



Estd.: 1991

SOMANATH EDUCATIONAL TRUST'S
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH
BIDAR – 585 402 (KARNATAKA)

(Affiliated to Rajiv Gandhi University of Health Sciences & Recognised by Dental Council of India)

Email: principalsbpdch@yahoo.co.in www.sbpatil dentalcollege.in

Ph.: 08482 232101-232588 Fax.: 08482-232101

**POLICY FOR IMPROVEMENT INTERNAL
ASSESSMENT EXAMINATIONS**

Somanath Patil
PRINCIPAL
S.B. Patil Institute for
Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)



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Introduction

S.B patil Dental College and Hospital, Bidar believes in philosophy of student Centered teaching and learning process, to accomplish this, several initiatives were introduced among them, one is improvement internal exam strategies,

This scheme aims to understand the effectiveness of teaching learning process and getting the feedback on it. For timely improvement of the course activities and student performance.

PURPOSE.


This document is designed to provide guidelines for all clinical and non-clinical departments of BDS and MDS programs for timely improvement.

SCOPE

This policy document applies to both students and staff of the dental and all performance Sciences departments of S.B patil Dental College and Hospital, Bidar.

OBJECTIVES

- Identify the performance of the students
- Increase the student engagement in the course
- Offering the opportunity to students for further improvement
- the results and evaluation with the students.
- Overall Increasing the performance of students in year-end examination


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DEFINITIONS

- CIE: Continuous Internal Evaluation conducted three times as per the guidelines of RGUHS, Bengaluru.
- Viva-Vace: Oral Examination conducted to check the understanding of the Concept
- Remedial Coaching: Extra classes and discussions are conducted to revise difficult concepts in the specific subjects.
- Personal Counselling: Student given personalized counselling by the teachers as and when required. Extra Courseware: Extra Books, notes and PowerPoint Presentations provided to Slow learners
- Mid-Course Improvement Test: The test conducted for facilitating students to Improve their internal score.

Opportunities to Students for timely Improvement

1. Timely Administration of CIE
2. Ontime Assessment and Feedback
3. Make up Assignments and Test
4. Remedial Teaching and Support

A different question paper of the allotted portion is set up for the students. The answer sheets are checked and shown to the students within a week for any clarification. Midcourse exam helps the students to improve their scores and internal marks

Mid Course exam

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IMPROVEMENT INTERNAL EVALUATION FOR POST GRADUATE STUDENTS.

Continuous evaluation is the motto for post graduate students. The students are evaluated Regularly on basis of

- Seminars
- Journal clubs
- Case presentations
- Pedagogy
- Inter-disciplinary case discussions.

Check lists are provided to the staff for each postgraduate students to evaluate their academic activity.

The post graduate students are scheduled for multiple mock exams before the final University exams. These exams help the students to write detailed answers in a stipulated Time. The students with less scores are

Scheduled for discussions and personalized lesson planning. Students are provided with notes, PowerPoint presentations to help them prepare well for the exams.

Repeated viva and pedagogy are conducted to clear their basic concepts and lessons. The post graduate students are well prepared for the final university examinations.

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IMPROVEMENT INTERNAL ASSESSMENT FOR UNDERGRADUATE STUDENTS

The curriculum committee deatis a detailed calendar of events for each academic rusion

The tentative dates of the internal exams for regular and referred hartch are notified

The portion of the internal exams is as per the lessons covered in each subject. The first internal exam scheduled within first 3 months of the academic session. The second internal exam is scheduled within six months of the academic session.

Time period is given to Each department to check the papers and display the marks on the Notice board within 2 weeks of the exam conducted.

Students are informed to go through the corrected papers and the marks list. Students can Approach the respective stall for any clarification, corrections in their answer sheets.

The students who did not attend either of the internal examinations or have scored less marks are categorized. These students are scheduled for mid-course examination. Extra Focus is given to these students to improve their score.

Departments provide additional leaning opportunities like extra classes, chair side Discussions and supervised learning for these students.

The improvement examination timetable is given after first internal and is informed well before to the students(slow learners). The portion of improvement internal examination is same as that for first internal examination.

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**LIST OF OPPORTUNITIES PROVIDED FOR STUDENTS FOR MIDCOURSE
IMPROVEMENT OF PERFORMANCE IN THE EXAMINATION**

Library Hour:

Students are encouraged to visit library by incorporating library hour in the timetable and remedial classes are conducted department wise for students.

Personal counselling

Teachers take personalized counselling sessions to encourage the students to prepare Timetables to study well; Teachers take multiple discussions and clinical demonstrations to teach them the clinical steps for better understanding of different dental procedures.

Teachers provide motivation to the students to prepare well for the exams.

Remedial coaching

Each department conducts topic wise discussion with the students. Special attention is given to clear the basic concepts with the students. Students are made repeat topic-wise discussions So that they are well versed with the topic.

Providing extra books and notes.

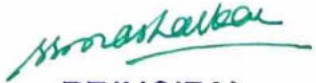
Notes are given to the students to solve their learning difficulty. Power point presentations are given to understand the concepts better. Video links of procedures are also given

Assignments

Students are given topic wise assignment questions. Students write it and submit for Evaluation.

Discussions

Clinical cases are discussed to teach the concepts better to the students. Clinical Demonstrations are given for better understanding. Past question papers are discussed with the students.


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Ref.: SET/SBPIDSR/BDR/2018-19/ 795

Date: 27-03-2019

CIRCULAR

All the HOD/Incharge's are informed to conduct the **Midcourse Improvement Examination** for I BDS students as per the following schedule and submit the marks list to the students section of office within **7 days of the examination**.

(Theory 9:00 a.m to 12:00 p.m & Practicals 1:00 p.m to 4:00 p.m)
BDS Ist year

Sl. No.	Subjects	Exam Dates
01	General Anatomy	15 -04 -2019
02	Physiology & Biochemistry	16 -04 -2019
03	Dental Anatomy and Histology	17 -04 -2019


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Ref.: SET/SBPIDSR/BDR/2018-19/ 795

Date: 27-03-2019

CIRCULAR

Following students are instructed to appear for the makeup exam of following department

BDS – I ANATOMY (2018- 2019)

S.NO	REG NO	NAME OF THE STUDENT
1.	17D-0522	RABEELA SAIMA SIDDIQUI
2.	17D-0532	VAISHALI GUPTA
3.	18D-1283	DEEPIKA
4.	18D-1288	KIRMANI SAYEDA BUSHRA NAAZ SYED GOUSUDDIN
5.	18D-1293	POOJA
6.	18D-1294	RUTUJA BASWARAJ PATIL
7.	18D-1300	SIDDIQUI SHAHID AFRIDI

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Date: 27-03-2019

CIRCULAR

Following students are instructed to appear for the makeup exam of following department

BDS – I BIOCHEMISTRY (2018- 2019)

S.NO	REG NO	NAME OF THE STUDENT
1.	17D0502	Ms. Afshannoorain
2.	17D0522	Ms. Rabeela Saima Siddiqui
3.	17D0532	Ms. Vaishali Gupta
4.	18D1283	Ms. Deepika ®
5.	18D1286	Ms. Kalyani ®
6.	18D1288	Ms. Kirmani Sayeda Bushra Naaz
7.	18D1294	Ms. Pooja ®
8.	18D1297	Ms. Sanjana Raga ®
9.	18D1298	Ms. Shayema Ashfaque ®


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Date: 27-03-2019


CIRCULAR

Following students are instructed to appear for the makeup exam of following department

BDS -I Physiology (2018-2019)

S.NO	REG NO	NAME OF THE STUDENT
1.	17D0502	Ms. Afshannoorain
2.	17D0522	Ms. Rabeela Saima Siddiqui
3.	17D0532	Ms. Vaishali Gupta
4.	18D1283	Ms. Deepika *
5.	18D1286	Ms. Kalyani *
6.	18D1288	Ms. Kirmani Sayeda Bushra Naaz *
7.	18D1294	Ms. Pooja *
8.	18D1297	Ms. Sanjana Raga *
9.	18D1298	Ms. Shayema Ashfaque *
10.	18D1300	Ms. Shweta *


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Date: 27-03-2019

CIRCULAR

Following students are instructed to appear for the makeup exam of following department

BDS – I DENTAL ANATOMY (2018- 2019)

S.NO	REG NO	NAME OF THE STUDENT
1.	18D1283	DEEPIKA
2.	18D1289	KRISHNATEJASVI
3.	18D1294	POOJA
4.	18D1297	SANJANA RAGA
5.	18D1298	SHAYEMA ASHFAQUE
6.	18D1301	SIDDIQUI SHAHID AFRIDI


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HUMAN ANATOMY INCLUDING EMBRYOLOGY & HISTOLOGY

LONG ESSAYS

2 x 10 = 20 Marks

1. Describe muscles of mastication under following heads:
(a) Origin (b) Insertion (c) Actions (d) Nerve supply.
2. Enumerate the dural venous sinuses and describe the cavernous sinus under the following heads:
(a) Location and structure (b) Relations (c) Contents (d) Applied anatomy.

SHORT ESSAYS

6 x 5 = 30 Marks

3. Branches of first part of maxillary artery
4. Nerve supply of tongue
5. Development of palate
6. Maxillary air sinus
7. Lateral wall of nose
8. Venous drainage of face

SHORT ANSWERS

10 x 2 = 20 Marks

9. Histology of lymph node
10. Primitive streak
11. Carotid sheath
12. Contents of jugular foramen
13. Dangerous area of scalp
14. Cleft lip
15. Bulla ethmoidalis
16. Nerve supply of posterior belly of Digastric muscle
17. Emissary veins
18. Stylomandibular ligament

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HUMAN PHYSIOLOGY

LONG ESSAYS

1 x 10 = 10 Marks

1. List the hormones from Anterior Pituitary. Explain the functions and disorders associated with anyone of them.

SHORT ESSAYS

3 x 5 = 15 Marks

2. Counter current multiplier
3. Functions of Gastric juice
4. Explain the factors affecting Venous return.

SHORT ANSWERS

5 x 2 = 10 Marks

5. Define (a) Residual volume (b) Inspiratory reserve volume.
6. Phagocytosis
7. Functions of middle ear
8. What is (a) Tubectomy (b) Vasectomy?
9. What is Isotonic and Isometric muscle contraction?

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BIOCHEMISTRY, NUTRITION & DIETICS

LONG ESSAYS

1 x 10 = 10 Marks

1. Describe the sources, biochemical functions, required daily allowance and deficiency manifestations of Vitamin D.

SHORT ESSAYS

3 x 5 = 15 Marks

2. Write the steps of Glycogenesis.
3. Explain the factors which affect enzyme action.
4. Give the steps of Ketogenesis.

SHORT ANSWERS

5 x 2 = 10 Marks

5. Define denaturation of proteins and mention its effects.
6. Give the definition and examples of Essential Amino acids.
7. Fluorosis
8. What are Antioxidants and give examples.
9. Name the deficiency diseases of Ascorbic acid and Riboflavin.

Somanath Kulkarni
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BDS3A-JUNE-2019 ANATOMY-Theory IA Marks

Max. Marks:10

Sl.No.	Registration Number	Student Name	I internal (100)	II Internal (100)	III Internal (100)	Improvement Internal (100)	Marks Scored
1	18D1278	AKASH D T	59	72	79		7.00
2	18D1279	AKSHITHA J S	88	89	93		9.00
3	18D1280	ALIYA TASKEEN	86	93	91		9.00
4	18D1281	ALMAS AFREEN	88	90	91		9.00
5	18D1282	BADASHESHI ABHIJEET	89	86	95		9.00
6	18D1283	DEEPIKA	55	62	74	89	7.00
7	18D1284	DIKSHA	59	75	76		7.00
8	18D1285	GOUHAR FATHIMA	77	78	85		8.00
9	18D1286	KALYANI	72	82	86		8.00
10	18D1287	KAVYA	87	89	94		9.00
11	18D1288	KIRMANI SAYEDA BUSHRA NAAZ SYED GOUSUDDIN	85	88	90	97	9.00
12	18D1289	KRISHNATEJASVI	72	83	85		8.00
13	18D1290	MOBINA AFREEN SADIYA	86	89	94		9.00
14	18D1291	MOHD ABDUL MOQSITH	85	89	94		9.00
15	18D1292	NAAZNEEN SUMAIYA	84	90	95		9.00
16	18D1294	POOJA	63	79	89	89	8.00
17	18D1295	RUTUJA BASWARAJ PATIL	69	84	87		8.00
18	18D1296	SABA KHANSA	63	74	73		7.00
19	18D1297	SANJANA RAGA	61	79	88	92	8.00
20	18D1298	SHAYEMA ASHFAQUE	83	86	92	98	9.00
21	18D1299	SHRUSHTI	75	79	86		8.00
22	18D1300	SHWETA	50	74	76	80	7.00
23	18D1301	SIDDIQUI SHAHID AFRIDI	73	83	84		8.00
24	18D1302	SWATI SINGH	88	92	90		9.00
25	18D1303	SYEDA MAIMUNA QUADRI	89	87	94		9.00
26	18D1304	VARSHA SHARNAPPA	72	84	84		8.00
27	18D1305	ZOHA TAQDEES	89	89	92		9.00
28	18D1306	MADEHA NOORAIN	88	93	89		9.00
29	18D1307	PATLOLLA ANUPAMA REDDY	85	89	96		9.00
30	18D1308	YERRAMORRUSU NIKHITHA REDDY	58	70	82		7.00
31	18D1309	ZOHA MAHEEN BAIG	63	78	86	93	8.00

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BDS3A-JUNE-2019 PHYSIOLOGY & BIOCHEMISTRY-Theory IA Marks

Max. Marks:10

Sl.No.	Registration Number	Student Name	I internal (100)	II Internal (100)	III Internal (100)	Improvement Internal (100)	Marks Scored
1	17D0502	AFSHANNOORAIN	85	88	90	97	9.00
2	17D0509	FOUJI PRAFUL RAJ	86	89	95		9.00
3	17D0519	NARGOJE YOGESHWARI	90	94	86		9.00
4	17D0522	RABEELA SAIMA SIDDIQUI	82	87	93	98	9.00
5	17D0532	VAISHALI GUPTA	80	90	94	96	9.00
6	18D1278	AKASH D T	68	76	66		7.00
7	18D1279	AKSHITHA J S	66	74	70		7.00
8	18D1280	ALIYA TASKEEN	56	72	82		7.00
9	18D1281	ALMAS AFREEN	62	90	88		8.00
10	18D1282	BADASHESHI ABHIJEET	62	73	75		7.00
11	18D1283	DEEPIKA	50	69	72	89	7.00
12	18D1284	DIKSHA	65	66	79		7.00
13	18D1285	GOUHAR FATHIMA	58	72	80		7.00
14	18D1286	KALYANI	63	72	88	97	8.00
15	18D1287	KAVYA	77	78	85		8.00
16	18D1288	KIRMANI SAYEDA BUSHRA NAAZ SYED GOUSUDDIN	57	80	88	95	8.00
17	18D1289	KRISHNATEJASVI	58	75	77		7.00
18	18D1290	MOBINA AFREEN SADIYA	88	92	90		9.00
19	18D1291	MOHD ABDUL MOQSITH	66	70	74		7.00
20	18D1292	NAAZNEEN SUMAIYA	62	71	74		7.00
21	18D1294	POOJA	52	60	80	88	7.00
22	18D1295	RUTUJA BASWARAJ PATIL	60	66	84		7.00
23	18D1296	SABA KHANSA	63	69	78		7.00
24	18D1297	SANJANA RAGA	51	67	74	85	7.00
25	18D1298	SHAYEMA ASHFAQUE	52	66	78	84	7.00
26	18D1299	SHRUSHTI	92	89	89		9.00
27	18D1300	SHWETA	53	66	70	89	7.00
28	18D1301	SIDDIQUI SHAHID AFRIDI	62	71	74		7.00
29	18D1302	SWATI SINGH	67	66	77		7.00
30	18D1303	SYEDA MAIMUNA QUADRI	87	88	95		9.00
31	18D1304	VARSHA SHARNAPPA	66	70	74		7.00
32	18D1305	ZOHA TAQDEES	65	71	74		7.00
33	18D1306	MADEHA NOORAIN	89	87	94		9.00
34	18D1307	PATLOLLA ANUPAMA REDDY	58	75	77		7.00
35	18D1308	YERRAMORRUSU NIKHITHA REDDY	59	68	83		7.00
36	18D1309	ZOHA MAHEEN BAIG	88	87	95		9.00

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BDS3A-JUNE-2019 DENTAL ANATOMY-Theory IA Marks

Max. Marks:10

Sl.No.	Registration Number	Student Name	I internal (100)	II Internal (100)	III Internal (100)	Improvement Internal (100)	Marks Scored
1	15D0540	MIRZA YADULLAJ BAIG	87	89	94		9.00
2	18D1278	AKASH D T	68	75	67		7.00
3	18D1279	AKSHITHA J S	87	90	93		9.00
4	18D1280	ALIYA TASKEEN	88	72	80		8.00
5	18D1281	ALMAS AFREEN	86	89	95		9.00
6	18D1282	BADASHESHI ABHIJEET	80	81	79		8.00
7	18D1283	DEEPIKA	45	65	78	92	7.00
8	18D1284	DIKSHA	58	78	74		7.00
9	18D1285	GOUHAR FATHIMA	58	74	78		7.00
10	18D1286	KALYANI	64	68	78		7.00
11	18D1287	KAVYA	90	94	86		9.00
12	18D1288	KIRMANI SAYEDA BUSHRA NAAZ SYED GOUSUDDIN	88	92	90		9.00
13	18D1289	KRISHNATEJASVI	67	74	83	96	8.00
14	18D1290	MOBINA AFREEN SADIYA	75	76	89		8.00
15	18D1291	MOHD ABDUL MOQSITH	84	84	72		8.00
16	18D1292	NAAZNEEN SUMAIYA	84	69	87		8.00
17	18D1294	POOJA	66	74	86	94	8.00
18	18D1295	RUTUJA BASWARAJ PATIL	69	86	85		8.00
19	18D1296	SABA KHANSA	68	76	66		7.00
20	18D1297	SANJANA RAGA	40	70	81	89	7.00
21	18D1298	SHAYEMA ASHFAQUE	69	73	83	95	8.00
22	18D1299	SHRUSHTI	77	86	77		8.00
23	18D1300	SHWETA	92	89	89		9.00
24	18D1301	SIDDIQUI SHAHID AFRIDI	40	70	80	89	7.00
25	18D1302	SWATI SINGH	86	88	96		9.00
26	18D1303	SYEDA MAIMUNA QUADRI	87	93	90		9.00
27	18D1304	VARSHA SHARNAPPA	89	90	91		9.00
28	18D1305	ZOHA TAQDEES	94	88	88		9.00
29	18D1306	MADEHA NOORAIN	85	90	95		9.00
30	18D1307	PATLOLLA ANUPAMA REDDY	87	88	95		9.00
31	18D1308	YERRAMORRUSU NIKHITHA REDDY	89	87	94		9.00
32	18D1309	ZOHA MAHEEN BAIG	88	87	95		9.00

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Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Shayema Ashfaque*
 2. Year of exam : *2019*
 3. Subject : *Human Anatomy*
 4. Internal Assessment No : *Mid course Improvement, select*
 5. Date of Exam : *15/4/2019.*

INSTRUCTIONS

- The answer must be written using black ink pen.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Shayema Ashfaque

Signature of Invigilator

PRINCIPAL

TO BE FILLED BY THE SUBJECT VALUATOR

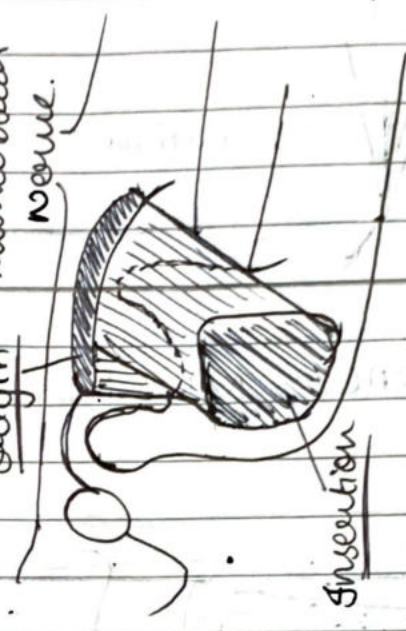
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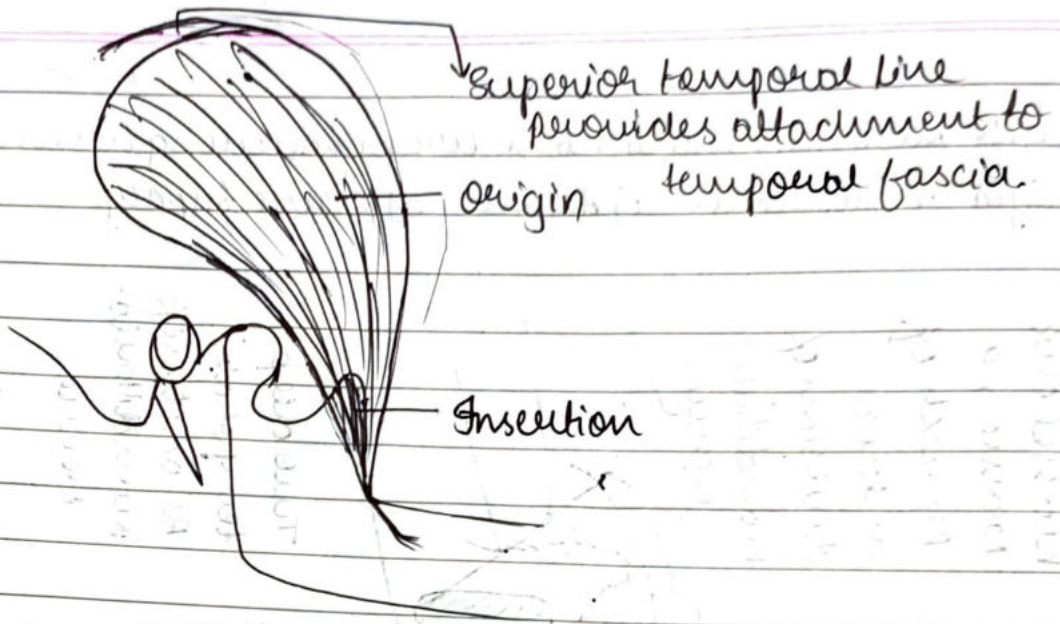
Total marks scored..... *9/10* Name & Signature of valuator..... *[Signature]*

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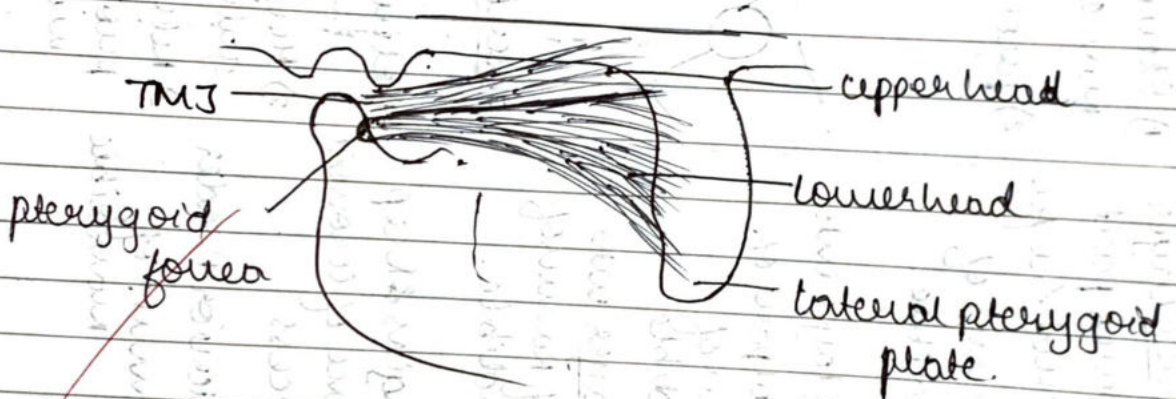
① Describe muscles of mastication under following heading.
 a) Origin . b) Insertion c) Action . d) Nerve supply.

MUSCLE	ORIGIN	INSERTION	ACTION	NERVE SUPPLY
1) <u>Masseter</u> quadrate lateral muscle	<p>superficial layer: from anterior 2-3rd of lower border of zygomatic arch & adjoining zygomatic process of maxilla.</p> <p>middle layer: from lower border of posterior 1-3rd of zygomatic arch</p> <p>Deep layer: from deep surface of zygomatic arch.</p>	<p>superficial layer into lower part of lateral surface of ramus of mandible</p> <p>middle layer into central part of ramus of mandible</p> <p>Deep layer into rest of ramus of mandible.</p>	<p>1) Elevates mandible</p> <p>2) protrusion</p>	<p>Masseteric nerve, a branch of anterior division of mandibular nerve.</p>
<p>2) <u>Temporalis</u> Fan shaped fills the temporal fossa</p>	<p>1) Temporal fossa excluding Zygomatic Bone</p> <p>2) Temporal fascia</p>	<p>1) margins & Deep surface of coronoid process</p> <p>2) Anterior border of ramus of mandible</p>	<p>1) Elevates mandible</p> <p>2) Helps in grinding</p> <p>3) Retract protruded mandible</p>	<p>Two deep temporal branches of mandibular nerve.</p>

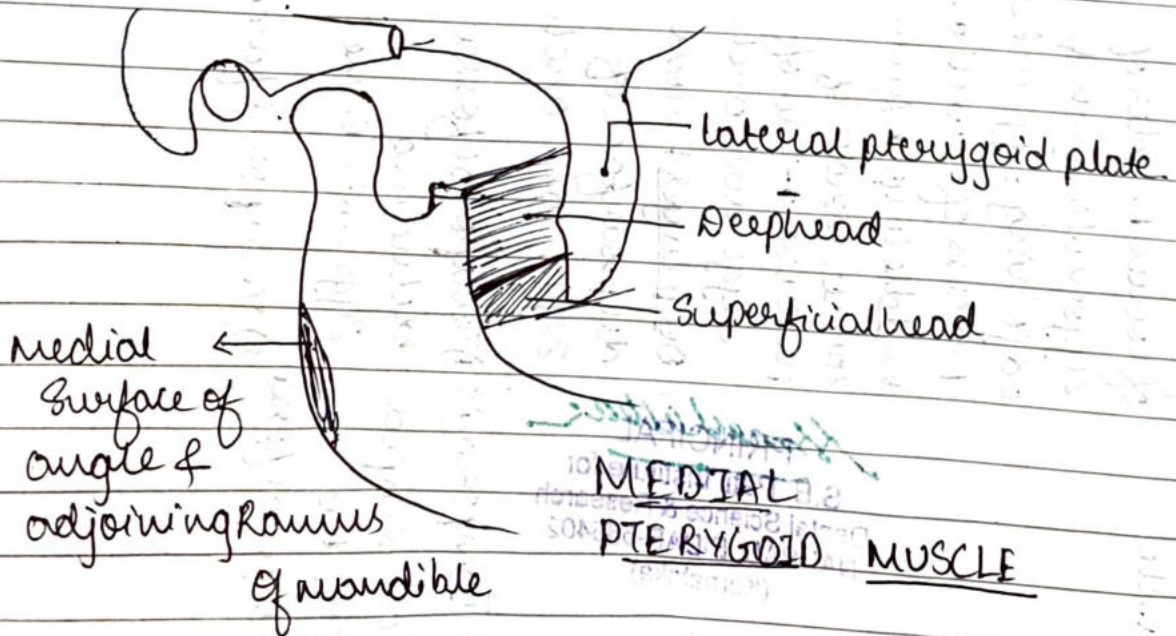




TEMPORALIS MUSCLE



lateral pterygoid muscle



Muscles	Origin	Insertion	Actions	Nerve Supply
<p>③ <u>Lateral pterygoid</u> short, conical has upper & lower heads</p>	<p>a) <u>Upper head (small)</u> from infratemporal surface & crest of greater wing of sphenoid bone.</p> <p>b) <u>Lower head (larger)</u> from lateral surface of lateral pterygoid plate</p>	<p>a) <u>pterygoid fovea</u> on the anterior surface of neck of mandible.</p> <p>b) <u>anterior margin</u> of articular disc & capsule of TMS.</p>	<p>a) Depress mandible to open mouth</p> <p>b) protract mandible</p> <p>c) Right lateral pterygoid turns the chin to left side</p>	<p>A branch from anterior division of mandibular nerve.</p>
<p>④ <u>Medial pterygoid</u> bilateral has a small superior & large deep head</p>	<p><u>superficial head</u> from tuberosity of maxilla & adjoining bone.</p> <p><u>Deep head</u> from medial surface of lateral pterygoid plate & adjoining process of palatine bone.</p>	<p>Roughened area on the medial surface of angle & adjoining ramus of mandible, below & behind the mandibular foramen & mylohyoid groove</p>	<p>a) Elevates mandible</p> <p>b) helps protrude mandible</p> <p>c) helps in grinding</p>	<p>nerve from deep pterygoid, branch of the main trunk of mandibular nerve.</p>

LE ③ Enumerate the Dural Venous sinuses & describe cavernous sinuses under following heads.

- Location & Structure
- Relation
- Contents
- Applied Anatomy

Ans-

These are venous spaces, the walls of which are formed by endothelium.

They have on their lining of endothelium.

There is no muscle in their walls.

They have no valves.

Dural venous sinuses are 23

8 paired & 7 unpaired.

* Paired sinuses are-

- Cavernous Sinus
- Superior petrosal sinus.
- Inferior petrosal sinus
- Sigmoid sinus
- ~~4~~ Transverse sinus
- Sphenoparietal sinus
- Petrossquamous sinus
- Middle meningeal sinus.

* Unpaired sinuses are-

- Superior sagittal sinus.
- Inferior sagittal sinus
- Sigmoid sinus.
- Occipital sinus
- Anterior intercavernous sinus.
- Posterior intercavernous sinus
- Great vein of Galen

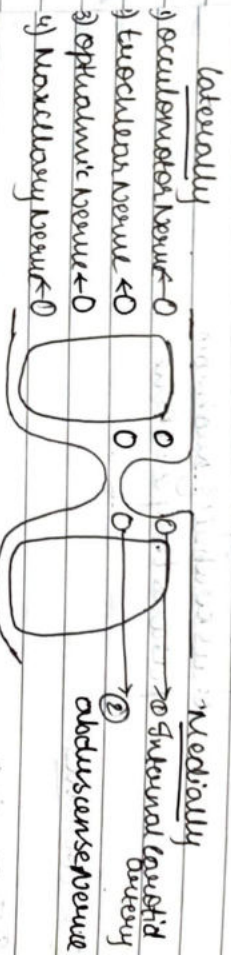
CAVERNOUS SINUS

I Location & Structure.

Large venous space on either side of sphenoid bone in middle cranial fossa.

Length 2cm width 1cm

Structures within sinus.



Roof & lateral wall is made of endothelial endothelium.
Floor of medial wall is meningeal layer of endothelium.

II Relations.

medially - hyperphysical crest

- Sphenoid Air sinus.

superiorly - optic chiasm

- optic chiasm

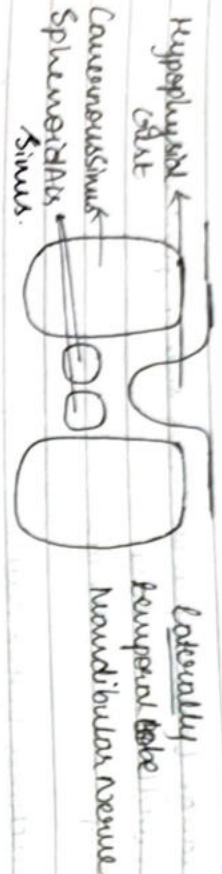
- ophthalmic nerve

- inferior cavernous artery

inferiorly - foramen lacerum

- for Junction of body & greater wing of sphenoid bone

Anteriorly - apex of orbit
 - superior orbital fissure.



posteriorly
 - cerebri of midbrain
 - petrous temporal bone

III Contents

① Inflowing

- 1) from orbit - superior ophthalmic vein
 - inferior ophthalmic vein
 - central vein of retina.
- 2) from brain - superficial middle cerebral vein
 - inferior cerebral vein.
- 3) from meninges - Frontal Trunk of middle meningeal veins.

② Outgoing

- 1) into Transverse sinus through superior petrosal sinus.
- 2) into Subtornal Jugular vein by inferior petrosal sinus.

3) into pterygoid plexus through emissary veins.

4) into facial vein through superior ophthalmic vein.

5) Both right & left cavernous sinus communicate with each other through anterior & posterior intercavernous sinuses.

IV APPLIED ANATOMY

1) Thrombosis of venous sinuses because of sepsis in dangerous area of the face which include nose, upper lip, eyelid etc.

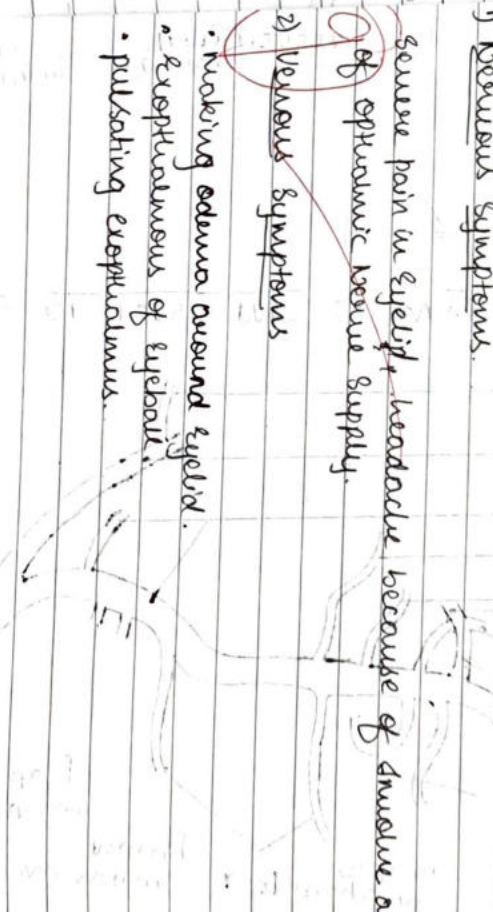
- structure 2 symptoms.

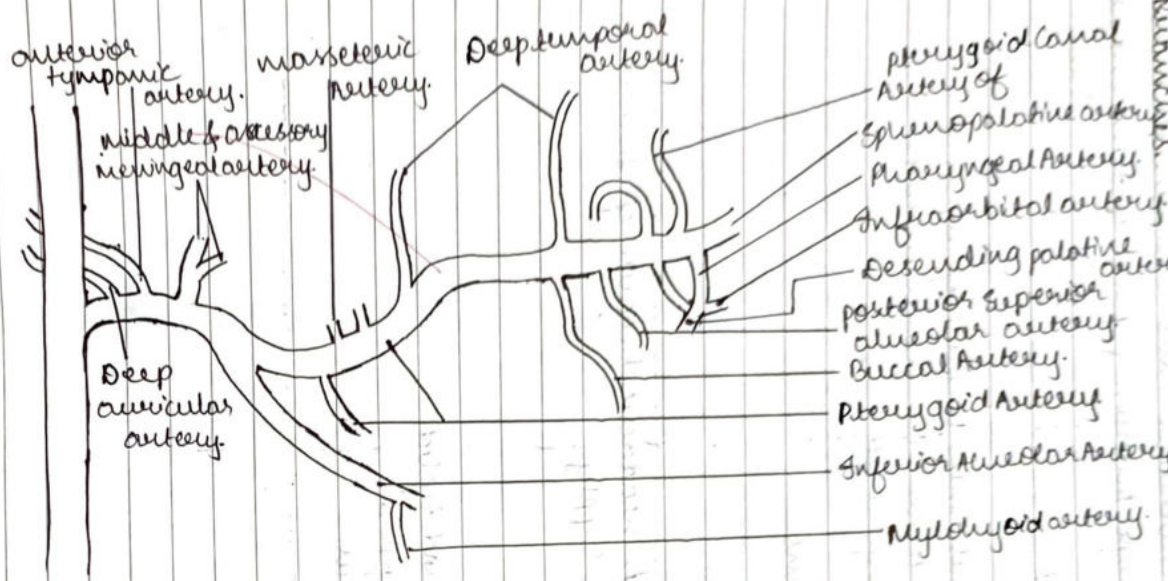
1) venous symptoms.

severe pain in eyelid, headache because of structure over of ophthalmic nerve supply.

2) venous symptoms

- making edema around eyelid.
- exophthalmos of eyeball.
- pulsating exophthalmos.





BRANCHES OF FIRST PART OF MAXILLARY ARTERY

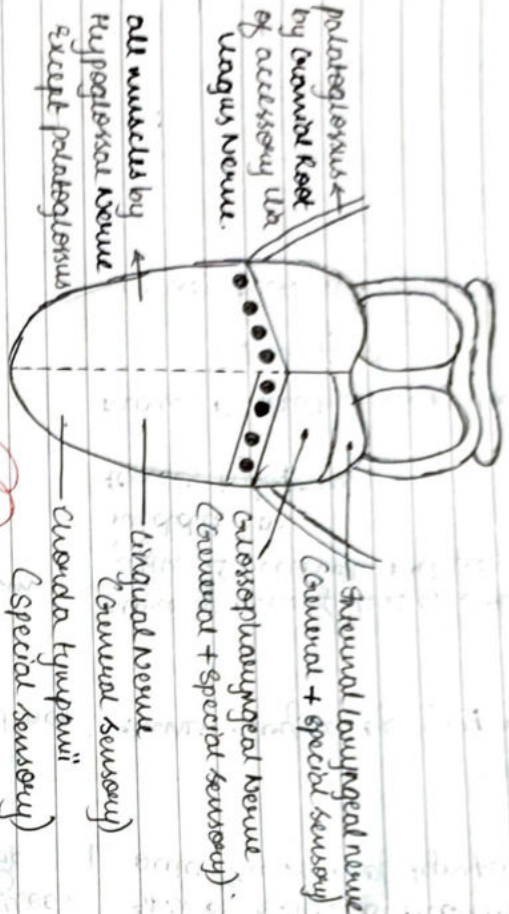
Q3 Branches of first part of maxillary artery.
 The first part of maxillary artery is, when it lies medial to the mandible, gives off the following branches.

<u>Branches of Maxillary Artery (first part)</u>	<u>FORAMEN TRANSMITTING</u>	<u>DISTRIBUTION</u>
① Deep Auricle Artery	Foramen in the floor of External acoustic meatus.	Skin of External acoustic meatus, outer surface of tympanic membrane.
② Anterior tympanic Artery.	Foramen. Petrotympanic foramen Surface	Inner surface of tympanic membrane.
③ Middle meningeal Artery	Foramen spinosum	more of bone & less of meninges. fifth & seventh nerves, middle ear tensor tympani.
④ Accessory meningeal Artery	Foramen ovale	main Distribution is extracranial to pterygoids.
⑤ Inferior alveolar Artery	Mandible	lower teeth & mylohyoid muscle.

SE @ nerve supply of Tongue

MOTOR SUPPLY

SENSORY SUPPLY



- all muscles of tongue (intrinsic & extrinsic) are supplied by the hypoglossal nerve except "palatoglossus"

• palatoglossus is supplied by pharyngeal branch of vagus nerve.

Sensory supply

1) Anterior 2/3rd of tongue

• lingual nerve (General sensation)

Chorda tympani (Special sensation)

2) Posterior 1/3rd of tongue

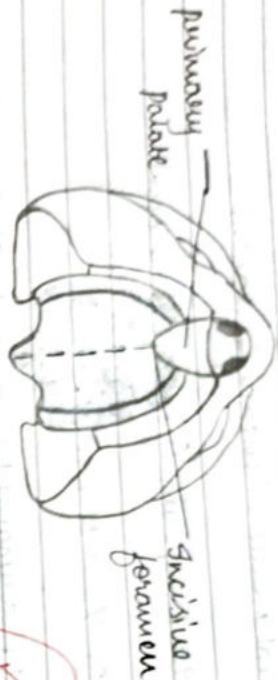
Glossopharyngeal nerve - both general & special sensation.

3) posterior most part (base of tongue)

Anterior lingual nerve - both general & special sensation.

[Faint, mostly illegible handwritten notes in the bottom section of the page.]

SE 5 Development of palate



Ventral view of palate, lip & nose

1) The primary palate is derived from the stomatoderm segment.

2) The main part of the definitive palate is formed by the shelf-like outgrowth known as palatine shelves, which appears in the sixth week of development & are directed obliquely downwards on each side of the tongue.

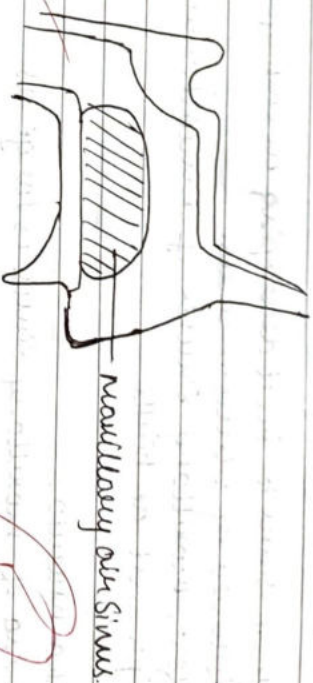
3) During seventh week the palatine shelves descend to attain a horizontal position above the tongue & fuse, forming the secondary palate.

In the ventral view of palate, lip & nose.

4) Anteriorly the shelves fuse with the triangular primary palate, & incisive foramen is the midline landmark between the primary & secondary palates.

5) At the same time, as the palatine shelves fuse the nasal septum grows down & joins with the cephalic aspect of the newly formed palate.

SE 6 Maxillary Air Sinus. / ANTRUM OF HIGHMORE



1) lies - in the body of maxilla.

2) Shape - pyramidal

base - towards lateral wall of nose (i.e. medially)

apex - towards lateral side in the zygomatic process of maxilla

3) opening - into middle ear. ventus of nose.
(in posterior / lower part of hiatus semilunaris)

4) Size - height - 3.5cm

width - 2.5cm

Depth (Anteroposterior) - 3.5cm

5) formation -

Roof - is of bone of orbit & traversed by trigeminal nerve.

Walls - alveolar process of maxilla

- marked by many conical elevations produced by sockets of upper incisor & premolar teeth.

6) It is first sinus to start developing in embryological life followed by sphenoid sinus.

Therefore, maxillary sinuses & ethmoid sinuses are present at birth.

7) Isolated maxilla.

spacing of maxillary sinus is large as compared to intact skull.

8) Arterial supply - facial artery

infra-orbital artery

Greater palatine artery

9) venous drainage into facial vein & pterygoid plexus of veins.

10) lymphatic drainage - into submandibular nodes.

11) Nerve supply -

Maxillary nerve - posterior superior alveolar branches

Trigeminal nerve - Anterior superior alveolar branch

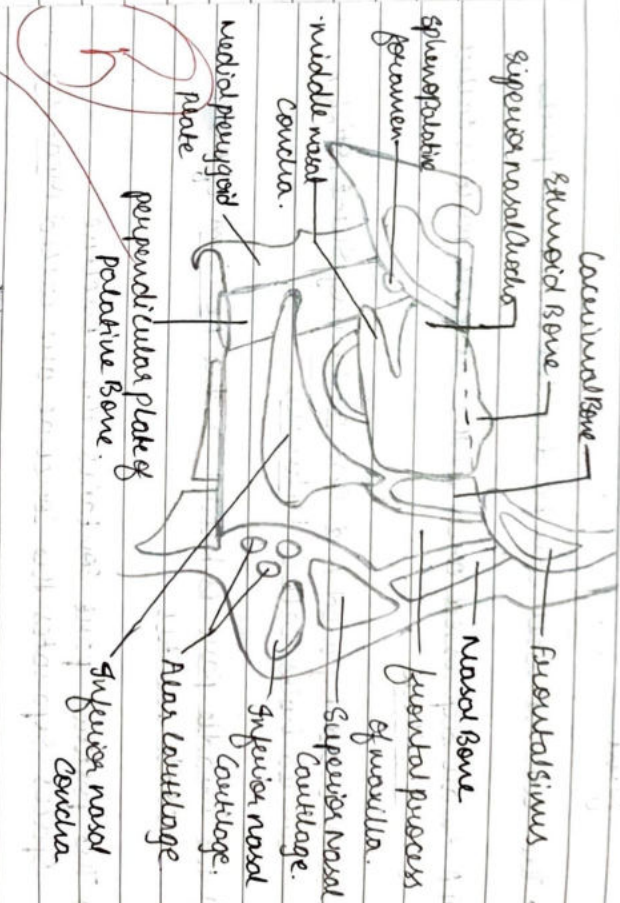
middle superior alveolar branch

SE 7) Lateral wall of nose.

features

• the lateral wall of nose is irregular owing to the presence of three shelf like bony projections called conchae.

• the conchae increase the surface area of the nose for diffusive air - conditioning of the inspired air.

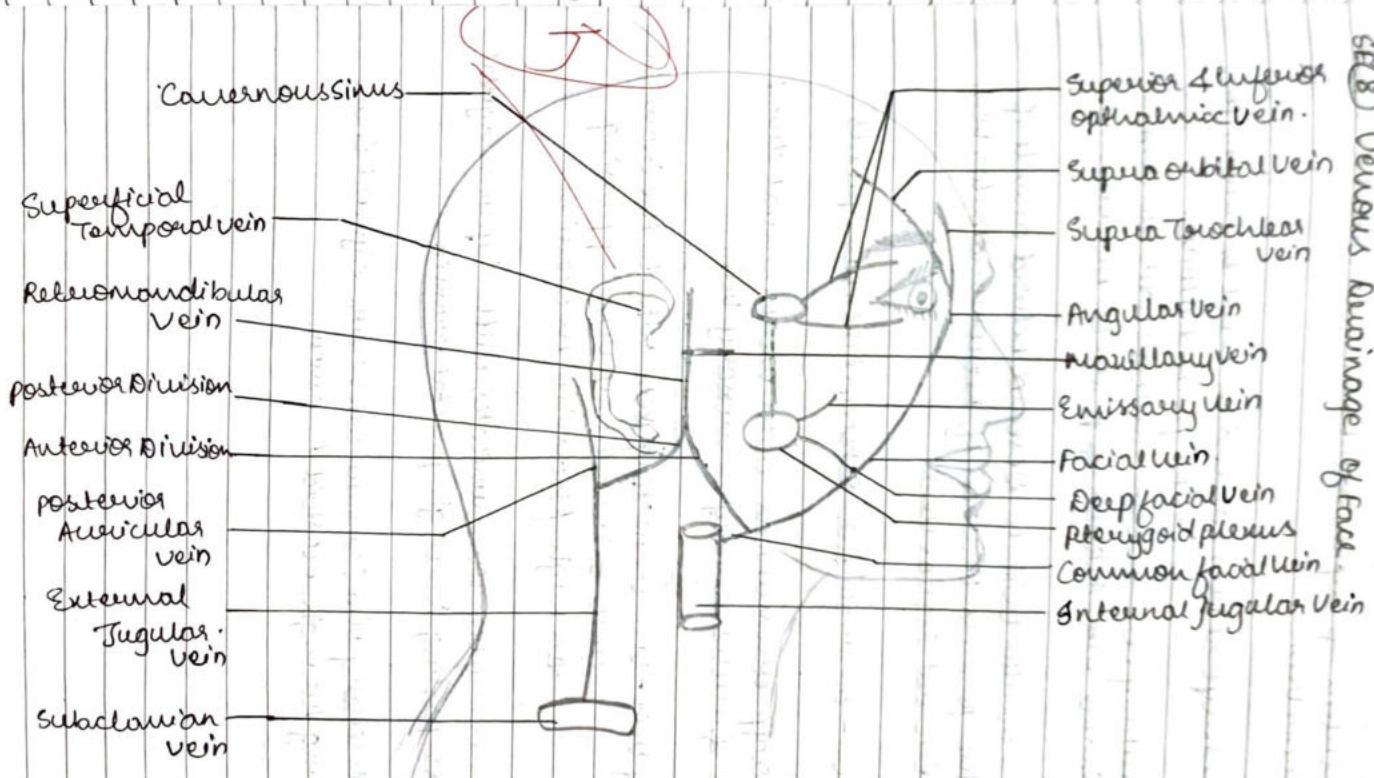


Formation of lateral wall of nasal cavity.

• The lateral wall separates the nose.

- 1) From the orbit above, with the ethmoidal air sinuses protruding.
 - 2) From the maxillary air sinus below.
 - 3) From the lacrimar sac & nasolacrimal duct in front.
- The lateral wall can be divided into three parts.
- 1) A small depressed area on the anterior part is called the Vestibule.
It is lined by modified skin containing sweat, oil, & curved hairs called Vibrissae.
 - 2) The middle part is known as the Alveium of the middle meatus.
 - 3) The posterior part contains the Conchiae. Spaces separates the conchae are called Meatuses.
- The skeleton of the lateral wall is partly bony, partly cartilaginous & partly made up of soft self tissues.

SE 8 Venous Drainage of face.



- Superficial veins of superficial vein join each other to form facial vein.

- Superficial temporal vein - descend in front of tragus to enter parotid gland.

join maxillary vein to form submandibular vein
 terminated into anterior & posterior division.

- posterior Auricular vein - to descend behind auricle & unites the posterior division of submandibular vein form external jugular vein.

- occipital vein - terminate into suboccipital venous plexus.

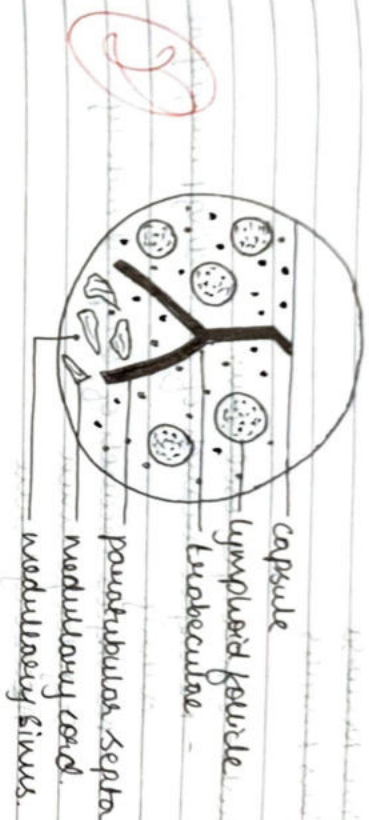
- veins of scalp communicate with extracranial dural venous sinuses through emissary vein.

- Emissary vein - vein connecting ven outside the cranium with intracranial vein by passing through foramina in cranium.

parietal emissary vein communicates with Superior sagittal sinuses passing through parietal foramen

mastoid emissary vein communicates with sigmoid sinus passing through mastoid foramen.

5A 9) Histology of lymph node.



10) The primitive streak is a structure that forms in the early embryo in animals.

The embryonic disc becomes oval shaped & pear shaped with broad end towards the anterior & narrower region projected to the posterior.

11) Cavalid Sinus contains.

- Cavalid artery.
- Jugular vein
- Vague nerve
- Sympathetic plexus.

9

12) The Jugular foramen divided into 2 portions.

- 1) Foramen Nervosa
- 2) Foramen Duralis.

Contents - Jugular petrosal sinus.

- Meningeal branch of ascending pharyngeal artery.
- Meningeal branch of occipital artery.
- Jugular foramen
- Accessory nerve.

13) Dangerous area of scalp.

The layer of loose connective tissue because the emissary veins which connect here, may transmit the infection from scalp to cranial venous sinus.

14) Cleft lip.

• as known as Cheilochisis.

• It is defined as congenital anomaly in which there is presence of a fissure at upper lip which condition occur due to failure of fusion of maxillary & median nasal process.

15) The Ethmoid Bulla (or) Ethmoid.
is an elevation on the lateral wall of the middle meatus of the nose.

• It is produced by middle ethmoid cells.

16) The facial provides innervation to posterior belly of digastric muscle.

17) Emissary veins are Valves venous structures that connect the Extracranial vessels of the scalp to intracranial vessels.

18) Stylomandibular ligament is another accessory ligament of joint. It represents a thickened part of the deep cervical fascia which separates the parotid & submandibular salivary glands.

Attached.

below - angle & adjacent part of posterior & borders of Ramus of mandible.

Above - lateral surface of styloid process.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Kiranani Syeda Bushra Naaz*
2. Year of exam : *2019*
3. Subject : *Human anatomy.*
4. Internal Assessment No : *MEd course improvement test*
5. Date of Exam : *15/4/2019*

INSTRUCTIONS

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Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT EVALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *92/100* Name & Signature of valuator..... *[Signature]*

97/100

1. muscles of mastication.

the muscles of mastication move the mandible during mastication and speech. they are the masseter, the temporalis, the lateral pterygoid & the medial pterygoid.

1. masseter

quadilateral, covers lateral surface of ramus of mandible has 3 layer.

* Origin :-

(a) Superficial layer (largest) :-

from anterior two-third of lower border of zygomatic arch & adjoining zygomatic process of Maxilla.

(b) middle layer :-

from lower border of posterior one-third of zygomatic arch.

(c) Deep layer :-

from deep surface of zygomatic arch.

* Insertion :-

(a) superficial layer into the lower part of the lateral part of the lateral surface of ramus of mandible.

(b) middle layer into the lateral surface of ramus of mandible

(c) Deep layer into rest of the ramus of the mandible

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(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Sanjana Raga*
 2. Year of exam : *2019*
 3. Subject : *Human Anatomy.*
 4. Internal Assessment No : *With course improvement, 1st test*
 5. Date of Exam : *15/4/2019*

INSTRUCTIONS

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Signature of Student

S. B. Patil

Signature of Invigilator

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TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Total marks scored..... *9/100* Name & Signature of valuator

Pharynx

1) A:- The muscles of mastication move the mandible during mastication and speech. They are the 3 masseters

- 2) The temporalis
- 3) The lateral pterygoid
- 4) The medial pterygoid

1) The Masseter Muscle

Origin:-

- a) Superficial layer - From anterior two-thirds of lower border of zygomatic arch and adjoining zygomatic process of maxilla
- b) Middle layer - From lower border of posterior one-third of posterior zygomatic arch
- c) Deep layer - From deep surface of zygomatic arch

Insertion:-

- a) Superficial layer into the lower part of the lateral surface of ramus of mandible
- b) Middle layer into the central part of ramus of mandible
- c) Deep layer into rest of the ramus of mandible

Srinivas

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Nerve supply:- Masseteric branch of anterior division of Mandibular branch of

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KAUSAD, BIDAR 585402
(Karnataka)

Action:- a) elevates mandible to close the mouth to bite
b) Superficial fibres cause protrusion



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Deepika
2. Year of exam : 2019
3. Subject : Human Anatomy
4. Internal Assessment No : Mid course Improvement, 8008
5. Date of Exam : 15/4/2019

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
4. Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
5. Do not leave any pages unused in between the answers.
6. Do not tear off any pages from the main answer book.
7. Put "X" mark across the unused / blank pages in the answer book compulsorily.
8. No Additional Sheets will be Given.
9. Strict action will be taken against students involved in malpractice.
10. Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
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2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Smahabaa
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *24/100* Name & Signature of valuator *[Signature]*

Human Anatomy Including Embryology and Histology

89/100
R

Long essays.

1) Describe muscles of mastication under following heads:

• Muscles of mastication.

Features:-

The muscles of mastication move the mandible during mastication and speech. They are the masseter, the temporalis, the lateral pterygoid and the medial pterygoid. They develop from the mesoderm of the first branchial arch, and are supplied by the mandibular nerve which is the nerve of that arch.

Muscles of mastication.

Muscle

Masseter:-

Bilateral, covers lateral surface of ramus of mandible, has three layers.

Origin:-

a) Superficial layer (largest) from anterior 2/3 of lower border of zygomatic arch and adjoining zygomatic process of maxilla.

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b) Deep layer from deep surface of S.B. Patil Institute for Dental Science & Research NAUBAD, BIDAR-585402

c) Middle layer: from lower border of posterior 1/3rd of zygomatic arch.

Fibres:-

a) Superficial fibres pass downwards and backward at 45°.

b) Deep fibres pass vertically downwards.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Shweta*
 2. Year of exam : *2019*
 3. Subject : *Human Anatomy*
 4. Internal Assessment No : *Mid course improvement, 80 test*
 5. Date of Exam : *15/4/2019*

INSTRUCTIONS

- The answer must be written using black ink pen.
- At the end of each answer, draw a horizontal line using pencil only.
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- Do not tear off any pages from the main answer book.
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- No Additional Sheets will be Given.
- Strict action will be taken against students involved in malpractice.
- Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Signature of Student

S. B. Patil

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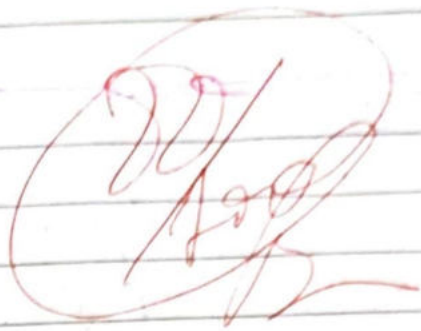
Signature of Invigilator

TO BE FILLED BY THE SUBJECT EVALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Total marks scored..... *80/100* Name & Signature of valuator..... *[Signature]*

01) Muscles of mastication -



- a) Temporales
- b) Masseter
- c) Lateral pterygoid
- d) Medial pterygoid

a) Temporales - It is a fan shaped muscle located in the temporal fossa.

- Origin - It arises from
→ whole of the floor of temporal fossa except the part formed by zygomatic bone

- Deep surface of the temporal fascia

- insertion - muscle inserted into

- medial surface, apex, anterior border of the coronoid process of ramus of mandible

- anterior border of the ramus of mandible almost up to the last molar tooth.

- Nerve supply - the temporales is supplied by the anterior & posterior deep temporal nerve, the branches of the anterior division of the mandibular nerve.

- Action - the temporales muscle elevate the mandible & so closes the mouth & approximate the teeth.

- This movement require both the anterior fibers & backward pull of posterior fiber.

- Posterior fiber retract the mandible after it has been protruded.

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NAUBAD, BIDAR-585402
(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Zoha
 2. Year of exam : 2019
 3. Subject : Human Anatomy
 4. Internal Assessment No : Mid course improvement, select
 5. Date of Exam : 15/4/2019.

INSTRUCTIONS

- The answer must be written using black ink pen.
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Signature of Student

S. B. Patil
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Signature of Invigilator

TO BE FILLED BY THE SUBJECT EVALUATOR

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Total marks scored..... *93/100* Name & Signature of valuator *[Signature]*

93/100

1] Muscles of Mastication:

The muscles of mastication move the mandible during mastication and speech.

→ There are 4 muscles of mastication.

- * Masseter
- * Temporalis
- * Lateral pterygoid
- * Medial pterygoid.

(i) Masseter:

quadriangular, covers the lateral surface of ramus of mandible, has 3 layers.

Origin:

- * Superficial layer - from anterior 2/3rd of lower border of zygomatic arch & adjoining zygomatic process of maxilla
- * Middle layer - from lower border of posterior 1/3rd of zygomatic arch.
- * Deep layer - from deep surface of zygomatic arch.

Insertion

- * Superficial layer into the lower part of the lateral surface of ramus of mandible.
- * Middle layer into the central part of ramus of the mandible.
- * Deep layer into rest of the ramus of the mandible.

Nerve supply

Masseteric nerve, a branch of anterior-lar nerve.

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(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Pooja
 2. Year of exam : 2019
 3. Subject : Biochemistry
 4. Internal Assessment No : mid course improvement, retest
 5. Date of Exam : 4/6/2019.

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
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Signature of Student

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Dental Science & Research

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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Total marks scored..... *12/15* Name & Signature of valuator *[Signature]*

44

Ans: 1 Vitamin D is fat soluble vitamin
(considered as hormone)
Resemble sterols in structure &
function like hormones

Sources are:

- Fish liver oil
- Egg yolk
- Fatty fish

- 1) Exposure to sunlight
- 2) Dietary sources natural

Biochemical functions:-

1) Action of calcitriol on the intestine

- calcitriol increase the intestinal absorption of calcium phosphate
- In the intestinal cell calcitriol binds with cytosolic receptor

↓
Calcitriol - receptor complex

- This complex then approaches the nucleus & interacts with a specific DNA leading to the synthesis of a specific calcium binding protein

↓

Amababac

It inc the Ca^{+} uptake
by the intestine

24, 25 Dihydroxycholecalciferol is another metabolite of Vit D.
It is also synthesized in the kidney by 24-hydroxylase.

When Calcitriol concentration is adequate.

24-hydroxylase acts leading to the synthesis of a less imp. compound 24, 25-DHC.

Recommended dietary allowance (RDA)

The daily requirement of Vit D is 400 IU or 10 µg of cholecalciferol.

In countries with good sunlight like

India the RDA for Vit D is 2500 IU or 5 µg cholecalciferol.

Deficiency symptoms:

→ Insufficient exposure to sunlight and consumption of diet lacking Vit D results in deficiency.

→ Vit D deficiency occurs in strict vegetarians, chronic alcoholics, individuals with liver & kidney disease or fat malabsorption syndromes.

→ Deficiency of Vit D cause rickets in children and osteomalacia in adults.

→ Rickets in children is characterized by bone deformities due to incomplete mineralization, resulting in soft and pliable bones and delay in teeth formation. The weight bearing bones are bent to form bow legs. In rickets, the plasma level of Calcitriol is decreased and alkaline phosphatase activity is elevated.

Alkaline phosphatase is concerned with the process of bone formation. There is an overproduction of alkaline phosphatase related to more cellular activity of the bone.

In case of osteomalacia (adult rickets) demineralization of the bones occurs increasing their susceptibility to fractures.

Diagnosis of Vitamin D deficiency: -
• Estimation of plasma level of 25-hydroxy cholecalciferol is normally employed to evaluate Vit D deficiency.

7

Ans 2.

The synthesis of Glycogen from glucose is

glycogenesis.
→ It takes place in the cytosol &

requires ATP & UTP
besides glucose

Glucose:

ATP → Glucose-6-phosphate
ADP

Glucose-6-phosphate

↓ Phosphoglucomutase

Glucose-1-phosphate:

UTP → UDP-glucose
DP_n

UDP-glucose

Glycogen initiator

Glycogen synthase

Glycogen primer

Glycogen synthase

13 UDP → 10
↓ Glycoseyl (α-1,6) transferase
16

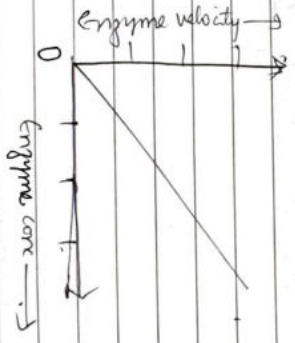
W

Ans 3.

Factors affecting Enzyme Activity

1. Concentration of enzyme

As the conc. of enzyme is increased, the velocity of the reaction proportionately increases.



2. Concentration of substrate

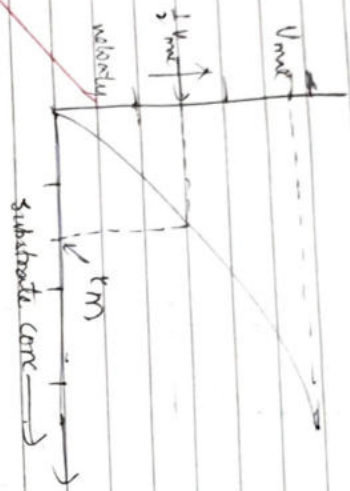
When in the substrate concentration gradually increases the velocity of enzyme reaction within limited range of substrate level.

elongation by glycogen synthase (forming α(1,4) bonds)

Branching by
↓ glycoseyl 4-6 transferase (α, 1, 6 bond)

Glycogen

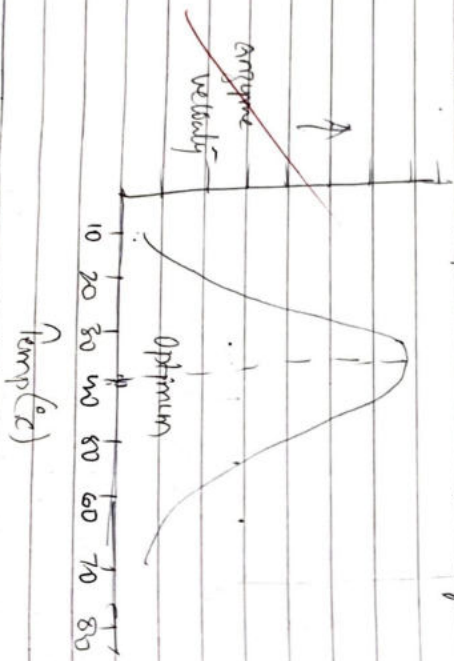
The A rectangular hyperbola is formed.



3 Effect of temp :-

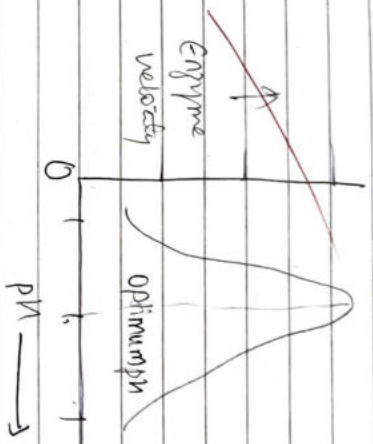
Velocity of an enzyme reaction increases with increase in temp upto maximum temp & then declines.

A bell-shaped curve is usually observed



4. Effect of pH.

Increase in the hydrogen ion concentration (pH) considerably influence the enzyme activity. A bell-shaped curve is normally obtained.



5. Effect of product concentration

The accumulation of reaction products, generally decrease the enzyme velocity.

6. Effect of activators

Some of the enzymes require certain inorganic metallic cations like Mg^{2+} , Mn^{2+} , Zn^{2+} , Ca^{2+} , Co^{2+} , Cu^{2+} , Na^{+} , K^{+} etc for their optimum activity.

7. Effect of time :-

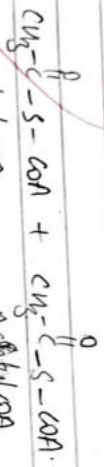
Under ideal & optimal conditions, the time req for an enzyme reaction is less.

8. Effect of light & radiation :-

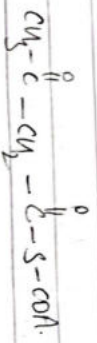
Exposure of enzymes to UV, β & X-ray irradiation certain enzymes due to the form of protein.

Ans 4. The synthesis of ketone bodies occurs in liver.

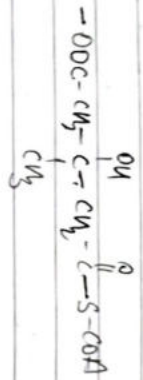
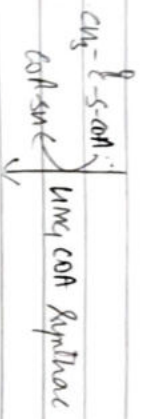
The enzyme for ketogenesis are located in the mitochondrial matrix, Acetyl CoA.



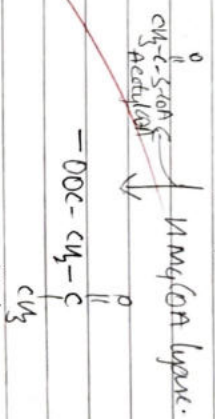
Acetyl CoA
Acetyl CoA
consn \leftarrow β ketothiolase



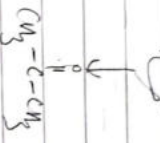
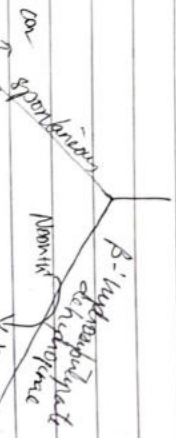
Acetoacetyl CoA



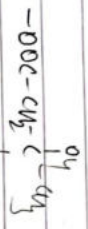
β Hydroxy - β - methyl glutaryl CoA (HMG CoA)



Acetoacetyl



Acetate



β - Hydroxybutyryl CoA

4

Q5. Denaturation is a phenomenon of denaturation of native protein structure.

It results in the loss of 2^o, 3^o & quaternary structure of proteins
It involves a change in physical, chemical & biological properties of protein molecules

Ans 6.

The amino acids which cannot be synthesized by ~~the~~ the body are essential amino acids.

eg:- Arginine
Valine
~~Histidine~~
~~Proline~~
Leucine
lysine
Methionine
phenylalanine
Threonine
Tryptophan.

Ans 7.

fluorosis

Excessive intake of fluid lead to fluorosis.

An intake above 2ppm in children

Lead to Dental fluorosis
↓

Mottling of enamel & discolouration of teeth
teeth become weak & become rough with characteristic brown/yellow patches.

An intake above 20ppm

↓
skeletal fluorosis

↓
Hypocalcaemia, increasing the density of the bones of limb, pelvis & spine even the ligament of spine get calcified.

8.

Antioxidants are substance that delay or inhibit oxidation of a substrate

It may be considered as scavenger of free radicals.

classified:-

According to locasⁿ

- plasma antioxidant
- cell membrane antioxidant
- intracellular antioxidant

Acc to nature of action

- Enzymatic
- Non-enzymatic

Q. Deficiency disease of Ascorbic acid (V_C)

Scurvy - characterised by

- skin discolouration
- Haemorrhage.
- Anemia
- Bleeding gum
- Fatigue
- Swelling of joint.

Vit B₂ (Riboflavin).

- Anemia.
- Blurring of vision
- Itching of eyes.
- Eye fatigue
- Magenta coloured tongue.
- Dermatitis
- Cracked corner of mouth.
- Throat swollen.

2



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Voishali Gupta*
 2. Year of exam : *2019*
 3. Subject : *Biochemistry*
 4. Internal Assessment No : *Mid course improvement, select*
 5. Date of Exam : *4/6/2019*

INSTRUCTIONS

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Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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Total marks scored.....*47/50*..... Name & Signature of valuator.....*[Signature]*.....

4/10/22

1) - ?

DANS Vitamin D is a fat-soluble vitamin. It resembles sterols in structure & function as does a hormone.

Metabolism and Biochemical functions of Vitamin D
Vitamin D₂ and D₃ as such are not biologically active. They are metabolized identically in the body and converted to active forms of vitamin D. The metabolism and biochemical function of vitamin D are depicted

synthesis of 1,25-DHCC: cholesterol is first hydroxylated at 25th position to 25-hydroxycholesterol (25-OH D₃) by a specific hydroxylase present in liver which major storage & circulating form of vitamin D. Kidneys possess a specific enzyme, 25-hydroxycholesterol 1 α -hydroxylase to produce 1,25-dihydroxycholesterol (1,25-DHCC).

Biochemical functions
Calcitriol (1,25-DHCC) is the biologically active form of vitamin D. It regulates the plasma levels of calcium and phosphate. Calcitriol acts at three different levels (intestine, kidney & bone) to maintain plasma calcium.

1) Action of Calcitriol on the intestine: Calcitriol increases the intestinal absorption of Ca²⁺ & Ph³⁺. In the intestinal cell, calcitriol binds with a cytosolic receptor to form a calcitriol-receptor complex. This complex then approaches the nucleus and interacts with a specific DNA leading to the synthesis of the specific calcium-binding protein.

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PRINCIPAL



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Kalyani*
2. Year of exam : *2019*
3. Subject : *Biochemistry.*
4. Internal Assessment No : *mid course improvement, select*
5. Date of Exam : *2/6/2019.*

INSTRUCTIONS

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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *12/20* Name & Signature of valuator *[Signature]*

48 1/2
50

Ans 1) Vitamin-D.

- fat soluble vitamin. structure similar to steroids, and functions like a hormone.
- vitamin-D is also known as sun-shine vitamin.

Recommended Dietary allowance [RDA]

- Daily requirement of vitamin-D = 400 I.U or 10mg of cholecalciferol-
200 I.U or 5ug. calciferol.

Dietary sources of vitamin-D

fatty fish, fish liver oils, egg yolk etc.

exposure of skin to sunlight for synthesis of vitamin-D
consumption of natural foods
milk, butter, etc.

Absorption, transport and storage.

- Absorbed in the small intestine for which bile is essential.
They are metabolized identically in the body and converted to active forms.

Metabolism and Biochemical function.

- vitamin D₂ and D₃ as such are not biologically active. They are metabolized identically in the body and converted to active forms.

Srinath Babu

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Dental Science & Research
HAUBAD, BIDAR-58540
(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Deepika
 2. Year of exam : 2019
 3. Subject : Biochemistry
 4. Internal Assessment No : Mid course improvement test
 5. Date of Exam : 4/6/2019.

INSTRUCTIONS

1. The answer must be written using black ink pen.
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Signature of Student

B. Prashant

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="radio"/>	4	<input type="radio"/>	7	<input type="radio"/>	10	<input type="radio"/>
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>

Total marks scored.....

4/4
0/0

Name & Signature of valuator

[Signature]

44/2

7-dehydrocholesterol skin
↓
cholecalciferol

cholecalciferol Liver
↓
25-Hydroxy cholecalciferol

kidney
↓
25 hydroxycholecalciferol
↓
hydroxylase
↓
1,25-DHCC

calcitriol

Intestine
calcitriol □
↓ receptor
calcitriol receptor complex □
↓
mRNA
↓
calcium binding protein

Bone formation & turnover

plasma ←

calc absorb

Srinivas

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Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *KRmani Syeda Bushra Naaz*
2. Year of exam : *2019*
3. Subject : *Biochemistry*
4. Internal Assessment No : *Mid course improvement, select*
5. Date of Exam : *4/6/2019.*

INSTRUCTIONS

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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Amritha
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *42/50* Name & Signature of valuator *[Signature]*

47 1/2
52

Ques-1—?

Vitamin D is a fat-soluble vitamin. It resembles steroids in structure and functions as does a hormone

⇒ Recommended dietary allowance

+ The daily requirement of vitme-D is 400 IU or 10g of cholecalciferol. In countries with good sunlight the RDA for vitamin D is 200 IU (or 5µg of cholecalciferol)

⇒ Dietary source

+ Good source of vitamin D include fatty fish, liver oils, egg yolk etc, Milk is not a good source of vitamin D.

⇒ Deficiency symptoms

+ Deficiency of vitamin D leads to demineralization of bone

+ The result is rickets in children and osteomalacia in adults.

+ Rickets is derived from an old english word wrickten, meaning to twist.

Sonalalal

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NAUBAD/BIDAR-585402
(Karnataka)

+ osteomalacia is derived from Greek (osteon = bone, malacia = softness). vitamin-D deficiency causes osteomalacia as antiarchili ntau

+ Rickets in children is characterized by bone dysmetria due to incomplete mineralization, resulting in soft pliable



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INTERNAL ASSESSMENT BOOK

1. Student Name : Sanjana Ranga
2. Year of exam : 2019
3. Subject : Biochemistry
4. Internal Assessment No : med course improvement, retest
5. Date of Exam : 4/6/2019.

INSTRUCTIONS

1. The answer must be written using black ink pen.
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Signature of Student

Smrithalbar
PRINCIPAL

Signature of Invigilator

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Dental Science & Research

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Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="radio"/>	4	<input type="radio"/>	7	<input type="radio"/>	10	<input type="radio"/>	13	<input type="radio"/>
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Total marks scored..... *42/50* Name & Signature of valuator *[Signature]*

Qn) - Ans: - Vitamin D:-

Vitamin D is a fat-soluble vitamin. It resembles steroids in structure and functions as does a hormone.

→ Recommended dietary allowance:

The daily requirement of vitamin D is 400 IU or 10 µg of cholecalciferol. In countries with good sunlight (like India), the RDA for vitamin D is 200 IU for 5 µg of cholecalciferol.

→ Dietary sources:-

Good sources of vitamin D include fatty fish, fish liver oils, egg yolk, etc.

→ Milk is not a good source of vitamin D.

→ Deficiency symptoms:-

• Deficiency of vitamin D leads to demineralization of bone.

• The result is rickets in children and osteomalacia in adults.

• Rickets is derived from an old English word *wricken*, meaning to twist.

• Osteomalacia is derived from Greek (*osteon*, bone; *malakia*, softness).

• Vitamin D is often called as antirachitic vitamin.

→ Rickets in children is characterized by bone deformities due to incomplete mineralization, resulting in soft and pliable bones and delay in teeth formation.

→ In rickets, the plasma calcitriol is decreased and alkaline phosphatase activity is elevated.



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INTERNAL ASSESSMENT BOOK

- Student Name : *Shayena Ashfaque*
- Year of exam : *2019*
- Subject : *Biochemistry*
- Internal Assessment No : *Med course improvement test*
- Date of Exam : *4/6/2019.*

INSTRUCTIONS

- The answer must be written using black ink pen.
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Signature of Student

Amal Kumar
PRINCIPAL

Signature of Invigilator

S.B. Patil Institute for

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="radio"/>	4	<input type="radio"/>	7	<input type="radio"/>	10	<input type="radio"/>	13	<input type="radio"/>
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Total marks scored.....*4/10*..... Name & Signature of valuator.....*[Signature]*.....

42/10/21

① describe the sources, biochemical preparation, function, required daily allowance & deficiency manifestation of vitamin D.

- Vitamin D is a fat soluble vitamin
- It resembles steroid in structure
- function like a hormone

dietary sources →

fish, fish liver oil, egg yolk, cheese, butter

Biochemical function →

① → Action of calcitriol on intestine →

→ calcitriol increases the external intestinal absorption of calcium & phosphate

→ In the intestinal cell calcitriol binds with a cytosolic receptor.

↓
calcitriol receptor complex

→ This complex then approaches the nucleus & interacts with specific DNA leading to synthesis of specific calcium binding protein

↓
It increases the calcium uptake by



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INTERNAL ASSESSMENT BOOK

1. Student Name : *Afshan Mubraim*
 2. Year of exam : *2019*
 3. Subject : *BIOCHEMISTRY.*
 4. Internal Assessment No : *Mid course improvement, retest*
 5. Date of Exam : *4/6/2019*

INSTRUCTIONS

1. The answer must be written using black ink pen.
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Signature of Student

Smashalbar
PRINCIPAL

Signature of Invigilator

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1	<input type="radio"/>	4	<input type="radio"/>	7	<input type="radio"/>	10	<input type="radio"/>	13	<input type="radio"/>
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Total marks scored..... *27/50* Name & Signature of valuator

Q1 - Vitamin D is a fat soluble vitamin.
It resembles sterols & functions as hormone

17/11/23

BIOCHEMICAL FUNCTIONS.

- Calcitriol (1,25-DHCC) is the biologically active form of vitamin D.
- It regulates the plasma levels of calcium & phosphate.
- Acts at 3 different levels to maintain plasma calcium.
 - Action of calcitriol on the intestine -
 - + Calcitriol increases the intestinal absorption of calcium & phosphate.
 - + It forms a calcitriol-receptor complex
 - + Synthesis of a specific calcium binding protein takes place
 - + This protein increases calcium uptake by intestine.
 - + Mechanism of action similar to steroid hormone.
 - Action of calcitriol on the bone -
 - + In osteoblasts, calcitriol stimulates calcium uptake for deposition as calcium phosphate - essential for bone formation.
 - + Increases mobilization of calcium & phosphate
 - + Causes elevation in the plasma calcium & phosphate levels
 - Action of calcitriol on the kidney -
 - + Minimizes the excretion of calcium and phosphate through kidney by decreasing their excretion & enhancing reabsorption.

DIETARY SOURCES.

- Fatty fish liver oils
- Egg yolk
- Exposure of skin to ~~sunlight~~ ^(K_a photol) for synthesis of vitamin D
- Consumption of natural foods.

Sonabha

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NAUBAD, BIDAR-585405



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Rabeela Saima Siddiqui
 2. Year of exam : 2019
 3. Subject : Biochemistry
 4. Internal Assessment No : Mid course Improvement, Re-test
 5. Date of Exam : 4/6/2019.

INSTRUCTIONS

- The answer must be written using black ink pen.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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Total marks scored..... *48/100* Name & Signature of valuator..... *[Signature]*

RDA = 400 IU

But in sunny/hot countries like India, 200 IU is sufficient.

* Biochemical functions:-

① Action of cholesterol on intestine:

- Increases calcium and phosphate absorption in the intestines.
- Synthesis of calcium binding protein.

② On Bone:

- Active bone formation from $Ca \ \& \ PO_4$.
- Hypocalcemia increases blood calcium level.

③ on kidney:-

- Minimized excretion of $Ca \ \& \ PO_4$ from kidney resulting in reabsorption (Hypocalcemia)
- Hypercalcemia - promotes excretion of calcium in urine.

absorption of $Ca: PO_4 = 2:1$

(Ca and PO_4 units should be

S. B. Patil
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S.B. Patil Institute for
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NAUBAD, BIDAR-585402
(Karnataka) TU in body.

* Calcitriol is considered as an important calcitropic hormone: ① because it is synthesized in the skin.

② Biologically active form is formed in kidney.

③ It has target organs (bone, kidney, intestine)

④ Similar to steroid hormones.

⑤ self regulated by feedback mechanism.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Rabeela Saina Siddiqui*
2. Year of exam : *2019*
3. Subject : *physiology*
4. Internal Assessment No : *Med course improvement project*
5. Date of Exam : *4/6/2019*

INSTRUCTIONS

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Signature of Student

Rabeela Saina Siddiqui
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored.....*15*..... Name & Signature of valuator

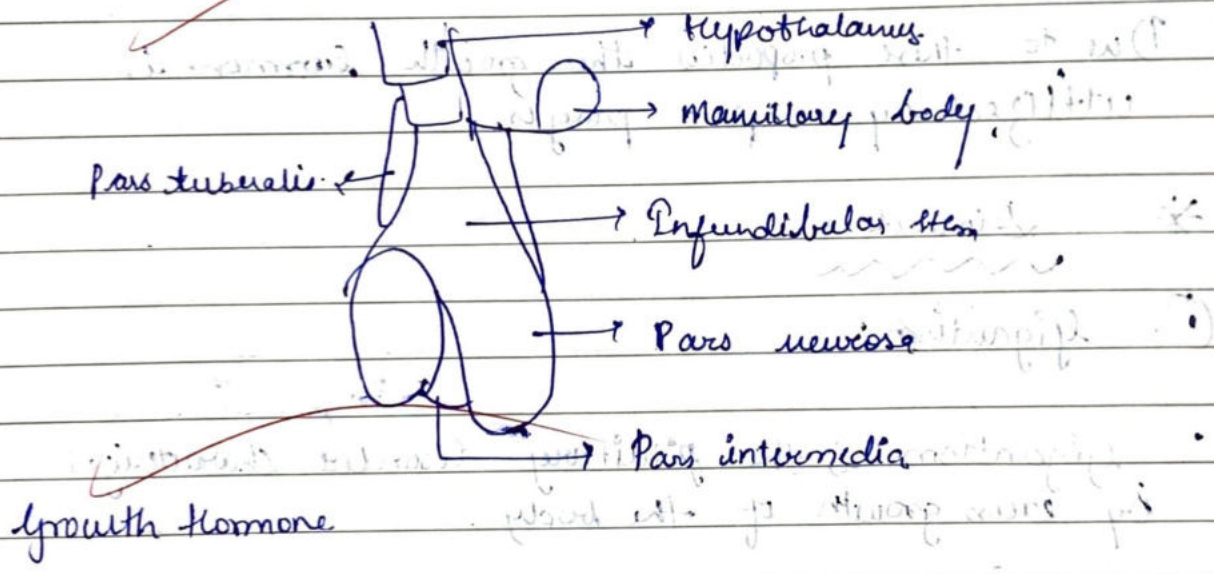
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① List the hormone from Anterior pituitary Explain the function & disorder associated to any one of them.

→ Ant. pituitary is also called the "master gland" bcoz it regulates many other endocrine glands through its hormones.

8 hormones are secreted by ant. pituitary

- a. Growth hormone
- b. Thyroid stimulating hormone
- c. Adrenocorticotrophic hormone
- d. Follicle stimulating hormone



Function

→ Growth hormone is secreted by somatotrophic which are acidophilic cells of anterior pituitary

Srinath Babar

1) It maintains normal body structure & metabolism

2) Maintain, build & repair healthy tissue in the brain & other organs.

3) The growth hormone is utilized widely in children that had the growth disorder in children & hormone deficiency in adults.

4) The growth hormone affects adolescent & children

5) The growth hormone reduces the body fat by increasing density & muscle mass.

6) Due to these properties the growth hormone is utilized by sport players.

* Disorders

1) Gigantism:

Gigantism is the pituitary disorder characterized by excess growth of the body.

The subject looks like giant, average height of 7 to 8 feet.

Cause:

Gigantism is due to hypersecretion of GH in childhood or in adult life before fusion of epiphysis of bone with shaft.

Sign & symptoms

→ Height more than 7 or 8 feet

→ The limbs are disproportionately long, feet

→ causes constant headache.

→ Pituitary tumour also causes visual disturbance

→ gains weight hyperglycemia & they develop glycosuria & pituitary diabetes.

2) ACROMEGALY

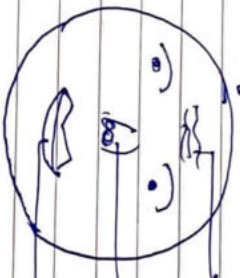
→ Acromegaly is the disorder characterized by the enlargement, thickens & broadening of

bone particularly in the extremities of the body.

Sign & symptoms:

Yugolla face:

Face with rough features with a protrusion of supraorbital ridges, broadening of nose, thickening of lips & wrinkles formation on forehead & protrusion of lower jaw



wrinkles on forehead, broadening of nose, thickening of lips

→ Embargement of hands & feet

→ Thickening of scalp or bulging scalp.

→ Hypertension.

→ Headache.

→ Glycerol.

DWARFISM

→ Dwarfism is pituitary abnormality in children.
Characterized by the stunted growth.

Causes.

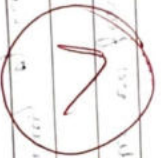
→ Reduction in GH secretion via injury or early childhood causes dwarfism.

Sign & symptoms

→ Primary symptom of hypopituitarism is dwarfism is the stunted skeletal growth.

→ Height at adult age is 3 feet.

→ Reproductive function is not affected.



Q.2. Counter current multiplier.

→ Loop of Henle junctions as counter current multiplier.

→ It is responsible for development of hypotonicity of medullary interstitial fluid & osmolarity gradient.

→ Role of loop of Henle in development of medullary gradient.

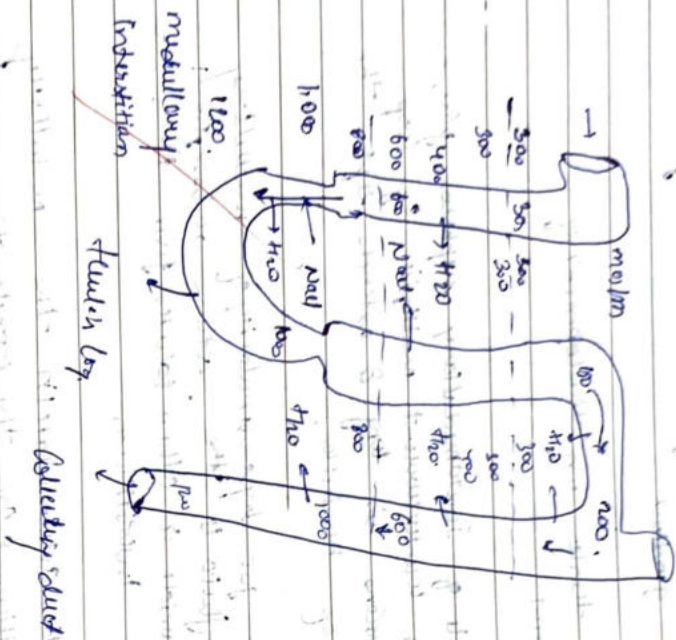
→ Loop of Henle of juxtamedullary nephrons plays a major role as counter current multiplier. Loop of Henle nephrons is long & extends upto the deeper parts of medulla.

→ Main reason for hypotonicity of medullary interstitial fluid is the active reabsorption of sodium chloride & other solutes from Na^+ in medullary interstitium.

→ These solutes accumulate in the medullary interstitium & in the osmolarity.

→ Na^+ & Cl ion are separately reabsorbed at the DCT & ACD tubules; loop through, medullary interstitial fluid leaving a small portion to be excreted in the urine.

→ The absorption of Na⁺ ions from secondary lumen & addition of Na⁺ ions in the filtrate of a multiply the permeability of secondary interstitial fluid & secondary gradient. This is called counter current multiplier.



3) Function of gastric juice

Function of gastric juice are:

- 1) Digestive function.
- 2) Hematopoietic function.
- 3) Protein pump
- 4) Secret of the

1) Digestive function.

→ Gastric juice acts mainly on proteins. Proteolytic enzymes of the gastric juice are

→ It also contains gastric lipase

2) Hematopoietic function

→ Intrinsic factor of gastric juice, secreted by parietal cells of gastric glands that plays an important role in erythropoiesis.

→ It is necessary for absorption of vit B₁₂ from food into blood.

→ Vit B₁₂ is important for maturation phase during erythropoiesis.

→ Absence of intrinsic factor in gastric juice causes deficiency of vit B₁₂ leading to pernicious anemia.

3). Protease function

→ Mucus is a mucoprotein secreted by mucous cells of the gastric glands & digests mucus cells as per body & other part of stomach

→ It protects the gastric wall

→ It prevents the digestive action of pepsin on the wall of the stomach particularly gastric mucus

4). Function of hydrochloric acid

→ It is not in gastric juice

→ Activates pepsinogen into pepsin

→ kills some of the bacteria entering the stomach along w food substance.

6

Q. Explain the factors affecting venous return

→ Venous return is the amount of blood which is returned to heart from different parts of the body when it is ↑ cardiac output is ↑

It depends on three factors

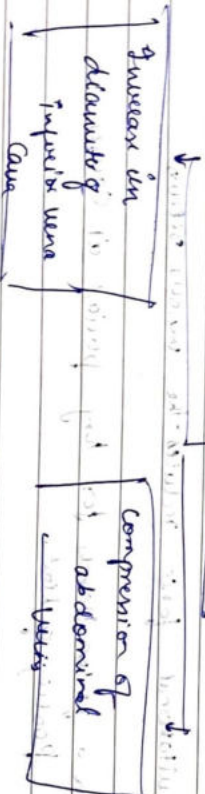
- 1) Respiratory pump
- 2) Muscle pump
- 3) Gravity
- 4) Venous pressure
- 5) Sympathetic tone

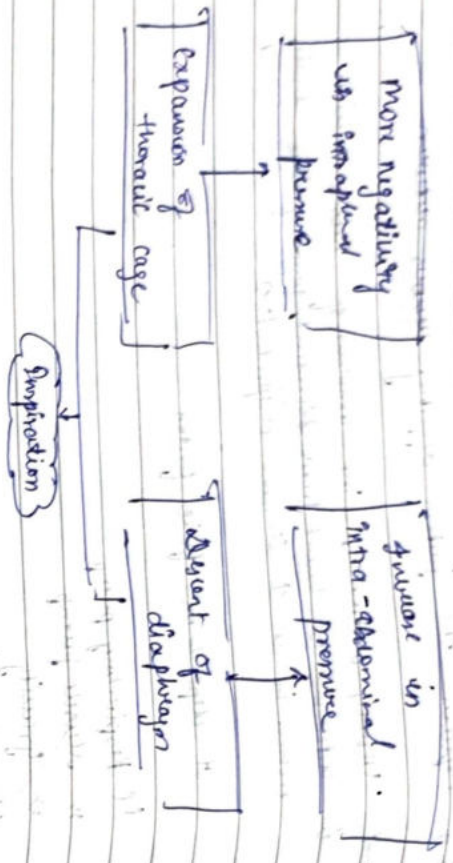
1]. Respiratory pump

→ Respiratory pump is the respiratory activity that helps the return of blood to heart during inspiration

→ It is also called adominthoracic pump

(Increase in venous return)





② Muscle pump.

→ Muscle pump is the muscular activity that helps in return of blood to heart.

→ During muscular activities limbs are compressed, which helps in return of blood to heart.

③ Gravity.

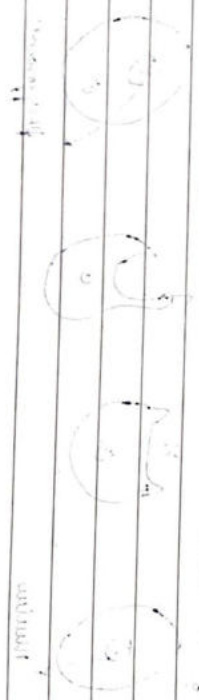
→ Gravitational force reduces the venous return.

→ When a person stands for long period it causes pooling of blood.

④ Sympathetic tone

→ It causes lesser contraction of muscles.

→ Venous return depends on the blood vessel area.



* Short Answer.

Q. Define a. Residual volume
b. Inspiratory reserve volume

i. Residual volume is the volume of air
breathed in & out of lungs in a single normal
quiet respiration
Normal value - 1200ml

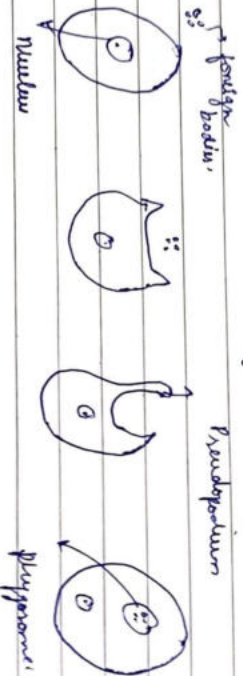
ii. Inspiratory Reserve Volume

→ Inspiratory reserve volume is an additional volume
of air that can be inspired forcefully after the end of
normal respiration
Normal value - 1200ml

Q. Phagocytosis

→ phagocytosis is the process by which particles larger
than the macromolecules are engulfed into the cell.

It is also called cell eating.



Q. Function of middle ear.

→ captures sound energy to cochlea & provides physical protection for cochlea

→ It works as an acoustic transformer to match the impedance of air to the much higher impedance of the cochlear fluids

→ It couple sound perfectly to only 1 window of cochlea, thus produce differential pressure b/w windows.

Q. What is a Malleus & Incus?

a) Malleus

→ In malleus, the malleus hammers the cut & both the cut ends are ligated it prevents entry of air into it.

b) Incus

→ In incus, the ear drum is cut & the ends are ligated. So the space cannot enter the vibratory dist & the drum is devoid of space.

Q.

Q. What is Isotonic & Isometric muscle contraction?

1. Isotonic contraction: Isotonic contraction is the type of muscular contraction in which the tension ~~is increased~~, remain same & length of the muscle fiber ~~is~~ alter.

2. Isometric contraction: Isometric contraction is the type of muscular contraction in which the length of muscle fibers remain the same & the tension is increased.

2



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Vatshale^o*
2. Year of exam : *2019*
3. Subject : *Physiology*
4. Internal Assessment No : *Mid course improvement, retest*
5. Date of Exam : *4/6/2019*

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
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8. No Additional Sheets will be Given.
9. Strict action will be taken against students involved in malpractice.
10. Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Vatshale
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Signature of Invigilator

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Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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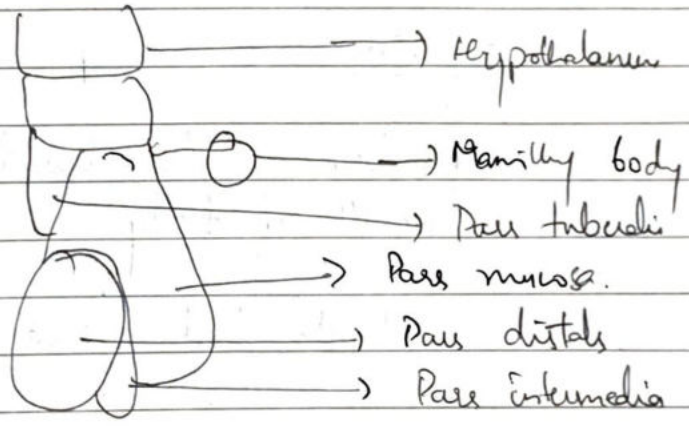
Total marks scored..... *4/8* Name & Signature of valuator

1. Q1: Hormones of anterior pituitary.

48 1/2
202

- Anterior pituitary also known as master gland because it regulates other endocrine glands through its hormones.
- Hormones secreted by it are:

- ① Growth hormone
- ② Thyroid stimulating hormone
- ③ Adrenocorticotropic hormone
- ④ Prolactin stimulating hormone



⇒ Growth hormone

→ It is secreted by somatotrophs which are the acidophilic cells of anterior pituitary

→ Functions Somatotrophs

- ① Promotes body structure & metabolism
- ② Maintains build & repair healthy tissue in brain & other organs

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S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Kalyant*
 2. Year of exam : *2019*
 3. Subject : *Physiology*
 4. Internal Assessment No : *Med course improvement retest*
 5. Date of Exam : *2/6/2019.*

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
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9. Strict action will be taken against students involved in malpractice.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="radio"/>	4	<input type="radio"/>	7	<input type="radio"/>	10	<input type="radio"/>	13	<input type="radio"/>
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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Signature of Student

Anashalbae
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Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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Total marks scored..... *4/15* Name & Signature of valuator *[Signature]*

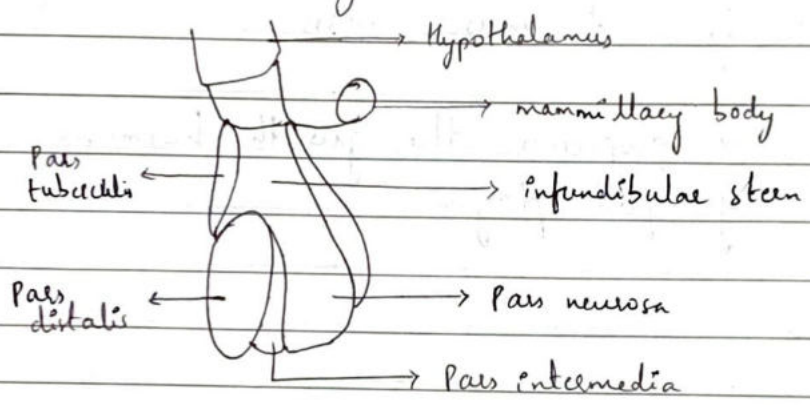
486

Q1. List the hormones from anterior pituitary. Explain the functions and disorders associated with anyone of them

- Anterior pituitary is also known as the master gland. because it regulates many other endocrine glands through its hormones.

Six hormones are secreted by anterior pituitary

- a) Growth hormone
- b) Thyroid stimulating hormone
- c) Adrenocorticotropic hormone
- d) Follicle stimulating hormone



• Growth hormone

Functions :

Growth hormone is secreted by somatotrophs which are acidophilic cells of anterior pituitary

- It maintains normal ~~body structure~~ ^{body structure} and metabolism

- Maintains, builds up ^{supplies} healthy tissue in the brain and other ^(Karnataka)

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S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Deepika
 2. Year of exam : 2019
 3. Subject : Physiology
 4. Internal Assessment No : Mid course improvement, 1st sem
 5. Date of Exam : 4/1/2019

INSTRUCTIONS

- The answer must be written using black ink pen.
- At the end of each answer, draw a horizontal line using pencil only.
- Write answer on both side of pages.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Amalabha
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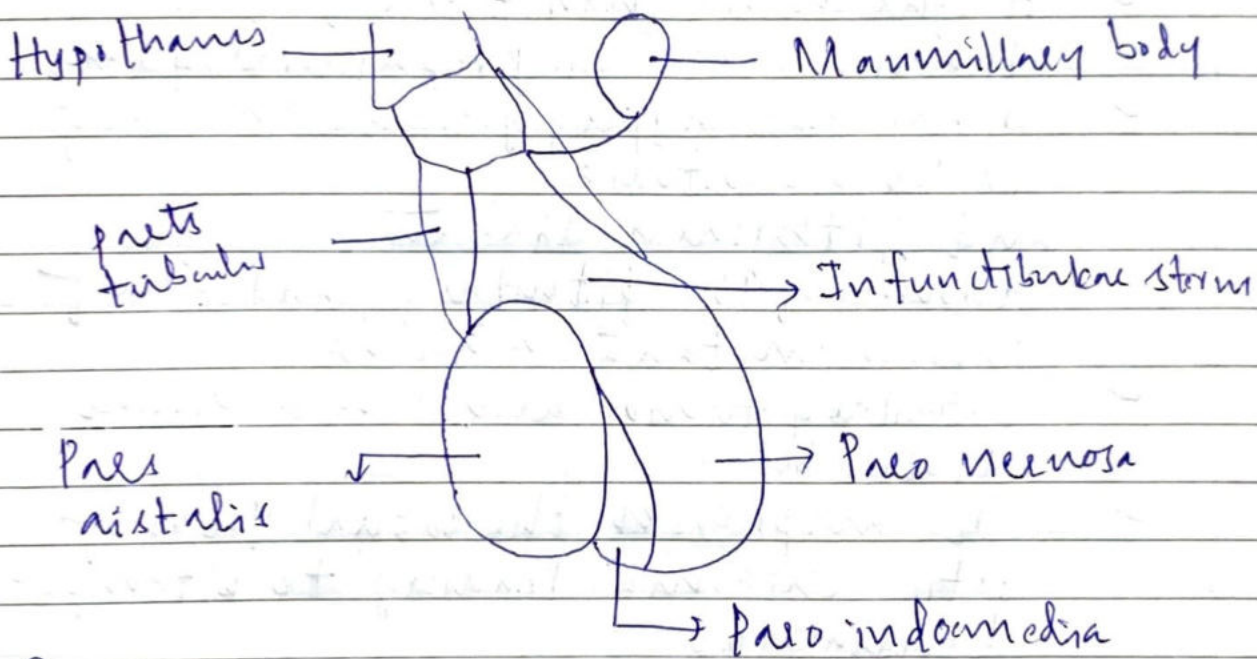
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Total marks scored..... *4/15* Name & Signature of valuator *[Signature]*

QWk

Q1: List the hormones from anterior pituitary, explain the functions and disorders associated with any one of them.

- Anterior pituitary is also known as the "Master gland" because it regulates many other endocrine glands through its hormones.
- Six hormones are secreted by anterior pituitary
- Growth hormone
 - Thyroid stimulating hormone
 - Adrenocorticotropic hormone
 - Follicle-stimulating hormone



* GROWTH HORMONE =

✓ Functions: =

- Growth hormone is secreted by somatotrophic which are acidophilic cells of anterior pituitary.



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INTERNAL ASSESSMENT BOOK

1. Student Name : *Kishore Syeda Bushra Naaz*
 2. Year of exam : *2019*
 3. Subject : *Physiology*
 4. Internal Assessment No : *med course improvement, retest*
 5. Date of Exam : *4/8/2019.*

INSTRUCTIONS

- The answer must be written using black ink pen.
- At the end of each answer, draw a horizontal line using pencil only.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Amal Babar
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Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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Total marks scored..... *4/20* Name & Signature of valuator *[Signature]*

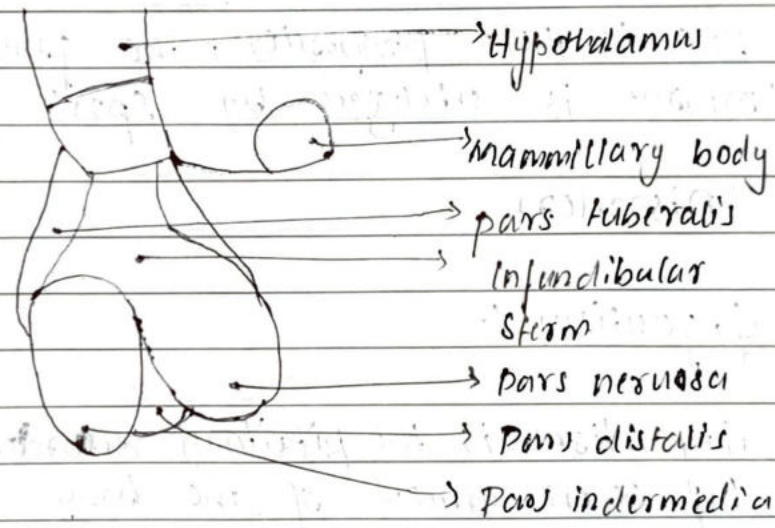
47/2
52

Q1 List the hormones from anterior pituitary
Explain the functions & disorders associated
with anyone of them

→ Anterior pituitary is also known as the
master gland because it regulates many other
endocrine glands through its hormones.

Six hormones are secreted by anterior pituitary

- a. Growth hormone
- b. Thyroid-stimulating hormone
- c. Adrenocorticotropic hormone
- d. Follicle-stimulating hormone



GROWTH HORMONES

Functions:-

• Growth hormone is secreted by somatotrophs which are acidophilic cells of anterior pituitary

Srinath Babbar
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(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Pooja
2. Year of exam : 2019
3. Subject : Physiology
4. Internal Assessment No : Mid course improvement test
5. Date of Exam : 4/6/2019

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

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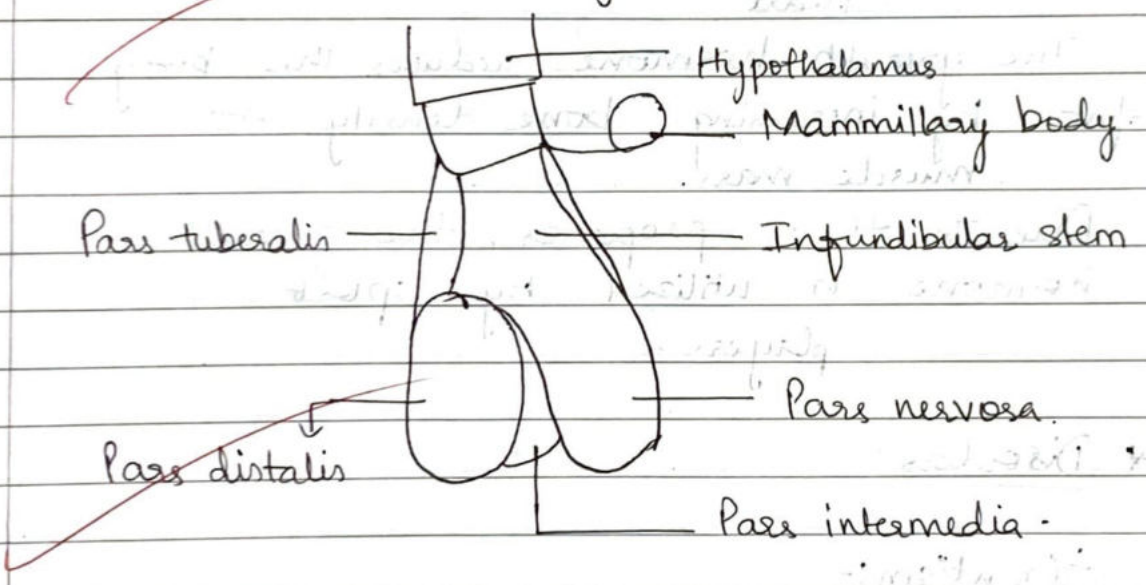
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Total marks scored..... *24/30* Name & Signature of valuator..... *[Signature]*

Q.1. List the hormones from anterior pituitary. Explain the functions & disorders associated with any one of them.

→ Anterior pituitary is also known as the "Master gland" because it regulates many other endocrine glands through its hormones.

- Six hormones are secreted by anterior pituitary
 - a. Growth hormone
 - b. Thyroid stimulating hormone
 - c. Adrenocorticotropic hormone
 - d. follicle stimulating hormone



* GROWTH HORMONE :-

Somatotrophic

- Function:-

• Growth hormone is secreted by somatotrophs which are acidophilic cells of anterior pituitary

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INTERNAL ASSESSMENT BOOK

1. Student Name : *Sanjana Raga*
2. Year of exam : *2019*
3. Subject : *Physiology*
4. Internal Assessment No : *MSd course Improvement, 80000*
5. Date of Exam : *4/6/2019*

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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Total marks scored..... *22/20* Name & Signature of valuator *[Signature]*

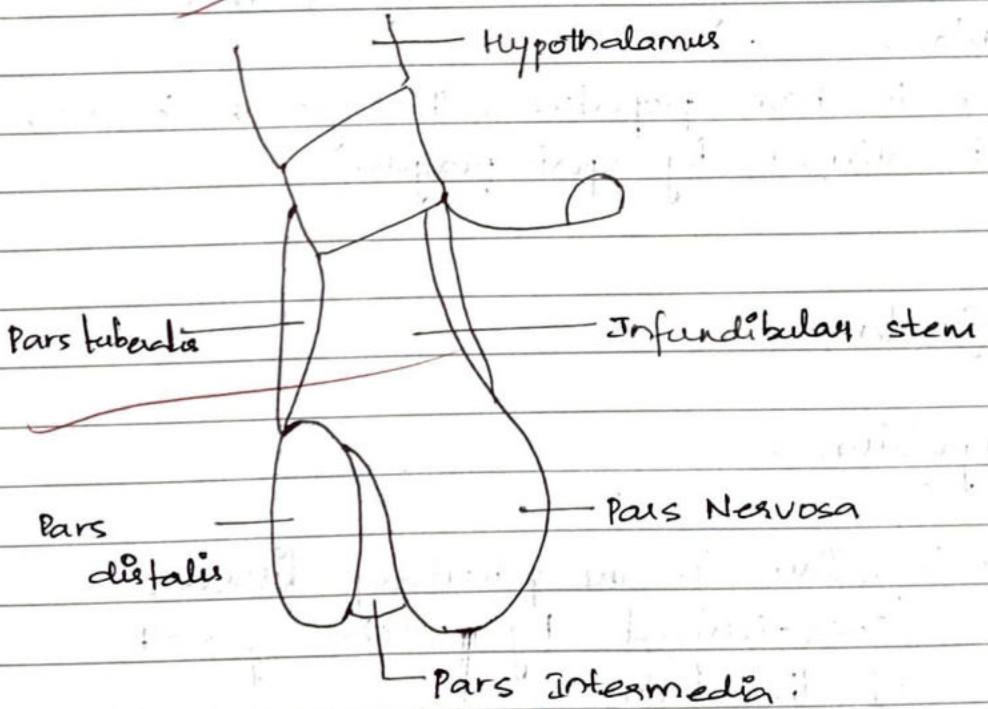
42/2
25/7

Q1. List the hormones from anterior pituitary. Explain the functions & disorders associated with any one of them.

Anterior pituitary is also known as the "Master gland" because it regulates many other endocrine glands through its hormones.

Six hormones are secreted by anterior pituitary.

- (a) Growth hormone
- (b) Thyroid stimulating hormone
- (c) Adrenocorticotropic hormone
- (d) Follicle-stimulating hormone.



Somesh Babbar

* GROWTH HORMONE :-

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(Karnataka)

Functions :- Growth hormone is secreted by somatotrophic cells which are acidophilic cells of anterior pituitary.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Shayema Ashfaque
2. Year of exam : 2019
3. Subject : Physiology
4. Internal Assessment No : med course improvement, retest
5. Date of Exam : 4/6/2019.

INSTRUCTIONS

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9. Strict action will be taken against students involved in malpractice.
10. Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *27/30* Name & Signature of valuator *[Signature]*

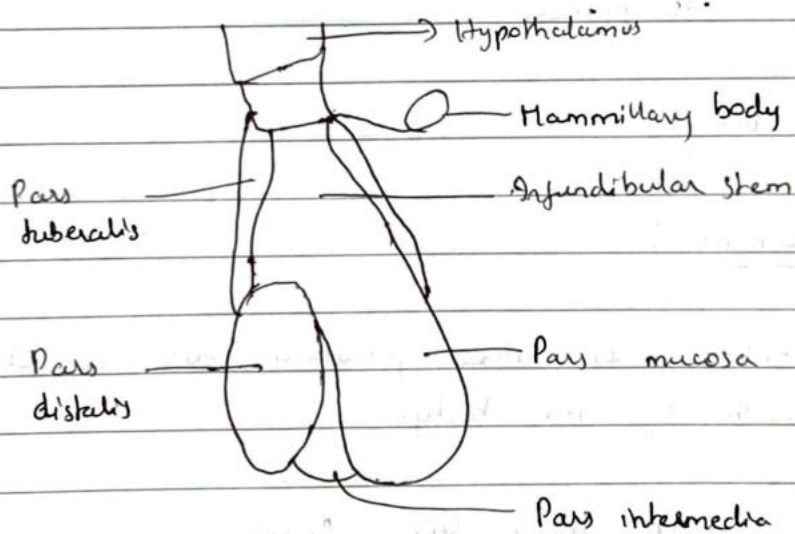
42/02/20

Q1. List the hormones from anterior pituitary. Explain the functions & disorders associate with anyone of them.

→ Anterior pituitary is also known as the "Master gland" because it regulates many other endocrine glands through its hormones

Six hormones are secreted by anterior pituitary

- Growth hormone
- Thyroid Stimulating Hormone (TSH)
- Adrenocorticotropic hormone.
- Follicle stimulating Hormone (FSH)



* GROWTH HORMONE :-

FUNCTIONS :-

• Growth hormone is secreted by somatotrophs which are acidophilic cells of anterior pituitary adenohypophysis

1. It maintains normal body structure



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Afshan Noorain
2. Year of exam : 2019
3. Subject : Physiology.
4. Internal Assessment No : Mid course Improvement, best
5. Date of Exam : 4/6/2019

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
4. Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
5. Do not leave any pages unused in between the answers.
6. Do not tear off any pages from the main answer book.
7. Put "X" mark across the unused / blank pages in the answer book compulsorily.
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Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

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Total marks scored..... *48/12* Name & Signature of valuator *[Signature]*

48/2

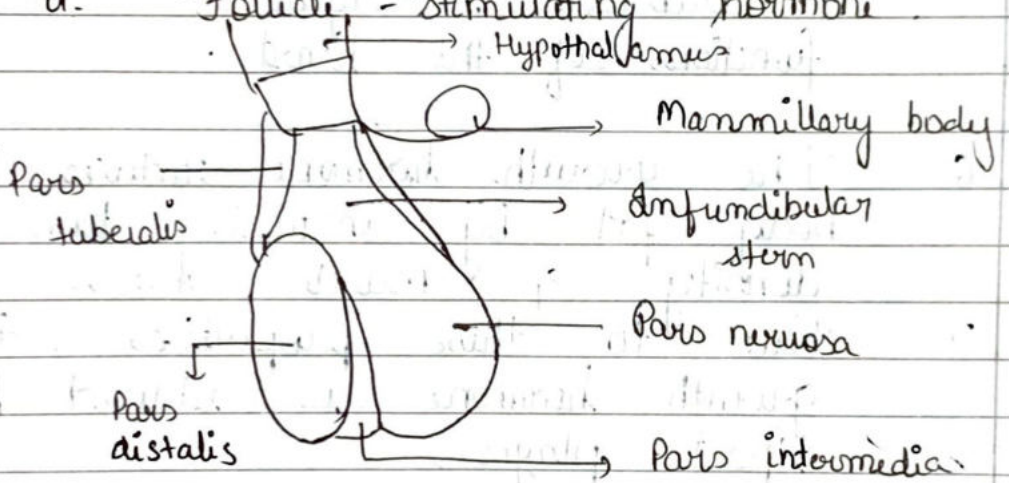
150

Q:1. List the hormones from anterior pituitary. Explain the functions & disorders associated with any one of them.

→ ✓ Anterior pituitary is also known as the "master gland" because it regulates many other endocrine glands through its hormones.

✓ Six hormones are secreted by anterior pituitary:

- a. Growth Hormone
- b. Thyroid Stimulating Hormone
- c. Adrenocorticotropic hormone
- d. Follicle-stimulating hormone



* GROWTH HORMONE :-

✓ Functions :-

- Growth hormone is secreted by somatotrophic which are acidophilic cells of anterior pituitary.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Shayema. Ashique*
 2. Year of exam : *2019*
 3. Subject : *Dental Anatomy & histology*
 4. Internal Assessment No : *Med. Course Improvement Exam, Retest*
 5. Date of Exam : *17/04/19*

INSTRUCTIONS

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Signature of Student

Shayema Ashique
 PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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Total marks scored..... *95/100* Name & Signature of valuator *[Signature]*

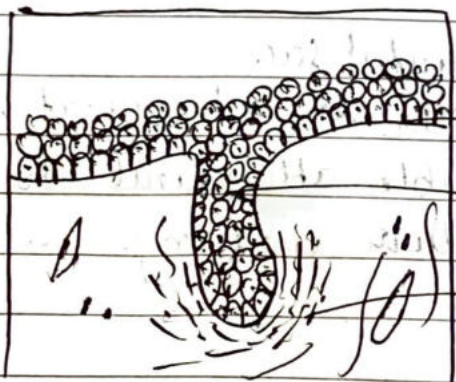
9/5/20

Tooth development is a continuous process

- (a) Bud stage
- (b) Cap stage
- (c) Early bell stage
- (d) Advanced bell stage.

Bud stage

- In bud stage the enamel organ consists of peripherally located low columnar cell and centrally located polygonal cells
- Many cells of tooth bud and surrounding mesenchyme undergo mitosis
- As the result of increased mitotic activity and migration of neural crest cells into area of ectomesenchyme condensation immediately subjacent to enamel organ as dental papillae.
- The cells of dental papillae forms tooth pulp and dentin
- The condensed ectomesenchyme which surrounds tooth bud and dental papillae is called a dental sac.
- The cells in dental sac will form the enamel and periodontal ligament.



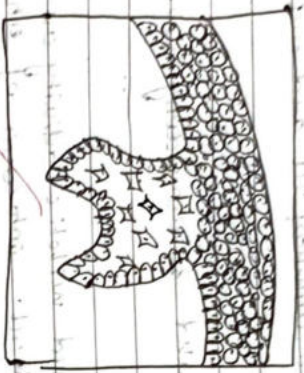
peripherally located columnar cell
centrally located polygonal cells
Blood vessel

Smashaloka
PRINCIPAL
S.B. Patil Institute for
Dental Science & Research
NAUBAD BIDAR-585402
(Karnataka)

Cap stage

→ At the tooth bud gradually it does not expand uniformly into the longer sphere

→ The unequal growth in different parts of tooth bud leads to cap stage. which is characterised by shallow invagination on deep surface of bud.



→ during cap stage the DFE covers of peripheral cells which are suboral and cover majority of the cap eye called outer enamel epithelium

→ all the majority of cap tissue tall columnar cells called inner enamel epithelium.

→ cell in continuity of cap because tall columnar cell called inner enamel epithelium

→ O.E.E. is separated from dental papilla

→ DFE is from dental papilla by a basement membrane. Enamel organ has a double attachment to the underlying oral epithelium enclosing extensively known as enamel ridge.

→ polygonal cells located in center of epithelial enamel organ. - blow outer and inner enamel epithelium begin to spread or wave intercellular fluid is produced and form a cellular network called stellate reticulum.

→ stellate reticulum is within the continuity of way support and protect the dental forming cell.

Bell stage

→ At invagination of epithelium deepens and its margin continues to grow, enamel organ assumes a bell shape.

→ different types of epithelial cells, can be seen.

- ① Inner enamel epithelium
- ② stellate reticulum
- ③ Outer enamel epithelium

→ Inner enamel epithelium consist of single layer of cell which differentiate to ameloblast.

→ A few layers of squamous form stellate intermedium. between inner enamel epithelium and stellate reticulum layer is crucial for enamel formation

→ The cells of stellate intermedium. are star shape, below enamel formation begins. stellate reticulum disappears

→ At the end of bell stage, during formation of enamel the smooth surface of DFE is lost in fold

Between the folds, the capillary loops provide rich nutritional supply for intense metabolic activity of avian body wall organ.

- Before the IEF begins to produce enamel, the peripheral cells of dental papilla differentiate to form dentin.

- The basement membrane that separates the enamel organ and dental papilla pushes to dentin formation, & called membrane perforators.



IEF
DEJ
dental papilla

Advanced bell stage

- During advanced bell stage, the boundary between IEF and dental papilla between the future DEJ.



dental papilla
enamel
dentin
dental papilla
enamel
dentin

8) Non-staining dentine

- longest tooth in the mouth, known as the corner stone of the arch.

- It is called corner because of its shape, to provide a path of occlusion - also called a cupid because of its ~~curved~~ ^{curved} or slightly curved.

labial aspect &

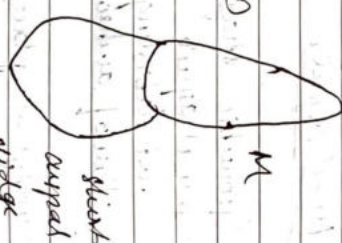
- Enamel's shape is trapezoidal or pentagonal form. As compare to mandibular central incisor the crown of labial is smaller mesiodistally by 1mm & at the cervix it is much narrower.

- Labial surface is smooth and convex except for the shallow depression mesially and distally dividing the 3 cuspids.

- distal curvature at root apex.

short root apical edge, long distal apical edge.

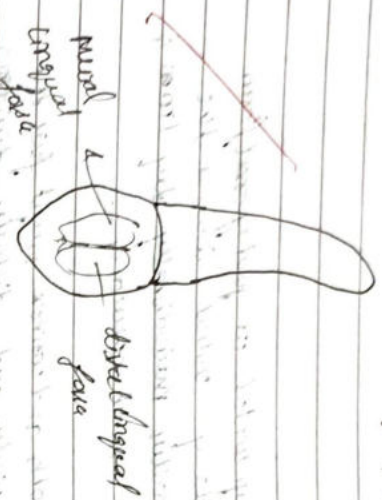
unequal aspects
→ mesial aspect is long ridge
distal aspect is short ridge



- The cervical line is where the crown and root meet.
- crown is narrower labiolingually as compared to mesiodistally.

A1 Lingual surface has cervical position mesial of a large smooth well defined cingulum, cingulum is pointed like a small bump.

Shallow cingulum mesial to the lingual ridge and marginal ridges. When the cingulum, mesial, mesial lingual fossa and distal lingual fossa



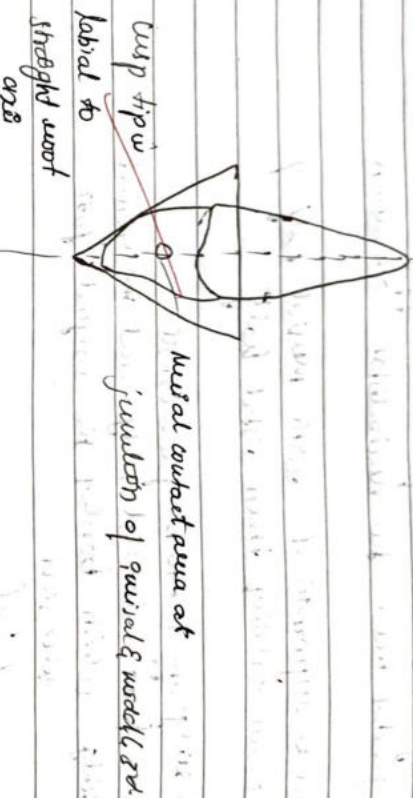
Nucial Aspect

- Cervical shape is triangular, rounded shaped
 - Nucial aspect generally shows greater bulk and labiolingually measurement narrower than of anterior teeth

- cusp tip is placed labial to the vertical axoid axis

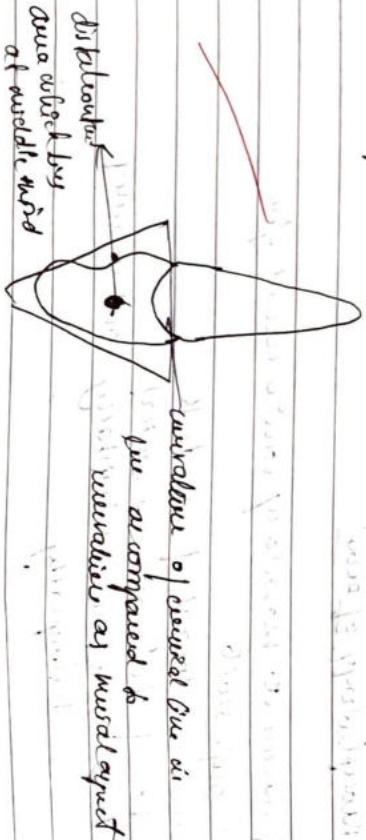
- mesial contact area less at the junction of incisal and middle 1/3 of the crown coronally
 & labiolingually it is at the center

The labiolingual is more convex due to presence of pronounced labial ridge from cervical line to cusp tip height of, whereas labially it is at cervical



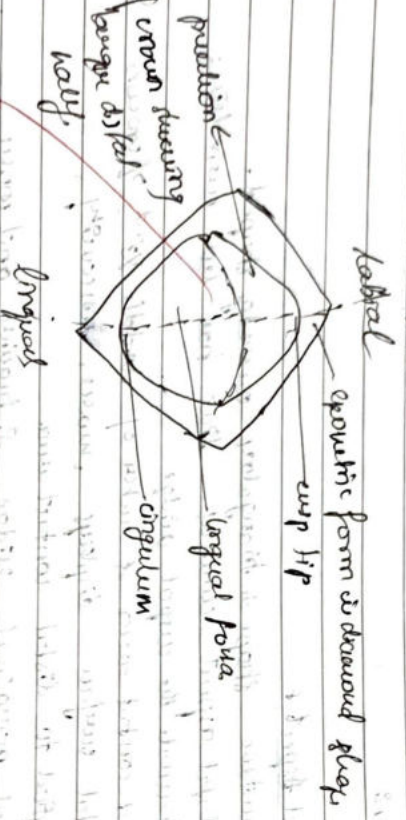
Distal Aspect

- Quadratic shape is triangular rounded shaped.
 - On distal aspect cervical line has less curvature towards the cuspal ridge
 - distal contact area at center of middle 1/3 of crown
 - distal surface displays more convexity, apical to distal contact area
 - distal marginal ridge is heavier and more irregular on outline



Vertical aspect :

- Mesiodistal shape is downward shaped
- Labiolingual dimension of crown appears to be greater than the mesiodistal dimension
- crown is asymmetrical with mesial half of crown smaller than distal half
- Labial edge appears to be prominent.
- lingual fossa, lingual edge and mesiolingual ridge visible borders for lingual fossa



Mesoflexure of crown

- permanent mesoflexure occurs cervical 1/3.
- single root
- root is longest of all teeth
- shape of the roots is conical
- It is in crown mesiodistally and is wider labiolingually

(5)

Primary dentition

Dental formula

No. 20 teeth

Teeth 2 Incisor, 1 Canine, 2 Molar, 2 Mandibular incisor

Permanent dentition

No. 32 teeth

2 Incisor, 1 Canine, 2 Molar, 2 Mandibular incisor, 2 Premolar, 3 Molar

Dental formula

$$\frac{I \ 2}{2} \quad \frac{C \ 1}{1} \quad \frac{M \ 2}{2} \quad \frac{2}{2}$$

$$\frac{I \ 2}{2} \quad \frac{C \ 1}{1} \quad \frac{Pm \ 2}{2} \quad \frac{M \ 3}{3}$$

Duration of eruption
Starts from 6 month to 3 years.

Starts from 6 years to end at 14 years except 3 molars

Eruption sequence
A B C D E F
A B C F
A B C F
Mandibular 6 1 2 3 4 5 7

Morphologic features

CROWN small in dimension
size large in dimension
circular below more
convexity less

Root on buccal aspect is
wider → more prominent
Permanent crown is
flatter

lingulum: on lingual surface
di water provided

pulp chamber: largest when compared to crown size
smaller than compared to crown size

Apical foramen: under level of preparation
function: level of preparation of root lies well to cause

Enamel - enamel is highly & about 1mm thick & uniform thickness
less enamel is 2 to 3mm thick & is usually not uniform in thickness

Crown - covered in sharp & tip in water pointed and sharp
two conical in shape & cup tip is less pointed

pericoronal - fibrous & pericoronal are present in each quadrant

notae: No 2 are located are present in each quadrant
swallow are present in each quadrant

5th crown of maxillary is long - crown of 1st primary maxillary is largest than 2 & 3rd maxillary

sharp deciduous notae are more bulbous and are of bell shaped
permanent notae are less bulbous

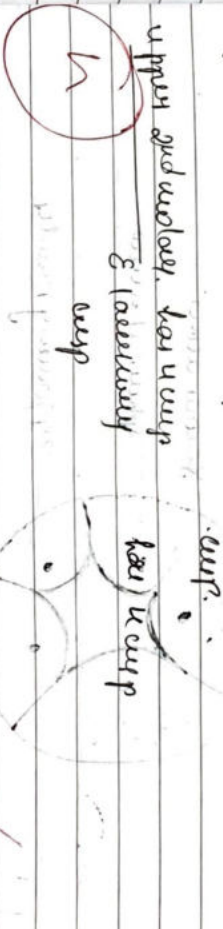
occlusal table: Nervous. Broad.

grooves & supplemental grooves are more
Significant grooves are less

sharp - blazed, sharp & pointed. Blunt

contact - contact area below contact area below permanent
primary notae are flat notae are broad and situated occlusally

upper 1st maxillary has 3 cusps
has 1 cusp & 1 accessory cusp



filthology of enamel cusps

The basic functional unit of salivary gland is the functional secretory unit called acinus

The secretory terminal unit in secret acinus is generally made of 8-10 secret acinus. all secret acinus are roughly spherical. The secret acinus & ducts are arranged along with myoepithelial cells located on the surface of acinus

Structural complexity holds the cells together in an acinus and regulate the secretory activity

The mucous cells have a smaller lumen compared to mucous cells

Usually cells are spherical in shape

contain pyramidal cells

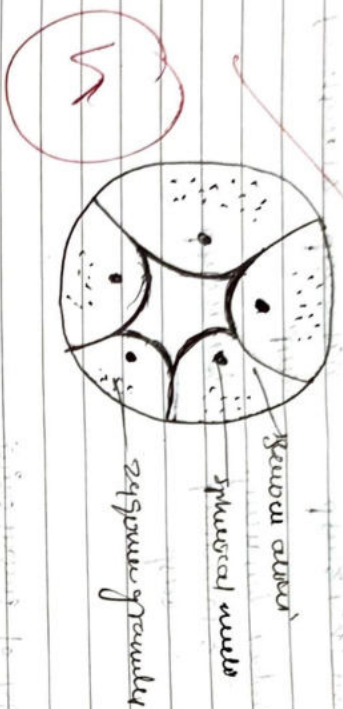
spherical nucleus situated in the basal part of cell

well stained cytoplasm

central lumen small

cytoplasm contains zymogen granules

rough endoplasmic reticulum prominent



Functions of salivary gland

Mucous cells

Saliva has several protective functions

It keeps the oral tissue moist and

facilitates swallowing

saliva helps protect the teeth from dental decay

by means of both cleaning and buffering action of saliva

Saliva controls the rate and phosphate concentration around the teeth

Digestive

Saliva participates in digestion by providing a fluid environment for salivolubation

of food

Through the action of 5% digestive enzymes

a mixture of saliva digests carbohydrates, the

pancreatic glands

lingual lipase initiates the digestion of dietary lipids by hydrolyzing triglyceride

Taste perception

due to the presence of water and bicarbonate in saliva

It dilutes the food and helps in perception of taste

Speech

saliva facilitates the speech and digestion by keeping the oral tissue moist and well lubricated

Alveolar Repair

due to the presence of variety of growth factors &

key proteins in saliva. It promotes tissue growth differentiation & wound healing

Excretion:

- many substances from the blood reach salivary glands. It is considered as a route of excretion.

Salivary glands were, Whaley and Murray study the

Antimicrobials:

- Several substances found in salivary glands inhibiting the growth of microorganism and thereby preventing infection are as follows:

- The presence of peroxidase and lysozyme in salivary glands has antibacterial action.

- The important groups of defense substances are immunoglobulin (IgA, IgM, IgG) present in salivary glands.

Bullfighting action:

Warren and his colleagues have reported for both salivary and gastric secretions.

Two main antibacterial substances found in salivary glands are Lysozyme and Lactoperoxidase.

⑧ Orbital Hypert of paranasal sinuses:

Chromatography:

- 1st evidence of salivary gland → 2nd - 3rd year

duration - 6-10 years
and completed - 9-10 years

They are 2 in number

- Each of them is with folds from the middle situated like sword shape and 2nd is larger in size.

- They are large in size in the human embryo and have four well developed wings and a central part.

- It is elongated in shape. The horizontal dimension is more than the vertical dimension.

→ The peculiarity of the wingless, 1st is that it is the only one which is the primary wingless structure basically.

→ The primary wingless, horizontal and distal part and 5th wing, the wing of cavities on the lateral intermediate wing.

Radialis are more pointed than the lingual cusp

The mesial and distal marginal ridges form the buccal and lingual cusp

An oblique ridge joins the mesiolingual and the distobuccal cusp - these by kindling the occlusal surface into a longer mesial triangular area.

An x shape groove pattern separates the 2 major cusp and the horizontal base of the 4 cusps the oblique ridge exists oblique

Terrace is a vertical four bounded by mesial buccal cusp, distobuccal cusp and oblique ridge, distoprevent. see the mesial & distal pin and mesial and distal triangular fossa found by the marginal ridges, proximally.

Root

Maxillary 3 roots

1 a mesio buccal, a distobuccal & a palatal

- all the 3 roots have a common straight

erect trunk

palatal root is the longest and the

distobuccal root is the shortest

① Transverse line of dentin

The intercuspal line of the lower also called imbrication line. see fine striation on the line that runs at right angle to the tubules in longitudinal section

The steeper line the line is about 4-8 um and is fairly regular.

The line support the rhythmic deposition of dentin.

The daily incremental dentin affect the tooth. see the functional occlusion

In transverse dentin the mesiodistal line are dark & the unincurred line the line appear light.

oriented incremental lines are known as contour line of Owen they represent hypoplasial bands

The ground level is that the lines are only an optical phenomenon due to the secondary curvature in distal tubules that also have palatal

lines. they are 1 They are the optical phenomenon which is produced due to change in direction of enamel rods.

They are alternating dark & light rows of varying.

depths under oblique reflected light

These bands are viewed in normal 2/3 of view of the tooth

Incusculental line in enamel -

Incusculental line of dentin appears as brown band in demineralized layer on ground section of enamel.

Incusculental lines suggest the subsequent pattern of apposition of enamel which is forward and backward in layers.

The incusculental line of dentin appears as concentric circle in brownish section of the tooth.

An longitudinal section they surround the tips of dentin and in the enamel part they give an oblique course.

The incusculental lines have been attributed to periodic breaking of enamel - leads to recession in basic organic materials and are called by normalised.

They are believed to be the enamel manipulation of pulp dentin.

Manuel line is an unfractured incusculental line of dentin.

Perikymata are external manifestation of their of surface of enamel.

These are denture, wave like groove and are believed to be internal manifestation of the stress of dentin.

8. Mantle layer Struc

It is the layer of the air space situated in the body of the maxilla and communicate with the environment by the way of the middle nasal meatus.

It is also known as ostium of hyphomaxillary fistulae.

Microscopically there is 4-5 layers lining the space of the maxillary sinus and it follows epithelial layer, basal layer & subepithelial layer.

The epithelium is pseudostratified columnar cuboidal and is derived from the olfactory epithelium of middle nasal meatus.

In addition there are basal cell columnar nonciliated cells & mucous glandular cuboidal cells.

It is called - the cuboidal cells and the columnar cells when - lined epithelium with numerous mitochondria and enzyme - containing organelle.

The basal cells which serve as the attachment of olfactory microvilli.

Globulins - they contain all the chemical in the protein of keratinous cells

- basal keratin contain melting
- cytoplasm also contain RER and SER and the synthesis of the keratinous matrix substance

function

- non keratinous from pulp in both the function of pulp of primary as well as secondary

- It cause keratinization and maturation of dentin

- The rate is accelerated in the first year a certain time it quickly mature the body temperature then protecting the internal structures particularly the brain, organ's improve of certain

Other contribution is

- 1) the maturation of pulp
- 2) lightening of skull weight
- 3) calcification of the parodontal tissues & uncalcified state
- 4) production of parodontal hypoxia to normal state



7) Tooth numbering system

- 1) Ziguonday pattern system
- 2) universal system
- 3) FDI use 2 digit system

Ziguonday

Four permanent	18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
digit																		
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	2	1	1	2	3	4	5	6	7	8								

Four deciduous

Right	E	D	C	B	A	A	B	C	D	E								
	E	D	C	B	A	A	B	C	D	E								

Universal F this dental notation system for both permanent & deciduous dentition

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36

deciduous

A	B	C	D	E	F	G	H	I	J
K	L	M	N	O	P	Q	R	S	T



2 digit car FOS
Numerals

18 17 16 15 14 13 12 11 | 21 22 23 24 25 26 27
- us us us us us us us us | 31 32 33 34 35 36 37 38

obliquity:

55 56 53 52 51 | 61 62 63 64 65
58 59 82 81 | 71 72 73 74 75

(16) Neuropile fibres of pseudocapsular ligament

(17) Fibroblast cell groups

(18) Fibrous fibres

(19) oblique group

(20) Apical group

(21) Anteromedial group

Changpys: fibres

- collagen fibres produced by fibroblast
of pdi incorporated into the
cementum or Changpy's fibres

5

(1) Pulp show

→ pulp show in denticle are endodont collected
mass, occurring in coronal or wall of root
portion of pulp

types - how pulp show

2

Fetal pulp show

(10) Cusp - occlusal or buccal eminence of tooth

Edge - shallow rounded or angular depression on
convexity

2

(13) Radial enamel epithelium

function - cover the enamel

they protect the enamel
prevents tooth from adhesion tissue

(14) enamel enamel junction

At junction btw enamel & cementum

2

(15) - Tonus granular layer

2 - You must study adjacent to cementum of
good in mouth of dentin



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Shahid Ajnidi*
2. Year of exam : *2019*
3. Subject : *Dental Anatomy & Histology*
4. Internal Assessment No : *MID course improvement Exam, Repeat*
5. Date of Exam : *17/04/19*

INSTRUCTIONS

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Signature of Student

Smashalbac
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored.....

89/100

Name & Signature of valuator

[Signature]

29/10/20

① Enumerate & write in detail about the morphological stages in tooth development.

=>

A complex biological process involving epithelial mesenchymal interactions, morphogenesis & mineralization.

• 20 deciduous & 32 permanent teeth.

germination of primary epithelial band.

• Horseshoe shaped corresponding to dental arches.

Dental lamina :-

• Teeth lose their connection with dental lamina

* There are 4 stages

- ① Bud stage
- ② Cap stage
- ③ Bell stage
- ④ Advanced stage

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 (Karnataka)

1) Bud stage

• Simultaneously along with differentiation of dental lamina, round (or) oval swelling develops from the basement membrane at different points corresponding to future position of deciduous teeth. These are primordia of enamel organs.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Sanjana Paga*
 2. Year of exam : *2019*
 3. Subject : *Dental Anatomy and Histology*
 4. Internal Assessment No : *Mid course Improvement Exam, Repeat*
 5. Date of Exam : *17/04/2019*

INSTRUCTIONS

- The answer must be written using black ink pen.
- At the end of each answer, draw a horizontal line using pencil only.
- Write answer on both side of pages.
- Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
- Do not leave any pages unused in between the answers.
- Do not tear off any pages from the main answer book.
- Put "X" mark across the unused / blank pages in the answer book compulsorily.
- No Additional Sheets will be Given.
- Strict action will be taken against students involved in malpractice.
- Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Sanjana Paga
PRINCIPAL

Signature of Invigilator

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Dental Science & Research
BIDAR, BIDAR-585402
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Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *79/100* Name & Signature of valuator *[Signature]*

galaxy

① The tooth development is a continuous process. The stages of development of tooth are named after the shape of enamel organ as follow:

- ① Bud stage
 - ② Cap stage
 - ③ Bell stage
 - ④ Advanced bell stage
- Bud Stage

• Simultaneously along with the differentiation of dental lamina, round (or) ovoid swelling develop from the basement membrane at 50 different points corresponding to future position of deciduous teeth. These are the primordial of enamel organs.

• The enamel organ consist of peripherally located low columnar cell and centrally located polygonal cells.

(a) Condensation immediately subjacent to enamel organ is dental papillae.

The cells of dental papillae form tooth pulp and dentine.

(b) The condensed ectomesenchyme which surrounds tooth bud and dental papillae is called as dental sac.

Shreshtha



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Pooja
2. Year of exam : 2019
3. Subject : Dental anatomy and histology
4. Internal Assessment No : Model course improvement Exam, Repeat
5. Date of Exam : 17/04/2019

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
4. Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
5. Do not leave any pages unused in between the answers.
6. Do not tear off any pages from the main answer book.
7. Put "X" mark across the unused / blank pages in the answer book compulsorily.
8. No Additional Sheets will be Given.
9. Strict action will be taken against students involved in malpractice.
10. Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

S. B. Patil
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Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No. (Kamataka)	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *94/100* Name & Signature of valuator *Lub*

9/4/2020

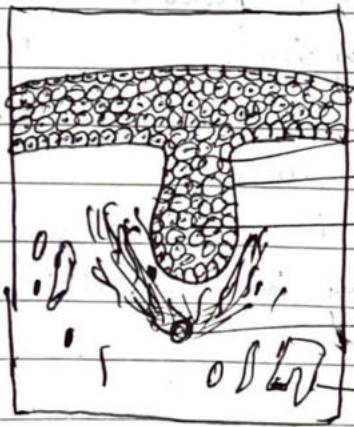
17) Tooth development is a continuous process.

- (a) Bud stage
- (b) Cap
- (c) Early bell stage
- (d) Advanced bell stage

Bud stage

- In bud stage the enamel organ consists of peripherally located low columnar cells and centrally located polygonal cells.
- Many cells of tooth bud and surrounding mesenchyme undergo mitosis.
- As the result of increased mitotic activity and migration of neural crest cells into area of ectomesenchymal condensation immediately subjacent to enamel organ is dental papillae.
- The cells of dental papillae forms tooth pulp and dentin.
- The condensed ectomesenchyme which surrounds tooth bud and dental papillae is called as dental sac.
- The cells in dental sac will form the cementum and periodontal ligament.

Amnethalpa



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- low columnar cells
- centrally polygonal cells
- Blood vessels
- developing bone



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INTERNAL ASSESSMENT BOOK

1. Student Name : Deepika
2. Year of exam : 2019
3. Subject : Dental Anatomy & histology
4. Internal Assessment No : Mid Course Improvement Exam, Retest
5. Date of Exam : 17/01/19

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
4. Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
5. Do not leave any pages unused in between the answers.
6. Do not tear off any pages from the main answer book.
7. Put "X" mark across the unused / blank pages in the answer book compulsorily.
8. No Additional Sheets will be Given.
9. Strict action will be taken against students involved in malpractice.
10. Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

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MANGALURU, BIDAR - 585402

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *92/100* Name & Signature of valuator..... *[Signature]*.....

92/100

Long Essays.

Q1 → ?

Ans The tooth development is a continuous process. The stages of development of tooth are named after the shape of enamel organ as follows.

- 1. Bud stage
- 2. Cap stage
- 3. Bell stage
 - ← Early bell stage
 - ← Advanced

Bud stage

- 1. Simultaneously along the differentials of dental lamina, round or ovoid swellings develop from the basement membrane. at 10 different points corresponding to future position of deciduous teeth. These are the primordial of enamel organ - the tooth buds.

2) In bud stage, the enamel organ consist of peripherally located low columnar cells & centrally located polygonal cells.

→ Many cells of tooth bud & surrounding mesenchyme undergo mitotic division. As the result of neural crest cell migration of neural crest cells into the ectomesenchymal cell surrounding cells of tooth bud condense.

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INTERNAL ASSESSMENT BOOK

1. Student Name : *Korshna Tejawari*
2. Year of exam : *2019*
3. Subject : *Dental Anatomy & histology*
4. Internal Assessment No : *Mid Course Paper/Practical Exam, Retest*
5. Date of Exam : *17/04/19*

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Srinath
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(Karnataka)

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Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *96/100* Name & Signature of valuator *[Signature]*

96/100

① Enumerate and write in detail about the morphological stages in tooth development.

→ A complex biological process involving epithelial mesenchymal interaction, mesenchymis & mineralisation.

- 20 deciduous and 32 permanent teeth

Formation of primary epithelial band

- at the 37 days of TO development

- Horseshoe shaped mesenchymis into future dental arches

dental lamina

tooth bud their connection with DZ

- lamina it gets invaded by mesenchymis

- remnant of DZ may persist as epithelial pearls or islands within the jaw & are gingiva

Stages of tooth development

Amalalbas

- Bud stage
- Cap stage
- Early bell stage
- Advanced bell stage

DWHalon

proliferation

Histo-differentiation

morpho-differentiation

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① dental lamina formation

→ under the influence of the ectomesenchyme

- ectodermal proliferation on the underlying



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Ph.: 08482 232101-232588 Fax: 08482-232101

Ref.: SET/SBPIDSR/BDR/2020-21/454

Date: 23-02-2021

CIRCULAR

All the HOD/Incharge's are informed to conduct the **Midcourse Improvement Examination** for III Year BDS students (Appearing in June 2021) as per the following schedule and submit the marks list to the students section of office within **7 days of the examination**.

(Theory 10:00 a.m to 1:00 p.m)

Sl. No.	Subjects	Exam Dates
01	General Medicine	08-03-2021
02	General Surgery	09-03-2021
03	Oral Pathology & Microbiology	10-03-2021

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S. B. Patil
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(Karnataka)



Estd: 1991

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Ref.: SET/SBPIDSR/BDR/2020-21/ 454


Date: 23-02-2021


CIRCULAR

Following students are instructed to appear for the makeup exam of following department

III BDS General Medicine (2020-2021)

S.NO	REG NO	NAME OF THE STUDENT
1	17D0502	Ms. Afshanoorain ®
2	17D0519	Ms. Nagargoje Yogeshwari ®
3	17D0528	Mr. Shivratna Hibare ®
4	18D1283	Ms. Deepika ®
5	18D1291	Mr. Mohd Abdul Moqsith ®
6	18D1292	Ms. Naazneen Sumaiya ®
7	18D1300	Ms. Shweta ®
8	18D1304	Ms. Varsha Sharnappa ®


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Ref.: SET/SBPIDSR/BDR/2020-21/454

Date: 23-02-2021


CIRCULAR

Following students are instructed to appear for the makeup exam of following department

III BDS General Surgery (2020-2021)

S.NO	REG NO	NAME OF THE STUDENT
1.	17d-0502	Ms. Afshanoorain ®
2.	17d-0519	Ms. Nagargoje yogeshwari ®
3.	18d-1279	Ms. Akshitha j.s ®
4.	18d-1281	Ms. Almas afreen ®
5.	18d-1287	Ms. Kavya ®
6.	18d-1295	Ms. Patil rutuja ®
7.	18d-1304	Ms. Varsha shamappa ®
8.	18d-1308	Ms. Y. Nikita reddy ®
9.	18d-1309	Ms. Zoha maheen baig ®


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Ph.: 08482 232101-232588 Fax: 08482-232101

Ref.: SET/SBPIDSR/BDR/2020-21/ 454

Date: 23-02-2021


CIRCULAR

Following students are instructed to appear for the makeup exam of following department

III BDS Oral Pathology (2020-2021)

S.NO	REG NO	NAME OF THE STUDENT
1.	17D-0502	Ms. Afshanoorain *
2.	17D-0519	Ms. Nagargoje Yogeshwari *
3.	17D-0528	Mr. Shivratna Hibare *
4.	18D-1284	Ms. Diksha *
5.	18D-1288	Ms. Kirmani Sayeda Bushra Naaz *
6.	18D-1295	Ms. Patil Rutuja *
7.	18D-1299	Ms. Shrushti *
8.	18D-1300	Ms. Shweta *
9.	18D-1306	Ms. Madeha Noorain *


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GENERAL MEDICINE

LONG ESSAYS

2 x 10 = 20 Marks

1. Describe the clinical features and management of acute rheumatic fever.
2. Describe the causes, clinical features and management of iron deficiency anemia.

SHORT ESSAYS

6 x 5 = 30 Marks

1. Migraine
2. Vitamin D
3. Portal hypertension
4. Syncope
5. Nephrotic syndrome
6. Acute leukemia

SHORT ANSWERS

10 x 2 = 20 Marks

1. Mention four causes of cirrhosis.
2. Mention four drugs for tuberculosis with one side effect of each drug.
3. Mention four causes of bleeding disorder.
4. Mention four causes of proteinuria.
5. Mention four causes of ascites.
6. Mention four drugs for hypertension.
7. Mention four signs of infective endocarditis.
8. Mention four causes of dysphagia.
9. Beri beri
10. Mention four causes of tender hepatomegaly

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GENERAL SURGERY

LONG ESSAYS

2 x 10 = 20 Marks

1. Describe Primary Thyrotoxicosis, etiology, investigation and management.
2. Enumerate pre-malignant oral lesions, clinical features, investigation and management.

SHORT ESSAYS

6 x 5 = 30 Marks

3. Surgical important of facial nerve. Clinical features of its injury and management.
4. Tracheostomy.
5. Septic shock.
6. Odontogenic tumours.
7. Postoperative fluid management.
8. Prognostic risk classification for patients with well differentiated thyroid cancer.

SHORT ANSWERS

10 x 2 = 20 Marks

9. Squamous cell carcinoma.
10. Tubercular lymphadenitis.
11. Cleft Palate.
12. Zygomatic complex fracture.
13. Frey's syndrome.
14. Classify Head Injury.
15. SIRS.
16. Stomatitis.
17. Thyroglossal cyst.
18. Wound Healing.


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ORAL PATHOLOGY & MICROBIOLOGY

LONG ESSAY

2 X 10 = 20 Marks

1. Enumerate premalignant conditions. Discuss in detail etiopathogenesis and histologic features of oral submucous fibrosis
2. Enumerate non neoplastic enlargement of salivary glands and discuss in detail Sjögren's syndrome

SHORT ESSAY

8 X 5 = 40 Marks

3. Write causes of recurrence for Odontogenic Kerato Cyst
4. Discuss etiopathogenesis of Aneurysmal Bone Cyst
5. Draw a labelled histologic diagram of plexiform ameloblastoma
6. Discuss Albright's syndrome
7. Describe Acute Necrotizing Ulcerative Gingivitis (ANUG)
8. Discuss osteoradionecrosis
9. Histopathology of Paget's disease of bone
10. Discuss James Ramsay Hunt Syndrome

SHORT ANSWERS

5X 2 = 10 Marks

1. Define cyst
2. Describe pathogenesis of Warthin's tumor
3. Enumerate lesions in which you see ghost cells
4. Enumerate features of epithelial dysplasia
5. Human Immunodeficiency Virus

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Ph.: 08482 232101-232588 Fax: 08482-232101

BDS3C-OCTOBER-2021 GENERAL MEDICINE

Max.Marks:10

Sl.No.	Registration Number	Student Name	I internal (100)	II Internal (100)	III Internal (100)	Improvement Internal (100)	Marks Scored
1	17D0502	AFSHANNOORAIN	61	75	89	95	8.00
2	17D0519	NAGARGOJE YOGESHWARI	57	80	88	95	8.00
3	17D0528	SHIVRATNA	63	78	85	94	8.00
4	18D1279	AKSHITHA J S	69	84	87		8.00
5	18D1280	ALIYA TASKEEN	72	84	84		8.00
6	18D1281	ALMAS AFREEN	87	89	94		9.00
7	18D1282	BADASHESHI ABHIJEET	87	90	93		9.00
8	18D1283	DEEPIKA	61	80	86	93	8.00
9	18D1284	DIKSHA	75	79	86		8.00
10	18D1287	KAVYA	78	79	83		8.00
11	18D1288	KIRMANI SAYEDA BUSHRA NAAZ SYED GOUSUDDIN	86	89	95		9.00
12	18D1289	KRISHNATEJASVI	90	94	86		9.00
13	18D1290	MOBINA AFREEN SADIYA	88	92	90		9.00
14	18D1291	MOHD ABDUL MOQSITH	60	79	86	95	8.00
15	18D1292	NAAZNEEN SUMAIYA	61	79	88	92	8.00
16	18D1294	POOJA	76	80	84		8.00
17	18D1295	RUTUJA BASWARAJ PATIL	72	82	86		8.00
18	18D1296	SABA KHANSA	92	89	89		9.00
19	18D1297	SANJANA RAGA	86	88	96		9.00
20	18D1299	SHRUSHTI	75	80	85		8.00
21	18D1300	SHWETA	59	78	88	95	8.00
22	18D1301	SIDDIQUI SHAHID AFRIDI	87	93	90		9.00
23	18D1302	SWATI SINGH	89	90	91		9.00
24	18D1303	SYEDA MAIMUNA QUADRI	72	80	88		8.00
25	18D1304	VARSHA SHARNAPPA	58	78	89	95	8.00
26	18D1306	MADEHA NOORAIN	94	88	88		9.00
27	18D1307	PATLOLLA ANUPAMA REDDY	85	90	95		9.00
28	18D1308	YERRAMORRUSU NIKHITHA REDDY	87	88	95		9.00
29	18D1309	ZOHA MAHEEN BAIG	89	87	94		9.00

S. B. Patil

PRINCIPAL
S.B. Patil Institute for
Dental Science & Research
AUBAD, BIDAR-585402
(Karnataka)



SOMANATH EDUCATIONAL TRUST'S
S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH
BIDAR - 585 402 (KARNATAKA)

(Affiliated to Rajiv Gandhi University of Health Sciences & Recognised by Dental Council of India)

Email: principalsbpdch@yahoo.co.in www.sbpatilcollege.in

Ph: 08482 232101-232588 Fax: 08482-232101

Estd: 1991

BDS3C-OCTOBER-2021 ORAL PATHOLOGY & MICROBIOLOGY

Max.Marks:10

Sl.No.	Registration Number	Student Name	I internal (100)	II Internal (100)	III Internal (100)	Improvement Internal (100)	Marks Scored
1	11D-0516	MOHAMMED HAMEED QURAIHI	86	93	91		9.00
2	17D-0502	AFSHANNOORAIN	62	79	85	94	8.00
3	17D-0519	NAGARGOJE YOGESHWARI	61	75	89	95	8.00
4	17D-0528	SHIVRATNA	59	79	89	93	8.00
5	18D-1279	AKSHITHA J S	75	79	86		8.00
6	18D-1280	ALIYA TASKEEN	75	79	86		8.00
7	18D-1281	ALMAS AFREEN	87	91	92		9.00
8	18D-1282	BADASHESI ABHIJEET	68	75	67		7.00
9	18D-1283	DEEPIKA	78	79	83		8.00
10	18D-1284	DIKSHA	54	66	70	90	7.00
11	18D-1287	KAVYA	77	83	80		8.00
12	18D-1288	KIRMANI SAYEDA BUSHRA NAAZ SYED GOUSUDDIN	65	79	87	89	8.00
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Ph: 08482 232101-232588 Fax: 08482-232101

BDS3C-OCTOBER-2021 GENERAL SURGERY

Max.Marks:10

Sl.No.	Registration Number	Student Name	I internal (100)	II Internal (100)	III Internal (100)	Improvement Internal (100)	Marks Scored
1	17D-0502	AFSHANNOORAIN	66	74	86	94	8.00
2	17D-0519	NAGARGOJE YOGESHWARI	69	73	83	95	8.00
3	17D-0528	SHIVRATNA	72	82	86		8.00
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NAUBAD, BIDAR-585407



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Naazneen Sumaiya*
 2. Year of exam : *2021*
 3. Subject : *General Medicine*
 4. Internal Assessment No : *Med course Improvement test*
 5. Date of Exam : *8/3/2021*

INSTRUCTIONS

- The answer must be written using black ink pen.
- At the end of each answer, draw a horizontal line using pencil only.
- Write answer on both side of pages.
- Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
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- Do not tear off any pages from the main answer book.
- Put "X" mark across the unused / blank pages in the answer book compulsorily.
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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

M. Mahabadi
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *9/100* Name & Signature of valuator *[Signature]*

92/100

Q1) Describe the clinical features & management of acute rheumatic fever.

→

Acute Rheumatic fever

- follows group A streptococcal (Beta-strept. haemolyticus is the commonest) infection of skin / throat
- usually affects children → 5-15 years
- Triggered by an immune-mediated delayed response to infection with specific strains of group A streptococci
- Antibodies produced against the streptococcal antigens
- inflammation in the endocardium, myocardium and pericardium, as well as the joints and skin

• Clinical features

- Multisystem disorder that usually presents with
 - fever
 - Anorexia
 - Lethargy
 - Joint pain
- Latent period :- 2-3 weeks after an episode of streptococci pharyngitis.
- Arthritis occurs in approximately 75% of patients.
- Antigens that may cross-react with cardiac myosin and sarcolemma membrane protein.

• Jones Criteria for Rheumatic fever

Major criteria

Minor criteria

- | | |
|--|---|
| <ul style="list-style-type: none">• Carditis• Polyarthritides• Chorea• Erythema marginatum• Subcutaneous nodules | <ul style="list-style-type: none">• Fever• Arthralgia• Previous history of rheumatic heart disease• Raised ESR / positive CRP• Prolonged P-R interval on ECG. |
|--|---|

Results - The diagnosis is based out :-

- 1) Two / more major criteria
- or
- 2) One major with two / more minor criteria.

In both cases, there should be an evidence of positive streptococcal infection. There should be an evidence of positive previous streptococcal infections.

• Management

- treatment strategies can be divided into management
 - acute attack
 - management of current infection

- prevention of further infection and attacks.

- aims of management are

- 1) To limit cardiac damage
- 2) To give symptomatic relief
- 3) To eliminate streptococcal infections by appropriate antibiotics.

- Bed rest

- salicylates → aspirin 60mg/kg 4 hourly

- corticosteroids

prednisolone 1-2 mg/kg per day.

- Antibiotics

8

Q2) Describe the causes, clinical features and management of iron deficiency anaemia?

→

Iron deficiency anaemia

Anemia

- usually refers to a condition in which your blood has a lower than normal number of red blood cells.

- IDA → is a condition in which the body lack enough red blood cell to transport oxygen-rich blood to body tissues

- Etiology

- blood loss

- poor diet

- Drug induced → salicylates and NSAID's

- poverty → inadequate dietary intake

- an inability to absorb enough iron from food

• Blood loss

- cause iron depletion
- childbirth
- internal bleeding.

• Poor diet

- lower iron intake
- pregnancy & childhood

* clinical features

- brittle nails
 - cracks in the sides of the mouth
 - extreme fatigue
 - chest pain
 - pale skin
 - dizziness / lightheadedness
 - fast heart rate
 - headache
 - an enlarged spleen.
 - cold hands and feet
 - frequent infections
 - irritability
 - shortness of breath
 - swelling / soreness of the tongue
- An unusual craving for non-nutritive substances such as: → Pica
- Ice
 - Dirt
 - paint / starch

* Management

1) oral iron therapy

- oral ferrous sulphate tablets (200mg tablet)
- 3 times a day
- oral iron therapy may not be effective in inflammatory bowel disease, gastric bypass surgery and chronic kidney disease.

2) Parenteral iron therapy

- single dose of iron-sorbitol complex
- 1.5 mg/kg body weight is given daily
- should be given intramuscularly & never intravenously
- side effects of I.V iron therapy → nausea, backache and chest pain that resolve within 48 hrs.

3) Blood transfusion

indicated when

- 1) severe anaemia ($Hb < 4g\%$)
- 2) pregnant women at full term with CKD/CRF undergoing haemodialysis.

Q3) Migraine

→ characterized by episodic, hemicranial / unilateral throbbing headache and often associated with nausea, vomiting and visual disturbances.

* clinical features

- Females suffer more than males.
- each attacks lasts for hours to days.
- prodromal symptoms → zigzag lines, flashing coloured lights, photophobia, scotomas.
- pain is severe throbbing, worsens with activity and usually associated with vomiting, photophobia & prostration which may force patient to continue to be in darkened room.
- phases
 - Normal well being before an attack
 - prodromal symptoms.
 - Attack of headache, photophobia, nausea vomiting
 - sleepy / feeling exhausted afterwards

* principal forms of migraine.

- ① classical migraine (migraine with aura)

- 2) common migraine
(migraine without aura)
- 3) Hemiplegic migraine
(autosomal dominant inheritance)
- 4) Basilar artery migraine
- 5) ~~cluster~~ headache
(migrainous neuralgia)
- 6) ophthalmoplegic migraine
(facioplegic migraine)

* Management

- Acute attack → soluble aspirin (600-900 mg/day)
/ paracetamol (1.0 g/day) with/without
antimetics such as metoclopramide
- classical migraine → ergotamine tartrate
0.5 - 1.0 mg sublingually / orally /
rectally.
- sumatriptan - 50 - 100 mg orally

4

Q4) Vitamin D

- Natural form of Vitamin D (cholecalciferol / Vitamin D₃) is synthesized in skin by action of UV light on 7-dehydro-cholesterol.

- Vitamin D that enters into circulation for hydroxylation → 3 sources.

- ① Absorbed through intestines from the diet
- ② synthesized in the skin.
- ③ fortified milk

* Dietary sources

- Fatty liver oil
- Fatty fish
- infant milk formula
- egg, liver etc.

* Normal intake

for infants & children upto 5 years → 10 µg
(400 I.U)

for pregnant women -
& lactating mothers - 10 µg (400 I.U)

For old children & adults - 2.5 μ g (100 I.U.)

* Functions

- regulates calcium & phosphorus metabolism

* Rickets & osteomalacia

- This diseases produced due to deficiency of vitamin D \rightarrow defective formation of mineralization of bones.

* Investigations

① Radiological findings

② Biochemical changes

* Management

- Milk \rightarrow adequate source of vit. D

- Therapeutic dose of vitamin D \rightarrow 25-125 μ g daily for 6-12 weeks

h

Q 5) Portal hypertension

→ portal venous pressure is the blood pressure in the hepatic portal vein & is normally between 5-10 mm Hg

- increase in the blood pressure within a system of veins called the portal venous system

* Types

① post-hepatic

② intra-hepatic

③ pre-hepatic

- obstruction to portal vein flow →
↑ pressure > 10 mm Hg.

* causes

- ① pre-hepatic

- portal vein thrombosis

- pancreatitis

- trauma

- hypercoagulable states

② Intra-hepatic

- Schistosomiasis
- congenital hepatic fibrosis
- Metastatic malignant diseases
- Drugs toxin

③ Posthepatic

- hepatic vein thrombosis
- constrictive pericarditis

* Clinical manifestation

- Ascites
- Hypersplenism
- hepatic encephalopathy
- hepatorenal failure
- Gastro-intestinal bleeding
- Abdominal pain
- Fatigue

* Treatment

- Endoscopic therapy:
 - Banding
 - sclerotherapy
- Medications
 - Beta-blockers
 - lactulose to treat mental confusion.

⑤

Q 6) Syncope.

→ Sudden and transient loss of consciousness which is secondary to period of cerebral ischaemia

* predisposing factors.

① psychogenic

- Fright
- Anxiety
- Emotional stress
- Pain
- Sight of blood

② Non-psychogenic

- sitting in upright position
- Hunger
- Exhaustion
- Hot, humid, crowded environment

* Types

- ① vasovagal syncope
- ② Postural hypotension with syncope
- ③ Micturition syncope
- ④ cardiac syncope
- ⑤ carotid sinus syncope
- ⑥ cough syncope.
- ⑦ syncope of cerebrovascular disease.

* Investigations

- Measurement of serum electrolytes, glucose & haematocrit
- ECG
- Blood & urine toxicological screens.

* Treatment

- main aim is to avoid falling / injury during attack.
- patients in early phase of syncope should be placed in a position which allows maximum blood flow

W

Q7) Nephrotic syndrome

→ definition

" is a clinical complex characterized by a number of renal and extra-renal features, most prominent of which are

- proteinuria $\rightarrow > 3.5 \text{ gm/day}$.
- Hypoalbuminemia
- edema
- Hypertension
- Lipiduria

* classification.

① primary \rightarrow disease specific to kidney

② secondary \rightarrow renal manifestations of a systemic general illness

* clinical features

- puffiness of eyelids / periorbital oedema especially in morning
- Ascites
- due to hypoproteinemia and impaired immunity \rightarrow increased tendency to infections.
- Anemia.

* treatment

- \rightarrow Relief of oedema \rightarrow low sodium diet. diuretics.

- spironolactone.
- metolazone.

→ control of proteinuria.

- ACE inhibitors.
- Angiotensin receptor blockers.
- NSAID's

→ Treatment of hyperlipidemia.

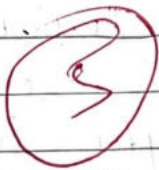
- atorvastatin 20 mg.

→ immunosuppressive therapy.

- corticosteroids.

→ Control of infection.

→ Anticoagulation.



~~Q8) Acute leukemia~~

~~→ Leukemia are group of disorders~~

Q8) Acute leukemia

→ Leukemias are the group of disorders characterized by malignant transformation of the blood forming cells.

* Types

① Acute leukemias

② Chronic leukemias

* four basic types

① Acute myelocytic leukemia

② Acute lymphocytic leukemia

③ Chronic myelocytic leukemia

④ Chronic lymphocytic leukemia

* Etiology

- predisposing factors →

① Host factors

② Environmental factors

* Clinical features

→ Age → all ages.

clinical onset → sudden.

Anemia → prominent

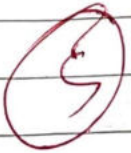
Thrombocytopenia → prominent

splenomegaly prominent → mild.

- pallor, lethargy, dyspnea

- Bleeding manifestations.

- infections
- fever
- ~~bone hypertrophy~~
- pain and tenderness of bones
- ~~lymphadenopathy~~
- ~~bone hypertrophy~~
- chloasmas
- Meningeal signs



Q9) Mention four causes of cirrhosis

-
- ① chronic alcohol abuse
 - ② chronic viral hepatitis
 - ③ cystic fibrosis.
 - ④ biliary atresia.

②

Q10) Mention four drugs for tuberculosis with one side effect of each drug

→

→ drugs side-effects

① Rifampicin 10 mg/kg - Drug interaction, hepatitis, red orange urine, vasculitis, fever, rash.

② Isoniazid 5 mg/kg - Peripheral neuropathy, hepatitis, drug fever, seizure

③ Pyrazinamide 25 mg/kg - Hepatitis, hypersensitivity, GI disturbance

④ Streptomycin 15 mg/kg - Nephrotoxicity, agranulocytosis, ototoxicity.

②

Q 11) Mention four causes of bleeding disorders.

-
- ① Acquired platelet function defects
 - ② congenital platelet function defects
 - ③ disseminated intravascular coagulation
 - ④ prothrombin deficiency.

2

Q 12) Mention four causes of proternuma.

-
- ① dehydration
 - ② inflammation
 - ③ low blood pressure
 - ④ kidney stones.

2

Q13) Mention four causes of ascites.

-
- ① liver cirrhosis
 - ② portal hypertension
 - ③ chronic hepatitis C / B infection
 - ④ tuberculosis

2

Q14) Mention four drugs for hypertension.

-
- ① diuretics
 - ② beta-blockers
 - ③ ACE-inhibitors
 - ④ calcium channel blockers

2

Q15) Mention four signs of infective endocarditis.

-
- ① Aching joints and muscles.
 - ② ~~small areas of bleeding into the skin~~
 - ③ heart murmur
 - ④ feeling tired.

②

Q16) Mention four causes of dysphagia.

-
- ① Gastrointestinal
 - ② ~~esophageal stricture~~
 - ③ esophageal tumours.
 - ④ Achalasia.

②

Q17) Beri - Beri

- - Thiamine deficiency
- abuse alcohol.

Symptoms

- shortness of breath
- waking up short of breath.
- rapid heart rate.

types :- ① wet beri-beri

② wet & dry beri-beri

2

Q18) Mention four causes of tender hepatomegaly

→ ① metastatic cancer.

② hepatitis B / C

③ medication overdose.

④ mononucleosis.

2



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Varsha, Sharnappa*
 2. Year of exam : *2021*
 3. Subject : *General medicine*
 4. Internal Assessment No : *med course improvement, retest*
 5. Date of Exam : *8/3/2021*

INSTRUCTIONS

- The answer must be written using black ink pen.
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Smritha Babu

Signature of Invigilator

PRINCIPAL

TO BE FILLED BY THE SUBJECT VALUATOR

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Total marks scored..... *PKM* Name & Signature of valuator *[Signature]*

95/100

Q1) Describe the clinical features & management of acute rheumatic fever.

→ Acute Rheumatic Fever.

- Follows group A streptococcal (B - streptococcus) infection of skin (throat).
- Usually affects children - 5-15 yrs.
- Triggered by an immune mediated delayed response to infection with specific strains of group A streptococci.
- Antibodies produced against the streptococcal antigens.
- Inflammation in the endocardium, myocardium & pericardium, as well as the joints & skin.

→ Clinical Features

- Multisystem disorder that usually presents with
 - Fever
 - Anorexia
 - Lethargy
 - Joint pain

- Latent period - 2-3 weeks after an episode of streptococcal pharyngitis.
- Arthritis occurs in approximately 75% of patients.
- Antigens that may cross-react with cardiac myosin & sarcolemmal membrane protein.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Shubeta*
2. Year of exam : *2021*
3. Subject : *General Medicine*
4. Internal Assessment No : *Mid course improvement, retest*
5. Date of Exam : *8/3/2021*

INSTRUCTIONS

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QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
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2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Shubeta

PRINCIPAL

S.B. Patil Institute for

Dental Sciences & Research

NAIBAD, BIDAR, KARNATAKA

885402

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *9/10* Name & Signature of valuator

95/100

Q1) Describe the clinical features & management of acute rheumatic fever

→

Acute Rheumatic fever

- follows group A streptococcal (Beta - strept haemolyticus is the commonest) infection of skin / throat
- usually affects children → 5-15 years
- triggered by an immune mediated delayed response to infection with specific strains of group A streptococci
- Antibodies produced against the streptococcal antigens
- Inflammation on the endocardium, myocardium and pericardium, as well as the joints and skin

• Clinical features

- Multisystem disorder that usually presents with
 - fever
 - anorexia
 - lethargy
 - Joint pain
- Latent period : 2-3 weeks after an episode of streptococcal pharyngitis

- Arthritis occurs in approx. 75% of patients

- Antigens that may cross-react with sarcolemmal membrane protein (Karnataka)

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S.B. Patil Institute for
Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Mohd Abdul Moqsooth
2. Year of exam : 2021
3. Subject : General Medicine.
4. Internal Assessment No : Mid coarse Improvement test
5. Date of Exam : 8/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Amalabha
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT EVALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... 9/10..... Name & Signature of valuator..... *[Signature]*

95/100

Q1) Describe the clinical features & management of acute rheumatic fever?

→ Acute Rheumatic fever

- follows group A streptococcal (beta-strept. haemolyticus is the commonest) infection of skin, throat.
- usually affects children - 5-15 years.
- Triggered by an immune-mediated delayed response to infection with specific strains of group A streptococci.
- Antibodies produced against the streptococcal antigens.
- Inflammation in the endocardium, myocardium and pericardium, as well as the joints and skin.

Clinical features

- Multisystem disorder that usually presents with
 - fever
 - Anorexia
 - lethargy
 - joint pain

latent period: - 2-3 weeks after an episode of streptococcal pharyngitis.

- Arthritis occurs in approximately 75% of patients.
- Antigens that may cross-react with the cardiac myosin and sarcolemma membrane protein.

Srinivas Babu

PRINCIPAL

S.B. Patil Institute for
Dental Science & Research
NAUBAD, BIDAR-585402



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Deepika
2. Year of exam : 2021
3. Subject : General Medicine
4. Internal Assessment No : Mid course improvement, retest
5. Date of Exam : 8/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
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Signature of Student

Amritha
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT EVALUATOR

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Total marks scored..... 93/100..... Name & Signature of valuator..... *[Signature]*

93/190

1) Describe the clinical features + management of acute rheumatic fever

Acute Rheumatic fever follows group A streptococcal (Beta-strept haemolyticus is the commonest) infection of skin / throat.

- usually affects children - 5-15 years
- Triggered by an immune-mediated delayed response to infection with specific strains of group A streptococci.

Antibodies produced against the streptococcal antigens.

Inflammation in the endocardium, myocardium + pericardium as well as the joints + skin.

Clinical features

Multisystemic disorder that usually presents with fever

- Anorexia
- Lethargy
- Joint pain.

Latent Period : 2-3 weeks after an episode of streptococci pharyngitis

Arthritis occurs in approximately 75% of patients

Antigen that may cross-react with cardiac myosin + sarcolemmal membrane protein.

Srinath Babu



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Shivratna*
 2. Year of exam : *2021*
 3. Subject : *General Medicine*
 4. Internal Assessment No : *Mid course improvement, retest*
 5. Date of Exam : *8/3/2021*

INSTRUCTIONS

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Signature of Student

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Signature of Invigilator

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Total marks scored..... *9/30* Name & Signature of valuator *[Signature]*



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Yogeshwari
2. Year of exam : 2021
3. Subject : General Medicine
4. Internal Assessment No : Med course improvement, retest
5. Date of Exam : 8/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
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Signature of Student

Yogeshwari
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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Total marks scored..... 9/15..... Name & Signature of valuator

97/20

Q1. Describe the clinical features and management of acute rheumatic fever?

→ Acute Rheumatic fever

- follows group A streptococci (Beta-hemolytic is the commonest) infection of skin/throat.
- usually affects children - 5-15 days.
- Triggered by an immune-mediated delayed response to infection with specific strains of group A streptococci.
- Antibodies produced against the streptococci antigen.
- Inflammation in the endocardium, myocardium and pericardium as well as the joints and skin.
- Inflammation in the endocardium.

* Clinical features:

Multi-system disorder that usually present with
fever
Anorexia
lethargy
Joint pain.

- Latent period: 2-3 weeks after an episode of streptococci is approximately 75% of patient.
- Antigens that may cross-react with cardiac myosin and Suddenmal membrane protein.

Srinivas

PRINCIPAL
S.B. Patil Institute for
Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Alshan Noorain*
2. Year of exam : *2021*
3. Subject : *General Medicine*
4. Internal Assessment No : *MPD course improvement, select*
5. Date of Exam : *8/3/2021*

INSTRUCTIONS

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Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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Total marks scored..... *05/10* Name & Signature of valuator *[Signature]*

95/100

1) Describe the clinical features & management of acute rheumatic fever.

A) Acute rheumatic fever:

- follows group A streptococci (beta-strept-haemolytic is the commonest) infection of skin / throat.
- Usually affects children → 5-15 yrs
- Triggered by an immune-mediated delayed response to infection with specific strains of group A streptococci.
- Antibodies produced against the streptococcal antigens.
- Inflammation in the endocardium, myocardium and pericardium, as well as the joints & skin.

* Clinical features:

- Multisystem disorder that usually presents with:
 - Fever
 - Anorexia
 - Lethargy
 - Joint pain.
- Latent period: 2/3 weeks after an episode of streptococci pharyngitis.
- Arthritis occurs in approx. 75% of patients.
- Antigens that may cross-react with cardiac myosin & sarcolemma membrane protein.
- Jones criteria for rheumatic fever.

Major criteria:

- Carditis.
- Polyarthritis.
- Chorea
- Erythema marginatum
- Subcutaneous.

Minor criteria:

- Fever
- Anthralgia.
- Rheumatic heart disease.
- Prolonged P-R interval on ECG
- Raised ESR / Positive CRP

Shreshth



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Yogeshwari
2. Year of exam : 2021
3. Subject : Oral Pathology
4. Internal Assessment No : Mid course Improvement Exam
5. Date of Exam : 10/3/2021

INSTRUCTIONS

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Signature of Student

Yogeshwari
PRINCIPAL

Signature of Invigilator

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3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Total marks scored..... *95/100* Name & Signature of valuator *Jeb*

9/1/20

Q1. Enumerate Preamalignant conditions.
Discuss in detail Etiopathogenesis and histologic features of oral submucosa fibrosis.

Ans:

Preamalignant conditions

A generalized state associated with a significantly increased risk of CANCER.

Ex: 1. Sideropenic Dysphagia

2. Oral submucosa fibrosis

3. Lichen planus

4. Discoid lupus erythematosus

5. Syphilis

6. Epidermolysis Bullosa.

7. Xeroderma Pigmentation

* Oral Submucosa Fibrosis

→ chronic progressive scarring disease.

Defn: An oral precancerous condition a generalized pathological state of oral mucosa as with increased risk of cancer.

Shreshth

Etiopathogenesis of oral submucous fibrosis

Habit of chewing betel quid containing areca nut [impaired related to duration and frequency]

Chronic irritation Eliciting chronic inflammatory response

Activated T cells and macrophages at the site

Increase in cytokines [IL-6, IF-alpha]
Increase in growth factor

Activation of procollagen genes

Activation of TIMP and PRT genes

Increase in collagen [Soluble form]

Activation of TIMP
Inhibition of activated collagenase and conversion of procollagenase to collagenase

Increase in collagen [Insoluble form]

Decrease in collagen degradation

Increase in insoluble form of collagen

oral submucous fibrosis.

Histological features :-

- Hyperplastic Epithelium
- Juxta Epithelial dilated blood filled capillaries
- Fibroblasts numerous
- Increase lymphocytes.

Advanced OSMF

- Blanched opaque
- White fibrosis bands
- Symmetrical
- Buccal & labial mucosa 1st involved (vertical bars)

Soft Palate

- Slight whitish area of soft palate to dense fibrosis
- fixation & Denatation of uvula

facial pillars

- Slight - dense fibrosis
- Extending into pillars
- Strangulation of tonsils

→ Dense fibrosis at Pterygomandibular raphe results in decreased mouth opening.

→ circular bands around the mouth orifice

→ Decreases the tongue movement

→ Atrophy of tongue papilla

→ Difficulty in swallowing.

Histopathology

→ Palate : orthokeratosis

→ Buccal :- parakeratosis

→ Increased mitotic activity

Subepithelial changes

(4) defined stages

- i. Very Early
- ii. Early
- iii. Moderately Advanced
- iv. Advanced.

→ collagen hyalinized as smooth sheet

→ total loss of epithelial rete pegs

→ Extensive degeneration of muscle fibres evident

→ mild to moderate atypia present

→ fibroblasts are markedly absent within the hyalinized zones

→ Hyalinised connective tissue become hypocellular with thin elongated cells.

OSMF



→ Atrophic Epithelium
without rete ridges

→ Junctional Epithelial
hyalinization

→ Dense bundles of
collagen fibres in CT

→ focal collection of
inflammatory
cells

→ muscle fibres: show

Management of OSMF

① Stoppage of habit

② Nutritional support

→ increase proteins, calories

→ increase vit, minerals.

③ Immunomodulation

④ Physiotherapy

⑤ Local Drug Delivery

⑥ Combination therapy

⑦ Surgical management.

10

② Enumerate Non Neoplastic Enlargement of Salivary gland and discuss in detail Sjogren's Syndrome.

Ans :- Sialadenosis is the name given to non-neoplastic non-inflammatory enlargement of salivary glands, particularly the parotid gland.

The enlargement is usually bilateral and may manifest recurrence or pain or both.

The condition is always found in association with systemic disorder, this association forms the basis for classification of Sialadenosis.

Clinical features :-

- presence of chronic & a febrile salivary gland enlargement - usually of parotid gland.
- The enlargement may be slowly involving, indolent, insidious & recurrent.
- person in 4th decade or beyond are affected.
- Mixed salivary secretion occurs & sialochemistry generally demonstrates increased levels of potassium and decreased level of sodium.
- Hypertrophy of acinar cells, crowding & compress the finer terminal ducts thereby yielding the Sialographical "leafless tree" pattern.

Histological features:-

- The parotid swelling is due to acinar enlargement.
- Diameter of acinar cell increases by two to three times that of normal.
- The nuclei tend to be packed with granules situated basally & the cytoplasm tends to be packed with granules.
- Inflammatory cells - absent

Treatment:-

- It's generally unsatisfactory and depends on correcting the underlying cause. Subtotal parotidectomy may be considered.

Sjogren's Syndrome:-

- Described by Henrik Sjogren
- In 1933.

- ① Triad of keratoconjunctivitis sicca.
- ② xerostomia
- ③ Rheumatoid
- ④ dry eyes and dry mouth [sicca complex or primary Sjogren syndrome.]
- ⑤ Systemic lupus erythematosus, polyarteritis nodosa, polymyositis or Scleroderma

Rheumatoid arthritis. [Secondary Sjogrene Syndrome.]

* Causes / Etiology :-

- Genetic.
- Hormonal.
- Infectious
- Immunological factors

↓
Intrinsic

↓
Extrinsic factor

- Bertram
- Sicca complex
- Sjogrene syndrome + HLA system.
- HLA-DR3 and HLA-B8
- cytomegalovirus
- Paramyxovirus
- Epstein-Barr virus

* Clinical features :-

- Common in females
- 10:1 (F:M)
- over 40 yrs of age
- Children / young adults may also be affected.
- Features are diseases are dryness of mouth and eyes as result of hypofunction of salivary & lacrimal glands
- Painful
- Burning sensations of oral mucosa
- nose, larynx, pharynx, tracheobronchial tree

- Vagina dryness.
- 80% - Primary Sjogren Syndrome
 → parotid enlargement
- 10% - Secondary Sjogren's Syndrome
- Lymphadenopathy
- Rheumatoid arthritis

* Histologic features

3 (three) types histological alterations in major salivary glands.

- ① Intense lymphocytic infiltration
- ② "Epimyoepithelial islands"
- ③ Benign lymphoepithelial lesion 'in Mikulicz disease

* Laboratory Findings:-

- Over 75% patients have polyclonal hyperglobulinemia
- Develop cryoglobulins.
- Multiple organ - or - tissue - specific antibodies are found.
- Antisalivary duct antibodies
- Rheumatoid factor
- Antinuclear antibodies

* Radiographical features :-

- Punctate, cavity defects filled with radiopaque contrast media.
- Filling defects → "cherry blossom" or "Branchless - Fruit + cadentree"
- Extravasation of contrast material
↓ through
Salivary glands ducts.

* Treatment :-

→ Keratoconjunctivitis

↓ By

Instillation of ocular lubricants

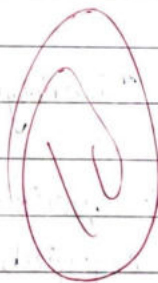
- Artificial tears containing methylcellulose.

→ Xerostomia - Saliva substitutes

• methylcellulose Eye drops
(4-5 times) daily

• Cyclosporine ocular drops

• Routine Dental care



③ Odontogenic kerato cyst?

Ans:- → 1st used by philipen

→ The lesion named keratocyst because of the lining epithelium produces so.

→ Flattened epithelium connective tissue interface & palisading of the basal epithelium cells.

→ OKC is aggressive odontogenic cyst that is derived from the rests of dental lamina

→ Corrugated parakeratin layer five to eight cells thickness

→ palisaded basal cell layer

Clinical features :-

• Occur at any age from very young to very elderly

• Mandible is invariably affected more than maxilla with majority of cases affecting occurring in the ramus - third molar area followed by 1st & 2nd molar

• There are no characteristic clinical manifestations of the keratocyst, although about 50% of the patient are symptomatic prior to seeking treatment.

• Common features are pain, soft tissue swelling and expansion of bone, drainage & various neurologic manifestations so

paresthesia of lip or teeth.

Histologic features :-

- The wall of oke is usually thin unless there has been superimposed inflammation.

- Lining Epithelium: is highly characteristic & is composed of.

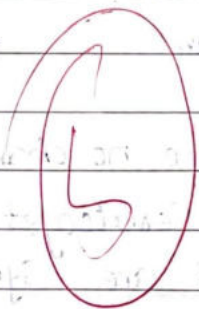
→ A parakeratinized surface which is typically corrugated, rippled or wrinkled.

→ A remarkable uniformity of thickness of the epithelium usually ranging from 5-8 cells.

→ A prominent palisaded, polarized basal layer of cells of ten

described as having "picket fence" or "tomb stone" appearance.

→ Histologically - stratified squamous epithelium that produces orthokeratin parakeratin both types of keratin.



④ Aneurysmal bone cysts:-

→ It's an interesting solitary lesion of bone which was separated as a distinct entity.

→ The cause of this strange process in bone is unknown, but several examples probably related to fractures.

→ It is similar to and probably related to other reactive non-neoplastic process of the bone.

→ Including giant cell reparative granuloma of the jaws, traumatic reaction in periosteum & bone & even florid heterotrophic ossification.

Clinical features:-

- It occurs at age of 20yrs with no gender predilection

- lesions are seen in clavicle, rib, innominate bone, skull and bones of hands & feet

- lesions usually tender or painful, particularly upon motion

- The lesion excessive bleeding is encountered & the blood "welling up" from the tissue.

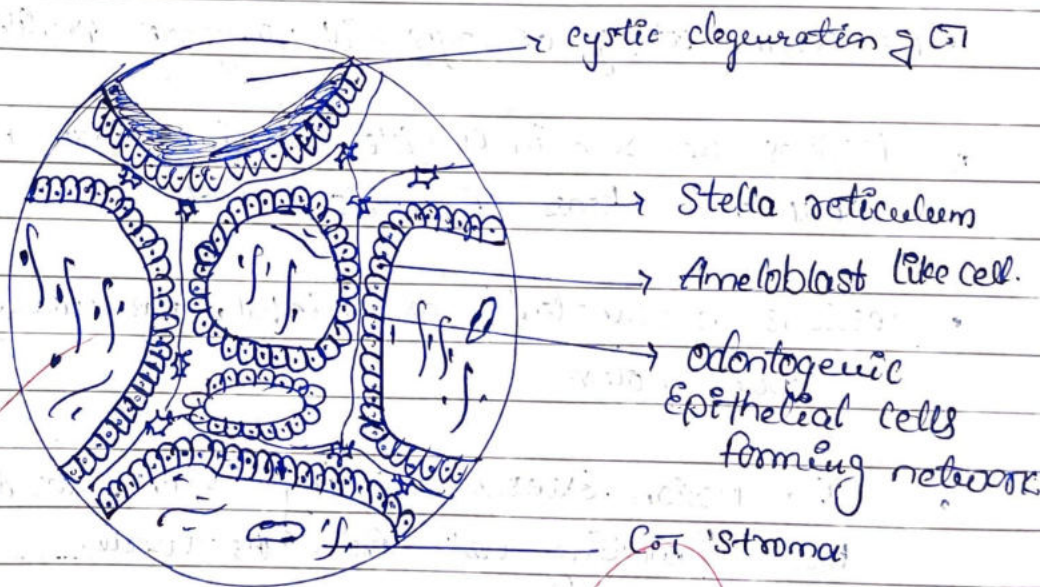
4 Phases of Pathogenesis are recognized as follows:

1. Osteolytic initial phase
2. Active growth phase
3. Mature stage
4. Healing phase

Histologic features:-

- It consist of fibrous connective tissue stroma
- contain cavernous or sinusoidal blood filled space.
- These space may or may not show thrombosis

⑤ Etiopathogenesis of Aneurysmal Bone cyst.

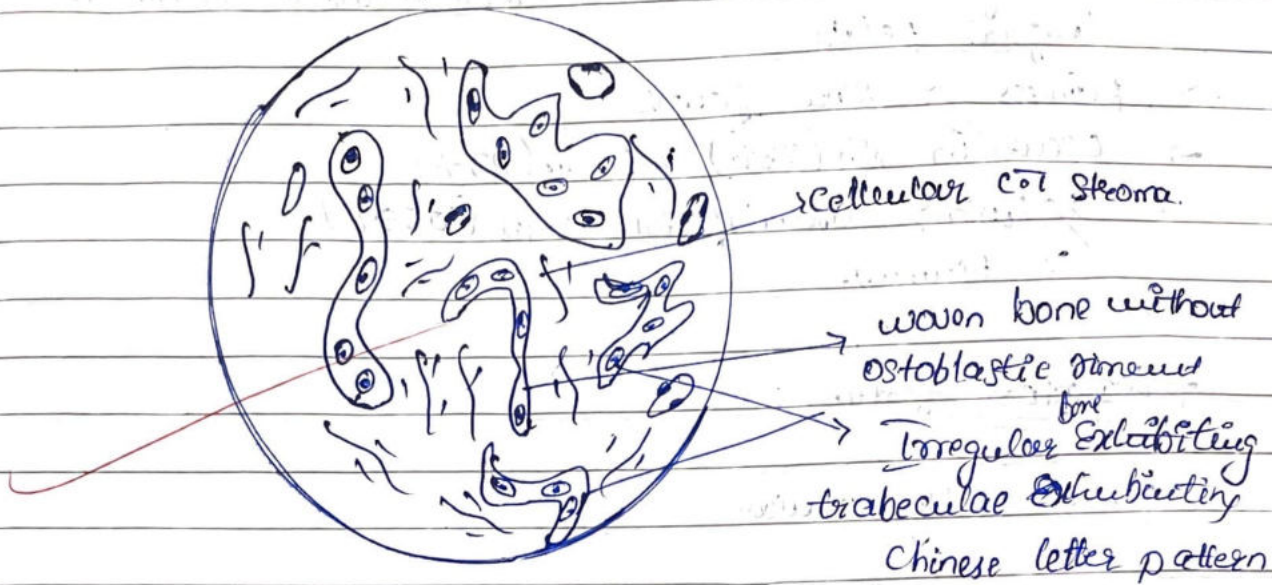


Plexiform type

Etiology: Arises spontaneously

After degeneration or hemorrhage in some other lesion.

⑥ Fibrous dysplasia



Etiopathogenesis

Idiopathic

Non-hereditary

caused by ~~meta~~ mutation in GNAS1 Gene.

- Etiology has been linked with mutation in GNAS1 Gene located at Chromosome 20q13.2

- GNAS1 (guanine-nucleotide binding protein) gene encodes G α

↓

protein

↓

Mutation results in continuous activation of G γ protein

↓

overproduction of cAMP, in affected tissues

↓

Hyperfunction of cells of and organs.

Clinical features:

- m:f = 1:1
- Swelling involves buccal & labial palate & seldom the lingual palate.
- Painless & slow growth
- Occur in rib (28%) & femur (23%)
 - > tibia & craniofacial bones (10.25%)
 - > humerus.

Histological features:

- It's richly cellular
- lamella bone is arranged by parallel arrangement
- Biopsy from the lesion shows numerous irregular C-shaped trabeculae of woven bone.
- connected to each other showing no relation to functional pattern

⑦ Acute necrotizing ulcerative gingivitis

Necrotizing ulcerative gingivitis [Vincent infection, trench mouth, acute ulcerative gingivitis]

- It's specific type of gingivitis with characteristic signs and symptoms.
- Pain interdental ulceration & gingival bleeding are considered to be diagnostic triad

Also known as VINCENT Infection, Trench mouth,
Acute ulceromembrano gingivitis,
fusospirochetal gingivitis,
Acute ulcerative gingivitis.

- Surface Type of Gingivitis

- Inflammatory condition Involves - Free gingival margin
- Crest of gingiva
- Interdental papilla
- On Rare occasions the lesion spread to the soft palate and tonsillar areas → VINCENT ANGINA.
- Diagnostic triad :- pain
Interdental Ulceration
gingival Bleeding.

- Occurs in Epidermal Pattern → Prevalent among the
Troops in Trenches

In world war II ↓
Trench mouth

Aetiology :- Endogenous, polymicrobial infection

- Fusiform Bacillus
- Borrelia vincenti
- Bacteroids melanogenicus.

C/f :- Painful, Hyperaemia gingiva, Bleeding on touching, Fetid odour, Inability to eat, Headache, malaise, low grade fever

Histological features :- Lack of keratinization of gingival tissue

- polymorphonuclear leukocytes & microphagocytosis
- Ulcerated surface epithelium

Treatment :- Topical Anaesthetics, Diluted hydrogen peroxide.

⑧ Osteoradionecrosis

⑧ It can be defined as radiation induced bone death

- Results in non vital bone due to increase in number of osteocyte & absent of osteoblasts no of bone is formed & existing bone become weak.
- there is no line of demarcation as soon whole bone is involved.
- mandible is more affected than maxilla.

Symptoms ① Intractable pain ② Fistula formation
③ Ulceration ④ Fractures.

Factors leading to Osteoradionecrosis

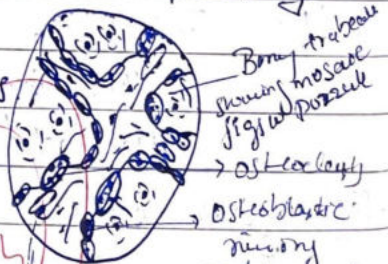
- ① poor oral hygiene
- ② Surgery in Exposed area
- ③ Trauma
- ④ infection
- ⑤ use of prothesis

prevention:- 1) Pre irradiation care 2) During therapy → mouth rinse 3) Post irradiation care

Management :- i) Conservative Approach ii) Antibiotic, rinsing
iii) use of narcotic analgesic
iv) hydration restriction

⑨ Histopathology of paget's disease of bone.

1. Initially osteolytic phase - Extensive resorption of bone
2. Increase in Number of Osteoclasts
3. Seen in multinucleated giant cells.
4. May contain 100 nuclei
5. "Jigsaw Puzzle" Pattern
6. Hematoxyphilic reversal lines in the bone



mosaic appearance

⑩ James Ramsay Hunt syndrome.

→ Also known as Hunt Syndrome and Herpes Zoster OITCUS.

→ It's a rare neurological disorder characterised by paralysis of facial nerve.

→ Rash affecting the ear/mouth, caused by HERPES ZOSTER VIRUS.

→ Infection of the Geniculate ganglion of the facial nerve.

Hair on End appearance

→ characteristic features of chronic haemolysis usually seen in patient with thalassemia & Sickle cell anaemia.

→ Seen in patient

Seen breast appearance

→ Altered taste → difficulty in closing eye

→ Vertigo → dry mouth & eye.

→ Ringing in the ear.

→ painful red rash with fluid-filled blisters on or around ear.

Clinical manifestations

1. Rash or herpetic blisters in distribution of nerve in intermediary

2. facial weakness or paralysis on the same side as the affected oreo ear

3. Blisters are painful with a generalised sensation of burning over the affected area.

Treatment : ① carbamazepine - treating the idiopathic geniculate neuralgia ②

② Analgesics and painkillers

③ Anti-viral medication

④ Anti-seizures medications

⑤ physical therapy

⑪ Supernumerary Teeth.

- Additional teeth to the normal set of teeth.
- Also called supplemental teeth; when they have normal morphology.
- Mesiodens: when they occur between the maxillary central incisors.
- Parateeth [Paramolar]: occur in molar area
- Pecidens Supernumerary teeth: That erupt ectopically either buccal or lingually to the normal arch.
- Common region of the jaws to be affected is the premaxilla.

Causes :- Unknown

0.8% for primary dentition

2.1% for permanent dentition.

Occurance: Single or multiple, unilateral or bilateral
Erupted or impacted, in one or both jaws.

problems → Failure of eruption

→ Displacement → crowding

→ pathology: Dentigerous cyst formation

→ Alveolar bone grafting

→ Asymptomatic

Classification:-

- Conical - Small peg shaped [Permanent teeth]
- Tuberculate - more than 1 cusp or tubercle
- Supplemental - Duplication of teeth in normal series
- Odontome - complex & compound composite odontome.

⑫ Schwannoma.

→ Also called perineural fibroblastoma
Schwannoma (or) Neurofibroma.

→ It derived from Schwannoma Schwann cells so called

Schwannoma

- CLF:-
- ① Slow growing
 - ② long duration
 - ③ Rapid course
 - ④ occurs at any age
 - ⑤ No gender predilection
 - ⑥ Slightly more in females

oral manifestation:-

- Head & Neck → 25% - 45%
- > 1% Neurilemmoma → oral cavity

occurs in:-

Tongue
Palate
Floor of mouth
Buccal mucosa
Gingiva, lip
Vestibulae

maxillary sinus
Salivary glands
Retropharyngeal
Nasopharyngeal
Retrotonsillar

→ Neurilemmoma is

- central lesion
- single, circumscribed nodule
- Varying in size
- No pathogenomic features

Histopathology

Capsule composed of Epineurium & residual nerve fibers

2 type tissues

Antonie A

→ cells with elongated/spindle shaped nuclei

→ palisading fibers // fashion → less dense

between the row of nuclei → Disorderly arrangement of cells

→ Impression of whorls/swirls → formation of microcysts

→ Palisading pattern → Verocay bodies, small hyaline

Antonie B

→ Doesn't exhibit palisading pattern

Treatment - Surgical excision & X-ray radiation.

→ Neurofibroma Does not undergo malignant transformation.

13) Define cyst :-

A cyst is pathologic cavity having fluid, semifluid or gaseous contents that are not created by the accumulation of parasitic fungus but not always is lined by epithelium

* Pathogenesis : 1. Initiation

2. cyst formation

3. Enlargement or Expansion of cyst cavity

14) Pathogenesis of Warthin's tumor

→ Epithelium = mixed ductal lymphoid

→ Double layer onocytic in nature

→ luminal cells → tall columnar

Basal cells → cuboidal

→ lining epithelium demonstrates "papillary projection"

→ lymphoid matrix showing germinal centers

15) lesions in which you see ghost cells.

→ Ghost cells generally lack nuclear and cytoplasmic

Seen in CCOT, [Calcifying cystic odontogenic tumour].

Cranio pharyngiomas

Pilomatricomas

Odontomas

Dentigeric ghost cell tumor,

Dentinogenic ghost cell carcinoma

Ameloblastoma,

Ameloblastic fibroma.

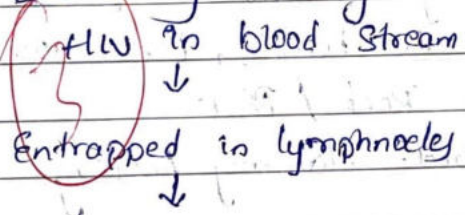
16) Features of Epithelial dysplasia.

- Increased Number of mitotic figures
- mitotic figures in superficial half of epithelium
- cellular hyperchromatism Polymorphism,
- Nuclear hyperchromatism.
- Enlarged nucleoli
- Reduction of cellulose cohesion
- Keratinization of single cells or cell group in the picle cell layer

17) Human Immunodeficiency Virus is a virus that attacks the body's immune system if not treated can lead to AIDS

→ It's a condition indicative of a defect in cell-mediated immunity occurring

Pathogenesis:-



presence of virus elicits antigenic stimulation

Activates CD's, T cells, macrophages

18) Lipschutt bodies

Intranuclear acidophilic inclusion bodies of cells found in ulcers of herpes simplex

It has multinucleated giant epithelial cell with intracytoplasmic basophilic inclusion

19) Fordyce's granules:-

These are small pimple like structures that commonly form on the body. They're seen most often on male genitalia

but can be formed on lip & inner mouth.

(20) Mel. Keison - Rosenthal Syndrome

It's rare neurological disorder characterized by recurring facial paralysis, swelling of face. And lips and the development of furrows & furrows in tongue.

- Non-inflammatory painless edema of the face
- chronic swelling of lips.
- Buccal mucosa is "cushion-like", divided by furrows of varying depth.

(21) Pink disease.

- Also called as Swift's disease
- chronic mercury exposure in infants & children (2-8yrs)
- C/F:- skin of the hands, feet, nose, ears, cheeks becomes Red / Pink.
- Has a cold, clammy feeling

Raw BEEF APPEARANCE

- Pruritic maculopapular rash
- photophobia
- Irritability
- Laceration

Treatment:-

- Discontinuance of exposure of Hg mercury
- Administration of BAL (Dimercaprol) D-penicillamine

(22) Sunray Appearance:- (Sunburnt)

- Seen in osteosarcoma of the mandible
- Small streaks of bone radiate outward from approximately 25% of these tumours
- Metaphyseal lesion.
- Bone Destruction
- Neo Bone formation
- Codman's triangle (Towards diaphysis).



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Afshan Noorain
2. Year of exam : 2021
3. Subject : Oral Pathology
4. Internal Assessment No : Med course Improvement Exam
5. Date of Exam : 10/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
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9. Strict action will be taken against students involved in malpractice.
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Signature of Student

S. B. Patil
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Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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Total marks scored..... *94/100* Name & Signature of valuator..... *[Signature]*.....

9/1/10/2

① premalignant lesion was defined by the world health organization as a "morphologically altered tissue in which cancer is more likely to occur than its apparently normal counterpart."

The premalignant condition in turn is "a generalised state associated with a significantly increased risk of cancer."

Ex:- precancerous conditions are:-

- 1) Submucous fibrosis (SMF)
- 2) Sideropenic dysphagia
- 3) lichen planus.

potentially malignant disorders was proposed at the WHO. Oral potentially malignant disorders are clinical presentations with a risk of cancer development in the oral cavity.

The sum total of these physical and morphological alterations are diagnostic and prognostic relevance and are designated as "precancerous" changes. The diagnosis of precancerous is primarily based on morphology and its grading on histology.

A premalignant phase in the development of oral cancer is predicted by classical model of experimental epithelial carcinogenesis. Generally all oral squamous cell carcinoma arise from premalignant precursor, but it is difficult to define specifically the term "pre-malignant."

Etiopathogenesis of oral submucous fibrosis

Factor include:

- ⇒ Areca nut chewing.
- ⇒ Ingestion of chillies.

Srinath Babu

PRINCIPAL
S.B. Patil Institute for
Dental Science & Research
NAUBAD, BIDAR-585402
(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Shivratna*
 2. Year of exam : *2021*
 3. Subject : *Oral Pathology*
 4. Internal Assessment No : *mid course improvement exam*
 5. Date of Exam : *20/3/2021*

INSTRUCTIONS

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Shreshtha
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Total marks scored..... *93/100* Name & Signature of valuator..... *[Signature]*.....

93/100

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The premalignant condition in turn is "a generalised state associated with a significantly increased risk of cancer."

Ex: Pre-cancerous conditions are:-

- 1) Submucous fibrosis (SMF)
- 2) Sideropenic dysplasia
- 3) Lichen planus.

potentially malignant disorders was proposed at the IWHO. Oral potentially malignant disorders are clinical presentations with a risk of cancer development in the oral cavity.

The sum total of the physical and morphological alterations are diagnostic and prognostic relevance and are designated as pre-cancerous changes.

The diagnosis of pre cancer is primarily based on morphology and its grading on histology.

A premalignant phase is the development of oral cancer is predicted by classical model of experimental epithelial Carcinogenesis. Generally all oral squamous cell carcinoma arise from premalignant precursor, but it is difficult to define specifically the term "pre malignant".



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Diksha*
2. Year of exam : *2021*
3. Subject : *oral pathology*
4. Internal Assessment No : *mid course improvement exam*
5. Date of Exam : *10/3/2021*

INSTRUCTIONS

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Total marks scored..... *90/100* Name & Signature of valuator

[Signature]

90/102

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The premalignant condition in skin is a generalised state associated with a significantly increased risk of cancer ent. precancerous condition are:-

- 1) actinic keratosis
- 2) dysplasia
- 3) lichen planus

potentially malignant disorder was proposed at the WHO oral potentially malignant disorder are clinical presentation with a rare of cancer development in the oral cavity.

A premalignant phase in the development of oral cancer is predicted by clinical model of experimental epithelial carcinogenesis. Generally all oral squamous cell carcinoma arise from premalignant but it is very difficult to define specifically as the

S. S. Patil



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Bushra.
2. Year of exam : 2021
3. Subject : Oral Pathology
4. Internal Assessment No : ~~2021~~ - Course Improvement Exam.
5. Date of Exam : 10/3/2021

INSTRUCTIONS

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Signature of Student

Bushra
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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29/10

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S. B. Patil



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : RUTUJA BASWARAJ PATIL
 2. Year of exam : 2021
 3. Subject : oral pathology
 4. Internal Assessment No : mid course Improvement Exam
 5. Date of Exam : 10/3/2021

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Signature of Student

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
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Total marks scored..... 80/100 Name & Signature of valuator

86/04

① premalignant lesion was defined by the world health organization as a morphologically altered tissue in which cancer is more likely to occur than its apparently normal counterpart.

The premalignant condition in turn is a generalized state associated with a significantly increased risk of cancer.

ex: precancerous conditions are

- 1) submucous fibrosis (SMF)
- 2) sideropenic dysplasia
- 3) lichen planus.

potentially malignant disorder was proposed at the WHO oral potentially malignant disorder are clinical presentation with or risk of cancer development in the oral cavity.

The sum total of these physical and morphological alterations are diagnostic and prognostic relevance and are designated as "precancerous changes" the diagnosis of precancerous is based on morphology and its grading on histology.

A premalignant phase in the development of oral cancer is predicted by classical model of experimental epithelial carcinogenesis.

Etiopathogenesis of oral submucous fibrosis

Factors include.

- ⇒ ~~Berberis~~ nut chewing.
Ingestion of chillies.

Sumanthara

PRINCIPAL

S.B. Patil Institute for
Dental Science & Research
NAURANG, BIDAR-585402



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Sheushti
2. Year of exam : 2021
3. Subject : Oral Pathology
4. Internal Assessment No : mid course improvement exam.
5. Date of Exam : 10/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
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Signature of Student

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Signature of Invigilator

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Dental Science & Research

NAUBAD, BIDAR-595402

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Total marks scored..... 95/100 Name & Signature of valuator

I. Premalignant conditions :-

1. Oral submucous fibrosis
2. Oral lichen planus
3. Actinic keratosis
4. Syphilis
5. Discoid lupus erythematosus.

Ph/100

⇒ Oral lichen planus :-

Site :- buccal mucosa (84%). tongue, lips, gingiva, floor of mouth & palate

Symptoms :- Burning sensation of oral mucosa.

Appearance :- Radiating white & greyish white thread like papules in a linear arrangement.

Age & Sex :- male - 35-44y, female - 45-54y.
more predilection for females.

Etiology :- 1. Cell mediated immune response

2. Auto immunity
3. Immunodeficiency
4. Genetic factors
5. Infection.
6. Smoking & chewing tobacco.

Management :- Surgical therapy

Psychotherapy
Cyclosporine
Steroids.

Topical application of

S. B. Patil
PRINCIPAL

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Dental Science & Research
CHITRAD, BIDAR-58540

actina



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Shweta
2. Year of exam : 2021
3. Subject : Oral pathology
4. Internal Assessment No : Mid Course improvement Exam
5. Date of Exam : 10/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
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Signature of Student

Shweta Patil

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Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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Total marks scored..... *94/100* Name & Signature of valuator *[Signature]*

9/4/20

1. Premalignant lesion was defined by world health organisation as a "morphologically to occur than & altered tissue in which cancer is more likely to occur than its apparently normal counter part."

The premalignant condition in turn is a generalized state associated with a significantly increased risk of cancer.

Ex: - precancerous cond^{ns}

1. Submucos fibrosis (SMF)
2. Sideropenic dysphagia
3. lichen planus.

The sum total of these physical & morphological alteration are diagnostic & prognostic relevance & are designated as precancerous changes. The diagnosis of precancerous is primarily based on morphology & its grading on histology

A premalignant phase in development of oral cancer is predicted by classical model of experimental epithelial carcinogenesis. generally all oral squamous cell carcinoma arise from premalignant process of but it is difficult to define specifically the term premalignant

S. B. Patil

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NAUBAD, BIDAR-585402
(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Madeha Noorain.
2. Year of exam : 2021
3. Subject : Oral pathology.
4. Internal Assessment No : Mid-Course Improvement Exam.
5. Date of Exam : 10/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
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Signature of Student

Madeha Noorain
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

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Total marks scored..... *97/100* Name & Signature of valuator..... *[Signature]*

9/11/20

① Premalignant lesion was defined by the World Health Organization as a "morphologically altered tissue in which cancer is more likely to occur than its apparently normal counterpart."

The premalignant condition in turn is "a gene-related state associated with a significantly increased risk of cancer".

Ex :- precancerous conditions are :-

- 1) Submucous fibrosis (SMF)
- 2) Sideropenic dysplasia.
- 3) Lichen planus.

Potentially malignant disorder was proposed at the WHO. Oral potentially malignant disorders are clinical presentations with a risk of cancer development in the oral cavity.

The sum total of these physical and morphological alterations are diagnostic and prognostic relevance and are designated as "precancerous" changes. The diagnosis of precancerous is primarily based on morphology and its grading on histology.

A premalignant phase in the development of oral cancer is predicted by classical model of experimental epithelial carcinogenesis. Generally all oral squamous cell carcinoma arise from premalignant precursor, but it is difficult to define specifically the term pre-malignant.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Nikitha Reddy*
 2. Year of exam : *2021*
 3. Subject : *General Surgery*
 4. Internal Assessment No : *mid course improvement, retest*
 5. Date of Exam : *9/3/2021*

INSTRUCTIONS

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Signature of Student

Nikitha Reddy

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Signature of Invigilator

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Total marks scored..... *9/30* Name & Signature of valuator *[Signature]*

98/100

3) Facial Palsy.

Clinical features:

- Sudden onset symptom
- Usually unilateral
- Eyebrow sagging
- Inability to close eyes
- Loss of nasolabial fold.
- Decreased tearing
- Hyperacusis
- Loss of taste to anterior 2/3rd of tongue
- Drooping of mouth
- Drooling of saliva
- Foods collect between the teeth and lip
- Heaviness & numbness of face.

Management

Medical Treatment

- Lubricating eye drops, eye ointments to keep the surface of eye moist.
- > Advice to wear eye patch while they sleep.
- > corticosteroids may reduce swelling around facial nerve.

Surgical

- 1a) Nerve Decompression
- Nerve anastomosis
- Nerve grafting

W

④ Tracheostomy

Making an opening in anterior wall of trachea & connecting it into a stoma on skin surface

Indication

① Respiratory obstruction

- Infection - Ludwig's Angina, Acute epiglottitis, Peritonsillar abscess.
- Trauma to larynx
- Tumor
- Foreign body
- Laryngeal edema due to allergy/radiation
- Bilateral abductor, vocal cord palsy

② Retained sensation

- Inability to cough
- Comatose patient
- Respiratory muscle paralysis
- Painful cough - Trauma to chest
- Aspiration of pharyngeal secretion
- Respiratory insufficiency Emphysema, Chronic Bronchitis

Types

Emergency
Elective / Permanent



5) Septic shock :-

Pathophysiology:

- It may be produced by Gram-ve / Gram+ve. bacteria, virus, fungi / Protozoal infection.
- Severe sepsis can result in persistent hypotension. Despite adequate fluid Resuscitation & is called septic shock.
- Local inflammation & substances elaborated from organism, especially endotoxin, activate neutrophil, monocyte, & tissue macrophage.

Feature :-

- Peripheral vasodilation - Persistent hypotension
- Cellular dysfunction
- Lactic Acidosis
- Generalised tissue hypoperfusion
- Ultimately multiple organ failure
- Early phase: volume depletion, such as dry mucous membrane & cool clammy skin
- Tachycardia; warm extremities
- Signs of infection - Fever
 - Localized erythema
 - Abdominal Tenderness
 - Cramping
 - Rigidity
- Altered mental status.

Treatment

- (a) Removal of septic focus is an essential step.
- (b) Antibiotics - for infection
- (c) Oxygenation & if necessary endotracheal intubation
- (d) IV fluids:
Crystalloids - such as isotonic saline

Blood Transfusion - maintain haemoglobin level

- (e) Vaso active agents & norepinephrine to produce vasoconstriction.

(b) Odontogenic Tumors

I Tumor of odontogenic epithelium

- (a) Ameloblastoma
 - Malignant ameloblastoma
 - Ameloblastic carcinoma
- (b) Clear cell odontogenic carcinoma
- (c) Adenomatoid odontogenic tumour
- (d) Calcifying epithelial odontogenic tumour
- (e) Squamous odontogenic tumour.

II Mixed Odontogenic Tumour

- Ameloblastic fibroma
- compound odontoma

- complex odontoma
- Odontoameloblastoma
- Ameloblastic fibroodontoma

Malignant

- Malignant ameloblastoma
- Ameloblastic carcinoma
- Odontogenic ghost cell carcinoma
- Ameloblastic fibrosarcoma

⊕ Postoperative fluid management

Consideration

- Maintenance Requirement
- Extra meds resulting from systemic factors
eg:- Fever, Buer, diarrhea & vomiting etc.
- Losses from Drain Brain & fistulae
- Tissue oedema (3 space losses)

The ~~body~~ daily maintenance requirements for sensible & insensible losses are depending on age, sex, weight, & area.

- Rough estimation of needs to body weight
 $\times 30/\text{day}$

Eg: $60\text{ Kg} \times 30 = 1800\text{ ml/day}$

Requirements is increased birth fever, hyperventilation & increased metabolic state

Pregnant Risk classification for patient with well differentiated Thyroid Cancer.

	low risk	high risk
Grade	Well differentiated	Poorly differentiated
Size	$\leq 2\text{ cm}$	$> 4\text{ cm}$
Age	$< 40\text{ years}$	$> 40\text{ years}$
Sex	Female	Male
Metastasis	None	Regional / distant
Extent	No local extension intrathyroid, no caps Invasion	Capsular Invasion Extrathyroidal Extension

9

2

⑨ Squamous cell carcinoma

- 2nd most common malignant skin tumor after basal cell carcinoma.

- arise from prickle cell layer.

- affects elderly males.

It is cauliflower like lesion

- Edge is elevated & indurated

② Bleeds easily on touch

Tuberculosis lymphadenitis

- Involves upper deep cervical chain & triangle lymph nodes.

- Development of Periadentitis - matted nodes.

↓
cold abscess.

Abscess tracking down to skin form subcutaneous collection - collar stud abscess

Abscess Burst spontaneously - Tubercular sinus

②

⑪ Cleft Palate

- Lack of fusion of palatal shelves.
- Abnormalities in programmed cell death may contribute to lack of palatal fusion.
- Isolated disruption of palate shelves can occur after closure of lip.
- Palatal closure is not completed until 4 weeks post ~~to~~ consumption.

Zygomatic complex fracture.

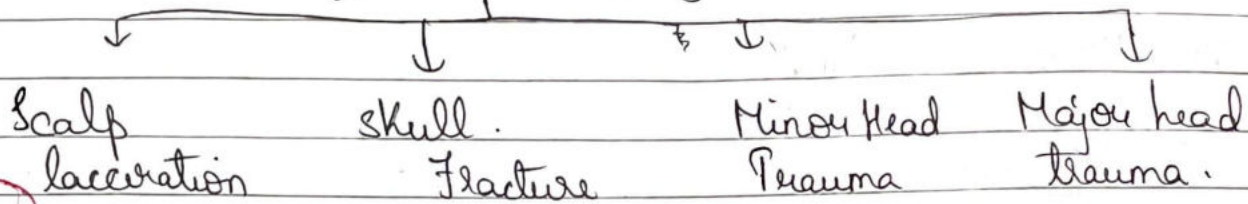
Features

- Periorbital ecchymosis & edema.
- Flattening of malar prominence.
- Pain & tenderness on palpation.
- Flattening of malar prominence.
- Step deformity at infraorbital margin.
- Diplopia.
- Enophthalmos.

⑬ Frey's syndrome

It is believed to occur secondary to the denervated postganglionic Parasympathetic fibres growing into the dermis & innervating the sweat gland. after removal of parotid gland.

⑭ Classify head injury



⑮ SIRS - systematic inflammatory Response syndrome

- Temperature $> 38^{\circ}\text{C}$. $< 36^{\circ}\text{C}$
- Heart rate > 90 beats/min
- Respiratory Rate > 20 breath/min
- WBC $> 12,000$ cell/ml or < 4000 cell/ml.

⑯ -- 2 mm of following should be present

Stomatitis

It is an inflammation of mucous lining of mouth which may involve cheek gum, Tongue, lips, Roof / Floor of mouth.

⑰

17) Thyroglossal cyst

It is a ~~no~~ neck mass / lump that develops from cell & tissues remaining after the formation of thyroid gland after embryonic development

They are typically located in midline of neck

18) Wound healing:

Phases:

① Inflammatory (Reactive)

Haemostasis Inflammation

② Proliferative

Epithelial migration

Proliferation

Maturation

③ Maturation

Contraction

Scarring

Remodelling

②

① Primary Thyrotoxicosis

Etiology

Caused by Thyroid stimulating antibodies directed at the TSH on follicular cells.

- A circulating antibody which stimulate the TSH receptors mimicking all effects of TSH is pathogenic event in Grave's disease

Clinical Features

Symptom.

Hypermetabolism

- Heat Intolerance
- Excessive sweating
- Hunger
- Weight loss

Adrenergic discharge

- Nervousness
- Insomnia
- Tremors
- Psychosis

Cardiac

Dyspnoea
Palpitation
Cardiac failure

GI - Diarrhea
Increased appetite

Investigation

- (a) Thyroid function test
- (b) US of Thyroid
- (c) Radio iodine uptake study
- (d) Thyroid antibodies

Treatment

(a) Medical Therapy

- Carbimazole - 10-20 mg - three daily
- Propyl(thiouracil)
- Block - the conversion of T_4 - T_3 in peripheral tissue
- Iodides

(b) Radio iodine - Therapy - 5mCi - to 8000 Rads

(c) Surgical Therapy.

10

10

② Premalignant lesion of oral cavity.

Leukoplakia

Erythroplakia

Lichen planus

Oral submucous Fibrosis

Clinical Features

Age - 30-50yrs

Sex - M > F

Site - Buccal / vestibular mucosa

Border of Tongue

Floor of mouth

Symptoms -

- Mostly asymptomatic

- Discovered on Routine examination

- Sometimes Patient may be aware of white lesion / roughen.

- Speckle variety may cause burning sensation

Laboratory investigation

- H&E Az.

- Biopsy - Incisional Biopsy
Excisional Biopsy.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Zoha
2. Year of exam : 2021
3. Subject : General surgery
4. Internal Assessment No : Mid course improvement test
5. Date of Exam : 2/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
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Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

S. B. Patil Institute for

Dental Science & Research

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Total marks scored.....

Name & Signature of valuator

1) Primary Thyrotoxicosis

95/90

Pathology

Caused by thyroid stimulating antibodies directed at the TSH on follicular cells.

-> A circulating antibody which stimulates the TSH receptors mimicking all effect of TSH is pathogenic event in Grave's disease.

Clinical features

Symptoms

Hypermetabolism

- Heat intolerance
- Excessive sweating
- Hunger
- Weight loss

Adrenergic discharge

- Nervousness
- Insomnia
- Tremors
- Psychosis

Cardiac

- Dyspnoea
- Palpitation
- Cardiac failure

- G.I. - Diarrhea
- Increased appetite.



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : *Vaasha Shanappa*
 2. Year of exam : *2021*
 3. Subject : *General Surgery*
 4. Internal Assessment No : *Mid course improvement test*
 5. Date of Exam : *9/3/2021*

INSTRUCTIONS

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3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

S. B. Patil
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *9/12* Name & Signature of valuator..... *[Signature]*

9th/100

③ Facial Palsy

- ✓ Sudden Onset symptoms
- ✓ Usually unilateral
- ✓ Eyebrow sagging
- ✓ Inability to close eyes
- ✓ Loss of Nasolabial fold
- ✓ Decreased Tearing
- ✓ Hypernursis
- ✓ Loss of Taste to anterior 2-3rd of tongue
- ✓ Drooping of mouth
- ✓ Drooling of saliva
- ✓ Food collects between the teeth & lips
- ✓ Hearsion of number of faces

Management

Medical Treatment

- ✓ Lubricating eye drops eye ointments to keep the surface of eye moist.
- ✓ Advice to wear eye patch while they sleep
- ✓ Corticosteroids may reduce swelling around facial nerve.

Surgical

- ① Nerve Decompression
- ② Nerve Anastomosis
- ③ Nerve Grafting

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(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Rutuja
 2. Year of exam : 2021
 3. Subject : General surgery
 4. Internal Assessment No : Mid course improvement test
 5. Date of Exam : 2/3/2021

INSTRUCTIONS

- The answer must be written using black ink pen.
- At the end of each answer, draw a horizontal line using pencil only.
- Write answer on both side of pages.
- Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
- Do not leave any pages unused in between the answers.
- Do not tear off any pages from the main answer book.
- Put "X" mark across the unused / blank pages in the answer book compulsorily.
- No Additional Sheets will be Given.
- Strict action will be taken against students involved in malpractice.
- Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="radio"/>	4	<input type="radio"/>	7	<input type="radio"/>	10	<input type="radio"/>	13	<input type="radio"/>
2	<input type="radio"/>	5	<input type="radio"/>	8	<input type="radio"/>	11	<input type="radio"/>	14	<input type="radio"/>
3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Signature of Student

Anushalbar

Signature of Invigilator

PRINCIPAL

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="radio"/>	4	<input type="radio"/>	7	<input type="radio"/>	10	<input type="radio"/>	13	<input type="radio"/>
2	<input type="radio"/>	5	<input type="radio"/>	8	<input type="radio"/>	11	<input type="radio"/>	14	<input type="radio"/>
3	<input type="radio"/>	6	<input type="radio"/>	9	<input type="radio"/>	12	<input type="radio"/>	15	<input type="radio"/>

Total marks scored..... *9/21* Name & Signature of valuator..... *[Signature]*

93/100

3) Facial Palsy.

Clinical features

- Sudden Onset symptom
- Usually unilateral
- Eyebrow sagging.
- Inability to close eyes.
- Loss of nasolabial fold.
- Decreased Toasing.
- Hyperneuritis.
- Loss of taste to anterior 2-3rd of Tongue.
- Drooping of mouth.
- Drooling of saliva.
- Food collab between teeth and lips.
- Heaviness and numbness of face.

Management

Medical Treatment.

- Lubricating eye drops / eye ointments to keep the surface of eye moist.
- Advice to wear eye patch while they sleep.
- Corticosteroids may reduce swelling around facial nerve

Surgical : @ Nerve Decompression
Nerve Anastomosis
Nerve Grafting.

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(Karnataka)



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : kavya
2. Year of exam : 2021
3. Subject : General Surgery
4. Internal Assessment No : mid course improvement, retest
5. Date of Exam : 9/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
4. Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
5. Do not leave any pages unused in between the answers.
6. Do not tear off any pages from the main answer book.
7. Put "X" mark across the unused / blank pages in the answer book compulsorily.
8. No Additional Sheets will be Given.
9. Strict action will be taken against students involved in malpractice.
10. Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Annehaba

PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT EVALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *9/30* Name & Signature of valuator *[Signature]*

9th/100

3. Fluid Palsy.

Clinical Features.

- Sudden Onset symptom
- Usually unilateral
- Eyebrow sagging
- Inability to close eye
- Loss of nasolabial fold
- Decreased Tearing
- Hyperreflexia
- loss of taste to anterior 2-3rd of tongue.
- Drooping of mouth
- Drooling of saliva
- Ford collects between the teeth & lips.
- Heaviness of number of faces

Management

Medical treatment

- Lubricating eye drops & eye ointments to keep the surface of eye moist.
- Advice to wear eye patch while they sleep

→ Corticosteroids may reduce swelling around facial nerve

Surgical

a. Nerve Decompression.



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INTERNAL ASSESSMENT BOOK

1. Student Name : *Almas*
 2. Year of exam : *2021*
 3. Subject : *General Surgery*
 4. Internal Assessment No : *Mid course improvement, retest*
 5. Date of Exam : *9/3/2021*

INSTRUCTIONS

- The answer must be written using black ink pen.
- At the end of each answer, draw a horizontal line using pencil only.
- Write answer on both side of pages.
- Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
- Do not leave any pages unused in between the answers.
- Do not tear off any pages from the main answer book.
- Put "X" mark across the unused / blank pages in the answer book compulsorily.
- No Additional Sheets will be Given.
- Strict action will be taken against students involved in malpractice.
- Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Shobha

Signature of Invigilator

PRINCIPAL

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *15* Name & Signature of valuator *[Signature]*

95/100

3) Facial Palsy

Clinical features

- Sudden onset symptoms
- Usually unilateral
- Eyelid sagging
- Inability to close eye
- Loss of nasolabial fold
- Decreased tearing
- Hyperacusis
- Loss of taste to anterior 2-3rd of tongue
- Drooping of mouth
- Drooling of saliva
- Food collects between the teeth and lips
- Hand numbness of face

Management

Medical treatment

- Lubricating eye drops / eye ointments to keep the surface of eye moist
- Advice to wear eye patch while they sleep
- Corticosteroids may reduce swelling around facial

Surgical

- (a) Nerve decompression
- Nerve anastomosis
- Nerve grafting

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S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Ashika
2. Year of exam : 2021.
3. Subject : General Surgery.
4. Internal Assessment No : Mid Course improvement test
5. Date of Exam : 2/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
4. Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
5. Do not leave any pages unused in between the answers.
6. Do not tear off any pages from the main answer book.
7. Put "X" mark across the unused / blank pages in the answer book compulsorily.
8. No Additional Sheets will be Given.
9. Strict action will be taken against students involved in malpractice.
10. Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Ashika
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *17* Name & Signature of valuator

③ Facial Palsy

97/100

Clinical features

- ✓ Sudden Onset symptoms.
- ✓ Usually Unilateral
- ✓ Eyebrow Sagging
- ✓ Inability to close eye
- ✓ Loss of Nasolabial fold
- ✓ Decreased Tearing
- ✓ Hyperacusis
- ✓ Loss of Taste to anterior 2-3rd of Tongue
- ✓ Drooping of mouth
- ✓ Drooling of saliva
- ✓ Food collects between the Teeth & lips
- ✓ Heaviness & Numbness of face

Management

Medical Treatment

- ✓ Lubricating eye drops / eye ointments to keep the surface of eye moist
- ✓ Advice to wear eye Patch while they sleep

✓ Corticosteroids may reduce Swelling around facial nerve

Surgical

- ① Nerve Decompression
- Nerve Anastomosis
- Nerve Grafting



S. B. PATIL INSTITUTE FOR DENTAL SCIENCES & RESEARCH, BIDAR

INTERNAL ASSESSMENT BOOK

1. Student Name : Yogeshwari
 2. Year of exam : 2021
 3. Subject : General surgery
 4. Internal Assessment No : Mid course improvement, subject
 5. Date of Exam : 01/3/2021

INSTRUCTIONS

- The answer must be written using black ink pen.
- At the end of each answer, draw a horizontal line using pencil only.
- Write answer on both side of pages.
- Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
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- Do not tear off any pages from the main answer book.
- Put "X" mark across the unused / blank pages in the answer book compulsorily.
- No Additional Sheets will be Given.
- Strict action will be taken against students involved in malpractice.
- Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

Shreshtha
PRINCIPAL

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *AKM* Name & Signature of valuator *AKM*

③ Facial Palsy

9/7/20

Clinical feature -

- ✓ Sudden onset symptom
- ✓ Usually unilateral.
- ✓ Eyebrow sagging
- ✓ Inability to close eye.
- ✓ Loss of Nasolabial fold
- ✓ Decreased Roaring
- ✓ Hyperacusis
- ✓ Loss of Taste to anterior 2-3rd of Tongue
- ✓ Drooping of mouth
- ✓ Drooling of saliva
- ✓ Food collects between the Teeth & lips.
- ✓ Heaviness & numbness of face.

Management

Medical Treatment -

- ✓ Lubricating eye drops/ eye ointments to keep the surface of eye moist
- ✓ Advice to wear eye patch while they sleep.
- ✓ Anticosteroids may reduce swelling

Surgical

- ① Nerve Decompression
- Nerve Anastomosis
- Nerve Grafting.

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INTERNAL ASSESSMENT BOOK

1. Student Name : Afshan Noorain
2. Year of exam : 2021
3. Subject : General Surgery
4. Internal Assessment No : Mid course Improvement, retest
5. Date of Exam : 9/3/2021

INSTRUCTIONS

1. The answer must be written using black ink pen.
2. At the end of each answer, draw a horizontal line using pencil only.
3. Write answer on both side of pages.
4. Write the correct number and sub division (if any) of the question on the left hand margin at the beginning of each answer.
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10. Candidates should handover their answer script to the invigilator personally before leaving the examination hall.

QUESTION ANSWERED (DARKEN THE OVALS FOR ANSWERED QUESTIONS)

Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer	Q. No.	Answer
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Signature of Student

S. B. Patil

Signature of Invigilator

TO BE FILLED BY THE SUBJECT VALUATOR

Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored	Q. No.	Marks Scored
1	<input type="checkbox"/>	4	<input type="checkbox"/>	7	<input type="checkbox"/>	10	<input type="checkbox"/>	13	<input type="checkbox"/>
2	<input type="checkbox"/>	5	<input type="checkbox"/>	8	<input type="checkbox"/>	11	<input type="checkbox"/>	14	<input type="checkbox"/>
3	<input type="checkbox"/>	6	<input type="checkbox"/>	9	<input type="checkbox"/>	12	<input type="checkbox"/>	15	<input type="checkbox"/>

Total marks scored..... *9/15* Name & Signature of valuator..... *[Signature]*

3) FACIAL PALSY

9/6/2020

Clinical features

- Sudden onset symptoms
- usually unilateral
- Eyebrow sagging
- Inability to close eye
- loss of nasolabial fold
- Decreased Tearing
- Hyperacusis
- loss of taste to anterior 2/3rd of tongue
- Drooping of mouth
- Drooping of saliva
- Food collects between the teeth & lips
- Heaviness / Numbness of face

Management

Medical treatment

- lubricating eye drops / eye ointment to keep the surface of eye moist
- Advice to wear eye patch while they sleep
- corticosteroids may reduce swelling around facial nerve

Shresh Babar

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(Karnataka)**