Printing Page(s) : 2+2

Paper Code : BDS-406

Roll No. | | | | | | | | | | |

Bachelor of Dental Surgery [B.D.S.]

Final Year Examination, 2011-12

ORAL MEDICINE & RADIOLOGY

Time : 3 Hours] *[Max. Marks : 70*

Note: Attempt all the questions. Draw diagrams whenever necessary.

PART – A

1. Classify cysts of Head and Neck. Discuss etiopathogenesis, clinical features, chairside investigation, lab investigation, radiological features and differential diagnosis of Keratocystic Odontogenic Tumor. [8

2. Problem based short questions.

   (a) A 25 year old patient comes with flecks of white lesions of posterior hard palate which are scrapable [6

   (i) Relevant question in history to identify a cause?

   (ii) What investigations will you perform to identify a possible cause?

   (b) A patient comes with an oral opening of about 30mm and comes with a desire of getting his teeth cleaned of stains. he cannot recall any history of trauma and is comfortable with his oral opening. [6

   (i) What are the important questions on history that will help in enabling the diagnosis?

   (ii) What would be your treatment plan for the same?

3. Write short note on: [2.5×2=5

   (a) Difference between conventional IOPA-R and digital IOPA-R

   (b) Lichenoid reaction

4. **Multiple Choice Questions** *(in separate sheet)* [10

PART – B

5. Enumerate Extra Oral Views and their indications. Write indications, principle and disadvantages of OPG. [8

6. Problem based short questions. [6×2=12

   (a) A 22 year old female presents with 4 days duration of multiple oral ulcers involving buccal mucosa, tongue and soft palate. What further history helps you to arrive to a diagnosis? Add a note on management.

   (b) A 45 year male complains of recurrent swelling in the floor of the mouth while eating and resolves thereafter. Discuss the possible cause and your approach in solving his problem.

7. *Write short notes on:* [3×5=15

   (a) Periapical radio-opacties

   (b) Oral thrush

   (c) Non-sterodial anti-inflammatory drugs

   (d) Normal landmarks in maxillary anterior region

   (e) Implant radiology

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Part – A

[1×10=10

4. Multiple Choice questions:
(Write the correct option in the box)

(i) Which of the following statement is most correct: [ ]

(a) In Internal Disc displacement without reduction most patients do not have pain

(b) In Internal Disc displacement with reduction most patients have pain on chewing as well as on opening the mouth

(c) In Internal Disc displacement with reduction most patients do not have pain nor clicking.

(d) In Internal Disc displacement with reduction most patients do not have pain but they have clicking.

(ii) The term focal trough refers to [ ]

(a) The molybdenum concave reflector which focuses the electrons emitted by the filament of the X–ray tube onto the target.

(b) The precise area of the target onto with electrons from the cathode strike.

(c) An image layer in which structures are reasonably well defined on panoramic radiographs.

(d) The increase in the dimensions of the focal spot by using an angulated target.

(iii) Cobblestone appearance of oral mucosa is seen in - [ ]

(a) Ulcerative colitis (c) Crohn's disease

(b) GERD (d) Peptic Ulcer

(iv) Which is common cyst occurring in the upper lip? [ ]

(a) Lip cyst (c) Nasolabial cyst

(b) Mucocele (d) Ranula

(v) Lesions that may be red due to increased vascularity or inflammation or pigment are - [ ]

(a) Macules (b) Blisters

(c) Ecchymosis (d) Ulcer

(vi) The best radiograph to study condylar fractures is - ☐

(a) PA mandible (b) Transcranial

(c) Trans- orbital (d) Lateral oblique

(vii) Which of the following is not a property of X-rays? ☐

(a) Have high frequency

(b) Diverge from the source

(c) Have a charge

(d) Travel with the speed of light

(viii) A HIV positive patient is suffering from AIDS: ☐

(a) The above statement is always true.

(b) The above statement is always false.

(c) HIV and AIDS are not related.

(d) The above statement is not always true.

(ix) The radiograph findings of this case – single well defined multilocular radiolucency extending from 34 to ramus of mandible with typical soap bubble appearance coarse curved septae and knife edge resorption of 36, 37 diagnosis most likely is: ☐

(a) Ameloblastoma

(b) Calcifying epithelial odontogenic tumor

(c) Odontogenic myxoma

(d) Central giant cell granuloma

(x) A 17 year old male patient with an asymptomatic swelling over the mandible since 2 years. The radiograph revealed a homogeneous ground glass appearance. The possible diagnosis for the patient's problem is - ☐

(a) Osteomyelitis (b) Fibrous Dysplasia

(c) Paget's disease (d) Ameloblastoma

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