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DR AGRIMA THAKUR

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BATCH-2019- 2022

TOPIC- 'EVALUATING THE EFFECT OF MANDIBULAR ADVANCEMENT ON PHARYNGEAL
AIRWAY DIMENSIONS USING AN ADVANSYNC 2 CLASS II CORRECTOR'

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"EVALUATING THE EFFECT OF MANDIBULAR ADVANCEMENT ON PHARYNGEAL AIRWAY DIMENSIONS USING AN ADVANSYNC 2 CLASS II CORRECTOR" SAMPLE STATISTICS A total of 20 patients were included in the study after shortlisting potential patients for the relevant eligibility criteria. Since no sex differences were taken into account while setting the eligibility criteria, gender based evaluation of the sample was not undertaken. The mean age of patients was 14.8 years. Average treatment time with the AdvanSync2 appliance was 26 weeks. PROGRESSION OF FUNCTIONAL TREATMENT The appliance was put in place for each subject after initial leveling and alignment was complete. Wherever required, monthly activation of the appliance was done in order to obtain the desired molar relation/ overjet. Progress of each case was recorded with the help of intra-oral and extra- oral photographs. Figure 5 shows intra- oral and extra- oral pretreatment, mid-

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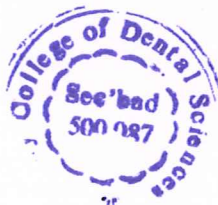
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DR MEGHNA MUKHOPADHYAY

MDS DISSERTATION

BATCH-2019- 2022

TOPIC- 'THREE-DIMENSIONAL FINITE ELEMENT MODELING ANALYSIS OF STRESS DISTRIBUTION
PATTERN ON MAXILLA AND MANDIBLE USING ADVANSYNC 2 CLASS II CORRECTOR'

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Three Dimensional Finite Element modelling analysis of stress distribution pattern on maxilla and mandible using Advansync 2 Class II corrector The results are discussed under the subsequent headings- 1. Stress distribution on maxilla and mandible using Advansync 2 Class II corrector. 2. Stress distribution on maxilla and mandible using Advansync 2 Class II corrector With 4mm spacers. 3. Compression and tension sites on the maxilla and mandible with Advansync 2 class II corrector. 1. Stress distribution on maxilla and mandible of Advansync 2 Class II corrector a. Stress distribution in maxilla . b. Stress distribution in mandible Table 3. Stress distribution In Advansync 2 Class II corrector Stress distribution In Mandible Regions Stress (in MPa) Regions Stress (in MPa) Condylar head 1.68 Angle of mandible 4.91 Coronoid process 13.20 Body of mandible 3.29 Sigmoid notch 12.34 Parasymphysis 1.69 Ramus 6.53 Symphysis 0.06 Stress distribution In Maxilla Regions Stress (in MPa) Regions Stress (in MPa) Zygomatic process 1.25 Alveolar process 0.62 Floor of orbit 0.000 Anterior nasal spine 1.88 • Most of the strain is focused on the posterior region of mandible, particularly at the condyle and sigmoid notch. • Ramus (6.53 MPa), Body of mandible (4.91 MPa) and angle of mandible (3.29 MPa) is subjected to less stress than on the posterior region. • Symphysis region experiences the smallest amount of stress. 2. Stress distribution on maxilla and mandible with activation of Advansync 2 Class II corrector with 4mm spacers. a. Stress distribution in maxilla b. Stress distribution In mandible Table 4. Stress distribution In Advansync Class II corrector with 4mm activation Stress distribution In Mandible Regions Stress (in MPa) Regions Stress (in MPa) Condylar head 1.68 Angle of mandible 3.26 Condylar neck 16.83 Body of mandible 4.88 Coronoid process 13 Ramus 6.51 Sigmoid notch 8.13 Symphysis 3.26 Stress distribution In Maxilla Regions Stress(in MPa) Regions Stress (in MPa) Zygomatic process 0.62 Alveolar process 1.25 Floor of orbit 0.000 Anterior nasal spine 1.88 • The areas in red showed the utmost stress and blue is that the



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EVALUATION OF C-REACTIVE PROTEIN AND VARIOUS HEMATOLOGICAL PARAMETERS IN PATIENTS WITH PERIODONTITIS BEFORE AND AFTER NON SURGICAL PERIODONTAL THERAPY
DR SUNNY RAJORIA-DEPARTMENT OF PERIODONTICS

The aim and objective of the present study are

1. To investigate the effect of non-surgical periodontal therapy on total leukocyte count (TLC), differential leukocyte count, erythrocyte sedimentation rate (ESR), total platelet count and C- reactive protein (CRP) in patients with periodontitis.
2. To determine the clinical response of non surgical periodontal therapy in chronic periodontitis patients.
3. To assess any chance of risk of CVD in periodontitis patients by evaluating the serum levels of CRP, ESR, Platelet count, total leukocyte count and differential leukocyte count.

Materials and methods: The present study was conducted in 45 chronic periodontitis subjects, selected between age group of 20-55 years, irrespective of their sex. The venous blood was collected from the patient for evaluating serum CRP and blood parameters before treatment and one week after non-surgical periodontal treatment. Clinical

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COMPARATIVE EVALUATION OF SODIUM CHLORIDE RINSE WITH CHLORHEXIDINE RINSE AGAINST ORAL MICROBES IN PATIENTS WITH PERIODONTITIS: A RANDOMIZED CONTROLLED TRIAL
DR RAJESH KUMAR
Study design:
A randomized control trial was designed to evaluate and assess the effectiveness of sodium chloride rinse with chlorhexidine rinse in reducing periodontitis causing microbes.
Thirty patients with generalised moderate to severe chronic periodontitis (10 males, 11 females, age range 29-54 years,) were selected from patients visiting the Department of Periodontology, Army College of Dental Sciences, Secunderabad
Control group
(N=15)

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COMPARATIVE EVALUATION OF TENSILE BOND STRENGTH OF DIFFERENT CORE BUILD-UP MATERIALS WITH ZIRCONIA USING SELF-ADHESIVE RESIN CEMENT: AN IN VITRO STUDY

Dr. CHAMAKURA NIHARIKA

The present in vitro study was conducted in the Department of Prosthodontics, Army college of Dental Sciences, Secunderabad and Birla Institute of Technology and Science, Pilani, Hyderabad to evaluate and compare the Tensile bond strength of three different core materials with Zirconia using self-adhesive resin cement.

STUDY PROCEDURE:

- 1) SAMPLE PREPARATION:
 - Typhodont tooth Preparation
 - Putty impression material [DENSPLY SIRONA AQUASIL ULTRA] [Fig 1]
 - Core build up materials
 - 1) Multicore flow [IVOCLEAR VIVADENT] [Fig 2]

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Dr. KAMYA MAHAJAN
MATERIALS USED FOR THE STUDY:
1. Typodont And Ivorine Tooth 36 (NISSIN, JAPAN)- Figure 1
2. Alrotor (NSK, JAPAN) And Crown Preparation Kit - Figure 2
3. Polyvinyl Siloxane Putty and Light Body (AQUASIL, DENTSPLY SIRONA, GERMANY) - Figure 3
4. Surfactant (AUROFILM, BEGO, GERMANY) - Figure 4
5. Die Stone Type IV (ULTRA ROCK, KALABHAJ, INDIA) - Figure 5
6. Zirconia Pre-Sintered Blank (CERCON, DENTSPLY SIRONA, USA) - Figure 6
7. Metal Blank (KUCCO-KOUL, CHINA) - Figure 7

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EFFECT OF MOUTHRINSES ON COLOUR STABILITY OF PEEK (POLYETHERETHERKETONE) AND MONOLITHIC ZIRCONIA

AN INVITRO STUDY
Dr. VAIBHAV SHARMA
MATERIALS AND METHODS
SOURCE OF DATA

Two commercially available materials different in their constituents were selected for this study. Materials were collected through regular commercial channels and data was obtained from the experiment. The experimental specimen were fabricated in Dmax dental lab kukatpalli, Hyderabad. The specimens were subjected to the study in Army College of Dental Sciences Secunderabad, in association with Birla Institute of Technology, Pilani, Hyderabad.

SAMPLE SELECTION:
A total of 72 circular disks (10 mm diameter and 2 mm thickness) were fabricated out of which 36 samples of monolithic zirconia (Figure 1) and 36 samples of PEEK(BioHPP®, Bredent, Germany) (Figure 2) were prepared using CAD-CAM (Circon ® HT full contour zirconia, dentsply, germany). The dimensions of the specimens are standardized

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The screenshot shows a plagiarism scan report for a document titled "OVERVIEW OF BODY MASS INDEX, DENTAL AGE, AND DENTAL CARIES EFFECTING ORAL HEALTH-RELATED QUALITY OF LIFE IN CHILDREN AGED 6-12 YEARS: A CROSS-SECTIONAL STUDY" by Swapna Sant et al. (2018). The report indicates that 5% of the content is plagiarized, 95% is unique, 3 sentences are plagiarized, and 56 sentences are unique. The text of the report is as follows:

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REVIEW OF LITERATURE
Page 21
27. Duangporn Duangthip et al. (2019) 34 investigated the association between caries.

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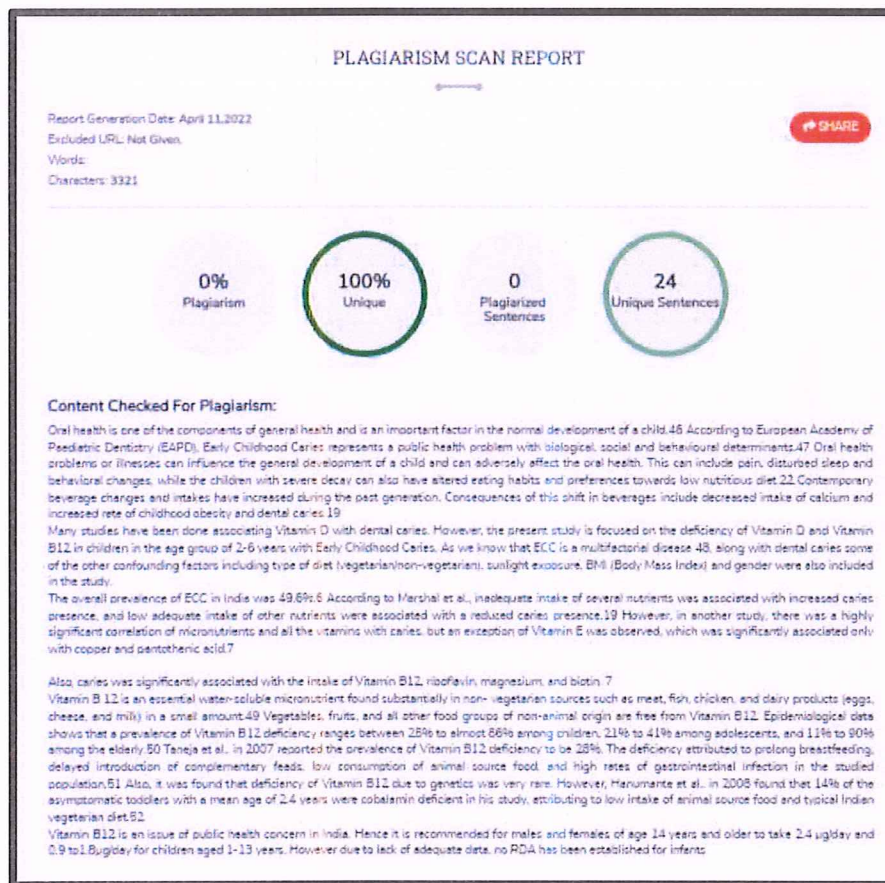
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DEPARTMENT OF CONSERVATIVE DENTISTRY AND ENDODONTICS

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BATCH 2019-2022

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ARMY COLLEGE OF DENTAL SCIENCES
DEPARTMENT OF ORAL AND MAXILLOFACIAL SURGERY

DR HARSH KUMAR JHA

MDS – ORAL AND MAXILLOFACIAL SURGERY

THESIS TOPIC : PREVALENCE OF RETAINED MANDIBULAR THIRD MOLAR AND ITS
ASSOCIATED SEQUELAE IN PATIENTS OVER 30 YEARS OF AGE

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PREVALENCE OF RETAINED MANDIBULAR THIRD MOLAR AND ITS ASSOCIATED SEQUELAE IN PATIENTS OVER 30 YEARS OF AGE

By
Dr. HARSH KUMAR JHA

Mandibular third molars are the most common impacted teeth to be retained (1). As the mandibular third molars are the last teeth to erupt in the oral cavity, the amount of space available for their eruption is restricted. This often leads to a partial or complete failure of eruption (2). Prophylactic removal of retained third molars has been recommended in the past to avoid the future risk of associated pathology. Retained asymptomatic impacted third molars may lead to pathology that could be difficult to deal with at a later age due to a high rate of surgical morbidity compared to a younger age. Although a variety of pathological sequelae with retained mandibular third molar teeth have been described in the literature. Retained mandibular third molars are known to be associated with various pathologies ranging from dental caries, pericoronitis, cellulitis, abscess formation, osteomyelitis, and cyst or tumour formation to the risk of mandibular fractures. The consequences of such sequelae, if left unattended would lead to loss of function and thus reduction in quality of life of the individual.

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