c) What are the possible mechanisms leading to mineralization of these deposits?
Q.7 A 19 year old male reports to the Dental Outpatient Department with the complaint of severe pain in the right posterior maxillary region with pain radiating to the ear and throat. On clinical examination the gingiva in the area of the upper right 3rd molar and the adjacent palatal tissue appears red and inflamed and is tender to touch.

a) Give a diagnosis of the patient's condition?
b) How will you manage the problem?
c) What are the possible complications of this condition?

Q.8 A 4-year-old child is brought to the department of Periodontology by his mother with the complaint of the child's inability to eat for the last three days due to painful ulceration on his gums and palate.

a) What is the most likely diagnosis?
b) How will you manage the patient?
c) What medications may be prescribed?

Q.9 A 19 year old patient presents with complaint of severe pain around upper incisors for about 3 days. She also complains of foul taste. History reveals that the patient recently lost her parents in a bomb blast.

a) What is your diagnosis?
b) How will the diagnosis be confirmed by clinical examination?
c) What are the causes of the patient's current periodontal condition?
Q. 10 35 years old patient presents with extrusion and grade I mobility on upper right lateral incisors, the probing depths were in the range of 3 to 4mm, while radiograph showed vertical bone defects on both sides. Widening of periodontal ligament space was also noticeable, but there was no periapical radiolucency.

a) What is your diagnosis?
b) Write down five other causes which cause increased tooth mobility?
c) Write down the treatment modality.
Q.11 A 50-year old male presented to dental OPD for regular checkup. On clinical examination there was moderate to severe clinical attachment loss and furcation involvement of mandibular molars. The patients gingiva appeared bluish and there was little bleeding on probing. His history reveals that he is a chronic smoker.

a) How do we measure pack years?
b) How would you help patient to quit smoking?

Q.12 The provision of dental implants depends on important systemic risk factors. Enumerate these factors and highlight the absolute and relative contraindications of implant therapy.

Q.13 A 45 years old medically healthy female patient presents to the dental OPD with the complaint of bleeding gums. On careful clinical examination generalized redness and swelling of gingival tissue is noted.

P.12, P.13, P.14
Q.14 A 2nd year resident in the department of periodontology is planning to perform guided tissue regeneration on the mesial surface of lower right first molar for correction on vertical bone loss.

a) What type of artificial bone substitutes may be used in this case based on their origin?
b) What are the underlying mechanisms that the bone substitutes use to form bone?

Q.15 While performing root planing on a 32 years old male patient, the dental student was asked by his supervisor to switch to Gracey curettes from the Universal curettes he was using.

a) Enlist the differences between these two types of instruments.
b) What are the different types of power driven instruments that may be used in this patient?

Q.16 A patient came to your dental office with missing lower anterior teeth. After clinical and radiographic evaluation a successful implant surgery was performed and two endosseous dental implant fixtures with acid etched surface were placed. Patient was informed that the prosthesis would be provided after three to four months.

a) Give clinical and histological definition of the biologic process that would be going on during the period before provision of prosthesis?
b) What are the steps involved in this process?
Q.17 A 42-year-old medical doctor presented in Dental OPD with complaint of missing lower right first molar for last 9 years. Patient wants fixed restoration and specifically asks for replacement of osseointegrated dental implant.

Q.18 A 36-year-old healthy male arrived at the dental outpatient department with complaint that his mandibular central incisor is getting longer. He has been followed by provision of a fixed lingual retainer. On clinical examination the gingival recession extending into the mucogingival junction is seen. Clinical chart reveals absence of bone loss. He has been treated for the correction of his complaint.

Q.19 A patient presents with complaint of localized swelling associated with his lower right 1st molar. The clinician suspects this to be a periodontal or a pulpal abscess.

What are the differentiating features of both these conditions?
Q.20 Peri-implant soft and hard tissue disease is treated by a special protocol named as the Cumulative Interceptive Supportive Therapy (CIST). Give a tabulated description of this protocol with indication for each step.

The End