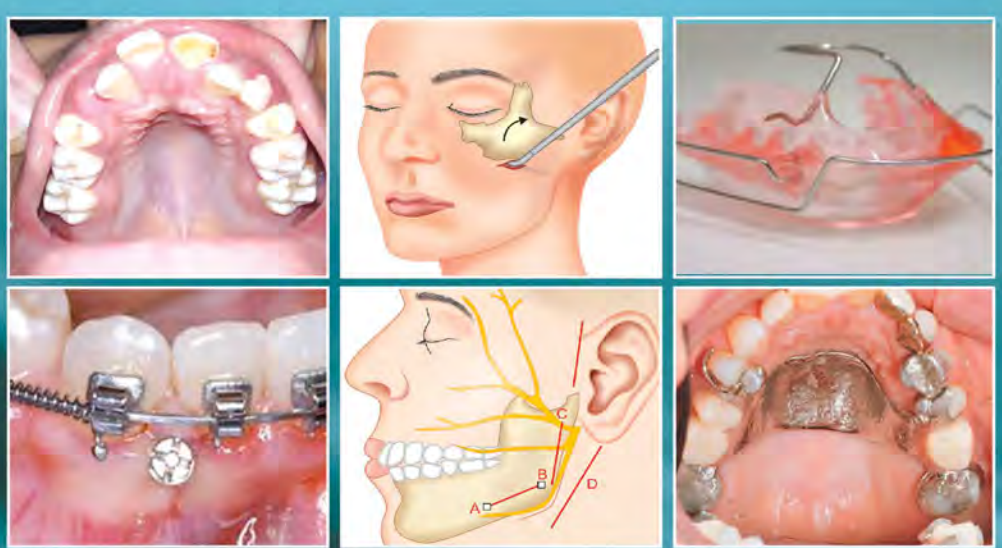
First-Ever Book Containing NEET and AIIMS Pattern
Image Based Questions with Explanatory Answers

TARGET MDS
Image Based Questions

Highlights

- Best quick review book for NEET, AIIMS, PGI and other PG dental entrance exams
- Previous exam questions and answers with authentic explanations
- Image Based Questions for Comprehensive learning
- MCQs of all clinical subjects
- Designed as per the Latest Examination Pattern



Includes all Recent Questions upto 2016

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JAYPEE

Contents

Chapter 4

Periodontics

1. A 12-year-old, otherwise healthy male, patient, reported with complaint of failure of eruption of many teeth and irregular eruption of others as seen in the color plate. The gingiva is firm on palpation without bleeding on probing. Which of the following can be the diagnosis?

a. Inflammatory gingival hyperplasia
b. Hereditary gingival fibromatosis
c. Drug-induced gingival enlargement
d. Scurvy

Ans b. Hereditary gingival fibromatosis

2. A 12-year-old, otherwise healthy, male patient reported with complaint of failure of eruption of many teeth and irregular eruption of others as seen in the color plate. The Gingiva is firm on palpation without bleeding on probing. Patient's father suffered from same problem. What is its most common hereditary pattern?

a. Autosomal dominant
b. Autosomal recessive
c. X-linked dominant
d. X-linked recessive

Ans a. Autosomal dominant

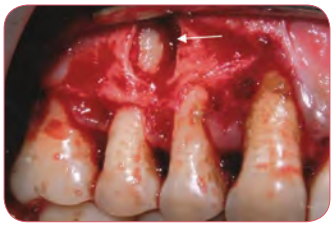
Gingival hyperplasia may also be of genetic origin. Such lesions are known as hereditary gingival fibromatosis (HGF), which is an uncommon condition characterized by diffuse gingival enlargement, sometimes covering major parts of, or the total, tooth surfaces. The lesions develop irrespective of effective plaque removal.

Most cases are related to an autosomal dominant mode of inheritance, but cases have been described with an autosomal recessive background

Typically, HGF presents as large masses of firm, dense, resilient, insensitive fibrous tissue that cover the alveolar ridges and extend over the teeth, resulting in extensive pseudopockets. The color may be normal or erythematous if inflamed. Depending on extension of the gingival enlargement, patients complain of functional and esthetic problems. The enlargement may result in protrusion of the lips, and they may chew on a considerable hyperplasia of tissue covering the teeth.

If the enlargement is present before tooth eruption, the dense fibrous tissue may interfere with or prevent eruption

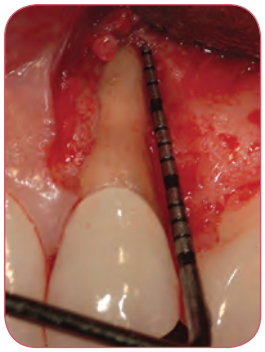
3. Identify the pathology.



a. Dehiscence b. Fenestration
c. Stillman's cleft d. McCall festoon

Ans b. Fenestration

4. Identify the pathology.



a. Dehiscence b. Fenestration
c. Stillman's cleft d. McCall festoon

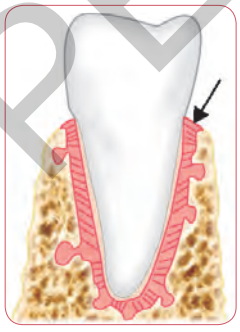
Ans a. Dehiscene

Ref: Clinical periodontology and Implant Dentistry (Lindhe), 5th Ed.

At the buccal aspect of the jaws, the bone coverage is sometimes missing at the coronal portion of the roots, forming a so-called dehiscence. If some bone is present in the most coronal portion of such an area, the defect is called a fenestration.

These defects often occur where a tooth is displaced out of the arch and are more frequent over anterior than posterior teeth. The root in such defects is covered only by periodontal ligament and the overlying gingiva.

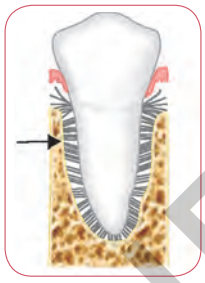
5. Identify the periodontal fiber group marked with arrow.



a. Alveolar crest fibers (ACF)
b. Horizontal fibers (HF)
c. Oblique fibers (OF)
d. Apical fibers (APF)

Ans a. Alveolar crest fibers (ACF)

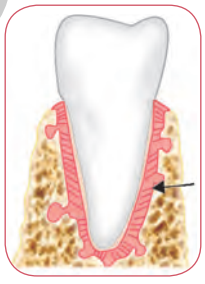
6. Identify the periodontal fiber group marked with arrow.



a. Alveolar crest fibers (ACF)
b. Apical fibers (APF)
c. Horizontal fibers (HF)
d. Oblique fibers (OF)

Ans c. Horizontal fibers (HF)

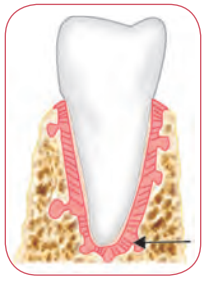
7. Identify the periodontal fiber group marked with arrow.



a. Alveolar crest fibers (ACF)
b. Apical fibers (APF)
c. Horizontal fibers (HF)
d. Oblique fibers (OF)

Ans d. Oblique fibers (OF)

8. Identify the periodontal fiber group.



a. Alveolar crest fibers (ACF)
b. Apical fibers (APF)
c. Horizontal fibers (HF)
d. Oblique fibers (OF)

Ans b. Apical fibers (APF)

Ref: Carranza's clinical periodontology, 10th Ed.

The tooth is joined to the bone by bundles of collagen fibers which can be divided into the following main groups according to their arrangement:

1. Alveolar crest fibers (ACF)
2. Horizontal fibers (HF)
3. Oblique fibers (OF)
4. Apical fibers (APF)

Alveolar crest group. Alveolar crest fibers extend obliquely from the cementum just beneath the junctional epithelium to the alveolar crest. Fibers also run from the cementum over the alveolar crest and to the fibrous layer of the periosteum covering the alveolar bone. The alveolar crest fibers prevent the extrusion of the tooth and resist lateral tooth movements. The incision of these fibers during periodontal surgery does not increase tooth mobility unless significant attachment loss has occurred.

Horizontal group. Horizontal fibers extend at right angles to the long axis of the tooth from the cementum to the alveolar bone.

Oblique group. Oblique fibers, the largest group in the periodontal ligament, extend from the cementum in a coronal direction obliquely to the bone. They bear the brunt of vertical masticatory stresses and transform them into tension on the alveolar bone.

Apical group. The apical fibers radiate in a rather irregular manner from the cementum to the bone at the apical region of the socket. They do not occur on incompletely formed roots.

9. Which of the following is seen in the color plate?

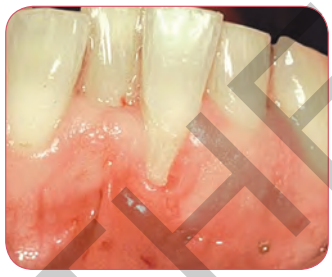
a. Dehiscence
b. Fenestration
c. Stillman's cleft
d. McCall festoon

Ans d. McCall festoon

Ref: Carranza's clinical periodontology,10th Ed.

The term "McCall festoons" has been used to describe a rolled, thickened band of gingiva usually seen adjacent to the cuspids when recession approaches the mucogingival junction. Initially, Stillman's clefts and McCall festoons were attributed to traumatic occlusion, and the recommended treatment was occlusal adjustment. However, this association was never proved, and these indentations merely represent peculiar inflammatory changes of the marginal gingiva.

10. Which of the following structures is arrowed at in the color plate.



a. Dehiscene
b. Fenestration
c. Stillman's cleft
d. McCall festoon

Ans c. Stillman's cleft

Ref: Carranza's clinical periodontology, 10th Ed.

Changes in gingival contour are primarily associated with gingival enlargement, but such changes may also occur in other conditions.

Of historical interest are the descriptions of indentations of the gingival margin referred to as Stillman's clefts and the McCall festoons.

The term "Stillman's clefts" has been used to describe a specific type of gingival recession consisting of a narrow, triangular-shaped gingival recession. As the recession progresses apically, the cleft becomes broader, exposing the cementum of the root surface. When the lesion reaches the mucogingival junction, the apical border of oral mucosa is usually inflamed because of the difficulty in maintaining adequate plaque control at this site.

11. A 25-year-old male patient presents with severe periodontal destruction. Patient's physical examination revealed the condition as seen in the color plate. What is the most probable diagnosis?

a. Papillon-Lefèvre syndrome
b. Hypophosphatasia
c. Stevens-Johnson syndrome
d. NOMA

Ans a. Papillon-Lefèvre syndrome

Ref: Carranza's clinical periodontology, 10th Ed.

Papillon-Lefèvre syndrome (PLS) is a rare autosomal recessive disorder characterized by palmoplantar hyperkeratosis and aggressive periodontitis.

Both the primary dentitions and secondary dentitions can be affected. PLS is caused by mutations in the cathepsin C gene, which is located on chromosome 11 (11q14-q21).

Cathepsin C is a cysteine protease normally expressed at high levels in various cells, including epithelium and polymorphonuclear leukocytes (PMNs).

Cathepsin C appears to play a role in degrading proteins and activating proenzymes in immune and inflammatory cells.

12. Identify the component in place present in the color plate.

a. Healing abutment
b. Guidepins
c. Auxiullary implant
d. Transfer coping

Ans a. Healing abutment

Ref: Carranza's clinical periodontology, 10th Ed.

13. A 30-year-old woman presented with the growth as seen in the color plate. The histopath report shows endothelial proliferation in the connective tissue. Which of the following can be the diagnosis?

a. Traumatic fibroma
b. Papilloma
c. Pyogenic granuloma
d. Lipoma

Ans c. Pyogenic granuloma

Ref: Carranza's clinical periodontology, 10th Ed.

Pyogenic granuloma is a tumor like gingival enlargement that is considered an exaggerated conditioned response to minor trauma The exact nature of the systemic conditioning factor has not been identified.

The lesion varies from a discrete spherical, tumor-like mass with a pedunculated attachment to a flattened, keloid-like enlargement with a broad base. It is bright red or purple and either friable or firm, depending on its duration; in the majority of cases it presents with surface ulceration and purulent exudation. The lesion tends to involute spontaneously to become a fibroepithelial papilloma, or it may persist relatively unchanged for years.

Histopathology. Pyogenic granuloma appears as a mass of granulation tissue with chronic inflammatory cellular infiltration. Endothelial proliferation and the formation of numerous vascular spaces are the prominent features. The surface epithelium is atrophic in some areas and hyperplastic in others. Surface ulceration and exudation are common features.

14. 51. A 30-year-old woman presented with the growth as seen in the color plate. The histopath report shows endothelial proliferation in the connective tissue. Which of the following is the ideal treatment plan?

a. NSAIDs and observation
b. Removal of the irritating factors and observation
c. Removal of the lesion and observation
d. Removal of the lesion with irritating factors and observation

Ans d. Removal of the lesion with irritating factors and observation

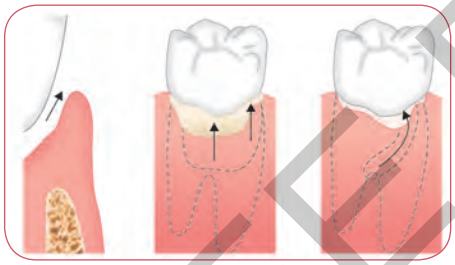
Ref: Carranza's clinical periodontology, 10th Ed.

Treatment consists of removal of the lesions plus the elimination of irritating local factors. The recurrence rate is about 15%. Pyogenic granuloma is similar in clinical and microscopic appearance to the conditioned gingival enlargement seen in pregnancy. Differential diagnosis is based on the patient's history.

15. The arrow in diagram shows extent of the pocket. This kind of periodontal pocket is called what?

a. Simple pocket
b. Compound pocket
c. Complex pocket
d. Suprabony pocket

Ans c. Complex pocket.
Ref: Carranza's clinical periodontology, 10th Ed.



16. The diagramatic representation shows which kind of bone defect?

a. Ledge
b. Osseous creter
c. Furcation involvement
d. Bulbous bone contours

Ans b. Osseous creter
Ref: Carranza's clinical periodontology, 10th Ed.

Diagrammatic representation of an osseous crater in a faciolingual section between two lower molars.

17. The diagramatic representation shows which kind of bone defect?

a. Ledge
b. Osseous creter
c. Reverse architecture
d. Bulbous bone contours

Ans c. Reverse architecture
Ref: Carranza's clinical periodontology,10th Ed.

Reversed architecture defects are produced by loss of interdental bone, including the facial plates and lingual plates, without concomitant loss of radicular bone, thereby reversing the normal architecture.

18. The diagramatic representation shows which kind of bone defect?

a. Ledge
b. Osseous creter
c. Reverse architecture
d. Bulbous bone contours

Ans a. Ledge
Ref: Carranza's clinical periodontology, 10th Ed.

Ledges are plateau-like bone margins caused by resorption of thickened bony plates

The color plate shows ledge produced by interproximal resorption.

19. The diagramatic representation shows which kind of bone defect?

a. Ledge
b. Osseous creter
c. Furcation involvement
d. Bulbous bone contours

Ans c. Furcation involvement

Ref: Carranza's clinical periodontology, 10th Ed.

Flap elevation reveals extensive bone loss and furcation involvement in the color plate.

Furcation involvements have been classified as grades I, II, III, and IV according to the amount of tissue destruction.

Grade I is incipient bone loss, grade II is partial bone loss (cul-de-sac), grade III is total bone loss with through-and-through opening of the furcation.

Grade IV is similar to grade III, but with gingival recession exposing the furcation to view.

20. What kind of bone loss does this IOPA reveal around 46?

a. Horizontal
b. Angular
c. Spiral
d. Mixed

Ans b. Angular

Ref: Carranza's clinical periodontology, 10th Ed.

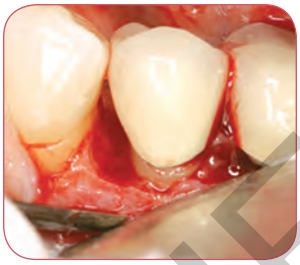
21. What kind of bone loss does this IOPA reveal around 46?

a. Horizontal
b. Angular
c. Spiral
d. Mixed

Ans a. Horizontal

Ref: Carranza's clinical periodontology, 10th Ed.

22. The diagramatic representation shows which kind of bone defect?

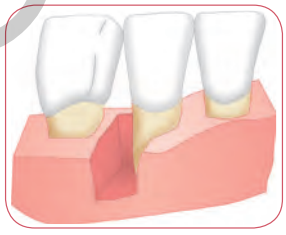


a. One-wall defect
b. Two-wall defect
c. Three-wall defect
d. Combined wall defect

Ans a. One-wall defect

Ref: Carranza's clinical periodontology, 10th Ed.

23. The diagramatic representation shows which kind of bone defect?



a. One-wall defect
b. Two-wall defect
c. Three-wall defect
d. Combined wall defect

Ans b. Two-wall defect

Ref: Carranza's clinical periodontology, 10th Ed.

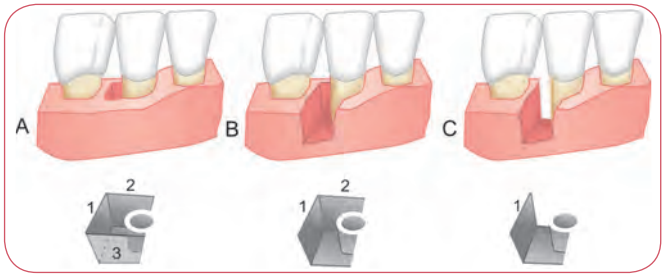
24. The 3DCT reconstruction shows which kind of bone defect?

a. Hemiseptum
b. Two-wall defect
c. Intrabony defect
d. Combined wall defect

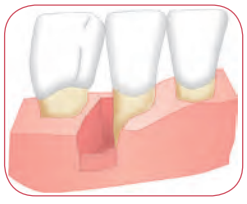
Ans a. Hemiseptum

Ref: Carranza's clinical periodontology, 10th Ed.

The three-wall vertical defect was originally called an intrabony defect. This defect appears most frequently on the mesial aspects of second and third maxillary and mandibular molars. The one-wall vertical defect is also called a hemiseptum.



25. The diagrammatic representation shows which kind of bone defect?

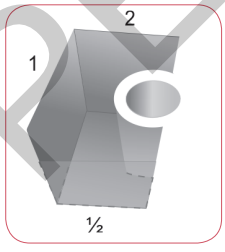


a. One-wall defect
b. Two-wall defect
c. Three-wall defect
d. Combined wall defect

Ans d. Combined wall defect

Ref: Carranza's clinical periodontology, 10th Ed.

Combined type of osseous defect. Because the facial wall is half the height of the distal (1) and lingual (2) walls, this is an osseous defect with three walls in its apical half and two walls in the occlusal half.



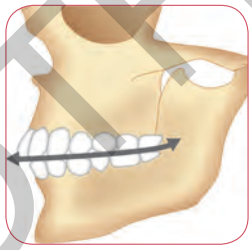
26. The diagramatic representation shows which kind of bone feature?

a. Exostoses
b. Osseous creter
c. Reverse architecture
d. Ledge

Ans A. Exostoses

Exostoses are outgrowths of bone of varied sizes and shapes. Palatal exostoses have been found in 40% of human skulls. They can occur as small nodules, large nodules, sharp ridges, spike-like projections, or any combination of these. Exostoses have been described in rare cases as developing after the placement of free gingival grafts.

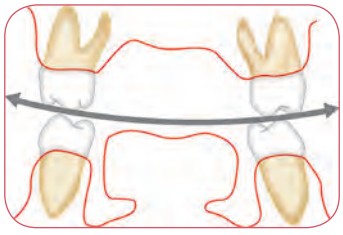
27. Which of the following curves is presented in the diagrammatic representation here?



a. Monsoon curve
b. Curve of Spee
c. Wilson curve
d. Scammon's curve

Ans b. Curve of Spee

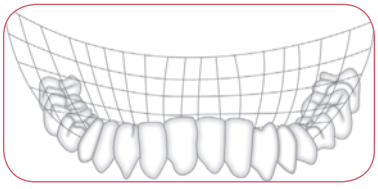
28. Which of the following curves is presented in the diagrammatic representation here?



a. Monsoon curve
b. Curve of Spee
c. Wilson curve
d. Scammon's curve

Ans c. Wilson curve

29. Which of the following curves is presented in the diagrammatic representation here?



a. Monsoon curve
b. Curve of Spee
c. Wilson curve
d. Scammon's curve

Ans a. Monsoon curve

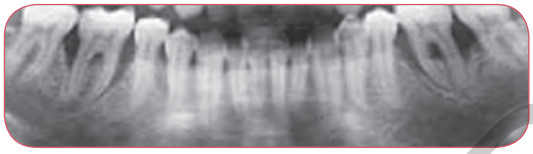
The curve of occlusion in which each cusp and incisal edge touch or conform to a segment of the surface of a sphere 8 inches in diameter with its center in the region of the glabella.

30. Which of the following is true for radiopaque structure visible interproximally?

a. Stains
b. Plaque
c. Calculus
d. Materia alba

Ans c. Calculus

31. The cropped OPG of a 25-year-old male is suggestive of which of the following conditions?



a. Localized aggressive periodontitis
b. Generalized aggressive periodontitis
c. Chronic localized periodontitis
d. Chronic generalized periodontitis

Ans a. Localized aggressive periodontitis

Ref: Carranza's clinical periodontology, 10th Ed.

Vertical loss of alveolar bone around the first molars and incisors, beginning around puberty in otherwise healthy teenagers, is a classic diagnostic sign of LAP.

Radiographic findings may include an "arc-shaped loss of alveolar bone extending from the distal surface of the second premolar to the mesial surface of the second molar."

Bone defects are usually wider than usually seen with chronic periodontitis

32. The OPG of a 22-year-old male is suggestive of which of the following conditions?

a. Localized aggressive periodontitis
b. Generalized aggressive periodontitis
c. Chronic localized periodontitis
d. Chronic generalized periodontitis

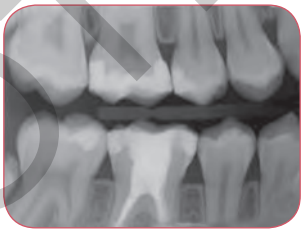
Ans b. Generalized aggressive periodontitis

Ref: Carranza's clinical periodontology, 10th Ed.

The radiographic picture in generalized aggressive periodontitis can range from severe bone loss associated with the minimal number of teeth.

A comparison of radiographs taken at different times illustrates the aggressive nature of this disease.

33. Identify the radiograph type used to study alveolar bone level.



a. IOPA
b. Bite wing
c. Occlusal
d. Panoramic

Ans b. Bite wing

34. The lesion seen in the color plate shows angular bone loss in around 46 in the radiographic examination. What is the most probable diagnosis out of the folowing?

a. Periodontal abscess
b. Gingival abscess
c. Periapical abscess with sinus tract
d. Lateral periodontal cyst

Ans a. Periodontal abscess

Ref: Carranza's clinical periodontology, 10th Ed.

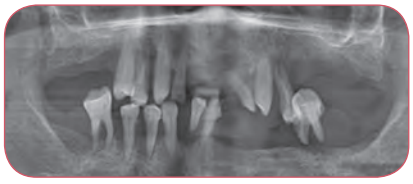
A periodontal abscess is a localized purulent inflammation in the periodontal tissues. It is also known as a lateral abscess or parietal abscess. Abscesses localized in the gingiva, caused by injury to the outer surface of the gingiva, and not involving the supporting structures are

called gingival abscesses. Gingival abscesses may occur in the presence or absence of a periodontal pocket.

Periodontal abscesses are classified according to location as follows:

1. Abscess in the supporting periodontal tissues along the lateral aspect of the root. In this condition, a sinus generally occurs in the bone that extends laterally from the abscess to the external surface.
2. Abscess in the soft tissue wall of a deep periodontal pocket.

35. "Floating teeth" as seen in the radiograph of a 55-year-old female is a feature of which of the following?

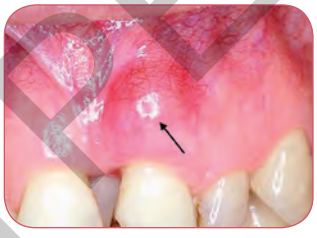


a. Localized aggressive periodontitis
b. Gingival abscess
c. Chronic localized periodontitis
d. Chronic generalized periodontitis

Ans d. Chronic generalized periodontitis

Severe cases of generalized periodontitis cause generalized bone resorption, leading to loss of support for teeth, causing floating teeth appearance.

36. The lesion seen in the color plate does not show its existence in the radiographic examination. What is the most probable diagnosis out of the folowing?



a. Periodontal abscess
b. Gingival abscess
c. Periapical abscess with sinus tract
d. Lateral periodontal cyst

Ans b. Gingival abscess

Ref: Carranza's clinical periodontology, 10th Ed.

A gingival abscess is a localized, painful, rapidly expanding lesion that is usually of sudden onset.

It is generally limited to the marginal gingiva or interdental papilla. In its early stages, it appears as a red swelling with a smooth, shiny surface. Within 24 to 48 hours, the lesion usually becomes fluctuant and pointed with a surface orifice from which a purulent exudate may be expressed. The adjacent teeth are often sensitive to percussion. If permitted to progress, the lesion generally ruptures spontaneously.

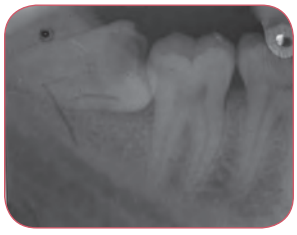
Histopathology: The gingival abscess consists of a purulent focus in the connective tissue, surrounded by a diffuse infiltration of polymorphonuclear leukocytes (PMNs), edematous tissue, and vascular engorgement. The surface epithelium has varying degrees of intracellular and extracellular edema, invasion by leukocytes, and sometimes ulceration.

37. A 40-year-old male complained of pain and mobility of noncarious 47, associated with swelling and pus discharge from gingiva. What is the diagnosis?

a. Periapical granuloma
b. Periodontal abscess
c. Periodontal cyst
d. Periapical cyst

Ans b. Periodontal abscess

38. A patient presented with a localized, painful lesion of sudden onset limited to the marginal gingiva of 47. Based on radiographic investigation. What is most probable diagnosis?



a. Periapical granuloma
b. Periodontal abscess
c. Periodontal cyst
d. Gingival cyst

Ans b. Periodontal abscess

39. Gingival inflammation as seen in the color plate is associated with which of the following habits?

a. Thumb-sucking
b. Nail-biting
c. Tongue-thrusting
d. Mouth-breathing

Ans d. Mouth-breathing

40. Patient complains of bleeding gums. There is no relevant past medical history. What is the diagnosis?

a. Inflammatory gingival enlargement
b. Pregnancy-induced gingivitis
c. Phenytoin-induced gingival enlargement
d. Nifedipine-induced gingival enlargement

Ans a. Inflammatory gingival enlargement

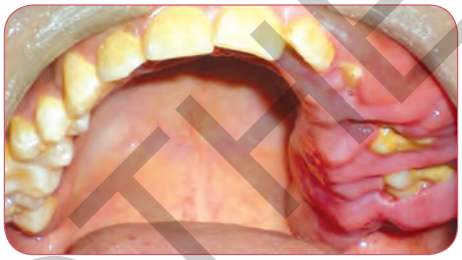
41. An HIV-positive patient presented with the clinical condition as seen in the color plate. Which of the following is the most probable diagnosis?

a. Pyogenic granuloma
b. Kaposi sarcoma
c. Linear gingival erythema
d. Focal epithelial hyperplasia

Ans b. Kaposi sarcoma

Ref: Carranza's clinical periodontology, 10th Ed.

42. A 15-year-old girl complained of progressively enlarging gum. The growth was excised. Hostopathology report shows thickened epithelium with elongated rete pegs that penetrated deep into the connective tissue. Dense collagenous tissue bundles arranged in parallel were found scattered throughout the connective tissue. What is the most probable diagnosis?



a. Inflammatory gingival hyperplasia
b. Hereditary gingival fibromatosis
c. Drug-induced gingival enlargement
d. Idiopathic gingival fibromatosis

Ans d. Idiopathic gingival fibromatosis

Gingival fibromatosis, otherwise known as gingival hyperplasia or gingival overgrowth, may occur due to a variety of etiological and pathological factors. These include inflammation, use of systemic medications, presence of systemic diseases or conditions, neoplasia or due to pseudotumors. In rare cases (1 in 750,000 people), the overgrowth can be hereditary, when it is called hereditary gingival fibromatosis (HGF). This term is synonymous with idiopathic gingival fibromatosis (IGF) as in most cases, the etiology remains unknown.

IGF can occur as an isolated disease affecting only gingiva. It can occur as a part of syndrome or chromosomal abnormality and both autosomal dominant and recessive forms have been described. It may present itself in localized or generalized form. The symmetrical generalized form of IGF is more common. Clinically, it is a slowly progressive benign gingival enlargement of keratinized gingiva. The enlarged gingiva may be normal in color or erythematous. The consistency might be nodular or uniformly fibrous. The enlargement may potentially cover the exposed tooth surfaces to the extent of causing functional and esthetic impairment. Alveolar bone is usually not affected, but periodontal problems might result due to pseudopocketing.

43. A 20-year-old boy presents with trismus and pain. There is a partial impaction of 48. Based on clinical image. What is the most probable diagnosis?

a. Pericoronal abscess
b. Periodontal abscess
c. Gingival abscess
d. Lateral periodontal cyst

Ans a. Pericoronal abscess

44. Identify the lesion shown in the colored image.

a. Linear gingival erythema
b. Chronic generalized gingivitis
c. Erythematous candidiasis
d. Erythematous lichen planus

Ans a. Linear gingival erythema

Ref: Shafer's Textbook of Oral Pathology, 7th Ed.

Linear gingival erythema (LGE) is a non-plaque-induced gingivitis exhibiting a distinct erythematous band of the marginal gingiva with either diffuse or punctate erythema of the attached gingiva.

45. Patient complains of gnawing pain that is intensified by eating spicy or hot foods and chewing. There is a "metallic" foul taste and "pasty" saliva. What is the most probable diagnosis?

a. NUG
b. NUP
c. NOMA
d. Vincent's angina

Ans a. NUG

Ref: Carranza's clinical periodontology, 10th Ed.

The lesions are extremely sensitive to touch, and the patient often complains of a constant radiating, gnawing pain that is intensified by eating spicy or hot foods and chewing. There is a "metallic" foul taste, and the patient is conscious of an excessive amount of "pasty" saliva.

46. An HIV positive patient presented with the condition as seen in the color plate, which had radiographic evidence of bone resorption. Which of the following stages is diagnosed?

a. NUG
b. NUP
c. Necrotizing stomatitis
d. Vincent's angina

Ans c. Necrotizing stomatitis

Ref: Carranza's clinical periodontology, 10th Ed.

47. The color plate is diagnostic of which of the following conditions?

a. Myiasis
b. Mucormycosis
c. Actinomycosis
d. Blastomycosis

Ans a. Myiasis

Ref: Shafer's Textbook of Oral Pathology, 7th Ed.

Oral Myiasis (Gr. Myia: fly) is defined as a condition in which the soft tissue of different parts of the oral cavity are invaded by the parasitic larvae of flies (Moshref, Ansari and Loftfi, 2008). These larvae, commonly known as maggots, are of two-winged flies, the Diptera. Myiasis occurs mainly in the tropics and is associated with poor personal hygiene. Usually the female fly infests ova in open wounds, dead tissue, or in the natural body cavities, such as ear, nostrils, and oral cavity. The flies lay over 500 eggs directly on diseased tissue. These eggs hatch and the larvae get their nourishment from the soft tissue.

Oral myasis is relatively a rare condition but cases have been reported in gingiva, palate, and extracted wounds.

Antunes AA et al (2011) presented a series of 10 cases of oral and maxillofacial myasis and reviewd the literature.

48. What is the treatment for the condition shown in the color plate?

a. Surgical excision
b. Removal of larvae and debridement
c. Citric acid irrigation
d. NaOH irrigation

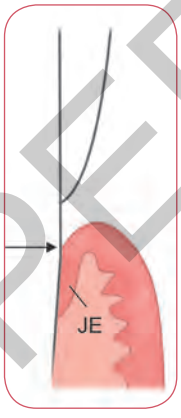
Ans b. Removal of larvae and debridement

Ref: Shafer's Textbook of Oral Pathology, 7th Ed.

Oral myiasis

The usual presenting symptoms are painful growth with ulceration and itching due to crawling movement of the larvae. The treatment is aimed at removal of larvae from the affected area and flushing the area with normal saline or antiseptics.

49. According to Gottlieb and Orban, this color plate represents. Which stage of passive eruption?



a. Stage 1
b. Stage 2
c. Stage 3
d. Stage 4

Ans d. Stage 4

Stage 4: The junctional epithelium has proliferated farther on the cementum. The base of the sulcus is on the cementum, a portion of which is exposed.

Diagrammatic representation of the four steps in passive eruption according to Gottlieb and Orban. 1, Base of the gingival sulcus (arrow) and the junctional epithelium (JE) are on the enamel. 2, Base of the gingival sulcus (arrow) is on the enamel, and part of the junctional epithelium is on the root. 3, Base of the gingival sulcus (arrow) is at the cementoenamel line and the entire junctional epithelium is on the root. 4, Base of the gingival sulcus (arrow) and the junctional epithelium are on the root.

Ref: Carranza's Clinical Periodontology, 10th Ed.

Continuous Tooth Eruption

According to the concept of continuous eruption, eruption does not cease when teeth meet their functional antagonists but continues throughout life. Eruption consists of an active and a passive phase. Active eruption is the movement of the teeth in the direction of the occlusal plane, whereas passive eruption is the exposure of the teeth by apical migration of the gingiva.

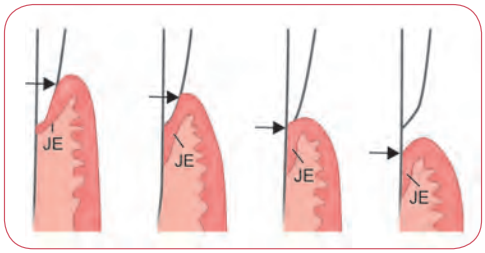
Although originally thought to be a normal physiologic process, passive eruption is now considered a pathologic process. Passive eruption is divided into the following four stages.

Stage 1: The teeth reach the line of occlusion. The junctional epithelium and base of the gingival sulcus are on the enamel.

Stage 2: The junctional epithelium proliferates, so that part is on the cementum and part is on the enamel. The base of the sulcus is still on the enamel.

Stage 3: The entire junctional epithelium is on the cementum, and the base of the sulcus is at the cementoenamel junction. As the junctional epithelium proliferates from the crown onto the root, it does not remain at the cementoenamel junction any longer than at any other area of the tooth.

Stage 4: The junctional epithelium has proliferated farther on the cementum. The base of the sulcus is on the cementum, a portion of which is exposed. Proliferation of the junctional epithelium onto the root is accompanied by degeneration of gingival and periodontal ligament fibers and their detachment from the tooth. The cause of this degeneration is not understood. At present, it is believed to be the result of chronic inflammation and, therefore, a pathologic process.



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