# ORAL MEDICINE AND RADIOLOGY

## **Objectives:**

At the end of 3 years of training the candidate should be able to

## Knowledge:

Theoretical, Clinical and practical knowledge of all mucosal lesions, diagnostic procedures pertaining to them and latest information of imaging modules.

#### Skills and Attitude: Three important skills need to be imparted

- 1. Diagnostic skill in recognition of oral lesions and their management
- 2. Research skills in handling scientific problems pertaining to oral treatment
- 3. Clinical and Didactic skills in encouraging younger doctors to attain learning objectives

Attitudes: the positive mental attitude and the persistence of continued learning need to be inculcated

## **Course Contents**

## Paper I: Applied Basic Sciences

## **Applied Anatomy**

- 1. Gross anatomy of the face:
- a. Muscles of Facial Expression And Muscles Of Mastication
- b. Facial nerve
- c. Facial artery
- d. Facial vein
- e. Parotid gland and its relations
- 2. Neck region:
- a. Triangles of the neck with special reference to Carotid, Digastric triangles & midline structures
- b. Facial spaces
- c. Carotid system of arteries, Vertebral Artery, and Subclavian arteries
- d. Jugular system

Internal jugular

External jugular

- e. Lymphatic drainage
- f. Cervical plane
- g. Muscles derived from Pharyngeal arches

- h. Infratemporal fossa in detail and temporomandibular joint
- i. Endocrine glands

#### Pituitary

- j. Sympathetic chain
- k. Cranial nerves-V, VII, IX, XI, & XII
- Thyroid
- Parathyroid

## I. Exocrine glands

- Parotid
- Thyroid
- Parathyroid
- 3. Oral Cavity:
- a. Vestibule and oral cavity proper
- b. Tongue and teeth
- c. Palate soft and hard
- 4. Nasal Cavity
- a. Nasal septum
- b. Lateral wall of nasal cavity
- c. Paranasal air sinuses
- 5. Pharynx:

Gross salient features of brain and spinal cord with references to attachment of cranial nerves to the brainstem.

Detailed study of the cranial nerve nuclei of V, VII, IX, X, XI, XII Osteology: Comparative study of fetal and adult skull Mandible:

Development, ossification, age changes and evaluation of mandible in detail

## **Embryology**

- 1. Development of face, palate, nasal septum and nasal cavity, paranasal air sinuses
- 2. Pharyngeal apparatus in detail including the floor of the primitive pharynx
- 3. Development of tooth in detail and the age changes
- 4. Development of salivary glands

5. Congenital anomalies of face must be dealt in detail.

#### **Histology:**

- 1. Study of epithelium of oral cavity and the respiratory tract
- 2. Connective tissue
- 3. Muscular tissue
- 4. Nervous tissue
- 5. Blood vessels
- 6. Cartilage
- 7. Bone and tooth
- 8. Tongue
- 9. Salivary glands
- 10. Tonsil, thymus, lymph nodes

# Physiology:

- 1. General Physiology:
- Cell
- Body Fluid Compartments
- Classification
- Composition
- Cellular transport
- RMP and action potential Muscle Nerve Physiology
- 2. Structure of a neuron and properties of nerve fibers
- 3. Structure of muscle fibers and properties of muscle fibers
- 4. Neuromuscular transmission
- 5. Mechanism of muscle contraction

#### Blood:

- 2. RBC and Hb
- 3. WBC Structure and functions
- 4. Platelets functions and applied aspects
- 5. Plasma proteins
- 6. Blood Coagulation with applied aspects
- 7. Blood groups
- 8. Lymph and applied aspects

## **Respiratory System:**

- Air passages, composition of air, dead space, mechanics of respiration with pressure and volume changes
- Lung volumes and capacities and applied aspects
- Oxygen and carbon dioxide transport
- · Neural regulation of respiration
- · Chemical regulation of respiration
- Hypoxia, effects of increased barometric pressure and decreased barometric pressure
- Cardio-Vascular System:
- · Cardiac Cycle
- Regulation of heart rate/ Stroke volume / cardiac output / blood flow
- · Regulation f blood pressure
- · Shock, hypertension, cardiac failure

## **Excretory system**

· Renal function tests

#### Gastro - intestinal tract:

- · Composition, functions and regulation of:
- Saliva
- Gastric juice
- Pancreatic juice
- · Bile and intestinal juice
- · Mastication and deglutition

## **Endocrine system:**

- · Hormones classification and mechanism of action
- · Hypothalamic and pituitary hormones
- · Thyroid hormones
- · Parathyroid hormones and calcium homeostasis
- Pancreatic hormones
- Adrenal hormones

# **Central Nervous System:**

Ascending tract with special references to pain pathway

#### **Special Senses:**

Gustation and Olfaction

## **Biochemistry**

## 3. Carbohydrates - Disaccharides specifically maltose, lactose, sucrose

- Digestion of starch/absorption of glucose
- Metabolism of glucose, specifically glycolysis, TCA cycle, gluconeogenesis
- Blood sugar regulation
- Glycogen storage regulation
- Glycogen storage diseases
- Galactosemia and fructosemia

#### 2. Lipids

- · Fatty acids-Essential/non essential
- Metabolism of fatty acids- oxidation, ketone body formation, utilization ketosis
- Outline of cholesterol metabolism-synthesis and products formed from cholesterol

#### 3. Protein

- Amino acids-essential/non essential, complete/incomplete proteins
- Transamination/ Deamination (Definition with examples)
- Urea cycle
- Tyrosine- Hormones synthesized from tyrosine
- In born errors of amino acid metabolism
- Methionine and transmethylation

## 4. Nucleic Acids

- Purines/Pyrimidines Purine analogs in medicine
- DNA/RNA-Outline of structure
- Transcription/translation Steps of protein synthesis Inhibitors of protein synthesis Regulation of gene function

#### 5. Minerals

- Calcium/Phosphorus metabolism specifically regulation of serum calcium levels
- Iron metabolism
- lodine metabolism
- Trace elements in nutrition

## 6. Energy Metabolism

- Basal metabolic rate

Specific dynamic action (SDA) of foods

#### 7. Vitamins

- Mainly these vitamins and their metabolic role- specifically vitamin A, Vitamin C, Vitamin D, Thiamin, Riboflavin, Niacin, Pyridoxine

# Pathology:

#### 1. Inflammation:

- Repair and regeneration, necrosis and gangrene
- · Role of complement system in acute inflammation
- Role of arachidonic acid and its metabolites in acute inflammation
- · Growth factors in acute inflammation
- · Role of molecular events in cell growth and intercellular signaling cell surface receptors
- · Role of NSAIDS in inflammation
- · Cellular changes in radiation injury and its manifestations

#### **Homeostasis**

- · Role of Endothelium in thrombo genesis
- Arterial and venous thrombi
- Disseminated Intravascular Coagulation

#### Shock

• Pathogenesis of hemorrhagic, neurogenic, septic, cardiogenic shock, circulatory disturbances, ischemic hyperemia, venous congestion, edema, infarction

#### **Chromosomal Abnormalities:**

- · Mar fan's syndrome
- · Ehler's Danlos Syndrome
- Fragile X Syndrome

## Hypersensitivity:

- Anaphylaxis
- Type II Hypersensitivity
- Type III Hypersensitivity
- Cell mediated Reaction and its clinical importance
- Systemic Lupus Erythmatosus
- Infection and infective granulomas

## Neoplasia:

- Classification of Tumors
- Carcinogenesis & Carcinogens Chemical, Viral and Microbial
- Grading and Staging of Cancer, tumor Angiogenesis, Paraneoplastic Syndrome
- Spread of tumors
- · Characteristics of benign and malignant tumors

#### Others:

- Sex linked agamaglobulinemia
- AIDS
- Management of Immune deficiency patients requiring surgical procedures
- De George's Syndrome
- Ghons complex, post primary pulmonary tuberculosis pathology and pathogenesis

## Phamacology:

- 1. Definition of terminologies used
- 2. Dosage and mode of administration of drugs
- 3. Action and fate of drugs in the body
- 4. Drugs acting on the CNS
- 5. Drug addiction, tolerance and hypersensitive reactions
- 6. General and local anesthetics, hypnotics, analeptics, and & tranquilizers
- 7. Chemotherapeutics and antibiotics
- 8. Analgesics and anti pyretics
- 9. Anti tubercular and anti syphilitic drugs
- 10. Antiseptics, sialogogues, and anti sialogogues
- 11. Haematinics
- 12. Anti diabetics
- 13. Vitamins A B Complex, C, D, E, K
- 14. Steroids

## Paper II: Oral And Maxillofacial Radiology

## Study includes Seminars / lectures / Demonstrations

- 1. History of radiology, structure of x ray tube, production of x ray, property of x rays
- 2. Biological effects of radiation
- 3. Filtration of collimation, grids and units of radiation
- 4. Films and recording media
- 5. Processing of image in radiology

- 6. Design of x -ray department, dark room and use of automatic processing units
- 7. Localization by radiographic techniques
- 8. Faults of dental radiographs and concept of ideal radiograph
- 9. Quality assurance and audit in dental radiology
- 10. Extra oral-imaging techniques
- 11. OPG and other radiologic techniques
- 12. Advanced imaging technique like CT Scan, MRI, Ultras one & thermo graphic
- 13. Radio nucleotide techniques
- 14. Contrast radiography in salivary gland, TMJ, and other radiolucent pathologies
- 15. Radiation protection and ICRP guidelines
- 16. Art of radiographic report, writing and descriptors preferred in reports
- 17. Radiograph differential diagnosis of radiolucent, radio opaque and mixed lesions
- 18. Digital radiology and its various types of advantages

# Paper III: Oral Medicine, therapeutics and laboratory investigations

- 1. Study includes seminars / lectures / discussion
- 2. Methods of clinical diagnosis of oral and systemic diseases as applicable to oral tissue including modern diagnostic techniques
- 3. Laboratory investigations including special investigations of oral and bro facial diseases.
- 4. Teeth in local and systemic diseases, congenital, and hereditary disorders
- 5. Oral manifestations of systemic diseases
- 6. Oro facial pain
- 7. Psychosomatic aspects of oral diseases
- 8. Management of medically compromised patients including medical emergencies in the dental chair
- 9. Congenital and Hereditary disorders involving tissues of oro facial region
- 10. Systemic diseases due to oral foci of infection
- 11. Hematological, Dermatological, Metabolic, Nutritional, & Endocrinal conditions with oral manifestations
- 12. Neuromuscular diseases affecting oro -facial region
- 13. Salivary gland disorders
- 14. Tongue in oral and systemic diseases
- 15. TMJ dysfunction and diseases
- 16. Concept of immunity as related to oro facial lesions, including AIDS
- 17. Cysts, Neoplasms, Odontomes, and fibro osseous lesions
- 18. Oral changes in Osteo dystrophies and chondro dystrophies
- 19. Pre malignant and malignant lesions of oro facial region

- 20. Allergy and other miscellaneous conditions
- 21. Therapeutics in oral medicine -clinical pharmacology
- 22. Forensic odontology
- 23. Computers in oral diagnosis and imaging
- 24. Evidence based oral care in treatment planning

# **Essential Knowledge**

Basic medical subjects, Oral Medicine, Clinical Dentistry, Management of Medical Emergencies, Oral Radiology, Techniques and Inter - Operation, Diagnosis of Oro-facial Disorders

Procedural and Operative Skills:

(The numbers mentioned are minimum to be performed by each candidate)

### 1st Year

Observe, Assist, & Perform under supervision

1. Examination of Patient - Case history recordings

50

- FNAC & Biopsy

5 each

Observe, Assist, & Perform under supervision

2. Intra - oral radiograph

Perform an interpret

100

### 2nd year

- 1. Dental treatment to medically compromised patients
- Observe, assist, and perform under supervision
- 2. Extra oral radiographs, digital radiography 25
- Observe, assist and perform under supervision

## **Operative skills:**

- 1. Giving intra muscular and intravenous injections
- 2. Administration of oxygen and life saving drugs to the patients
- 3. Performing basic CPR and certification by Red Cross

#### 3rd Year

## All the above

Performed independently-Case history: Routine cases - 25
Interesting Cases - 25

Intra - oral Radiographs	-	100
Periapical view	-	50
Bitewing view	-	25
- Occlusal view	-	25
Extra-oral radiographs of different views	-	50

# **Monitoring Learning Progress**

It is essential to monitor the learning progress to each candidate through continuous appraisal and regular assessment. It not only helps teachers to evaluate students, but also students to evaluate themselves. The monitoring to be done by the staff of the department based on participation of students in various teaching / learning activities. It may be structured and assessment be done using checklists that assess various aspects. Checklists are given in Section IV

#### Scheme of Examination

## Theory

Written examination shall consist of four question papers each of three hours duration. Total marks for each paper will be 75. Paper I, II and III shall consist of two long questions carrying 20 marks each and 5 short essay questions carrying 7 marks each. Paper IV will be on Essay. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**PAPER-I:** Applied Basic Sciences : Applied Anatomy, Physiology, Biochemistry,

Pathology, and Pharmacology.

PAPER-II: Oral and Maxillofacial Radiology

**PAPER-III:** Oral Medicine, therapeutics and laboratory investigations

#### **PAPER-IV-Essay**

\* The topics assigned to the different papers are generally evaluated under those sections. However a strict division of the subject may not be possible and some overlapping of topics is inevitable. Students should be prepared to answer overlapping topics.

B. Practical/Clinical Examination

200 Marks

1st Day

#### Clinical Case Presentation

2 Spotters 2x10 = 20 Marks 2 Short Cases 2x15 = 30 Marks 1 Long Case 1x50 = 50 Marks

Total = 100 Marks

# **Radiology Exercise**

I. A) One Intra Oral Radiograph 10 Marks
B) One Occlusal Radiograph 30 Marks

II. A) Two Extra Oral Radiograph  $2 \times 30 = 60$  Marks Including technique and interpretation

## 2"\* Day

C. Viva Voce: 100 Marks

#### i. Viva-Voce examination: 80 marks

All examiners will conduct viva-voce conjointly on candidate's comprehension, analytical approach, expression, interpretation of data and communication skills. It includes all components of course contents. It includes presentation and discussion on dissertation also.

## ii. Pedagogy Exercise: 20 marks

A topic is given to each candidate in the beginning of clinical examination. He/she is asked to make a presentation on the topic for 8 10 minutes