

# Students Welfare Association

## Statement of purpose

As per guidelines of MUHS Nashik, the institution has a structured Student Council for active participation of the students in various academic and administrative bodies including other activities.

The body comprises of staff members appointed as a Chairman, Director of Sports and In-charges for various cultural activities. Student are nominated by the dean from each year who has excelled in academic and extra-curricular activities like sports, cultural, National Service Schemes (NSS) and National Cadet Corps (NCC). Student Council is responsible for the various recreational activities throughout the year. It is constituted every year and plays an integral part in student community.

Student Representatives are also nominated as members of various committees like **Student welfare Association committee, College Council Committee, Anti-ragging committee, Hostel committee, Library committee, Gender equity and Harassment Committee, Curriculum and Time Table committee.**

They actively participate in these committee meetings, and play a pivotal role in decision making. This representation empowers the students in gaining leadership qualities, rules, regulations and execution skills.

In Anti-ragging committee the members of the committee include a senior and a junior student who observe misconduct amongst students in classroom as well as at other places. Any such issues are brought to the notice of higher authorities and hence prevent untoward happening.

In Grievance Redressal cell, Library committee and Curriculum and time Table committee, student representatives put forth their problems regarding academics or personal issues in front of the respective committee heads and collectively solve the issues..

Being a member of Gender equity and Harassment Committee it helps to increase the sensitivity towards gender based violence and awareness.

In College council committee student representatives discuss issues related to academics ,curricular and co-curricular activities .This committee acts as a channel between the authorities and the student.

Student Council discuss issues of concern and undertake issues that benefit college as well as the community on a larger scale. It fosters an environment which is conducive to educational and personal development of an individual including long lasting friendship and empathy for fellow batchmates. This council is supervised by faculty members which enhances communication between faculty, students and the higher authorities. It is a blend of the best in academics and extra-curricular activities

Student council is involved in various activities like scientific, workshops, annual gathering and various cultural events. The management supports the student council financially for any upcoming events of the institution. Various problems faced by students are put forward in the students's grievance cell and where it is discussed and put forward in the student council cell for the further suggestions and actions.

**NAAC CIRCULAR FOR ACADEMIC CALENDER**

**Sub : Details of various committee of VSPM DCRC for the year 2015-16, 16-17, 17-18, 18-19,19-20.**

Name of the committee	Frequency of meetings per year	Dates of the meeting	Duties/activity of the committee		Annual report of the committee for particular year
			Completed	Proposed	
Student Welfare Association	4/year				
	2014	30/05/14 29/12/14	1. Annual Fest 'Dhadkan' 2. Installation Ceremony 3. Fresher Day 4. Graduation Ceremony 5. Donation of Cloth 6. IMA Dance Competition 7. Sport Competition 8. Traffic Control Exercise		Student welfare committee organizes various program & events throughout the year for the overall academic, cultural & social development of the students under a strong supervision of the committee. Programs like Fresher's, graduation day, orphanage donations, <b>Innovative Activity,</b> voluntary traffic control exercise was conducted by students at various places in Nagpur to create awareness about traffic rules among general public.
	2015	22/12/15 2/06/15	1. Annual Fest 'Dhadkan' 2. Installation Ceremony		Student welfare committee organizes various program &

			<ol style="list-style-type: none"> <li>3. An Ice Breaking Session for the first year students</li> <li>4. Fresher Day</li> <li>5. Graduation Ceremony</li> <li>6. Donation of Cloth</li> <li>7. Intercollegiate Dance Competition</li> <li>8. Sport Competition</li> <li>9. Traffic Control Exercise</li> <li>10. Diagnostic Camp In Schools Of Rural Areas</li> <li>11. Swatch Bharat Rally</li> </ol>		<p>events throughout the year for the overall academic, cultural &amp; social development of the students under a strong supervision of the committee. Programs like annual fest 'dhadkan', fresher's day, graduation day, various camps, swatch bharat abhiyan etc were carried out</p> <p><b>An Innovative Program</b> 'Ice breaking' was conducted for 1<sup>st</sup> BDS students.</p>
	2016	5/09/16 3/10/16 19/12/16 28/04/16	<ol style="list-style-type: none"> <li>1. Annual Fest 'Dhadkan'</li> <li>2. International Yoga Day Celebration (Rangoli Competition, E-Slogan Competition, Mass Yoga)</li> <li>3. Tiranga March</li> <li>4. Swatch Bharat Rally</li> <li>5. Graduation Ceremony</li> <li>6. Gandhi Jayanti</li> <li>7. Inter-Zonal Selection trial for sports</li> <li>8. Anti -Ragging Skit</li> <li>9. SPANDAN Audition</li> <li>10. Swachta Pakhvada</li> <li>11. Children Day Celebration</li> <li>12. Dental Check-Up Camp</li> <li>13. AIDS Day</li> </ol>		<p>Student welfare committee organize various program &amp; events throughout the year for the overall academic, cultural &amp; social development of the students under a strong supervision of the committee. Programs like – Annual fest 'dhadkan', International Yoga Day, <b>Tiranga March</b>, Anti-Ragging Skit &amp; Various Other Program were Conducted For 20<sup>th</sup> August 2016. Tiranga March, A Very <b>Noval Activity</b> was Conducted To Create A Feeling Of Patriotism Amongst Students Of The Campus.</p>
	2017	2/07/17 29/07/17	<ol style="list-style-type: none"> <li>1. Swatch Bharat rally</li> <li>2. Anti -Ragging Awareness</li> </ol>		<p>Student welfare committee organize various program &amp;</p>

		27/12/17 1/05/18	3. Organ Donation Program (Rangoli, Painting, Essay, Rally) 4. Inter College Debate 5. Gandhi Jayanti 6. Fresher Day 7. Children day Celebration 8. Camp At Child Care Centre		events throughout the year for the overall academic, cultural & social development of the students under a strong supervision of the committee. Programs like – Organ Donation Where In Rangoli, Painting, Essay & Awareness Rally was Held. Intercollegiate Debate competition & various other programs.
	2018	3/09/18 27/11/18 28/03/19 4/06/19	1. Cultural Event 2. MUHS Day celebration 3. Tree Plantation Programme 4. Gandhi Jayanti 5. Installation ceremony 6. Dental Camp 7. Children Day 8. AIDS Day		Student welfare committee organize various program & events through out the year for the overall academic, cultural & social development of the students under a strong supervision of the committee. Programs like MUHS day, Tree Plantation, Children's day, A program on importance of oral hygiene maintenance & a skit on deaddiction of tobacco & betel nut was performed to create awareness amongst school children about ill effects of tobacco & to make society tobacco & cancer free.
	2019	28/03/19 4/06/19 18/09/19	1. Organ Donation Rally 2. Teachers Day Celebration 3. Graduation Ceremony Day	1. Diksha Bhumi Camp 2. AIDS Day	Student welfare committee organize various program & events throughout the year

		23/12/19	<p>4. Annual Fest 'Dhadkan'</p> <p>5. IMA Dance Competition</p> <p>6. Cyber Awareness Program</p> <p>7. Gandhi Jayanti.</p> <p>8. Patriotic Singing Competition</p>		<p>for the overall academic, cultural &amp; social development of the students under a strong supervision of the committee. Programs like - Cyber awareness, Patriotic singing competition, Aids Day, Gandhi Jayanti. <b>Innovative program</b> of cyber awareness was conducted to create awareness amongst youth towards cyber crime.</p>
	2020	<p>20/01/20</p> <p>13/03/20</p> <p>18/06/20</p> <p>15/09/20</p>		<p>1. Organ donation rally</p> <p>2. Teachers day celebration</p> <p>3. Graduation Ceremony day</p> <p>4. Annual Fest 'Dhadkan'</p> <p>5. IMA Dance Competition</p> <p>6. Gandhi Jayanti.</p> <p>7. Anti -Ragging awareness</p> <p>8. Swatch Bharat rally</p> <p>9. Inter College Debate</p> <p>10. Children Day Celebration.</p>	

# Abstracts Year Wise of Postgraduate students

## **DHADKAN 2014 (AURA) SCIENTIFIC PAPER PRESENTATION**

### **1) Dr. Aditi Mahajan**

#### **Dimensional evaluation of root resorption areas in teeth affected with differing severity of chronic periodontitis - A scanning electron microscopic study**

**Aim:** The aim of this study was to evaluate root surface alterations in terms of location, length and depth of root resorption in the gingival, middle and apical third of the mesial and distal surface of the root in healthy and periodontally affected teeth with chronic periodontitis under scanning electron microscope.

**Materials and method:** Fortyfive teeth diagnosed with differing severity of chronic periodontitis as assessed by clinical and radiographic parameters of bone destruction were observed under scanning electron microscope. Existence and location of root resorption areas, as well as length and depth of the resorption on each radicular third of the teeth, were determined under scanning electron microscope.

**Results:** 27 teeth (60 %) amongst all the groups exhibited root resorption. The number of teeth showing root resorptions in each group were; Group I: 2 teeth (13.33 %); Group II: 11 teeth (73.33 %); and Group III: 14 teeth (93.33 %). The most affected teeth were the mandibular incisors. The apical one third of the root was the most affected and the gingival third of the root was the least affected with respect to the length and depth of the root resorption. The mesial surface of the root was more commonly affected when compared to the distal surface of the root.

**Conclusion:** It may thus be concluded that, greater the extent of periodontal destruction, greater is the existence and extent of root resorption.

### **2) Dr. Farooque Khan**

#### **Quantitative analysis of Oncostatin M levels in chronic periodontitis patients: A Clinical Trail**

##### **Background:**

Oncostatin M (OSM) is the cytokine from the family of IL-6. Inflammation, tissue turnover, healing & repair alters the levels of OSM. The present study was aimed to evaluate the GCF and serum OSM levels in clinically healthy, chronic gingivitis and chronic periodontitis patients and subsequently after nonsurgical periodontal therapy.

##### **Methods**

60 patients were equally divided into four groups as healthy, chronic gingivitis, chronic periodontitis (CP) and CP with non-surgical periodontal therapy (NSPT) were included in this study. After 6 weeks of initial periodontal therapy the clinical parameters were measured and OSM levels in gingival crevicular fluid (GCF) and serum were assessed by using Enzyme Linked Immunosorbent Assay (ELISA).

##### **Result**

The levels of OSM in GCF & serum increased significantly with severity of periodontal disease. There was a significant decrease in OSM levels in GCF & serum in CP with NSPT group.

### **Conclusion**

GCF and serum OSM levels can be considered as an appropriate biomarker to be correlated with the severity of periodontal disease. Thus, the increased OSM levels suggest its role in the pathogenesis of periodontal disease and prevent systemic complications.

### **3) Dr. Minal Mishra**

#### **Topic/ Title: Evaluation of Tongue Morphology for Individual's Identification In Forensic Odontology: A Single Blinded Study.**

##### **Abstract:**

Every human has a unique tongue morphology that can be useful for forensic identification. It is possible to make tongue prints by impressions and photographs which are also unique and difficult to forge. The present study deals with evaluation of these morphological features of tongue and its application for identification of an individual.

**Materials & Methods:** The study was carried out in two parts. Part I: 300 subjects were examined for morphological features of the tongue like shape, surface texture, color and apex. Part II: Tongues of 20 random subjects were photographed and alginate impressions were taken followed by cast preparation. Two blinded Oral Pathologists co-related the morphological features of tongue on casts with photographs for identification.

**Results:**Part I: Most commonly observed morphological features of the tongue were 'U' shaped (65%), pale pink colored (57%), rounded apex (80%) and smooth surface texture (64%). Insignificant distribution of the morphological features of the tongue with that of age & gender was observed. Part II: Two Oral Pathologists co-related the morphological features of cast & photographs, first observer identified 80% casts correctly while second identified 70% correctly. **Conclusion:** Tongue can be used for identification in Forensic Odontology along with other identification aids.

### **4) Dr. Prashant Mude**

#### **Mucoepidermoid Carcinoma**

##### **Abstract:**

Salivary gland tumours comprise almost 5% of head and neck malignancies. Minor salivary gland tumours account for 10–15% of all salivary gland neoplasms and are usually malignant. The second most common minor salivary gland tumour (12–40% globally) is mucoepidermoid carcinoma. Mucoepidermoid carcinoma is more frequent in females, occurs in the fifth decade of life and is usually found in the parotid gland. However, the palate is a frequent site when it occurs in the minor glands. This is a case of a high-grade variant of mucoepidermoid carcinoma

in the lower right back region of jaw. Immunohistochemistry was advised to confirm the diagnosis. The patient is currently under periodic review.

#### 5) Dr. Pratima Mishra

### **Comparative evaluation of open flap debridement alone and in combination with anorganic bone matrix/cell-binding peptide in the treatment of human infrabony defects: A randomized clinical trial**

#### **Abstract**

**Background:** The synthetic anorganic bone matrix/cell-binding peptide (ABM/P-15) has displayed an increased fibroblast migration and attachment with bone graft material, thus enhancing periodontal regeneration. The objective of the present study was to evaluate and to correlate the efficacy of open flap debridement (OFD) with and without ABM/P-15 in the treatment of human infrabony periodontal defects.

**Materials and Methods:** A total of 20 chronic periodontitis patients with equal number infrabony defects were randomly selected and assigned into two groups depending on the treatment received: Control group (treated with OFD) and Test group (treated with OFD + ABM/P-15). Clinical parameters recorded included plaque index, gingival index, probing pocket depth (PPD), clinical attachment level (CAL), gingival recession, and radiographic defect depth (RDD) which were evaluated at baseline and 6 months postsurgically.

**Results:** When compared to baseline, both the treatment groups demonstrated improvements in the clinical parameters at 6 months. Test group exhibited a mean PPD reduction of  $4.15 \pm 1.04$  mm, CAL gain of  $3.10 \pm 1.42$  mm, and reduction in RDD of  $1.90 \pm 0.72$  mm postoperatively at 6 months. In contrast to Control group, the Test group showed greater reduction in PPD ( $P < 0.05$ ) which was statistically significant, greater CAL gain and greater mean RDD reduction ( $P < 0.001$ ) which was highly significant.

**Conclusion:** In the surgical management of periodontal infrabony defects, Test group elicited in statistically significant PPD reduction, CAL gain, and better infrabony defect fill at 6 months' postoperatively.

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#### 6) Dr. Natasha Pajnigara

### **A Bayesian network meta-analysis on comparisons of enamel matrix derivatives, guided tissue regeneration and their combination therapies.**

#### **Abstract**

#### **AIMS:**

Guided tissue regeneration (GTR) and enamel matrix derivatives (EMD) are two popular regenerative treatments for periodontal infrabony lesions. Both have been used in conjunction with other regenerative materials. We conducted a Bayesian network meta-analysis of randomized controlled trials on treatment effects of GTR, EMD and their combination therapies.

## MATERIAL AND METHODS:

A systematic literature search was conducted using the Medline, EMBASE, LILACS and CENTRAL databases up to and including June 2011. Treatment outcomes were changes in probing pocket depth (PPD), clinical attachment level (CAL) and infrabony defect depth. Different types of bone grafts were treated as one group and so were barrier membranes.

## RESULTS:

A total of 53 studies were included in this review, and we found small differences between regenerative therapies which were non-significant statistically and clinically. GTR and GTR-related combination therapies achieved greater PPD reduction than EMD and EMD-related combination therapies. Combination therapies achieved slightly greater CAL gain than the use of EMD or GTR alone. GTR with BG achieved greatest defect fill.

## CONCLUSION:

Combination therapies performed better than single therapies, but the additional benefits were small. Bayesian network meta-analysis is a promising technique to compare multiple treatments. Further analysis of methodological characteristics will be required prior to clinical recommendations.

## .7) Dr Arshia Baig.

### **Evaluation of the effect of alcohol and nonalcohol containing mouth rinses on the color stability of a nanofilled resin composite restorative material**

**Aim:** The aim of this study is to evaluate the effect of alcohol and nonalcohol containing mouth rinses on the color stability of a nanofilled resin composite restorative material.

**Materials and Methods:** A total of 120 samples of a nanofilled resin composite material (Tetric N-Ceram, Ivoclar Vivadent AG, FL-9494 Schaan/Liechtenstein) were prepared and immersed in distilled water for 24 h. Baseline color values were recorded using Color Spectrophotometer 3600d (Konica Minolta, Japan). Samples were then randomly distributed into six groups: Group I - distilled water (control group), Group II - Listerine, Group III - Eludril, Group IV - Phosflur, Group V - Amflor, and Group VI - Rexitin. The postimmersion color values of the samples were then recorded, respectively.

**Results:** Significant reduction in the mean color value (before and after immersion) was observed in nonalcohol containing mouth rinses ( $P < 0.001$ ).

**Conclusion:** All mouthrinses tested in the present *in-vitro* study caused a color shift in the nanofilled resin composite restorative material, but the color shift was dependent on the material and the mouthrinse used. Group VI (Rexitin) showed maximum color change.

## 8) Dr. Elakshi Morey

### **In vitro evaluation of the antimicrobial efficacy of chitosan and other endodontic irrigants against *Enterococcus faecalis*.**

The success of endodontic treatment is directly enhanced by elimination of microorganisms in infected root canals. Recently, chitosan, a natural, nontoxic biopolymer, has been introduced as

an irrigant that has the capacity to remove the smear layer. The antimicrobial properties of chitosan as an endodontic irrigant have not yet been explored.

The purpose of this study was to compare the antimicrobial efficacy of BioPure MTAD, 0.2% chitosan, 1% chitosan, 2% chlorhexidine gluconate, and 3% sodium hypochlorite (NaOCl) against *Enterococcus faecalis*, which is frequently isolated from persistent root canal infections.

The agar well diffusion method was used to measure the antimicrobial activities of these irrigants. Saline was used as a negative control. The order of effectiveness was determined by the measurement of inhibition zones.

Data were analyzed using 1-way analysis of variance and the Duncan multiple range test.

BioPure MTAD had a significantly larger mean inhibition zone against *E faecalis* than the other irrigants ( $P < 0.001$ ). Although 0.2% chitosan did not show any inhibition zones, 1% chitosan was as effective as 3% NaOCl ( $P = 0.352$ ), and both irrigants showed significantly greater effectivity than 2% chlorhexidine ( $P < 0.001$ ). Thus, 1% chitosan can be an effective natural antimicrobial substitute for synthetic irrigants.

## **9) Dr. Pooja Wattamwar**

### **Regenerative therapy of infrabony defects with or without systemic doxycycline. A randomized placebo-controlled trial.**

#### **Abstract**

##### **AIM:**

Comparison of regenerative therapy of infrabony defects with and without administration of postsurgical systemic doxycycline (DOXY).

##### **METHODS:**

In each of 61 patients one infrabony defect was treated with enamel matrix derivative (EMD), EMD plus filler or membrane at two centres. By random assignment patients received either 200 mg DOXY per day or placebo (PLAC) for 7 days after surgery. Prior to and 6 months after surgery probing pocket depths (PPD) and vertical attachment level (PAL-V) were obtained.

##### **RESULTS:**

Fifty-four patients (DOXY: 27; PLAC: 27) were re-examined after 6 months and had been treated exclusively with EMD. Seven to 8 days after surgery 81% of defects in both groups showed complete flap closure. In both groups significant ( $p < 0.001$ ) PPD reduction (DOXY:  $3.87 \pm 1.44$  mm; PLAC:  $3.67 \pm 1.30$  mm) and PAL-V gain (DOXY:  $3.11 \pm 1.50$  mm; PLAC:  $3.32 \pm 1.83$  mm) were observed. However, the differences failed to be statistically significant (PPD: 0.20;  $p = 0.588$ ; PAL-V: 0.21;  $p = 0.657$ ).

##### **CONCLUSIONS:**

Two hundred milligram systemic DOXY administered for 7 days after therapy of infrabony defects with EMD failed to result in better PPD reduction and PAL-V gain compared with PLAC which may be due to low power (50%) and, thus, random chance.

## 10) Dr.Sumedh Khobragade

### **Effects of platelet-rich fibrin on human periodontal ligament fibroblasts and application for periodontal infrabony defects.**

#### BACKGROUND:

Platelet-rich fibrin (PRF) by Choukroun's technique is derived from an autogenous preparation of concentrated platelets. Little is known about the effects of PRF on periodontal ligament fibroblasts (PDLFs) and the application of PRF for periodontal regeneration.

#### METHODS:

PDLFs were derived from healthy individuals undergoing extraction for orthodontic reasons. Blood collection was carried out from healthy volunteers. PRF was obtained from a table centrifuge centrifuged at 3000 rpm for 12 minutes. The effects of PRF on PDLFs were determined by measuring the expression of phosphorylated extracellular signal-regulated protein kinase (p-ERK), osteoprotegerin (OPG) and alkaline phosphatase (ALP) activity. Moreover, we retrospectively examined the feasibility and safety of reconstructing the periodontal infrabony defects with PRF in six patients.

#### RESULTS:

PRF was found to increase ERK phosphorylation and OPG in PDLFs in a time-dependent manner ( $p < 0.05$ ). ALP activity was also significantly upregulated by PRF ( $p < 0.05$ ). Application of PRF in infrabony defects exhibited pocket reduction and clinical attachment gain after six months. Periapical radiography revealed radiographic defect filled in grafted teeth.

#### CONCLUSIONS:

The enhancement of p-ERK, OPG and ALP expression by PRF may provide benefits for periodontal regeneration. Clinical and radiologic analysis showed that the use of PRF is an effective modality for periodontal infrabony defects.

## 11) Dr. Rajiv Khode

### **Evaluation of effect of ultrasonic scaling on surface roughness of four different tooth-colored class V restorations: An *in-vitro* study**

**Aim:** This study evaluated the effect of ultrasonic scaling on surface roughness of four different tooth-colored class V restorations.

**Materials and Methods:** Out of 100 human extracted teeth, 20 were randomly selected for each group, marked with the outline of class V cavity. Class V cavities were prepared on facial surface of teeth of all groups except control group. These cavities were then restored with GC 2, GC 9, GC 2 LC, and Filtek Z 250 XT. All the specimens were stored in artificial saliva at 37 °C for 1 month. Initial surface roughness values (Ra in  $\mu\text{m}$ ) of restorations were evaluated with the surface roughness tester. Ultrasonic instrumentation was then carried out for 60 s on the

restoration surface and final roughness values were evaluated. Data were analyzed with Paired *t*-test, One-way ANOVA, Tukey's test.

**Results:** Mean Pre-instrumentation surface roughness was highest with GC 2, whereas it was least in case of Filtek Z 250 XT. Mean post-instrumentation surface roughness was highest with GC 2, whereas it is least in case of Filtek Z 250 XT.

**Conclusion:** GC 2 LC showed highest and Filtek Z 250 XT showed least susceptibility to ultrasonic scaling.

## 12) Dr. Chinmay Rao

### **Transmandibular Resection with or Without Lip Splitting: A Prospective Analysis of 30 Cases**

**Background/Introduction** A lower lip-splitting incision is being used for transmandibular resections since the olden times for obtaining wide access to oral cancers regardless of its unfavorable aesthetic results. Here, we have described a new modification of the traditional approach for transmandibular resection without lip splitting to improve the cosmetic results.

**Objectives** To evaluate transmandibular resection with or without lip splitting.

**Methods** Patients of oral cancer involving mandible and retromandibular trigone who underwent transmandibular resection were reviewed from January 2016 to June 2016. Of 30 patients who underwent mandibular resection for cancer, 15 had been operated without lower lip splitting and 15 with conventional lip split approach. Each case was assessed for TNM staging, status of resection margins, perioperative and postoperative complications and aesthetic and functional results of lower lip.

**Results** All the tumors were successfully removed in-toto by means of modified non “lip-splitting and the traditional lip split approach. The cosmetic results have been analysed in these cases.

**Conclusions** This new modified non-lip-splitting mandibulectomy approach could certainly replace the traditional mandibulectomy approach for atleast some selected malignant lesions, with excellent cosmetic as well as functional results of the lower lip.

### 13) Dr. Trupti Sarada

**Treatment of human periodontal infrabony defects with hydroxyapatite +  $\beta$  tricalcium phosphate bone graft alone and in combination with platelet rich plasma: a randomized clinical trial.**

#### **Abstract**

##### **BACKGROUND:**

The present study was aimed at comparing the clinical effectiveness of two regenerative techniques - platelet rich plasma (PRP) + bone graft (HA +  $\beta$  TCP) versus bone graft (HA +  $\beta$  TCP) + normal saline in the treatment of periodontal intrabony defects.

##### **MATERIALS AND METHODS:**

Ten patients diagnosed with chronic periodontitis were enrolled in a randomized split mouth clinical trial. Following phase I therapy the sites were randomly assigned to the test group - PRP + bone graft (HA +  $\beta$  TCP) and control group - saline + bone graft (HA +  $\beta$  TCP). Clinical parameters recorded at baseline and 6 months included plaque index, probing pocket depth, relative attachment levels, and relative gingival margin levels. Hard tissue evaluation was done using digital radiography to evaluate the image intensity and therefore the radioopacity of a desired region of interest in the intrabony defect. Pre- and postoperative comparisons were made between the treatment groups at 6 months.

##### **RESULTS:**

Test group sites showed a significantly higher reduction in pocket depth compared to control group sites. Test group sites showed a significantly higher amount of radioopacity in the regions of interest, indicative of better graft remodeling, compared to control group sites.

##### **CONCLUSION:**

(HA +  $\beta$  TCP) bone graft appears to be a beneficial material in the treatment of human periodontal intrabony defects. When combined with platelet-rich plasma there is a significantly higher reduction in probing pocket depth, higher gain in attachment levels and higher amount of radio-density seen in the intrabony defects.

### 14) Dr. Apurva Mohite

**A study to determine various positioning errors in digital panoramic radiography thereby evaluating diagnostic image quality.**

Faulty radiographs have poor diagnostic quality and repetition of such radiographs leads to increased patient exposure to radiation. Since digital panoramic radiography has replaced manual radiography, the only hindrance in producing good quality radiographs are the positioning errors.

**Objectives-**The following study aims to determine the various positioning errors, their relative frequency and identify those errors directly responsible for diagnostically inadequate images.

**Method-** 500 panoramic radiographs taken serially (from the year 2007), were retrospectively assessed for the positioning errors by 3 oral and maxillofacial radiology specialists using a proforma enlisting the errors. The three specialists had different duration of clinical experience

and they evaluated the OPG's as diagnostically acceptable or unacceptable. They also observed the relative frequency of all the positioning errors.

**Results-** Out of the 500 panoramic radiographs viewed by the three observers, 25 (5%) had no errors, while 475 (95%) showed one or more positioning errors. The most common error in our study was found to be head turned to one side (avg.-33.8%) and the least common error was patient movement during exposure (avg.-1.8%).

**Conclusion-** Positioning errors are very common in digital panoramic radiography and they lead to production of poor quality radiographs. The operator should take this fact into consideration and spend more time in patient positioning and thereby reduce repetition of radiographs and unwanted patient exposure.

#### 15) Dr. Kinjal Vadera

##### **A key to the understanding of extraoral forces**

Numerous commercially marketed extraoral assemblies are available for use by orthodontists to assist in effecting orthopedic jaw correction and/or orthodontic tooth movement. Selecting a suitable appliance can be confusing. However, an understanding of the basic functional mechanical principles of the appliance and a knowledge of the force actions involved in their respective designs readily obviate this shortcoming. From a clinician's standpoint, the usual questions asked are: What are the orthodontic effects of various headgear assemblies on molar teeth? Will the specific type of assembly used intrude teeth, and to what degree? Will the headgear tip the roots or crowns of molars, and how can such movements be controlled? Which type of head- or neckgear Numerous commercially marketed extraoral assemblies are available for use by orthodontists to assist in effecting orthopedic jaw correction and/or orthodontic tooth movement. Selecting a suitable appliance can be confusing. However, an understanding of the basic functional mechanical principles of the appliance and a knowledge of the force actions involved in their respective designs readily obviate this shortcoming. From a clinician's standpoint, the usual questions asked are: What are the orthodontic effects of various headgear assemblies on molar teeth? Will the specific type of assembly used intrude teeth, and to what degree? Will the headgear tip the roots or crowns of molars, and how can such movements be controlled? Which type of head- or neckgear assembly is best suited to moving molars distally without extruding them? Which asymmetric face-bow design is most effective in unilateral molar movement? This article will try to answer such questions. The article will not include fully banded arches, only upper molars. Fully banded arches may change the position of the center of resistance. Extraoral orthodontic appliances generally comprise an inner and an outer bow soldered together near their respective centers. When eccentric forces are desired, the inner and outer bows of the headgear appliances are attached to each other asymmetrically. Extraoral force is delivered by means of springs, elastics, or stretchable material, attached to a neck or headgear assembly usually constructed of pliable material.

#### 16) Dr. Sanyukta Golhar

##### **A study to evaluate the diagnostic suitability of a questionnaire for xerostomia in post menopausal women**

Menopause is a physiologic process that is accompanied by physiological and sensorial oral changes in select individuals<sup>1</sup> with xerostomia and burning mouth<sup>2</sup> being the major oral symptoms. Xerostomia is the subjective sensation of dry mouth, and has been shown to affect sufferers' oral-health-related quality of life.<sup>3</sup> Hyposalivation may contribute to a variety of oral complaints such as generalized oral discomfort, burning mouth and tongue, halitosis, poor retention of dentures, dysguesia, dysphagia and dysphonia. Measuring xerostomia is problematic not only because it involves questioning the sufferer but also because there are a variety of questions that can be used.<sup>4</sup> The Xerostomia Inventory (XI) is a summated rating scale, which provides a single continuous scale score, which represents the severity of chronic xerostomia. The questions in XI cover both experimental and behavioral aspects of the condition. However, some of the 11 items appear to be superfluous and not directly related to dry mouth. A modified xerostomia inventory<sup>5</sup> with questions related purely to dry mouth could be used for the purpose of xerostomia evaluation. The salivary flow rate is an accurate marker of xerostomia. Salivary flow rate is of two types- stimulated and resting. The spitting method has been considered as the least time consuming and most feasible for use in cases of mass screening of patients.<sup>6</sup> This study evaluates the efficacy of the modified xerostomia inventory in the screening of xerostomia and correlates the findings with the salivary flow rate in post menopausal women.

#### 17) Dr. Romita Gaikwad

##### **A retrospective study to evaluate the prevalence of root dilacerations using orthopantomograms in central India population**

Almost all teeth have roots with an angulation at some point along the long axis. Dilaceration refers to an angulation that may occur anywhere along the length of the tooth, that is, its crown, amelocemental junction, along the root or by only involving the apex of the root. The most widely accepted cause is mechanical trauma to the primary predecessor tooth, which results in dilaceration of the developing permanent tooth. An idiopathic developmental disturbance is proposed as another cause in cases that have no clear evidence of traumatic injury. Diagnosing dilaceration is critical as severely angulated roots of teeth may complicate dental treatments like root canal treatment, extraction and orthodontic treatment. Thus, root angulation of teeth influences the planning and execution of dental treatment to varying extents. Although dilaceration of a crown can be visually observed in an intraoral inspection, radiographic examination is required to diagnose dilaceration of a tooth root. Orthopantomograms may be routinely employed as an initial screening or diagnostic modality to determine the extent of dilaceration. In the literature only few articles have reported the prevalence of dilacerations. Thus, the following study deals to evaluate the prevalence of root dilaceration in central India population with respect to gender, jaws, dental localization as well as to measure the extent of dilaceration in an individual tooth.

#### 18) Dr. Arpita Patrikar

##### **Interactions of hard tissues, soft tissues, and growth over time, and their impact on orthodontic diagnosis and treatment planning**

The approach to orthodontic diagnosis has changed gradually but steadily over the past 2 decades. The shift away from diagnosis based entirely on hard tissue evaluations has been a

result of a broadened recognition of the importance of facial and smile appearance to our patients, and how they change over time. The purpose of this article is to describe and illustrate the integration of the new soft tissue paradigm into long- term treatment planning, with a focus on the esthetic goals of treatment.

#### 19) Dr. Rajat Bajaj

##### **Orthodontic Camouflage: A Treatment Option – A Clinical Case Report**

Orthodontic camouflage provides an alternative treatment for angle III malocclusion since patients with limited economic resources cannot opt for orthognathic surgery, it being clear that correction will be achieved at the dental level and not at the bone complex. Objective: To determine an alternative treatment for patients who do not have the possibility of having orthognathic surgery. Clinical case: A 13-year-old female patient, dolico facial biotype with slightly concave profile, with Class III Skeletal by mandibular prognathism, anterior crossbite, anterior diastema, and large mandibular body, molar class, and canine III. Alexander technique brackets were placed; premolar extraction was not planned. Once the case was completed, the correction of the anterior crossbite was achieved, thanks to the use of the spaces that existed at the beginning of the treatment and also that a correct distalization of canines and retraction of the lower anterior segment were performed.

#### 20) Dr. Shweta Gupta

##### **Popping Pills- When to put a full stop?**

**Background:** Dental practitioners regularly prescribe antibiotics for therapeutic or prophylactic purposes to manage oral and dental infections. Indications for the use of systemic antibiotics in dentistry are limited, since most dental and periodontal diseases are best managed by operative intervention and oral hygiene measures. However, inappropriate prescribing and excessive use of antibiotics have been identified as major factors in the emergence of antibiotic resistance.

The aim of this study was to know the pattern & rationality of antimicrobial prescription by dental practitioners in Nagpur City

**Methods:** It was a questionnaire based cross sectional study. A total of 200 questionnaires were distributed to dental practitioners in Nagpur (Maharashtra). The questionnaires sought answers to when and what about antibiotic prescription, so as to know the pattern and rationality of antimicrobial use in dentistry.

**Results :**In this study, 61% of dental practitioners were male and 39% were females and 70% of practitioners were graduates and 30% were specialist. Of respondents, majority would prescribe antibiotics for patients with diffuse facial swelling, elevated body temperatures and evidence of systemic involvement, and closure of the eye due to inflammatory swelling. However, many respondents would consider antibiotic prescription for acute periapical infection (83%), cellulites ( 92%), pericoronities ( 87%), routine dental extraction, and for reasons such as uncertainty of diagnosis, expectation of the patient and lack of time to treat immediately and it was shown from

the study that the use of antibiotics is more among specialist as compared to general practitioners.

**Conclusion :** Dentist can make a difference by the judicious use of antimicrobials-prescribing the correct drug, in the standard dosage and regimen, asking for culture and sensitivity test should be a priority. All these efforts will reduce the risk of AMR and prevent the transformation of microorganisms into deadly strains.

## 21) Dr. Niluffr Pajnigara

### **Are we quenching our thirst at the expense of our teeth.....?**

**Aim :** To evaluate and compare the relative rates of enamel dissolution in a variety of commonly used beverages

#### **Objectives :**

1. To evaluate the relative rate of enamel dissolution at 15 min, 30 min and 60 min
2. To measure the acidic level of routinely used beverages.

**Hypothesis:** Commercially available beverages used to quench our thirst, tend to be carbonated, have a low pH, and contain sugar, thereby, subjecting dental enamel of natural teeth to acid dissolution causing dental frangibles or erosions.

**Material and Methods:** Demineralization of teeth ( 25 Incisors and 25 Molars) was examined in four different beverages ( Cola, Mixed fruit juice, Energy drink and Tea) and Mineral water was taken as Control group. The rate of Calcium release was determined by the amount of calcium found in the beverages using Arsenazo III method (Calcium Reagent Set, Acucare) and uv-vis Spectrophotometer. The pH of these beverages was measured using a pH meter. For Statistical analysis Kruskal-walis and Friedman test were performed.

**Results :** Cola drink with pH of 2.57 was found to cause highest amount of enamel dissolution , but the p value was also highly significant for commercially available mixed fruit juice and energy drink also.

**Conclusion :** This study showed that, cola exhibited the greatest erosive effects on the enamel and the more often the intake, greater the influence on the dental erosion process.

## 22) Dr. Leena Jangade

### **Case Report: Orthodontic-surgical management of an unusual dilacerated maxillary incisors**

Orthodontic traction of an impacted dilacerated maxillary central incisor is clinically challenging and often results in a long treatment duration. A case of an unusual dilacerated central incisor with a 90° crown-root angulation and palatally displaced crown is presented herein. Using a single stage open window exposure of the crown on the palatal aspect with light orthodontic traction force, the impacted dilacerated central incisor crown was successfully positioned in alignment with the contralateral incisor

### **23) Dr. Honey Gurbaxani**

#### **Case Report: Early correction of unilateral scissor bite using transforce appliance and modified twin block appliance**

Early treatment of scissor bite has been advocated mainly to prevent function jaw shift that can eventually lead to permanent skeletal asymmetry and temporomandibular joint pathosis. Although unilateral scissor bite is more common, most of the times, bilateral mandibular expansion is indicated. Lingual transforce appliance can be useful in such cases. This article presents a patient with unilateral scissor bite in mixed dentition with alveolar narrowing. Transforce appliance was used for scissor bite correction followed by modified twin block appliance for stabilization and settling of occlusion till the eruption of premolars. The case was finished with fixed mechanotherapy. Two years after completion of treatment, results were well maintained. Our results suggest that lingual transforce appliance along with careful management of occlusion is effective in the early management of severe unilateral scissor bite.

### **24) Dr.Nehalyer**

#### **Coexistence of Sjogren's syndrome and sarcoidosis: A review of literature**

Sarcoidosis and Sjogren's syndrome are chronic multisystem disease of obscure etiology. Primary Sjogren's syndrome is a chronic autoimmune disease presenting with dry mouth and dry eyes and is characterized by a lymphoplasmocytic infiltrate involving the exocrine glands. Sarcoidosis is a chronic multisystem granulomatous disease with most frequent manifestations of pulmonary involvement, fever, lymphadenopathy, skin lesions, splenomegaly and musculoskeletal and eye involvement. Already in the 1960s a relationship between sarcoidosis and various autoimmune diseases was suggested. While initially considered rare, the coexistence of these disorders has lately been reported with increasing frequency. Sarcoidosis is one of the exclusion entities for the diagnosis of Sjogren's syndrome; however, several clinical observations and literature evidence suggests a true coexistence of the two diseases. Pulmonary manifestations of Sjogren's syndrome are very similar to those of sarcoidosis. A higher prevalence of systemic symptoms is observed in patients with coexisting sarcoidosis and Sjogren syndrome. The presentation of sarcoidosis with dry mouth and dry eyes is rare, challenging the clinician with the difficult task of differentiating Sjogren's syndrome from sarcoidosis. Both conditions share very similar clinical, pathologic, radiographic and physiologic features, preventing the differentiation in diagnosis solely on clinical grounds; however, differentiating between the two conditions is of prognostic significance.

### **25) Dr. Pranjal Radke**

#### **“Prosthetic management of a patient with hereditary ectodermal dysplasia”.Clinical case Report.**

**Abstract:-**Ectodermal dysplasias are rare hereditary disorders characterized by abnormal development of certain tissues and structures of ectodermal origin. The condition is important for dentists as it affects teeth resulting in hypodontia or anodontia and dentist plays an important role

in rehabilitation of the patient. Affected male patient aged 23 yrs. with anodontia not only have difficulties in eating and speaking but can also feel that they look different from their contemporaries. Well-fitting and functioning prosthesis could be a great help during their day to day activities it will improve appearance and thus boost their self confidence. A case of hypohidrotic ectodermal dysplasia in an 23yr. old male patient who exhibited anodontia and was successfully rehabilitated with conventional complete dentures in both maxillary and mandibular arches. The aim of the treatment was to improve psychological development apart from promoting better functioning of the stomatognathic system.

## **26) Dr. Akhil Rathi**

### **“Angular Implants and Abutment- A tilt Concept”. Review**

**Abstract:-** The clinical success and longevity of endosteal dental implants as load bearing abutments are controlled largely by the mechanical setting in which they function. The treatment plan is responsible for the design, number and position of the implants. In biomechanically compromised environment such as poor quality bone, strain to the crestal bone can be reduced by increasing the antero-posterior spread of implants, placement of longer implants and maximizing the number of implants. The All-on-4 concept is one such treatment procedure which enlightens us for its use in the completely edentulous patients and which also leaves behind the routine treatment alternative of conventional dentures with successful outcome in the short term, long term and the retrospective studies that have been done in the past. The area of concern for any treatment alternative lies in the success of the prosthesis and its prosthodontic perspective involving the principles of occlusion. This article reviews the All-on-4® concept and its prosthodontic aspects.

## **27) Dr. Rahul Dahake**

### **Effectiveness of 4% Articaine for Maxillary Posterior Tooth Extraction**

**Background/Introduction** Research shows that most of the population may avoid dental care because of fear of injection. 1 Palatal injection are most painful and known to be poorly tolerated. The posterior buccal maxilla is thin and porous, and facilitates the diffusion of local anesthetic, especially articaine, a local anesthetic agent, which is known to be highly diffusible.

**Objectives** To demonstrate effectiveness of articaine as an anesthetic agent used on buccal side only. **Methods** The data will be collected from 180 sites. - In the experimental side 1.7ml 4% articaine hydrochloride with epinephrine was given buccal. - On the control side an identical protocol was applied for buccal injection; and palatal infiltration - Pain will be assessed with VAS and VRS scale.

**Results** In the experimental side 71/80 patients (88.7%) indicated that the pain was “less than expected”, 8 patient indicated that the pain was “as expected” and 1 patient rated it as “greater than expected”. On the control side, 74/80 patients (92.5%) indicated that the pain was “less

than expected”, 4 patients indicated that the pain was “as expected” and 2 patients rated it as “greater than expected”.

Conclusions Articaine hydrochloride 4% demonstrated relatively good buccal palatal diffusion and hence to provide analgesia owing to high diffusing property of articaine hydrochloride; thus discomfort associated with injection can be avoided.

## 28) Dr.Sandeep Khandaitkar

### **Evaluation of Retromandibular Approach in the Management of Condylar Fractures of the Mandible**

#### Abstract

Background/Introduction Management of condylar fractures is a controversial topic among oral and maxillofacial surgeons. Some favour open reduction and rigid fixation of condylar fractures, while some prefer conservative management. However, an increasing number of articles report better results for surgically treated condylar fractures in terms of occlusion, bone morphology and articular function. Condylar and subcondylar fractures can be exposed through different approaches. The more commonly used extraoral approaches comprise the sub-mandibular, retromandibular and preauricular methods. The retromandibular approach has the advantage of being immediately over the fracture, allowing direct access for reduction and fixation.

Objectives Evaluation of outcome of Retromandibular approach in the management of condylar fractures of mandible.

Methods Trauma patients operated in Department of Oral & Maxillofacial Surgery, V.S.P.M’S DCRC from June 2013 to June 2016 who underwent open reduction and internal fixation of fractured mandibular unilateral/bilateral condyles through Retromandibular approach were selected for the study. Patients of condylar fracture treated by other approaches than retromandibular approach and with preoperative facial paralysis were excluded. The data collected were age, gender, mechanism of injury, anatomic location, concomitant facial fractures, follow-up time and complications.

Results 26 patients, 31 condyles (19 males, 7 females); age-19 to 55 years, mean-(39.3 ± 4.1) met the inclusion criteria. The mean follow-up time for all patients was at least 6 months. 3 cases (9.68%) of temporary facial nerve paralysis, 1 cases (3.2%) of infection, 1 case of salivary fistula, 1 case of deranged occlusion and 1 case of chin deviation were observed. There were no cases of sialoceles.

Conclusions Retromandibular approach provides an excellent and safe approach for the management of mandibular subcondylar fractures and complications associated with this approach are rare.

### 29) Dr. Nishi Chaurasia

#### **“Prosthodontic management of a patient with hereditary ectodermal dysplasia”.Clinical Case Report**

**Abstract:-**Ectodermal dysplasias are rare hereditary disorders characterized by abnormal development of certain tissues and structures of ectodermal origin. The condition is important for dentists as it affects teeth resulting in hypodontia or anodontia and dentist plays an important role in rehabilitation of the patient. Affected male patient aged 23 yrs. with anodontia not only have difficulties in eating and speaking but can also feel that they look different from their contemporaries. Well-fitting and functioning prosthesis could be a great help during their day to day activities it will improve appearance and thus boost their self confidence. A case of hypohidrotic ectodermal dysplasia in an 23yr. old male patient who exhibited anodontia and was successfully rehabilitated with conventional complete dentures in both maxillary and mandibular arches. The aim of the treatment was to improve psychological development apart from promoting better functioning of the stomatognathic system.

### 30) Dr. Vaishnavi Naik

#### **“Angular Implants and Abutment- A tilt Concept” .Review**

**Abstract:-**The clinical success and longevity of endosteal dental implants as load bearing abutments are controlled largely by the mechanical setting in which they function. The treatment plan is responsible for the design, number and position of the implants. In biomechanically compromised environment such as poor quality bone, strain to the crestal bone can be reduced by increasing the antero-posterior spread of implants, placement of longer implants and maximizing the number of implants. The All-on-4 concept is one such treatment procedure which enlightens us for its use in the completely edentulous patients and which also leaves behind the routine treatment alternative of conventional dentures with successful outcome in the short term, long term and the retrospective studies that have been done in the past. The area of concern for any treatment alternative lies in the success of the prosthesis and its prosthodontic perspective involving the principles of occlusion. This article reviews the All-on-4 concept and its prosthodontic aspects.

### **31) Dr. Wahab Shaikh**

#### **Augmentation Genioplasty[15mm Using Sandwich Bone Grafting: 7 Years Follow Up of Series of Cases Our Experience**

Background/Introduction Severely receded chin cannot be treated satisfactorily with sliding genioplasty because of the limitation of advancement upto 8mm– 10mm. To overcome this we have treated 10 patients of severely receded chin requiring advancement more than 15mm, by Advancement genioplasty and increasing vertical height at the same time and by rigid fixation and sandwiching free iliac crest bone graft.

Objectives Patient requiring advancement genioplasty[15mm were treated and follow up was done for 7 years.

Methods After routine sliding genioplasty osteotomised segment was advanced by[15mm as described by the clinical condition and free iliac crest block bone graft were sandwiched in between the osteotomised segment and secured with bone plates and screws.

Results All the patient treated by this technique were found to have satisfactory cosmetic result.

Conclusions The level of satisfaction was significantly high for all the patients. The current findings strongly suggest that this is a reliable procedure for achieving harmony of the lower face. In addition, it permits a simplification of facial reconstruction and rejuvenation.

### **32) Dr. Shephali Ghodeshwar**

#### **Noninvasive Early Diagnosis of Oral Mucosal Precancerous and Cancerous Lesions Using Fluorescence Spectroscopy**

Background/Introduction Squamous cell carcinoma of the oral cavity is usually preceded by changes in the oral mucosa in the form of leukoplakia, erythroplakia, submucosal fibrosis etc. These lesions carry risks of varying degree for malignant transformation. We report the results of a clinical in vivo study to evaluate the potential of fluorescence spectroscopy for differential diagnosis of oral mucosal malignant and potentially malignant lesions.

Objectives Non-invasive screening of these lesions may help in early detection of malignancy. We report here the results of an in vivo clinical study showing clinical applicability of fluorescence spectroscopy for discriminating potentially malignant lesions from the healthy squamous tissues of human oral cavity.

Methods The in vivo study was conducted at the Tata Memorial Hospital (TMH), Mumbai. A compact and portable spectroscopic system was used. The system utilizes a sealed-off, high-pressure nitrogen laser, as the excitation source for inducing tissue fluorescence. Light delivery to and collection from tissue is achieved with a fiber-optic probe consisting of seven 400 micron

core diameter fibers. The fluorescence emission collected by the fiber-optic probe. The in vivo fluorescence spectra were recorded in the 375–700 nm spectral range.

Results Figure 1 shows the mean fluorescence spectra for OSMF (n=83), LP (n=90), and normal squamous (n=283) tissues. The most prominent of these are seen in the wavelength region below 500nm particularly in the 390nm and 460nm spectral bands. The 390nm spectral band is the most intense in OSMF tissues while the intensity of the 460nm band is the highest in the spectra from normal squamous tissues. A probability based multivariate statistical diagnostic algorithm was developed to analyze the oral tissue fluorescence spectra. Fluorescence spectroscopy was able to distinguish potentially malignant from normal oral tissues with a predictive accuracy of 90% with respect to histology as the gold standard.

Conclusions The results of this pilot study demonstrate the potential of fluorescence spectroscopy in distinguishing potentially malignant lesions from the normal mucosa of the oral cavity in a clinical setting.

### **33) Dr. Chetan Jakkulwar**

#### **“Prosthetic management of patient with hemi-mandibulectomy” Clinical Case Report**

**Abstract:-** Surgical resection of mandible owing to benign, malignant neoplasm, osteoradionecrosis is common. The resection can be total or segmental depending on the lesion. Loss of mandibular continuity causes deviation of remaining mandibular segment towards the resected side and rotation inferiorly due to muscle pull and scar contracture affecting mastication and esthetics. Surgical reconstruction may not be always possible. Prosthetic rehabilitation plays a major role in these patients. This case report describes a guiding flange (GF) prosthesis fabricated for 53yrs old male patient reported after hemi-mandibulectomy. The article details GF prosthesis combined with physiotherapy to correct deviation of mandible thereby improving mastication, esthetics and speech and thus enhancing the quality of life.

### **34) Dr. Neha Harankhedkar**

#### **Comparison of PH Buffered Local Anesthesia Containing 8.4% Sodium Bicarbonate Solution with Standard Local Anesthesia for Infra Orbital Nerve Block**

Background/Introduction Fear-related behaviours have long been recognized as the most difficult aspect of patient management and can be a barrier for good care. Although short-lived, perceived pain of local anesthetic injection is extreme enough to decline further surgery under local anesthesia. The use of buffered anesthetic solutions significantly reduces pain associated with

infiltration without compromising onset, extent, or duration of anesthesia achieved. Sodium bicarbonate is an alkalinizing agent most commonly used. It increases the plasma bicarbonate ion concentration, buffers the excess hydrogen ions, and leads to the rise in pH of blood, thereby reversing clinical signs of acidosis.

**Objectives** To evaluate and compare the effect of buffered local anesthesia (2% lignocaine, 1:2,00,000 adrenaline containing 8.4% sodium bicarbonate solution) on pain on injection, onset of anesthesia & duration of action with those of standard local anesthesia.

**Methods** A prospective, double-blind, randomized study was carried out on 100 patient (50 patients in each group) Maxillary teeth were indicated for extraction under Infra orbital nerve block category.

**Results** Buffered lignocaine produced less pain on injection compared to conventional solution. It also provided quicker onset of anesthesia and increased duration of action. Thus, buffered local anesthesia results in better patient comfort, lessens procedural pain related anxiety, effecting positive patient attitude towards undergoing dental and oral surgical treatments under local anesthesia.

**Conclusions** As the use of buffered lignocaine with adrenaline could serve as a boon in alleviating injection related fear and pain and also result in quicker action, it could play an important role in areas of routine patient care.

**35) Dr. Shraddha Sahani**

### **“Fundamentals of Lasers In Prosthodontics” Review**

#### **Abstract:-**

The introduction of lasers in the field of prosthodontics has replaced many conventional surgical and technical procedures and is beginning to replace the dental handpiece. Although lasers were introduced in dentistry as early as the 1960s it has gained widespread popularity mainly in the developed countries only from the early 90s. Today, prosthodontists can select from a variety of laser wavelengths available in dentistry. This has led to great confusion regarding laser operation and selection of the most appropriate laser wavelength for a given procedure. This paper reviews literature on lasers with the aim of providing a complete understanding of the fundamentals of lasers and their applications in the various disciplines of prosthodontics.

**36) Dr. Rashmi Salkar**

### **“Orbital prosthesis by anterior indexing method: Case report”**

**Abstract:-** Mutilation of a portion of a face can cause a heavy impact on the self image and personality of an individual. Surgical removal of an eye is a severe handicap to a patient because

the most important sensory organ of communication is lost. Depending on the severity of the defect Ocular/Orbital prosthesis are required in these patients for rehabilitation. This case report details the clinical management of a patient following enbloc removal of an eye. Fabrication of an orbital prosthesis by anterior indexing method has been described. The importance of meticulous treatment planning to tackle the challenges faced in fabricating an orbital prosthesis boosted the patient's morale.

### 37) Dr. Chetan Jakkulwar

#### **“Prosthodontic management of patient with hemi-mandibulectomy”Clinical Case Report**

**Abstract:-** Surgical resection of mandible owing to benign, malignant neoplasm, osteoradionecrosis is common. The resection can be total or segmental depending on the lesion. Loss of mandibular continuity causes deviation of remaining mandibular segment towards the resected side and rotation inferiorly due to muscle pull and scar contracture affecting mastication and esthetics. Surgical reconstruction may not be always possible. Prosthetic rehabilitation plays a major role in these patients. This case report describes a guiding flange (GF) prosthesis fabricated for 53yrs old male patient reported after hemi-mandibulectomy. The article details GF prosthesis combined with physiotherapy to correct deviation of mandible thereby improving mastication, esthetics and speech and thus enhancing the quality of life.

### **DHADKAN 2015 (IGNITED MINDS) SCIENTIFIC PAPER PRESENTATION**

#### 1)Dr. Natasha Pajnigara

#### **Comprehensive classification system for furcation involvement – incorporating additional variables**

**Background:** The presence of furcation involvement is one of the clinical indicators of periodontal disease which is considered an extremely demanding situation by clinicians in terms of successful management. With a continuous improvement in the understanding of periodontal conditions and advent of better therapeutic modalities, it becomes imperative to maximise inclusion of differentials in clinical manifestations involving severity of alveolar bone destruction and gingival interrelationships while categorizing furcation involvement. This has been one of the major limitations of the existing classification of furcation involvement.

**Method:** Furcation involvement is classified taking into account the vertical component, horizontal component and the position of gingival margin.

**Conclusion:** This paper attempts in developing a classification system which relates to the severity of alveolar bone destruction in the furcation and the gingival positions.

## 2) Dr. Pooja Wattamwar

### **Influence of Interventional Nonsurgical Periodontal Treatment on levels of Salivary and Serum Nitric Oxide in Smokers and Nonsmokers with Chronic Periodontitis**

**Background and objective:** Nitric oxide (NO) is a widespread signaling molecule which is known to influence varied biological processes. However, an uncontrolled high level of NO accelerates tissue destruction. The pathogenesis of periodontal disease is also affected by smoking which alters the inflammatory response. The present study was thus performed to assess the effect of nonsurgical periodontal treatment on salivary and serum NO levels in smokers and nonsmokers with chronic periodontitis.

**Methods:** 40 patients with chronic periodontitis, including 20 non-smokers and equal number of smokers participated in the present study. Probing depth, clinical attachment level, plaque index, gingival index were assessed, serum and saliva samples were obtained from the patients at baseline and after Phase I therapy at six weeks to estimate nitric oxide by Griess colorimetric reaction.

**Results:** Smokers showed higher serum and saliva NO levels i. e.  $30.3 \pm 3.28$  and  $50.4 \pm 4.07$   $\mu\text{M}$  as compared to non-smokers i. e.  $20.05 \pm 2.42$   $\mu\text{M}$  and  $37.5 \pm 2.95$   $\mu\text{M}$  respectively at baseline. After Phase I therapy both the groups exhibited significant improvement in clinical parameters and reduction in serum and saliva NO levels, however reduction was higher in non-smokers.

**Conclusion:** More destructive expression of periodontal disease in smokers causes to an increase in the concentrations of NO and less reduction after Phase I therapy as compared to nonsmokers with chronic periodontitis. Hence, NO levels in saliva and serum could be used as indicators of periodontal inflammatory condition.

## 3) Dr. Pallavi Asudani

### **Pleomorphic sarcoma- A rare case report and review of literature.**

Pleomorphic sarcoma, also known as malignant fibrous histiocytoma (MFH), is an aggressive, high-grade tumor with poor prognosis. It is the most common soft-tissue sarcoma, however relatively uncommon in head and neck area. It occurs in the 5th to 7th decades of life and accounts for 10.5 to 21.6% of all soft tissue malignant neoplasms. The mandible is a rare location of MFH, accounting for only 3% of all turnouts of this type occurring within bone. Excluding cases of post-irradiation MFH and metastatic oral lesions, less than 45 cases of MFH arising in the hard or soft tissues of the oral cavity have been described. Cases also have been reported of the occurrence of this tumor in the maxillary sinus and base of tongue. MFH has a high propensity for local recurrence. Because MFH is rare in the oral cavity, misdiagnosis may not be unusual based on the initial clinical examination. We report the case of an 80-year-old female who presented with the complaint of a painless mass over the mandibular gingiva anteriorly since 8 days. After complete excision of the mass, the patient reported back with

recurrence of the growth 20 days later. We discuss the clinical, radiographic and histologic features of this entity, along with treatment planning and a review of literature of all cases occurring in the oral cavity.

#### 4) Dr. Sonal Dhote.

##### **Atypical external root anatomy in permanent second molar**

**Background:** Most observed external root canal morphology of permanent maxillary second molar is with three roots and permanent mandibular second molar with two roots but variation like single root are observed. Occurrence of single rooted all four permanent second molars in same patient is a rare anatomic appearance and reported scarcely in literature. Reporting such findings contributes towards enhancing basic knowledge of tooth morphology, its variations and enhanced endodontic management.

**Discussion:** Various studies are performed to evaluate external root and root canal morphology of maxillary and mandibular second permanent molars on various populations. Prevalence rate for presence of single rooted second permanent molars according to most of the studies is least in number.

**Conclusion:** Presence of single root and single canal in mandibular and maxillary second molars is a rare configuration that too presence in one single patient. Current case emphasises on enhancing basic knowledge of external root aberrations and possible internal root canal anatomy variations so as to improve the quality of endodontic therapy.

#### 5) Dr. Ameya Paralikar.

##### **To Compare and evaluations of the sealing ability of root canal sealer with and without triple antibiotic paste using UV –VIS spectrophotometric analysis.**

**Purpose:** The aim of current study was to compare and evaluate the sealing ability of root canal sealer with and without triple antibiotic paste.

**Materials and methods:** Fifty extracted human single rooted teeth were selected and each test group had 25 teeth.

The teeth were decoronated and then prepared with protaper rotary files till the F2 in conjunction with 17% EDTA lubrication and 2ml of 5.25% sodium hypochlorite irrigation. The teeth in group I were obturated using the zinc oxide sealer mixed with triple antibiotic paste and the teeth in group II were obturated using the zinc oxide sealer alone and then nail varnish was applied leaving the apical 3 mm of root exposed. The apical third was then immersed in 5ml of 2% methylene blue dye in 15ml screw capped bottle for 72 hours. The varnish was removed and the teeth were subsequently immersed in 35% nitric acid and kept again for 72 hours in a centrifugal tube. After the teeth were completely dissolved the solution was then filtered with a fine grit filter paper and centrifuged at 2000 rpm for 1 minute. The

collected solution was then subjected to spectrophotometric analysis. The data was evaluated statistically by Mann-Whitney U-test.

**Results:** The results showed significant differences ( $p < 0.05$ ) between the sealing ability of two groups evaluated.

**Conclusion:** Present study suggests that addition of triple anti-biotic paste to the sealer increased its sealing ability, reduced the microleakage and also imparts the antimicrobial property to the sealer.

## 6) Dr. Sumedh Khobragade

### **Modified coronally advanced flap with and without orthodontic button application in management of multiple proximate gingival recession defects: A randomized clinical trial**

#### **Background:**

Gingival recession indicates oral display of the root surface due to apical movement of gingival margin. Coronally advanced flap (CAF) is often used periodontal plastic surgical technique to accomplish root coverage. The purpose of this clinical trial is to assess and compare the effectiveness of modified CAF with orthodontic button application (CAF+B) and without orthodontic button application (CAF) for the correction of multiple recession defects.

#### **Materials and Methods:**

Twenty patients exhibiting bilateral multiple proximate Millers Class I and/or Class II gingival recession defects were included in the study. Each set of proximate recession defects was designated randomly to test or control group. Control group was treated by CAF alone and test group by CAF+B. Baseline and postoperative clinical parameters at 2, 4, and 6 months time interval were recorded.

#### **Results:**

Mean root coverage percentage from baseline to 6 months in control group was  $78.30\% \pm 20.75\%$  and in test group was  $92.23\% \pm 15.6\%$ . Complete root coverage was 43.8% in control group and 77.47% in test group. Visual analog scale pain measurements did not reveal any difference among both the groups. Patient satisfaction with esthetics was very high in CAF+B group when compared with CAF group.

#### **Conclusion:**

Both treatment modalities, i.e., CAF and CAF+B are effectual in the treatment of proximate Miller's Class I and Class II gingival recession defects, but CAF+B showed significantly superior clinical results.

## **7) Dr. Trupti Sarda**

### **Expression of periodontal inflammation into left ventricular hypertrophy in Type 2 diabetes mellitus: A cross-sectional study.**

#### **BACKGROUND:**

Chronic periodontitis, an inflammatory disease, is closely related to certain systemic conditions such as cardiovascular diseases, obesity, and Type 2 diabetes mellitus. These conditions, occurring as comorbidities, synergically affect periodontal tissues.

#### **AIM:**

This study aims to examine whether chronic gingivitis and chronic generalized severe periodontitis in patients with Type 2 diabetes mellitus are associated with increased left ventricular mass (LVM).

#### **MATERIALS AND METHODS:**

A total of 45 patients affected with Type 2 diabetes mellitus were recruited and divided into three groups with 15 patients each according to their periodontal status: Group I consisting of healthy individuals, Group II consisting of chronic gingivitis, and Group III consisting of chronic generalized severe periodontitis. They were assessed clinically, biochemically, and echocardiographically. LVM was calculated according to Devereux formula and was indexed to height.

#### **RESULTS:**

The differences in the means for LVM and LVM index (LVMI) were statistically significant in three groups with a  $P = 0.006$  and  $0.014$ , respectively. After adjusting for the confounders, the mean values of LVM in Group I, II, and III were  $149.35 \pm 35.51$  g,  $147.95 \pm 31.59$  g, and  $156.36 \pm 36.57$  g, respectively and for LVMI, the mean values were  $43.61 \pm 12.16$  g/m(2.7) (Group I),  $47.12 \pm 10.84$  g/m(2.7) (Group II), and  $46.34 \pm 12.55$  g/m(2.7) (Group III).

#### **CONCLUSIONS:**

A positive association between chronic generalized severe periodontitis and increased LVM in Type 2 DM patients was observed, suggesting the role of periodontal disease in the left ventricular hypertrophy.

## **8) Dr. Vaibhav Patil**

### **Evaluation of fracture resistance and mode of failure of premolars restored with nanohybrid composite, ORMOCER and ceramic inlays.**

#### **OBJECTIVES:**

To evaluate the fracture resistance and mode of failure of maxillary premolars restorations restored with nanohybrid Composite, ORMOCER and Ceramic Inlays.

#### **MATERIALS AND METHOD:**

100 extracted first maxillary premolar were collected. Samples were divided into five groups. Group I - Intact premolars, Group II -MOD cavities without restorations, Group III - MOD

cavities restored with composite restoration, GROUP IV - MOD cavities restored with ORMOCER restoration and GROUP V - MOD cavities restored with ceramic inlays. All the samples were sent for the axial compression test under the universal testing machine. Fracture resistance and fracture modes were recorded.

#### **RESULT:**

Highest fracture resistance was achieved in Group V ( $1324.74 \pm 336.78$ ) almost comparable to that of natural tooth ( $1381.07 \pm 259.36$ ) ( $p < 0.05$ ), followed by Group IV (MOD cavities with ORMOCER restorations) ( $1082.27 \pm 351.27$ ) ( $p < 0.01$ ) and least fracture resistance in Group III (MOD cavities with composite restorations) ( $778.35 \pm 100.25$ ) ( $p < 0.0001$ ). Mode of fracture in Group IV and Group V are almost similar and In Group III 65% of the cases showed non-restorable fractures.

#### **CONCLUSION:**

ORMOCER fracture resistance along with other groups of clinically restorable fracture stand better than Nanohybrid composite.

#### **CLINICAL RELEVANCE:**

Based on the present study, the dentist can utilize the ORMOCER material as a restoration material for the cavities of posterior teeth which is better in terms of fracture resistance and durability of the restoration when compare to nanohybrid composite.

#### **9) Dr. Vishal Dhande.**

### **Comparative evaluation of different techniques used to obturate experimental internal resorptive defects – An In Vitro Study**

**Background:** Forty, human, maxillary single-rooted teeth with mature apices were selected. The access cavities were prepared and the working length was determined by placing a 15 K file 1mm short of the apex. All teeth were instrumented at the working length to a 50K file and were irrigated with 2mL of 2.5 % sodium hypochlorite solution. Following instrumentation, the experimental IRC were created. The mounted specimens were randomly separated according to the obturation technique into two groups, Group I lateral condensation, group II-thermoplasticized obturation. Teeth were sectioned at 7 mm from the apex. Then sectioned root were examined under a dissecting stereomicroscope.(10X magnification) and evaluated by Wardhan India Make with image analysis system MVIIG 2005.

**Results:** It is seen that teeth obturated with Hot-Shot obturating technique Shows show better results then lateral condensation technique.

**Conclusion:** Within the limitations of my study I like to conclude that to obturate internal resorption cavities thermoplasticized obturation technique are superior then that of traditional lateral condensation technique.

## 10) Dr. Vrushali Lathiya

### **Association between anxiety, obesity and periodontal disease in smokers and non-smokers: A cross-sectional study**

**Background.** Psychological stress is known to be a relevant risk factor for many inflammatory conditions, including peri-odontal disease. A few studies have probed the relationship between obesity and periodontal disease. Therefore this cross-sectional study was aimed to examine the relationship between psychological stress and obesity and periodontal disease in smokers and non-smokers.

**Methods.** The participants included 90 patients, equally divided into three groups of non-smokers and periodontally healthy, non-smokers and smokers with untreated moderate-to-severe chronic periodontitis. Socioeconomic data, psychosocial measurements, physical parameters and clinical findings of PPD, CAL, PI and GI were recorded.

**Results.** The clinical parameters were assessed for three groups in three different anxiety levels of mild, moderate and severe. Intra-group comparison of PPD and CAL in the three anxiety levels showed increased periodontal destruction with an increase in anxiety levels, the results being statistically highly significant for PPD differences in smokers ( $P < 0.0001$ ). The mean differences in PPD and CAL in severe anxiety levels between smokers and non-smokers were 0.68 mm and 0.70 mm and both the findings were statistically significant. The mean PPD and CAL in smoker and non-smoker groups in obese patients was higher as compared to non-obese patients and the differences were highly significant ( $P < 0.001$ ).

**Conclusion.** The results of our study indicated a positive and strong correlation between anxiety, obesity and periodontal disease in smokers and non-smokers. Smoking appears to further attenuate this association

## 11) Dr. Girish Bodhare

### **Association between the central papilla and embrasure and crown morphology in different gingival biotypes – a cross-sectional study**

**Background:** The presence of an interproximal gingival (central) papilla is of prime importance and an essential component of a harmonious and pleasing smile. The aim of this study was to determine the association between the presence of a central papilla and embrasure and crown morphology.

**Methods:** The study was conducted on 200 periodontally healthy patients. Parameters such as central papilla presence, gingival thickness, crown length, crown width, contact surface, radiographic assessment of bone crest to contact point (BC-CP), and interdental width (IDW) in maxillary central incisor embrasure morphology were recorded.

**Results:** A statistically strong significance ( $P = 0.001$ ) was found for the presence of a central papilla, which was 100% in squarish crown morphology and reduced for tapered squarish and triangular crown forms. A gingival biotype with a thickness of 1.5 to 2.0 mm exhibited a central papilla presence of 88.46%. All the interdental variables were significantly related to the presence of a central papilla, with BC-CP distance and IDW demonstrating a high significance ( $P < 0.0001$ ).

**Conclusion:** In relation to the maxillary central incisors, the crown and embrasure morphologies have a strong influence over the presence of a central papilla.

## 12) Dr. Manjiri Chakor

### **Epidemiology and Assessment of Maxillofacial Trauma in a Tertiary Health Care Centre: A 5 Years Retrospective Study**

**Background/Introduction** The epidemiology of facial injuries varies in different countries and geographic areas. **Objectives** This study aimed to identify the cumulative incidence, causes and pattern of maxillofacial trauma amongst the patients reported in a tertiary health care centre from January 2012 to December 2016. **Methods** Hospital records of 302 patients were reviewed retrospectively after obtaining clearance from the institutional ethics committee. Data collected included patient's name, sex, age, etiology, history of alcohol consumption, interval of reporting after trauma, primary care administered, radiological investigations, pattern of facial fractures and interval between date of admission and surgery. **Results** There were records of total 302 patients of trauma reported in the tertiary health care centre in the defined period. The incidence of facial fractures was more in males (88.7%), with highest number in age group of 21–25 years. Road traffic accidents were the most frequent cause of facial fractures (94%). A majority of patients were brought directly from the site to our emergency room i.e. 60.6% of cases whereas 90.7% of patients reported within 1 to 5 days after trauma. Plane radiography was found to be adequate in only 22.18% of cases; whereas in about 44.7% of cases computed tomography was the only imaging modality of choice. Mandible was found to be the most common facial bone to get fractured followed by zygomatic complex and maxilla. In mandible, parasymphysis (36%) was the most frequently involved site. The period between admission and surgery was 1 to 5 days in 87.4% cases. **Conclusions** This study is in consonance with the global literature that motor vehicle accidents are the most common cause of facial fractures. The results of the study indicate the necessity for strict enforcement of road safety rules and regulations to check the growing cause of trauma in central India.

**13) Dr. Kritikumar Sapna**

**Use of Superficial Temporal Fascia Flap for Treatment of Post Radiation Trismus: An Innovation**

**Background/Introduction** Post radiation trismus severely reduces the quality of life. Radiation causes fibrosis of muscles of mastication resulting in severe restriction of mouth opening. **Objectives** To check new modality in reconstruction. **Methods** Use of superficial temporal fascia to cover the defect. **Results** Following the release of fibrosis secondary to radiation, superficial temporal fascia (STF) was used to cover the defect with excellent results and no recurrence after a year of follow up. **Conclusions** Superficial temporal fascia (STF) can be used to cover the defect with excellent results and no recurrence after a year of follow up.

**14) Dr. Pranita Rode**

**Morphometric Variation in Maxillary Central Incisors and Its Influence on Gingival Characteristics: A Preliminary Epidemiologic Study in an Indian Population**

**Abstract**

The presence of interdental papilla between the maxillary central incisors has a considerable influence on harmonizing esthetics and biologic functions. Preliminary investigations indicate an association between tooth shapes and periodontal characteristics. This study aimed to evaluate the prevalence of morphologic variation in maxillary central incisors and its influence on gingival characteristics. It was determined that varied crown forms have a definite influence on gingival characteristics, which could act as a valuable guideline in periodontal, restorative, and anterior implant placement procedures.

**15) Dr. Anubha Raj**

**Quantitative analysis of mast cell count and density in chronic periodontal disease**

**Background:** Mast cells play a crucial role in activation of acquired immune response to inflammatory conditions of periodontal diseases. They promote inflammation by releasing pro-inflammatory mediators and bring about angiogenesis, degeneration of the extracellular matrix, and tissue remodeling. Since there is little literature regarding the role of mast cells in periodontitis, the present study was aimed to evaluate mast cell count (MCC) and density in periodontitis.

**Materials and Methods:** A total of eighty participants, Group I (n = 40) healthy participants and Group II (n = 40) participants with moderate chronic periodontitis, were included in the study. Tissue samples of 5 micron were obtained from each participant and were fixed in 10% formalin. Inflammation assessment was carried out after staining the sections with hematoxylin/eosin (H and E) followed by toluidine blue and mast cells were counted.

**Results:** MCC in healthy group ( $1.32 \pm 0.43$ ) was significantly smaller than periodontitis group ( $10.28 \pm 1.15$ ) and also mast cell density in healthy group ( $98.08 \pm 37.40$ ) was smaller than periodontitis group ( $803.43 \pm 89.94$ ) with  $P < 0.0001$ .

**Conclusions:** It could be concluded that participants with chronic periodontitis have a higher MCC and density when compared with healthy participants.

#### 16) Dr. Chinmay Rao

##### **Monoslotted Screws: Are They Still Relevant?**

**Background/Introduction** Bone plates and screws have today become the mainstay in the management of fractures in the maxillofacial region. The screw head allows for the attachment of the screwdriver and to arrest forward motion. Monocortical screws for use in internal fixation are commonly available with a single slot and a cruciate slot, the later said to provide a measure of redundancy. Despite this the monoslotted screws are in widespread use in the Indian Subcontinent. The authors have endeavoured to verify the touted advantage of the cross slotted monocortical screws as against the monoslotted screws in rampant use today. **Objectives** To evaluate the cross recess monocortical screws as against the monoslotted monocortical screws in miniplate fixation in terms of; the time required to load the screw on to the screw holder, the time required to fasten the screw into place, and the total time required to fasten the screw from loading to fastening. Further, the authors also studied the incidence of slot misalignment, screw driver slippage and difficulty in screw fastening using these systems. **Methods** After patient selection, the sites of fracture fixation were divided into 2 groups, sites were allotted to respective groups by lottery method of sample selection and were matched for fracture site. Groups containing 68 and 69 Sites where cross recess screws and monoslotted screws were used to secure the miniplate into place respectively. A standardized data sheet was formulated and relevant clinical findings of time were noted in seconds. **Results** Time taken for loading the screw, time for fastening the screw and total time taken were presented as Mean  $\pm$  Standard Deviation (SD). and were studied by performing independent t-test. Slot misalignment, difficulty in fastening and slippage on fastening were compared across different dimension of screw by performing Pearson's chi square test. Time taken for loading, fastening and total time required for consecutive batches (after every 17 screws) of 17 screws each was compared by one-way ANOVA test. Findings were significant ( $p < 0.005$ ) for the 1.5 mm X 4 mm and 2 mm X 10 mm cross slotted monocortical screws only. **Conclusions** The Cross slotted screw design has a significant mechanical advantage in the extremes of sizes used for internal fixation in common Cranio - Maxillofacial Trauma, but the aforementioned distinction fails to hold up in other commonly used categories of screw sizes possibly negating its mechanical advantages.

#### 17) Dr. Payal Peshwani

##### **A Comparative Evaluation Between One Point Versus Two Point Fixation for Zygomaticomaxillary Complex Fractures**

**Background/Introduction** The zygomaticomaxillary complex consists of 4 pillars attached by 4 suture lines. It includes the frontozygomatic suture, part of the orbital floor lateral to the infraorbital fissure, buttress region and zygomatic arch. Aim of a treatment should be adequate reduction and stable fixation to provide esthetic and functional stability. Various literatures are present regarding protocols of reduction and fixation of ZMC fractures. The aim of the study was to compare between one point versus two point fixation for zygomaticomaxillary complex fractures. **Objectives** To compare between one point versus two point fixation for zygomaticomaxillary complex fractures in terms of stability, esthetics and functional outcome. **Methods** This retrospective study from 2015 to 2017 June included 30 patients, who needed to undergo open reduction and internal fixation for zygomaticomaxillary complex fracture and were divided into two groups A and B, depending upon the points of fixation. In one point; fixation was done on zygomatic buttress region while in two points fixation plating was done on FZ suture and zygomatic buttress region. **Results** In undisplaced and minimally displaced fractures, adequate stability, good esthetics, and functional outcomes were achieved in group A while in displaced fractures these parameters were more satisfied in group B. **Conclusions** One point fixation is a treatment of choice for minimally displaced fractures with good esthetic and functional outcome however displaced and unstable should be fixed at two points to get better esthetic and functional stability.

## 18) Dr. Shweta Gupta

### **Evaluation of enamel solubility of teeth on exposure to hard drinks-An in vitro study**

**Introduction:-** Frequent and prolonged exposure to low pH may result in a more rapid demineralization of the enamel surface .When compared to soft drinks, a person tends to consume the same quantity of hard drinks for longer duration at each episode. Even though exposure of drinks to oral cavity may remain for 2-3 minutes but it causes drop in pH which takes longer time to resume back to normal levels.

**Aims and Objectives:-** To evaluate and compare enamel solubility of teeth on exposure to hard drinks over different intervals of time. **Materials and Method:-** Enamel solubility will be checked in 3 different beverages like soft drink, hard drinks and water (control) for different intervals of time. Two types of hard drinks (Beer & Whisky) will be included in the study. Extracted, Non-carious permanent incisors and molars 15 each will be selected. The amount of loss of calcium will be determined by the weight loss of the tooth. The calcium that will be released into the beverages will be determined by using Calcium Reagent Set and measured using Semi Automatic Analyser.

**Results:-** Mean calcium loss is found to be significant in soft drink. While, in hard drinks, it is more in beer and concentrated whisky.

## **19) Dr. Nilufur Pajnigara**

### **A retrospective study to evaluate the prevalence of root dilacerations using orthopantomograms in central India population**

Although dilaceration of a crown can be visually observed in an intraoral inspection, radiographic examination is required to diagnose dilaceration of a tooth root. Orthopantomograms may be routinely employed as an initial screening or diagnostic modality to determine the extent of dilaceration. In the literature only few articles have reported the prevalence of dilacerations. Thus, the following study deals to evaluate the prevalence of root dilaceration in central India population with respect to gender, jaws, dental localization as well as to measure the extent of dilaceration in an individual tooth. Almost all teeth have roots with an angulation at some point along the long axis. Dilaceration refers to an angulation that may occur anywhere along the length of the tooth, that is, its crown, amelocemental junction, along the root or by only involving the apex of the root. The most widely accepted cause is mechanical trauma to the primary predecessor tooth, which results in dilaceration of the developing permanent tooth. An idiopathic developmental disturbance is proposed as another cause in cases that have no clear evidence of traumatic injury. Diagnosing dilaceration is critical as severely angulated roots of teeth may complicate dental treatments like root canal treatment, extraction and orthodontic treatment. Thus, root angulation of teeth influences the planning and execution of dental treatment to varying extents.

## **20) Dr. Sandeep Khandaitkar**

### **A Prospective Randomized Double Blind Study to Determine the Efficacy of 2% Lignocaine with 1: 200,000 Epinephrine and 2% Lignocaine with 7ppm Dexmedetomidine in Infraorbital Nerve Block**

**Background/Introduction** Local anesthesia is used for various diagnostic, interventional and surgical procedure in dentistry. Adjuvants are added with peripheral nerve blocks to increase the duration of action, reduces toxicity and bleeding at the operative site. Dexmedetomidine is a selective alpha 2- aderenoreceptor agonist that have sedative analgesic, sympatholytic, antihypertensive action and also reduces the amount of anesthesia required.

**Objectives** To evaluate and compare the effect of 2% lignocaine with 1: 200,000 epinephrine and 2% lignocaine with 7ppm dexmedetomidine in infraorbital nerve block on pain on injection, onset of action & duration of action.

**Methods** The 60 patients were divided equally into two treatment groups: Group A and B using a computer generated random list and sealed envelope technique. The control group A (L): infraorbital nerve block: 2 ml Lignocaine 2 % with 1: 200,000 epinephrine plus 0.14 ml saline. In group B 2 ml Lignocaine 2 % plus 0.14 ml dexmedetomidine (LpD). The two groups were evaluated for pain during injection, onset of anaesthesia and duration of action.

Results Pain on injection was more in group A than in Group B. Onset of action of anaesthesia was more in Group A 194(11.28) sec than in Group B 185.46(13.70) sec. Duration of action of anaesthesia was more in Group A 139.5(10.32) min than in group B 124.93(8.50) min. Rise in Heart rate, diastolic & systolic blood pressure were noted with Group A.

Conclusions The addition of 7ppm dexmedetomidine to lignocaine speeds up the onset of action, prolongs the duration of action and reduces the pain on injection.

## 21) Dr. Rahul Dahake

### **A Comparative Evaluation of Transdermal Diclofenac Patch with Oral Diclofenac as an Analgesic Modality Following Surgical Removal of Mandibular Third Molar**

Background/Introduction Dealing with postoperative pain remains an arena for never ending research with better formulations and modalities continuously replacing obsolete ones. Pain after third molar surgery has often been a nemesis for oral surgeons and patients alike due to the considerable degree of inflammatory response involved. Oral administration of NSAIDs, however, carries a risk of first pass metabolism with significant amount of the drug being lost before it is systemically absorbed. Oral NSAIDs are also known to cause several adverse effects, particularly gastrointestinal effects, which are dose dependant. This study of a transdermally delivered drug is a way of chasing a new path to achieve more effective management of post operative pain after third molar surgeries with minimal occurrence of adverse effects. Objectives 1. To evaluate the effect of transdermal diclofenac on pain reduction. 2. To evaluate the effect of transdermal diclofenac on trismus alleviation. 3. To evaluate the effect of transdermal diclofenac on reduction in swelling. 4. To compare the findings with those of Diclofenac tablets. Methods • Study design - Experimental study with random selection. • Sample size – Total 60 patients divided into 2 equal groups A and B. • Group A - Tablet diclofenac sodium (50 mg) orally • Group B - Diclofenac patch (100 mg) transdermally • Third molars removed surgically. • Pain, swelling and trismus were measured preoperatively and on 1st, 3rd and 7th postoperative days. • Results compared. • Data analyzed with software STATA version 13.0. Results • On both 3rd and 7th postoperative day, reduction in intensity of pain was significantly more in group B (p 1.0161 and \ 0.0001 respectively). • On 3rd postoperative day, both the therapies resulted in almost equal reduction in swelling (p 0.0836). However, on 7th postoperative day, more reduction in swelling was observed in patients of group B (p\0.001). • On 3rd postoperative day, significantly more increase in inter-incisal distance was observed in patients of group B (p 0.0123). However, on 7th postoperative day, there was no significant difference in values of both the groups (p 0.893). Conclusions Oral Diclofenac showed better pain control in the immediate postoperative period when compared to the transdermal form. However, in the following postoperative days, results of both the groups were comparable with negligible side effects from trandermally delivered drug.

## 22) Dr. Neha Iyer

### **A study to determine various positioning errors in digital panoramic radiography thereby evaluating diagnostic image quality.**

Faulty radiographs have poor diagnostic quality and repetition of such radiographs leads to increased patient exposure to radiation. Since digital panoramic radiography has replaced manual radiography, the only hindrance in producing good quality radiographs are the positioning errors.

**Objectives-**The following study aims to determine the various positioning errors ,their relative frequency and identify those errors directly responsible for diagnostically inadequate images.

**Method-** 500 panoramic radiographs taken serially(from the year 2007),were retrospectively assessed for the positioning errors by 3 oral and maxillofacial radiology specialists using a proforma enlisting the errors.The three specialists had different duration of clinical experience and they evaluated the OPG's as diagnostically acceptable or unacceptable.They also observed the relative frequency of all the positioning errors.

**Results-** Out of the 500 panoramic radiographs viewed by the three observers ,25(5%) had no errors,while 475 (95%) showed one or more positioning errors. The most common error in our study was found to be head turned to one side (avg.-33.8%) and the least common error was patient movement during exposure (avg.-1.8%).

**Conclusion-** Positioning errors are very common in digital panoramic radiography and they lead to production of poor quality radiographs.The operator should take this fact into consideration and spend more time in patient positioning and thereby reduce repetition of radiographs and unwanted patient exposure.

## 23) Dr. Aditya Dupare

### **Facial asymmetry due to various causes: A series of four cases.**

Facial asymmetry is the most common presenting feature and complaint in patients with TMJ anomalies.Similar appearing facial abnormality may be associated with various different causes like,hemifacial microsomia,condylar hyperplasia or hypoplasia,TMJ ankylosis,certain syndromes etc.Hemifacial Microsomia (HFM) is an asymmetric craniofacial malformation which results in hypoplasia of the components of the first and second branchial arches. It can present with various features like **gross facial asymmetry, off-centered chin and the facial midline and deviation to the affected side,malocclusion**,absence of pinna of ear on the affected side etc.Condylar hyperplasia of mandible is overdevelopment of condyle, unilaterally or bilaterally, leading to **facial asymmetry, mandibular deviation, malocclusion** and articular dysfunction. Prominent features include an enlarged mandibular condyle, elongated condylar neck, fullness of face on the affected side and flattening of face on the contralateral side .Therefore,since the

clinical presentation of all these various disorders is somewhat similar, thorough clinical and radiographic examination is a must to arrive at a proper diagnosis. This is a series of four cases of similar appearing facial asymmetry caused by different causes.

#### **24) Dr. Varunraj Jadhav**

##### **“Smile Designing: Prosthodontic approach”. Review**

**Abstract:-** The concept of smile design represents complex interaction between skeletal, dental and soft tissue structures of the face. Facial appearance of an individual’s smile is net interaction of these components. The concept consists of facial analysis, dento-facial analysis, dento-labial analysis, dento-gingival analysis and dental analysis. Smile design is an individualized concept requiring consideration of many parameters. Therefore, careful diagnosis, analysis of various hard and soft tissue parameters should be part in the treatment of smile design while keeping in mind the esthetics and function. Multi-disciplinary approach towards smile design in consultation with different dental specialties can aid in better designing of smile and facial esthetics.

#### **25) Dr. Nupur Shirao**

##### **Analysis Of Dental Student Learning Preferences. Basic Research**

**Abstract:-** There several methods available to measure learning styles. One of the most frequently used methods is VARK questionnaire developed by Neil Fleming. It helps in assessing the learning style of students in terms of sensory modes. Thus, students who understand their own learning styles preference, can organize course information into the style that they prefer most. At the same time, teachers can also alter their teaching methods to give students an opportunity to learn in an environment more conducive to their preferences.

**Objective:-** 1. To determine the learning style preferences of 1st BDS Dental students using VARK questionnaire.

2. To modify the effectiveness of teacher’s teaching method.

**Methodology:-** A cross-sectional study was conducted among 100 First BDS students. Initially, the power-point presentation about the learning style was given to the students & they were asked to complete the VARK questionnaire. The submitted questionnaires were scored and tabulated to find out the learning styles.

**Results:-** 86 % of the times they preferred unimodal learning & 13.86 % of times students preferred multimodal learning styles.

Conclusion:- Awareness of learning style diversity of students helped the instructors to optimize their teaching methods. Majority of the students of this study preferred the Unimodal and kinesthetic type of learning. The study provides the students a guide for self knowledge and to explore them the opportunity for making the dental educational experience more productive and enjoyable.

## **26) Dr. Rohit Biranjan**

### **A study to evaluate the diagnostic suitability of a questionnaire for xerostomia in post menopausal women**

Menopause is a physiologic process that is accompanied by physiological and sensorial oral changes in select individuals with xerostomia and burning mouth being the major oral symptoms. Xerostomia is the subjective sensation of dry mouth, and has been shown to affect sufferers' oral-health-related quality of life. Hyposalivation may contribute to a variety of oral complaints such as generalized oral discomfort, burning mouth and tongue, halitosis, poor retention of dentures, dysguesia, dysphagia and dysphonia. Measuring xerostomia is problematic not only because it involves questioning the sufferer but also because there are a variety of questions that can be used. The Xerostomia Inventory (XI) is a summated rating scale, which provides a single continuous scale score, which represents the severity of chronic xerostomia. The questions in XI cover both experimental and behavioral aspects of the condition. However, some of the 11 items appear to be superfluous and not directly related to dry mouth. A modified xerostomia inventory with questions related purely to dry mouth could be used for the purpose of xerostomia evaluation. The salivary flow rate is an accurate marker of xerostomia. Salivary flow rate is of two types- stimulated and resting. The spitting method has been considered as the least time consuming and most feasible for use in cases of mass screening of patients. This study evaluates the efficacy of the modified xerostomia inventory in the screening of xerostomia and correlates the findings with the salivary flow rate in post menopausal women.

## **27) Dr. Sunil Baghel**

### **A study to evaluate the shape and size of sella turcica and its correlation with the type of malocclusion on lateral cephalometric radiographs.**

**Aim-** To determine dimensions & morphological variations of sella turcica in different age groups & correlation between sella and type of malocclusion.

**Materials and methods-** This study was conducted on 200 lateral cephalometric images stored in the archives of Department of Oral Medicine and radiology which included images of subjects more than age group of 8 years, to determine the morphological variations, linear measurements of sella turcica and the skeletal type classification, based on ANB angle. **Length, depth,**

**antero-posterior diameter (linear dimensions)** were measured and correlated with the type of malocclusion.

**Results** – Out of the total sample studied, it was found that, when linear measurements were assessed there was statistically significant difference found between the length and antero-posterior diameter of sella turcica as the age advances and males showed the predominancy; and when skeletal type malocclusion were assessed, there was no significant correlation found between sella morphology, linear dimensions and the different type of malocclusion.

**Conclusion** – The study showed significant correlation between length and anteroposterior diameter with the advancing age which signifies that growth of the individual can be assessed based on the size of sella turcica at different age periods.

## 28) Dr. Rajat Bajaj

### **Implants in Orthodontics- A Brief Review**

In orthodontics, Anchorage has been a worrisome factor for many years. Many modalities have been tried in the scientific literature for preventing the anchorage using the extraoral and intraoral devices, yet the speciality of orthodontics did not find any convenient solutions to this problem until the introduction of mini- implants. Various skeletal anchorage devices were introduced in the 20th century which includes prosthetic implants, palatal implants and implants, mini-plates and screws. The implants used in orthodontics are also known as temporary anchorage devices (TADs), have become increasingly popular because they are small and easy to insert and remove, they can be loaded immediately after insertion, and they can provide absolute anchorage for many types of orthodontic treatment, with minimal need for patient compliance. This article reviews their indications, contraindications, safety zones for TADs, their insertion procedure, complications, failures and medicolegal aspects.

## 29) Dr. Leena Jangade

### **Lasers in orthodontics**

Many types of dental lasers are currently available that can be efficiently used for soft and hard tissue applications in the field of orthodontics. For achieving the desired effects in the target tissue, knowledge of laser characteristics such as power, wavelength and timing, is necessary. Laser therapy is advantageous because it often avoids bleeding, can be pain free, is non-invasive and is relatively quick. The high cost is its primary disadvantage. It is very important to take the necessary precautions to prevent possible tissue damage when using laser dental systems. Here, we reviewed the main types and characteristics of laser systems used in dental practice and discuss the applications of lasers in orthodontics, harmful effects and laser system safety.

### 30) Dr. Vinay Kothari

#### **Virtuality to reality! Future beacons of digital workflow in maxillofacial prosthesis”Review**

**Abstract:-** Maxillofacial prosthesis can be defined as the science of restoration of defects of the oral cavity, face and head by mechanical means. It is the right of every human being to appear human. Few areas of dentistry offer more challenges to the technical skills or greater satisfaction for the successful rehabilitation of function and esthetics in the patient with gross anatomic defects and deformities of the maxillofacial region. A considerable number of patients are afflicted with some degree of facial defect each year, be it congenital or acquired. Maxillofacial prosthetics is faced with an increasing patient numbers and cost constraints leading to the need to explore whether computer-aided techniques can increase efficiency. The wax sculpting of a maxillofacial prosthesis is challenging, time consuming and also requires great skills. Maxillofacial prostheses are usually fabricated on the basis of conventional impressions and techniques. The extent to which the prosthesis reproduces normal facial morphology depends on the clinical judgment and skill of the individual fabricating the prosthesis. The rehabilitation needed is more because of patient’s psychological and emotional demands rather than their physical deficits. Recently, as a result of advances in technology, various computer-aided design and manufacturing techniques have been successfully introduced for the automated fabrication of maxillofacial prostheses. These systems are able to provide more consistently accurate reproduction of facial morphology. Digital technologies have a great role in revolutionized prosthodontics in general, and more specifically in maxillofacial prosthetics. Digitized prosthetic rehabilitation modalities are becoming an essential approach for the maxillofacial prosthetic field. This paper gives an insight into the latest innovations and improvisations in the field of maxillofacial prosthodontics that have provided opportunity to some of the patients to be reintegrated successfully into the society, especially those with congenital malformations and less extensive lesions.

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### 31) Dr. Ishani Bindra

#### **Prosthodontic management of diastema closure using porcelain laminate veneers: A case report”**

**Abstract:-** Esthetics is adversely affected by diastemas and the prescribed technique used to close a wide range of midline diastema without compromising the esthetics and stability of treated outcome. The presented case reports justified the choice of diastema closure using PLV, because the 26 yrs. female patient had difficulty in social interaction due to poor appearance and requested for immediate results. The recovery of function and smile esthetics of a patient with maxillary diastemas with PLV allowed excellent results with conservative preparations. Detailed planning, correct selection of dental materials, and quality communication with the prosthetic technician contributed to a harmonious smile and the evident satisfaction of both patient and professionals.

### **32) Dr. Honey Gurbaxani**

#### **Assessment of Myeloperoxidase Activity at Different Force Levels in Gingival Crevicular Fluid during Initial Phase of Orthodontic Tooth Movement**

Background: Orthodontic movements promote remodeling of the alveolar bone, which is mediated by inflammatory reactions such as characterized by vascular changes and infiltration of leukocytes. Changes in the periodontium occur, depending on the magnitude, duration, and direction of applied force. These changes are often seen in the saliva and gingival fluids through the various substances secreted in them. Aim: The present study aimed to assess myeloperoxidase (MPO) activity at different force levels in gingival crevicular fluid (GCF) during the initial phase of orthodontic tooth movement by varying the effective force levels to 50, 75, 100, and 150 g. Materials and Methods: A total of thirty participants between the age groups of 18–25 years requiring upper first premolar extractions were included in the study. They were divided into three groups (I, II, and III) of ten individuals each, again subdivided into two Subgroups A and B depending on the amount of force applied to the canine. Subgroup A of all the three groups used 150 g, whereas Subgroup B used 50, 75, and 100 g of force, respectively. GCF was collected at 2 h, 7 days, and 14 days of force application. Statistical Analysis: Paired t-test and ANOVA test were used to provide the descriptive statistics of mean optical density to detect the presence of MPO in GCF. Results and Conclusion: There was a highly significant increase in the MPO levels in the GCF at 14th day after force application which can be correlated to the onset of inflammatory reactions in the periodontium.

### **33) Dr. Siddharth Singh**

#### **Metal Hypersensitivity in Orthodontic Patients**

Orthodontic treatment of individuals with metal hypersensitivity is a matter of concern for the orthodontist. Orthodontic appliances contain metals like Nickel, Cobalt and Chromium etc. Metals may cause allergic reactions and are known as allergens. Reaction to these metals is due to biodegradation of metals in the oral cavity. This may lead to the formation of corrosion products and their exposure to the patient. Nickel is the most common metal to cause hypersensitivity reaction. Chromium ranks second among the metals, known to trigger allergic reactions. The adverse biological reactions to these metals may include hypersensitivity, dermatitis and asthma. In addition, a significant carcinogenic and mutagenic potential has been demonstrated. The orthodontist must be familiar with the best possible alternative treatment modalities to provide the safest, most effective care possible in these cases. The present article focuses on the issue of metal hypersensitivity and its management in orthodontic patients.

### **34) Dr. Rashmi Salkar**

#### **“All ceramic systems: an overview” Review**

**Abstract:-** Several all-ceramic systems have been developed in dentistry to meet the increased expectations of patients and dentists for highly aesthetic, biocompatible, and long-lasting restorations. However, early bulk fractures or chippings have led the research community to investigate the mechanical performance of the all-ceramic systems. This overview explores the current knowledge of monolithic and bilayer dental all-ceramic systems, addressing composition and processing mechanisms, laboratory and clinical performance, and possible future trends for all-ceramic materials

### **35) Dr. Chetan Jakkulwar**

#### **“Esthetic rehabilitation of transposed canine: A Case Report”**

**Abstract:-** Transposition is a dental anomaly manifested by a positional interchange of two permanent teeth. The maxillary permanent canine usually transposes with the first premolar and occasionally with the lateral incisor. These are mainly genetically governed and are treated orthodontically if complete segment of tooth is present; in case of missing teeth, participation of cosmetic dentist is must. The present case report describes a situation where left canine to lateral incisor complete transposition was present along with a missing left central incisor. Esthetic rehabilitation of the "smile zone" was the major concern. Scrupulous treatment planning to esthetically contour transposed teeth according to their normal positions, i.e., transposed left canine to lateral incisor and transposed left lateral incisor to canine with replacement of missing tooth, was a challenge.

### **36) Dr. Pritam Khorgade**

#### **Accelerated Orthodontics – A Review**

The duration of orthodontic treatment is the primary concern of most patients. Unfortunately, long orthodontic treatment time poses several disadvantages like higher predisposition to dental caries, gingival recession and root resorption. Therefore this The duration of orthodontic treatment is the primary concern of most patients. Unfortunately, long orthodontic treatment time poses several disadvantages like higher predisposition to dental caries, gingival recession and root resorption. Therefore this increases the demand to find the best method to increase rate of tooth movement with the least possible disadvantages. Orthodontic treatment is based on the premise that when force is delivered to a tooth and thereby transmitted to the adjacent investing tissues, certain mechanical, chemical, and cellular events take place within these tissues, which allow for structural alterations and contribute to the movement of that tooth. Conventionally, this

process is slow and orthodontic treatment times can range anywhere between 12-48 months. By enhancing the body's response to these forces, tooth movement can be accelerated. Many methods are available to accelerate tooth movement, such as surgical methods (corticotomy, piezosurgery etc), mechanical/ physical stimulation methods (vibration, lasers), drugs, magnets etc. These methods have been successfully proven to reduce treatment times by up to 70%. Hence, this article aims to review the latest methods to accelerate orthodontic tooth movement.

### **37) Dr. Anshuka Singh**

#### **The emerging soft tissue paradigm in orthodontic diagnosis and treatment planning**

Until now, orthodontic diagnosis and treatment planning has been based on hard tissue relationships and on the Angle paradigm that considers ideal dental occlusion 'nature's intended ideal form'. In this view, the clinician and nature are partners in seeking the ideal. In the modern biological model, variation is accepted as the natural form; ideal occlusion is the exception rather than the rule, and the orthodontist and nature are often adversaries. The orthodontist's task is to achieve the occlusal and facial outcomes that would most benefit that individual patient, whose esthetic concerns are often paramount. Because the soft tissues largely determine the limitations of orthodontic treatment, from the perspectives of function and stability, as well as esthetics, the orthodontist must plan treatment within the patient's limits of soft tissue adaptation and soft tissue contours. This emerging soft tissue paradigm in diagnosis and treatment planning places greater emphasis on clinical examination of soft tissue function and esthetics than has previously been the case, and new information in these areas is required.

### **38) Dr. Sayali Kulkarni**

#### **Restoring esthetics- management of tissue loss in implant supported fixed partial dentures: a literature review”**

**Abstract:-** Implant treatment is widely known by patients, who nowadays have increasing esthetic expectations. Sometimes esthetic outcome of implant therapy is not ideal. Compromised esthetics are usually caused by lack of sufficient bone after tooth loss. Several techniques have been proposed to augment bone prior to or at implant placement, however, there are situations in which it might be possible to obtain good esthetic results solely through manipulating or augmenting soft tissues. Patients unwilling or unable to tolerate adjunctive surgeries may require alternate prosthetic replacements for the lost tissue in the form of gingival prosthesis.

Thus this paper gives a review of esthetic treatment options for tissue loss in implant supported fixed partial dentures.

### **39) Dr. Shraddha Sahani**

#### **Prosthodontic management of patient with hemi-mandibulectomy” Clinical Case Report**

**Abstract:-** Surgical resection of mandible owing to benign, malignant neoplasm, osteoradionecrosis is common. The resection can be total or segmental depending on the lesion. Loss of mandibular continuity causes deviation of remaining mandibular segment towards the resected side and rotation inferiorly due to muscle pull and scar contracture affecting mastication and esthetics. Surgical reconstruction may not be always possible. Prosthetic rehabilitation plays a major role in these patients. This case report describes a guiding flange (GF) prosthesis fabricated for 53yrs old male patient reported after hemi-mandibulectomy. The article details GF prosthesis combined with physiotherapy to correct deviation of mandible thereby improving mastication, esthetics and speech and thus enhancing the quality of life

### **DHADKAN 2016 (BRAIN BUZZ) SCIENTIFIC PAPER PRESENTAION**

#### **1) Dr. VrushaliLathiya**

#### **Effect of periodontal therapy on maxillary sinus mucous membrane thickening in chronic periodontitis: A split-mouth study**

##### **Abstract**

**Background.**This study evaluated the effect of periodontal therapy on mucous membrane thickening in maxillary sinus in chronic periodontitis patients using radiovisiography (RVG) and cone-beam computed tomography (CBCT).

**Methods.** The study population included 30 patients diagnosed with chronic periodontitis, exhibiting bilateral mucosal thickening of maxillary sinus. The selected sites were randomly assigned to group I (control group - not receiving periodontal therapy) and group II (test group - receiving periodontal therapy). The clinical parameters and mucosal thickening of the maxillary sinus were evaluated at baseline and after 9 months.

**Results.** There was a significant decrease in the PPD, CAL as well as mucosal thickening in group II while, group I showed an increase in these parameters. In group II at the end of 9 months the mean mucosal thickening reduction as assessed by CBCT was  $0.76 \pm 0.18$ ,  $0.73 \pm 0.24$ ,  $0.88 \pm 0.42$  and  $1.13 \pm 0.43$  mm at the most anterior point (AP), the most posterior point (PP), the mid-point (MP), point of maximum thickness (MT) as well as in the length of the thickened mucosal lining, respectively.

**Conclusion.** The results of our study indicated a reduction in the mucosal thickening of the maxillary sinus after surgical periodontal therapy. The trial was registered with the Clinical Trial Registry of India (Trial REF/ 2016/02/010805).

## 2) Dr. Girish Bodhare

### **Clinical and Radiographic Evaluation and Comparison of Bioactive Bone Alloplast Morsels when used alone and in combination with Platelet-Rich Fibrin in the Treatment of Periodontal Intrabony Defects - A Randomized Controlled Trial**

#### **Abstract**

**Background:** The present study aims to evaluate and compare the clinical and radiographic changes obtained through Bioactive Glass (BG) with and without autologous platelet-rich fibrin (PRF) in the treatment of intrabony defects in chronic periodontitis patients.

**Materials and Methods:** The present study was a split-mouth randomized controlled clinical trial comprising 20 chronic periodontitis patients (mean age: 35.9 years) having at least one pair of bilateral intrabony defect. Group 1 included 20 sites treated with a combination of BG and autologous PRF whereas 20 sites in Group 2 were treated with BG alone. Probing pocket depth (PPD), clinical attachment level (CAL) and gingival recession (GR) were evaluated at 3 and 6 months and bone fill at 6 months by using cone beam computed tomography (CBCT) analysis. Primary study outcomes were changes in PPD, CAL, GR and bone fill.

**Results:** CAL gain was greater in Group 1 ( $5.05 \pm 1.09$  mm) when compared to Group 2 ( $4.2 \pm 1.70$  mm). Furthermore, a significantly greater bone fill was found in Group 1. At 6 months, statistically significant reduction in PPD in Group 1 and Group 2 was evident.

**Conclusion:** BG morsel when used in combination with PRF is found to be more effective in gain in CAL, reduction in PPD and achieving greater bone fill as compared to treatment with BG alone in periodontal intrabony defects and is indicative of enhanced periodontal regeneration.

### 3) Dr. Pallavi Asudani

#### **A study to evaluate the diagnostic suitability of a questionnaire for xerostomia in post menopausal women**

Menopause is a physiologic process that is accompanied by physiological and sensorial oral changes in select individuals<sup>1</sup> with xerostomia and burning mouth<sup>2</sup> being the major oral symptoms. Xerostomia is the subjective sensation of dry mouth, and has been shown to affect sufferers' oral-health-related quality of life.<sup>3</sup> Hyposalivation may contribute to a variety of oral complaints such as generalized oral discomfort, burning mouth and tongue, halitosis, poor retention of dentures, dysguesia, dysphagia and dysphonia. Measuring xerostomia is problematic not only because it involves questioning the sufferer but also because there are a variety of questions that can be used.<sup>4</sup> The Xerostomia Inventory (XI) is a summated rating scale, which provides a single continuous scale score, which represents the severity of chronic xerostomia. The questions in XI cover both experimental and behavioral aspects of the condition. However, some of the 11 items appear to be superfluous and not directly related to dry mouth. A modified xerostomia inventory<sup>5</sup> with questions related purely to dry mouth could be used for the purpose of xerostomia evaluation. The salivary flow rate is an accurate marker of xerostomia. Salivary flow rate is of two types- stimulated and resting. The spitting method has been considered as the least time consuming and most feasible for use in cases of mass screening of patients.<sup>6</sup> This study evaluates the efficacy of the modified xerostomia inventory in the screening of xerostomia and correlates the findings with the salivary flow rate in post menopausal women.

### 4) Dr. Swati Demble

#### **DEEP MARGINAL ELEVATION**

**“The wall that matters”**

#### **Introduction-**

Restorative dentistry is an indispensable and responsible aspect of dentistry which affects the final outcome and prognosis of a decayed tooth.

Interproximal root surface caries can often be very difficult to restore due to their lack of direct access and location relative to the gingiva. In the clinical practice, it is common to find carious teeth affecting one or more proximal surfaces. The reconstruction of such cavities is challenging for the operator.

Earlier the gingival margin was surgically exposed by apical displacement of supporting tissues; however, this led to attachment loss and anatomical complications such as proximity of root concavities. Once exposed to the oral environment, the gingival margin maintenance was jeopardised and generated additional challenges.

Contemporary approach, presented by Dietschi and Spreafico in 1998, was to place a base of composite resin to coronally displace proximal margins underneath indirect bonded restoration. This clinically relevant two step procedure is known as **Deep Marginal Acquisition (DMA)** and **Deep Marginal Elevation (DME) or Coronal Margin Relocation**. This procedure is performed under rubber dam isolation following the placement of matrix where flowable composite is used to raise the proximal margins more coronally and achieve a predictable bonding.

The following review poster will highlight-

- Concept of DMA & DME.
- Indication & Contraindication.
- Advantage & Disadvantage.
- Clinical importance.

### **5) Dr. Aditya Dupare**

#### **Pleomorphic sarcoma- A rare case report and review of literature**

Pleomorphic sarcoma, also known as malignant fibrous histiocytoma (MFH), is an aggressive, high-grade tumor with poor prognosis. It is the most common soft-tissue sarcoma, however relatively uncommon in head and neck area. It occurs in the 5th to 7th decades of life and accounts for 10.5 to 21.6% of all soft tissue malignant neoplasms. The mandible is a rare location of MFH, accounting for only 3% of all tumors of this type occurring within bone. Excluding cases of post-irradiation MFH and metastatic oral lesions, less than 45 cases of MFH arising in the hard or soft tissues of the oral cavity have been described. Cases also have been reported of the occurrence of this tumor in the maxillary sinus and base of tongue. MFH has a high propensity for local recurrence. Because MFH is rare in the oral cavity, misdiagnosis may not be unusual based on the initial clinical examination. We report the case of an 80-year-old female who presented with the complaint of a painless mass over the mandibular gingiva anteriorly since 8 days. After complete excision of the mass, the patient reported back with recurrence of the growth 20 days later. We discuss the clinical, radiographic and histologic features of this entity, along with treatment planning and a review of literature of all cases occurring in the oral cavity.

### **6) Dr. Anusha Agrawal**

#### **Association between central papilla recession and gingival and interdental smile line**

#### **Abstract**

**Objective:** Interdental soft tissues play a critical role in pink esthetics. The presence and preservation of the interdental papillae in the esthetic zone is as crucial as the shape and contour of the anterior teeth in achieving an esthetically pleasing smile. The present study determines the association of central papilla recession with gingival and interdental smile line in periodontally healthy patients of different age groups.

**Method and Materials:** The present study included 200 patients equally divided into 21 to 40 years and 41 to 60 years age groups. The clinical and photographic evaluation of the central papilla, with midfacial gingiva, and its relationship with the vermilion border was performed.

**Results:** In total, 137 patients exhibited presence of central papilla, whilst 63 patients had central papilla recession with variable extent. The male patients predominantly had presence of central papilla in both the age groups, with 86% and 64%, compared with 74% and 50% in females, respectively. High gingival smile line was seen in the majority of the patients (62%), and this trend was similar to high interdental smile line (82% of the patients).

**Conclusion:** Esthetics is affected in individuals having papilla recession along with high gingival smile line and interdental smile line as compared to individuals with low or cupid bow gingival smile line and interdental smile line.

## 7) Dr. Rohit Biranjan

### **Coexistence of Sjogren's syndrome and sarcoidosis: A review of literature**

Sarcoidosis and Sjogren's syndrome are chronic multisystem disease of obscure etiology. Primary Sjogren's syndrome is a chronic autoimmune disease presenting with dry mouth and dry eyes and is characterized by a lymphoplasmocytic infiltrate involving the exocrine glands. Sarcoidosis is a chronic multisystem granulomatous disease with most frequent manifestations of pulmonary involvement, fever, lymphadenopathy, skin lesions, splenomegaly and musculoskeletal and eye involvement. Already in the 1960s a relationship between sarcoidosis and various autoimmune diseases was suggested. While initially considered rare, the coexistence of these disorders has lately been reported with increasing frequency. Sarcoidosis is one of the exclusion entities for the diagnosis of Sjogren's syndrome; however, several clinical observations and literature evidence suggests a true coexistence of the two diseases. Pulmonary manifestations of Sjogren's syndrome are very similar to those of sarcoidosis. A higher prevalence of systemic symptoms is observed in patients with coexisting sarcoidosis and Sjogren syndrome. The presentation of sarcoidosis with dry mouth and dry eyes is rare, challenging the clinician with the difficult task of differentiating Sjogren's syndrome from sarcoidosis. Both conditions share very similar clinical, pathologic, radiographic and physiologic features, preventing the differentiation in diagnosis solely on clinical grounds; however, differentiating between the two conditions is of prognostic significance.

## 8) Dr. Pooja Tagde

### **Hazards and radiation protection: A Questionnaire survey**

**Aim and objective:** To assess the knowledge and attitudes regarding radiation hazards and protection amongst medical and dental students. **Materials and method:** A validated 20 point questionnaire about radiation protocol in the form of multiple choices was used for the study where 400 participants (undergraduate students and interns) were included from medical and dental field. Results were analyzed using SPSS 20.0. **Results:** The knowledge, attitude and awareness about radiation protection was highest in dental interns followed by dental students, medical interns and medical students. Among the total participants, majority felt that lectures and workshops should be conducted to acquire knowledge on radiation hazards and protection. **Conclusion:** There is need “to fill” the knowledge deficit for students from both medical and dental fraternity thereby creating awareness about radiation hazards and protection. There is a need to educate current and future doctors regarding unnecessary exposure of individual to radiation.

## 9) Dr. Pranjali Bawankar

### **Proximal contact areas of maxillary anterior teeth and their influence on interdental papilla**

#### **Abstract**

**Objectives:** Open gingival embrasures leading to appearance of black triangles which apart from being unesthetic contribute towards food retention, adversely affecting the health of the periodontium. Correction of such papillary deformities is extremely challenging, which requires an in depth knowledge about the interproximal geometry for the appropriate management of interdental papilla. So, the present study was aimed to determine the proximal contact areas of maxillary anterior teeth and their influence on the interdental papilla.

**Materials and methods:** In 200 periodontally healthy patients equally divided into 21–40 years (Group I) and 41–60 years (Group II) of age group amounting to a total of 1400 interdental papillae in maxillary anterior teeth were examined to compute the apicocoronal Proximal contact area (PCA), Proximal contact area proportion (PCAP), and dimensions between alveolar crest and apical contact point (D1) to assess their influence on presence or absence of interdental papilla.

**Results:** The PCA dimensions were maximum for Central incisor-Central incisor measuring about  $3.90 \pm 0.93$  mm and  $3.97 \pm 0.90$  mm for Group I males and females respectively and  $3.86 \pm$

1.22 mm and  $3.63 \pm 1.14$  mm for males and female patients in Group II respectively. There was a gradual reduction till Canine-Premolar. Similar trend was followed in PCAP and D1. Consistently more dimensions of D1 were observed in Group II as compared to Group I which influenced the presence of papilla which was predominantly found in in Group I patients amongst both the sexes.

**Conclusion:** There was a gradual decrease in the PCA and PCAP in the distal direction anteroposteriorly from maxillary central incisors to first premolars on either sides. The younger age group of both the sexes exhibit greater presence of interdental papilla owing to the lesser D1 dimensions as compared to the older patients.

#### 10) Dr. Sunil Baghel

##### **A retrospective study to evaluate the prevalence of root dilacerations using orthopantomograms in central India population.**

Almost all teeth have roots with an angulation at some point along the long axis. Dilaceration refers to an angulation that may occur anywhere along the length of the tooth, that is, its crown, amelocemental junction, along the root or by only involving the apex of the root. The most widely accepted cause is mechanical trauma to the primary predecessor tooth, which results in dilaceration of the developing permanent tooth. An idiopathic developmental disturbance is proposed as another cause in cases that have no clear evidence of traumatic injury.<sup>2</sup> Diagnosing dilaceration is critical as severely angulated roots of teeth may complicate dental treatments like root canal treatment, extraction and orthodontic treatment. Thus, root angulation of teeth influences the planning and execution of dental treatment to varying extents. Although dilaceration of a crown can be visually observed in an intraoral inspection, radiographic examination is required to diagnose dilaceration of a tooth root. Orthopantomograms may be routinely employed as an initial screening or diagnostic modality to determine the extent of dilaceration.<sup>2</sup> In the literature only few articles have reported the prevalence of dilacerations. Thus, the following study deals to evaluate the prevalence of root dilaceration in central India population with respect to gender, jaws, dental localization as well as to measure the extent of dilaceration in an individual tooth.

#### 11) Dr. AnushreePotey

##### **Risk assessment of osteoporosis in pre- and postmenopausal periodontally healthy and chronic periodontitis women with digital panoramic radiographs**

##### **Abstract**

**Background:** Osteoporosis is particularly high in females, the early identification of which remains a challenge. Panoramic radiographs are routinely advised to detect periodontal diseases and can be used to predict low bone mineral density (BMD). Hence, this investigation was aimed to identify the risk of osteoporosis in pre- and postmenopausal periodontally healthy and chronic periodontitis women with digital panoramic radiographs.

**Materials and Methods:** The study population consisted of 120 patients equally divided as Group I - Premenopausal periodontally healthy, Group II - Premenopausal periodontitis, Group III - Postmenopausal periodontally healthy, and Group IV - Postmenopausal periodontitis. Clinical parameters were recorded, and digital panoramic radiographs were used to record the mental index (MI), panoramic mandibular index (PMI), and mandibular cortical index (MCI) scores.

**Results:** MI was found to be varied, and the differences were highly significant among Group III and IV ( $P = 0.0003$ ) and Group II and IV ( $P = 0.0007$ ), and significant difference was found between Group I and Group II ( $P = 0.0113$ ). MCI evaluation showed a greater prevalence of C2 and C3 patterns among postmenopausal women. MCI correlation with MI ( $P < 0.0001$ ), PMI ( $P < 0.0001$ ) and age ( $P = 0.0029$ ) indicated a highly significant variance.

**Conclusion:** The positive association between MCI and chronic periodontitis in postmenopausal women confirms the high risk of osteoporosis in them. Furthermore, an increased percentage of patients with undetected decrease in BMD may be identified by screening with digital panoramic radiographs which are done on a routine basis for periodontal and other dental diseases and thus could be used as an effective aid to quantify bone density in future.

12) Dr. Ishita Wanikar

## Use of Colposcopy in Diagnosing Early Dysplastic Changes in Oral Premalignant Condition

### Abstract

**Purpose:** Areca nut, a suspected human carcinogen, is responsible for oral submucous fibrosis (OSMF). Micro colposcopy, a noninvasive technique, can be used for early detection of dysplastic changes in the oral tissues. The aim of this study was to evaluate and compare the effect of areca nut on oral mucosa in healthy controls and those with OSMF using a colposcope.

**Materials and Methods:** The study was conducted on participants with a habit of chewing areca nut and suffering from OSMF. 2% acetic acid was applied on the parts of the gingiva and oral mucosa kept for 2 min and viewed under the colposcope. After a few minutes, Lugol's iodine solution was applied and reviewed under the colposcope.

**Results:** All clinical parameters were higher in Group III (areca nut chewers with OSMF) and Group II (areca nut chewers without OSMF) as compared to Group I (healthy controls) ( $P < 0.05$ ).

**Conclusion:** Colposcope could aid in the visualization of the changes developed in oral mucosa as an effect in the vasculature of the gingiva.

### 13) Dr. Neha Naranje

#### **A study to evaluate the diagnostic suitability of a questionnaire for xerostomia in post menopausal women**

Menopause is a physiologic process that is accompanied by physiological and sensorial oral changes in select individuals with xerostomia and burning mouth being the major oral symptoms. Xerostomia is the subjective sensation of dry mouth, and has been shown to affect sufferers' oral-health-related quality of life. Hyposalivation may contribute to a variety of oral complaints such as generalized oral discomfort, burning mouth and tongue, halitosis, poor retention of dentures, dysguesia, dysphagia and dysphonia. Measuring xerostomia is problematic not only because it involves questioning the sufferer but also because there are a variety of questions that can be used. The Xerostomia Inventory (XI) is a summated rating scale, which provides a single continuous scale score, which represents the severity of chronic xerostomia. The questions in XI cover both experimental and behavioral aspects of the condition. However, some of the 11 items appear to be superfluous and not directly related to dry mouth. A modified xerostomia inventory with questions related purely to dry mouth could be used for the purpose of xerostomia evaluation. The salivary flow rate is an accurate marker of xerostomia. Salivary flow rate is of two types- stimulated and resting. The spitting method has been considered as the least time consuming and most feasible for use in cases of mass screening of patients. This study evaluates the efficacy of the modified xerostomia inventory in the screening of xerostomia and correlates the findings with the salivary flow rate in post menopausal women.

### 14) Dr. Vinay Kothari

#### **“Gerodontic Nutrition – an overview.” Review.**

**Abstract:-** The older dental patient can be at risk of poor nutrition for a variety of reasons including physiologic, oral, psychosocial, functional, and medical factors. Any decline in the ability to eat increases the risk of malnutrition. Oral impairments can affect diet and nutrition because of changes in the ability and desire to taste, bite, chew, and swallow foods. The dental team must be aware of these potential detrimental effects of dental treatment and provide counteractive dietary guidance. Problems vary with the patient and the dental condition, so suggestions must be tailored to meet the patient's specific needs. Caregivers should: Screen patients to determine whether there are risk factors that could compromise nutrition. Provide diet guidance to prepare patients for any changes in eating ability. Promote diet adequacy by suggesting appropriate choices from each food group in the Food Guide Pyramid. Consult with and refer clients to a registered dietitian whenever possible.

### 15) Dr. Anushka Jasrotia

The emerging soft tissue paradigm in orthodontic diagnosis and treatment .

Until now, orthodontic diagnosis and treatment planning has been based on hard tissue relationships and on the Angle paradigm that considers ideal dental occlusion 'nature's intended ideal form'. In this view, the clinician and nature are partners in seeking the ideal. In the modern biological model, variation is accepted as the natural form; ideal occlusion is the exception rather than the rule, and the orthodontist and nature are often adversaries. The orthodontist's task is to achieve the occlusal and facial outcomes that would most benefit that individual patient, whose esthetic concerns are often paramount. Because the soft tissues largely determine the limitations of orthodontic treatment, from the perspectives of function and stability, as well as esthetics, the orthodontist must plan treatment within the patient's limits of soft tissue adaptation and soft tissue contours. This emerging soft tissue paradigm in diagnosis and treatment planning places greater emphasis on clinical examination of soft tissue function and esthetics than has previously been the case, and new information in these areas is required

### 16) Dr. Ishani Bindra

**“ Obstructive sleep apnea: Management by Prosthodontic Approach”Review.**

**Abstract:-** Sleep disordered breathing represents a continuum, ranging from simple snoring sans sleepiness, upper-airway resistance syndrome, obstructive sleep apnea (OSA) syndrome, to hypercapnic respiratory failure. Oral appliances (OAs) are indicated for use in patients with mild to moderate OSA who prefer them to continuous positive airway pressure (CPAP) therapy, or for those who do not respond to, are not appropriate candidates for, or for those who have failed treatment attempts with CPAP. OAs protrude the mandible and hold it in a forward and downward position. As a consequence, the upper airway enlarges antero-posteriorly and laterally, improving its stability. Although OAs are effective in some patients with OSA, they are

not universally suitable. Compliance with OAs depends mainly on the balance between the perception of benefit and the side effects. This paper elaborates various prosthetic appliances for the treatment of OSA.

#### 17) Dr. Varsha Vaswani

##### **Corticotomy-Assisted Orthodontic Treatment: Review**

Corticotomy-assisted orthodontic treatment is an established and efficient orthodontic technique that has recently been studied in a number of publications. It has gradually gained popularity as an adjunct treatment option for the orthodontic treatment of adults. It involves selective alveolar decortication in the form of decortication lines and dots performed around the teeth that are to be moved. It is done to induce a state of increased tissue turnover and a transient osteopenia, which is followed by a faster rate of orthodontic tooth movement. This technique has several advantages, including faster tooth movement, shorter treatment time, safer expansion of constricted arches, enhanced post-orthodontic treatment stability and extended envelope of tooth movement. The aim of this article is to present a comprehensive review of the literature, including historical background, contemporary clinical techniques, indications, contraindications, complications and side effects.

#### 18) Dr. Nupur Shirao

##### **“Inter-occlusal Records in FMR” Review**

**Abstract:-** Full mouth rehabilitation (FMR) continues to be the biggest challenge to any clinician in Restorative dentistry. It requires efficient diagnosis and elaborate treatment planning to develop ordered occlusal contacts and harmonious articulation in order to optimize stomathognathic function, health and aesthetics which then translates to patient's comfort and satisfaction. To achieve a successful prosthesis it is important to achieve harmony between the maxillomandibular relationship and anatomy of patient. This relationship is not simple opening or closing, but a complex relationship which exists in 3 dimensions. Variations may occur in any direction – vertical, anteroposterior, or mediolateral. Thus, it is essential to record this relationship with the least possible error to obtain a successful prosthesis. However when relating the maxillary and mandibular dental casts, the ultimate accuracy depends on accuracy and dimensional stability of the material and the technique used to record the maxillomandibular relationship. Many recording media are available for Interocclusal registration like plaster, thermoplastic waxes, zinc oxide eugenol pastes, silicones and polyethers.

This scientific paper aims to describe in brief the various inter-occlusal records in FMR and their ultimate indications.

## 19) Dr. Kshitij Sabley

### **Case Report: Early correction of unilateral scissor bite using transforce appliance and modified twin block appliance**

Early treatment of scissor bite has been advocated mainly to prevent function jaw shift that can eventually lead to permanent skeletal asymmetry and temporomandibular joint pathosis. Although unilateral scissor bite is more common, most of the times, bilateral mandibular expansion is indicated. Lingual transforce appliance can be useful in such cases. This article presents a patient with unilateral scissor bite in mixed dentition with alveolar narrowing. Transforce appliance was used for scissor bite correction followed by modified twin block appliance for stabilization and settling of occlusion till the eruption of premolars. The case was finished with fixed mechanotherapy. Two years after completion of treatment, results were well maintained. Our results suggest that lingual transforce appliance along with careful management of occlusion is effective in the early management of severe unilateral scissor bite.

## 20) Dr. Siddharth Singh

### **A key to the understanding of extraoral forces**

Numerous commercially marketed extraoral assemblies are available for use by orthodontists to assist in effecting orthopedic jaw correction and/or orthodontic tooth movement. Selecting a suitable appliance can be confusing. However, an understanding of the basic functional mechanical principles of the appliance and a knowledge of the force actions involved in their respective designs readily obviate this shortcoming. From a clinician's standpoint, the usual questions asked are: What are the orthodontic effects of various headgear assemblies on molar teeth? Will the specific type of assembly used intrude teeth, and to what degree? Will the headgear tip the roots or crowns of molars, and how can such movements be controlled? Which type of head- or neckgear assembly is best suited to moving molars distally without extruding them? Which asymmetric face-bow design is most effective in unilateral molar movement? This article will try to answer such questions. The article will not include fully banded arches, only upper molars. Fully banded arches may change the position of the center of resistance. Extraoral orthodontic appliances generally comprise an inner and an outer bow soldered together near their respective centers. When eccentric forces are desired, the inner and outer bows of the headgear appliances are attached to each other asymmetrically. Extraoral force is delivered by means of springs, elastics, or stretchable material, attached to a neck or headgear assembly usually constructed of pliable material.

This scientific paper elaborates nutritional and dietary aspects required in elderly individuals.

## **21) Dr. HiennaMahale**

### **“Screening of oral health literacy & awareness of prosthetic treatment options available for missing tooth/teeth amongst patients: A cross-sectional analysis”**

**Abstract:-** Abstract:-Limited health literacy among adults is one of the many barriers to better oral health outcomes. It is not uncommon to find people who consider understanding oral health information a challenge. Thus, the present study is to evaluate the reliability and validity of Rapid Estimate of Adult Literacy in Medicine and Dentistry (REALMD-30) and analyze knowledge of prosthetic treatment options available. This cross-sectional study was conducted on 318 patients who visited the Out-Patient Dept. (OPD) of Dept. of Prosthodontics, for three months using questionnaire. Oral health literacy was graded on a Likert scale. Statistical analysis was done and concluded that majority of the participants had low literacy scores and there is a need to address these problems especially among rural population by health care providers and the government.

## **22) Dr. Varunraj Jadhav**

### **Obstructive sleep apnea: Management by Prosthodontic Approach” Review.**

**Abstract:-** Sleep disordered breathing represents a continuum, ranging from simple snoring sans sleepiness, upper-airway resistance syndrome, obstructive sleep apnea (OSA) syndrome, to hypercapnic respiratory failure. Oral appliances (OAs) are indicated for use in patients with mild to moderate OSA who prefer them to continuous positive airway pressure (CPAP) therapy, or for those who do not respond to, are not appropriate candidates for, or for those who have failed treatment attempts with CPAP. OAs protrude the mandible and hold it in a forward and downward position. As a consequence, the upper airway enlarges antero-posteriorly and laterally, improving its stability. Although OA are effective in some patients with OSA, they are not universally suitable. Compliance with OAs depends mainly on the balance between the perception of benefit and the side effects. This paper elaborates various prosthetic appliances for the treatment of OSA.

## **23) Dr. Pooja Wajekar**

### **The shape and size of the sella turcica in skeletal class i, ii & iii patients of central india population**

The purpose of this study was to evaluate the shape and size of sella turcica with different skeletal types in Central India population. 120 lateral cephalograms of the subjects having Class I, Class II and Class III skeletal base were selected and grouped according to gender and skeletal type. The length, depth and diameter of sella turcica was measured, also the shape of sella turcica were evaluated and the mean values were analysed. The statistical comparison of linear dimensions of sella turcica in males and females was performed using student's t- test. One way

ANOVA test was done to determine if there was any difference in linear dimensions among the skeletal types. The results show that when skeletal type was compared with sella size, a significant difference was found in the length of sella between the Class II and Class III subjects. Significant differences in linear dimensions between gender was found, with the length of sella being more in males than the females. Sella turcica presented with a normal morphology in the majority of subjects (69 per cent) regardless of gender, skeletal type and age. Thus, variation in linear dimensions and morphology of sella was found in this study, which can be used as standard for further investigations involving sella turcica in Indian population.

#### **24) Dr. Tazeen Raees**

##### **“Implant Biomaterials: A Review**

**Abstract:-** Considering biomechanics of oral implants, both loading on the implant itself and the transferred load to the bone need our attention. Mastication induces vertical and transverse forces, which induce axial forces and bending moments and exert stress gradients in the implant as well as in the bone. By the use of strain gauges or piezo-electric force transducers, one succeeds in precise intra-oral force measurements which make it possible to study a wide range of varying conditions in implant dentistry. The paper elaborates the key determinant of the success or failure of an oral implant is the way mechanical stresses are transferred to the surrounding bone. The load transfer from implants to surrounding bone depends on the type of loading, the bone-implant interface, the length and diameter of the implants, the implant shape, structure of the implant surface, the superstructure and the quality and quality of the surrounding bone. Finite element analyses indicate maximum stress concentrations in the contact area of the implants with the cortical bone and around the apex of the implants in the trabecular bone.

#### **25) Dr. Pritam Khorgade**

##### **Orthodontic Camouflage: A Treatment Option – A Clinical Case Report**

Orthodontic camouflage provides an alternative treatment for angle III malocclusion since patients with limited economic resources cannot opt for orthognathic surgery, it being clear that correction will be achieved at the dental level and not at the bone complex. Objective: To determine an alternative treatment for patients who do not have the possibility of having orthognathic surgery. Clinical case: A 13-year-old female patient, dolico facial biotype with slightly concave profile, with Class III Skeletal by mandibular prognathism, anterior crossbite, anterior diastema, and large mandibular body, molar class, and canine III. Alexander technique brackets were placed; premolar extraction was not planned. Once the case was completed, the correction of the anterior crossbite was achieved, thanks to the use of the spaces that existed at the beginning of the treatment and also that a correct distalization of canines and retraction of the lower anterior segment were performed.

## 26) Dr. Anagha Waghmare

### **“Rehabilitation Of A Post Burn Ear deformity with an implant retained auricular Prosthesis – A Case Report.**

**Abstract:-**Microtia, malformation, deformity, and partial or complete loss of the pinna may be due to various congenital or acquired factors. Burns is one of the condition which can leave a patient with a severely debilitating disability even after treatment. The objectives of burn rehabilitation are to minimize the adverse effects caused by the injury while rehabilitating the patient's physical and psychological well-being, esthetics and maximizing social integration. Long-term success of maxillofacial prostheses mainly depends on the retention. Extra-oral implant retained prosthesis have been proven to be a predictable treatment option for maxillofacial rehabilitation. Replacement of a severely deformed or missing external ear with burned tissues may be satisfactorily accomplished by a cosmetic prosthesis anchored by implants integrated in the skull. The use of such implants is now a well-recognized method for creating a stable result in maxillofacial rehabilitation. In this case report, an auricular prosthesis was fabricated for a patient who lost the right external ear in an electrical burn. Extra-oral implants and bar-and-clip retention for the proper connection of the auricular prosthesis to implant were used. This prosthesis was acceptable to the patient because of excellent support, retentive abilities and the patient's appearance

## 27) Dr. ManjiriChakor

### **Treatment Algorithm in Oral Submucous Fibrosis Based on OSMF Scoring Index: A Prospective Study**

**Background/Introduction** Oral submucous fibrosis is poorly understood and unsatisfactorily treated disease with obscure etiology. **Objectives** We have classified the disease in different groups according to the OSMF scoring Index and treated them according to the stage of disease. **Methods** 93 patients of oral submucous fibrosis and classified them into three groups based on OSMF scoring Index and given specific treatment for each group. Group A (n=31) patients treated with medicines, Group B (n=31) treated with intra lesional injections and Group C (n=31) treated with surgical therapy and followed them up for 2 years regularly. **Results** Almost all patients got symptomatic relief from the disease. Patient's interincisal mouth opening increased significantly. All patients can take regular diet. Progressive malignant transformation can be diagnosed earlier to avoid future morbidity and mortality. **Conclusions** Oral submucous fibrosis (OSMF) scoring index is reliable method to decide the severity of disease and progress. Based on this scoring and grouping, we can give definite prompt treatment to the patients with satisfactory results.

28) **Dr. Nikhil Moriwala**

**Predictability of Depth of Tumor Invasion, Tumor Budding & Worst Pattern of Invasion as Risk Factor for Nodal Metastasis**

**Background/Introduction** Oral squamous cell carcinoma is characterized by highly variable prognosis even in early stage disease. Nodal metastasis is amongst most important prognostic factor. **Objectives** To verify the predictability of depth of tumor invasion, tumor budding & worst pattern of invasion as risk factor for nodal metastasis. **Methods** Depth of tumor invasion, Tumor budding & worst pattern of invasion were studied in 20 cases of T1/T2 N0M0. Oral squamous cell carcinoma managed in our hospital were reviewed histologically. **Results** Tumour budding and depth of invasion were associated with poor prognosis in patients with early oral squamous cell carcinoma. The worst pattern of tumour invasion was also found to be an independent prognostic factor. **Conclusions** Depth of tumor invasion, Tumor budding & worst pattern of invasion are reliable risk factors for nodal metastasis in early oral squamous cell carcinoma.

29) **Dr. Bashir Ahmed**

**MAGNIFYING LOUPES”-Perception Among Practitioners & Post Graduates of Central India towards its use in Clinical Practice**

**Introduction:-**Traditional Dentistry practice has been based on feel not sight. Together with radiograph and electronic apex locators this blind approach has produced surprising success. There are however, some limitations to it and some cases still remains untreated.

In contemporary endodontic, there is shift from only treatment to conservation of tooth structure for increasing the life of the tooth .However; magnification enhances visibility and accuracy for diagnosing and treating dental pathology in endodontic thus improving quality of dentistry. Loupes have been the basic aid for magnification in endodontic as they enhance the accessibility for locating canals and cleaning and shaping with far greater accuracy.In addition to improving the quality of dentistry, loupes enhance ergonomics and provide greater comfort to practicing dentists. Loupes can also be used in general dentistry for scaling and polishing and tooth preparation for crowns and veneers and surgical procedure.

**Aim:** To Determine The Awareness, Attitude And Prevalence Of Usage Of Magnifying Loupes Among The General Dental Practitioner And Post Graduate Students In Central India.

**Material and Methods:** A Close Ended Questionnaire Was Structured To Assess The Awareness, Attitude And Prevalence Of Usage Of Magnifying Loupes Among The General Dental Practitioner And Post Graduate Students In Central India.

**Conclusion:**There is need of conducting workshop and intellectual session to provide knowledge and importance of magnifying loupes among general practioners and post graduates.

### 30) Dr. Kritikumar Sapna

#### **Surgical Margin in Oral Cancer: How Close can We Get?**

**Background/Introduction** The ideal width of the surgical margin for oral cancer has always been an issue of debate. Microscopic tumor at the inked resection margin increases the chance of local recurrence by a factor of 2. The most widely accepted definition of a close margin is tumor within 5 mm of the inked resection margin. This an arbitrary designation and when recurrence rates are specifically cited for close margins, they are generally less than the rate observed for patients with tumor at the inked resection margin. Patients with clear but close margins are often considered from a clinical standpoint to have positive or inadequate margins. The precise definition of the clear or adequate surgical margin is an important prognostic consideration with clinical implications in the selection of patients for adjunctive treatment. **Objectives** The aim of this review is to evaluate the definition of close margin in head and neck squamous cell carcinoma and its possible prognostic significance. **Methods** A scopus /PubMed search was done to retrieve articles discussing adequate surgical margin in HNSCC. A double cross-check was performed on citations and full-text articles. **Results** This systematic evaluation of surgical margins suggests that an adequate resection in oral cancer should provide a margin of greater than 3 mm on permanent pathology section. **Conclusions** Pathology reports should designate the distance in millimeters of tumor from the inked mucosal and deep resection margin to facilitate ongoing evaluation. Intraoperative assessment of margin status needs to be refocused to examine the proximity of tumor to, as well as involvement, of the deep surgical margin.

### 31) Dr.DishaLuniya.

#### **Comparative evaluation of shaping ability of V-Taper 2H, ProTaper Next, and HyFlex CM in curved canals using cone-beam computed tomography: An *in vitro* Study.**

##### **AIM:**

The aim of this study was to compare the canal transportation and canal centering ability in the preparation of curved root canals after instrumentation with V-Taper 2H, ProTaper Next (PN), and Hyflex CM files using cone-beam computed tomography (CBCT).

##### **MATERIALS AND METHODS:**

Thirty mesiobuccal canals of mandibular molars with an angle of curvature ranging from 20 to 40 were divided according to the instrument used in canal preparation into three groups of ten samples each: V-Taper 2H (Group 1), PN (Group 2), and Hyflex CM (Group 3). The teeth were instrumented according to manufacturer's guidelines up to 30 no. apical preparation. Canals were

scanned using a CBCT scanner before and after preparation to evaluate the transportation and centering ratio at 3 mm, 6 mm, and 9 mm from the apex. The amount of transportation and centering ability was assessed. The three groups were statistically compared with analysis of variance and post hoc Tukey test.

#### **RESULTS:**

All instruments maintained the original canal curvature with significant differences between the different files. Data suggested that V-Taper 2H files presented the best outcomes for both the variables evaluated. V-Taper 2H files caused lesser transportation and remained better centered in the canal than PN and Hyflex CM files. However, it was seen that PN caused less transportation in apical level than Hyflex CM.

#### **CONCLUSION:**

The canal preparation with V-Taper 2H showed lesser transportation and better centering ability than PN and Hyflex CM.

### **32) Dr. Devesh Ostwal**

#### **A Systematic Evaluation of Membranes Used in Guided Bone Regeneration Procedures in Oral Implantology**

**Background/Introduction** Membranes have been used extensively in advance cases of oral implantology. Most commercially available resorbable membranes used are made of collagen which is cross linked barrier. Whereas non resorbable membranes are made up of Titanium PTFE. Since they dont get dissolved with saliva or blood, they have high predictability in bone reversionation. **Objectives** To evaluate resorbable and non resorbable membranes in terms of membrane exposure, graft resorption, height gained or reduced, aesthetic results and patient satisfaction. **Methods** The study was done on 10 patients who required bone augmentation with Immediate and or delayed implant placement using resorbable vs non resorbable membrane. **Results** It was found that in terms of Membrane exposure, less grafy resorption bone height gained was remarkably more with non resorbable. But patient satisfaction was same in both groups. **Conclusions** Non resorbable is definitely more predictable with bone regeneration in implant dentistry with unavoidable problems of 2nd surgery and costly availability.

### **33) Dr. AlhadGiradkar.**

#### **Preheating impact on the degree of conversion of single bottle adhesive systems: an in vitro study**

**Purpose:** to evaluate and compare preheating impact on the degree of conversion of single bottle adhesive systems.

**Materials and methods:** The single bottle adhesive systems used in the study was Adper Easy One, XP Bond and Optibond Solo. The degree of conversion was evaluated for each adhesive

system at different temperatures (25°C = room temperature, 60°C = preheated). 60 disk shaped samples (6mm x 1mm) were prepared using each adhesive system. One drop of each adhesive system was placed into the mold followed by solvent evaporation for 10 sec with the use of uncontaminated air spray. Then the mylar strip was placed over the mold and the adhesive was photoactivated for 20 seconds with a light emitting diode. After photoactivation the sample was removed from the mold and stored dry in light proof containers at 37°C for 24 hours. The degree of conversion was analyzed using fourier transform infrared total reflectance spectroscopy. The absorption spectra of nonpolymerized and polymerized adhesives was obtained. **Results:** Adper Easy One had the highest mean value, whereas XP Bond provided the lowest mean value of degree of conversion, regardless of the adhesive temperature.

**Conclusion:** preheating the single bottle adhesive systems increased the degree of conversion for all the systems tested. Adper Easy One had the highest value for degree of conversion at all the temperature's tested.

### 34) Dr. PayalPeshwani

#### **Predictable Results in OSMF with the Use of Nasolabial Flap**

**Background/Introduction** Oral submucous fibrosis is a precancerous and potentially malignant condition characterized by juxtaepithelial fibrosis of the oral cavity. The condition is multifactorial in origin with a high incidence in people who chew arecanut (1). **Objectives** The objective of this study was to evaluate the role of nasolabial flap in the surgical treatment of OSMF. The nasolabial island flap is a full thickness flap which is not native to the oral cavity. Hence, the chances of developing OSMF in nasolabial flap is very less (2). **Methods** Five patients with mouth opening of less than 15 mm were included in this study. The fibrotomy done along with the inset of nasolabial island flap. The malposed third molars were removed. The patients were evaluated for six months postoperatively. **Results** In all five patients adequate mouth opening of 30–35 mm was maintained. There was no incidence of flap necrosis or flap loss. All patients had acceptable aesthetics. **Conclusions** As the nasolabial flap is not native to oral cavity and therefore there are less chances of it to get involved by disease subsequently.

### 35) Dr. Piyush Biyani.

#### **Comparative evaluation of accuracy of root ZX and propexpixi apex locator's with different apical constrictions: an in vitro study**

**Aim:** To evaluate and compare the performance of Root ZX and PropexPixi apex locator's in closed and open apex cases.

**Materials and methods:** Working length of 40 single rooted teeth was determined. The teeth were divided into 2 groups (n = 20). First group included teeth with mature apices. Root canals of the other groups were progressively enlarged until a size 70 K file advanced 1 mm beyond (So

apical size become 0.72mm). Samples were embedded in alginate and electronic apex locator (EAL) measurements were performed.

**Results:** Both devices show success rate of 90% in closed apex (within  $\pm 1$ mm) cases where as success rate of Root ZX drops down to 80%(within  $\pm 1$ mm) in open apex whereas PropexPixi continues to perform well.

**Conclusion:** Root ZX and PropexPixi both are comparable in closed apex cases. PropexPixi was more accurate in open apex cases.

### 36) Dr. Shoeb Ansari

#### **Role of Custom Fabricated Titanium Implants in Maxillofacial Reconstruction: Experience of 2 Cases**

Background/Introduction Craniofacial defects also have complex anatomical shapes that is hard to achieve intraoperatively by carving harvested bone from the donor site. Use of auto grafts is limited by the availability of suitable donor site especially for large defects, additional expensive surgeries, tissue harvesting problems donor site morbidity with an additional patient discomfort, chances of infection at both the recipient and donor sites, increased surgical time, resorption of the graft requiring secondary surgeries and the need for additionally skilled surgical team, which has led to the search of alloplastic material that would be suitable without the inherent problems. Objectives To assess the role of custom fabricated titanium implants in improving precise adaptation to the region of implantation, reducing surgical times, leading to lesser chances for infection, faster recovery and better cosmesis in craniofacial surgery. Methods A case of frontal bone defect caused after primary healing of gun shot injury was reconstructed through hemicoronal flap using CFTI. In another case defect in the malar region after improper reduction of zygoma and zygomatic arch fracture was reconstructed via hemicoronal approach using CFTI. Results CAD/CAM systems have enabled us the ability to design and manufacture custom implants at an acceptable cost in a reasonable time. CFTI have an advantage of preventing donor site morbidity and giving predictable results in maxillofacial reconstruction. Conclusions CFTI if becomes economical and easily accessible to maxillofacial surgeons we can definitely avoid donor site surgeries with better aesthetic and stable outcome. A team effort is mandatory for better outcome.

### 37) Dr. Swati Wathore.

#### **Comparative evaluation of effect of tooth brushing-mouth rinse-cycling on surface roughness of nanofilled and nanohybrid composites-an in vitro study**

**Aim:** To evaluate influence of tooth brushing-mouth rinse cycling (TMC) on surface roughness of two resin composites (Nanohybrid-Z250 & Nanofilled-Z350).

**Materials and Method:** 80 disc shaped specimen of two composite resins (Nanofilled-Filtek TM Z-350 XT(3M ESPE, U.S.A. Shade A2); Nanohybrid Filtek TM Z-250 XT(3M ESPE,U.S.A. Shade A2) were prepared (each-40) using teflon ring matrix & divided into 4 groups (n=10) according to mouthrinses to which they were subjected: Listerine(Alcoholic), Rexidine Plus (Alcohol free), Betadine Mint (Iodine) & Artificial saliva (control). Powered toothbrush mounted on standardized jig was used to deliver constant brushing strokes. Specimens were subjected to TMC for four weeks. Surface roughness was evaluated using a surface roughness tester.

**Results:** The result of the MANOVA (Statistical analysis) showed that the Nanofilled resin(Z-350) presented lower surface roughness than Nanohybrid (Z-250) ( $p<0.005$ ) and two resin presented the higher roughness after immersion in the alcohol containing mouth rinses i.e. Listerine than Rexidine Plus and Betadine Mint ( $p<0.005$ ).

**Conclusion:** 1. Nanofilled resin presented the best behavior (lower surface roughness). 2. Alcohol containing mouth rinses can increase the roughness of the resin composite.

### 38) Dr. Vandana Choudhury

#### **Colour stability of direct and indirect composite resin after exposure to cigarette smoking: in-vitro spectrophotometric study**

**INTRODUCTION:** Composite resins are one of the most popular restorative materials amongst dental practitioners. Apart from direct restorative materials, indirect composites have developed popularity in recent times as they are precise and have good mechanical strength. Despite the recent advancements, colour stability of composite resins still remains a challenge and is multifactorial. Cigarette smoking being one of the commonest cause of discolouration of resin-based material, more research needs to be directed towards evaluating colour changes of indirect composites. Thus, the purpose of a study is to determine the effect of cigarette smoke on the colour stability of indirect processed composite resin and nano-filled composite resin.

#### **AIM & OBJECTIVES:**

- To evaluate colour stability of composite resin in physiologic condition.
- To evaluate the colour stability of indirect composite resins after exposure to cigarette smoke.
- To evaluate the colour stability of nano-filled direct composite resins after exposure to cigarette smoke.

**MATERIAL AND METHOD:** Disk specimens (12×2mm) will be prepared with two different composites. After Light-curing, the specimens will be stored in dark container with artificial saliva at 37°C for 24 hours. The specimens will be processed in a cigarette smoking machine and the colour changes will be calculated after 30 days using spectrophotometer. These results would be compared with the control group.

**RESULTS:** There is no significant difference in the colour change observed between the direct and indirect composite groups after 30 days. (P value = >0.07)

**CONCLUSION:** In the present study, cigarette smoking has shown to induce significant discolouration and colour discrepancy in both the direct and indirect composite as compared to baseline. There is no significant difference in the colour change observed between the direct and indirect composite groups after 30 days.

### 39) Dr. Sneha Mehata

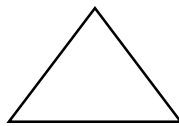
#### **Screening of oral health literacy & awareness of prosthetic treatment options available for missing tooth/teeth amongst patients: A cross-sectional analysis”Basic Research**

**Abstract:-** Limited health literacy among adults is one of the many barriers to better oral health outcomes. It is not uncommon to find people who consider understanding oral health information a challenge. Thus, the present study is to evaluate the reliability and validity of Rapid Estimate of Adult Literacy in Medicine and Dentistry (REALMD-30) and analyze knowledge of prosthetic treatment options available. This cross-sectional study was conducted on 318 patients who visited the Out-Patient Dept. (OPD) of Dept. of Prosthodontics, for three months using questionnaire. Oral health literacy was graded on a Likert scale. Statistical analysis was done and concluded that majority of the participants had low literacy scores and there is a need to address these problems especially among rural population by health care providers and the government.

### 40) Dr. Sneha Sundaram

#### **The Trilogy of Digitalisation in Contemporary Endodontics**

CAD-CAM



CBCT

HAPTIC SIMULATORS

When compared to conventional two-dimensional images, contemporary 3D imaging, 3D printing and 3D virtual planning has enhanced the understanding and interpretation of complex anatomical structures; thus benefiting various surgical and non surgical endodontic procedures, including treatment planning and final outcomes.

CBCT enables the assessment of teeth in relation to neighbouring hard and soft tissues in the coronal, sagittal and axial planes through the creation of 3D images. CBCT has higher accuracy rate than traditional radiography in detecting periapical lesions, assessment of healing following treatment and detection of root resorption.

CAD/CAM allow for customized guide design and fabrication. Restorations which are being produced through CAD/CAM, are durable, marginally adaptive, esthetically pleasing and faster in fabrication than the conventional restorations. A CAD-based approach to discover the curvature and geometry of a tooth has been developed in order to design the guide for root canal access cavity preparation in endodontics.

Haptic simulators are computer systems that create interactive 3D virtual simulations of teeth and skeletal tissues by mimicking likely challenges of various treatment procedures and providing real-time multi-sensory perioperative feedback. The design and production of 3D printed objects and operation of haptic simulators rely on the exchange of digital information (data) between 3D imaging, 3D virtual planning and/or 3D printing technologies. Haptic simulators may be useful for skill development of dental students.

#### 41) **Dr. Anubah Raj**

**Assessment of DNA damage of periodontal tissues in premalignant lesion: By comet assay**

##### **Abstract**

**Objective:** Genetic damage has an important role in various chronic inflammatory and degenerative diseases. Role of chromosomal instability in the predisposition of periodontal diseases and pre malignant lesion has been evaluated with the help of cytogenetic tests. There is limited literature on the effect of Oral Submucous Fibrosis (OSMF) on periodontal tissues. Present study determines effect of OSMF on periodontium & DNA damage in affected and healthy subjects.

**Methodology:** 60 patients (20 having both OSMF and periodontitis, 20 having only OSMF and 20 controls) were examined clinically with regard to probing pocket depth (PPD), clinical attachment level (CAL), gingival recession (GR). Radiovisiograph were obtained for assessment of alveolar bone level. Comet assay was used for the assessment of DNA damage by evaluating tail length, percentage of DNA in tail and olive tail moment.

**Results:** Mean PPD, CAL and GR of Patients having both OSMF and periodontitis were 4.21 mm, 5.75 mm and 1.6 mm respectively which was significantly higher than PPD, CAL and GR of other two groups. The mean alveolar bone loss was 5.94 mm, 0.57 mm and 0.51 mm for group I, II and III respectively. Mean tail DNA percent was 49.77, 44.55 and 11.01 and olive tail moment was 14.16, 12.12 and 2.50 for group I, II and III respectively. The mean tail parameters for OSMF population were significantly higher than healthy group.

**Conclusion:** OSMF found to have adverse effect on periodontal tissue and severity of DNA damage was more in patients having OSMF with periodontitis.

#### 42) **Dr. Pranita Rode**

## **Relevance of single-nucleotide polymorphism to the expression of resistin gene affecting serum and gingival crevicular fluid resistin levels in chronic periodontitis and type 2 diabetes mellitus: A randomized control clinical trial**

### **Abstract**

**Aim:** The present study is aimed to investigate whether single nucleotide polymorphism (SNP) of resistin gene (RETN) at -420 and +299 sites, is associated with resistin levels in serum & gingival crevicular fluid (GCF) in periodontally healthy (Group I), chronic periodontitis (CP) (Group II) and CP with type 2 diabetes mellitus (T2DM) patients (Group III).

**Methods:** Serum and GCF samples were procured from all the sixty patients of the study groups to analyze resistin levels using enzyme linked immunosorbent assay (ELISA) test and clinical parameters were assessed at baseline and at 3 months after scaling and root planning (SRP). RETN polymorphism at -420 & +299 were genotyped by polymerase chain reaction - restriction fragment length polymorphism (PCR-RFLP) technique.

**Results:** Patients with SNP -420 & +299 were positively correlated with increased serum and GCF resistin levels in Group II and Group III patients. SRP led to substantial reduction in the serum and GCF resistin levels.

**Conclusion:** These findings are suggestive of a biologic link between resistin, periodontal diseases and periodontal diseases with T2DM and RETN SNP at -420 & +299 in imparting increased resistin levels in inflammatory and diabetic conditions.

## **DHADKAN 2017 ( BRAIN WAVES ) SCIENTIFIC PAPER PRESENTATION**

### **1) Dr. Pranjali Bawankar**

#### **Evaluation of stress, serum and salivary cortisol, and interleukin-1 $\beta$ levels in smokers and non-smokers with chronic periodontitis.**

**Background:** Existing literature indicates a positive relationship between stress and chronic periodontitis (CP) but there is limited information on the combined influence of stress and smoking on the progression of periodontal disease. So, the objective of this study was to evaluate the effects of stress, salivary and serum, cortisol and interleukin-1 $\beta$  levels in smokers with CP.

**Methods:** Seventy-five patients equally divided into three groups of healthy controls (Group I), smokers and non-smokers with CP (Group 2 and Group 3) respectively were evaluated for clinical parameters, biochemical parameters of salivary and serum cortisol and IL-1 $\beta$  levels via enzyme linked immunosorbent assay (ELISA).

Zung's self-rating depression scale questionnaire was used to determine the stress levels amongst the patients.

**Results:** Smokers with CP exhibited higher values of probing pocket depth, clinical attachment level, plaque index while lower papillary bleeding index, and gingival index scores as compared to non-smokers with CP. The salivary cortisol and IL-1  $\beta$  were relatively higher as compared to serum values in Group 2 than Group 3. The Group 2 patients revealed higher depression scores as compared to Group 3 patients. The depression scores positively and significantly correlated with the salivary cortisol in Group 2 patients.

**Conclusion:** The results indicate that smokers with CP exhibit a significantly higher serum and salivary cortisol, IL-1 $\beta$ , and stress levels and thus they may show an increased risk and periodontal disease severity. Further exploration of relationships between periodontitis and stress is required.

## 2) Dr. Chetana Rambhad

### Paper presentation titled “Assessment of Knowledge of Ergonomics among Preclinical Undergraduate Students: A Cross-sectional Study” Basic Research

**Abstract:-** Dental profession not only involves intellectual, but also physical effort. Work related musculoskeletal disorder is very common problem amongst dentist as they are involved in static posture for long time. It not only affects the work efficiency but also practice in long run. As a part of dental education, knowledge of ergonomics should be included in curriculum. Considering this criteria, the aim of the study was to assess the awareness of ergonomics in Dental preclinical undergraduate students.

**Material and method:** The questionnaire based study was conducted within 100 II yr. BDS students performing preclinical Prosthodontics exercise. The participants were approached through printed questionnaire.

**Result:** The study revealed that students experienced pain and discomfort while performing preclinical exercises. They were aware of the fact that it was due to incorrect working postures. Since unaware about the precautionary measures to be taken to avoid this problem, they were keen about learning the correct working positions. 85% of students thought that it should be included in the curriculum.

Conclusion: There is strong relation between incorrect working posture and musculoskeletal disorders. As 51% students experienced pain and discomfort during preclinical classes study, it is necessary to include the knowledge and practice of ergonomics during their Undergraduate learning session. And also develop intervention programs for the same.

### 3) Dr. Kanna Shah

#### **Comparative evaluation of left ventricular mass in patients with chronic kidney disease in periodontally healthy, chronic gingivitis and chronic periodontitis patients.**

**Purpose:** This study was aimed to evaluate and compare Left Ventricular Mass (LVM) in patients with Chronic Kidney Disease undergoing hemodialysis (CKDH) in periodontally healthy, chronic gingivitis and chronic periodontitis.

**Methods:** 60 patients diagnosed with CKDH were divided equally into three groups based on periodontal status as CKDH patients with healthy periodontium (CKDH + HP), CKDH patients with chronic gingivitis (CKDH + CG) and CKDH patients with chronic periodontitis (CKDH + CP). These patients were assessed clinically, biochemically and echocardiographically. LVM in each of these patients was calculated according to Devereux formula and was indexed to height.

**Results:** CKDH + CG and CKDH + CP patients exhibited higher mean LVM of  $199.51 \pm 40.17$  g and  $200.35 \pm 65.04$  g respectively as compared to CKDH + HP of  $161.56 \pm 27.99$  g. Similarly LVMI was found to be more in CKDH + CG and CKDH + CP at  $59.36 \pm 13.14$  g/m<sup>2.7</sup> and  $57.83 \pm 19.94$  g/m<sup>2.7</sup> respectively while it was  $45.99 \pm 11.87$  g/m<sup>2.7</sup> for CKDH + HP patients.

**Conclusions:** Increasing severity of periodontal diseases in CKDH patients is associated with increase in LVM and LVMI. Periodontal screening and intervention would enable the clinician to refine cardiovascular risk assessment in such patients.

### 4) Dr. Pooja Tagde

#### **Coexistence of Sjogren's syndrome and sarcoidosis: A review of literature**

Sarcoidosis and Sjogren's syndrome are chronic multisystem disease of obscure etiology. Primary Sjogren's syndrome is a chronic autoimmune disease presenting with dry mouth and dry eyes and is characterized by a lymphoplasmocytic infiltrate involving the exocrine glands. Sarcoidosis is a chronic multisystem granulomatous disease with most frequent manifestations of pulmonary involvement, fever, lymphadenopathy, skin lesions, splenomegaly and musculoskeletal and eye involvement. Already in the 1960s a relationship between sarcoidosis and various autoimmune diseases was suggested. While initially considered rare, the coexistence of these disorders has lately been reported with increasing frequency. Sarcoidosis is one of the

exclusion entities for the diagnosis of Sjogren's syndrome; however, several clinical observations and literature evidence suggests a true coexistence of the two diseases. Pulmonary manifestations of Sjogren's syndrome are very similar to those of sarcoidosis. A higher prevalence of systemic symptoms is observed in patients with coexisting sarcoidosis and Sjogren syndrome. The presentation of sarcoidosis with dry mouth and dry eyes is rare, challenging the clinician with the difficult task of differentiating Sjogren's syndrome from sarcoidosis. Both conditions share very similar clinical, pathologic, radiographic and physiologic features, preventing the differentiation in diagnosis solely on clinical grounds; however, differentiating between the two conditions is of prognostic significance.

#### 5) Dr. Neha Naranje

##### **A study to determine various positioning errors in digital panoramic radiography thereby evaluating diagnostic image quality**

Faulty radiographs have poor diagnostic quality and repetition of such radiographs leads to increased patient exposure to radiation. Since digital panoramic radiography has replaced manual radiography, the only hindrance in producing good quality radiographs are the positioning errors.

**Objectives-**The following study aims to determine the various positioning errors, their relative frequency and identify those errors directly responsible for diagnostically inadequate images.

**Method-** 500 panoramic radiographs taken serially (from the year 2007), were retrospectively assessed for the positioning errors by 3 oral and maxillofacial radiology specialists using a proforma enlisting the errors. The three specialists had different duration of clinical experience and they evaluated the OPG's as diagnostically acceptable or unacceptable. They also observed the relative frequency of all the positioning errors.

**Results-** Out of the 500 panoramic radiographs viewed by the three observers, 25 (5%) had no errors, while 475 (95%) showed one or more positioning errors. The most common error in our study was found to be head turned to one side (avg.-33.8%) and the least common error was patient movement during exposure (avg.-1.8%).

**Conclusion-** Positioning errors are very common in digital panoramic radiography and they lead to production of poor quality radiographs. The operator should take this fact into consideration and spend more time in patient positioning and thereby reduce repetition of radiographs and unwanted patient exposure.

#### 6) Dr. Kunal Sarate

##### **Are we quenching our thirst at the expense of our teeth.....?**

**Aim :** To evaluate and compare the relative rates of enamel dissolution in a variety of commonly used beverages.

## **Objectives :**

1. To evaluate the relative rate of enamel dissolution at 15 min, 30 min and 60 min.
2. To measure the acidic level of routinely used beverages.

**Hypothesis:** Commercially available beverages used to quench our thirst, tend to be carbonated, have a low pH, and contain sugar, thereby, subjecting dental enamel of natural teeth to acid dissolution causing dental frangibles or erosions.

**Material and Methods:** Demineralization of teeth ( 25 Incisors and 25 Molars) was examined in four different beverages ( Cola, Mixed fruit juice, Energy drink and Tea) and Mineral water was taken as Control group. The rate of Calcium release was determined by the amount of calcium found in the beverages using Arsenazo III method (Calcium Reagent Set, Acurcare) and uv-vis Spectrophotometer. The pH of these beverages was measured using a pH meter. For Statistical analysis Kruskal-walis and Friedman test were performed.

**Results :** Cola drink with pH of 2.57 was found to cause highest amount of enamel dissolution , but the p value was also highly significant for commercially available mixed fruit juice and energy drink also.

**Conclusion :** This study showed that,cola exhibited the greatest erosive effects on the enamel and the more often the intake, greater the influence on the dental erosion process.

7) **Dr. Varsha Vaswani**

## **Corticotomy-Assisted Orthodontic Treatment: Review**

Corticotomy-assisted orthodontic treatment is an established and efficient orthodontic technique that has recently been studied in a number of publications. It has gradually gained popularity as an adjunct treatment option for the orthodontic treatment of adults. It involves selective alveolar decortication in the form of decortication lines and dots performed around the teeth that are to be moved. It is done to induce a state of increased tissue turnover and a transient osteopenia, which is followed by a faster rate of orthodontic tooth movement. This technique has several advantages, including faster tooth movement, shorter treatment time, safer expansion of constricted arches, enhanced post-orthodontic treatment stability and extended envelope of tooth movement. The aim of this article is to present a comprehensive review of the literature, including historical background, contemporary clinical techniques, indications, contraindications, complications and side effects.

8) **Dr. Prerna Shirke**

**Assessment and correlation of gingival angle, gingival zenith angle, and gingival thickness: a cross-sectional study**

**Background:** In the maxillary esthetic zone, gingival tissue characteristics play an important role in designing and achieving a beautiful smile. The gingival line, gingival angle (GA), and gingival zenith angle (GZA) can provide an insight into the dimensional soft tissue requisites in procedures involving reconstruction of the papillae and gingival margins. The hypothesis of the present study was that these parameters could be influenced by an individual's gender and age.

**Purpose:** The present study aimed to evaluate the GA, GZA, and gingival thickness (GT) in the maxillary anterior teeth and to correlate these findings with the age and gender of the study patients.

**Materials and methods:** In 160 periodontally healthy patients equally divided into two groups (Group I: 21 to 40 years; Group II: 41 to 60 years) with equitable gender distribution were evaluated for the parameters of GA, GZA, and GT in the maxillary anterior teeth.

**Results:** The mean values of GA and GZA were consistently lower for female patients in both the age groups for the three tooth types – central incisor (CI), lateral incisor (LI), and canine (CA). The mean GT for females and males in Group I was  $1.15 \pm 0.21$  and  $2.565 \pm 0.26$  mm, while for Group II it was  $1.131 \pm 0.21$  and  $2.540 \pm 0.27$  mm, respectively, indicating the presence of a thick gingival biotype in males.

**Conclusion:** The results of the present study reveal that GA and GZA are greater in males than in females, irrespective of age. A significantly higher GT was observed in males than in females. However, there was no evident direct correlation between GA and GZA or between GZA and GT.

## 9) Dr. Neha Shyamkul

### Maxillary protraction with Tandem Traction Bow Appliance

Maxillary protraction with Tandem Traction Bow Appliance Since Class III malocclusion is progressive in nature, the facial growth of Class III malocclusion worsens with age. It is characterized by a deficient maxilla, retrognathic mandible, or a combination of both. The early orthopedic treatment of Class III malocclusions allows accomplishment of successful results, providing facial balance, modifying the maxillofacial growth and development, and in many instances, preventing a future surgical treatment by increasing the stability. The major problem with extraoral anchorage has been of patient compliance due to its physical appearance. This case report presents an intraoral Tandem Traction Bow Appliance for maxillary protraction that has been used clinically to achieve successful results without relying much on patient cooperation. Skeletal change was primarily a result of anterior movement of the maxilla.

Abstract: Angle, Tweeds and Moyers classified Class III malocclusions into pseudo, dentoalveolar and skeletal. Various methods have been identified to intercept a Class III malocclusion that develops at an early age, as early as the deciduous dentition. With Temporary Anchorage Devices, skeletal anchorage systems and growth modification orthopedic and myofunctional appliances becoming more effective, it has also increased the scope of camouflage orthodontic treatment for patients not eligible for orthognathic surgery. However, orthodontic treatment combined with orthognathic surgery remains the onlyoption for patients

with a severe skeletal class III malocclusion or a craniofacial anomaly. Distraction Osteogenesis can now be performed intraorally at an earlier age. The surgery first approach can minimize the length of time that the malocclusion needs to worsen before orthognathic surgery. Finally, the use of Cone Beam Computed Tomography scan for three-dimensional diagnosis and treatment planning together with advances in imaging technology can improve the accuracy of surgical movements and esthetic outcomes for these patients.

## 10) Dr. Shweta Maske

### **Role of Dermatoglyphic Features Associated with Periodontal Diseases**

**Aim:** The aim of this study is to correlate the features of palmer dermatoglyphic with aggressive, chronic periodontitis, and periodontally healthy controls.

**Materials and Methods:** A total of 45 patients with mean age of 18–45 years were equally divided into three groups comprising 15 patients in each group as follows: Group I-periodontally healthy, Group II-aggressive periodontitis, and Group III-chronic periodontitis. The fingertip patterns of all the patients in each group were obtained and analyzed with the help of magnifying glass. The collected data were subjected to statistical analysis.

**Results:** An increased frequency of whorls was found in patients with aggressive periodontitis and chronic periodontitis, whereas increase frequency of ulnar loop was found higher in the healthy group.

**Conclusion:** Within the limitations of the study, it was found that whorl patterns were in greater frequency in aggressive periodontitis patients. However, further studies with larger sample size are required to arrive at a conclusive report to correlate dermatoglyphic patterns in patients.

## 11) Dr. Madhuri Chandak

### **Case Report: Interdisciplinary treatment of an adult with a unilateral cleft lip and palate**

The management of cleft lip and palate (CLP) requires an interdisciplinary team providing comprehensive care. The present report presents an interdisciplinary approach for the care of a cleft patient. A 17-year-old male patient presented with a chief complaint of "unpleasant appearance of my teeth" and a history of surgical repair of unilateral CLP on the left side. He presented with Class III molar relationships, Class II The management of cleft lip and palate (CLP) requires an interdisciplinary team providing comprehensive care. The present report presents an interdisciplinary approach for the care of a cleft patient. A 17-year-old male patient presented with a chief complaint of "unpleasant appearance of my teeth" and a history of surgical repair of unilateral CLP on the left side. He presented with Class III molar relationships, Class II canine relationships, crossbite related to maxillary right first premolar and lateral incisor, severe maxillary and mandibular crowding, maxillary anterior tooth size deficiency, congenitally missing upper left lateral incisor. Patient was treated with a pre-adjusted edgewise appliance in

conjunction with extraction of multiple teeth and distalization of the lower right first molar using a temporary anchorage device. In addition, alveolar bone graft and implant were placed to restore the missing upper left lateral incisor and a final esthetic work was performed for anterior teeth. The case was finished with Class I molar and canine relationships, minimal overjet and overbite. Total treatment time was about 31 months with satisfactory results. Post-treatment evaluation after 8 months showed stable results.

## 12) Dr. Ishita Wanikar

### **Clinico-radiographic evaluation of 1 % Alendronate gel as an adjunct and smart blood derivative platelet rich fibrin in grade II furcation defects**

#### **Background**

The treatment of molar furcation involvement is unpredictable due to the complex anatomy and poor access for instrumentation. Previous studies have reported successful regeneration with endogenous regenerative material such as platelet rich fibrin (PRF) and bisphosphonates as alendronate (ALN). Hence, the present study was aimed to evaluate clinically and radiographically the efficacy of 1% ALN gel in combination with PRF (PRF+ALN) and PRF alone in the treatment of grade II furcation defects.

#### **Material and methods:**

A split mouth study with 40 bilateral furcation defects was randomly divided into PRF group and PRF+ALN group. Bone defect volume was the primary outcome evaluated at the end of 6 months with CBCT while the secondary outcomes being changes in clinical parameters including Probing pocket depth (PPD) and Clinical attachment level (CAL) and Horizontal probing depth (HPD) recorded at baseline, 3 and 6 months.

#### **Result:**

The mean reduction in PPD, CAL and HPD was  $1.85 \pm 0.59$  mm,  $1.9 \pm 0.64$ mm and  $1.7 \pm 0.73$ mm respectively for PRF group and  $2.85 \pm 0.88$  mm,  $3.05 \pm 0.98$ mm and  $2.3 \pm 0.73$ mm respectively for PRF+ ALN group ( $p < 0.05$ ). At the end of 6 months, mean reduction in bone defect volume for PRF and PRF+ ALN group was  $8.65 \pm 3.84$  mm<sup>3</sup> and  $11.98 \pm 4.13$  mm<sup>3</sup> respectively.

#### **Conclusion:**

PRF+ ALN treated defects exhibited better clinical and radiographic outcomes suggestive of enhanced periodontal regeneration when compared to PRF alone treated sites.

## 13) Dr. Tazeen Raees

### **“Prosthetic management of a patient with hemimandibulectomy using free fibular graft and implant supported prosthesis” .Clinical Report**

**Abstract:-** The management of mandibular neoplasms often requires resection to an extent proportional to the cancer extension affecting mastication and esthetics. The conventional removable prostheses have been found to be usually non-functional due to the deviation and rotation of the mandible to the resected side due to scar contracture and abnormal muscle pull. Free fibular grafts have become a very viable option for mandibular reconstructions as, it not only provides length but also, its triangular cross section allows for placement of dental implants. Implant supported prostheses can improve facial contour and restore speech and mastication.

This paper describes the prosthetic rehabilitation of a hemimandibulectomy patient with free fibular graft reconstruction and implant supported prostheses.

#### 14) Dr. Charu Ahuja

### **Assessment of Gingival Zenith Positions and Their Levels Relative to Age and Gender in Maxillary Anterior Teeth**

#### **Abstract**

**Background:** The gingival tissues surrounding the maxillary anterior teeth play a pivotal role in fostering a beautiful smile. The Gingival Zenith Position (GZP) and its spatial orientation in the mesio distal and apico-coronal direction can provide a valuable reference point. So this study was undertaken to evaluate the GZP and Gingival Zenith Line (GZL) in maxillary anterior teeth in different age groups and gender.

**Methods:** Study population comprised of 124 periodontally healthy patients equally divided into 21-40 years (Group I) and 41-60 years (Group II) age groups and gender distribution. The parameters of Vertically Bisected Midline (VBM), GZP and GZL were evaluated for all the teeth.

**Results:** The GZP was distally placed in 54.68% and 78.12% of the Central Incisors (CI) for males and females in Group I, while in Group II it was 65.62% and 75% respectively. The Lateral Incisors (LI) and Canines (CA) in majority of the teeth had coincidence of the GZP and VBM. The GZL was found to be at an apical position with reference to the GZP of LI.

**Conclusion:** A distal deviation of GZP was observed for CI, while the GZP coincided with the VBM for LI and CA. The GZL was apically placed in relation to the GZP of LI. These elements can be taken up as reference points in periodontal and restorative procedures.

#### 15) Dr. Akshaya Rajgopal

Evaluation and comparison of the morphological dimension of mandibular symphysis in skeletal class i and class ii individuals with different growth patterns- a cephalometric study

Mandibular symphysis is an anatomical structure of the mandible in which the lower incisors and the anterior portion of the chin are found. It is morphologically divided into two regions, the dentoalveolar and basal symphyses. The dentoalveolar symphysis consists of alveolar process and lower incisors. Alveolar bone thickness varies according to location and facial type.<sup>2</sup> Generally, there is a greater bone thickness at the apex than in the cervical region and towards the lingual surface when compared to the labial surface. The lingual side of cortical bone is thicker than the buccal and there is a closer approximation of the root apex to the lingual cortical. The basal symphysis is a part of the main body of the mandibular symphysis with more apical location. The morphological variation of the menton has a strong genetic basis.

#### 16) Dr. Hienna Mahale

##### “Shortened Dental Arch: A Concept” Review

**Abstract:-** Acceptable oral health, throughout life, is the retention of a functional, esthetic, natural dentition of not less than 20 teeth and not requiring recourse to prostheses. This implies that adult patients have adequate oral functionality when the posterior-most teeth are the second premolars. The concept of the shortened but functional dental arch addresses this issue, and the literature indicates that the Shortened Dental Arch (SDA) does not contradict current occlusal theories, while offering some important advantages. In particular, the SDA protocol decreases the emphasis on restorative treatments for the posterior regions of the mouth. It, thus, avoids the risk of over-treatment of the patient, while still providing a high standard of care and minimizing cost.

#### 17) Dr. Kshitij Sabley

**To assess and compare the tensions and deformations (stresses and strains) generated after application of two types of forces (traction and torsion) in miniscrews of two different materials (titanium and stainless steel) placed at five different angulations**

**Objective:** To assess and compare the tensions and deformations (stresses and strains) generated after application of two types of forces (traction and torsion) in miniscrews of two different materials (titanium and stainless steel) placed at five different angulations.

**Materials and Methods:** Three-dimensional models of the posterior maxillary area and the mini-implants were constructed using computer-aided design software program (CATIA P3 V5-6 R2015 B26 / 2016; Dassault Systèmes). Titanium and stainless steel materials were used for miniscrews. The area constructed was in between the maxillary second premolar and first molar. The models with mini-implants were inserted at five different angulations (30°, 45°, 60°, 75° and 90°). Torsional and tractional forces were applied on these implants, and the models were solved using ANSYS 10.0. Stress generated in implant and in the cortical and cancellous bones was evaluated and compared at all the five angulations.

**Results:** Stress generated in stainless steel mini-implant during torsional and linear force application was less when compared with titanium mini-implant. Also, stress generated in implants of both materials increased as the angle increased from 30° to 90°. Difference in stress generated by stainless steel implant in the cortical bone for both linear and torsional forces was less when compared with titanium implant, whereas for cancellous bone, the difference was insignificant at all the angles.

**Conclusion:** Irrespective of angles, difference in stress generated in stainless steel implants and titanium implants for both the forces was not significant, and hence, stainless steel implants can be used effectively in a clinical setting.

## 18) **Dr. Anagha Waghmare**

### **“Rehabilitation Of A Post Burn Ear deformity with an implant retained auricular Prosthesis – A Case Report**

**Abstract:-** Microtia, malformation, deformity, and partial or complete loss of the pinna may be due to various congenital or acquired factors. Burns is one of the condition which can leave a patient with a severely debilitating disability even after treatment. The objectives of burn rehabilitation are to minimize the adverse effects caused by the injury while rehabilitating the patient's physical and psychological well-being, esthetics and maximizing social integration. Long-term success of maxillofacial prostheses mainly depends on the retention. Extra-oral implant retained prosthesis have been proven to be a predictable treatment option for maxillofacial rehabilitation. Replacement of a severely deformed or missing external ear with burned tissues may be satisfactorily accomplished by a cosmetic prosthesis anchored by implants integrated in the skull. The use of such implants is now a well-recognized method for creating a stable result in maxillofacial rehabilitation. In this case report, an auricular prosthesis was fabricated for a patient who lost the right external ear in an electrical burn. Extra-oral implants and bar-and-clip retention for the proper connection of the auricular prosthesis to implant were

used. This prosthesis was acceptable to the patient because of excellent support, retentive abilities and the patient's appearance.

#### **19) Dr. Runali Chavan**

##### **“Implant supported overdentures: Review”**

Abstract:- The main aim of this review paper is to discuss implant-supported overdentures (ISOs) as treatment in edentulous patients. Besides, we will try to discuss among the different treatment options in such patients and to analyze their validity when ISOs are compared with other clinical modalities. At the same time, clinical guidelines supported by current clinical studies is suggested e.g. Implant-supported overdentures, attachment systems, Locator attachment, cantilever, fixed prosthesis. Implant-supported overdentures constitute an accurate and predictable treatment option and achieve a higher patients' satisfaction. This type of treatment constitutes a cheaper treatment than fixed prostheses and in some patients, with loss of lip support or with an interocclusal space larger than 15 mm, the choice of implant-supported overdentures seems to prevent future aesthetic or phonetic problems.

#### **20) Dr. Nikhil Moriwala**

##### **Rhinoplasty: An Approach to the Nasal Skeleton Through the Open Access**

Background/Introduction Cleft patients undergo a series of surgical procedures early on to correct their cleft lip followed by the palate and deal with its repercussions stage by stage. Objectives To correct the nasal asymmetry and provide a functional nasal apertures. Methods Assess the extent of the deformity. Insinuate a normal anatomy with an open access approach. The bony base with the correction of the anterior nasal spine to the septal correction followed by the soft tissue correction of the alar components. Auricular cartilage procured for augmentation. Results Septal deviation formats the core of the asymmetry. Provides an acceptable facial profile in the society. Henceforth the timing of the procedure needs to be assessed to eliminate retardation of growth versus the social stigma. Conclusions Open access approach gives a complete access to the nasal architecture. However the timing of performing this procedure needs to be audited and assayed as to whether the procedure can be performed early in life once the maxillary arch expansion has been achieved with the closure of the fistula. Secondary Rhinoplasty may be performed later in life after the cessation of growth.

#### **21) Dr. Sneha Mehata**

##### **“Rehabilitation Of A Post Burn Ear deformity with an implant retained auricular Prosthesis – A Case Report**

**Abstract:-** Microtia, malformation, deformity, and partial or complete loss of the pinna may be due to various congenital or acquired factors. Burns is one of the condition which can leave a patient with a severely debilitating disability even after treatment. The objectives of burn rehabilitation are to minimize the adverse effects caused by the injury while rehabilitating the patient's physical and psychological well-being, esthetics and maximizing social integration. Long-term success of maxillofacial prostheses mainly depends on the retention. Extra-oral implant retained prosthesis have been proven to be a predictable treatment option for maxillofacial rehabilitation. Replacement of a severely deformed or missing external ear with burned tissues may be satisfactorily accomplished by a cosmetic prosthesis anchored by implants integrated in the skull. The use of such implants is now a well-recognized method for creating a stableresult in maxillofacial rehabilitation. In this case report, an auricular prosthesis was fabricated for a patient who lost the right external ear in an electrical burn. Extra-oral implants and bar-and-clip retention for the proper connection of the auricular prosthesis to implant were used. This prosthesis was acceptable to the patient because of excellent support, retentive abilities and the patient's appearance.

## 22) Dr. Devesh Ostwal

### **Speech Outcome After Maxillary Advancement in Cleft Patients**

Background/Introduction Outcome assessment is important to analyze results of techniques as well to modify/improve standard of care. Effect of maxillary advancement procedures on speech in cleft patients is poorly studied and documented in literature. Objectives To assess speech outcome in patients who underwent maxillary advancement surgery. 1. Subjective – with questionnaire 2. Objective • Perceptual speech assessment • Videoflouroscopy • Nasoendoscopy. Methods For subjective assessment, 22 patients who underwent Maxillary advancement and their parents were asked about post operative speech status. Objective assessment was done by analyzing pre and post surgeryVideoflouroscopy, nasoendoscopy and perceptual speech assessment records of 7 patients who underwent maxillary osteotomy alone or along with mandibular setback (after a minimum period of 3 months). Speech was recorded both pre surgery and post surgery and it was analyzed by 2 speech pathologists for lisping, intelligibility, hypernasality and distortion. In all cases except one, the magnitude of movement was greater than 8mm (Mean – 10.8mm). Results In subjective analysis most of the patients and parents reported that there was no significant change in the speech (no change-11, improved-7, worsened-4). Even though Velopharyngeal gap increased in resting position and as well as during speech in most patients, distortion of sounds and hypernasality improved in most of cases, where as lisping and intelligibility didn't show significant improvement. Conclusions In our series of cases speech did not worsen as expected with the magnitude of movement rather remained unchanged or even showed improvement in articulation and hypernasality.

### 23) Dr. Trupti Bangare

#### **“Implant supported overdentures: Review”**

**Abstract:-** The main aim of this review paper is to discuss implant-supported overdentures (ISOs) as treatment in edentulous patients. Besides, we will try to discuss among the different treatment options in such patients and to analyze their validity when ISOs are compared with other clinical modalities. At the same time, clinical guidelines supported by current clinical studies is suggested e.g. Implant-supported overdentures, attachment systems, Locator attachment, cantilever, fixed prosthesis. Implant-supported overdentures constitute an accurate and predictable treatment option and achieve a higher patients' satisfaction. This type of treatment constitutes a cheaper treatment than fixed prostheses and in some patients, with loss of lip support or with an interocclusal space larger than 15 mm, the choice of implant-supported overdentures seems to prevent future aesthetic or phonetic problems.

### 24) Dr. Jasmin Tamboli

#### **Computer Assisted Surgical Planning in Cranio-Maxillofacial Surgery**

**Background/Introduction** In cranio-maxillofacial surgery, surgeons are often faced with the reconstruction of massively destroyed or radically resected tissue, structures. Corrections of malunited fractures up to the complete remodeling of facial regions in cases of complex congenital malformations are common tasks of maxillofacial and reconstructive surgeons. With regard to the individual anatomy and physiology, such procedures have to be planned and executed thoroughly in order to achieve the best functional as well as an optimal aesthetic rehabilitation. The application of the CAD/CAM technology, together with the emerging 3D images based virtual surgical planning (VSP) technology; to cranio-maxillofacial reconstruction has been gaining attention to reconstructive surgeons. **Conclusions** Computer-assisted modeling, planning and simulation approach allows for pre-operative assessment of different therapeutic strategies on the basis of three-dimensional patient models and improve the predictability of planning and outcome while improving efficiency preoperatively as well as intraoperatively.

### 25) Dr. Athar Mohd

#### **Challenging Orthognathic Surgeries: An Experience**

**Background/Introduction** The word orthognathic comes from the Greek word orqos, meaning to straighten, and gnaqos, meaning jaw. Orthognathic surgery thus means to straighten a jaw but actually Orthognathic surgery is the repositioning of basal bone in the maxillo-mandibular deformities. Its results are both esthetic and functional. For adults, improved aesthetics results is becoming increasingly important in these procedures to the point where some patients seek only an esthetic and not a functional one. To achieve their aesthetic purpose, it is becoming progressively more necessary for oral surgeons and orthodontist to collaborate effectively in a

well-coordinated effort. Objectives This study is done to evaluate facial changes after orthognathic surgery. Methods group of patients undergoing orthognathic surgery were assessed for presurgical and post surgical changes. Results The perfect planning and surgical technique selection is vital factors for orthognathic surgery. Conclusions Esthetic considerations form the most important aspect of contemplated orthognathic surgery.

## 26) Dr. Vandana Choudhary

### **Efficacy of different irrigation systems on removal of calcium hydroxide from asimulated internal resorption cavity-an in-vitro study**

**AIM:**To compare the efficacy of various irrigation techniques in removing calciumhydroxide from an experimental internal resorption cavity

**MATERIALS AND METHOD:** Hundred single rooted human maxillary anterior teeth were collected, cleaned,disinfected and handled as per the recommendations and guidelines by OSHA &CDC.Approval from Institutional Ethical Committee was obtained for the study.Each tooth was examined under Stereomicroscope (10X, 3D Medical System) so as tocheck for cracks or surface defects.

#### **GROUP SAMPLE DISTRIBUTION NO OF SAMPLES(n=20)**

Group I: Control group (No removaltechnique employed)

Group II: Removal of calcium hydroxide by conventional syringe irrigation

Group III: Removal of calcium hydroxide by Manual Dynamic Agitation

Group IV: Removal of calciumhydroxide by Canal Brush

Group V: Removal of calcium hydroxide with EndoVac System.

**CONCLUSION:** All irrigation systems used here left some remaining  $\text{Ca(OH)}_2$  within theinternal resorption defect and none of the technique is proven to completelyremove  $\text{Ca(OH)}_2$  from the defect.The amount of  $\text{Ca(OH)}_2$  remaining within the internal resorption defect was significantly lower in all the groups when compared with control group.Least amount of  $\text{Ca(OH)}_2$  was found in Group V (EndoVac), followed byGroup IV (Canal Brush)and Group III (Manual Dynamic Agitation), whereasmaximum amount was detected in Group II (conventional syringe). Overall,EndoVac performed better in removing  $\text{Ca(OH)}_2$  from internal resorptiondefect than Canal Brush, Manual Dynamic Agitation and conventionalsyringe. Manual Dynamic Agitation found to be better than conventional syringe andthus it can be a more better and economical technique than conventional.

27) **Dr. Satish Kharde**

**Management of Mandibular Asymmetry Due to HemiMandibular Hyperplasia-(Report of Cases and Review of Literature)**

Background/Introduction Facial Asymmetry is predominantly associated with under or over growth of condyle and other growth disturbances which might affect the mandible [primary or secondary]. Objectives Addressing the dilemmas faced by the maxillofacial surgeon in restoring the aesthetics. Methods Analyzing the different treatment procedures with respect to the clinical presentation. Results Satisfactory facial symmetry can be attained by addressing the particular affected region in the mandible namely the condyle, gonium and body of the mandible. Conclusions Specific surgeries in par with the complaints of the patient makes the difference in the surgical outcome {facial aesthetics}.

28) **Dr. Swati Demble**

**A confocal laser scanning microscopic evaluation of the hybrid layer and resin tags at resin- dentin interface in the adhesive resin luting systems and the effects of active and passive irrigation on them - an in vitro study**

**AIM:**To evaluate the thickness of hybrid layer and no. of resin tags at resin- dentin interface in the adhesive resin luting systems and the effect of active and passive irrigation on them by confocal laser scanning microscope.

**MATERIALS AND METHOD:** 120 freshly extracted human maxillary anteriors, which fulfilled the inclusion criteria were selected for the study. The teeth were decoronated, prepared and obturated using standard techniques. Post space preparation was done and depending on the post space irrigation protocol, the teeth were divided into two groups of 60 each:

Group I: Active Irrigation of Post Space

Group II: Passive Irrigation of Post Space

The teeth were further divided into three sub groups according to the different adhesive luting system used:

Sub Group A: Clearfill SE Bond and Clearfill luting cement

Sub Group B: Panavia

Sub Group C: Prime and Bond NT and Calibra Resin cement.

**CONCLUSIONS:** A uniform hybrid layer and continuous resin tags were seen in all groups that were actively irrigated. An active irrigation protocol of the post space resulted in a significant increase in the thickness of hybrid layer and no. of resin tags. A significantly thicker hybrid layer and higher no. of resin tags were obtained when the fibre posts were luted with a total etch system. The thickness of hybrid layer and no. of resin tags decreased from cervical to apical level of post space.

29) **Dr. Sneha Sundaram.**

**Comparative evaluation of contact and contours in class ii composite resin restoration in molar teeth using two matrix systems**

**AIM:**To evaluate and compare the proximal contact and contours in class II posterior composite restorations achieved with Sectional contoured matrix and Saddle matrix.

**MATERIALS AND METHOD:** Eighty patients requiring proximal restoration in molar teeth of any quadrant were selected for the study.

Treatment groups:

**Group I:** Teeth restored with composite resin using Sectional contoured matrix (n=40)

**Group II:** Teeth restored with composite resin using Saddle matrix (n = 40).

**CONCLUSION:**Under limitations of this study we conclude that a matrix system is an essential modality to triumph a good quality proximal contact and contour in class II composite resin restoration. Sectional contoured matrix and Saddle matrix system are almost equally effective in achieving good proximal contact and contour. None of the matrix system used in this study were able to prevent over contouring in class II composite restorations.

30) **Dr. Pooja Rathi**

**“ Evolution of splinting: Its all about bonding “**

Until the 1970s, splinting of traumatized teeth was primarily accomplished using methods employed in the treatment of jaw fractures, with cap splints, arch bars and wires. This was not only because of lack of knowledge of the healing mechanisms of injured teeth, but also because of lack of appropriate splinting materials. Since the discovery of adhesive technique in the late 1960s, a wide range of splinting devices has been developed. Flexible type of splint has been used as it allows functional movement to the traumatized teeth. This has often been achieved with the use of composite resin or orthodontic brackets & light wire. Both of these techniques have been shown to cause iatrogenic damage to the enamel. Hence, development of a resin activated GIC which offers ease of application and removal with minimum or no iatrogenic damage to enamel.

This study aims at updating knowledge of splinting as the protocol keeps changing.

### 31) Dr. BashirAhmed.

#### **Stereomicroscopic evaluation of dentinal micro-crack formation during root canal preparation by new niti rotary instruments: an in vitro study**

**Aim:** The aim of this study was to evaluate dentinal defects formed by new rotary system-HyFlex EDM.

**Methods and Material:** Seventy Five single-rooted premolars were selected. All specimens were decoronated and divided into Five groups, each group having 15 specimens. Group I – Control Group( Unprepared Canals) Group II were prepared by Hand K-files (Mani), Group III with ProTaper Universal (PT; Dentsply Maillefer), Group IV with ProTaper Next (Dentsply Maillefer), and Group V with HyFlex EDM (Coltene/ Whaledent, Alstatten, Switzerland). Roots of each specimen were sectioned at 3, 6, and 9mm from the apex and were then viewed under a stereomicroscope to evaluate presence or absence of dentinal defects. Statistical analysis used: Chi-square test was used for the statistical analysis of the groups.

**Results:** Hand files showed lowest percentage of dentinal defects (13%); whereas in roots prepared with ProTaper Universal , ProTaper Next , and Hyflex EDM it was 47%, 27%, and 20%, respectively. There was significant difference between the ProTaper Universal group when compared with ProTaper Next and HyFlex EDM group ( $P < 0.05$ ). There was no statistical difference when ProTaper Next was compared with HyFlex EDM ( $P > 0.05$ ).

**Conclusions:** The new rotary system - HyFlex EDM and ProTaper Next induce less dentinal defects than ProTaper Universal while defects were comparable when compared with Hand files. Key-words: Dentinal defects; Hand files; NiTi instruments; ProTapernext<sup>TM</sup>; HyFlex EDM<sup>TM</sup>, Root canal preparations.

### 32) Dr. Prathamesh Pol

#### **Root canal filling materials in primary teeth the road ahead**

Endodontic treatment is of great challenge to the dentist because of the torturous and complex anatomy of their root canals, even better cleaning and shaping are not totally effective. That is why the root canal filling material should have resorbability, antiseptic property, ease of insertion and removal, ability to seal canal properly. It should be noninflammatory and nonirritant to the underlying permanent tooth germ, nonstaining to tooth . Traditionally zinc oxide eugenol, calcium hydroxide has been used as root canal filling material but ZOE shows delayed resorption, which is its main drawback. After ZOE, materials such as vitapex, KRI paste, metapex, endoflas – chlorophenol free paste have been used as root canal filling material.

Recently new materials such as zinc oxide and propolis, pulpotec, ozone and aloe vera shows promising results but for better outcomes further Randomized Control Trials need to be done in root canal filling materials.

### 33) Dr. AnushreePotey

#### **Coronally advanced flap with and without platelet-rich fibrin in the treatment of multiple adjacent recession defects: A randomized controlled split-mouth trial**

##### **Abstract:**

**Background:** The objective of our study was to evaluate and compare the effectiveness of coronally advanced flap (CAF) with or without the use of platelet-rich fibrin (PRF) membrane in the treatment of multiple adjacent recession defects (MARD) clinically and by cone-beam computed tomography (CBCT).

**Materials and Methods:** Twenty healthy patients having 75 MARD were allocated randomly to CAF with orthodontic button group (CAFB) or CAFB + PRF membrane group (CAFB + PRF). Clinical parameters such as gingival recession depth (GRD), probing depth (PD), and keratinized tissue width (KTW) were calculated at baseline, 3 months, and 6 months. The distance from the facial alveolar crest of bone to gingival margin bone and gingival thickness (GT) at three different points were assessed by CBCT at baseline and 6-month postsurgery. Esthetic outcome and postoperative discomfort were evaluated using root coverage esthetic score and visual analog scale, respectively.

**Results:** Percent root coverage achieved in CAFB category was  $93.17\% \pm 13.23\%$  and that in CAFB + PRF group was  $95.68\% \pm 10.13\%$  at 6 months, with no notable difference. Similarly, no difference was found in either group in GRD reduction, PD, and CAL postoperatively. Use of PRF resulted in statistically highly significant ( $P < 0.001$ ) increased GT at 6 months' time point as compared to participants treated with CAF without PRF, which indicates clinical and esthetic benefits achieved through the procedure.

**Conclusions:** CAFB can be used successfully to treat MARD with predictable outcome. Additional benefit in terms of gain in KTW and GT can be achieved when PRF membrane is used as an adjunct.

### 34) Dr. KetkiGudadhe

#### **No more Drill and fill -the new standards of dental treatment for children.**

Dental caries is a major concern in industrialized countries, affecting 60–90% of schoolchildren and the vast majority of adults. Caries is caused by a combination of factors likesnacking, sipping sugary drinks, poor oral hygiene and microorganisms in the oral cavity. The cycle that is followed to restore this carious tooth is drill - fill. These restorations may lead to secondary caries

due to microleakage. Also the long drill and fill procedures make the child uncooperative. The dentistry soon evolved, and the concept of minimal intervention was introduced, which required no/minimal drilling. It not only focuses on elimination of microorganisms but also on remineralization of initial caries. This study highlights the recent advances in 'no more drill and fill technique'; which overcame the drawbacks of traditional drilling and filling.

35) **Dr. Sargam Sorte**

## **DIODE LASER: A Promising Approach in Paediatric Endodontics.**

The main goal of endodontic therapy in primary teeth is to maintain an intact dental arch. Bacteria are the most important cause of periapical infections; the objective in endodontic therapy is disinfection of root canal and three-dimensional network of dentinal tubules. Conventional chemomechanical debridement (CMD) of deciduous root canals can significantly reduce intracanal bacterial load but cannot assure predictable disinfection due to anatomical complexities. Newer methods are thus being employed to enhance efficacy of pediatric endodontic disinfection, and the use of LASER technology is at the forefront of this endeavor.

Diode laser was introduced to root canal treatment as an effective tool in disinfecting the canals. The depth of penetration of diode laser is up to 1000 µm into dentinal tubules which attributes to the superior bactericidal effect of diode laser irradiation. Bactericidal effect of laser is attained by causing changes in bacterial cell wall. Because of the complex three layer membrane, gram negative bacteria are very sensitive to irradiation.

As diode laser showed maximum antibacterial activity against *E. faecalis* in primary teeth which is a main cause of failures in endodontic treatment as compared with NaOCl (Thomas et al 2017) and according to the study (Naik R. et al 2017) 100% canal disinfection can be achieved through diode laser compared to NaOCl. Adjunctive use of lasers can influence the outcome of conventional endodontic interventions. Thus Diode Laser can be used as a suitable & promising adjunctive over conventional chemo-mechanical disinfection of canal.

36) **Dr. Geeta Karyakarte**

## **Non- Syndromic Multiple Odontogenic Keratocysts**

**Abstract:**

OKC was first described in 1876 and named by Phillipson in 1956. OKC is a distinctive form of developmental odontogenic cyst that deserves special consideration because of its specific histopathologic features and clinical behaviour. OKCs constitute about 3% - 21.5% of odontogenic cysts. It was renamed as Keratocystic odontogenic tumour in WHO 2005 classification. However, it has regained its classification as a cyst and named as Odontogenic Keratocyst again in the 2017 WHO classification of Odontogenic cysts and tumours. OKC arises from remnants of the dental lamina – cell rests of Serres. (usually found in a dormant state) It may also arise from the extension of basal cells of overlying oral epithelium. (by radioactive labelling to estimate mitotic activity) Multiple OKCs usually occur as a component of syndromes such as: NBS – Nevroid Basal cell carcinoma syndrome or **Gorlin Goltz syndrome**, Orofacial digital syndrome, Noonan syndrome, Ehler-Danlos syndrome, Simpson-Golabi-Behmel syndrome. This is a rare case showing multiple OKCs in all four quadrants without the association of any syndrome. Multiple OKCs have been known to occur in non-syndromic cases though it is very rare. (5.8%) These multiple lesions may be the first manifestation of the syndrome or otherwise it may be because of the multifocal nature of OKC. Nevertheless, other features of related syndromes must be ruled out before designating the lesion as a non syndromic OKC. Regular follow up of the patient must be carried out to check for recurrences.

### 37) Dr. Anshuka Agrawal

#### **Evaluation and comparison of serum vitamin D and calcium levels in periodontally healthy, chronic gingivitis and chronic periodontitis in patients with and without diabetes mellitus – a cross-sectional study**

##### **ABSTRACT**

**Objective:** Limited data are available with respect to the relation of vitamin D and calcium with periodontal infections and type-2 diabetes mellitus (T2DM). The aim of this cross-sectional study was to evaluate the levels of vitamin D and calcium in serum of periodontally healthy, chronic gingivitis and chronic periodontitis patients with and without T2DM.

**Material and methods:** The study evaluated 100 patients equally divided into five groups (Group I to Group V) according to the inclusion criteria. Clinical parameters and serum 25-hydroxyvitamin D level were assessed. Other laboratory investigations comprised of random blood sugar, glycated haemoglobin and serum calcium.

**Results:** The probing pocket depth and clinical attachment loss were found to be greater in chronic periodontitis and chronic periodontitis with diabetes mellitus, while the vitamin D and calcium levels were found to be least in these groups. When vitamin D and calcium levels were compared between periodontal disease with diabetes to that of non-diabetics, statistically significant difference were found between the two with p-value of .001 indicating decrease in levels of vitamin D and calcium with increase in RBS and HbA1c values.

**Conclusion:** Vitamin D and calcium levels are inversely correlated with random blood sugar and glycated haemoglobin and also probing pocket depth and clinical attachment loss, thus contributing towards increase in periodontal disease severity.

### 38) Dr. Pooja Wajekar

#### **The shape and size of the sella turcica in skeletal class i, ii & iii patients of central india population**

The purpose of this study was to evaluate the shape and size of sella turcica with different skeletal types in Central India population. 120 lateral cephalograms of the subjects having Class I, Class II and Class III skeletal base were selected and grouped according to gender and skeletal type. The length, depth and diameter of sella turcica was measured, also the shape of sella turcica were evaluated and the mean values were analysed. The statistical comparison of linear dimensions of sella turcica in males and females was performed using student's t- test. One way ANOVA test was done to determine if there was any difference in linear dimensions among the skeletal types. The results show that when skeletal type was compared with sella size, a significant difference was found in the length of sella between the Class II and Class III subjects. Significant differences in linear dimensions between gender was found, with the length of sella being more in males than the females. Sella turcica presented with a normal morphology in the majority of subjects (69 per cent) regardless of gender, skeletal type and age. Thus, variation in linear dimensions and morphology of sella was found in this study, which can be used as standard for further investigations involving sella turcica in Indian population.

### 39) Dr. Rahul Tekale

#### **“Assessment of Knowledge of Ergonomics among Preclinical Undergraduate Students: A Cross-sectional Study”**

**Abstract:-** Dental profession not only involves intellectual, but also physical effort. Work related musculoskeletal disorder is very common problem amongst dentist as they are involved in static posture for long time. It not only affects the work efficiency but also practice in long run. As a part of dental education, knowledge of ergonomics should be included in curriculum. Considering this criteria, the aim of the study was to assess the awareness of ergonomics in Dental preclinical undergraduate students.

**Material and method:** The questionnaire based study was conducted within 100 II yr. BDS students performing preclinical Prosthodontics exercise. The participants were approached through printed questionnaire.

**Result:** The study revealed that students experienced pain and discomfort while performing preclinical exercises. They were aware of the fact that it was due to incorrect working postures.

Since unaware about the precautionary measures to be taken to avoid this problem, they were keen about learning the correct working positions. 85% of students thought that it should be included in the curriculum.

Conclusion: There is strong relation between incorrect working posture and musculoskeletal disorders. As 51% students experienced pain and discomfort during preclinical classes study, it is necessary to include the knowledge and practice of ergonomics during their Undergraduate learning session. And also develop intervention programs for the same.

#### **40) Dr. Shoeb Ansari**

##### **Analysis of Unilateral Cleft Lip Repair Using Modified Rotation Advancement Technique: A Retrospective Analysis**

Background/Introduction Most common technique for unilateral cleft lip repair is the Millard's rotation advancement technique and its modifications. Mohler's modification has an advantage of lip lengthening using columella. Objectives To analyze the surgical outcomes of Modified (Mohler's) Rotation Advancement technique for Unilateral Cleft lip repair. This is a retrospective analysis of unfavorable outcomes after unilateral cleft lip repair performed by single surgeon over a period of two years. Methods Thirty three patients who have undergone primary unilateral cleft lip repair using Mohler's Modification of Millard's Rotation Advancement technique since September 2015 were included in the study. The cleft nose was not addressed during the primary surgery. Skin closure was done using 5-0 Vicryl rapid suture. Surgical results were analyzed over a period of 6 months to 2 years. Unfavorable results were studied. Results Out of 33 patients, Vermillion notching was seen in 2 patients who had a mild injury during the first week postsurgery. Thick scar with contracture was seen in 4 patients who had not followed the massage protocol. White roll mismatch was seen in 3 patients and inadequate rotation was seen in 1 patient. Two patients were lost to follow-up. Conclusions Good, predictable results can be achieved using Mohler's technique. Scar contracture seen in early postoperative period settles over 6 months with diligent massage of the scar. Postsurgery massage of the scar is necessary to avoid scar contracture.

#### **41) Dr. Kushboo Mehta**

##### **Obstructive Sleep Apnea Syndrome in Children: Role of Pedodontist.**

**'It's Time to Sleep Undisturbed...!'**

ABSTRACT

Obstructive sleep apnea syndrome (OSAS) is a phenomenon of repeated, episodic reduction or cessation of airflow (hypopnea/apnea) as a result of upper airway obstruction; it's a sleep disorder of airflow at nose and mouth during sleep.

Children with undiagnosed sleep apnea represent a major potential public health problem.

Paediatric dentists have a unique opportunity of diagnosing developing sleep disorders and simultaneously managing it in coordination with paediatricians and sleep specialists.

It is the responsibility of paediatric dentists to identify risk factors for sleep apnoea like Maxillary Constriction & Posterior Placement of Mandible and manage them with treatment modalities like Rapid maxillary expansion (RME) and Oral appliance therapy.

RME increases the width of the maxilla and reduces nasal resistance & relieves OSAS caused due to a constricted maxillary arch.

Oral appliance therapy includes Tongue Retaining Devices (TRD) and Mandibular Advancement Appliances (MAA) designed to bring the tongue and mandible into a forward position, opening up the lower pharynx to allow unrestricted breathing.

## 42) Dr. PurvaKhanapurkar

### **MASS AWARENESS - TRAUMATIC INJURIES OF TEETH**

An injury to both the primary and permanent teeth and the supporting structures is one of the most common dental problems. The extent of injury may vary from mild chipping of the enamel to severe maxillofacial injury. Trauma is also associated with psychological impact on both the parents and the child, since these fractures may alter the child's appearance. Trauma to the dentition should be dealt immediately and efficiently. Dental injuries could have improved outcomes if the public were aware of first-aid measures and the need to seek immediate treatment. Because optimal treatment results follow immediate assessment and care, dentists have an ethical obligation to ensure that masses are educated about traumatic injuries of teeth and the management from their point of view. Therefore, the video will aim at making the masses aware of various injuries to the teeth and their obligations to manage them.

### **DHADKAN 2018 (SCIRE ) SCIENTIFIC PAPER PRESENTATION**

#### 1) Dr. Charu Ahuja

**Effect of non-surgical periodontal treatment on gingival crevicular fluid and serum leptin levels in periodontally healthy chronic periodontitis and chronic periodontitis patients with type 2 diabetes mellitus**

#### **Abstract**

**Aim:** The aim of the present study was to evaluate the effect of non-surgical periodontal therapy (NSPT) on gingival crevicular fluid (GCF) and serum leptin levels and glycemic status in periodontally healthy patients with chronic periodontitis (CP) with and without type 2 diabetes mellitus (T2DM).

**Methods:** Ninety patients were divided into three groups: periodontally healthy (group 1), CP (group 2) and CP with T2DM (group 3). The groups were evaluated for clinical parameters of probing pocket depth (PPD), clinical attachment level (CAL), plaque index, gingival index, biochemical parameters of GCF, serum leptin levels, and glycemic status pre- and post-NSPT.

**Results:** The baseline PPD and CAL for group 2 was  $4.98 \pm 0.49$  mm and  $5.35 \pm 0.55$  mm, respectively; for group 3 it was  $5.60 \pm 0.38$  mm and  $6.01 \pm 0.38$  mm, respectively. There was a considerable reduction in these parameters post-NSPT, with group 2 showing better resolution. Pretreatment serum leptin levels revealed increasing values from group 1 to group 3 and decreasing GCF values from group 3 to group 1, exhibiting an inverse relationship. Group 3 also showed an improvement in glycemic status post-NSPT.

**Conclusion:** NSPT was effective in improving clinical parameters, increasing GCF, reducing serum leptin levels, and also improving glycemic status in patients with CP and CP with T2DM.

## **2) Dr. Kanna Shah**

### **Evaluation of demineralized freeze-dried bone allograft in combination with chorion membrane in the treatment of Grade II furcation defects: A randomised controlled trial**

#### **Abstract**

#### **Introduction**

The preliminary results with Demineralized Freeze-Dried Bone Allograft (DFDBA) and Chorion Membrane (CM) when used individually appear to be encouraging in treatment of Grade II furcation defects.

#### **Objective**

To evaluate the efficacy of DFDBA alone and in combination with CM in the treatment of Grade II furcation defects in Chronic Periodontitis, clinically and radiographically by CBCT.

#### **Methodology**

Total 20 patients with atleast one pair of Grade II furcation defects, were divided in two groups: Group I; treated with DFDBA alone and Group II; treated with DFDBA in combination with CM. The clinical parameters Plaque Index (PI), Gingival Index (GI), Probing Pocket Depth (PPD), Clinical Attachment Level (CAL), Gingival Recession (GR), Horizontal Probing Depth (HPD) were assessed at baseline, 3 months and 6 months and Defect Volume (DV) was assessed radiographically using CBCT at baseline and 6 months.

#### **Result**

Both the groups demonstrated significant reduction in PPD, HPD and gain in CAL at 3 and 6 months compared to baseline with statistically significant difference in Group II as compared to Group I. Mean reduction in DV was seen in both the groups with a statistically significant difference in Group II as compared to Group I.

#### **Conclusion**

DFDBA plus CM led to significant improvement in all parameters thus indicating additional benefit of combination therapy in terms of periodontal regeneration as compared to monotherapy using DFDBA.

## **3) Dr. Kunal Sarate**

### **A study to evaluate the shape and size of sella turcica and its correlation with the type of malocclusion on lateral cephalometric radiographs.”**

**Introduction-**Lateral cephalograms displays numerous cranial, facial and oral anatomic structures along with sella turcica which is considered the key for many radiographic analysis. It is demarcated by dense thin white line and is used to measure position of maxilla & mandible in relation to cranium base & to themselves. Various studies have found an association between

morphological variations of sella to malocclusion and also gender difference have been noted. This retrospective study was carried out to evaluate these morphological variations of sella turcica.

**Materials and methods**-This study was conducted on 200 lateral cephalometric images stored in the archives of Department of Oral Medicine and radiology which included images of subjects more than age group of 8 years, to determine the morphological variations, linear measurements of sella turcica and the skeletal type classification, based on ANB angle.

**Results** – Out of the total sample studied, it was found that, when linear measurements were assessed there was statistically significant difference found between the length and antero-posterior diameter of sella turcica as the age advances and males showed the predominancy; and when skeletal type malocclusion were assessed, there was no significant correlation found between sella morphology, linear dimensions and the different type of malocclusion.

**Conclusion** – The study showed significant correlation between length and anteroposterior diameter with the advancing age which signifies that growth of the individual can be assessed based on the size of sella turcica at different age periods.

#### 4) **Dr. Rahul Tekale**

##### **“Full mouth rehabilitation of a completely edentulous patients by implants”.Clinical case report**

**Abstract:-** Modern dentistry aims to return patients to normal oral health and function in a predictable fashion. The selection of the available therapy has a substantial influence on the level of quality with which this objective can be met. Satisfying a completely edentulous patient is always considered a difficult task. Various treatment options for rehabilitation of the completely edentulous patient are available: conventional complete denture, overdenture, implant-supported overdenture and full-arch fixed implant-supported prostheses. The patient's function while wearing a complete denture may be reduced to 60% compared with that previously experienced with natural dentition; however, implant prosthesis may return the function to near normal limits. This clinical report presents rehabilitation of a completely edentulous patient who was not satisfied with his existing conventional complete dentures. The patient was rehabilitated using full-arch implant-supported fixed ceramometal prostheses. The final treatment result provided the patient with esthetically and functionally efficient prostheses.

## 5) Dr. Resham Pakhmode

### **Assessment of buccal and lingual alveolar bone width in posterior region at dentate and edentulous sites: A cone beam computed tomography study.**

#### **Abstract**

**Background:** Alveolar bone dimensions form an important prognostic factor in determining the success of implant treatment outcome. The present study evaluated the buccal and lingual bone width in posterior dentate and edentulous sites using cone beam computed tomography (CBCT).

**Methods:** The study included 100 patients, divided equally in two groups, Group A (males) and Group B (females) indicated for implant therapy. CBCT scans were evaluated for assessment of thickness of buccal and lingual bone width at four levels i.e, crestal bone width (CBW), mid root bone width (MRBW), middle of alveolar bone housing (MABHBW) and most apical portion (APBW). Bone width was measured at three levels in edentulous region as crestal bone width (CBW), bone width 5 mm from crest (CBW-1) and 10 mm from crest (CBW-2).

**Results:** Gradual increase in bone width was observed from crestal bone at buccal and lingual level (CBW-B and CBW-L) from  $1.10 \pm 0.29$  mm and  $1.21 \pm 0.34$  mm to apical portion bone width at buccal and lingual side (APBW-B and APBW-L) from  $2.82 \pm 0.51$  mm and  $3.43 \pm 0.42$  mm, respectively. For both the groups, the differences in bone width at three levels were statistically significant, with CBW being significantly higher for Group A than Group B.

**Conclusion:** At edentulous sites, CBW was lesser as compared to the apical levels. The bone width on buccal and lingual sides of dentate sites at the coronal level is minimal compared to apical level which has definite implications for implant therapeutics.

## 6) Dr. Vishakha Kharkar

### **Influence of Facial Index, Facial profile, Lip Size and Angulations of Teeth on Gingival Characteristics of Anterior Teeth- A gender based Evaluation**

#### **Abstract**

#### **Background**

Proportionate anthropometric measurements and healthy gingival biotype are prerequisite for restoration of flawless esthetics. The present study aimed to evaluate the association between facial index, facial form, lip size, angulation of anterior teeth with gingival biotype in males and females.

#### **Methods**

This cross-sectional study included 100 consecutive periodontally healthy orthodontic patients equally divided based on gender in two groups about to seek orthodontic treatment. The facial parameters including the Facial index (FI), lip size were measured using a digital vernier calliper.

Gingival thickness (GT) was assessed for maxillary and mandibular incisors using digital vernier caliper. Maxillary and mandibular incisors inclination was measured using cephalometric analysis.

## **Results**

Significant differences were observed among both the genders in terms of FI with mean value  $87.27 \pm 3.23$  in males and  $84.73 \pm 2.88$  in females and facial forms, upper lip size, angulation of mandibular anterior teeth and the gingival biotype. The GT was found to be strongly associated with the FI and mandibular anterior teeth angulation with p value  $< 0.0001$ . The mean GT differed significantly between males and females for all the three facial forms and lip sizes.

## **Conclusion**

The FI, and teeth inclinations are associated with the GT and shows sexual dimorphism. The GT varies significantly with the facial forms and lip size in both the genders. The evaluation of the gingival biotype and anthropometric parameters is essential during diagnosis and treatment planning for potential orthodontic patients and prediction of its influence on the periodontal tissues.

## **7) Dr. Shruti Talmale**

### **Knowledge , Attitude and Practice amongst the Dental practitioners and Obstetricians regarding Prenatal Dental Care: A Questionnaire Survey.**

**Introduction :** Hormonal changes during pregnancy may lead to both transient and irreversible pathological conditions in oral cavity . Ionizing radiations from radiographs affects the cells and produce damage to DNA. During dental care, the use of drugs should be done with caution as certain drugs have teratogenic effects on foetus. Dentists and obstetricians have important role to improve life quality of pregnant women and foetus. They must be aware of changes affecting oral cavity in pregnant woman. So, this questionnaire-based study was planned to assess the knowledge of dentists and obstetricians regarding the prenatal dental care of pregnant women.

**Aim and Objective:** To analyse the knowledge , attitude and practice among the dental practitioner and obstetrician regarding prenatal dental care of women.

### **Materials and Methods:-**

A total 100 Dentists and 100 Obstetricians in central India region will be included in study .A validated questionnaire in the form of multiple choices will be given to each participant and response sheets will be collected after 15 minutes .The data will be analyzed using SPSS 20.0 (SPSS Inc.).

**Result:** Most of them had knowledge regarding the prenatal dental care of pregnant women.

## 8) Dr. Dhanashree Ghoderao

### **Co-relation of bone resorption and type of angulation with mandibular third molar: A Radiographic study**

#### **Abstract**

**Introduction:** The most common type of impaction is observed in the mandibular third molars. Numerous symptoms and pathologies such as bone loss, pericoronitis can cause due to impacted third molar. So, the aim of the study was to assess the bone resorption adjacent to third molar and distal to second molar and also to evaluate age estimation by periodontal ligament visibility of third molar.

**Methods and material:** 200 OPG's were included in study. Bone resorptionis measured on the OPG with respect to third molar and second molar. We also evaluated age estimation by periodontal ligament visibility by Olse's method.

**Results:** Vertical type of impaction was seen more followed by mesioangular, horizontal and distoangular. Bone loss with respect to third molar was found to be slightly more with respect to third molar as compared with second molar, but the results were statistically insignificant. Most of the males and female presented with stage 2 were more than 21 years of the age.

**Conclusion:** The most common type of impaction seen in the adults was vertical type followed by mesio-angular type of impaction. Bone resorption was seen with respect to second and third molars. Periodontal ligament visibility of lower third molar may become an important method in forensic age estimation.

## 9) Dr. Prerna Shirke

### **Evaluation of clinical efficacy of 1.2% Atorvastatin by Cone beam computed tomography in the treatment of periodontal intrabony defects: A randomized controlled clinical trial**

#### **Abstract**

**Background:** Atorvastatin (ATV) belongs to statin class of drugs is the formidable inhibitor of 3-hydroxy-2-methyl-glutaryl coenzyme A reductase. The present study aims to evaluate and compare the clinical and radiographic changes obtained through 1.2% ATV as an adjunct to scaling and root planing (SRP) in the treatment of intrabony defects (IBDs) in chronic periodontitis (CP) patients.

**Methods:** The present split mouth randomized controlled trial comprised of 20 CP patients having at least one pair of bilateral IBDs. Group 1 included 20 sites treated with SRP and subgingival delivery of placebo gel whereas equal numbers of sites in Group 2 were treated by

SRP along with subgingival delivery of 1.2% ATV gel. Plaque index(PI), modified sulcus bleeding index(mSBI), probing pocket depth(PPD) and clinical attachment level(CAL) were evaluated at baseline, 3 and 6 months and IBD was evaluated at baseline and 6 months by cone beam computed tomography(CBCT). Paired t-test was used to determine statistical significance.

**Results:** Mean PPD reduction and CAL gain were greater in Group 2 than Group 1 at 3 and 6 months. Furthermore, a significantly greater bone fill was found in Group 2 ( $1.70 \pm 0.54$  mm) than Group 1 ( $0.22 \pm 0.43$  mm) at the end of 6 months.

**Conclusion:** ATV as an adjunct to SRP enhances periodontal regeneration and is a non invasive way to treat periodontal IBDs

#### 10) Dr.Manjiri Charpe

##### **Evaluation of enamel solubility of teeth on exposure to hard drinks-An in vitro study**

**Introduction:-** Frequent and prolonged exposure to low pH may result in a more rapid demineralization of the enamel surface .When compared to soft drinks, a person tends to consume the same quantity of hard drinks for longer duration at each episode. Even though exposure of drinks to oral cavity may remain for 2-3 minutes but it causes drop in pH which takes longer time to resume back to normal levels.

**Aims and Objectives:-** To evaluate and compare enamel solubility of teeth on exposure to hard drinks over different intervals of time.

**Materials and Method:-** Enamel solubility will be checked in 3 different beverages like soft drink, hard drinks and water (control) for different intervals of time. Two types of hard drinks (Beer & Whisky) will be included in the study. Extracted, Non-carious permanent incisors and molars 15 each will be selected. The amount of loss of calcium will be determined by the weight loss of the tooth. The calcium that will be released into the beverages will be determined by using Calcium Reagent Set and measured using Semi Automatic Analyser.

**Results:-** Mean calcium loss is found to be significant in soft drink. While, in hard drinks, it is more in beer and concentrated whisky.

#### 11) Dr. Prachi Rathi

##### **Association of the Gingival Line Angle with the Gingival and Interdental Smile Line- A Gender based Evaluation**

##### **Abstract**

**Introduction:** For esthetic reconstruction, apart from the interdental papilla achieving optimal gingival contour also plays a significant role. Gingival line angle (GLA) has been considered an important attribute of an esthetic smile.

**Aim:** The purpose of this study was to evaluate GLA on either sides of maxillary arch and correlate it with the Gingival smile line (GSL) and Interdental smile line (ISL).

**Method and materials:** The study comprised of 120 periodontally healthy patients with an age range of 20 to 40 years, equally divided into Group I (Males) and Group II (Females). Standardized digital photographs were taken for assessment of the interdental papillae and facial gingival relationship with the maxillary lip. Study models of the participants were used to record the gingival zenith position, gingival line and GLA. Gingival thickness (GT) was also measured clinically.

**Results:** Though there was consistent difference between the values, the correlation between GLA and GT on either sides of the arch did not indicate positive association. It was also revealed that maximum of patients i.e. 76.67% and 75% in Group I and Group II respectively possessed low GSL.

**Conclusion:** It may thus be concluded that though there is a difference between GT and GLA, the difference was statistically insignificant. Majority of the study population exhibited low GSL and high ISL, thereby indicating greater importance for interdental papillae in designing an esthetic smile.

## 12) Dr. Neha Shyamkul

### **Assessment of skeletal maturity using the permanent mandibular canine and permanent mandibular second molar calcification stages.**

**Introduction:** It is important for a clinician to be aware of pubertal growth spurt as it influences diagnosis, treatment planning and outcome of orthodontic treatment. Developmental status of a child can be best assessed relative to skeletal maturity.

**Aim:** To assess the skeletal maturity using the permanent mandibular canine and permanent mandibular second molar calcification stages.

**Materials and Method:** Good quality, pre-treatment OPGs and lateral cephalograms of 60 children (30 males and 30 females) were selected. The cervical vertebrae maturation index (CVMI) proposed by Hassel and Farman was used to evaluate the skeletal maturation level, and the mandibular canine and second molar calcification stages were assessed with the Demirjian Index (DI).

**Result:** A significant association was found between the CVMI and DI stages using Pearson's chi square test values and Spearman's correlation coefficient. A p-value less than 0.05 was considered to be statistically significant. DI stages of mandibular canine was correlated more significantly with CVMI rather than second molar in males, whereas in females the DI stages of both the mandibular canine and second molar was significantly correlated with CVMI.

Conclusion: The mandibular canine and second molar calcification stages might be clinically used as maturity indicators of the pubertal growth period, but only during the onset and accelerating phases.

### 13) Dr. Chetana Rambhad

#### **“Creating facial symmetry by ocular prosthesis”. Clinical Case Report**

**Abstract:-** The loss of part of the face can have a physical, social, and psychological impact on those affected. Several ocular and orbital disorders require surgical intervention that may result in ocular defects. Loss of an eye or a disfigured eye has a far-reaching impact on an individual's psyche. Additionally it affects one's social and professional life. Maxillofacial prostheses, which restore and replace stomatognathic and associated facial structures with artificial substitutes, aim to improve the patient's esthetics, restore and maintain health of the remaining structures, and consequently provide physical and mental well-being. Cosmetic rehabilitation with custom made prosthetic devices gives such individuals, professional and social acceptance and alleviates problems. Improved fit is one advantage of a custom ocular prosthesis. Numerous methods exist to gain intimate tissue adaptation.

This case report presents restoration of patient's eye with a custom designed ocular prosthesis.

14) **Dr. Akshaya Rajgopal**

**Orthodontic Camouflage: A Treatment Option – A Clinical Case Report**

Orthodontic camouflage provides an alternative treatment for angle III malocclusion since patients with limited economic resources cannot opt for orthognathic surgery, it being clear that correction will be achieved at the dental level and not at the bone complex. Objective: To determine an alternative treatment for patients who do not have the possibility of having orthognathic surgery. Clinical case: A 13-year-old female patient, dolico facial biotype with slightly concave profile, with Class III Skeletal by mandibular prognathism, anterior crossbite, anterior diastema, and large mandibular body, molar class, and canine III. Alexander technique brackets were placed; premolar extraction was not planned. Once the case was completed, the correction of the anterior crossbite was achieved, thanks to the use of the spaces that existed at the beginning of the treatment and also that a correct distalization of canines and retraction of the lower anterior segment were performed.

15) **Dr. Anjali Khedade**

**“Relationship between arch width and vertical facial morphology in untreated adults of nagpur population”**

Background : It is generally accepted that an important relationship exists between the arch width and vertical facial morphology. The size and form of the dental arches can have considerable implications on orthodontic diagnosis and treatment planning The objectives of this study were to evaluate the relationship between dental arch dimensions and the vertical facial pattern determined by the Jarabak ratio, and to examine the differences in dental arch dimensions between male and female untreated adults.

Material and method : Lateral cephalograms and study models were obtained from 90 untreated subjects (45 males, 45 females) between 18 and 30 years of age with no crossbite, no/minimal crowding and spacing. The Jarabak ratio (posterior facial height/anterior facial height) was measured oncephalograms of each patient. Study models were used to obtain dental measurements, including maxillary and mandibular intercanine, first interpremolar and first intermolar widths.

16) **Dr. Trupti Bangare**

**“Prosthodontic management of patient with palatal insufficiency” Clinical case report**

**Abstract:-** Cleft lip or palate is one of the most common congenital anomalies, but prevention of this malformation remains obscure. Treatment is dictated by the severity of the problem. A multidisciplinary approach is essential to achieve optimum results. Definitive prosthodontic

treatment is usually one of the final therapies instituted and it must attempt to alleviate any anatomical and functional deficiencies that may remain after the gamut of other treatment is essentially completed. Velopharyngeal deficits may result from congenital malformations. One such deficit is palatal insufficiency i.e. inadequate length of the hard and/or soft palate to affect velopharyngeal closure, but with movement of the remaining tissues within normal physiological limits that may result in hypernasality and decreased intelligibility of speech. In many patients, velopharyngeal function can be restored by surgical reconstruction. However, residual palatal deficiencies may remain after. This paper presents a case report of a completely edentulous patient with palatal insufficiency successfully rehabilitated with closed hollow bulb obturator prosthesis and also describes a simple technique for fabricating a two-piece hollow bulb obturator that allows for control of the bulb's wall thickness and weight of the prosthesis.

### **17) Dr. Nivedita Nandeshwar**

#### **Comparative evaluation of (CA) of (MCI) in patients with Angles class I, class II division 1 and class II division 2 malocclusions.**

##### **Background:**

Variations in anatomic features of the maxillary central incisors (MCI) can affect either the treatment or the retention phase of orthodontic therapy.

Collum angle (CA) of single rooted teeth is of particular interest to orthodontists as any variation in root angulations leads to unpredictable axial force application in movements such as intrusion and extrusion which cause roots to violate labial/lingual cortical boundaries when being repositioned.

##### **Aim:**

Comparative evaluation of (CA) of (MCI) in patients with Angles class I, class II division 1 and class II division 2 malocclusions.

##### **Materials and method:**

Sample size of 90 is obtained for the study, divided into 3 groups based on type of malocclusion, with an age ranging from 18-30 years and (CA) of (MCI) in each group is measured by sketching it from lateral cephalogram then superior point (sp) on incisal edge, middle point of (CEJ) and root apex are marked. Long axis of crown is drawn by joining (sp) on incisal edge and middle point of (CEJ) and long axis of root is drawn by joining middle point of (CEJ) and root apex. (CA) is then measured by joining the long axis of root and crown.

##### **Results:**

Statistical analysis is performed using SPSS version 22, which showed exceeding values of (CA) of (MCI) in patients with Class II division 2 malocclusion.

##### **Conclusion:**

The larger (CA) is an etiological factor in the development of a deep bite. In addition, larger (CA) may limit biomechanical movements during orthodontic treatment.

## 18) Dr. Shweta Maske

**Assessment of clinical efficacy of 10% ocimum sanctum gel by evaluation of 8-hydroxydeoxyguanosine levels in GCF of smokers and non-smokers with chronic periodontitis –A clinicobiochemical study**

### **Abstract**

**Background:** The aim of this study was to evaluate the efficacy of locally delivered ocimum sanctum gel (OS) and assess 8-hydroxydeoxyguanosine (8-OHdG) levels in gingival crevicular fluid (GCF) of smokers and nonsmokers with chronic periodontitis (CP).

**Methods:** Total 50 patients divided into three groups as 10 periodontally healthy patients, 20 smokers with CP and 20 non-smokers with CP were recruited in the study. Smokers and non-smokers with CP received the local delivered 10% OS gel as an adjunct to scaling and root planning (SRP) at the test site while SRP alone at control site. GCF samples were obtained from all the participants at baseline and 3 months and clinical periodontal parameters were recorded at baseline and at 1 and 3 months after SRP. 8 hydroxydeoxyguanosine (OHdG) levels were analyzed with enzyme-linked immunosorbent assay.

**Results:** The test sites in smokers and non-smokers showed significant reduction in probing pocket depth (PPD), Plaque index (PI), Gingival index (GI) and clinical attachment level (CAL) as compared to control sites. GCF 8-OHdG levels were significantly higher in smokers and non-smokers as compared to controls.

**Conclusion:** The application of 10% ocimum sanctum gel showed significant improvement in PPD, CAL and PI and GI and reduction in GCF 8-OHdG levels.

## 19) Dr. Madhuri Chandak

### **A key to the understanding of extraoral forces**

Numerous commercially marketed extraoral assemblies are available for use by orthodontists to assist in effecting orthopedic jaw correction and/or orthodontic tooth movement. Selecting a suitable appliance can be confusing. However, an understanding of the basic functional mechanical principles of the appliance and a knowledge of the force actions involved in their respective designs readily obviate this shortcoming. From a clinician's standpoint, the usual

questions asked are: What are the orthodontic effects of various headgear assemblies on molar teeth? Will the specific type of assembly used intrude teeth, and to what degree? Will the headgear tip the roots or crowns of molars, and how can such movements be controlled? Which type of head- or neckgear assembly is best suited to moving molars distally without extruding them? Which asymmetric face-bow design is most effective in unilateral molar movement? This article will try to answer such questions. The article will not include fully banded arches, only upper molars. Fully banded arches may change the position of the center of resistance. Extraoral orthodontic appliances generally comprise an inner and an outer bow soldered together near their respective centers. When eccentric forces are desired, the inner and outer bows of the headgear appliances are attached to each other asymmetrically. Extraoral force is delivered by means of springs, elastics, or stretchable material, attached to a neck or headgear assembly usually constructed of pliable material.

## 20) Dr. Nitesh Mahaton

### **Need for upgradation of knowledge of Central india postgraduate orthodontist on research methodology**

#### ABSTRACT

#### INTRODUCTION

- In health care sciences, understanding biostatistics may have important implications in modulating clinical practice as it possesses a large effect on evidence-based diagnostic and treatment applications.
- Similarly in academics, sufficient knowledge of epidemiological principles is required to successfully conduct a study and correctly analyze data derived from clinical investigations
- The purpose of this study was to assess the knowledge on use of Research methodology among central India Orthodontic postgraduate students

#### METHODOLOGY

- A questionnaire was structured to include four basic sections: the demographics of participants, attitude towards statistics and epidemiology, self-reported confidence on biostatistics and epidemiology, and a knowledge section comprising 13 questions. A sample size of 100 is taken, all participant were given the questionnaire by hand.

#### RESULT

98 from a total of 100 orthodontic students who replied completed the questionnaire. The mean correct answers of the participants were 53.8 percent with a 95 per cent CI of 50.2–57.3 percent. This score was not influenced by gender, age , or year of study; the sole parameter, which seemed to influence this score was attendance at a Research methodology course. The knowledge on Research methodology of orthodontic postgraduate students in central india is only influenced by previous relevant education.

#### CONCLUSION

The score of questionarre was quite low and there is a need for upgradation of knowledge of Central india postgraduate orthodontist on research methodology.

## 21) Dr. Runali Chavan

### “Creating facial symmetry by ocular prosthesis” Clinical Case Report

**Abstract:-** The loss of part of the face can have a physical, social, and psychological impact on those affected. Several ocular and orbital disorders require surgical intervention that may result in ocular defects. Loss of an eye or a disfigured eye has a far-reaching impact on an individual's psyche. Additionally it affects one's social and professional life. Maxillofacial prostheses, which restore and replace stomatognathic and associated facial structures with artificial substitutes, aim to improve the patient's esthetics, restore and maintain health of the remaining structures, and consequently provide physical and mental well-being. Cosmetic rehabilitation with custom made prosthetic devices gives such individuals, professional and social acceptance and alleviates problems. Improved fit is one advantage of a custom ocular prosthesis. Numerous methods exist to gain intimate tissue adaptation. This case report presents restoration of patient's eye with a custom designed ocular prosthesis

## 22) Dr. Jasmin Tamboli

### Anthropometric Evaluation of Unilateral and Bilateral Cleft Lip Repair

**Background/Introduction** Cleft lip and palate may be symmetrical or asymmetrical due to complex aspects like the size, shape and growth of the segments. To improve functional and aesthetic results an accurate evaluation and quality assessment of surgical outcomes is required. Exact and detailed anthropometric measurements are necessary to detect shortcomings and to focus further efforts on improving these.

**Objectives** Aim of the study is to assess basic quantitative data of lips and nose preoperatively and postoperatively by anthropometric methods from cleft lip and palate patients and to compare the data with normal individuals.

**Methods** Prospective study on patients with cleft lip palate between February 2014 to September 2016 with age range of 6 months to 3 years was carried out. Anthropometric measurements were taken preoperatively & postoperatively at 1& 2 years.

**Results** Total of 60 patients were included out of this, 30 were unilateral cleft patients and remaining 30 were normal individuals of same age group. In the results mean value of Vertical lip length, Nasal Tip Projection, Bialar width and Nostril Width Cleft side in study group preoperatively was 5.43mm, 4.80mm, 28.87mm and 13.67mm respectively, while in control group values were 8.27mm, 7.70mm, 23.37mm and 7 mm respectively. On postoperative two years the values of VLL, NTP improved to 8.83mm, 9.63mm and were similar to the control group, while BAW and NWC which was more preoperatively, decreased at 2 yrs to 27.13mm and 10.10mm.

**Conclusions** Anthropometric measurements can provide valuable information in assessment of facial disharmonies which helps us in planning surgical reconstruction.

**23) Dr. Vijeta Gajbhiye**

**“Platform switching-a Review”. Review**

**Abstract:-**Dental implant is one of the most successful treatment modality to replace missing teeth. Success of it depends upon presence of good amount and quality of bone around implant.

This is the recent approach to prevent crestal bone loss. Concept involves using smaller diameter abutment on a larger diameter implant collar. It reduces crestal bone loss by shifting the inflammatory cell infiltrate inward and away from the adjacent crestal bone and aids in maintenance of biological width. It provides increased distance of Implant Abutment Junction from the crestal bone and the possible influence of micro-gap on the crestal bone is diminished. Also decreased stress levels in peri implant bone.

This paper highlights on various aspect of Platform switching including advantages, disadvantages and mechanism involved in it

**24) Dr. Richa Sahai**

**“Diagnosis & treatment modalities in TMD’s” . Review**

**Abstract:-**The temporomandibular joint (TMJ) receives its name from two bones that enter into its formation, namely the temporal bone and the mandible. A temporomandibular disorder (TMD) is a very common problem affecting up to 33% of individuals within their lifetime. TMD is a collection of medical and dental conditions affecting the joint and muscles of mastication, as well as contiguous tissue components. This leads to pain and altered oral function and can lead to a poor quality of life. Majority of the population can be affected to some degree. Management of TMD is often simple in the first instance, but may involve complex decision making. The successful management of TMD is dependent on identifying and controlling the contributing factors. This paper presentation summarizes the current investigative and treatment options available

**25) Dr. Athar Mohd**

**Clinical Audit of 111 Procedures in 75 Patients in a Craniofacial Centre**

Background/Introduction Craniofacial Surgery has evolved over the years and with the advent of recent techniques and technology it has progressed exponentially. With the increasing numbers of Craniofacial deformities, it is the responsibility of a Craniofacial Unit to collect, analyze and audit patient data, outcome of which in turn can be utilized to set standards and quality of care.

**Objectives** To retrospectively analyze standard procedures, their outcome and morbidity following surgical management of craniofacial deformities in 75 patients during July 2014 and August 2017. **Methods** 111 procedures in 75 patients were classified as Simple (n = 28, Single Suture Non Syndromic Craniosynostosis) Complex (n = 46, Multi-suture synostosis and Syndromic Craniosynostosis) Craniofacial Conditions. Duration of the Procedure, Intra-operative blood loss, Intra and Post operative Blood transfusion, Post operative pyrexia, Duration of antibiotic administered, Hospital stay, Morbidity and Mortality were assessed. **Results** There was no mortality or any significant morbidity in our series. The average procedure time for a simple condition was 5.8 hours and 9.2 hours for complex. Blood loss was higher in the complex (513 ml) compared to simple group (115ml). 96% and 44% patients received Intra-op and Post-op transfusion respectively. Post-operative pyrexia was seen in 42.6% of the patients. Patients received antibiotics for an average of 3.5 days, post-operative pyrexia and presence of distractors determining the longer duration of administration. Hospital stay was relatively the same for both. **Conclusions** Clinical audit is necessary to understand and analyze the issues encountered and helps us to improvise on the technique and care delivered to the patients.

## 26) Dr. Ojas Gajbhiye

### **Communication: best way for successful restoration- a questionnaire based study amongst dental practitioners and dental laboratory technicians in Nagpur region” Basic Research**

**Abstract:-** The fabrication of a clinically appropriate dental prosthesis requires proper conversation among the dentist and the dental technician. Aim of this research was to examine the quality of conversation between dental practitioners and dental technicians for fixed prosthodontics in Nagpur region.

**Materials & Methods:-**Pre-piloted questionnaire distributed to 100 Dental Practitioners and 20 Dental lab technicians in Nagpur region. Data was sought regarding the quality of written instructions and use of impression trays and materials for two varieties of fixed prosthodontics. The questionnaire was answered in a face-to-face interview and by email also. Data were analyzed through parametric tests (T-test and one-way ANOVA) to identify significant values ( $P < 0.05$ ).

**Results:-** Of the 120 participants surveyed, 90 (75%) answered to the questionnaire. Outcomes from this survey suggest that there is lack of communication among dentists and dental laboratories.

## 27) Dr. Satish Kharde

### **Primary Bilateral Cleft Lip Repair Using Pfeifer’s Technique: A Study of 129 Cases**

Background/Introduction Primary Repair of bilateral cleft lip depends on sound knowledge of anatomy, identification of landmarks, clinical variation of presentation, surgical expertise of the operator etc. Here with we are presenting a series of 129 cases done in our study. Objectives Evaluation of Pfeifer's technique in primary bilateral cleft lip repair. Methods The study was carried out in patients attending Narayana Dental college, Nellore and Durga Hospitals, Visakapatnam, Andhrapradesh were considered for study. All cases were done using Pfeifer's technique. Pfeifer in 1970, described a technique which involves changing the lip skin incision to a wavy line, thus making it less conspicuous. Pfeifer designed this incision using the concept of "morphological order". The basis of this is that a skin incision between two points can be lengthened if both points are joined in a curved or wavelike manner and not in straight line. Results The results were evaluated and found to be good in terms of white roll match, vermilion match, Cupid's bow, nasal architecture etc; clinically and statistically. Conclusions Though the technique is not new, but the literature available for the Pfeifer's technique is less either in books or internet. The technique is easy to learn and teach. Good results were observed clinically and statistically.

## 28) Dr. Insiyah Yusuf

### "Anterior deprogrammers in FMR" . Review

**Abstract:-** In patients requiring full mouth rehabilitation, the centric relation position does not necessarily coincide with the maximum inter-cuspal position. Use of an anterior deprogramming device allows for separation of posterior teeth obviating the neuromuscular avoidance mechanism. This allows the patient to relax into centric relation position without occlusal interferences and to close into an operator-defined repeatable position without any assistance.

This scientific paper aims to describe in brief various anterior deprogrammers like Dawson's B-splint, Great Lakes Mini deprogrammer, Kois deprogrammer, Cranham deprogrammer, Lucia jig, NTI-tss, Leaf gauge etc. These provide an anterior stop which helps in proper manipulation of mandible which is necessary for equilibration procedures, for examining premature contacts and for recording centric relation in full mouth rehabilitation cases.

## 29) Dr. Shruti Jain

### Evaluation of Craniofacial & Cervical Injuries in Two Wheeler Road Traffic Accident (RTA) Victims, With or Without Wearing a Helmet

Background/Introduction India has one of the highest RTA rates in the world, nearly 80,000 get killed and 3,40,000 are injured every year in about 3,00,000 accidents. There is an accident every

minute and death every 8 min in India. Motorcycle is considered the most dangerous of all motorized vehicle due to its nature and design e.g. absence of outer body, airbags and seat belt to reduce impact in the event of a collision. Many of these injuries can be severe and some can be prevented or reduced in severity by wearing a helmet. Objectives To describe the pattern, incidence and characteristics of maxillofacial and other concomitant injuries in two wheeler accident cases and explore potential factors related to the type of Helmet and pattern of Facial, cervical, head and other injuries. Methods A prospective and observational study was conducted in which a total of 200 patients was screened within a period of 20 months who had a two wheeler RTA and survived at the time of examination and following sequence of events was performed: Through Case History recording, Clinical Examination and Radiographic Evaluation was done. Results Mandibular fractures were the most commonly encountered fractures followed by maxillary & nasal fractures and ZMC fractures. 60% patient sustained dental injuries. It was statistically seen that not wearing a helmet had direct association with upper and middle facial third injuries, deranged occlusion, fracture of mandible and other facial bones. Direct association existed between failure to wear a helmet and head injuries, concluding helmet is protective against head injury. Helmet is not protective against cervical injury and an association exists between wearing a full type of helmet and cervical injury. Conclusions Hence, two wheeler RTA's are a source of a large number of maxillofacial injuries and wearing a helmet significantly decreases the severity and extent of maxillofacial and head injuries.

### 30) Dr. Kushal Fuladi

#### **To Assess The Predominant Protocol For Contemporary Endodontic Practices Among Endodontists In Central India**

**Introduction:** Endodontics is always striving for predictable treatment outcomes with newer materials and endless innovations. Thus, we conducted a study among the endodontists of Central India to assess the current protocols in their clinical practice.

**Methods:** A questionnaire was mailed to 120 endodontists with open and close ended questions.

**Results:** 77% of them used cotton roll for isolation whereas only 43% used rubber dam. 25% used microscopes for every case whereas 32% used it for special cases only. The common irritants preferred by the respondents was sodium hypochlorite followed by normal saline. They also reported that 81% referrals were for retrieval of the fractured instrument, 70% for calcified canals and 54% for resolution of large periapical lesions.

**Conclusions:** Traditional protocol is followed and contemporary endodontic practices are still not popular. Training workshops should be carried out for endodontists to get accustomed to newer protocols

### 31) Dr. Gopi Singhania

#### **Management of Zygomatico-Maxillary Complex Fracture Using Two Point Versus Three Point Fixation: A Prospective Study**

**Background/Introduction** Zygomatico-Maxillary complex functions as the principle buttress of the face and is the cornerstone to an individual's aesthetic appearance. Zygomatic complex fractures are one of the frequently occurring maxillofacial injuries owing to its position and facial contour. Assaults, road traffic accidents and falls are the common causes leading to fracture of the zygomatic bone. Displacement of the fractured fragments leads to aesthetic and functional disturbances. **Objectives** To evaluate: Post operative Stability Duration of surgery Facial Aesthetic Neurological Assessment Radiographic Assessment Associated complications. **Methods** 10 patients of Zygomatico-Maxillary complex fracture reported to the Department of Oral and Maxillofacial Surgery were randomly divided equally into two groups. In group A, 5 patients were treated by ORIF using three point fixation by mini-plates and in group B, 5 patients were treated by ORIF using two point fixation by mini plates. They were evaluated for their complications during and after surgery with their advantages and disadvantages. **Results** We found that post-operative complication like decreased malar height and vertical dystopia. **Conclusions** Based on this study, ORIF using three point fixation by miniplates is the best available method for the treatment of zygomatico-Maxillary complex fracture.

### 32)Dr. Nilima Surve

#### **Orbital Floor Reconstruction Titanium Mesh Versus Autogenous Bone Graft: Clinical Study**

**Background/Introduction** The complexity of anatomy of the orbit makes the treatment of traumatic orbital injuries a formidable challenge to the maxillofacial surgeons. The list of substances called on to reconstruct the orbits original anatomy encompasses- autogenous, synthetic, allograft, xenograft, or a combination, which successfully achieves its purpose. **Objectives** To study and evaluate the effectiveness of autogenous bone graft and of titanium mesh (alloplastic material) for repairing traumatic orbital floor defects and compare these results in terms of level of improvement in function as well as aesthetics at a rural hospital setup. **Methods** A prospective - orbital floor fractures of 10 patients were analyzed. The patients were divided into 2 groups: (1) those in which orbital floor fractures were treated with titanium mesh and (2) patients in which orbital floor fractures treated with titanium mesh. Patients were clinically evaluated for the presence of enophthalmos, diplopia and restriction of the ocular muscles and change in ocular level. **Results** It was observed that diplopia as well as the restriction in the extraocular movements was completely corrected at the end of 6th postoperative month in all the patients in which TM was used for reconstruction, also enophthalmos and hypoglobus were inadequately corrected in only one patient in which TM was used. 5 cases in which ABG was used for reconstruction of orbital floor, diplopia as well as the

restriction in the extraocular movements were persistent in one case, while there was inadequate correction of the enophthalmos and hypoglobus in two cases after 6 months. Conclusions Orbital floor defects can be reconstructed using titanium mesh with good functional as well as aesthetic results as compared to autogenous bone graft by avoiding donor site morbidity, reduced operating time and eliminating the risk of resorption.

### 33) Dr. Darshan Heda.

#### **Presentation of practice trends among dental practitioners in central India towards sterilization and disinfection of endodontic instruments**

**Introduction:** Infection control procedures are an integral part of modern dentistry and are continually evolving to meet the dental profession's high standards. In absence of adequate infection control procedures there is realistic potential to transmit pathogenic microbes via endodontic instruments.

**Aim & Objectives :** The aim of this article is to present practice trends among dental practitioners in central India towards sterilization and disinfection of endodontic instruments. The study was also intended to review the knowledge, attitude and practice of the dentist towards sterilization of endodontic instruments.

**Materials & method:** A questionnaire containing 7 questions was distributed to private dental practitioners in central India. The questionnaire included questions about various methods of sterilization and disinfection available and utilized for endodontic instruments in routine dental practice.

**Result:** It was seen that 42% dentists sterilize files in between appointments using chemical agents only, 12% used chemical as well as glass bead sterilizer while 0.04% used chemical method along with Autoclaving.

**Conclusion :** Many of the dental practitioners were not following the basic protocols of the sterilization. There is an urgent need to increase the awareness amongst dentists regarding sterilization of the endodontic instruments as it can be highly contagious.

### 34) Dr. Shrutika Mankar

#### **An assessment of Rubber Dam Use by Paediatric dental professionals and post graduate trainee in India: Questionnaire based Survey**

Rubber dam is a well-established and gold standard technique for tooth isolation for various procedures in dentistry, having been utilized for over 100 years. A dry field, improved operator visibility and access, increased patient comfort and safety, infection control are some of the many documented benefits of using a rubber dam. Rubber dam is recommended by the British Society of Paediatric Dentistry (BSPD) & American Academy of Paediatric Dentistry (AAPD) for various restorative and endodontic procedures in children. Although there have been a number of previously published surveys literature regarding of Rubber dam use in general dentistry but the data regarding the actual usage of the technique within the speciality of paediatric dentistry is sparse to date. Therefore, the aim of the planned study will be to assess the

use of Rubber Dam by Pediatric dental professionals and post graduate trainee in India.

### 35) Dr. Surbhi Juneja

#### **Colour stability of direct and indirect composite resin after exposure to cigarette smoking: in-vitro spectrophotometric study**

**INTRODUCTION:** Composite resins are one of the most popular restorative materials amongst dental practitioners. Apart from direct restorative materials, indirect composites have developed popularity in recent times as they are precise and have good mechanical strength. Despite the recent advancements, colour stability of composite resins still remains a challenge and is multi-factorial. Cigarette smoking being one of the commonest cause of discolouration of resin-based material, more research needs to be directed towards evaluating colour changes of indirect composites. Thus, the purpose of a study is to determine the effect of cigarette smoke on the colour stability of indirect processed composite resin and nano-filled composite resin.

#### **AIM & OBJECTIVES:**

- To evaluate colour stability of composite resin in physiologic condition.
- To evaluate the colour stability of indirect composite resins after exposure to cigarette smoke.
- To evaluate the colour stability of nano-filled direct composite resins after exposure to cigarette smoke.

**MATERIAL AND METHOD:** Disk specimens (12×2mm) will be prepared with two different composites. After Light-curing, the specimens will be stored in dark container with artificial saliva at 37°C for 24 hours. The specimens will be processed in a cigarette smoking machine and the colour changes will be calculated after 30 days using spectrophotometer. These results would be compared with the control group.

**RESULTS:** There is no significant difference in the colour change observed between the direct and indirect composite groups after 30 days. (P value = >0.07)

**CONCLUSION:** In the present study, cigarette smoking has shown to induce significant discolouration and colour discrepancy in both the direct and indirect composite as compared to baseline. There is no significant difference in the colour change observed between the direct and indirect composite groups after 30 days.

### 36) Dr. Deepashri Tekam.

#### **Antibiotics in endodontics: an overview on integral and contemporary aspects**

**Background:** An antibiotic drug is defined as a substance produced by the microorganism, or a synthetic derivative of naturally occurring substances, that inhibit the growth or cause the death of other microorganisms. For management of dental infection, dental practitioners usually prescribe antibiotics. However, inappropriate prescribing patterns of antibiotic has led to the development of antibiotic-resistant strain raising issue globally. Hence ,this narrative review aims to address the knowledge about the ro le of antibiotic in endodontics, when used systemically, prophylactically and as an intracanal medicament.

**Methodology:** A web-based research on Pubmed, using Mesh term was performed and the data was synthesized using short listed relevant articles. Important cross-reference articles were also reviewed.

**Conclusion:** This article presents a rational approach to the use of systemic and topical antibiotics in the endodontic practice.

### 37) Dr. Nutan Pustode

#### **Knowledge, attitude and practice of pediatric dentists towards providing oral health care to patient with special health care needs in India - A Questionnaire based Survey**

**Introduction**—In India 6-10 % of children are born disabled. Patient with special health care need (PSHCN) having difficulties in fulfilling their oral care. Improving attitude towards access, treatment, and quality of care of PSHCN is critical public health issue. Professional dental care for this child requires joint efforts of pediatric dentist and community.

**Aim** - To investigate the knowledge, attitude and practice of pediatric dentists towards providing oral health to child with special health care.

**Methodology** – A Questionnaire based Survey. The list of pediatric dentist was obtained from Indian society of Pedodontics and preventive dentistry and questionnaire was sent to all by mail. A questionnaire with front cover which includes specified instruction format, covering letter with clear description of the purpose of study, which included questions in different categories.

**Result**-Approx.62.5% of Pedodontists in India treats less than 5 PSHCN per year and 65% of them provide all type of treatment. 72% of them refuse to treat PSHCN only because of lack of facility and specially designed clinics (83.7%). 97% Pedodontists think that there is a need of specially designed dental clinics. According to 74% pedodontists, CDE and Hands on training may help in improving the practitioner's ability to care for PHSCN.

**Conclusion-** Most of Pedodontists have positive attitude and good knowledge and practice toward providing oral health care to PSHCN. Lack of facilities in practicing is a major hindrance for pedodontists. Steps must be taken to make practitioners more easily accessible with suitable facilities.

38) **Dr. Geeta Karyakarte**

**Quantification of inflammatory cell infiltrate in grading of oral squamous cell carcinoma: a new parameter?**

**Abstract:**

**Introduction:** In the grading of Oral Squamous cell Carcinoma, an important parameter of inflammatory infiltrate is always considered. However, the current grading is based on arbitrary observation into mild, moderate or marked infiltrate based on the expertise of the pathologist. Until date there have been no methods to quantify this parameter in our knowledge. There is a lack of quantification so as to explain what exactly constitutes mild, moderate or marked inflammatory infiltrate. This study would be an attempt to quantify this parameter.

**Materials and methods:** Frozen paraffin blocks of 30 histologically proven cases of oral squamous cell carcinoma would be processed into H & E stained slides. The slides would then be observed under light microscope - low power by three oral pathologists for inflammatory cell infiltrate and graded according to Bryne's system. The same slides would then be observed for quantification under 5 high powered fields (100x oil immersion) and an average would be calculated which would be correlated with the previous grading.

**Results:** The quantification of inflammatory cell infiltrate would be done and correlated with mild, moderate or severe using the available data and suitable statistical methods. Inter- observer variation will be statistically studied.

**Conclusion:** Quantification of inflammatory infiltrate in grading of OSCC would give an authenticity to the grading, leading to less variation in the observations and a more definitive prognosis. This study attempts to pave a way towards a more reliable prognosis.

39) **Dr. Pooja Rathi**

**Say no to child abuse, it's time to wake-up**

**ABSTRACT**

Child abuse is a major public health problem all over India. Many of these injuries are within the scope of Pediatric dentistry & easily observed in routine dental treatment. It's important to realize that all members of dental team have unique opportunity and legal obligation to assist in the struggle against child abuse. The role of paediatric dentist lies in identifying and reporting such cases to concerned authorities and to spread generalized awareness among children. It is responsibility of Pediatric dentist to do step-wise patient evaluation, protection, and reporting of findings, Family counselling and psychological management with legal intervention along with forensic odontology play a vital role for resolution of case. Symptomatic treatment should be done, according to trauma, facial injury and symptoms of patient.

Let us fulfil our duty and make this world a better place.

#### 40) Dr. Gauri Juare

##### **Diode Laser: Promising approach in Paediatric Endodontic**

Micro-Organisms play a crucial role in the development of pulpal and periapical diseases. The prognosis of endodontic therapy in paediatric patient is intimately related to the presence of bacteria within the root canal system. Treatment of pulpally inflamed primary and permanent teeth in children presents a unique challenge to the pedodontist. Considerable numbers of investigations have shown that, periapical radiolucencies are prevalent in 35-65% of all root canal treated teeth. Failure in pediatric endodontic treatment can commonly occur due to insufficient removal of the microorganisms infecting the root canal system & their persistence in the apical region despite chemo- mechanical preparation. The intricate dental anatomy of the deciduous teeth strongly limits the effectiveness of mechanical debridement using hand or rotary instruments & chemical disinfection using sodium hypochlorite (NaOCl) and chlorhexidine digluconate, and CaOH as an interappointment dressing do not always eradicate the entire microbial flora in infected root canals. "LASER" stands for Light amplification by stimulated emission of radiation. Diode laser was introduced to root canal treatment as an effective tool in disinfecting the canals. The depth of penetration of diode laser was up to 1000 µm into dentinal tubules which attributes to the superior bactericidal effect of diode laser irradiation. Laser irradiation with its inherent properties of local intensity enhancement, light scattering, and attenuation makes superior antimicrobial efficacy and light penetration deeper in the dentin tubules. The diode laser has thermal photodisruptive action in dentin, resulting in an increased bactericidal effect in the root canal system. Recommended use of diode laser is five times for 5 seconds each time, with an interval of 15 seconds between irradiations at a wavelength of 810 nm and output power of 2 W

#### 41) Dr. Rakshata Sorte

##### **Recurrent juvenile ossifying fibroma : a case report.**

**Abstract:** Based on the patient's age, clinical behavior and the most common site of involvement, the Juvenile ossifying fibroma is considered to be a controversial lesion which has been distinguished from other types of ossifying fibroma. Trabecular & Psammomatoid are the two accepted patterns of Juvenile ossifying fibroma. Here we present a case with recurrence of Juvenile ossifying fibroma in the mandibular right posterior region in 18 year old female, which was previously treated for the same 1 ½ year back. The recurrence rate of 30-58% has been reported which is negligible in other types of ossifying fibroma. This uncommon case is presented here because of its rarity in the site of occurrence and recurrence. Long term follow up is necessary.

#### 42) Dr. Prathamesh Pol

##### **“KILL THE PROBLEM -HACK THE SUCCESS”**

###### Abstract

Some clinical procedures practised in dentistry are either costly, time consuming or troublesome for both patient and the dentist. This makes difficult to acquire child's cooperation and to provide a positive dental experience. The literal meaning of term hack is a trick, shortcut or novelty to increase efficiency. Hacking allows for revelation of flaws and suggest solutions to existing problem. The usage of costly material to maintain sterilization protocol and sight of syringe creating fear in child's mind, making them uncooperative are some existing flaws to be solved. To make dental practise more efficient these methods are needed to be revised. So, our dental hackathon will present couple of hacks for radiographic and irrigation procedure used in dentistry that can be economical to dentist and will also help to shorten attention span for children thus increasing their cooperation and decreasing their dental anxiety and will be presented in form of video.

#### 43) Dr. Ayushi Pakhale

##### **Non-syndromic multiple odontogenic keratocyst.**

###### **Abstract:**

Odontogenic Keratocyst (OKC) is a distinctive form of developmental odontogenic cyst that deserves special consideration because of its specific histopathological features and is the most interesting of jaw cysts. OKCs constitute about 3% - 21.5% of odontogenic cysts. Occurrence of multiple OKCs has been associated with various syndromes, chiefly the Gorlin- Goltz syndrome. Multiple OKCs have been known to occur in non-syndromic cases though it is rare. (5.8%). These multiple lesions may be the first manifestation of the syndrome or otherwise it may be because of the multifocal nature of OKC. Regular follow up of the patient must be carried out to check for recurrences. Here we report a case of Non-Syndromic Multiple Odontogenic Keratocyst in a 32yr female. The diagnosis was made by ruling out syndromes associated with multiple OKC on the basis of clinical, radiological and histopathological evaluation.

#### 44) Dr. Ketki Gudadhe

##### **No more Drill and fill -the new standards of dental treatment for children.**

###### Abstract:

Dental caries is a major concern in industrialized countries, affecting 60–90% of school children and the vast majority of adults. Caries is caused by a combination of factors like snacking, sipping sugary drinks, poor oral hygiene and microorganisms in

the oral cavity. The cycle that is followed to restore this carious tooth is drill - fill. These restorations may lead to secondary caries due to microleakage. Also the long drill and fill procedures make the child uncooperative. The dentistry soon evolved, and the concept of minimal intervention was introduced, which required no/minimal drilling. It not only focuses on elimination of microorganisms but also on remineralization of initial caries. This poster highlights the recent advances in &#39; no more drill and fill technique&#39; which overcame the drawbacks of traditional drilling and filling.

## **DHADKAN 2019 ( SCIENTIFIC BATTLE ) SCEINTIFIC PAPER PRESENTATION**

### **1) Dr. ReshamPakhmode**

#### **Effect of Diode Laser as an adjunct to Non-Surgical Periodontal Therapy on Gingival Crevicular Fluid (GCF) Endocan, Vascular Endothelial Growth Factor-A and Tumor Necrosis Factor- $\alpha$ Levels in Aggressive Periodontitis**

##### **Abstract**

**Background:** Aggressive periodontitis is characterized by rapid periodontal tissue breakdown in systemically healthy young patients. Various microorganisms induce imbalance in host immune response, increasing levels of inflammatory cytokines like TNF- $\alpha$ , etc. TNF- $\alpha$  has shown to have positive influence on expression of Endocan and VEGF-A. Non-surgical periodontal therapy approaches using scaling and root planing (SRP) have shown critical improvements in various parameters of the disease. This study aims to analyze effects of diode laser as an adjunct to non-surgical periodontal therapy on the levels of serum Endocan, Vascular Endothelial Growth Factor-A and Tumor Necrosis Factor- $\alpha$  levels in Aggressive Periodontitis.

**Methods:**A total of 20 participants with age below 45 years of age including both male and female, divided into two groups: **Group I:** Aggressive periodontitis patients undergoing NSP alone; **Group II:** Aggressive periodontitis patients undergoing NSP along with Diode laser application. Plaque index (Silness and Loe 1964), Gingival index (Loe and Silness 1963), Probing pocket depth and Clinical Attachment loss was recorded. After clinical examination, GCF samples were obtained from contralateral premolars and molars of each patient at baseline and 3 months. Endocan, Vascular Endothelial Growth Factor (VEGF-A) and Tumor Necrosis Factor- $\alpha$  (TNF- $\alpha$ ) levels were evaluated using ELISA kits. Non-surgical periodontal therapy was performed with or without Diode Laser application at the site of periodontal pockets at baseline, 1 month and 3 months.

##### **Results**

The findings of data obtained from mean PI and GI levels showed a significant difference across the time. Similarly, BOP showed significant difference at 1 and 3 months, compared to baseline. PPD and CAL showed greater development at 1 and 3 months. Inter-group comparisons showed

significant reduction in levels of VEGF-A and Endocan at 3 months. However, results obtained from analysis of TNF- $\alpha$  showed insignificant reduction at 3 months.

**Conclusion:** Adjunctive diode laser therapy is more beneficial compared to NSPT only with regards to clinical and biochemical parameters.

## 2) Dr.VishakhaKharkar

**Evaluation of the effects of PDT (Photodynamic therapy) as an adjunct to NSPT (non-surgical periodontal therapy) on the GCF (gingival crevicular fluid) Interleukin-6 (IL-6), Interleukin-8 (IL-8), and Interleukin-10 (IL-10) levels in chronic periodontitis (CP).**

### **Background**

Numerous studies have evaluated the effect of photodynamic therapy either as a primary mode of treatment or as an adjunct to mechanical debridement in periodontitis. Some results were non-definitive and in part contradictory with regards to the clinical and biochemical effects. So, the objective of this study was to evaluate effects of PDT (Photodynamic therapy) as an adjunct to NSPT (non-surgical periodontal therapy) on the GCF (gingival crevicular fluid) Interleukin-6 (IL-6), Interleukin-8 (IL-8), and Interleukin-10 (IL-10) levels in chronic periodontitis (CP).

### **Methods**

In twenty one patients with CP, two contralateral sites (premolar and molar) were randomly divided into: Control sites (treated with NSPT only) and Test sites (treated with NSPT + PDT). Clinical parameters including Bleeding on probing (BOP), Probing pocket depth (PPD), Clinical attachment level (CAL), Plaque index (PI) and Gingival index (GI) were evaluated at baseline, 1 and 3 months and biochemical parameters of GCF levels of IL-6, IL-8 and IL-10 were evaluated at baseline and 3 months via Enzyme linked immunosorbant assay (ELISA).

### **Results**

At 1 and 3 months post-treatment, both treatment modalities showed comparable results with regard to PPD and CAL. At 1 and 3 months, a significantly greater improvement in BOP was found in the test group. Regarding cytokines, test sites exhibited significant reductions in IL-6 and IL-8 levels and increase in IL-10 levels at 3 months.

### **Conclusion**

PDT as an exclusive therapy may be considered a non-invasive alternative for treating periodontitis, offering advantages in the modulation of cytokines.

### 3) Dr. Nivedita Nandeshwar

#### **Comparative evaluation of (CA) of (MCI) in patients with Angles class I, class II division 1 and class II division 2 malocclusions.**

Background:

Variations in anatomic features of the maxillary central incisors (MCI) can affect either the treatment or the retention phase of orthodontic therapy.

Collum angle (CA) of single rooted teeth is of particular interest to orthodontists as any variation in root angulations leads to unpredictable axial force application in movements such as intrusion and extrusion which cause roots to violate labial/lingual cortical boundaries when being repositioned.

Aim:

Comparative evaluation of (CA) of (MCI) in patients with Angles class I, class II division 1 and class II division 2 malocclusions.

Materials and method:

Sample size of 90 is obtained for the study, divided into 3 groups based on type of malocclusion, with an age ranging from 18-30 years and (CA) of (MCI) in each group is measured by sketching it from lateral cephalogram then superior point (sp) on incisal edge, middle point of (CEJ) and root apex are marked. Long axis of crown is drawn by joining (sp) on incisal edge and middle point of (CEJ) and long axis of root is drawn by joining middle point of (CEJ) and root apex. (CA) is then measured by joining the long axis of root and crown.

Results:

Statistical analysis is performed using SPSS version 22, which showed exceeding values of (CA) of (MCI) in patients with Class II division 2 malocclusion.

Conclusion:

The larger (CA) is an etiological factor in the development of a deep bite.

### 4) Dr. Dhanashree Ghoderao

#### **Comparative evaluation of Autologous Fibrin Glue (AFG) enriched bone graft matrix (sticky bone) and Concentrated Growth Factors (CGF) in the treatment of intrabony osseous defects by CBCT: A Randomized Control Clinical and Radiographic study**

Aim: The study aimed to evaluate the effect of autologous fibrin glue (AFG) enriched bone graft matrix (sticky bone) and concentrated growth factors (CGF) in the treatment of intrabony osseous defects by CBCT.

Methods and material: The randomized control clinical study included total 40 intrabony osseous defects from 20 patients affected with moderate to severe chronic periodontitis in the Department of Periodontology and Implantology, VSPM Dental College and Research Centre. The defects will be randomly divided into two groups of 20 intrabony osseous defects each.

**Group I (Test group)** – Intrabony osseous defects treated with autologous fibrin glue enriched bone graft particles (Sticky Bone).

**Group II (Control Group)** – Intrabony osseous defects treated with concentrated growth factors (CGF)

Clinical results was evaluated at baseline, 3 and 6 months post-operatively by

1. Plaque Index (Sillness P and Loe H)
2. Gingival Index (Loe H and Sillness P)
3. Pocket Probing Depth
4. Clinical Attachment Level

Radiographic evaluation of intrabony defects was done initially by radiovisiography (RVG) and later on confirmed and standardized by CBCT at baseline and 6 months post operatively.

Results: Plaque index and gingival index was significantly improved at 6 months follow up. Improvements in Clinical attachment level and probing pocket depth was significant in test sites as compared to control sites. Radiographic parameters like defect height, mesiodistal width and buccolingual width was showed significantly more improvement in test sites as compared to control sites.

Conclusion: Both the regenerative materials were efficient in the treatment of intrabony defects in patients with chronic periodontitis, but test site showed significantly greater improvement as compared control sites.

## 5) Dr.ShrutiTalmale

### **Knowledge , Attitude and Practice amongst the Dental practitioners and Obstetricians regarding Prenatal Dental Care: A Questionnaire Survey.**

**Introduction** : Hormonal changes during pregnancy may lead to both transient and irreversible pathological conditions in oral cavity . Ionizing radiations from radiographs affects the cells and produce damage to DNA. During dental care, the use of drugs should be done with caution as certain drugs have teratogenic effects on foetus. Dentists and obstetricians have important role to

improve life quality of pregnant women and foetus. They must be aware of changes affecting oral cavity in pregnant woman. So, this questionnaire-based study was planned to assess the knowledge of dentists and obstetricians regarding the prenatal dental care of pregnant women.

**Aim** and **Objective**  
To analyse the knowledge, attitude and practice among the dental practitioner and obstetrician regarding prenatal dental care of women.

### **Materials and Methods:-**

A total 100 Dentists and 100 Obstetricians in central India region will be included in study. A validated questionnaire in the form of multiple choices will be given to each participant and response sheets will be collected after 15 minutes. The data will be analyzed using SPSS 20.0 (SPSS Inc.).

Result: Dental practitioners and Obstetrician had an good knowledge regarding prenatal dental care of women.

## **6) Dr. Shwetali Jadhav**

### **An Innovative gauge for bracket positioning**

Abstract:-

One of the important skills in modern orthodontic practice is bracket positioning. The basic premise of the preadjusted system is that proper bracket position. Accuracy of bracket positioning is essential so that the built in features of the bracket system can be expressed fully and efficiently. A precise bracket positioning added to a full-size wire would yield a complete expression of the bracket. Improper bracket placement may lead to poorly placed teeth and necessitates bracket repositioning and archwire adjustments. This can lead to an increased treatment time or poor occlusion.

To avoid the disadvantages in currently used gauge system (say for eg; the tip loss, is common problem with MBT gauge and only vertical measurement can be calculated with Boon's gauge); a bracket positioning gauge has been designed using both the planes, thereby improving accuracy in bonding procedure, reducing chair side time and eliminating errors in effective bracket positioning

## **7) Dr.PriyankaRahate**

### **Association of location and diameter of Alveolar antral artery to crest of alveolar bone in dentate and partially edentulous patients – A CBCT study**

#### **Abstract**

#### **Background**

One of the most challenging anatomical conditions to manage during sinus augmentation using lateral widow approach is the alveolar antral artery (AAA), when it is unusually wide in diameter and passes through the area of the osteotomy with a complete intraosseous course. The purpose of this study was to investigate the association of location and diameter of alveolar antral artery to the crest of alveolar bone in dentate and partially edentulous patients using CBCT.

#### **Material and methods**

Total 100 CBCT scans of patients (50 dentate and 50 edentulous) were selected and analysed. The location and diameter of alveolar antral artery in the lateral wall of maxillary sinus was evaluated in association with alveolar bone height with respect to three posterior maxillary teeth: 1st Premolar (P1), 2nd premolar (P2) and 1st molar (M1).

#### **Results**

The diameter of AAA was significantly more in M1 region as compared to P1 and P2 region and that too in dentate patients as compared to edentulous ones. The location of AAA in association with alveolar bone height was found to be more in P1 as compared to P2 and M1. A negative relationship has been found between age and the distance between the AAA canal and crest of the alveolar ridge.

#### **Conclusion**

A significantly negative relationship existed between age and AAA diameter and location in both dentate and edentulous groups. The prevalence of AAA was higher with elder edentulous patients.

## **8) Dr. Noopur Gonde**

### **Evaluation and comparison of gingival biotype in Esthetic zone with different types of Malocclusion**

#### **ABSTRACT:**

**Aim:** The present study aims to evaluate the relationship of gingival biotype (GB) and the width of attached gingiva (WAG) with different types of malocclusion groups and severity of crowding in mandibular region.

**Materials and Method:** Total of 110 periodontally healthy subjects were equally divided into two groups, group I Angle Class I and group II Angle Class II malocclusion. Each group was then subdivided into subgroups according to the severity of dental crowding as Subgroup 1 (mild), subgroup 2 (moderate) and subgroup 3 (severe). The gingival biotype, the width of attached gingiva was measured clinically. It was observed that teeth in mandibular esthetic region shows the thin gingival biotype.

**Result:** The gingival biotype was observed higher in mandibular lateral incisor teeth in the subgroup 3 and significant correlation was found between width of attached in subgroup 3 and with Class I malocclusion group. Whereas, there was no significant relationship found between the gingival biotype with Angle classification.

**Conclusion:** Within the limitation of the study of the present study concluded that the teeth in the mandibular jaw shows the thin biotype. When the level of crowding increases, the GB and WAG decreases or increases depending upon the position of the tooth. There is no association between the Angle classification and the mean GB of the mandibular anterior region.

## 9) Dr. Nitesh Mahaton

### **Need for upgradation of knowledge of Central india postgraduate orthodontist on research methodology**

#### INTRODUCTION

- In health care sciences, understanding biostatistics may have important implications in modulating clinical practice as it possesses a large effect on evidence-based diagnostic and treatment applications.
- Similarly in academics, sufficient knowledge of epidemiological principles is required to successfully conduct a study and correctly analyze data derived from clinical investigations
- The purpose of this study was to assess the knowledge on use of Research methodology among central India Orthodontic postgraduate students

#### METHODOLOGY

- A questionnaire was structured to include four basic sections: the demographics of participants, attitude towards statistics and epidemiology, self-reported confidence on biostatistics and epidemiology, and a knowledge section comprising 13 questions. A sample size of 100 is taken, all participant were given the questionnaire by hand.

#### RESULT

98 from a total of 100 orthodontic students who replied completed the questionnaire. The mean correct answers of the participants were 53.8 percent with a 95 per cent CI of 50.2–57.3 percent. This score was not influenced by gender, age , or year of study; the sole parameter, which seemed to influence this score was attendance at a Research methodology course. The

knowledge on Research methodology of orthodontic postgraduate students in central india is only influenced by previous relevant education.

#### CONCLUSION

The score of questionnaire was quite low and there is a need for upgradation of knowledge of Central india postgraduate orthodontist on research methodology.

#### 10) Dr.Adeeba Siddique

##### **To assess and compare the knowledge and attitude about dental stem cells among dental practitioners and dental faculty.**

**Background:** Stem cells are clonogenic undifferentiated cells which are capable of self renewable. Dental stem cells are type of adult stem cells that exhibits multipotent differentiation capacity and is drawing world wide attention because of its various applications in dentistry.

**Aim:** To assess and compare the knowledge and attitude about dental stem cells among dental practitioners and dental faculty.

**Methodology:** The present study is questionnaire based study where in the questionnaire regarding dental stem cells among 100 dental private practitioners from nagpur and dental faculty comprising assess the knowledge and attitude and validated by subject experts.

**Conclusion:** The dental practitioners and dental faculty had good knowledge and attitude about dental stem cells.

#### 11) Dr. Prachi Rathi

##### **Comparative evaluation of definitive abutment versus conventional repeated abutment disconnection and reconnection on peri-implant tissues: A prospective clinical and radiographic trial.**

#### **Abstract**

**Introduction:** Bone supporting two-piece implants undergoes resorption during healing and after the connection and disconnection of the abutment and delivery of the final prosthesis. The loss of peri-implant bone may be critical since it may trigger peri-implantitis, in the long term, thereby compromising esthetics and function.

**Aim:** To evaluate and compare peri-implant bone level between implants restored with definitive abutments and never removed versus implants restored with multiple disconnections and reconnections of the abutment.

**Methods & material:** Total of 20 sites with missing tooth visiting the department of Periodontology and Implantology at VSPM Dental College and Research Centre Nagpur will be included in the study. Implants will be placed. The study population will be divided into 2 groups: GROUP I: Definitive abutment group GROUP II: Provisional abutment group. The primary outcome will be peri-implant marginal bone level measured from the implant shoulder to the crest of the bone at baseline and 6 months after loading, using CBCT. The secondary

outcome will be Plaque index, bleeding on probing and Probing depth, measured at 3 and 6 months after implant insertion, by using UNC 15 probe. Patient satisfaction will be assessed by a questionnaire.

Results: Plaque Index improved in both the groups from baseline to 6 months, but failed to reach the level of significance. Bleeding on probing was absent in both the groups at the end of 6 months. Probing pocket depth at 3 months between control and test group was statistically insignificant; however, at 6 months, the mean PPD in control group ( $2.10 \pm 0.43$ ) was significantly higher as compared to test group ( $1.60 \pm 0.32$ ). At 6 months, the mean bone level changes as measured by CBCT were statistically significantly higher in control group ( $1.22 \pm 0.2$ ) as compared to test group ( $0.74 \pm 0.41$ ). All patients were satisfied with the implant treatment in general. Thus, it can be concluded that the use of implants with definitive abutment could be more beneficial in achieving better results in terms of marginal peri-implant bone loss.

Conclusion: Thus, it can be concluded that the use of implants with definitive abutment could be more beneficial in achieving better results in terms of marginal peri-implant bone loss.

## 12) Dr. Manjiri Charpe

### **Evaluation of enamel solubility of teeth on exposure to hard drinks-An in vitro study**

**Aims and Objectives:-** To evaluate and compare enamel solubility of teeth on exposure to hard drinks over different intervals of time.

**Materials and Method:-** Enamel solubility will be checked in 3 different beverages like soft drink, hard drinks and water (control) for different intervals of time. Two types of hard drinks (Beer & Whisky) will be included in the study. Extracted, Non-carious permanent incisors and molars 15 each will be selected. The amount of loss of calcium will be determined by the weight loss of the tooth. The calcium.

**Results:-** Mean calcium loss is found to be significant in soft drink. While, in hard drinks, it is more in beer and concentrated whisky

## 13) Dr. Renuka Swami

### **Assessment of tooth and gingival display in maxillary anteriors and premolars relative to gingival and interdental smile lines.**

#### **Abstract**

**Background:** Gingival tissues circumferential to the maxillary anterior teeth have been known to play a crucial role in a beautiful smile. With the growing demand for esthetics, preliminary reports suggest the tooth and gingival display in premolar areas during smiling. So, the present

study examines the tooth and gingival exhibits in relations to the Gingival smile line (GSL) and Interdental smile line (ISL).

**Materials and methods:** The study comprised of 120 periodontally healthy patients within an age range of 20 to 40 years, equally divided into two groups based on gender. Gingival zenith position (GZP), Gingival zenith level (GZL), presence or absence of interdental papilla, GSL and ISL were determined for maxillary anterior teeth till the second premolars.

**Results:** The mean GZL for second premolars were found to be greatest followed by the first premolar and then the lateral incisors. The GZL for female patients were slightly higher than the males. The difference between GZL for the first and second premolars in both males and females was found to be statistically significant ( $p < 0.0001$ ). Majority of the patients i.e. 36 (60%) in males and 33(55%) in females displayed first premolar, whereas both the premolars were visible in 18(30%) and 22(36%) respectively.

**Conclusion:** Within the smile corridor, majority of patients exhibit tooth and gingival display in the premolar region along with the maxillary anterior teeth. The GZL were greatest for the second premolars and least for the lateral incisor indicating considerable amount of gingival tissue display while smiling in GSL & ISL.

#### 14) Dr.Shreya kohale

##### **Knowledge,Attitude and Practice Towards Areca Nut Use Among Medical Students of Nagpur City.**

**BACKGROUND-**Areca nut is consumed by approximately 600 million people worldwide and is the fourth most common psychoactive substance used globally and also gaining popularity among younger populations. There is substantial evidence that areca nut is the sole factor for the causation of premalignant condition like oral submucous fibrosis, aggravating asthma, liver fibrosis, hypertension etc. and has its deleterious effects on other system of the body as well. As the MBBS curriculum does not include the awareness regarding the detrimental effects of areca nut use. It becomes mandatory for people from health science fraternity including medical students to have knowledge and awareness regarding such harmful agents.So, the study is planned to assess the knowledge, attitude and practice towards areca nut consumption among medical students.

**AIM** – To assess the knowledge, attitude and practice towards areca nut consumption among medical students of Nagpur city.

**METHODOLOGY-** After getting approval from the Institutional Ethics Committee this cross sectional study was carried out at VSPM DCRC in collaboration with NKP. SIMS Nagpur. The validated questionnaire was designed which comprised of 23 closed ended questions to asses about Knowledge, Attitude and Practice towards consumption of areca nut. The questionnaire

was prepared on Google form which was then send via Email among 200 medical students including interns and post-graduates willing to participate in the study and the responses were obtained by Five point Likert scale that ranges from strongly agree to strongly disagree.

**RESULTS-**There was high percentage of unawareness regarding knowledge and attitude parameters and lack of practice of areca nut among medical students

**CONCLUSION-** There is need “to update”the knowledge and awareness among medical students regarding hazards of the areca nut use by conducting CME programmes in order to provide better life quality to the pat

## 15) Dr. Anjali Khekade

### **Perception of relationship between TMD and orthodontic treatment among orthodontists : cure or cause?**

#### Introduction

The diagnosis of TMDs can often be difficult and presents a challenge to considerable number of orthodontics practitioners. The knowledge, attitude and experience of the dental practitioners influence the diagnosis and management. Further, sufficient knowledge and attitude can also break the cycle of continued referrals of patients

#### Aim and objective

The aim of this study was to assess the beliefs, despite scientific evidence, of central orthodontists about the relationship between TMD and Orthodontics with regard to treatment, prevention and etiology of TMD.

#### Methodology

A questionnaire was sent via e-mail to 450 orthodontists of central India along with an explanatory message and a link that redirected the participant to the website, in addition to the free and informed consent term.

#### Results

Most orthodontists participating in this study disagree that orthodontic treatment is related with treatment or prevention of TMD, which is in line with the most accepted concept regarding orthodontic treatment and TMD.

The majority of orthodontists believe that orthodontic treatment not is not the best treatment option for TMD, also it is able to prevent TMD. Nevertheless, the majority of orthodontists believe that orthodontic treatment can not cause TMD symptoms. Most orthodontists believe that, despite scientific evidence, orthodontic treatment can cause TMD

#### Conclusion

This study suggests that orthodontists' beliefs about the relationship between orthodontic treatment and TMD are in accordance with scientific evidence only when referring to treatment and prevention of TMD.

#### 16) Dr. Gajanan Chandode

##### **Association between central papilla recession and gingival and interdental smile line**

#### **Abstract**

**Objective:** Interdental soft tissues play a critical role in pink esthetics. The presence and preservation of the interdental papillae in the esthetic zone is as crucial as the shape and contour of the anterior teeth in achieving an esthetically pleasing smile. The present study determines the association of central papilla recession with gingival and interdental smile line in periodontally healthy patients of different age groups.

**Method and Materials:** The present study included 200 patients equally divided into 21 to 40 years and 41 to 60 years age groups. The clinical and photographic evaluation of the central papilla, with midfacial gingiva, and its relationship with the vermilion border was performed.

**Results:** In total, 137 patients exhibited presence of central papilla, whilst 63 patients had central papilla recession with variable extent. The male patients predominantly had presence of central papilla in both the age groups, with 86% and 64%, compared with 74% and 50% in females, respectively. High gingival smile line was seen in the majority of the patients (62%), and this trend was similar to high interdental smile line (82% of the patients).

**Conclusion:** Esthetics is affected in individuals having papilla recession along with high gingival smile line and interdental smile line as compared to individuals with low or cupid bow gingival smile line and interdental smile line.

#### 17) Dr. Akash Kudmathe

##### **Evaluation of methods of sterilization in Orthodontic practice:**

Sterilization is defined as process by which an article surface or medium is free

of all micro- organisms including virus, bacteria, spores and fungi both pathogenic and non-pathogenic. The process of cleaning and sterilization of the orthodontic instruments is an important task. For protection of both the doctor and patient, infection control is of utmost importance in preventing the spread of infectious disease.

This E-Poster evaluate the different methods of sterilization for Archwire, Preformed Band and elastomeric ligature & chain in details.

## CONCLUSION:

When properly used, disinfection and sterilization can ensure the safe use of invasive and noninvasive orthodontic armamentarium, sterilization of orthodontic armamentarium is important in orthodontic practice.

### 18) Dr. Devyani Sangai

#### **Perception of Orthodontist on Distalization and Extraction in borderline case - Questionnaire Study**

Background : Extraction vs Nonextraction orthodontic treatment for borderline cases is subject of debate since more than 100 years.1) The tendency towards choosing non-extraction approaches has been increasing because of the availability of effective and minimally invasive treatment methods.2)Recent developments in mechanotherapy & changes in concepts have reduced the need for extraction in several types of discrepancies.3) Management of borderline cases has always surmounted controversies. The article is based on Perception of Orthodontists to choose one of the treatment modality.

Material and method : The present study was conducted on perception of 100 Orthodontists doing clinical practice .The questionnaire of 10 questions was formulated on the Google forms for the ease to send and with an intention to reduce bias.

Results: The results showed that, 0.05 significant difference found in the study. Orthodontists are aware about Distalization procedure but still because of ease of extraction treatment and patients satisfaction, shorter treatment duration extraction is the selected treatment plan by Orthodontists in Borderline cases.

## 19) Dr. OjasGajbhiye

### **“Platform switching-a Review”.Review**

**Abstract:-**Dental implant is one of the most successful treatment modality to replace missing teeth. Success of it depends upon presence of good amount and quality of bone around implant.

This is the recent approach to prevent crestal bone loss. Concept involves using smaller diameter abutment on a larger diameter implant collar. It reduces crestal bone loss by shifting the inflammatory cell infiltrate inward and away from the adjacent crestal bone and aids in maintenance of biological width. It provides increased distance of Implant Abutment Junction from the crestal bone and the possible influence of micro-gap on the crestal bone is diminished. Also decreased stress levels in peri implant bone.

This paper highlights on various aspect of Platform switching including advantages, disadvantages and mechanism involved in it.

## 20) Dr. VijetaGajbhiye

### **Paper Presentation titled “Comparative evaluation of three gingival displacement materials and their dimensional stability”**

**Abstract:-** Elastomeric impression materials have been the material of choice for making the impressions after tooth preparation for fixed prosthesis. Tissue management is a crucial step before recording the impressions for optimum reproduction of marginal details. Recently newer gingival displacing materials have been introduced by various companies which claim to produce optimum gingival displacement. Nocord by Centrix USA, is one such recently introduced Poly vinyl impression material which claims to produce gingival displacement along with making accurate impressions. Aquasil as an impression material has been introduced in the market long time ago but its clinical efficacy as a retraction agent has not been tested. Similarly, Nocord VPS impression material had been introduced recently as a retraction agent but its dimensional accuracy has not been tested. Therefore a clinical evaluation and comparison of the efficacy of these two materials with retraction cord on the basis of gingival displacement as well as dimensional accuracy was deemed necessary.

**Aim:** To clinically evaluate the efficacy of Retraction Cord, Aquasil and Nocord as a tissue displacing agent along with their dimensional accuracy.

**Objectives:** i)To clinically evaluate the efficacy of Aquasil as a gingival retraction agent, ii) To clinically evaluate the efficacy of Nocord as a gingival retraction agent, iii) To evaluate the

dimensional accuracy of Aquasil as impression material, iv) To evaluate the dimensional accuracy of Nocord as impression material, v) To evaluate whether Nocord or Aquasil is a best gingival retraction agent, vi) To evaluate whether Nocord or Aquasil is dimensionally accurate.

Materials:- Retraction Cord, Nocord VPS Impression system, Aquasil Impression material, Intraoral Scanner, Optical Microscope (20X magnification), Die stone, Vernier caliper, Modelling wax, Cold cure (Monomer and polymer)

Method:- Gingival displacement will be carried out in 10 healthy individuals with unblemished maxillary central incisor with normal periodontal and gingival health of the age between 25 – 30 yrs. Retraction will be done and impressions will be made by using both the materials. A gap of minimum 7 days will be kept to avoid tissue fatigue. Impressions will be poured in die stone. The cast will be retrieved and checked for the dimensional accuracy. Then the sections of the cast will be made by using Die cutter. 3mm thin slice will be obtained. Each slice will be used to measure the amount of retraction under optical microscope with 20X magnification and the images will be transferred to the image analyzer.

Result :- The amount of gingival displacement and dimensional accuracy obtained by these 2 Materials will be compared to suggest the best material.

## 21) Dr. Shruti Jain

### OSMF - Case series paper

Oral submucous fibrosis is a premalignant condition heavily prevalent in Indian subcontinent. By Andrade and Khanna it has been classified into 4 grades whereby grade I and II can be managed conservatively and grade III and IV calls for a surgical management. Surgical management has seen many reforms since the time started. The steps include fibrotomy, myotomy if required, bilateral coronoidectomy and reconstruction. Bilateral coronoidectomy initially saw a lot of conflict but now it's well established amongst surgeons. This paper tends to present a case series of varied grades of OSMF and the surgical procedures thus employed.

## 22) Dr. Insiyah Yusuf

### “Implant placement in anterior region with PRF graft followed by PFM crown”. Clinical Case Report

**Abstract:-** Platelet rich fibrin (PRF) is a healing biomaterial with a great potential for bone and soft tissue regeneration. It may be used alone or in combination with bone grafts, promoting hemostasis, bone growth, and maturation. A case report is presented wherein grafting by PRF along with a bone graft was done following extraction of a root piece in the maxillary anterior

region. Implant was placed after a duration of six months and was immediately loaded. A final prosthesis (metal ceramic crown) was placed after 3 months.

### 23) Dr. Priya Gupta

#### **“Occlusal Indicators” at National Conference on Digital Dentistry: CAD CAM and CAE Review**

**Abstract:-** Any prosthesis replacing missing teeth aims towards establishing an occlusal contact that is harmonious with the position of the condyles and the musculature of the mandible. A premature occlusal contact may disrupt this harmony that may lead to conditions such as trauma from occlusion, periodontal disease, bruxism and temporomandibular joint dysfunction. In order to locate these interferences and to refine the occlusal contacts, indicators such as waxes, articulating papers, foil, film, silk strips and newer materials such as the T-Scan and virtual dental patient are available. Their sensitivity, marking ability and method of usage vary based on their characteristics, oral environment and the interpretation of the clinicians regarding the markings. Hence, a thorough knowledge of the various occlusion indicators available, their method of usage, interpretation of their markings and their limitations is essential prior to their usage.

### 24) Dr. Jignesh Rajguru

#### **PAIN CONTROL by GATE CONTROL.**

##### **BACKGROUND:**

Control of pain has been a daunting task during local anaesthetic injections for the clinicians and health care providers. The "gate control" theory suggests pain can be reduced by simultaneous activation of nerve fibres that conduct non-noxious stimuli. The basis for analgesic effect of vibration could be explained by the Gate control theory of pain proposed by Melzack and Wall.

##### **AIM & OBJECTIVE:**

To evaluate the effectiveness of the intra-oral devices based on techniques of vibration in minimizing concurrent pain.

##### **MATERIALS & METHODS:**

Various articles were reviewed to evaluate Rationale for this technique. **RESULTS:**

According to the literature, Pain due to local anaesthesia is caused not only by mechanical trauma to the region of the injection but also by the rapid expansion of the tissues into which the anaesthetic solution is injected. In fact, tissue tension can cause more pain and discomfort than the needle puncture.

When these stimuli are applied simultaneously, the vibration sensation reaches the sensory area of the brain first and causes the release of inhibitory neurotransmitters, preventing the activation of projection neurons at the synaptic junction in the dorsal horn of the spinal cord, which results in closure of the gate to the pain sensation. Therefore, vibration reduces the perception of pain.

## CONCLUSION:

Intra-oral devices based on techniques of vibration can be useful accessory device to alleviate pain and stress of injection. From the aspect of the patient pain management, this device contributes both physiologically (based on Gate Control Theory of pain) and psychologically (based on the audible distraction of the device) and has shown to be a useful tool in patient management.

### 25) Dr. Sumeet Jalan

#### “Hollow maxillary complete denture”

**Abstract:-** Prosthetic rehabilitation of severely atrophic ridges has always been an ordeal for the clinician due to decreased support, stability and retention. Because of severe resorption the restorative space between maxillary and mandibular residual ridges is increased. Rehabilitation in such cases may result in increased height and weight of the prosthesis further compromising its retention and stability. This in turn overloads the underlying hard and soft tissues, exacerbating ridge resorption. So, in order to break this vicious cycle, the weight of the prosthesis needs to be reduced which can be achieved by making hollow prosthesis. This clinical report describes a simple technique of fabricating a hollow maxillary complete denture in a patient with resorbed maxillary and mandibular ridges with increased inter-ridge distance which reduces the weight of the prosthesis and thereby enhances the retention.

### 26) Dr. SuyogBahiramwar

#### “Centration of the iris” Review

**Abstract:-**Ocularistry, the science of making ocular prosthesis, has undergone phenomenal growth in recent times. Restoration of unilateral/bilateral ocular defects using customized eye prosthesis presents a challenging task for a maxillofacial prosthodontist. The eye is a vital organ, providing vision, and also an important component of facial expression. Loss of an eye results in gross mutilation and may have a crippling effect on the physical, social, aesthetic and psychology of the patient. Maxillofacial prosthetics aims to improve the facial aesthetics of the patient, and consequently to improve physical, psychosocial, and mental well-being. The loss of an eye due to congenital reasons, trauma, tumour or radical surgeries necessitates the combined efforts of an ophthalmologist and the maxillofacial prosthodontist to provide an early and satisfactory restoration of the lost tissues to their normal anatomic form by an artificial substitute, such as an ocular or orbital prosthesis

The procedure of prosthetic replacement presents many challenges, and one of the foremost is the precise alignment of the pupil in the artificial.

27) **Dr. Purabi Edbor.**

**Conventional amalgam versus contemporary composite restorations: A questionnaire survey among dental practitioners in central India**

**Brief Background**

Amalgam has been used for several decades as a successful restorative material. But, lately people are concerned about its unesthetic appearance, potential health effects, contamination of the environment and treatment of its waste products. With the advent of tooth coloured restorative materials and an unparalleled need for esthetics, composites have been suggested as a suitable alternative. But, information about their clinical survival in today's scenario is lacking. The study thus intends to elicit the information regarding the attitude, preference and usage of composite and amalgam among the dental professionals in Central India.

**Materials and Methods**

After the Ethical Approval from the Institutional Ethics Committee, a questionnaire was mailed to 220 dentists across Central India, the responses were received and subsequently the statistical analysis was carried out.

**Results**

The survey showed that majority (64%) of the dental professionals preferred Composites as their choice of restorations. The result was replicated when maximum (77%) patients also favored composites over amalgam.

**Conclusions :** The results clearly reflect a paradigm shift from amalgam towards composite restorations which can be primarily attributed to the need for esthetics and mercury toxicity. Educating patients about potential hazards of mercury and embracing restorative alternatives is the best defense against the elimination of amalgam as a viable treatment option. There is also need for awareness, continuing dental education and workshops for achieving better and predictable results with composite restorations

28) **Dr. Nilima Surve**

**EXTENDED NASOLABIAL FLAP- A versatile reconstruction modality for Oral Submucous Fibrosis**

**Background :** In 1966, OSMF was defined by Pindborg. In the literature, this established precancerous condition was first described by Schwartz in 1952. Based on the current scenario, the risk of developing SCC is very high, with a reported malignant transformation rate of 7-13%. The various causes include areca nut, capsaicin (chillies), zinc, iron and vitamin deficiencies, human leucocyte antigen.

**Aim** : The management of Oral submucous fibrosis, through a new treatment protocol highlighting the importance of coronoidotomy and extended naso labial flap providing long-term relapse free results with fewer complications.

**Sample size:-** 55 was selected randomly.

**Results** : By the end of 1 year, flaps were covered with healthy mucosa with a appreciable decrease in hair growth intraorally.

**Conclusion** : Our study suggests that the use of extended nasolabial flap in the reconstruction of OSMF is commendable. The technique is easy to master with limited post-operative sequelae.

## 29) Dr. Gopi Singhania

### SOFT TISSUE INJURIES AND THEIR MANAGEMENT.

Maxillofacial emergencies can vary from facial lacerations to complex facial fractures, bleeding from an extraction socket, fascial space infections compromising the airway. Soft tissue injury with or without facial bone involvement are the most common presentation of maxillofacial trauma. Many epidemiological studies have been published from different countries about the pattern of maxillofacial injuries but demographic data are difficult to evaluate because of the many variables. Numerous reports on the incidence and treatment of maxillofacial injuries are available. However knowledge is limited on the patterns of maxillofacial injuries related to road crashes were the most common in developing countries.

**Aim** – The aim of the study is to analyse the pattern of soft tissue injuries in maxillofacial trauma patients.

**Objectives-** - To evaluate the pattern of soft tissue injuries in maxillofacial trauma patients.

- To evaluate the various factors that influence their distribution.

**Methods** –The pattern of soft tissue injuries and the various other factors that influence their distribution of all the patients who reported to our department and casualty of our hospital were recorded. The variables documented include age, gender, chief complaint and clinical presentation. In cases of trauma the cause of injury, nature of injuries, and associated injury head injury, orthopedic injury, ophthalmological or abdominal injury were also recorded.

**Conclusion** - Soft-tissue injuries may or may not have associated fractures. The aim of management is functional and aesthetic recovery in the shortest period. Variety of foreign bodies and unnoticed hematoma complicates the situation. Due to the complexity of face, it is essential to anticipate the injuries in various structures underneath the wound. The first chance is the best chance for repair as it decides the outcome.

### 30) Dr. Priyanka Tompe

#### **“Implant placement in anterior region with PRF graft followed by PFM crown” Clinical Case Report**

**Abstract:-** Platelet rich fibrin (PRF) is a healing biomaterial with a great potential for bone and soft tissue regeneration. It may be used alone or in combination with bone grafts, promoting hemostasis, bone growth, and maturation. A case report is presented wherein grafting by PRF along with a bone graft was done following extraction of a root piece in the maxillary anterior region. Implant was placed after a duration of six months and was immediately loaded. A final prosthesis (metal ceramic crown) was placed after 3 months.

### 31) Dr. JuiKarmarkar

#### **Small changes bigger success in transmylohyoid intubation- Review of Literature.**

##### Background-

Successful management of airway in complex maxillofacial injuries is quite challenging. The complications and the post-operative care associated with tracheotomy makes it an unpopular choice for airway management meant solely for surgery in these patients. Many alternative techniques have evolved that involve a submandibular/transmylohyoid or submental approach for temporary oroendotracheal intubation.

##### Aim -

To review various articles on transmylohyoid intubation and give various modifications during each step for better precision.

##### Materials and methods –

Various articles from the invent of method till date were reviewed

##### Conclusion –

The present era is no more about validating the technique of submental intubation because the technique has already held the grounds in pan facial fractures. Though it's a full proof technique ,certain modifications to this technique would make it apt in almost any situation thereby preventing the more invasive tracheostomy.

### 32) Dr. Karan Vedi

#### **Management of Zygomatico-Maxillary Complex Fracture Using Two Point Versus Three Point Fixation: A Prospective Study**

**Background/Introduction** Zygomatico-Maxillary complex functions as the principle buttress of the face and is the cornerstone to an individual's aesthetic appearance. Zygomatic complex fractures are one of the frequently occurring maxillofacial injuries owing to its position and facial contour. Assaults, road traffic accidents and falls are the common causes leading to fracture of the zygomatic bone. Displacement of the fractured fragments leads to aesthetic and functional disturbances. **Objectives** To evaluate: Post operative Stability Duration of surgery Facial Aesthetic Neurological Assessment Radiographic Assessment Associated complications. **Methods** 10 patients of Zygomatico-Maxillary complex fracture reported to the Department of Oral and Maxillofacial Surgery were randomly divided equally into two groups. In group A, 5 patients were treated by ORIF using three point fixation by mini-plates and in group B, 5 patients were treated by ORIF using two point fixation by mini plates. They were evaluated for their complications during and after surgery with their advantages and disadvantages. **Results** We found that post-operative complication like decreased malar height and vertical dystopia. **Conclusions** Based on this study, ORIF using three point fixation by miniplates is the best available method for the treatment of zygomatico-Maxillary complex fracture.

### 33) Dr. Richa Sahai

#### **“Communication: best way for successful restoration- a questionnaire-based study amongst dental practitioners and dental lab technicians in Nagpur region” Basic Research**

**Abstract:-Background :-**The fabrication of a clinically appropriate dental prosthesis requires proper conversation among the dentist and the dental technician. Prosthodontic educators had been involved with this interaction and communication.

**Aim:-** To examine the quality of communication between dental practitioners and dental technicians for fixed prosthodontics in Nagpur region.

**Materials & Methods:-** Pre-piloted questionnaire distributed to 100 Dental Practitioners and 20 Dental lab technicians in Nagpur region. Data was sought regarding the quality of written instructions and use of impression trays and materials for two varieties of fixed prosthodontics – porcelain fused- to-metal crowns , and conventional fixed partial dentures . Information received by the participants. The questionnaire was answered in a face-to-face interview and by email also. Data were analysed through parametric tests (T-test and one-way ANOVA) to identify significant values ( $P < 0.05$ ).

**Results:-** Of the 120 participants surveyed, 90 (75%) answered to the questionnaire. Outcomes from this survey suggest that there is good communication among dentists and dental laboratories via work authorization forms concerning disinfection of impression, clarity and accuracy of instructions, choice of impression material , choice of impression trays, choice of metal alloy, type of porcelain for use, and choice of margin and pontic design for the prosthesis.

**Conclusion :-** Data obtained from the responding laboratories included effectiveness of work authorization forms. There were some comparable trends indicated by means of the moderate percentage of dental laboratories agreeing on lack of conversation via the dentists as reflected by using the work authorization forms.

### **34) Dr. Sayanti Ghosh.**

#### **To Assess The Perception Of Retreatment Cases Among Endodontists In Central India.**

##### **Introduction:**

Massive growth in endodontic treatment in recent years can be attributable to a better trained dentist and specialist alike. Necessary for this unfolding story is the general public's growing selection for root canal treatment as an alternative to extraction. Over the period of time, patients have become more confident for selecting endodontic treatment. This change in perception is due to better pain management, improved techniques and achievable long term success.

With all the potential for endodontic success, the fact remains that clinicians are confronted with post treatment endodontic disease. The cause of the endodontic failures can be due to anatomical variations, technical difficulties and iatrogenic factors. Each of these factors have dramatically impacted endodontics and significantly contributed to more number of failures, when ignored. Hence, this questionnaire study would be conducted to assess the perception of retreatment cases among Endodontists in Central India.

**Methodology:** An email questionnaire will be sent to around 50 Endodontists practitioner in central India. The prepared questionnaire would be personally mailed to each dentist via Google Docs. The questionnaire will be consisting of 12 questions regarding various aspects of retreatment cases: number of retreatment cases, cause of endodontic failure, use of magnification, patient's reaction, rehabilitation, cost effectiveness. The responses would be entered in the Google Docs database through a structured and validated questionnaire with close ended and open ended questions. The questionnaire would not disclose the identity of any participant.

**Sample size:** The number of responses from the participants will be the sample size.

**Data analysis:** Data will be analyzed using appropriate test.

**Result:** 83.3% endodontist examined 5 retreatment cases in a month. 55.6% encountered under obturated canals with periapical lesion. While dealing with this cases 29.2% endodontist used magnification devices whereas 59.7% used magnification for special cases only.

**Conclusion:** Contemporary Endodontics is yet to find its place in day-to-day practice.

### **35) Dr. Aishwarya Akotkar.**

## **Patient's perspective of root canal treatment: a questionnaire survey among patients in central india.**

**Background:** Patients have several issues regarding root canal treatment which includes various myths regarding longevity, duration and side-effects. Patient's awareness of endodontic treatment is an important issue as it significantly influences the course and effect of treatment. This survey is aimed to assess the patient's perceptions and experience of root canal treatment among the population in Central India. Methodology: A questionnaire was distributed amongst 200 patients across Central India with a response rate 90%.

**Result:** Survey revealed that most of the subjects were aware of root canal treatment. More than half of the subject preferred to visit a dentist during a toothache. Cost didn't seem to influence the decision regarding root canal treatment. Most of the subjects were convinced that root canal treatment will save their teeth.

**Conclusion:** There is an improvement in the awareness of Patients regarding the root canal treatment.

### **36) Dr. NutanPasode**

#### **Diode Laser: Promising approach in Paediatric Endodontic**

Micro-Organisms play a crucial role in the development of pulpal and periapical diseases. The prognosis of endodontic therapy in paediatric patient is intimately related to the presence of bacteria within the root canal system. Treatment of pulpally inflamed primary and permanent teeth in children presents a unique challenge to the pedodontist. Considerable numbers of investigations have shown that, periapical radiolucencies are prevalent in 35-65% of all root canal treated teeth. Failure in pediatric endodontic treatment can commonly occur due to insufficient removal of the microorganisms infecting the root canal system & their persistence in the apical region despite chemo- mechanical preparation. The intricate dental anatomy of the deciduous teeth strongly limits the effectiveness of mechanical debridement using hand or rotary instruments & chemical disinfection using sodium hypochlorite (NaOCl) and chlorhexidine digluconate, and CaOH as an interappointment dressing do not always eradicate the entire microbial flora in infected root canals. "LASER" stands for Light amplification by stimulated emission of radiation. Diode laser was introduced to root canal treatment as an effective tool in disinfecting the canals. The depth of penetration of diode laser was up to 1000 µm into dentinal tubules which attributes to the superior bactericidal effect of diode laser irradiation. Laser irradiation with its inherent properties of local intensity enhancement, light scattering, and attenuation makes superior antimicrobial efficacy and light penetration deeper in the dentin tubules. The diode laser has thermal photodisruptive action in dentin, resulting in an increased bactericidal effect in the root canal system. Recommended use of diode laser is five times for 5 seconds each time, with an interval of 15 seconds between irradiations at a wavelength of 810 nm and output power of 2 W.

### **37) Dr. ShriyaShahu.**

#### **Influence of Different Lighting Conditions On Accuracy Of Visual Shade Matching By Dental Practitioners**

**Introduction:** Shade matching of an artificial restoration can be one of the most challenging procedures in restorative dentistry due to differences in perception of color by dental practitioners.

The most popular method for shade matching in routine dental practice involves comparison of natural teeth with commercially available shade guides.

However, the accuracy of visual shade matching is subjected to bias and various inconsistencies caused by many variables, and operative lighting condition is one of the most controversial factors.

Shade selection should be performed under ideal natural light conditions which occurs between midday and 3 PM or North sky daylight but this condition varies with the time of day, cloud cover, humidity, pollution and is difficult to achieve. Therefore, the use of daylight lamps has been recommended to standardize light conditions and improve the ability of color matching.

**Aim:** The purpose of this observational study was to determine precisely whether hand-held shade matching light influenced more than natural daylight or ambient light on accuracy of visual shade matching procedure.

**Methodology:** Identification codes of four shade guide tabs were concealed and matched with a complete shade guide by dental practitioners. The chosen shade tabs were recorded for the respective lighting conditions and the correct matches were counted. The scores were calculated by adding the number of correct matches and statistical analysis was done.

**Conclusion:** Clinically lighting conditions have a significant influence on accuracy of Visual Shade Matching by Dental Practitioners. Shade matching was found to be more accurate under color corrected light than natural or clinical lighting conditions.

### **38) Dr. HimaniThawale.**

#### **Comparing Marginal Microleakage In Class V Cavities Restored With Flowable Composite And Cention-N Using Confocal Microscope – An In Vitro Study.**

**INTRODUCTION:** -Microleakage is defined as the clinically undetectable passage of bacteria, fluids, molecules or ions between tooth and the restorative material (Journal of International oral health 2014 ). Esthetically Bonded Composites are the most popular choice of material in

restoring non-carious cervical lesions by dental practitioners . However, polymerization shrinkage, the major drawback of resin composite can result in marginal discrepancies causing microleakage and often leading to delayed sensitivity, marginal discoloration, and secondary caries.

A novel restorative material Cention N is an “alkasite”, dual cure material and the present literature states that polymerization shrinkage of this material is relatively lesser than other commercially available restorative materials.

Currently, there is scarcity of literature available on microleakage for the same.

**AIM:-** The aim of the present study was to evaluate the microleakage in class v cavity filled with Flowable Composite resin, and Cention -N.

**MATERIALS AND METHODS:-**Thirty freshly extracted human maxillary premolar teeth free of caries , cracks were included in the study. A standardized class v cavities were prepared on buccal surface of each tooth. Teeth were randomly assigned into two groups.

Group 1:- Restored with flowable composite.

Group 2:- Restored with Cention-N.

All the specimens were subjected to thermocycling.After storage, thermocycling and immersion in 0.6% rhodamine dye solution specimens were sectioned and evaluated for microleakage at the cervical walls using confocal microscope.

**STATISTICAL ANALYSIS &RESULTS:-** Appropriate statistical tests were applied and results showed microleakage of Cention-N was significantly less than that compared of flowable composite.

### **39) Dr. ShrawaniMankar**

#### **IT'S TIME FORPHYTON(FIGHT ON ) CARIES**

Conventional chemicalagentslikechlorhexidine,fluoride used in caries prevention, have got many side effects like staining of teeth, taste aberration, dry mouth,soreness and desquamationespecially in children.Naturalproductslike green tea, garlic, triphala, apple having phytochemicals like polyphenols, flavonoids, tannins have antibacterial efficacy.In-vivo studies have demonstrated the effectiveness ofgreentea&garlic with lime mouth rinse againstS.mutans&Lactobacilli in which latter, was found to be most effective. The effect of 0.6%triphala(mouth rinse) in reduction of plaque has been found to beequivalent to chlorhexidine in children without any sideeffects. In-vitro evaluation of green tea, garlic with lime,triphala&crude extract of whole applehasgiven promising results as anti-cariogenic agents. Further, in-vivo studiesshould be carried out to evaluate the safety and anti-cariogenic efficacy of these herbal agents.

**40) Dr. Avisha Agrawal.**

**Effectiveness of 2 different methods of activation of sodium hypochlorite on its dentinal penetration at 2 different temperatures: A confocal laser scanning microscopic study**

**Aim:** effectiveness of 2 different methods of activation of sodium hypochlorite on its dentinal penetration: A confocal laser scanning microscopy study

**Methodology:** 40 freshly extracted mandibular premolar was collected. Access opening was done on all teeth. Teeth were randomly divided into 4 groups

Group 1- sodium hypochlorite with hand activation

Group 2- sodium hypochlorite with sonic activation

Group 3- warm sodium hypochlorite with hand activation

Group 4- warm sodium hypochlorite with 2 sonic activation

Following irrigation, all roots were sectioned horizontally at 2mm and 5mm from the apex and examined under a confocal laser scanning microscopy.

**Result-**

Irrigant penetration ability was greater in the middle section than in the apical section. Sonic irrigation when used with warm sodium hypochlorite had better penetrability in the dentinal tubules of middle and apical than the conventional irrigation.

41) **Dr. Shrutika Mankar**

### **Presurgical nasoalveolar moulding in cleft lip and palate patient: A Case Report**

#### **Introduction**

Cleft lip and palate are among the most important congenital craniofacial malformations in dental practice. Process of presurgically moulding of the alveolus, lip and nose in infants born with cleft lip and palate. The presurgical nasoalveolar moulding appliance consists of an intraoral moulding plate with nasal stents to mould the alveolar ridge and nasal cartilage concurrently

**Case report:** A male patient of 2 days old with bilateral cleft lip and palate with a complaint of not being able to take breast feeding was referred to the department of pedodontics for opinion and treatment from Neonatal – ICU

After the intraoral evaluation, Impression (putty impression material) were taken to fabricate the grayson's NAM appliance. The molding plate fabricated by hard clear acrylic. Weekly recalls were done to modify the molding. After 5 weeks the nasal stent is added.

**Uniqueness of the case:** This case discusses about appliance design, clinical management and biomechanical principles of nasolaveolarmolding therapy.

42) **Dr. Neha Mundadha.**

### **Evaluation of the level of awareness, current knowledge and opinion towards the post-endodontic restorations among dental practitioners in Central India.**

**Background:** The restoration of endodontically treated teeth (ETT) for rehabilitation as a functional unit of masticatory apparatus is one of the most challenging situations for dental practitioners. It may require a multidisciplinary approach with varied advances in material science and techniques. This survey is aimed to evaluate the level of awareness, current knowledge and opinion towards the post-endodontic restorations among dental practitioners in Central India.

**Methodology:** A descriptive observational study was conducted using Google Doc among 160 dental practitioners across Central India with a response rate of 95.6%.

**Results:** The survey revealed that the most preferred material for core build-up was composite resin (60-82%). Full coverage restoration was the most frequently preferred (64%-68%) final restoration. The endodontic cause was the most frequent reason for RCT failure according to 44.9% of practitioners.

**Conclusion:** Though the practitioners were having knowledge about post-endodontic restorations, they were unaware of the recent conservative approaches.

43)Dr. AyushiPakhale

### **From Halitosis to Carcinogenesis: Science or fiction?**

#### **Abstract:**

Oral malodor, foul-smelling breath is an increasing concern among the population today. Halitosis (oral malodor) exhaled from the oral cavity can be the result of metabolic products of bacteria residing in the oral cavity. Thus, malodorous gas originating in the oral cavity is an indicator of metabolic output of oral microbial communities as a whole. Oral malodorous gases not only result in halitosis but also may indicate pathogenicity of oral microbiota. These metabolic products may partly explain the known association between the habit of drinking alcohol, smoking, poor oral health and prevalence of oral cancer. It is observed that microbial population in the oral mucosa differ between healthy and malignant sites and certain oral bacterial species have been linked with malignancies but evidence of micro flora releasing malodorous gases is still weak and needed to be studied. This poster aimed to uncover the known and unknown aspects of halitosis and its association with carcinogenesis.

44) Dr. Sachin Bengal.

### **Comparative Evaluation Of Surface Roughness And Microhardness Of Bulk-Fill Composites Placed In Artificial Saliva At Three Different pH**

**Aim:**The aim of this study was to evaluate and compare surface roughness and microhardness of Bulk-Fill composites placed in artificial saliva at three different pH.

**Materials and Methods:**45 discs of Bulk-Fill composite were prepared with 2mm thickness and 10mm diameter. Each Group had 15 discs for three different pH values (Group A: 5.5, Group B :- 6.5 And Group C :- 7) And each Group were further subdivided into three Subgroups according to time intervals(n=5)(Subgroup 1:- 7 days, Subgroup 2:- 15 days and Subgroup 3:- 1 month). Before immersion into artificial saliva surface roughness and microhardness of samples was recorded. Discs were immersed in artificial saliva for respective pH and time intervals. After every 24 Hours, artificial saliva was changed. Surface roughness and microhardness of each sample were record by using roughness tester and Microhardness tester respectively, and compared with previous baseline values.

**Results:**Changes in surface roughness of Bulk Fill composite resins after immersion into pH vales 5.5,6.5,7 indicates that surface roughness of Bulk Fill composite resins increases and microhardness decreases. On comparison of groups shows significant effect ( $P < 0.05$ ) . correlation of surface roughness and microhardness shows negative co relation.

45) **Dr. Harsha Sawant**

**GREEN REMEDIES: ROOT CANAL IRRIGANTS.**

**ABSTRACT:**

Sodium hypochlorite (NaOCl) is considered as gold standard due to tissue dissolving action and its potent anti-microbial action. However, it is toxic to peri-radicular tissues. On long term exposure, detrimental effects on flexural strength and elasticity of dentin have been reported. Also, it is inefficient in removal of smear layer.

Due to above concerns, interest has been renewed in search of newer alternatives like herbal irrigants. Natural alternatives like triphala, *M. citrifolia*, *S. persica*, *A. indica*, *O. sanctum*. are available as root canal irrigants. Triphala has shown more antibacterial activity than NaOCl in an in-vitro study done on primary teeth. 7% *M. citrifolia* is as effective as 1% NaOCl, against *E. faecalis* in deciduous molars. Further in-vivo studies need to be carried out to better understand the potential of these herbal alternatives as root canal irrigants.

46) **Dr. Sakshi Bisen**

**“Less is more: revolutionary pediatric endodontics”**

**Abstract:-**

Cleaning and shaping is key step for successful root canal treatment in primary teeth. Evolution of endodontic shaping instruments has occurred over time i.e. hand file to rotary. Hand files are time consuming and can lead to iatrogenic errors. On the other hand, rotary has advantage in pediatric dentistry that it suits shorter attention span for children thus increasing their cooperation. But there is possibility of cross contamination & cyclic fatigue i.e. file separation and fracture thus single file system were introduced.

Single file systems are single use files and thus lower cross contamination and reduced instrument fatigue. Primary reciprocating single file system like Waveone and Reciproc has proved to be faster and safer system with less procedural errors as compared with one shape continuous rotation file.

This poster highlights evolution of biomechanical preparation from hand instruments to rotary and current upcoming trend of single file systems in pediatric dentistry.

47) **Dr. Gauri Juare**

**To evaluate and compare the efficacy of chewable, powered and manual toothbrush for plaque removal in 4-6 year old children: A cross over study**

**Introduction:** Dental plaque is biofilm adhering to tooth surface that is formed by soft deposits in oral cavity consisting of microorganism and their products. Biofilm has been implicated as the chief culprit in the etiopathogenesis of dental caries which gets fully organized with the incorporation of

new organism into it after 1 day to form dental plaque. Uncalcified biofilm can be removed by routine oral hygiene aids. Tooth brushing is commonly used effective oral hygiene method for efficient plaque control. However effective tooth brushing requires certain degree of manual dexterity which increases only with age. The chewable toothbrush (CB) is recent innovation which has been found to be effective in removing significant amount of plaque particularly from lingual surface.

**Aims:** To compare the effectiveness of CB, powered and manual toothbrush for efficient plaque removal in 4-6 year old children.

**Methodology:** Total no of 20 children aged 4-6 years reporting to the department were enrolled in study. This cross over study examined plaque removal efficacy of CB compared to manual and powered toothbrush. After oral prophylaxis had been performed, participants were refrained from brushing for 24 hour prior to next appointment. OHI index and plaque index were recorded prebrushing and postbrushing.

**Results:** Statistical analysis was done using one way ANOVA test and it showed that there was no statistical difference observed between the groups (P=0.942)

**Conclusions:** CB can be used as effective alternative to manual and powered toothbrush in children

#### 48) Dr. Rakshata Sorte

##### **Exciting New Advances in Detection of Oral Cancer.**

**Abstract:** Oral Cancer is one of the most common cancers worldwide. Survival rates for Oral cancer are very poor and have not improved markedly in recent decades, particularly in developing country like India, despite of advances in many therapeutic interventions. Early diagnosis is the most effective way of reducing the individual burden of disease, decreasing morbidity and mortality and improving quality of Life. Advances in molecular biology over the past decades have helped us to enhance our understanding of complex interplay between Genetic, Transcriptional and Translational alterations in cancer. Now-a-days, a number of promising recent technologies have also been proposed to improve the effectiveness in early cancer detection and are rapidly emerging as a powerful tool. This state of the art review provides an overview of comprehensive diagnostic modalities that can be used for early detection, which is crucial for its ultimate control and prevention. Although different levels of success have been achieved but the effective implementation remains largely a challenge.

#### 49) Dr. Rucha Gulhane

##### **Dentigerous cyst with odontoma: a case report.**

**Abstract:** Dentigerous cysts are benign odontogenic cysts that are associated with the crowns of permanent teeth. This is one of the most common types of developmental odontogenic cyst, estimated to be about 20% of all jaw cysts. Odontoma is a benign neoplasm/hamartoma often discovered accidentally on panoramic radiographs. Despite literature reports, dentigerous cysts

arising from odontomas are very rare and could lead to misdiagnosis. We came across a case of a 46 year old male with Pain and swelling in the upper left front region of jaw since 5 months. On the basis of radiographic and histopathological findings the final diagnosis of Dentigerous cyst associated with odontoma was given. However, this uncommon case is presented here because of its rarity in the site of occurrence and its muddled etiological factor.

#### **50) Dr. Rajni Patle**

##### **A study to determine various positioning errors in digital panoramic radiography thereby evaluating diagnostic image quality**

Faulty radiographs have poor diagnostic quality and repetition of such radiographs leads to increased patient exposure to radiation. Since digital panoramic radiography has replaced manual radiography, the only hindrance in producing good quality radiographs are the positioning errors.

**Objectives-**The following study aims to determine the various positioning errors, their relative frequency and identify those errors directly responsible for diagnostically inadequate images.

**Method-** 500 panoramic radiographs taken serially (from the year 2007), were retrospectively assessed for the positioning errors by 3 oral and maxillofacial radiology specialists using a proforma enlisting the errors. The three specialists had different duration of clinical experience and they evaluated the OPG's as diagnostically acceptable or unacceptable. They also observed the relative frequency of all the positioning errors.

**Results-** Out of the 500 panoramic radiographs viewed by the three observers, 25 (5%) had no errors, while 475 (95%) showed one or more positioning errors. The most common error in our study was found to be head turned to one side (avg.-33.8%) and the least common error was patient movement during exposure (avg.-1.8%).

**Conclusion-** Positioning errors are very common in digital panoramic radiography and they lead to production of poor quality radiographs. The operator should take this fact into consideration and spend more time in patient positioning and thereby reduce repetition of radiographs and unwanted patient exposure.

# Abstracts Year Wise of Undergraduate students

**2014-2015**

**1) Dr. Arpita Thakur**

**Computer in Dentistry-A review**

Abstract

It is a computer age. Every corner of medical and dental specially is buzzing with computers. This study deals with the use of computer , in general and its widespread application to various specialities in dentistry. This study covers the basis in computers, its application to all the scientific as well as management of a dental office by means of computers. This presentation is a short survey of what a graduate of dentistry should be aware of in computers.

**2) Dr. Aditi Sharma**

**Dental Internet**

Abstract

The internet is a set of rules foe computer communications that has created an easy access to electronic mail and the World Wide Web. The “Dental Internet” consists of a growing collection of internet resources that deals specifically with the different specialities of dentistry, locating this information, judging its quality and determining its appropriate use. This article presents basic definition for the internet, some characteristics of the Dental Internet, guidance on how to locate information and what the future of Dental Internet holds.

**3) Dr. Yogeshwari Rathod**

**Management of space infection in general dentalpractice**

Space infections are still very common complications of dental diseases. Main reasons for space infection are lack of awareness and poverty. Being a dentist, we are often at the first clinician to diagnose these patients. This paper will discuss practical anatomy, diagnosis and chair side management of facial space infections.

**4) Dr. Divya Makhijani**

**Role Of Antimicrobial Agents In Dental Treatment**

## Abstract

In hospital dental practice a condition associated with Periodontally involved teeth with deep pockets and bad halitosis is frequently diagnosed, such conditions are treated by scaling and curettage. Even after thorough treatment certain localized areas are associated with purulent discharge and a bad taste feeling. Local application of antimicrobial agents reduces the localized discharge and improves gingival condition. This article presents a few of such cases.

### 5) **Dr. Ankita Gabhane**

#### **Metal Free Ceramics**

## Abstract

The aim of this paper is to review the history of ceramic in brief followed by a review of the application of metal free ceramics. Merits and demerits of various systems in market will also be discussed followed by an insight into what the future holds for us.

### 6) Dr. Chinmayee Dahihandikar

#### **DENTAL UNIT WATERLINE CONTAMINATION:-PREVENTIVE MEASURES.**

## Abstract

Background and overview: - The quality of water in dental units is of considerable importance because both patients and dental staff are regularly exposed to water and aerosol generated by dental unit. The cause of microbial dental unit waterline contamination may be the water delivered to the unit, working handpieces of a unit and the biofilm present in the waterline. The contamination may range from  $1 \times 10^3$  to  $1.6 \times 10^8$  Colony forming units/ml.

Clinical implications: - Exposure to water containing high number of bacteria violates the basic principle of clinical infection control. The medical risk from the microbial contamination of water is most significant to immunosuppressed individuals. Patients and clinicians temporarily compromised by infection and stresses may also be at risk of infection. Thus dentists should consider available options for improving the quality of water used in dental treatment

Conclusions:- Though properly documented instances of illness originating from dental office are few, water that does not meet potable water standards is inappropriate for use in dentistry. The current approaches for prevention of this problem like waterline flushing, independent reservoirs etc. are addressed here.

7) Dr. Shriya Sahu

PERIO-AESTHETIC REJUVENATION: PERIODONTAL TREATMENT MODALITIES IN ENHANCING THE ANTERIOR ESTHETIC ZONE.

Abstract

Today, the shift in the clinical paradigm of periodontal treatment has created an environment in which aesthetic periodontal procedures are, in many practices, as common as restorative therapy once was. However, consistency of results, reliability of treatment modalities and long term prognosis require a scientific approach to therapeutic procedures. As the pace of change accelerates in periodontics and aesthetic dentistry, an increasing number of procedures are being developed that require knowledge and treatment from both the fields. The synergy developed by combining these two fields of dentistry allows for better aesthetic outcomes for patients. The most common problems faced by periodontists these days, concerned with the dental aesthetics are: recession, short clinical crowns, and excessive display of gums, dark pigmented gingivae and loss of papillae with black triangles. Various treatment modalities which are employed for improving periodontal aesthetics in these patients are root coverage procedures, aesthetic crown lengthening, papillary reconstruction, gingival veneers and gingival depigmentation. This paper presents a case series of periodontal plastic surgical techniques which enhance perio-aesthetics of patients.

8) Dr. Parimal Dahale

PERIODONTAL FLAP FOR TREATMENT OF GINGIVAL ENLARGEMENT

Abstract

Surgical treatment of Gingival Enlargement includes Gingivectomy or Flap Surgery. Gingivectomy has traditionally been used in cases where there is adequate width of attached gingiva and no bony defects. It has many disadvantages like patient discomfort due to exposed wound, increased bleeding etc. Undisplaced flap also known as Internal Bevel Gingivectomy overcomes these problems by ensuring primary closure using sutures. It is the technique of choice in cases with inadequate attached gingiva and in cases where there is need for osseous surgery.

In this Paper I will present a Case Series of Gingival Enlargements treated surgically by using Undisplaced Flap Technique.

9) Dr. Ajinkya Nampelliwar

PROBIOTICS-A NEW HORIZON IN CLINICAL PERIODONTOLOGY

Abstract

Increase in antibiotic resistant infections due to overuse of antibiotics by physicians, has

prompted public and physicians to seek safer ways to treat infections. One of such means is use of probiotics. Probiotics are friendly bacteria have beneficial effects on human health. Some of the beneficial effects of probiotics on human health are elimination of lactose intolerance, antidiarrheal, immunomodulatory, anti-carcinogenic, and antihypertensive. Probiotics are beneficial for oral health in prevention and treatment of dental diseases like periodontal diseases, dental caries, and yeast infections etc. probiotics products help in stimulating health promoting flora and also suppressing the pathological colonization and disease spread. The application of selected beneficial bacteria as an adjunct to scaling and root planing would prevent the periopathogenic recolonization of periodontal pocket thus achieves and maintains periodontal health. In this paper we will revealed the effects of probiotics in prevention of oral and periodontal disease.

#### **10) Dr. Anjali Shinde**

##### GINGIVAL DEPIGMENTATION- A CASE SERIES

###### **Abstract**

A smile expresses a feeling of joy, success, sensuality, affection and courtesy, and reveals self confidence and kindness. The harmony of the smile is determined not only by the shape, the position and the color of the teeth but also by the gingival tissues. Gingival health and appearance are essential components of an attractive smile. Gingival pigmentation results from melanin granules, which are produced by melanoblasts. The degree of pigmentation depends on melanoblastic activity. Although melanin pigmentation of the gingiva is completely benign and does not present a medical problem, complaints of 'black gums' are common particularly in patients having a very high smile line (gummy smile). For depigmentation of gingiva different treatment modalities have been reported like- Bur abrasion, scraping, partial thickness flap, cryotherapy, electrosurgery and laser. In the present case series bur abrasion, scraping, partial thickness flap (epithelial excision) electrosurgery have been tried for depigmentation, which are simple, effective and yield good results, along with good patient satisfaction.

#### **11) Dr. PratikshaSahare**

##### A CASE REPORT PRESENTING “ABNORMAL PLATELET COUNT & PERIODONTAL DISEASE”

###### **Abstract**

Undiagnosed and untreated bleeding disorders in women have negative impact on their health and quality of life. Women with bleeding disorders are likely to be symptomatic due to excessive bleeding with menstruation, ovulation, and child birth. Studies have documented increased morbidity due to excessive bleeding in girls and women. Researchers have shown that changes in periodontal conditions might be associated with variations in sex hormone levels.

Presenting, An interesting case report of abnormal platelet count in a young female patient with gingival overgrowth.

12) **Dr. Snehal Kadam**

**HERPES LABIALIS: A CASE REPORT**

Abstract

Herpes labialis is an infection of the lips, mouth or gums with the herpes simplex virus- 1. It leads to the development of small, painful blisters commonly called cold sores or fever blisters. The following is a case report of primary herpes labialis in which the patient was followed up with a normal outcome.

13) **Dr. Aayushi Bhatia**

**CORRECTION OF LOCALIZED MARGINAL TISSUE RECESSION BY LATERALLY DISPLACED FLAP**

Abstract

Gingival recession (marginal tissue recession) is an intriguing and complex phenomenon. It frequently disturbs patients because of sensitivity and aesthetics. Many surgical techniques have been introduced to treat gingival recession, which may be broadly classified as pedicle soft tissue graft procedures and free soft tissue graft procedures.

One of the standard techniques of pedicle graft procedure is the lateral sliding flap. This technique was introduced by Grupe and Warren in 1956. An objective of this procedure is to halt recession and to restore denuded area cosmetically with attached gingiva. This technique is indicated in areas where there is gingival recession that is narrow, adjacent to which a wide band of attached gingiva exists which can be used as the donor site

In this presentation, a few cases of isolated marginal tissue recession treated by laterally displaced flap technique are reported. The advantages and disadvantages of the technique are also discussed.

14) **Dr. Ayesha Sayyed**

**FREE GINGIVAL GRAFT AND ITS PREDICTABILITY**

Abstract

Abnormal tooth alignment is an important cause of gingival deformities that require corrective surgery and also an important factor in determining the outcome of treatment. The location of gingival margin, width of the attached gingiva and alveolar bone height and thickness are all

affected by tooth alignment. Orthodontic correction is indicated when mucogingival surgery is performed on malposed teeth in an attempt to widen the attached gingival or to restore the gingiva over denuded roots. Although we have many mucogingival procedures to restore denuded root surface, but each individual procedure has showed variation in terms of predictability is concerned. Here is a case report of early class III gingival recession treated with free gingival graft procedure with predictable amount of root coverage.

**2015-16**

**1) Dr. Vishakha Sacchani**

**Fear Assessment in Pediatric Dental Practice using Facial Image Scale**

Abstract

Dental fear and its corresponding anxiety has been posing various problems in management strategies especially in pediatric age group. The adverse effect of which can be carried over into adulthood, which in turn can lead to total avoidance of dental treatment and a deterioration in oral health consequently.

**2) Dr. Simran Dewani**

**Shade Matching In Prosthodontics**

Abstract

Esthetics in dentistry requires the artistic skills of balancing illusion with reality. For this, one should understand factors such as color, light, etc. An understanding of the nature of the light and how the eye perceives and the brain interprets light as color is important for successful restorations, errors in which can be a problem in these procedures and are a source of frustration for the dentist and the technician and source of dissatisfaction to the patient. This presentation concentrates on various methods and techniques of shade selection used in prosthodontics.

**3) Dr. Surbhi Patil**

**Uncomplicating Pediatric Dentistry**

Abstract

Children are not little adults. They differ physically, physiologically and emotionally, are more vulnerable to environmental changes. They are generally more fearful to potentially new and threatening conditions, and that is absolutely normal. As adults, it is our responsibility to provide children with a happy and healthy environment. This is precisely a responsibility for dentist as well. Dental caries is one of the most prevalent findings in children. With drastically evolving and exciting food and beverages choices, due to growing trends in international cuisines finding local acceptability worldwide, we find today that more children are finding dental care necessary. With this growing need and growing awareness of parents for dental care and hygiene in children, there is clearly an increasing need of more pediatric dentists. Less on the jargon and more on the specifics, here are some basic rules to treat a child patient effectively and to carve a great pediatric dental practice.

#### 4) **Dr. Nirzar Burande**

##### **Tooth Fragment Reattachment: An Esthetic, Biological Restoration**

###### Abstract

Coronal fractures of the anterior teeth are a common form of dental trauma. If the original tooth fragment is retained following fracture, reattachment of the fractured fragment to the remaining tooth can provide better and long lasting esthetics, improved function, a positive psychological response and a faster and a less complicated procedure. This paper reports on coronal fracture cases that have been successfully treated using adhesive reattachment technique.

#### 5) Dr. Aditi Sharma

##### **DIODE LASER IN PERIODONTAL THERAPY**

###### Abstract

For many intraoral soft-tissue surgical procedures the laser has become a desirable and dependable alternative to traditional scalpel surgery. Surgical lasers rapidly are becoming part of the periodontal armamentarium. This paper discusses the different procedures like pocket sterilization, frenectomy, depigmentation, excision in which diode laser is used. These laser-assisted periodontal surgical procedures are explained, healing and prognosis discussed.

6) Dr. Aasiya Ansari

### OZONE - A NOVEL THERAPEUTIC APPROACH

Abstract

Ozone is an extremely powerful oxidant with potent bactericidal, sporicidal and viricidal properties. It is an extremely unstable, but highly beneficial molecule. It forms part of the natural gas that surrounds the earth at high altitude and protects the world's population from excessive ultra-violet radiation. Ozone quickly dissipates in water and kills micro-organisms via a mechanism involving the rupture of their membranes. Bacterial plaque is considered as a major etiological factor for periodontal disease. Plaque initiates gingival inflammation which progresses to destruction of periodontal tissues. Ozone leads to oxidative consumption of human plaque biomolecules via decarboxylation of plaque pyruvate generating acetate and carbon-dioxide as byproducts. Ozone acts as a strong oxidizer to cell wall and cytoplasmic membrane of bacteria in the plaque. It oxidizes volatile sulphur compound precursor methionine to its corresponding sulphoxide and thus prevents malodor. It can be inferred that Ozone therapy may provide a novel approach to treatment of periodontal diseases offering an alternative to conventional treatment.

7) Dr. Shreyasi Jogi

### TOOTH BRUSH AND GINGIVA- FRIEND OR FOE ?

Abstract

Gingival recession is characterized by the displacement of the gingival margin apical to the cemento-enamel junction. Gingival recession can be localized or generalized. The occurrence of gingival recession is multifactorial. One of the common causes of recession can be due to improper brushing habit which may include improper technique or improper selection of oral hygiene aid. The poster highlights cross-sectional study investigating the brushing technique and occurrence of gingival recession in randomly selected subjects' age ranging between 18-50 yr. The data collected was compiled and statistically analyzed.

8) Dr. Rashmi Bhitre

### PERIO-ESTHETICS: THE EDGE OF A NEW FRONTIER

Abstract

Periodontics is both an art and a science. The modern paradigm for periodontal surgery has significantly changed since the last couple of years. Dental esthetics has altered the way we view our cases. Esthetics is derived from the Greek aesthesis, meaning perception. No longer do we treat cases without consideration being given to the facial, dentofacial, and dentogingival elements, especially in the esthetic zone. Procedures like Crown lengthening, guided tissue regeneration, Cosmetic root coverage and gingival augmentation, Ridge augmentation, socket preservation, papillary reconstruction, microsurgery have been developed and refined to maintain, augment, and alter the dentogingival elements for achieving satisfactory esthetic result. It has often been stated that the eyes are the windows to the soul. If that is the case, the dentofacial complex or mouth is the key to defining an individual's dynamic personality. The

lips are the largest and most mobile part of facial complex and the key facial element when viewed by others. Is it any wonder, then, that an unsightly smile can have a profound negative impact on an individual's personality, outlook, emotions, and relationships with others? Therefore, the primary goal of esthetic dental treatment is the restoration of natural, healthy and esthetic appearance from an otherwise damaged dentition (Rifkin, 2000). As the pace of change accelerates in periodontics and esthetic dentistry, an increasing number of procedures are being developed that require knowledge and treatment from both fields. The synergy developed by combining these two fields of dentistry allows for better esthetic outcomes for our patients.

## **9) Dr. Jayshree Kanan**

### **MANAGEMENT OF GENERALIZED AGGRESSIVE PERIODONTITIS**

#### **Abstract**

Aggressive periodontitis comprises a group of rare, often severe, rapidly progressive forms of periodontitis often characterized by an early age of clinical manifestation and a distinctive tendency for cases to aggregate in families. A 17 year old male patient reported to department with chief complaint of spacing between upper anterior teeth. There was positive family history with no underlining systemic involvement. On clinical examination there were deep periodontal pockets around molars and incisors with minimal plaque deposition. Radiographically there was severe angular bone loss around molars and incisors. Based on history, clinical & radiographic findings a diagnosis of generalized aggressive periodontitis was made. Initially systemic antibiotic coverage & phase I therapy was planned, followed by regenerative surgical procedure for the periodontal bone defects.

## **10) Dr. Anuja Tamane**

### **WHEN PERIO WHEN IMPLANTS ?**

#### **Abstract**

Maintaining natural teeth in health, function, and esthetics is a primary goal of dentistry. In the past, the maintenance of a natural tooth was paramount, because tooth replacement techniques were costly and not as predictable as repairing the natural tooth. The success of osseointegrated dental implants has added a new dimension to periodontal treatment planning, with a high long-term success rate of 78% to 100%. Also periodontal procedures may have a lower success rate or poorer cosmetic result compared to an implant to replace the tooth. The severity of a periodontal problem may be such that extraction should be considered as the treatment choice to solve the disease. Herodontics are discouraged when the prognosis is poor or failure of treatment may result in inadequate bone for implant placement. Implants should also be considered as an alternative when more expensive procedures are contemplated in an attempt to save or maintain a compromised tooth. Traditional methods to save a tooth have increased in cost over the years. Although in some cases unsuccessful periodontal treatment and continued bone loss may render the remaining bone inadequate for placement of predictable implants. As a result, consideration is given to the predictable aspects of periodontal therapy. Decision analysis holds great promise

for aiding providers and patients in shared decision making regarding the retention or replacement of diseased teeth with implant-supported dental prostheses. By quantifying outcomes for alternative treatments it may help to identify the most appropriate care for individual patients based on utility and costs and thereby mitigate under-treatment and over-treatment.

#### 11) Dr. Rashmi Bele

### **PERIO-ESTHETICS IN RELATION TO: GOLDEN PROPORTION**

#### Abstract

The dentofacial complex is the key to defining an individual's dynamic personality. Esthetics has become increasingly important in the practice of modern dentistry and is synonymous with a natural harmonious appearance. It influences to a large extent the social acceptance and well being of the individual. A more esthetically pleasing face generally is more symmetrically and better proportional than one that is less esthetically pleasing. Esthetics is the creative manipulation and enhancement of one of the most human of all characteristics, "THE SMILE". The purpose of this study was to determine the "GOLDEN PROPORTION" in a group of subjects who are periodontally healthy and has an ideal occlusion without any abnormalities (crowding, spacing, restorations & missing teeth). The study group includes 25 males and 25 females with an age range of 20-25 years. Golden proportion is assessed in the maxillary anteriors. After a prolonged study, I conclude by saying that even though the person is having a periodontally healthy & good teeth alignment without any abnormalities. The SMILE is not considered as an esthetic smile until unless the ratio of the anterior teeth does not approximate the GOLDEN PROPORTION RATIO.

#### 12) Dr. Anjali Shinde

### **SURGICAL TECHNIQUES FOR ROOT COVERAGE IN GINGIVAL RECESSION**

#### Abstract

Exposure of the tooth by the apical migration of the gingiva is called gingival recession or atrophy. Gingival recession is a common finding. The prevalence, extent and severity of gingival recession increases with age and are more prevalent in males. The severity of recession is determined by the actual position of the gingiva not its apparent position. Recession refers to the location of the gingiva not its condition. Receded gingiva can be inflamed but may be normal except for its position. Recession can be localized to one tooth or group of teeth or it may be generalized throughout the mouth. The following etiological factors have been implicated in gingival recession: faulty tooth brushing technique (gingival abrasion), tooth malposition, friction from soft tissues (gingival ablation), gingival inflammation, abnormal frenum attachment and iatrogenic dentistry. Exposed root surfaces are susceptible to caries, hyperemia of the pulp and associated symptoms. Interproximal recession creates oral hygiene problems and resulting plaque accumulations. The predictability of root coverage can be enhanced by the presurgical examination and correlation of the recession by using the classification proposed by MILLER. The following is list of techniques used for gingival augmentation coronal to the recession (root

coverage) 1.Free Gingival Autograft. 2.Free Connective Tissue Autograft. 3.PedicleAutografts. .Laterally (Horizontally)positioned flap. .Coronally positioned flap includes Semilunar Pedicle(TARNOW). 4.Subepithelial Connective Tissue Graft(LANGER). 5.Guided Tissue Regeneration. 6.Pouch and Tunnel Technique.

13) Dr. Shivani Bonait

**PRF: A MAGIC CARPET TO REGENERATION!!**

Abstract

Currently, the treatment of gingival recession has become an important therapeutic issue due to increasing demand for good aesthetic root coverage. Although connective tissue autograft remains the gold standard for periodontal plastic surgery, unfortunately it requires a second surgical site and increases patient morbidity. Therefore the search for easy and effective alternatives is on. The use of Platelet rich fibrin (PRF), a concentrated suspension of growth factors found in platelets is a recent innovation in dentistry. It acts as an interpositional membrane and provides growth factors which play an important role in periodontal regeneration. This e poster showcases a case report highlighting a novel technique of root coverage using platelet rich fibrin (PRF).

2016-2017

1) Dr.Sanjana Agrawal

**SCOPE OF CHAIR SIDE DIAGNOSIS**

Abstract

Periodontal diagnosis is routinely made by clinical examination with radiographic interpretation and use of laboratory investigations. These methods of examinations are not sufficient enough to explain periodontal disease status. Recent advances in the technology makes better understanding of disease activity and current available chairside diagnostic aids makes the periodontist to assess the disease status by using various biochemical markers and bacteria identification. This poster presentation is highlighting the importance of chairside diagnostic aids for current day today practice.

2) **Dr. BhubneshwariBhalme**

**COUNSELLING: KEY TO A HEALTHY PERIODONTIUM**

#### Abstract

Bacterial plaque , which is inevitably present in the oral cavity , is the etiological factor causing various diseases affecting the periodontium. To achieve a healthy periodontium it is of utmost importance to remove this local irritating factor – ‘PLAQUE’ To reach this goal patient has to be well motivated for maintenance of his oral hygiene post his treatment. This makes it essential to educate the patient and demonstrate him various oral hygiene methods , to suit his dentition. Thus to achieve this goal it is necessary to thoroughly motivate the patient through personal counseling. Excellent patient compliance is absolutely necessary for successful long term therapy. While social , cultural , behavioral and economic factors have been implicated as determinants in patterns of patient compliance , the influence of counseling on the patient’s motivation cannot be neglected. With this aim in mind , an attempt is made to take out some more time for counseling the patient and see the effect of counseling on the patient’s oral hygiene status.

#### 3) Dr. Apurva Lambat

##### HERPES LABIALIS: A CASE REPORT

#### Abstract

Herpes labialis is an infection of the lips, mouth or gums with the herpes simplex virus- 1. It leads to the development of small, painful blisters commonly called cold sores or fever blisters. The following is a case report of primary herpes labialis in which the patient was followed up with a normal outcome.

#### 4) Dr. DhanashreeMainde

##### MULTIDISCIPLINARY APPROACH

#### Abstract

The ultimate utilization of the expertise and skills in the various dental disciplines is called multidisciplinary approach. It is a combination of regimental diagnosis, treatment planning and therapeutic procedures with extensive communication between team members. Many controversies and confusion exists regarding multidisciplinary therapy. A few cases managed through multidisciplinary approach is discussed in this paper.

#### 5) Dr.Simran Tupkari

##### Calibrated interdental brushing for the prevention of periodontal pathogens infection in young adults - a randomized controlled clinical trial

#### Abstract

Periodontal disease is clearly correlated with systemic disease. The presence of periodontal pathogens in interdental spaces in young, healthy adults is a strong indicator of the need to introduce daily interdental prophylaxis. In the test sites, the quantity of total bacteria decreased over time with the use of IDBs. These percentages decreased by 85% in 3 months for the test sites and by 27% in the control sites.

6) Dr. Sakshi Pathak

#### PREVENTION OF PERI IMPLANT DISEASES – SOMETHING OLD SOMETHING NEW

Abstract

As the uses of dental implants are on the rise, there is more incidences of peri implant diseases also. From a periodontal point of view, we always come across issues regarding maintenance of implants and prevention of peri implant diseases. Proper maintenance of implants always prevents development of peri implant diseases. For this, there are a variety of conventional and advanced aids which can be professionally and personally used. This presentation highlights this aspect of the issue regarding prevention of peri implant diseases

7)Dr. LaxmikantHedau

#### FREE GINGIVAL GRAFT AND ITS PREDICTABILITY

Abstract

Abnormal tooth alignment is an important cause of gingival deformities that require corrective surgery and also an important factor in determining the outcome of treatment. The location of gingival margin, width of the attached gingiva and alveolar bone height and thickness are all affected by tooth alignment. Orthodontic correction is indicated when mucogingival surgery is performed on malposed teeth in an attempt to widen the attached gingiva or to restore the gingiva over denuded roots. Although we have many mucogingival procedures to restore denuded root surface, but each individual procedure has showed variation in terms of predictability is concerned. Here is a case report of early class III gingival recession treated with free gingival graft procedure with predictable amount of root coverage

8)Dr. Aasiya Ansari

#### SURGICAL TECHNIQUES FOR ROOT COVERAGE IN GINGIVAL RECESSION

Abstract

Exposure of the tooth by the apical migration of the gingiva is called gingival recession or atrophy. Gingival recession is a common finding. The prevalence, extent and severity of gingival recession increases with age and are more prevalent in males. The severity of recession is determined by the actual position of the gingiva not its apparent position. Recession refers to the location of the gingiva not its condition. Receded gingiva can be inflamed but may be normal except for its position. Recession can be localized to one tooth or group of teeth or it may be generalized throughout the mouth. The following etiological factors have been implicated in gingival recession: faulty tooth brushing technique (gingival abrasion), tooth malposition, friction from soft tissues (gingival ablation), gingival inflammation, abnormal frenum attachment and iatrogenic dentistry. Exposed root surfaces are susceptible to caries, hyperemia of the pulp and

associated symptoms. Interproximal recession creates oral hygiene problems and resulting plaque accumulations. The predictability of root coverage can be enhanced by the presurgical examination and correlation of the recession by using the classification proposed by MILLER. The following is list of techniques used for gingival augmentation coronal to the recession (root coverage) 1. Free Gingival Autograft. 2. Free Connective Tissue Autograft. 3. Pedicle Autografts. . Laterally (Horizontally) positioned flap. . Coronally positioned flap includes Semilunar Pedicle (TARNOW). 4. Subepithelial Connective Tissue Graft (LANGER). 5. Guided Tissue Regeneration. 6. Pouch and Tunnel Technique.

## **9) Dr. Kalyani Deshmukh**

### **DISTRACTION OSTEOGENESIS**

#### **Abstract**

A crude method of distraction osteogenesis first appeared in the literature in 1905, and was described by Codivilla, who used the technique to elongate the femur. In 1992, McCarthy reported a series of 4 young patients, who underwent gradual distraction of the mandible without grafting, transfusion or intermaxillary fixation. The Distraction osteogenesis, also called callus distraction, callotaxis and osteodistraction is a surgical process used to reconstruct skeletal deformities and lengthen the long bones of the body. A corticotomy is used to fracture the bone into two segments, and the two bone ends of the bone are gradually moved apart during the distraction phase, allowing new bone to form in the gap. When the desired or possible length is reached, a consolidation phase follows in which the bone is allowed to keep healing. Distraction osteogenesis has the benefit of simultaneously increasing bone length and the volume of surrounding soft tissues. Distraction osteogenesis is now a feasible treatment option for adults and children with unilateral or bilateral mandibular hypoplasia. It is a treatment option for widening an excessively narrow mandible. The aim of my present case is to increase the height of mandibular anterior alveolar ridge in order to get adequate height of alveolar bone for the successful placement of implants

## **10) Dr. Shriya Sahu**

### **HERBES IN THE POCKET - A PREVENTIVE APPROACH**

#### **Abstract**

Local drug delivery (LDD) systems are designed to deliver agents locally into periodontal pocket and maintain them for significant period of time. Current LDD systems deliver antimicrobial agents like chlorhexidine, tetracycline derivatives, metronidazole, etc which are associated with certain adverse effects which may negatively influence the quality of life during treatment. Herbal (Natural) products are excellent alternative for these conventional periodontal therapeutic agents as they do not pose any threat to the local environment. These include extracts of eucalyptus, bloodroot, neem leaf, chamomile and many other agents which have excellent anti-inflammatory and antimicrobial properties. Routine use of these agents can serve to prevent the onset and progression of gingival and periodontal diseases. This poster schematically depicts the rationale, pharmacodynamics and proposed formulations of these agents.

## 11) Dr. Shruti Ande

### **ORTHODONTICS:- A PERIODONTAL PERSPECTIVE- ALLY OR ADVERSARY**

#### Abstract

An increasing number of periodontally compromised patients are now seeking orthodontic treatment. The loss of periodontal attachment can result in varying degrees of teeth malpositions and patients present with the mere desire to improve their appearance. A careful periodontal diagnosis thus becomes mandatory prior to any orthodontic therapy for reinstating a healthy Periodontium devoid of any active inflammatory disease. An orthodontic therapy that carefully monitors the Periodontium can yield wonderful results. On the other hand careless, unmonitored and indiscriminate use of orthodontics can compromise periodontal health and hamper the outcome of orthodontic therapy. Here We present a few cases that shed light on the importance of proper diagnosis and constructive interdisciplinary approach for the successful orthodontic therapy in periodontally compromised dentition.

## 12) Dr. Barkha Boneja

### **NONSURGICAL PERIODONTAL THERAPY...IS IT STILL THE GOLD STANDARD?**

#### Abstract

Gingivitis and periodontitis are primarily bacterial infections caused by diverse groups of microorganisms. The microbiologic etiology of periodontal disease has been confirmed by numerous studies conducted over the years. It is beyond question that dental plaque is the main etiologic factor in the pathogenesis of periodontal diseases. However, recent advances have modified our concepts regarding the etiology of these diseases. Several other aspects including genetic, host and environmental factors modulate the course of periodontal infections and this information has directed periodontal research into many basic, but complicated, mechanisms at molecular and cellular levels. Advances in research have also led to the development of equipment and modifications in treatment protocols. However, the basic approach to periodontal infections has always been and remains the removal of supra- and subgingival bacterial deposits by scaling and root planing. Conventional nonsurgical periodontal therapy consists of mechanical supra- and subgingival tooth debridement and instruction in self-administered oral health care measures. These measures are directed towards reducing the bacterial load and altering the microbial composition towards a flora more associated with health. Nonsurgical mechanical periodontal treatment is the cornerstone of periodontal therapy and the first recommended approach to the control of periodontal infections. Although nonsurgical periodontal therapy has evolved over the years, it is still considered to be the “gold standard” to which other treatment methods are compared. This poster thus presents a case series of patients managed by non surgical periodontal therapy and hence proving that nonsurgical periodontal therapy is still the “gold standard”.

13) Dr. Nikita Keshwani

### **ANATOMICAL FACTORS AFFECTING INDIVIDUAL TOOTH PROGNOSIS**

#### Abstract

Prognosis is the forecast which is established after the diagnosis is made and before the treatment plan is established. It is a prediction of the probable course, duration and outcome of a disease based on general knowledge of the pathogenesis of the disease and presence of risk factors for the disease. Prognosis helps in formulating a treatment plan and various factors need to be considered while determining the overall and individual tooth prognosis. The anatomic factors that predispose the periodontium to disease should be considered while determining individual tooth prognosis. Such factors include presence of short, tapered roots with large crowns, cervical enamel projections, enamel pearls, intermediate bifurcation ridges, root concavities, developmental grooves, root proximity and location and anatomy of furcations. Prognosis is poor for teeth with short, tapered roots and relatively large crown due to disproportionate crown to root ratio and reduced root surface available for periodontal support. The presence of enamel projections on the root surface interferes with attachment apparatus thereby having a negative effect on tooth prognosis. Root concavities usually observed on maxillary first premolar, mesiobuccal root of maxillary first molar, roots of mandibular first molar and mandibular incisors are plaque retentive factors which have a negative impact on tooth prognosis. Other anatomic considerations like developmental grooves, root proximity and furcation involvement present accessibility problems and worsen the individual tooth prognosis. Thus all these factors are detrimental and should be considered before formulating individual tooth prognosis.

14) Dr. Anuja Tamane

### **FREE GINGIVAL GRAFT AND ITS PREDICTABILITY**

#### Abstract

Abnormal tooth alignment is an important cause of gingival deformities that require corrective surgery and also an important factor in determining the outcome of treatment. The location of gingival margin, width of the attached gingiva and alveolar bone height and thickness are all affected by tooth alignment. Orthodontic correction is indicated when mucogingival surgery is performed on malposed teeth in an attempt to widen the attached gingiva or to restore the gingiva over denuded roots. Although we have many mucogingival procedures to restore denuded root surface, but each individual procedure has showed variation in terms of predictability is concerned. Here is a case report of early class III gingival recession treated with free gingival graft procedure with predictable amount of root coverage

**2017-2018**

**1) Dr. Rashmi Maundekar**

**Computer in Dentistry-A review**

Abstract

It is a computer age. Every corner of medical and dental specially is buzzing with computers. This study deals with the use of computer , in general and its widespread application to various specialities in dentistry. This study covers the basis in computers, its application to all the scientific as well as management of a dental office by means of computers. This presentation is a short survey of what a graduate of dentistry should be aware of in computers.

**2) Dr. Anusha Sharma**

**TOOTH BRUSH AND GINGIVA- FRIEND OR FOE ?**

Abstract

Gingival recession is characterized by the displacement of the gingival margin apical to the cementoenamel junction .Gingival recession can be localized or generalized .The occurrence of gingival recession is multifactorial. One of the common causes of recession can be due to improper brushing habit which may include improper technique or improper selection of oral hygiene aid. The poster highlights cross- sectional study investigating the brushing technique and occurrence of gingival recession in randomly selected subject's age ranging between 18-50 yr. The data collected was compiled and statistically analyzed.

**3) Dr. Shikha Chhangani**

**SCOPE OF CHAIR SIDE DIAGNOSIS**

Abstract

Periodontal diagnosis is routinely made by clinicialexaminationwith radiographic interpretation and use of laboratory investigations. These methods of examinations are not sufficient enough to explain periodontal disease status. Recent advances in the technology makes better understanding of disease activity and current available chairside diagnostic aids makes the periodontist to assess the disease status by using various biochemical markers and bacteria identification. This posterpresentation is highlighting the importance of chairside diagnostic aids for current day today practice.

#### **4) Dr. Anjali Ahuja**

##### **Dental Internet**

-Abstract

The internet is a set of rules for computer communications that has created an easy access to electronic mail and the World Wide Web. The “Dental Internet” consists of a growing collection of internet resources that deals specifically with the different specialities of dentistry, locating this information, judging its quality and determining its appropriate use. This article presents basic definition for the internet, some characteristics of the Dental Internet, guidance on how to locate information and what the future of Dental Internet holds.

#### **5) Dr. Mrunalini Kadam**

##### **Metal Free Ceramics**

Abstract

The aim of this paper is to review the history of ceramic in brief followed by a review of the application of metal free ceramics. Merits and demerits of various systems in market will also be discussed followed by an insight into what the future holds for us.

#### **6) Dr. Prajakta Malode**

##### **AESTHETICS - ONLY FACIAL OR SOMETHING MORE**

Abstract

The beauty of a person lies not only on the facial appearance but the adjuvant effect of the facial as well as the dental aesthetics. One of the most neglected aspects of the smile is the gingival pigmentation. The colour and display rate of the gingiva when smiling is an essential part of overall aesthetics in today's high cosmetic expectations. Since brown-black melanosis lesions mostly involve anterior gingiva, it can cause an un-aesthetic smile. Gingival hyperpigmentation is a major concern for the younger patients. Melanin pigmentation of the gingiva is of endogenous origin caused by excessive deposition of melanin. It is more frequently observed in some races such as African, Asian, and Mediterranean populations due to the melanocytic activity, as both dark and light skinned subjects have similar amounts of melanocytes in the gingiva. Many attempts have been made in the past to answer this cosmetic demand by using various techniques. The objective of this study is to determine the efficacy of diode laser and gingival scraping using surgical blade for the treatment of gingival hyperpigmentation and to

compare the efficacy of both techniques and the rate of repigmentation to solve the problems of pigmentation.

**7) Dr. Sanjana Agrawal**

**Fear Assessment in Pediatric Dental Practice using Facial Image Scale**

Abstract

Dental fear and its corresponding anxiety has been posing various problems in management strategies especially in pediatric age group. The adverse effect of which can be carried over into adulthood, which in turn can lead to total avoidance of dental treatment and a deterioration in oral health consequently.

**8) Dr. Prachi Sorte**

**Tooth Fragment Reattachment: An Esthetic, Biological Restoration**

Abstract

Coronal fractures of the anterior teeth are a common form of dental trauma. If the original tooth fragment is retained following fracture, reattachment of the fractured fragment to the remaining tooth can provide better and long lasting esthetics , improved function, a positive psychological response and a faster and a less complicated procedure. This paper reports on coronal fracture cases that have been successfully treated using adhesive reattachment technique.

## 9) Dr. Bushra Siddique

### **Endodontic instrument fracture: causes and prevention**

#### Abstract

Endodontic file fracture has traditionally been considered an uncommon event; however, a recent perception of increased fracture incidence with rotary nickel-titanium (NiTi) instruments has emerged. It is essential for the clinician to understand the likelihood of instrument fracture and the reasons for this unfortunate occurrence. Removal of fractured files is both technically difficult and time consuming and therefore it is of key importance to limit the probability of fracture. Over the last ten years, a range of NiTi alloy modifications have been made by instrument manufacturers, with varying reports of success, in an attempt to reduce the likelihood of file separation. The aim of this review was to investigate the incidence and aetiology of file fracture as well as analysing recommended prevention protocols.

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## 10) Dr. Aishwarya Thorat

### **Can audit improve patient care and treatment outcomes in endodontics?**

#### Abstract

Clinical audit is part of the NHS clinical governance framework for dentistry and is recommended as a quality improvement process for patient care, yet there is very mixed evidence supporting audit's ability to produce change in practice. Findings show evidence of changes following audit which improved patient care and practice efficiency. However, there is a general lack of dissemination of audit results, little useful feedback provided to participants, limited use of formal re-auditing of a particular topic and little reported on whether audit improves outcomes for patients. As part of its clinical governance responsibility, the Community Dental Service (CDS) is committed to ensuring that its clinical audit is robust, strategic and measures patient outcomes in its evaluation. The aim of this paper is to present a complete endodontic audit cycle; its recommendations and effects on the process and on outcomes of clinical patient endodontic care; and to evaluate if audit was a useful tool in this case

## 11) Dr. Aditi Fadnavis

### **NATURAL TEETH ARE IMPLANTS BEST FRIEND**

#### Abstract

When dental implants are opted as a treatment alternative for a missing tooth, the prosthetic

replacement can be broadly categorized as an immediate function or a delayed function restoration. Certain clinical scenarios which involves the immediate extraction of gross un-restorable teeth (internal resorption, vertical fractures) by conventional methods calls for the effective use of the clinical crown during temporization of the dental implant until osseointegration. The efficient use of the clinical crown (healthy undamaged crown) for provisionalization will be discussed elaborately in this poster presentation.

12) **Dr. Utkarsha Shelke**

**Finish lines in fixed prosthodontics**

Name of presenter- Abstract

Fixed restoration provides better esthetics, function and comfort to the patients. The success in fixed restoration depends on the marginal adaptation and integrity. Variety of restorative materials and luting agents dictate variety of finish lines. Various finish lines are discussed in this presentation. A simple method in achieving finish lines are also discussed.

13) **Dr. Chinmayee Dahibandikar**

**Management of space infection in general dental practice**

Abstract

Space infections are still very common complications of dental diseases. Main reasons for space infection are lack of awareness and poverty. Being a dentist we are often at the first clinician to diagnose these patients. This paper will discuss practical anatomy, diagnosis and chair side management of facial space infections.

2018-2019

1) **Dr. Trupti Gawande**

**Effect of Probiotic and Green Tea Mouth Rinse Against Salivary *Streptococcus mutans***

–Abstract

Probiotics have been used to provide benefit to general health, but their effect on oral health especially on dental caries is yet to be explored in detail. Green tea is exclusively known for antioxidant and antimicrobial properties. Thus, the aim of the present study was to evaluate the anti-microbial efficacy of probiotic and green tea mouth rinse on salivary *Streptococcus mutans* count.

2) Dr. Abha Garode

**TOOTH BRUSH AND GINGIVA- FRIEND OR FOE?**

**ABSTRACT:**

Gingival recession is characterized by the displacement of the gingival margin apical to the cemento-enamel junction. Gingival recession can be localized or generalized. The occurrence of gingival recession is multifactorial. One of the common causes of recession can be due to improper brushing habit which may include improper technique or improper selection of oral hygiene aid. The poster highlights cross-sectional study investigating the brushing technique and occurrence of gingival recession in randomly selected subjects' age ranging between 18-50 yr. The data collected was compiled and statistically analyzed.

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The beauty of a person lies not only on the facial appearance but the adjuvant effect of the facial as well as the dental aesthetics. One of the most neglected aspects of the smile is the gingival pigmentation. The colour and display rate of the gingiva when smiling is an essential part of overall aesthetics in today's high cosmetic expectations. Since brown-black melanosis lesions mostly involve anterior gingiva, it can cause an un-aesthetic smile. Gingival hyperpigmentation is a major concern for the younger patients. Melanin pigmentation of the gingiva is of endogenous origin caused by excessive deposition of melanin. It is more frequently observed in some races such as African, Asian, and Mediterranean populations due to the melanocytic activity, as both dark and light skinned subjects have similar amounts of melanocytes in the gingiva. Many attempts have been made in the past to answer this cosmetic demand by using various techniques. The objective of this study is to determine the efficacy of diode laser and gingival scraping using surgical blade for the treatment of gingival hyperpigmentation and to compare the efficacy of both techniques and the rate of repigmentation to solve the problems of pigmentation.

4) **Dr. Anusha Sharma**

**Computer in Dentistry-A review study**

Abstract

It is a computer age. Every corner of medical and dental specially is buzzing with computers. This study deals with the use of computer, in general and its widespread application to various specialities in dentistry. This study covers the basis in computers, its application to all the scientific as well as management of a dental office by means of computers. This presentation is a short survey of what a graduate of dentistry should be aware of in computers.

5) **Dr. Iram Gazhi**

## **Shade Matching In Prosthodontics**

### Abstract

Esthetics in dentistry requires the artistic skills of balancing illusion with reality. For this, one should understand factors such as color, light, etc. An understanding of the nature of the light and how the eye perceives and the brain interprets light as color is important for successful restorations, errors in which can be a problem in these procedures and are a source of frustration for the dentist and the technician and source of dissatisfaction to the patient. This presentation concentrates on various methods and techniques of shade selection used in prosthodontics.

### 6) **Dr. Prajakta Malode**

## **SYSTEMIC ANTIBIOTICS IN PERIODONTAL THERAPY – A BITTER OR A MAGICAL PILL**

### Abstract

The microbial etiology of inflammatory periodontal disease provides the rationale for the use of antimicrobial medication in periodontal therapy. A range of systemic antibiotics for treatment of periodontitis has been documented, with some studies showing superior outcome over others. This has resulted in controversy as to the role of systemic antibiotics in the treatment of periodontal disease. This paper aims to provide an update on clinical issues of when and how to prescribe systemic antibiotics in periodontal therapy.

### 7) **Dr. Hrushikesh Malekar**

## **OZONE - A NOVEL THERAPEUTIC APPROACH**

### Abstract

Ozone is an extremely powerful oxidant with potent bactericidal, sporicidal and viricidal properties. It is an extremely unstable, but highly beneficial molecule. It forms part of the natural gas that surrounds the earth at high altitude and protects the world's population from excessive ultra-violet radiation. Ozone quickly dissipates in water and kills micro-organisms via a mechanism involving the rupture of their membranes. Bacterial plaque is considered as a major etiological factor for periodontal disease. Plaque initiates gingival inflammation which progresses to destruction of periodontal tissues. Ozone leads to oxidative consumption of human plaque biomolecules via decarboxylation of plaque pyruvate generating acetate and carbon-dioxide as byproducts. Ozone acts as a strong oxidizer to cell wall and cytoplasmic membrane of bacteria in the plaque. It oxidizes volatile sulphur compound precursor methionine to its corresponding sulphoxide and thus prevents malodor. It can be inferred that Ozone therapy may provide a novel approach to treatment of periodontal diseases offering an alternative to conventional treatment.

8) Dr. Prachi Sorte

### SCOPE OF CHAIR SIDE DIAGNOSIS

Abstract

Periodontal diagnosis is routinely made by clinical examination with radiographic interpretation and use of laboratory investigations. These methods of examinations are not sufficient enough to explain periodontal disease status. Recent advances in the technology makes better understanding of disease activity and current available chairside diagnostic aids makes the periodontist to assess the disease status by using various biochemical markers and bacteria identification. This posterpresentation is highlighting the importance of chairside diagnostic aids for current day today practice

9) Dr. AyushBangadiya

### COUNSELLING: KEY TO A HEALTHY PERIODONTIUM

Abstract

Bacterial plaque , which is inevitably present in the oral cavity , is the etiological factor causing various diseases affecting the periodontium. To achieve a healthy periodontium it is of utmost importance to remove this local irritating factor – ‘PLAQUE’ To reach this goal patient has to be well motivated for maintenance of his oral hygiene post his treatment. This makes it essential to educate the patient and demonstrate him various oral hygiene methods , to suit his dentition. Thus to achieve this goal it is necessary to thoroughly motivate the patient through personal counseling. Excellent patient compliance is absolutely necessary for successful long term therapy. While social , cultural , behavioral and economic factors have been implicated as determinants in patterns of patient compliance , the influence of counseling on the patient’s motivation cannot be neglected. With this aim in mind , an attempt is made to take out some more time for counseling the patient and see the effect of counseling on the patient’s oral hygiene status.

10) Dr. DhanashreeMainde

### WHEN PERIO WHEN IMPLANTS

Abstract

Maintaining natural teeth in health, function, and esthetics is a primary goal of dentistry. In the past, the maintenance of a natural tooth was paramount, because tooth replacement techniques were costly and not as predictable as repairing the natural tooth. The success of osseointegrated dental implants has added a new dimension to periodontal treatment planning, with a high long-term success rate of 78% to 100%. Also periodontal procedures may have a lower success rate or poorer cosmetic result compared to an implant to replace the tooth. The severity of a periodontal problem may be such that extraction should be considered as the treatment choice to solve the

disease. Herodontics are discouraged when the prognosis is poor or failure of treatment may result in inadequate bone for implant placement. Implants should also be considered as an alternative when more expensive procedures are contemplated in an attempt to save or maintain a compromised tooth. Traditional methods to save a tooth have increased in cost over the years. Although in some cases unsuccessful periodontal treatment and continued bone loss may render the remaining bone inadequate for placement of predictable implants. As a result, consideration is given to the predictable aspects of periodontal therapy. Decision analysis holds great promise for aiding providers and patients in shared decision making regarding the retention or replacement of diseased teeth with implant-supported dental prostheses. By quantifying outcomes for alternative treatments it may help to identify the most appropriate care for individual patients based on utility and costs and thereby mitigate under-treatment and over-treatment.

11) Dr. Simran Dewani

#### PROBIOTICS-A NEW HORIZON IN CLINICAL PERIODONTOLOGY

Abstract

Increase in antibiotic resistant infections due to overuse of antibiotics by physicians, has prompted public and physicians to seek safer ways to treat infections. One of such means is use of probiotics. Probiotics are friendly bacteria have beneficial effects on human health. Some of the beneficial effects of probiotics on human health are elimination of lactose intolerance, antidiarrheal, immunomodulatory, anti-carcinogenic, and antihypertensive. Probiotics are beneficial for oral health in prevention and treatment of dental diseases like periodontal diseases, dental caries, and yeast infections etc. probiotics products help in stimulating health promoting flora and also suppressing the pathological colonization and disease spread. The application of selected beneficial bacteria as an adjunct to scaling and root planing would prevent the periopathogenic recolonization of periodontal pocket thus achieves and maintains periodontal health. In this paper we will revealed the effects of probiotics in prevention of oral and periodontal disease.

12) Dr. SaiviDatar

#### PERIO-AESTHETIC REJUVENATION: PERIODONTAL TREATMENT MODALITIES IN ENHANCING THE ANTERIOR ESTHETIC ZONE.

Abstract

Today, the shift in the clinical paradigm of periodontal treatment has created an environment in which aesthetic periodontal procedures are, in many practices, as common as respective therapy once was. However, consistency of results, reliability of treatment modalities and long term prognosis require a scientific approach to therapeutic procedures. As the pace of change accelerates in periodontics and aesthetic dentistry, an increasing number of procedures are being developed that require knowledge and treatment from both the fields. The synergy developed by combining these two fields of dentistry allows for better aesthetic outcomes for patients. The

most common problems faced by periodontists these days, concerned with the dental aesthetics are: recession, short clinical crowns, and excessive display of gums, dark pigmented gingivae and loss of papillae with black triangles. Various treatment modalities which are employed for improving periodontal aesthetics in these patients are root coverage procedures, aesthetic crown lengthening, papillary reconstruction, gingival veneers and gingival depigmentation. This paper presents a case series of periodontal plastic surgical techniques which enhance perio-aesthetics of patients.

# List of Awards Won in extra mural activities year wise

## 2016

### Dance

Sr	Name of student	Certificate	Award
1	Juile kaggate	Group Dance	1 <sup>st</sup>
2	Madhuvanti Bapat	Group Dance	1 <sup>st</sup>
3	Ayushi Chauhan	Group Dance	1 <sup>st</sup>
4	Utkarsh Ande	Group Dance	1 <sup>st</sup>
5	Anurag Jain	Group Dance	1 <sup>st</sup>
6	VedikaPathade	Group Dance	1st

### Sports

Sr	Name of student	Certificate	Award
1	Anurag Jain	Relay & 100m	1 <sup>st</sup>
2	Harsha Gandhi	Relay	1 <sup>st</sup>
3	Utkarsh Ande	Cricket	1st

### Arts And Others

Sr	Name of Student	Certificate	Award
1	Juile Kpagate	Rangoli	1 <sup>st</sup>
2	Aayushi Chauhan	Arts	1st

# 2017

## Dance

Sr	Name of student	Certificate	Award
	Julie kpagate	Group dance	1st
	Mrunalini Kadam	Group dance	1 <sup>st</sup>
	Bhuvneshwari Bhalme	Spandan/IMA/Solo/GroupD ance	Conso
	Pooja Nagre	Spandan	Conso
	Vrushali Phate	IMA	Conso
	Nosshen Riza	Spandan	Conso

## Fashion

Sr	Name of student	Award
1	Vrushali Phate	1 <sup>st</sup>

# Singing

Sr	Name of Student	Certificate	Award
	Akansha Nawale	SOLO(palloti)	1st

# Sports

Sr	Name Of Student	Certificate	Award
	Hrushikesh Malikar	100m	2 <sup>nd</sup>
	Tushar Singh	Vollyball	2 <sup>nd</sup>
	Julie Kapgate	Chess	1 <sup>st</sup>

# Arts And others

Sr	Name of Student	Certificate	Award
1	Julie Kapgate	Poster comp/Organ Donation	1 <sup>st</sup>
3	Prajakata Malode	Research	3 <sup>rd</sup>
	Bhuvneshwari Bhalme	AOMSI	Conso

	Sanjana Agrawal	Paper Prest	Conso
	Vrushali Phate	NKP/AOMSI	Conso
	Nosheen Riza	Speech(YCCE)	2 <sup>nd</sup>
	Mrunali KAdam	Paper presnt	2 <sup>nd</sup>
	Iram Gazi	Poster	2nd

# 2018

## Dance

Sr	Name of student	Certificate	Award
	Pratiksha Thool	Duet/IMA	1 <sup>st</sup>
	Bhuvneshwari Bhalme	IMA	Conso
	Kashif Mohammad	IMA	Conso
	Sakshi Velukar	Group Dance	2nd

## Singing

Sr	Name` Of Student	Certificate	Award
	Aditi Joshi	IMA Singing	Conso
	Akansha Nawale	Solo	1st

## Fashion

Sr	Name Of Student	Award
6	Vrushali Phate	1st

## Sports

Sr	Name of student	Certificate	Award
	Sakshi Velulkar	Cricket	1 <sup>st</sup>
	Niharika Patil	Cricket & Relay/100m	1 <sup>st</sup> /3 <sup>rd</sup>
	Pranav Umale	Cricket /Carrom /Table tennis/Volleyball	1 <sup>st</sup> /3 <sup>rd</sup>
	Hrushikesh malikar	Basketball, Football, 100m/400m/cricket/volleyball	2 <sup>nd</sup>
	Tushar Singh	Cricket/Relay /Basketball	2 <sup>nd</sup>
	Nosshen Riza	Table Tennis	2 <sup>nd</sup>
	Shrushti Buty	Badminton	1 <sup>st</sup>
	Bhuneshwari Bhalme	Walk- n -thon	
	Prajakta Malode	Walk- n -thon	

## Arts And Others

Sr	Name of student	Certificate	Awards
	Amisha Sharma	Debat/Quiz/Paper	1st

		presnt	
	Prajakta Malode	Paper prest/Cons Endo/Nidacon/Table Clinic	1st
	Apurva Lambat	Nidacon	Conso
	Jayshree Chandak	Poster comp	2 <sup>nd</sup>
	Bhuvneshwari Bhalme	Cons endo/Paper Prent/Nidacon	Conso
	Mrunalini Kadam	Nidacon	Conso
	Sanjana Agrawal	Table Clinic/Nidacon/Paper prent	Conso
	Vrushali Phate	Cons Endo	Conso
	Nosshen Riza	Cons Endo	Conso
	Rashmi Moundekar	Paper Presnt/Table Clinic	1st
	Nikita Agrawal	Paper present/Quiz	Conso
	Iram Gazi	Prosthodontics/Debat/Volunter	Conso
	Ashwini Kamdi	Poster Comp	1 <sup>st</sup>
	Niharika Patil	MUHS Research	Conso
	Utkarsha Wasnik	Paper presnt	Conso
	Kushboo Wagnmare	Table clinic	Conso

2019

# Dance

Sr	Name of student	Certificate	Award
	Kashif Mohammad	Solo & Group	2 <sup>nd</sup>
	Nikita Agrawal	Group Dance	2 <sup>nd</sup>
	Ashwini Madavi	Group Dance	2 <sup>nd</sup>
	Jayshree Chandak	Group Dance	2 <sup>nd</sup>
	Kushboo Wagmare	IMA	Conso
	Shikha Chhangani	Group Dance	2nd

## Singing

Sr	Name of student	Certificate	Award
	Utkarsha Wasnik	Solo	2 <sup>nd</sup>
	Harsh Bouroundiya	Rapping	1st

## Fashion

Sr	Name of Student	Award
	Shikha Chhangani	1 <sup>st</sup>

## Sports

Sr	Name of Student	Certificate	Award
	Kashif Mohammad	100m/400m & realy/Cricket	2 <sup>nd</sup>
	Namira Baig	Carrom	1 <sup>st</sup>
	Pranav Umale	Carrom/Vollyball/Cricket	1 <sup>st</sup>
	Niharika Patil	100m	2 <sup>nd</sup>
	Shikha Channgani	Cricket	1 <sup>st</sup>
	Sakshi Velulakar	Cricket/ Basket Ball	1 <sup>St</sup>

Arts And Others

Sr	Name of Student	Certificate	Award
	Juile Kapgate	Rangoli	2 <sup>nd</sup>
	Apurva Gadre	Paper presentation/scientific	1 <sup>st</sup>
	Apurva Dhopte	Table clicics	2 <sup>nd</sup>
	Ashwini Kamdi	Rangoli	1 <sup>st</sup>
	Iram Gazi	Poster comp	2 <sup>nd</sup>
	Namira baig	Poster comp/cons & endo appreciation/Prosthodontics	2 <sup>nd</sup>
	Rashmi Moudekar	Paper presentation	1 <sup>st</sup>
	Yogini Shende	Prosthodontics /Endo/Best performer 2 <sup>nd</sup> BDS	1 <sup>st</sup>
	Vaibhav Alone	Poster comp/Quiz	2 <sup>nd</sup>
	Jayshree Chanadak	Organ Awareness/Drawing comp/Cons Endo Poster Comp	2 <sup>nd</sup>
	Iram Gazi	Anchoring/Conc Sento Appreciation	Conso
	Niharika Patil	Table Clinics	Conso
	Jhanvi Gedem	Tooth Prep/Complte Denture	Conso
	Amisha Sharma	Organ donation/Poster comp/Tablr Clinics/Debat	Conso
	Kshitija Dhoke	Scientific	Conso
	Kushbu Waghmare	Cons/Endo	Conso
	Kshif Mohammad	Cons /Endo/Prosthodontics	Conso
	Shikha Channgani	Poster Comp	1 <sup>st</sup>
	Dheeraj Bhojar	Cons Endo/Organ Donation	Conso

	Sakshi Velulkar	Organ Donation /Poster/Cons Endo	Conso
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# 2019

## Dance

Sr	Name of student	Certificate	Award
	Kashif Mohammad	Solo & Group	2 <sup>nd</sup>
	Nikita Agrawal	Group Dance	2 <sup>nd</sup>
	Ashwini Madavi	Group Dance	2 <sup>nd</sup>
	Jayshree Chandak	Group Dance	2 <sup>nd</sup>
	Kushboo Wagmare	IMA	Conso
	Shikha Chhangani	Group Dance	2nd

### Singing

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	Utkarsha Wasnik	Solo	2 <sup>nd</sup>
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### Fashion

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	Namira Baig	Carrom	1 <sup>st</sup>

	Pranav Umale	Carrom/Vollyball/Cricket	1 <sup>st</sup>
	Niharika Patil	100m	2 <sup>nd</sup>
	Shikha Channgani	Cricket	1 <sup>st</sup>
	Sakshi Velulakar	Cricket/ Basket Ball	1 <sup>st</sup>

Arts And Others

Sr	Name of Student	Certificate	Award
	Juile Kapgate	Rangoli	2 <sup>nd</sup>
	Apurva Gadre	Paper presentation/scientific	1 <sup>st</sup>
	Apurva Dhopte	Table clicics	2 <sup>nd</sup>
	Ashwini Kamdi	Rangoli	1 <sup>st</sup>
	Iram Gazi	Poster comp	2 <sup>nd</sup>
	Namira baig	Poster comp/cons & endo appreciation/Prosthodontics	2 <sup>nd</sup>
	Rashmi Moudekar	Paper presentation	1 <sup>st</sup>
	Yogini Shende	Prosthodontics /Endo/Best performer 2 <sup>nd</sup> BDS	1 <sup>st</sup>
	Vaibhav Alone	Poster comp/Quiz	2 <sup>nd</sup>
	Jayshree Chanadak	Organ Awarness/Drawing comp/Cons Endo Poster Comp	2 <sup>nd</sup>
	Iram Gazi	Ancoring/Conc Sento Appreciation	Conso
	Niharika Patil	Table Clinics	Conso
	Jhanvi Gedem	Tooth Prep/Complte Denture	Conso
	Amisha Sharma	Organ donation/Poster comp/Tablr Clinics/Debat	Conso

	Kshitija Dhoke	Scientific	Conso
	Kushbu Waghmare	Cons/Endo	Conso
	Kshif Mohammad	Cons /Endo/Prosth	Conso
	Shikha Channgani	Poster Comp	1 <sup>st</sup>
	Dheeraj Bhoyar	Cons Endo/Organ Donation	Conso
	Sakshi Velulkar	Organ Donation /Poster/Cons Endo	Conso

Scanned Copies of certificate

VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K 19

Presents

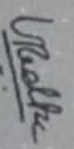
YUVANA

Certificate of Excellence

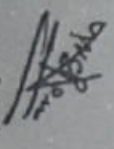


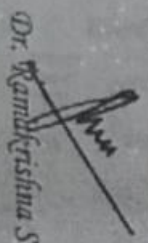
This is to certify that Mr. Miss. Shikha Chaugani has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in VOGUE (COCKTAIL) during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

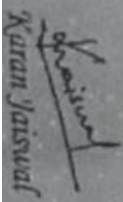
  
Usha Radke

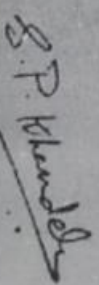
Patron

  
Anush Jain

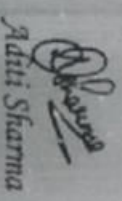
  
Dr. Ramkrishna Shenoi

Co-Patron

  
Karan Jaiswal

  
S.P. Mandekar

Chairperson SWA

  
Aditi Sharma



VSPMS DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Kalif Mohammed has secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Dance (Solo) during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Dr. Usha Radhe, Patron

Dr. Kamakrishna Skenoi, Co-Patron

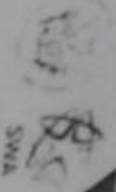
Dr. Shubhangi Khardekar, Chairperson SWA

Maryadi Jain, President SWA

Kiran Jaiswal, Vice President

Alita Sharma, Secretary





VSPMS DENTAL COLLEGE & RESEARCH CENTRE, NAURANGI  
 DHADKAN 2019

Presents  
**YUVANA**

*Triumph of Excellence*

has

This is to certify that Mr./Miss \_\_\_\_\_ during annual fest

secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Group Dance

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*[Signature]*

Dr. L. J. Raju  
 President

*[Signature]*

Dr. L. J. Raju  
 President SWA

*[Signature]*

Dr. Srinivasan  
 Vice President

*[Signature]*

K. Srinivasan  
 Vice President

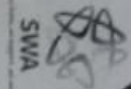
*[Signature]*

Dr. Srinivasan  
 Vice President

*[Signature]*

Dr. Srinivasan  
 Vice President

**RUNNER UP- GROUP DANCE - 2019**



SPMS DENTAL COLLEGE RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Jayashai Ehandak has secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Group Dance during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*U. Madhe*

Dr. Usha Gadke  
Patron

*Ajayush Jain*  
Ajayush Jain  
President SWA

*Dr. Kamal Krishna Shenoi*

Dr. Kamal Krishna Shenoi  
Co-Patron

*Karan Jaiswal*  
Karan Jaiswal  
Vice President

*Dr. P. Khandekar*

Dr. Shubhangi Khandekar  
Chairperson SWA

*Aditi Sharma*  
Aditi Sharma  
Secretary



VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19  
Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Ushita V. Jaiswal has

secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Group Dance during annual fest

Dhadkan-2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*Ushita*

Dr. Usha Radhe  
Patron

*Shruti*

Dr. Kamleshona Shetti  
Co-Patron

*S.P. Khandekar*

Dr. Shubhangi Khandekar  
Chairperson SWA

*Ajayash*

Ajayash Jain  
President SWA

*Karan*

Karan Jaiswal  
Vice President

*Aditi*

Aditi Sharma  
Secretary



**VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR**

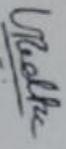
**DHADKAN 2K19**  
*Presents*

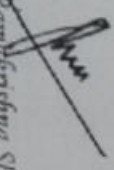
**YOUVANA**

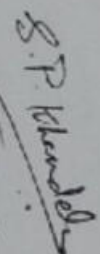
*Certificate of Excellence*


This is to certify that Mr./Miss. Ashwini Vinod Madavi has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Group Dance during annual fest

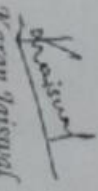
Dhadkan - 2019 YOUNA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

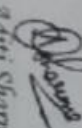
  
Dr. Usha Radke  
Patron

  
Dr. Ramkrishna Shenoi  
Co-Patron

  
Dr. Shubhangi Khandekar  
Chairperson SWA

  
Mayushi Jain  
President SWA

  
Karan Jaiswal  
Vice President

  
Rishi Sharma  
Secretary



VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K 19  
Presents

YOYANA

Certificate of Excellence

This is to certify that Mr./Miss. Namisha M. Gaig has  
secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Group Dance during annual fest  
Dhadkan - 2019 YOYANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Usha Radhe  
Dr. Usha Radhe  
Patron

Kamkrishna Shenvi  
Dr. Kamkrishna Shenvi  
Co-Patron

S.P. Khandole  
Dr. Shubhangi Khandolekar  
Chairperson SWA  
Aditi Sharma

# INDIAN MEDICAL ASSOCIATION, NAGPUR

## “Youth Festival 2018-19”

### INTER MEDICAL COLLEGE DANCE CONTEST

Theme : Dances of State

#### Certificate

This certificate is awarded to  
**Ms./Mr. *Khushboo Waghmare***  
for active participation in the

Inter Medical College Dance Contest “Youth Festival 2018-19”

held on Saturday 26th January 2019 at IMA's J. R. Shaw Auditorium, Nagpur

*Ashish Disawal*

DR. ASHISH DISAWAL  
President

*Sumna*

DR. B. K. SHARMA  
Chairman

*Chel*

DR. MUKUND GANERIWAL  
Convener

*Dinesh Agrawal*

DR. DINESH AGRAWAL  
Hon. Secretary





VSPM Dental College & Research Centre, Nagpur  
Department of Prosthodontics



## Certificate of Appreciation

This is to certify that

Dr./Ms/Mr **KASHIF MOHAMMAD**

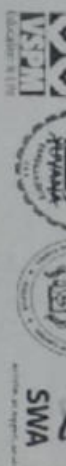
actively participated in Intercollegiate  
'Complete Denture Teeth Arrangement Competition' on  
Prosthodontist Day 2019 at VSPM Dental College & Research Centre, Nagpur

Dr Usha Radke  
Dean & HOD Dept of Prosthodontics

Dr B K Motwani  
President - IPS Nagpur Branch



Danico Solo 1<sup>st</sup> Runner up.



# DHADKAN 2K19 Presents

# YUVANA

## Certificate of Excellence

This is to certify that Mr./Miss. Utkarsha has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Solo Singing during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Usha Raut

Dr. Usha Raut  
Patron

Kamtekshna Shenoi

Dr. Kamtekshna Shenoi  
Co-Patron

S.P. Khandekar

Dr. Shubhangi Khandekar  
Chairperson SWA

Mayush Jain

Mayush Jain  
President SWA

Karan Jaiswal

Karan Jaiswal  
Vice President

Aditi Sharma

Aditi Sharma  
Secretary



VSPM'S

NTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

YUVANA

*Certificate of Excellence*

This is to certify that Mr./Miss.

Shikha

has

secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in

cricket

during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*U. Madhe*

Dr. Usha Gadke

Patron

*Dr. Kamkrishna Shenoi*

Co-Patron

*S.P. Khandole*

Dr. Shubhangi Khandekar

Chairperson SWA

*Ajayush Jain*

Ajayush Jain

President SWA

*Karan Jaiswal*

Karan Jaiswal

Vice President

*Aditi Sharma*

Aditi Sharma

Secretary

WINNERS - GIRLS CRICKET - 2019



VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Kashif Mohammed has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Dance (Solo) during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*Usha Radhe*

Dr. Usha Radhe

Patron

*Aayush Jain*

Aayush Jain

President SWA

*Kamleshina Sheno*

Dr. Kamleshina Sheno

Co-Patron

*Karan Jaiswal*

Karan Jaiswal

Vice President

*S.P. Khambale*

Dr. Shubhangi Khambale

Chairperson SWA

*Aditi Sharma*

Aditi Sharma

Secretary





**ST. VINCENT PALLOTTI COLLEGE OF  
ENGINEERING & TECHNOLOGY**

Gavsi Manapur, Wardha Road, Nagpur - 441 108



**DEPARTMENT OF COMPUTER ENGINEERING**

*in association with*

**COMPUTER SOCIETY OF INDIA**

**Certificate of Participation**

*This certificate is awarded to*

*M./Ms.* Akanksha Nawale

of Vspm Dental College, Nagpur

for participation in INFINITY - 2K17

in Inter College Singing Competition 2017

  
Director

  
Principal

  
Head of Department



Lokmanya Tilak Jankalyan Sikshan Sanstha's



**PRIYADARSHINI COLLEGE OF  
ENGINEERING, NAGPUR**



SCOOP 2K17-2K18

**CERTIFICATE  
INTER COLLEGIATE COMPETITION**

*This is to Certify that*


Mr./Ms. AKANKSHA NAWALE

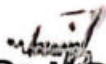
of college VSPM DENTAL COLLEGE, NAGPUR


participant/winner of the event MUSIC

COMPETITION

*held on 26th of August 2017, Organized by  
Department of Computer Technology at  
Priyadarshini College Of Engineering.*

  
Prof. Mahesh Panjwani  
Scoop in - Charge

  
Dr. M.P Singh  
Principal

  
Dr. (Mrs.) N.M Thakare  
HOD (CT)



Scanned with  
CamScanner



# Certificate of Appreciation

Awarded to *Dr.*..... KHUSHBU..... MANGHARE.....

for His/Her contribution towards the success of the programs  
conducted during CONSENSUS DAY 2019.

*A. Yella*

Dr. Mohan .B  
Secretary IACDE

*Dr. Shashirekha .G*

Dr. Shashirekha .G  
Programme Coordinator

*Dr. Girish Parmar*

Dr. Girish Parmar  
President IACDR



**VS-M'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR**

**DHADKAN 2K19**

*Presents*

**YUVA**

*Certificate of Participation*

This is to certify that Mr./Miss. Kashiraj Dhole has participated in YUVA (Scientific event) during annual fest Dhadkan - 2019

YUVA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*[Signature]*

Dr. Usha Raut  
Patron

*[Signature]*  
Mayush Jain  
President SWA

*[Signature]*

Dr. Ramkrishna Shenoi  
Co-Patron

*[Signature]*  
Karan Jaiswal  
Vice President

*[Signature]*

Dr. Shubhangi Khandekar  
Chairperson SWA

*[Signature]*  
Aditi Sharma  
Secretary



VS PM'S DENTAL COLLEGE & HOSPITAL, VADODRA, GUJARAT

# DHADKAN 2K19

Presents

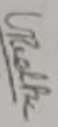
# YUVANA

## Certificate of Participation

This is to certify that Mr./Miss. Kshirja Dhoke has

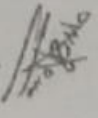
participated in YUVA (Scientific event) during annual fest Dhadkan - 2019

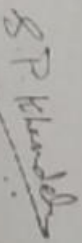
YUVA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.



Dr. Usha Gadgil

Patron

  
Arjunji Jain  
President SWA




Dr. Shubhangi Khandekar


Chairperson SWA

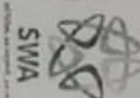


Dr. Kamikrishna Shenoi

Co-Patron

  
Karan Jaiswal  
Vice President

  
Aditi Sharma  
Secretary



WOPMS DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K 19

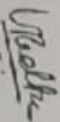
Presents

YUVANA

Certificate of Participation


This is to certify that Mr./Miss. Apurva Dhopte has participated in YVOM (Scientific event) during annual fest Dhadkan - 2019

YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.



Dr. Usha Radhe

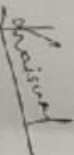
Patron

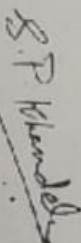
  
Mayush Jain  
President SWA



Dr. Kamkrishna Shirooi


Co-Patron

  
Karan Jaiswal  
Vice President



Dr. Shubhangi Mandekar

Chairperson SWA

  
Aditi Sharma  
Secretary



RESEARCH CENTRE, NAGPUR

# DHADKAN 2K 19

Presents

# YUVANA

## Certificate of Participation

This is to certify that Mr./Miss. Shreeya. Dhobte has participated in Table Clinic - Yom during annual fest Dhadkan - 2019

YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Uradhe

Dr. Usin Gadke  
Patron

Shreeya

Mayushi Jain  
President SWA

Shreeya

Dr. Kamalrishi Shetot  
Co-Patron

Karan

Karan Jaiswal  
Vice President

S.P. Mandekar

Dr. Shubhangi Mandekar  
Chairperson SWA

Aditi

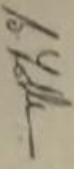
Aditi Sharma  
Secretary

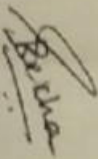


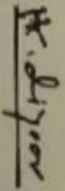


## Certificate of Appreciation

This is to certify that Dr. Amisha Sharma  
has participated in POSTER COMPETITION has secured .....place  
on the occasion of **CONS-ENDO DAY 2018**.

  
Dr. Mohan .B  
Secretary IACDE

  
Dr. Shashirekha .G  
Programme Coordinator

  
Dr. Kidiyoor .K.H  
President IACDE



K. P. Hormis  
Founder  
Federal Bank

### CERTIFICATE OF MERIT

This to certify that Mr./Ms. Amicha Sharma

College

of VSPM Dental College

has participated at the District Level of Speak for India - Maharashtra Edition, a state level inter-collegiate debate competition held on 6th August 2019 at LAD College, Nagpur

Raju Hormis  
Head CSR

Federal Bank Hormis Memorial Foundation





VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

**ORGAN DONATION AWARENESS**

**Certificate of Participation**

This is to certify that Mr./Miss. Amisha Sharma  
has participated in Organ Donation Awareness Programme held  
on 31<sup>st</sup> August 2019.

*Meetha*  
**Dr. Usha Radhke**  
Dean

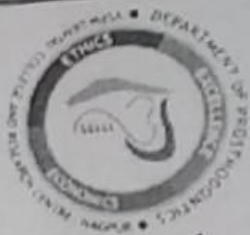
*Ami*  
**Dr. S.R. Shenoi**  
Vice-Dean

*S.P. Shinde*  
**Dr. S. Shandekar**  
Chairperson SWA

*OMC*  
**Dr. J. Kulkarni**  
Co-Chairperson SWA

**Dayash Jain**  
President SWA

*We listen, we support, we care*



VSPNI Dental College & Research Centre, Nagpur  
Department of Prosthodontics



## *Certificate of Appreciation*

This is to certify that

Dr. Ms. Mr. **JANHVIGEDAM**

actively participated in Intercollegiate

*'Tooth Preparation Competition'* on

Prosthodontist Day 2019 at VSPNI Dental College & Research Centre, Nagpur

*K. G. G. G.*

*[Signature]*

Dr. Usha Radke  
Dean & HOD Dept of Prosthodontics

Dr. B. K. Motwani  
President - IPS Nagpur Br



VSPNM Dental College & Research Centre, Nagpur  
 Department of Prosthodontics



## Certificate of Appreciation

This is to certify that

Dr. Ms. Mr. **JANHAVI GEDAMI**

actively participated in Intercollegiate

'Complete Denture Teeth Arrangement Competition' on

Prosthodontist Day 2019 at VSPNM Dental College & Research Centre, Nagpur

*[Signature]*

Dr. Usha Radke

Dean & HOD Dept of Prosthodontics

*[Signature]*

Dr. B K Motwani

President - IPS Nagpur Branch



**VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR**

**DHADRKAN 2K19**

*Presents*

**YUVANA**

*Certificate of Participation*

This is to certify that Mr./Miss. Mr. Miss. Neharika. Patel has participated in Tale Clinic - YVM during annual fest Dhadrkan - 2019

YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Dr. Usha Raut

Patron

Rajesh Jain  
President SWA

Dr. Shubhangi Khandekar

Chairperson SWA

Dr. Kamleshwar Shiroli

Co-Patron

Karan Jaiswal  
Vice President

Aditi Sharma  
Secretary





**VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR**  
**DHADKAN 2K19**  
*Presents*

**YOUVANA**

*Certificate of Excellence*

This is to certify that ~~Mr.~~ Miss. Apoorva Dhopke has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Jale Clinics during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

U. Galhe

Dr. Usha Gadke  
Patron

[Signature]

Dr. Kamleshina Shiroli  
Co-Patron

[Signature]

Dr. Shubhangi Khardekar  
Chairperson SWA

[Signature]

Aayushi Jain  
President SWA

[Signature]

Karan Jaiswal  
Vice President

[Signature]

Aditi Sharma  
Secretary



VSPM DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR  
DHADKAN 2K19

Presents

# YUVANA

*Certificate of Excellence*

has

This is to certify that Mr./Miss. Ashwini Kamali  
secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Rangoli Competition during annual fest  
Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*Uralkhe*

Dr. Usha Radke  
Patron

Patron

*Aayush Jain*  
President SWA

Dr. Kamalprerna Sheno  
Co-Patron

Co-Patron

*Karan Jaiswal*  
Vice President

*S.P. Khare*

Dr. Shubhangi Kharedekar  
Chairperson SWA

*Aditi Sharma*  
Secretary





VSPMS DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

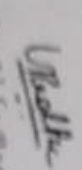
YUVANA


Certificate of Participation

This is to certify that ~~Mr~~ Miss TEJA GAZI has

participated in ANCHORING during annual fest Dhadkan - 2019

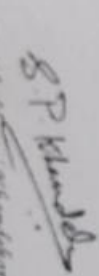
YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

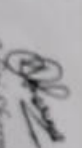
  
Dr. Usha Jagdey  
Patron

  
Arjun Jain  
President SWA

  
Dr. Kamal Krishna Sharma  
Co-Patron

  
Karan Jaiswal  
Vice President

  
Dr. Shalini Khurdekar  
Chairperson SWA

  
Aditi Sharma  
Secretary







V. S. P. M.'S DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR

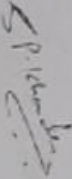


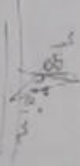
### CERTIFICATE OF APPRECIATION


*This certificate is awarded to Vegshree Chaudak  
For securing 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Gandhi Jayanti Drawing  
Competition by Students' Welfare Association 2018-2019.*

  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoi  
Co-Patron

  
Dr. S. Khandekar  
Chairperson

  
Aayush Jain  
President

  
Prem Faye  
Secretary



VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

**ORGAN DONATION AWARENESS**

**Certificate of Participation**

This is to certify that Mr./Miss. Jayshree Chaudak  
has participated in Organ Donation Awareness Programme held  
on 31<sup>st</sup> August 2019.

*Ushak*  
Dr. Usha Radhe

*S.R. Sheni*  
Dr. S. R. Sheni

*S.P. Khandekar*  
Dr. S. Khandekar

*T. Kaverave*  
Dr. T. Kaverave

*Danush Jain*  
Danush Jain

# CERTIFICATE

## V.S.P.M.'s College of Physiotherapy

This is to certify that Mr./Miss. Vaibhav

Aloke had

won..... in an event of

YUKTI (QUIZ) on 5<sup>th</sup> Feb 2019 as a

part of "VERSATALLIA 2019"

*Manesha*

Organised by Dr. Manesha Deshpande  
Batch 2015 Principal



CONS-ENDO DAY (N)



5<sup>th</sup> MARCH

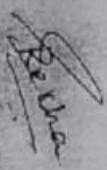
# Certificate of Appreciation

This is to certify that Dr. Vaibhav Alone  
has participated in Poster Competition has secured 2<sup>nd</sup> place

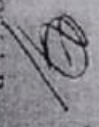
on the occasion of CONS-ENDO DAY 2019.



Dr. Mohan B



Dr. Shashirekha G  
Coordinator



Dr. Girish Parmar  
President IACDE

CONSILIA  
DAY  
(W)



5<sup>th</sup> MARCH

# Certificate of Appreciation

This is to certify that *Dr. Yogini Shende*  
has participated in .....has secured .....place

on the occasion of CONS-ENDO DAY 2019.

*Best Performer Award 2<sup>nd</sup> BDS 2019.*

*A. Mohan*

Dr. Mohan .B  
Secretary IACDE

*Shashirekha G*

Dr. Shashirekha G  
Programme Coordinator

*K. Kidyoor*

Dr. Kidyoor, K.H  
President IACDE



VSPM Dental College & Research Centre, Nagpur  
Department of Prosthodontics



## Certificate of Appreciation

This is to certify that

Dr/ Ms/Mr ..... *SHARDA* ..... *SHARDA* .....

actively participated & won *SECOND PRIZE* in Intercollegiate

*'Tooth Preparation Competition'* on

Prosthodontist Day 2019 at VSPM Dental College & Research Centre, Nagpur

*Usha Radke*

Dr Usha Radke  
Dean & HOD Dept of Prosthodontics

*B K Motwani*

Dr B K Motwani  
President - IPS Nagpur Br

CONSILIUM  
DAY



2 MARCH

# Certificate of Appreciation

Awarded to *Dr. Anjini Raj Chandra*.....

for His/Her contribution towards the success of the programs  
conducted during CONS ENDO DAY 2019.

Dr. Mohan .B  
Secretary IACIDE

Dr. Shashirekha .G  
Programme Coordinator

Dr. Girish Parmar  
President IACIDE



VSPNM Dental College & Research Centre, Nagpur  
Department of Prosthodontics



## *Certificate of Appreciation*

This is to certify that

Dr. Ms. Mr. **YOGINI SHENDE**

actively participated in Intercollegiate

*'Tooth Preparation Competition'* on

Prosthodontist Day 2019 at VSPNM Dental College & Research Centre, Nagpur

Dr. Vishu Kulkarni  
President, Department of Prosthodontics

Dr. H. K. Mhaswani  
President, IPD Nagpur



VSPM'S DENTAL COLLEGE

# DHADKAN 2K 19

Presents

# VYOMANA

## Certificate of Participation

This is to certify that Mr./Miss. Rahmi Maundekar has participated in VYOM (the Scientific Event) during annual fest Dhadkan - 2019. VYOMANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Usha  
Dr. Usha Radke  
Patron

[Signature]  
Dr. Kamkrishna Shenoi  
Co-Patron

[Signature]  
Dr. Shubangi Maundekar  
Chairperson SWA

[Signature]

[Signature]

[Signature]



VSPNID Dental College & Research Centre, Nagpur  
Department of Prosthodontics



## Certificate of Appreciation

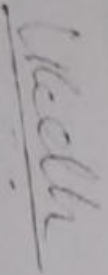
This is to certify that

Dr Ms/Mr **NAMIRA BAIG**

actively participated in Intercollegiate

'*Complete Denture Teeth Arrangement Competition*' on

Prosthodontist Day 2019 at VSPNID Dental College & Research Centre, Nagpur



Dr Usha Radtke  
Dean & HOD Dept of Prosthodontics



Dr B K Motwani  
President - IPS Nagpur Branch



5<sup>th</sup> MARCH

# *Certificate of Appreciation*

Awarded to *Dr. Navin* ..... *Ms. Bala* .....

for His/Her contribution towards the success of the programs  
conducted during CONS ENDO DAY 2019.

*14/3/19*

*Dr. Bala*

*(Signature)*



# Certificate of Appreciation

This is to certify that *Dr. Naraina H. Garg*  
has participated in *MASTER COMPETITION* has secured .....Place

on the occasion of CONS-ENDO DAY 2019.

*A. Mohan*  
Dr. Mohan .B  
Secretary IACDE

*Shashirekha*  
Dr. Shashirekha .G  
Programme Coordinator

*K. Kidiyoor*  
Dr. Kidiyoor .K.H  
President IACDE



VSPMS DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Jubie Koppali has secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Rangoli Competition during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Dr. Usha Raut  
Patron

Dr. Usha Raut  
Patron

Rajesh Jain  
President SWA

Dr. Kamkristina Shenoi  
Co-Patron

Karan Jaiswal  
Vice President

Dr. Sindhanvi Khandekar  
Chairperson SWA

Aditi Sharma  
Secretary

CONS ENDO DAY 2019



# Certificate of Appreciation

Awarded to *Dr. AKSHI NELUKAR*

for His/Her contribution towards the success of the programs  
conducted during CONS ENDO DAY 2019.

*A. Mohan .B*  
Dr. Mohan .B  
Secretary IACDE

*Dr. Shashirekha .G*  
Dr. Shashirekha .G  
Programme Coordinator

*Dr. Girish Parmar*  
Dr. Girish Parmar  
President IACDE

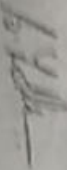
Certificate of Appreciation


5-1-2019  
CONSENSUS DAY

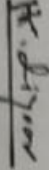


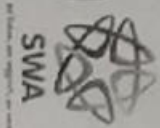
# Certificate of Appreciation

This is to certify that Dr. SAKSHI . VEJAPPA  
has participated in POSTER COMPETITION.....has secured .....place  
on the occasion of CONS-ENDO DAY 2019.

  
Dr. Mohan B  
Secretary IACDE

  
Dr. Shashirekha G  
Programme Coordinator

  
Dr. Kidnpoor K.H  
President IACDE



VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

**ORGAN DONATION AWARENESS**

**Certificate of Participation**

This is to certify that Mr./Miss. Sakshi Velurkar  
has participated in Organ Donation Awareness Programme held  
on 31<sup>st</sup> August 2019.

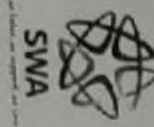
*Udali*  
Dr. Usha Rathe

*Shri*  
Dr. S.R. Shrivastava

*S.P. Kulkarni*  
Dr. S. Mhandekar

*Dr. J. Kulkarni*  
Dr. J. Kulkarni

Dayash Jain



VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

**ORGAN DONATION AWARENESS**

**Certificate of Participation**

This is to certify that Mr./Miss. Barney Bhoyar  
has participated in Organ Donation Awareness Programme held  
on 31<sup>st</sup> August 2019.

Dr. Usha Shadke

Dean

Dr. S.R. Shenoi

Vice-Dean

Dr. S. Khandekar

Chairperson SWA

Dr. J. Thakernore

Co-Chairperson SWA

Dayash Jain

President SWA



**1<sup>st</sup> POSTER MAKING**  
**VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR**

**ORGAN DONATION AWARENESS**

**Certificate of Appreciation**

This is to certify that Mr./Miss. Shikha Charyani  
 has secured 1<sup>st</sup>/2<sup>nd</sup> /3<sup>rd</sup> in Organ Donation Awareness Programme  
 held on 31<sup>st</sup> August 2019.

Dr. Usha Radke	Dr. S.R. Sherai	Dr. S. Shandekar	Dr. S. Sharmave	Dr. Jayash Jain
Dean	Vice-Dean	Chairperson SWA	Co-Chairperson SWA	President SWA

CONS-1-ND  
DAY



# Certificate of Appreciation

Awarded to *Dr.* Kashif *Mohammed*

for His/Her contribution towards the success of the programs  
conducted during CONS ENDO DAY 2019.

*[Signature]*  
Dr. Mohan .B  
Secretary IACDE

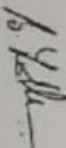
*[Signature]*  
Dr. Shashirekha .G  
Programme Coordinator

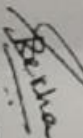
*[Signature]*  
Dr. Girish Parmar  
President IACDE




## Certificate of Appreciation

This is to certify that Dr. KHUSHBU MANGHARE  
has participated in POSTER COMPETITION has secured .....place  
on the occasion of CONS-ENDO DAY 2019.

  
Dr. Mohan JB  
Secretary IACIDE

  
Dr. Shashirekha G  
Programme Coordinator

  
Dr. Kidyoor K.H  
President IACIDE



# Indian Medical Association, Nagpur

## “Youth Festival 2017-18”

Theme : Folk Dances of India

### INTER MEDICAL COLLEGE DANCE CONTEST



## Certificate

This certificate is awarded to

Ms./Mr.

*Pratiksha S. Thool*

for active participation in the

Inter Medical College Dance Contest “Youth Festival 2017-18”

held on Friday 26th January 2018 at IMA's J. R. Shaw Auditorium, Nagpur

*Mandali*

*Suma*

*Shilpa*

*Pratiksha*

DR. VAISHALI KHANDAIT  
President

DR. B. K. SHARMA  
Chairman

DR. MUKUND GANERIWAL  
Convener

DR. PRASHANT RATHI  
Hon. Secretary





V. S. P. M.'S DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA – INDIA 440019





DHAKKAN = 2018 presents **ZEAL**


## Certificate of Excellence

This is to certify that that Mr./Ms./Dr. Pratiksha Thool  
..... has secured ..... Second (2nd) .....  
place in ..... Dance..... in the

Zeal of Dhakkan – 2018 held at the VSPM's DCRC, Nagpur.

  
Dr. Usha Radke  
Patron

  
Dr. S. R. Sheno  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary



V. S. P. M.'S DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA – INDIA 440019



DHAKKAN = 2018 presents **ZEAL**  
Certificate of Excellence

This is to certify that that Mr./Ms./Dr. Pratikshya  
..... Thodl..... has secured..... First.....  
place in ..... Dance (Duet)..... in the  
Zeal of Dhakkan – 2018 held at the VSPM's DCRC, Nagpur.

Usharadke  
Dr. Usha Radke  
Patron

Shenoi  
Dr. S. R. Shenoi  
Co - Patron

Anoop Garg  
Dr. Anoop Garg  
Chairperson

Yamini Agrawal  
Yamini Agrawal  
President

Ankita Gabhane  
Ankita Gabhane  
Vice - President

Akshay Jaiswal  
Akshay Jaiswal  
Secretary



Theme : Folk Dances of India

# Indian Medical Association, Nagpur

## “Youth Festival 2017-18”

### INTER MEDICAL COLLEGE DANCE CONTEST

## Certificate

This certificate is awarded to  
Ms./Mr. Bhvaraneshvari Bharme

for active participation in the

Inter Medical College Dance Contest “Youth Festival 2017-18”  
held on Friday 26th January 2018 at IMA’s J. R. Shaw Auditorium, Nagpur

*Khanda*  
DR. VAISHALI KHANDAIT  
President

*Sumra*  
DR. B. K. SHARMA  
Chairman

*Prashant*  
DR. MUKUNID GANERIWAL  
Convener

*Prashant*  
DR. PRASHANT RATHI  
Hon. Secretary



Dr. Ush: *Ush*  
Patron





V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019



**DHADKAN - 2018** presents **ZEAL**

**Certificate of Excellence**

This is to certify that *Mr./Ms./Dr. Julie*.....  
*A. Kapgate*..... has secured ..... *Second*.....  
place in ..... *Dance*..... in the

*Zeal of Dhadkan - 2018 held at the VSPM'sDCRC, Nagpur.*

*Usha*

Dr. Usha Radke

Patron

*S. R. Sheno*

Dr. S. R. Sheno

Co - Patron

*Anoop Garg*

Dr. Anoop Garg

Chairperson

*Yamini Agrawal*

Yamini Agrawal

President

*Ankita Gabhane*

Ankita Gabhane

Vice - President

*Akshay Jaiswal*

Akshay Jaiswal

Secretary




V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019




DHADKAN - 2018 presents **ZEAL**  
Certificate of Excellence

This is to certify that that Mr./Ms./Dr. SAKSHI. G. VELUKAR.  
..... has secured .....  
place in ..... **GROUP A RANCE** ..... in the  
**Zeal of Dhadkan - 2018** held at the VSPM's DCRC, Nagpur.


  
Dr. Usha Radke  
Patron

  
Dr. S. R. Sheno  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary



# Indian Medical Association, Nagpur

“Youth Festival 2017-18”

Theme : Folk Dances of India

INTER MEDICAL COLLEGE DANCE CONTEST



## Certificate

This certificate is awarded to

Ms./Mr. Kashif Mohammad

for active participation in the

Inter Medical College Dance Contest “Youth Festival 2017-18”

held on Friday 26th January 2018 at IMA's J. R. Shaw Auditorium, Nagpur

*Khandai*

*Sumra*

*Chel*

*Pratis*

DR. VAISHALI KHANDAIT  
President

DR. B. K. SHARMA  
Chairman

DR. MUKUND GANERIWAL  
Convener

DR. PRASHANT RATHI  
Hon. Secretary





VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K 19  
Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Kashif Mohammed has secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in 100 m running during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

[Signature]  
Dr. Usha Radke  
Patron

[Signature]  
Dr. Kamkrishna Shernoi  
Co-Patron

[Signature]  
Dr. Shubhangi Khandekar  
Chairperson SWA

[Signature]  
Mayush Jain  
President SWA

[Signature]  
Karan Jaiswal  
Vice President

[Signature]  
Aliti Sharma  
Secretary





VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Kashif Mohammed has secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in cricket during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Dr. Usha Radke

Patron

Aayush Jain

President SWA

Dr. Kamal Krishna Shenoi

Co-Patron

Karan Jaiswal

Vice President

Dr. Shubhangi Khandekar

Chairperson SWA

Aditi Sharma

Secretary





VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19  
Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss: Kashif Mohamed has

secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in 400m Relay during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

U Radha

Dr. Usha Radke  
Patron

Karyushi Jain  
President SWA

Dr. Ganakrishna Sheno

Co-Patron

Karan Jaiswal  
Vice President

G.P. Khambale

Dr. Shubhangi Khanolkar  
Chairperson SWA

Aditi Sharma  
Secretary





VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19  
Presents

YUVANA

Certificate of Excellence

This is to certify that ~~Mr.~~ Miss. Niharika Patil has

secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in 100 m running during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Dr. Usha Raut  
Patron

Dr. Kamleshina Shenoi  
Co-Patron

Raviyash Jani  
President SWA

Karan Jaiswal  
Vice President

Aditi Sharma  
Secretary

Dr. Shubhangi Khandekar  
Chairperson SWA

Aditi Sharma  
Secretary





VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Pranav Umale has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Cricket during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Dr. Usha Gadgil

Patron

Karan Jaiswal

Vice President

Dr. Shubhangi Khanolkar

Chairperson SWA

Aditi Sharma

Secretary





**VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR**

**DHADKAN 2K19**  
*Presents*

**YUVANA**

*Certificate of Excellence*

This is to certify that Mr./Miss. Pravak Umale has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Volleyball during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*Umale*

Dr. Usha Radhe  
Patron

*Ajayash Jain*  
Ajayash Jain  
President SWA

*Srinoni*

Dr. Kamkristina Srinoni  
Co-Patron

*Karan Jaiswal*  
Karan Jaiswal  
Vice President

*S.P. Khandekar*

Dr. Shubhangi A. Khandekar  
Chairperson SWA

*Amit Sharma*  
Amit Sharma  
Secretary





VSPMS DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19  
*Presents*

**POUVANA**

*Certificate of Excellence*

This is to certify that Mr. Pranav Umale has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Case during annual fest

Dhadkan 2019-2020 held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*Uralkh*

Dr. Jyoti Gadgil  
Dean

*Nir*

Dr. Sandeep Singh  
Co Dean

*S.T. Kulkarni*

Dr. Shubhangi Mandekar  
Chairperson SVA

*Pratik*

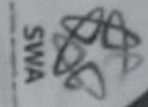
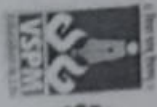
Harish Jadhav  
President FWA

*Pratik*

Pratik Jadhav  
Vice President

*Pratik*

Pratik Sharma  
Secretary



VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K 19

Presents

YOYANA

Certificate of Excellence

This is to certify that Mr./Miss. Nawita Daig has secured 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> position in Cosmetics during annual fest

Dhadkan - 2019 YOYANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

U. Galha

Dr. Usha Radke  
Patron

Aayush Jain

Aayush Jain

Dr. Kamkajishina Shenoi

Co-Patron

Karan Jaiswal

Karan Jaiswal  
Vice President

Dr. Shubhangi Khandekar

Chairperson SWA

Mithi Sharma

Mithi Sharma  
Secretary



VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K 19

Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. SAKSHI. G. VELLUR. has secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Basketball. during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

U. Gadhe

Dr. Usha Gadhe  
Patron

Dr. Ramkrishna Shenoi

Co-Patron

S.P. Khandekar

Dr. Shubhangi Khandekar  
Chairperson SWA

Dr. Anurag

Patron

Dr. Anurag

Co-Patron

Dr. Aditi Sharma

Chairperson SWA





VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K19

Presents

YUVANA

*Certificate of Excellence*

This is to certify that Mr./Miss. SAKSHI. G. VELURKAR. has secured 1<sup>st</sup> / 1<sup>st</sup> position in cricket during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*U. Radhe*

Dr. Usha Radhe  
Patron

*Mayush Jain*  
President SWA

*Kamleshina Sheno*

Dr. Kamleshina Sheno  
Co-Patron

*Karan Jaiswal*  
Vice President

*S.P. Khurde*

Dr. Shubhangi Khurdekar  
Chairperson SWA

*Aditi Sharma*  
Secretary






V. S. P. M.'S DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019





DHAKKAN = 2018 presents **ZEAL**


### Certificate of Excellence

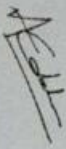
This is to certify that that Mr./Ms./Dr. Hrushikesh.....  
...Malikar..... has secured ..... 1<sup>st</sup> runner up.....  
place in ... Valley Ball..... in the  
Zeal of Dhakkan - 2018 held at the VSPM's DCRC, Nagpur.


  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoi  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary

V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019

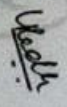



DHARADKAN = 2018 presents **ZEAL**


**Certificate of Excellence**


This is to certify that that Mr./Ms./Dr. Nashwan Rizga.....  
..... has secured 2<sup>nd</sup>.....  
place in Table Tennis..... in the


Zeal of Dhadkan - 2018 held at the VSPM's DCRC, Nagpur.


  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoi  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary



V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019



DHANDEKAM - 2018 presents **ZEAL**  
Certificate of Excellence

This is to certify that that Mr./Ms./Dr. .... *Pranav* .....  
*Umale* ..... has secured ..... *Rimderip* .....  
place in ..... *Carrom* ..... in the

*Zeal of Dhankam - 2018 held at the VSPM's DCRC, Nagpur.*

- Ushar*  
Dr. Usha Radke  
Patron
- Shenoi*  
Dr. S. R. Shenoi  
Co - Patron
- Anoop Garg*  
Dr. Anoop Garg  
Chairperson
- Yamini Agrawal*  
Yamini Agrawal  
President
- Ankita Gabhane*  
Ankita Gabhane  
Vice - President
- Akshay Jaiswal*  
Akshay Jaiswal  
Secretary



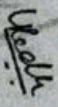
V. S. P. M.'S DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA – INDIA 440019





DHIA DIKAN = 2018 presents **ZEAL**


Certificate of Excellence


This is to certify that that Mr./Ms./Dr. PRANAY... UMABE  
..... has secured... **SUNDER**... UP.....  
place in ..... **Table**... **Tennis**..... in the  
**Zeal of Dhadkan** – 2018 held at the VSPM's DCRC, Nagpur.


  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoi  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary





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DHADKAN - 2018 presents **ZEAL**

**Certificate of Excellence**

This is to certify that that Mr./Ms./Dr. .... RAGHAV.....  
.....Vimal..... has secured.....SUNNER.....  
place in .....SOLIKET..... in the

**Zeal of Dhadkan - 2018 held at the VSPM's DCRC, Nagpur.**

Dr. Usha Radke  
Patron

Dr. S. R. Shenoji  
Co - Patron

Dr. Anoop Garg  
Chairperson

Yamini Agrawal  
President

Ankita Gabhane  
Vice - President

Akshay Jaiswal  
Secretary



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CamScanner





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NAGPUR, MAHARASHTRA - INDIA 440019



DHADKAN - 2018 presents **ZEAL**  
Certificate of Excellence

This is to certify that that Mr./Ms./Dr. **PRANAV UMALE**  
..... has secured ..... **runner UP**.....  
place in ..... **Volleyball**..... in the  
**Zeal of Dhadkan - 2018** held at the VSPM'S DCRC, Nagpur.

*Usha Radke*  
Dr. Usha Radke  
Patron

*S. R. Shenoi*  
Dr. S. R. Shenoi  
Co - Patron

*Anoop Garg*  
Dr. Anoop Garg  
Chairperson

*Yamini Agrawal*  
Yamini Agrawal  
President

*Ankita Gabhane*  
Ankita Gabhane  
Vice - President

*Akshay Jaiswal*  
Akshay Jaiswal  
Secretary



V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019



DHARADKAN - 2018 presents  
**ZEAL**


**Certificate of Excellence**


This is to certify that that Mr./Ms./Dr. Niharika Pavi.....


..... has secured **1<sup>st</sup>**.....


place in **Cricket**..... **Tournament**..... in the


**Zeal of Dhadkan - 2018** held at the VSPM's DCRC, Nagpur.

  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoi  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary




V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019





DHANDEKARAN - 2018 presents **ZEAL**

*Certificate of Excellence*

This is to certify that that Mr./Ms./Dr. Niharika Paru.....  
..... has secured 1st.....  
place in 100 m Running..... in the  
Zeal of Dhadekan - 2018 held at the VSPM's DCRC, Nagpur.

  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoi  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary



V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019



DHAADEKAN - 2018 presents **ZEAL**

*Certificate of Excellence*

This is to certify that that Mr./Ms./Dr. Nihavika Pavi.....  
..... has secured 3rd.....  
place in Relay..... in the

*Zeal of Dhadekan - 2018 held at the VSPM's DCRC, Nagpur.*

Dr. Usha Radke  
Patron

Dr. S. R. Sheno  
Co - Patron

Dr. Anoop Garg  
Chairperson

Yamini Agrawal  
President

Ankita Gabhane  
Vice - President

Akshay Jaiswal  
Secretary




V. S. P. M.'S DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019




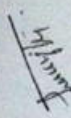
DHADKAN - 2018 presents **ZEAL**  
Certificate of Excellence

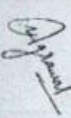
This is to certify that that Mr./Ms./Dr. SAKSHI...VELLIKAR...  
..... has secured 1<sup>st</sup> Position.....  
place in ..... **Oral**..... in the


Zeal of Dhadkan - 2018 held at the VSPM's DCR, Nagpur.


  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoai  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary



# Certificate of Appreciation

This is to certify that *Dr. Bhuvaneshwari Photos*  
has participated in *Ca<sup>2+</sup> - P - TPO* has secured .....place  
on the occasion of CONS-ENDO DAY 2018.

*A. Mohan .B*  
Dr. Mohan .B  
Secretary IACDE

*Dr. Shashirekha .G*  
Dr. Shashirekha .G  
Programme Coordinator

*K. Kidyoor .K.H*  
Dr. Kidyoor .K.H  
President IACDE

CONSOLIDATED DAY



# Certificate of Appreciation

This is to certify that *Dr. Prajakta Palode* has participated in **WALK - A - THERAPY** has secured .....place on the occasion of CONS-ENDO DAY 2018.

*[Signature]*

Dr. Mohan .B  
Secretary IACDE

*[Signature]*

Dr. Shashirekha .G  
Programme Coordinator

*[Signature]*

Dr. Kidlyoor .K.H  
President IACDE





V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019



DHADKAN - 2018 presents **ZEAL**  
Certificate of Excellence

This is to certify that that Mr./Ms./Dr. *Tushar Singh*.....  
..... has secured *Secord*.....  
place in *Rajiv*..... in the  
*Zeal of Dhadkan - 2018* held at the VSPM's DCRC, Nagpur.

*[Signature]*  
Dr. Usha Radke  
Patron

*[Signature]*  
Dr. S. R. Shenoi  
Co - Patron

*[Signature]*  
Dr. Anoop Garg  
Chairperson

*[Signature]*  
Yamini Agrawal  
President

*[Signature]*  
Ankita Gabhane  
Vice - President

*[Signature]*  
Akshay Jaiswal  
Secretary



V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019



DHADKAN - 2018 presents  
**ZEAL**  
Certificate of Excellence

This is to certify that that Mr./Ms./Dr. *Tushar Singh*.....  
..... has secured *Second*.....  
place in *Cricket*..... in the  
*Zeal of Dhadkan - 2018* held at the VSPM's DCRC, Nagpur.

*Usha*  
Dr. Usha Radke  
Patron

*Shenoi*  
Dr. S. R. Shenoi  
Co - Patron

*Anoop*  
Dr. Anoop Garg  
Chairperson

*Yamini*  
Yamini Agrawal  
President

*Ankita*  
Ankita Gabhane  
Vice - President

*Akshay*  
Akshay Jaiswal  
Secretary






V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MA HARASHTRA - INDIA 440019





DHADKAN - 2018 presents **ZEAL**


Certificate of Excellence

This is to certify that that Mr./Ms./Dr. **Hrushikesh**  
**.Malikar**..... has secured ..... **1<sup>st</sup> runner up**.....  
place in ... **100 mt running** ..... in the  
**Zeal of Dhadkan - 2018** held at the VSPM's DCRC, Nagpur.

  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoi  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yarnini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary



V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019

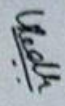



DHARADKAN = 2018 presents


**ZEAL**


*Certificate of Excellence*


This is to certify that that Mr./Ms./Dr. Hrushikesh  
Malikar..... has secured 1<sup>st</sup> runner up.....  
place in Cricket..... in the  
Zeal of Dhadkan - 2018 held at the VSPM's DCR, Nagpur.


  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoi  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

  
Akshay Jaiswal  
Secretary







S.P.M.S. Dental college & Research Centre  
Nagpur, Maharashtra - 440019.



# Dhaddkan - 2017

# AURDA

## Certificate of Excellence

This certificate of excellence is awarded to Julie Kogate  
1st in Class  
held from 30<sup>th</sup> Jan to 9<sup>th</sup> Feb - 2017.

Dr. Usha Radhe-  
Patron

Dr. Ramakrishna Shenoji  
Co - Patron

Dr. Anup Gang  
Chairman SWA

Arjunay Jogle  
President

Shirya Shahu  
Vice President

Pranjali Deulkar  
Secretary





VSPM's Dental college & Research Centre  
Nagpur, Maharashtra - 440019.



# Dhaddkan - 2017

# AURA

## Certificate of Excellence

This certificate of excellence is awarded to Hrushikesh Malikar  
for being 1st Runner up in 100mT running  
during annual fest Dhaddkan - 2017 held from 30<sup>th</sup> Jan to 9<sup>th</sup> Feb - 2017.

*Madhe*

Dr. Usha Radke  
Patron

*Shenoi*  
Dr. Ramakrishna Shenoi  
Co - Patron

*Gang*  
Dr. Anup Gang  
Chairman SWA

*Ingle*  
Tannay Ingle  
President

*Shahu*  
Shriya Shahu  
Vice President

*Deulkar*  
Pranjali Deulkar  
Secretary



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V. S. P. M.'s DENTAL COLLEGE AND RESEARCH CENTRE,  
NAGPUR, MAHARASHTRA - INDIA 440019




DHADKAN - 2018 presents **ZEAL**  
Certificate of Excellence

This is to certify that that Mr./Ms./Dr. .... AKANKSHA A. NAWALE  
..... has secured ..... FIRST .....  
place in ..... SINGING ..... in the  
Zeal of Dhadkan - 2018 held at the VSPM's DCRC, Nagpur.

  
Dr. Usha Radke  
Patron

  
Dr. S. R. Shenoai  
Co - Patron

  
Dr. Anoop Garg  
Chairperson

  
Yamini Agrawal  
President

  
Ankita Gabhane  
Vice - President

Akshay Jaiswal  
Secretary





2018-19

# INDIAN MEDICAL ASSOCIATION



Certificate



2018-19

*Youth Festival-2018*

*Sa-Re-Ga-Ma Musical Competition*

This certificate is awarded to

Dr. Ms./Mrs./Mr.

**ADITI JOSHI**

in appreciation of having participated in the

**Youth Festival-2018 Sa-Re-Ga-Ma Musical Competition**

held on 15th August 2018 at IMA's J. R. Shaw Auditorium, Nagpur

*Dr. Ashish Disawal*

**DR. ASHISH DISAWAL**

President

*Dr. B. K. Sharma*

**DR. B. K. SHARMA**

Chairperson, Sa-Re-Ga-Ma

*Dr. Mukund Ganerimal*

**DR. MUKUND GANERIMAL**

Convener, Sa-Re-Ga-Ma

*Dr. Dinesh Agrawal*

**DR. DINESH AGRAWAL**

Hon. Secretary

**HEAR THE FUTURE & PREPARE FOR IT...**

*Let's Give Health to Every Indian*



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VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K 19

Presents

YUVANA

*Certificate of Excellence*

This is to certify that Mr./Miss. Harsh Borundia has secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Rapping competition during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

*U. Gadgil*

Dr. Usha Gadgil  
Patron

*Aayushi Jain*  
Aayushi Jain  
President SWA

*Kamkrishna Shenoi*

Dr. Kamkrishna Shenoi  
Co-Patron

*Karan Jaiswal*  
Karan Jaiswal  
Vice President

*S. P. Khandekar*

Dr. Shubhangi Khandekar  
Chairperson SWA

*Aditi Sharma*  
Aditi Sharma  
Secretary





VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR

DHADKAN 2K 19

Presents

YUVANA

Certificate of Excellence

This is to certify that Mr./Miss. Kashif Mohammed has secured 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> position in Group Dance during annual fest

Dhadkan - 2019 YUVANA held from 7<sup>th</sup> of March to 16<sup>th</sup> of March 2019.

Dr. Usia Raikhe  
Patron

Nayushi Jain  
President SWA

Dr. Kamtekishna Shenoi  
Co-Patron

Karan Jaiswal  
Vice President

Dr. Shubhangi Khurdekar  
Chairperson SWA

Aditi Sharma  
Secretary





V.S.P.M'S Dental College & Research Centre  
 Nagpur, Maharashtra - 440019.

**DHADKAN - 2016**

*Certificate of Excellence*

This certificate of appreciation is awarded to Julie Kapgate  
 for being first in Kangoli Competition  
 during annual fest Shadhar - 2016 & Enthusia held from 30<sup>th</sup> Jan to 1<sup>st</sup> Feb. - 2016

Dr. Usha Radke

Chief Patron

Dr. Ramakrishna Shenoi

Patron

Dr. Anup Garg

Chairman SWA

Chetan Gupta

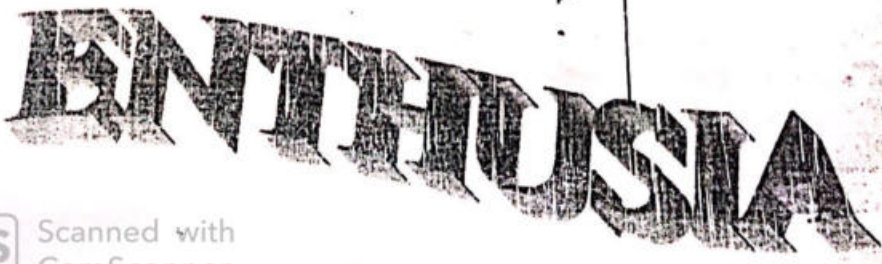
President

Ajitkya Nampallwar

Vice president

Pratiksha Sahare

Secretary



# YOGA DAY DETAILS

<b>Name of value added courses (courses with 16 or more contact hours)</b>	<b>Course code</b>	<b>Name of the committee/Dept conducting the program</b>	<b>Dates/offering the program</b>	<b>Number of times offered during the same year</b>	<b>Number of students completing the course in the year</b>
Yoga session	-	Interns Monitoring Committee	30 <sup>th</sup> September 2014	1days workshop	98 participants
International Yoga Day	-	Interns Monitoring Committee	21 <sup>st</sup> June 2015	1days workshop	104 participants
International Yoga Day	-	Interns Monitoring Committee	21 <sup>st</sup> June 2016	1days workshop	123 participants
International Yoga Day	-	Interns Monitoring Committee	21 <sup>st</sup> June 2017	1days workshop	113 participants
International Yoga Day	-	Interns Monitoring Committee	21 <sup>st</sup> June 2018	1days workshop	120 participants
International Yoga Day	-	Interns Monitoring Committee	21 <sup>st</sup> June 2019	1days workshop	135 participants

# ATTENDANCE FOR YOGA SESSION

30<sup>TH</sup> SEPTEMBER (2014)

SR.NO	NAME	SIGNATURE
1	Surbhi Dudhe	
2.	Tanvi Fuladi	
3.	Rachana Grawande	
4.	Pranav Kusur	
5.	Vandana Satpute	
6.	Anushree Mandal	
7.	Chetana Grahane	
8.	Sakshi Pathak	
9.	Satish Marbate	
10.	chanda Wambhade	
11.	Aishwarya Iklar	
12.	Pratiksha Sonare	
13.	Aditi Shigma	
14.	AKANSHA MUKWANE	
15.	Gayatri Phode	
16.	Jyoti Kothari	
17.	Qucha Saasi	
18.	Minal kotak	
19.	Sayali Kotambkar	
20.	Shivani Kotewar	
21.	Ananya Kothre	
22.	sampada kulkarni	
23.	Meenakshi kulkarni	
24.	Anishka Meshram	
25.	Ashwini Meshram	
26.	Bamida Pande	
27.	Monalisa Baidya	
28.	Dr. Jayashree Joshi	
29.	Dr. Jayashree Chahande	
30.	Ayushree Agrawal	
31.	Andaleeb Ishtal	
32.	Jarima Agrawal	
33.	Pooja Asani	
34.	Saleshi Biren	

35	Aditya Agrawal	Aditya
36	Anand Agarwal	Anand
37	Mayur Jain	Mayur
38	Ayushi Jain	Ayushi
39	Mrudul Hukre	Mrudul
40	Vaishnavi Tilke	Vaishnavi
41	Farheen Shiekh	Farheen
42	Meenal Pande	Meenal
43	Dr. Parva Chaudhary	Parva
44	Dr. Gaagandeep Lamba	Gaagandeep
45	Dr. Leevita Motwani	Leevita
46	Rajashree Agrawal	Rajashree
47	Mayank Gajbhiye	Mayank
48	Kartik Gandhi	Kartik
49	Yyavesh Mehata	Yyavesh
50	Pamini Agrawal	Pamini
51	Taliya Ahmed	Taliya
52	Akshay Jaiswal	Akshay
53	Schil Brundale	Schil
54	Samsiddhi Salvi	Samsiddhi
55	Pragati Ardal	Pragati
56	Sachal Ambikadance	Sachal
57	Satish	Satish
58	Aishwariya Gupta	Aishwariya
59	Dr. Mukta Motwani	Mukta
60	Heda Hinane	Heda
61	Shreyasi Jogi	Shreyasi
62	Pooja Kadam	Pooja
63	Trishala Patil	Trishala
64	Vandana Satpute	Vandana
65	Chanda Wankhede	Chanda
66	Jayani Wade	Jayani
67	Nikisha Wade	Nikisha
68	Kamnak Bhoyar	Kamnak
69	Pranali Bodele	Pranali
70	Ancija Dholi	Ancija
71	Tushita Dey	Tushita
72	Divya Thindhi	Divya
73	Leena Tamde	Leena

75	Mauraj Sandhu	Mansaj.
76	Dr. Anita Bahare	AP
77	Dr. Saee Deshpande	Saee
78	Reetija Rajit	Reetija
79	Payal Pambhad	Payal Pambhad
80	Radhika Saharaja	Radhika
81	Shinami Sambhaji	Shinami
82	Sakshi Aher	Sakshi
83	Anushree Tarnikar	Anushree
84	Dr. Atul Pathi	Atul
85	Dr. Tushar Morade	M
86	Dr. Deendra Nagpal	DN
87	Trutika Deshmukh	Trutika
88	Varsha Dharmade	Varsha
89	Divya Dubey	Dubey
90	Brunali Yajbhije	Brunali
91	Harmati Giri	Harmati
92	Priyanka Gotmare	Priyanka
93	Poojanta Masram	Masram
94	Aniketshaji Mohod	Aniketshaji
95	Ashwini Pardhi	Ashwini
96	Dr. Anurag Chaudhary	Anurag
97	Dr. Sujoy Banerjee	SB
98	Nikita Wanjeri	Nikita
99	Sanjana Wademale	Sanjana
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# ATTENDANCE FOR INTERNATIONAL YOGA DAY PROGRAMME

21<sup>ST</sup> JUNE (2015)

SR.NO	NAME	SIGNATURE
1.	Kalyani Deshmukh	Kalyani D.
2.	Pratibha Sahare	Pratibha S.
3.	Prachi Bagani	Prachi B.
4.	Anvita Dhok	Anvita D.
5.	Tejaswini Dongre	Tejaswini D.
6.	Moushmi Deshmukh	Moushmi D.
7.	Mayur Jain	Mayur J.
8.	Ayush Jain	Ayush J.
9.	Sakshi Patil	Sakshi P.
10.	Surbhi Dhole	Surbhi D.
11.	Tamri Fuladi	Tamri F.
12.	Chetna Galhane	Chetna G.
13.	Dr. Jayashree Joshi	Dr. Jayashree J.
14.	Dr. Jayashree Chohande	Dr. Jayashree C.
15.	Dr. Anshu Chandak	Dr. Anshu C.
16.	Shivani Katarwar	Shivani K.
17.	Ananya Kothre	Ananya K.
18.	Ruchika Madhane	Ruchika M.
19.	Anishka Meshram	Anishka M.
20.	Sampada Fulbari	Sampada F.
21.	Meenalini Kulkarni	Meenalini K.
22.	Anshuma Mahalle	Anshuma M.
23.	Firoz Meshram	Firoz M.
24.	Monalisa Baidya	Monalisa B.
25.	Prinky Nagapallinar	Prinky N.
26.	Fachan Habde	Fachan H.
27.	Samidha Pande	Samidha P.
28.	Meenal Atharke	Meenal A.
29.	Sonali Bansod	Sonali B.
30.	Pranita Bangad	Pranita B.
31.	Shirani Bandit	Shirani B.
32.	Apurna Dalole	Apurna D.
33.	Aisha Bodele	Aisha B.
34.	Shirani Bhatnagar	Shirani B.

35	Anya Dhole	Priyad.
36	Rachana Ganande	Rachana
37	Snehal Kadam	Snehal.
38	Durgesh Kumbhare	<del>Durgesh</del>
39	Vicky Mandpe	Vicky Mandpe.
40	Dr. Ananya Hazare	Am
41	Dr. Sujay Banerjee	Sujay
42	Dr. Pankaj Achare	<del>PA</del>
43	Laxmikant Hedau	Laxmikant.
44	Aditya Agaswal	Aditya.
45	Aditi Fadnis	Aditi.
46	Aditi Apte	Apte.
47	Vaishani Gadhai	Vaishani.
48	Jyandhara Ikar	Jyandhara
49	Sahidha Pandit	Sahidha
50	Vaishani Gadhai.	<del>Vaishani</del>
51	Shivani Bhatia.	Shivani
52	Alishe Bodele	Alishe
53	Dable Apurva.	<del>Dable</del>
54	Meenali Bakhare	<del>Meenali</del>
55	Susuchi Gupta	Susuchi
56	Anhal Hadke	Anhal
57	Dhanashree Hedau.	Dhanashree
58	Jyandhara Ikar	Jyandhara
59	Sanjeevani Jadhav	Sanjeevani
60	Ankita Kale	Ankita
61	Nikisha Usade	Nikisha
62	Shruti Dande.	Shruti
63	Neha Shende	Neha
64	Fareen Sheikh	Fareen
65	Laxmikant Hedau.	<del>Laxmikant</del>
66	Aditi Apte.	Aditi
67	Bela Chobragade	Bela
68	Musdul Huls	Musdul
69	Jagruti Kedia	Jagruti
70	Dr. Devendra Nagpal.	Dr
71	Dr. Pankaj Akhse.	PA

72.	Mitali Jain	Mitali
73.	Denali kall	Denali
74.	Aparna kale	<del>Aparna</del>
75.	Anchal kalemose	Anchal
76.	Priyanka kalthane	<del>Priyanka</del>
77.	Mugdha khodd	<del>Mugdha</del>
78.	<del>Priyanka khungas</del>	<del>Priyanka</del>
77.	Pooana kurya	<del>Pooana</del>
78.	Dr. Tushar mowade	TM
79.	Dr. Anuj Chandak.	Anuj
80.	Dr. Ananya thaze	Anj
81.	Ayash Jain.	Ayash
82.	Salchi pathak	Salchi
83.	Neeta Choudhary	Neeta
84.	Dr. Anita kahaq	AI
85.	Dr. Saee Deshpande.	Saee
86.	Dr. Vandana kokame	V
87.	Pratiksha Sonare.	<del>Pratiksha</del>
88.	Aditi Sharma	<del>Aditi</del>
89.	Rucha Joshi	<del>Rucha</del>
90.	Yamini Agrawal.	yamini
91.	Akshay Jaiswal	<del>Akshay</del>
92.	Pragati Jorkad.	<del>Pragati</del>
93.	Dishika Khogewari	<del>Dishika</del>
94.	Pooanali Bodek.	<del>Pooanali</del>
95.	Anuja Dhote	Anuja
96.	Kalyani Deshmukh	<del>Kalyani</del>
97.	Mayank Gajbhaye	Mayank
98.	Ashwini Chhodekar	<del>Ashwini</del>
99.	Niyazi Khan.	<del>Niyazi</del>
100.	Fatima Mahavash	<del>Fatima</del>
101.	Prerita Mohod.	<del>Prerita</del>
102.	Nikita Nerkar	<del>Nikita</del>
103.	Prishala Patil	<del>Prishala</del>
104.	Ulvi Parat	<del>Ulvi</del>
105.		
106.		
107.		
108.		

# ATTENDANCE FOR INTERNATIONAL YOGA DAY PROGRAMME

21<sup>ST</sup> JUNE (2016)

SR.NO	NAME	SIGNATURE
1	Ayushi Chouhan	Ayushi
2	Jeeval Mangalavi	Jeeval
3	Isha godhare	Isha
4	Angha Wadke	Angha
5	Esha Jaiswal	Esha
6	Sanjeevani Kamdi	Sanjeevani
7	Kranli Khadse	Kranli
8	Sanjeevani Khode	Sanjeevani
9	Siya Chhani	Siya
10	Anuraj Jain	Anuraj
11	Neha Janje	Neha
12	Anushri Mandal	Anushri
13	Devi Simran	Simran
14	Sayali Yerwe	Sayali
15	Sonia Bori	Sonia
16	Priyanka Massam	Priyanka
17	Ashlesha Mehav	Ashlesha
18	Aditi Gandhi	Aditi
19	Bhaisavi Kottalimath	Bhaisavi
20	Dimple Kalamkal	Dimple
21	Ragini Chourava	Ragini
22	Bhaya Raut	Bhaya
23	Ravi Kuvale	Ravi
24	Ashlesha Mehav	Ashlesha
25	Harsha Gandhi	Harsha Gandhi
26	Dr. Nulga	Nulga
27	Dr. Ojas Gajbhiye	Ojas
28	Simran Dewani	Simran
29	Gaige' mudley	Gaige'
30	Dr. Richa Sabari	Richa
31	Madhuvani Bapat	Madhuvani
32	Akash Mane	Akash
33	Nidhi Gadge	Nidhi
34	Dr. Manjri	Manjri

35	Roma Parde	<del>Parde</del>
36	Jayali Parde	Jayali
37	Bushra Siddiqui	Bushra
38	Zaman Shicks	<del>Zaman</del>
39	Danya Mishra	Danya
40	Priyanka Dhande	Priyanka
41	Paglikar Chahande	Paglikar
42	Sa Saffran	<del>Sa</del>
43	Sargam Parale	Sargam
44	Prem faye	<del>Prem</del>
45	Rushikesh malikar	Rushikesh
46	Pathode Vedika	<del>Pathode</del>
47	Dr. Anuj Chaudale	Anuj
48	Dr. Ananya Hazare	An
49	Pathode Manisha	MPathode
50	Sakshi Pathak	SPathak
51	Apoorva Salve	Apoorva
52	Sana Mohammad	Sana
53	Anisha Saaji	Anisha
54	Utkarsh Ande	<del>Utkarsh</del>
55	Bhavesh Yadava	<del>Bhavesh</del>
56	Anurag Jain	<del>Anurag</del>
57	Ankur Modak	Ankur
58	Akhil Annane	<del>Akhil</del>
59	Nikita Lahariya	Nikita
60	Manisha fathode	Manisha
61	Sargam Pasath	Sargam
62	Danya Mishra	Danya
63	Dhruvi Dhanak	Dhruvi
64	Shravya Neastad	Shravya
65	Vaasthi Pale	Vaasthi
66	Madhvi Pathale	Madhvi
67	Mounal: Dabikal	Mounal
68	Pooja Chouhan	Pooja
69	Sinran Tufani	Sinran
70	Aishwarya Hazare	Aishwarya
71	Dr. Sudhir Lawtan	Dr.
72	Dr. Sushil Nayak	Sushil
73	Chimmayee Chaudhar	Chaudhar

74	Harsha Gandhi.	Halsby
75	Dr. Devedra Nagpal.	Tant
76	Nisha Pramanik	Nizur.
77	Ankita Kade	Ambika
78	Toshita Deshpande	Toshita
79	Shrawasti Chouli	Shrawasti
80	Dagini Chourenur	Randh
81	Dr. Anuj Chandale	Anuj..
82	Dr. Ananya Hazare	AN
83	Dr. Sujay Banerjee	SB
84	Dr. Rajlaxmi Banerjee	Raj
85	Dr. Mukta Patwani	Kam
86	Jeenal Mayani	Jeenal
87	Niam Metangale	Vibhi
88	Ishita Khalatkar	Ishita
89	Muskan Shamar	Muskan
90	Noshin Riza	Noshin
91	Rutuja Patil	Rutuja
92	Waklehi Pottode.	Waklehi
93	Bhauna Shenoi	Bhauna
94	Dr. Purna Chaudhary	Purna
95	Dr. Kavita Hetwani	KH
96	Dr. Himija Kanis	HK
97	Dr. Chetha Matade	Chetha
98	Dr. Kshitij Bang	KB
99	Dr. Athar Swickar	AS
100	Rutuja Peshne	Rutuja
101	Manjusha Suryavanshi	Manjusha
102	Bhuvaneshwari Bhalme.	Bhuvaneshwari
103	Poojanaga Uleikunte	Poojanaga
104	Pooja Pat	Pooja
105	Dr. Shruti Jain	Shruti -
106	Dr. Satish Khade	SK
107	Shalaka Kolite	Shalaka.
108	Shreyash Hadse	SH
109	Pooja Nagre	Pooja
110	Vedika Potode	VP
111	Shruti Patil	SP
112	Anushree Ugey	AU



# ATTENDANCE FOR INTERNATIONAL YOGA DAY PROGRAMME

21<sup>ST</sup> JUNE (2017)

SR.NO	NAME	SIGNATURE
1	Pragati Agsawal	
2	Arya Lal	
3	Suyali Belkhode	
4	Aboli Chaple	
5	Anagha Warkhede	
6	Amerag Jain	
7	Shrunkhal Bhupal	
8	Shweta Borkar	
9	Pragati Burad	
10	Snehal chardhad	
11	chanda Wankhede	
12	Satish Marbate	
13	Vandana Satpute	
14	Sanjana Agrawal	
15	Sammuchi Bhure	
16	Hanshita Patil	
17	Mrunmayee Awade	
18	Raksha Belkhode	
19	Prem faye	
20	Esha Fulzate	
21	Virola Jain	
22	Muskan Thawar	
23	Aakruti Gangurde	
24	Mohini Trkhede	
25	Shradha Borkhanpurkar	
26	Yaishnavi Dorlikar	
27	Suyali Ingle	
28	Baluni Mohesh	
29	Mrinali Dahikar	
30	Devina deshpande	
31	Ruchika Duratkar	
32	Sneha Bhuzade	
33	Nidhi Gadege	
34	Simran Dewani	

35	Tumali Gajbhaye	<del>Delhiye</del>
36	Mamata Gai	<del>Kishor</del>
37	Vaishnavi Gadball	<del>Vaishnavi</del>
38	Kauffka Deshmukh	<del>W</del>
39	Priyanka Masram	<del>Knagar</del>
40	Sakshi Ahee	<del>Sakshi</del>
41	Garagee Muley	<del>Ganesh</del>
42	Aditi Fadnis	<del>Garagee</del>
43	Aditi Apte	<del>Aditi</del>
44	Gayatri Sonlatke	<del>Gayatri</del>
45	Sushmit Singh	<del>Sushmit</del>
46	Mona Mulani	<del>Mulani</del>
47	Vaishnavi Titke	<del>Mulani</del>
48	Nikhil Wadhvani	<del>Nikhil</del>
49	Yugeshwari Ramesh	<del>Nikhil</del>
50	Parul Yadav	<del>Nikhil</del>
51	Gayatri Khade	<del>Nikhil</del>
52	Neha Lanje	<del>Nikhil</del>
53	Ankita	<del>Nikhil</del>
54	Rucha Saoji	<del>Nikhil</del>
55	Pranali Kalambe	<del>Nikhil</del>
56	Saini Datar	<del>Nikhil</del>
57	Pooja Malghani	<del>Nikhil</del>
58	Priya Toshniwal	<del>Nikhil</del>
59	Esha Jaiswal	<del>Nikhil</del>
60	Bhawika Keswari	<del>Nikhil</del>
61	Ria Lalwani	<del>Nikhil</del>
62	Nirzar Burande	<del>Nikhil</del>
63	Ayush Jain	<del>Nikhil</del>
64	Aditya Agrawal	<del>Nikhil</del>
65	Anand Agarwal	<del>Nikhil</del>
66	Swati Pawar	<del>Nikhil</del>
67	Taniya Gaba	<del>Nikhil</del>
68	Gayatri Peshre	<del>Nikhil</del>
69	Apita Thakur	<del>Nikhil</del>
70	Rewa Kamade	<del>Nikhil</del>
71	Swayan Prabha Sarangi	<del>Nikhil</del>
72	Anushree Talnikar	<del>Nikhil</del>
73	Jagrati Kelia	<del>Nikhil</del>

74	Priyanka Gotsare	P. Gotsare
75	Akansha Choudhary	Akansha Choudhary
76	Purni Chitke	Purni Chitke
77	Aditi Sharma	Aditi Sharma
78	Neha Baghelwanshi	Neha Baghelwanshi
79	Pakhande Wanjari	Pakhande Wanjari
80	Vashta Dhamde	Vashta Dhamde
81	Divya Dube	Divya Dube
82	Ayesha Prugapalli	Ayesha Prugapalli
83	Zoya Yurus	Zoya Yurus
84	Vaishnavi Wado	Vaishnavi Wado
85	Vaidchi Awari	Vaidchi Awari
86	Priya Jain	Priya Jain
87	Tarhani Bhoyar	Tarhani Bhoyar
88	Ketki Charde	Ketki Charde
89	Ritu Wankar	Ritu Wankar
90	Swaraj Wase	Swaraj Wase
91	Vaishnavi Tekhe	Vaishnavi Tekhe
92	Aparna Salve	Aparna Salve
93	Sana Khuraja	Sana Khuraja
94	Jai Somkuwar	Jai Somkuwar
95	Akansha Mukwane	Akansha Mukwane
96	Akansha Bale	Akansha Bale
97	Chinnaya Kumar	Chinnaya Kumar
98	Antakshari Mohod	Antakshari Mohod
99	Aashna Chanduoni	Aashna Chanduoni
100	Laxmikant Hedau	Laxmikant Hedau
101	Prashasti Sarode	Prashasti Sarode
102	Mohini Solanki	Mohini Solanki
103	Ashwini Pardhi	Ashwini Pardhi
104	Prachi Bagani	Prachi Bagani
105	Dr. Anuj Chaudhak	Anuj
106	Dr. Ananya Hagarre	AH
107	Dr. Jayashree Toshii	JT
108	Dr. Jayashree Chahande	Jay
109	Dr. Kshitiic Bang.	Kshitiic Bang.
110	Dr. Pranav	Pranav
111	Nandana Satpute	Nandana Satpute
112	Chanda Wankhede	Chanda Wankhede

*[Handwritten signature]*

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*Dr. Shanti Bala*

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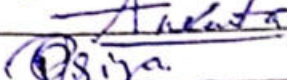
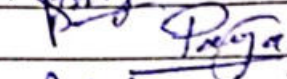
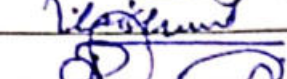
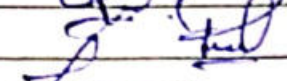


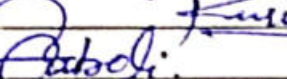
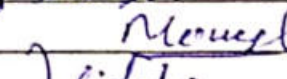
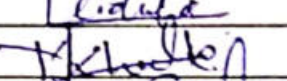
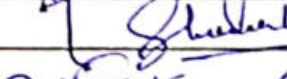

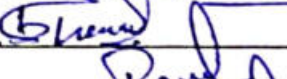
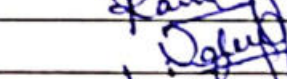
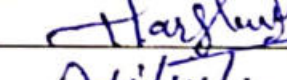
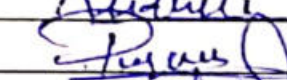
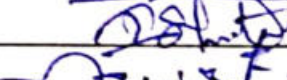
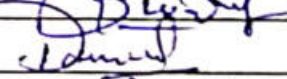
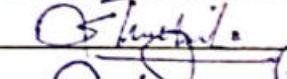
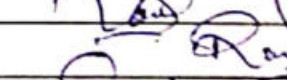
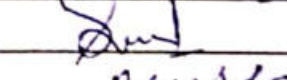
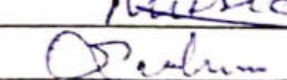
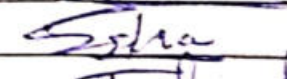
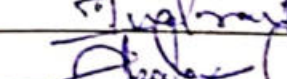
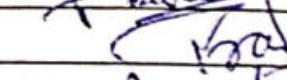



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# ATTENDANCE FOR INTERNATIONAL YOGA DAY PROGRAMME

21<sup>ST</sup> JUNE (2018)

SR.NO	NAME	SIGNATURE
1	Aditya Agrawal	
2	Aheer Sakshi	
3	Akansha Mukundan	
4	Anand Agarwal	
5	Anushree Talwar	
6	Apte Adithee	
7	Awari Vaidehi	
8	Bagani Prachi	
9	Bale Akansha	
10	Bhoyar Janhavi	
11	Bidwai Kar Apurva	
12	Burange Nirvan	
13	Burugpalli Ayesha	
14	Chandwani Rashna	
15	Chaudhary Akansha	
16	Chitale Pallavi	
17	Chimanya Kumar	
18	KRUTIKA DESHMUKH	
19	<del>Krutika Deshmukh</del>	
20	Dhamade Varsha	
21	Divya Dubey	
22	Jadhavis Aditi	
23	Gerbil Vaishnavi	
24	Gajbhaye Anuradi	
25	Govindala Ginni	
26	Gotmare Priyanka	
27	Hedau Lakshmi Kant	
28	Hukre Mrudul	
29	Jagruti Kedia	
30	Jain Mayur Ayush	
31	Jain Mayur	
32	Jaiswal Esha	
33	Kale Ankita	
34	Kamdi Sanjeevani	

35	Kanan Jalswal	<del>Kanan</del>
36	Keswani Bhavika	Keswani
37	Khobragade Bela	Bela
38	Khode Gayatri	Khode
39	Teohari Disha	Teohari
40	Jalwani Riya	Jalwani
41	Sanje Neha	Sanje
42	Harna Neha	Harna
43	Harchal Ishu	Harchal
44	Harna Akash	Harna
45	Harsan Poojanka	Harsan
46	Mehar Achelisha	Mehar
47	Mehar Indakelaci	Mehar
48	Muley Gargee	Muley
49	Pandit Meenal	Pandit
50	Pandhi Ashwini	Pandhi
51	Pawar Swati	Pawar
52	Peshne Gayatri Vijay	Peshne
53	Pooja Manghani	Pooja
54	Raghumangshi Neha	Raghu
55	Rohod Jugeshwari	Rohod
56	Rant Praya	Rant
57	Reva Kawade	Reva
58	Sipi Patil	Sipi
59	Chikhi Pankaj	Chikhi
60	Siddoo Alpoorwal	Siddoo
61	Sunil Haharmonad	Sunil
62	Satof Anisha Dipak	Satof
63	Sooji Ruchha Pranay	Sooji
64	Sayyed Farheen Anjum Altaf Hussain	Sayyed
65	Sharma Aditi	Sharma
66	Shweta Khond	Shweta
67	J Singh Jasmeet	J Singh
68	Selenki Mohini	Selenki
69	Sankurkar Jay	Sankurkar
70	Gayatri Santakey	Gayatri
71	Swarnil Singh	Swarnil
72	Swarnprabha Sarangi	Swarn
73	Tanjya Gaba	Tanjya

74.	Tejaswini Newkar	
75.	Utkal Arpita	
76.	Toshniwal Priya	
77.	Pooja Umasthe	
78.	VAISHNAVI TIKHE	
79.	Ritu Wankar	
80.	Parul Yadav	
81.	Zoya Yunus Guresli	
82.	Arya Lal	
83.	Narajita Patil	
84.	Tichkar Purna Vinod	
85.	Aboli Chape	
86.	Monesh Ballani	
87.	Vidula Jain	
88.	Muleta Kolhe	
89.	Shalaka Mohite	
90.	Vijay Mukhandani	
91.	Prakash Nagdeve	
92.	Bhaqwan Nagre	
93.	Ramesh Nawale	
94.	Zakir Sheikh. Riza Nosheen.	
95.	Harshita Patil	
96.	Sara Vidula Vikas	
97.	Tichkar Purna Vinod	
98.	Roy Ishita Kalyan	
99.	Shivani	
100.	Darshini Padda	
101.	Ubale Shubham Janyaj	
102.	Vaichu V. Lokhande	
103.	Vijay Mahima Harsh	
104.	Verma Smruti Sunil	
105.	Wanjari Muskan Ramankumar	
106.	Wanjari Snehal Sanjaykarnai	
107.	Yutkele Estha Prashant	
108.	Yeshande Indrani Vijay	
109.	Chopta - Aboli Phil	
110.	Jay Pooja Bhastarkar	
111.	Jain Vidula Vikas	
112.	Tichkar Purna Vinod.	



VIDYA SHIKSHAN PRASARAK MANDAL'S  
DENTAL COLLEGE & RESEARCH CENTRE,

DIGDOH HILLS, HINGNA ROAD, NAGPUR-440 019 PH:(07104) 665000,306101,Fax: (07104) 306301,  
Email: [vspmdcrnagpur@gmail.com](mailto:vspmdcrnagpur@gmail.com)

REF:VSPM'S DCRC/DEAN/CIR/ १०० /2019

DATE: 11/06/2019

**C I R C U L A R**

The Interns Monitoring committee is organizing **International Yoga Day** (Theme: Climate action) on the 21<sup>st</sup> June 2019. All teaching staff, non teaching staff and UG & PG students and Interns are invited to celebrate "International Yoga Day" on 21<sup>st</sup> June 2019. Following events are being organized, which is open for all.

**PROGRAMME- 21<sup>st</sup> June 2019**

Time	Event	Place
9.00 to 10.00 A.M.	Yoga Session	Matoshree Hall.
10.00 a.m.	E-poster competition & Essay Competition (Prize distribution)	

**Theme for E-Poster & Essay competition- "Importance of Yoga in climate change"**

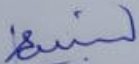
**Note: Entries are invited for E-Poster and Essay latest by 17<sup>th</sup> June 2019.**

**Guidelines:**

- 1) All the E-posters shall be in JPEG / PDF format, 400 dpi resolution and the display ratio 4.3
- 2) The presenter shall e-mail soft copy of the e-poster along with the covering letter containing name of the presenter and submit A4 size color print for display.
- 3) No identity should be revealed in E-poster and Essay.
- 4) Submit the separate sheet including Name, college name, Mobile, Email ID.
- 5) Only one entry for e-poster and Essay competition per participant.
- 6) Language- English, Marathi and Hindi.

**Teacher In charge**

Dr. Jayshree Chahande - E-poster competition ([drjai702@gmail.com](mailto:drjai702@gmail.com))  
Dr. Sangeeta Bhattacharya - Essay competition. Mb: 9881971411

  
**Dr. Surekha Rathod**

**In-charge, Interns Disciplinary Committee**



  
**Deah**  
VSPM'S DCRC, Nagpur

**Copy submitted to:**

- 3) Hon'ble Chairman, VSPM AHE, Nagpur for information.
- 4) Hon'ble Secretary, VSPM AHE, Nagpur for information.
- 5) Treasurer, VSPM AHE, Nagpur for information.

**Copy to:**

- 2) Dean, NKP SIMS, Nagpur.
- 3) Principal, VSPM's College of Physiotherapy.
- 4) Principal, College of Nursing.
- 5) All HOD's for information and necessary action.
- 6) Dr. Jayshree Chahande, Lecturer, Prosthodontics.
- 7) Dr. Sangeeta Bhattacharya, Lecturer, Orthodontics.
- 8) Mr. Vilas Khandan, A.O. NKP SIMS, for arrangement of Photographer and arrangement of "Matoshri Auditorium" on 21<sup>st</sup> June 2019 for Yoga Session.
- 9) A.O. VSPM's DCRC, for information and necessary arrangement.
- 10) Students Section, Estt. Section, Accounts Section, Store department, Library, Registration Counter, Telephone section, for necessary action.

Values in Healthcare – A Spiritual Approach  
(VIHASA)  
Details

# Intern's attendance for VIHASA PROGRAMME

(Batch 2015)

No	Name	12 october	13 october
1.	ASRANI KARAN HEMANT	Karan	Karan
2.	ATHARKAR MEENAL MANOJ	SS.	SS.
3.	BANAIT SHIVANI SURESH	SS.	SS.
4.	BANGAD PRANITA SANJAYKUMAR	Bangad	Bangad
5.	BANSOD SONALI JAGANNATH	Sonali	Sonali
6.	BHATIA SHIVANI ANIL	Shivani	Shivani
7.	BODELE ALISHA TULSIDAS		
8.	DABLE APURVA ARUN	Apurva Dable	Apurva Dable
9.	DAKHANE MRUNALI RAVINDRA	Rdakhane	Rdakhane
10.	DESHMUKH MOUSHMI KISHOR	Md.	Md.
11.	DHAMANGAONWALA MARIYA KUTBUDDIN	Mariya K.	Mariya K.
12.	DHOK ANVITA PRAVIN	Anvita	Anvita
13.	DHOTE PRIYA ASHOKRAO	Priya	Priya
14.	DONGRE TEJASWINI PRAKASH	TD.	TD.
15.	DUDHE SURABHI PRAVIN	S.	S.
16.	FULADI TANVI RAJESH	Tanvi	Tanvi
17.	GABHANE CHETNA KISHOR	Kishore	Kishore
18.	GAWANDE RACHANA SANJAY	Rachana	Rachana
19.	GUPTA CHETAN SHASHIKANT	G. Gupta	G. Gupta
20.	GUPTA SURUCHI SANTOSH		
21.	HADKE SNEHAL PURUSHOTTAM	Snehal	Snehal
22.	HEDAU DHANSHREE MANOHARRAO	Dhan	Dhan
23.	IKHAR YUGANDHARA MAHADEORAO	Yuga	Yuga
24.	JADHAV SANJIVANI PRALHAD	Sj.	Sj.
25.	JAIN MITALI RAJESH	Mitali J.	Mitali J.
26.	JAIN SHRUTI ASHOK		
27.	KALE DEVAKI ANIL	Devaki	Devaki
28.	KAMBLE APARNA S B		
29.	KAREMORE ANCHAL ASHOK	AAK	AAK
30.	KASTURI RUCHIKA LAXMICHAND	Ru	Ru
31.	KATHANE PRIYANKA DEVIDAS	Kathane	Kathane
32.	KHOND MUGDHA ABHAY	Mk.	Mk.
33.	KHUNGAR PRIYANKA NARESH	Pn	Pn
34.	KOTAK MINAL SANJAY	Kotak	Kotak
35.	KOTAMBKAR SAYALI	Sayali K.	Sayali K.

	SHARAD		
36	KOTEWAR SHIVANI AWADHUT	Sk.	Sk.
37	KOTHE ANANYA SUDHANSHU	AK	AK
38	KULKARNI SAMPADA SURESH	SK	SK
39	KULLARKAR MEENAKSHI RAMESH	Okularkar	Okularkar
40	KUMBHARE DURGESH RADHESHYAMJI	Kumbhare	Kumbhare
41	MAHALLE ANSHUMA ARUNRAO	Anushma	Anushma
42	MANDHANE RUCHIKA RAJESH	Mandane	Mandane
43	MANDPE VICKY RAMESH	Mandape	Mandape
44	MASTER MARIYA SHAKIR	MS	MS
45	MESHARAM ANISHKA ANIL	Anu M.	Anu M.
46	MESHARAM ASHWINI ANANDRAO	Ashwini	Ashwini
47	MESHARAM FIROZ BHUPENDRAKUMAR	F. Meshram	F. Meshram
48	MONALISA BAIDYA	Monal B.	Monal B.
49	NAKADE KANCHAN TIKARAM		
50	NAMPELLIWAR AJINKYA VISHNUPANT	Ajinkya	Ajinkya
51	PALASPAGAR KAVITA ASHOKRAO	Kavita	Kavita
52	PANDE SAMIDHA SHAILENDRA	Spande	Spande

**Intern's attendance for VIHASA PROGRAMME  
(Batch 2016)**

Sr No	Name	26 September	27 September
1.	AGRAWAL AYUSHREE PARMANAND	A. Ayushree	A. Ayushree
2.	AGRAWAL GARIMA SUNIL	Agrawal	Agrawal
3.	ANDALEEB TAHER IQBAL	Andaleeb.T.	Andaleeb.T.
4.	ANSARI SHAMILA FATIMA MOHAMMAD SHOEB	Ansari	Ansari
5.	ASANI REEMA NAGESH	Reema	Reema
6.	BADOGGE AMRUTA ARJUN	Abadoge	Abadoge
7.	BARAI BHUSHAN MOHANRAO	Bushan	Bushan
8.	BARAI CHETAN BAPURAO	chetan	chetan
9.	BELAN HAYA AFRIN MOHAMMAD HAROON	B. Haroon	B. Haroon
10.	BELE RASHMI ARVIND	Rashmi	Rashmi
11.	BHATTAD DURGA VIJAY	Dy.	Dy.
12.	BHONEJA BARKHA HARISH	Barkha	Barkha
13.	BIDWAI POOJA SUNIL	Pooja	Pooja
14.	BIRAJDAR KABIR UTTARESHWAR	Kabir	Kabir
15.	BISEN SAKSHI HARIGOPAL	Sakshi	Sakshi
16.	CHANDAK MADHULIKA SHYAMSUNDARJI	Madhu	Madhu
17.	CHARDE PRANJALI BHUPENDRA	PC	PC
18.	DAHALE PARIMAL SANJAY	P.	P.
19.	DAMBHARE VIDYA PUNDLIKRAO	vidya	vidya
20.	DESHPANDE KETKI VIJAY	Ketki D.	Ketki D.
21.	DESHPANDE SHIVANI RAJNISH	Shivani	Shivani
22.	DEULKAR PRANJALI VILASRAO	PD	PD
23.	DIKSHA YOGESH SHASHTRI	Diksha	Diksha
24.	DUDHE VRUSHALI UTTAMRAO	Vrushi	Vrushi
25.	DUGAR MANSI PRADEEP	Mansi P.	Mansi P.
26.	FULZELE PRANALI VIJAY	P. Fulzele	P. Fulzele
27.	GANVIR SUKANYA VIKAS	Sukanya	Sukanya
28.	GHORMADE ASHLESHA RUPRAO	Ashlesha	Ashlesha
29.	GHUGE SAURABH SURESHRAO	S. Ghuge	S. Ghuge
30.	GOHOKAR PRIYA RAMESH	P.	P.
31.	GOURKAR DOLLY SURESH	Dolly	Dolly
32.	GYANCHANDANI PALLAVI MAHESH	Gyanchandani	Gyanchandani
33.	HASBAN SHUBHAM VIJAY	Shubham	Shubham
34.	JAIWAL JUHI SHEKHAR	Juhi	Juhi
35.	JAIWAL RASHMI SURESH	Rashmi	Rashmi
36.	JIBHKATE BHAGYASHRI GANESH	Ketan J.	Ketan J.
37.	JOSHI KETAN ARVIND	KAT	KAT
38.	KALE PURVA PRAVIN	Purva	Purva
39.	KANNAN JAYASHREE KANNAN SATYAMURTY	kh	kh

40.	KANOJIA EKTA MUKESH	<u>Ekta</u>	<u>Ekta</u>
41.	KATEKHAYE SHUBHAM LAHUJI	<u>Shubham</u>	<u>Shubham</u>
42.	KESWANI NIKITA MANOJ	<u>Nivani</u>	<u>Nivani</u>
43.	KHAN SANA NEEYAZ	<u>Sana.</u>	<u>Sana.</u>
44.	KHARE KOMAL MUKESH	<u>Komalkhall</u>	<u>Komalkhay</u>
45.	KHEDKAR KETKI SURENDRA	<u>Ketki</u>	<u>Ketki</u>
46.	KOHALE SHREYA CHANDRASHEKHAR	<u>Sk.</u>	<u>Sk.</u>
47.	KOLARKAR GIRIJA ABHIJEET	<u>Girij</u>	<u>Girij</u>
48.	KRIPLANI NIDHI ARJUN	<u>Nidhi</u>	<u>Nidhi</u>
49.	KUNAWAR GARGI VIVEK	<u>Gk.</u>	<u>Gk.</u>
50.	LAD KALYAN VAIJNATH	<u>Kalyan</u>	<u>Kalyan</u>

## Intern's attendance for VIHASA PROGRAMME

Sr.No	Name of Interns	14 September	15 September
1.	AGRAWAL YAMINI	<u>Agrawal</u>	<u>Agrewal.</u>
2.	AISHWARYA GUPTA	<u>Ajeptas</u>	<u>Ajeptas</u>
3.	AKSHAY JAISWAL	<u>Ajaiswal</u>	<u>Ajaiswal</u>
4.	AMBILDUKE SNEHAL A.	<u>Ambil</u>	<u>Ambil</u>
5.	ANSARIAASIYA ABDUL S.	<u>Abdul</u>	<u>Abdul</u>
6.	ASHTANKAR KANCHAN	<u>Ashtankar</u>	<u>Ashtankar</u>
7.	BABHULKAR AISHWARYA V.	<u>Babhulkar</u>	<u>Babhulkar</u>
8.	BADOLE NEHA	<u>NBadole</u>	<u>Nbadole</u>
9.	BAGDE MADHULIKA B.	<u>Madan</u>	<u>Madan.</u>
10.	BHAGWANI DISHIKA	<u>Bhad</u>	<u>Bhad.</u>
11.	BHITRE RASHMI	<u>Bhitre</u>	<u>Bhitre</u>
12.	BHOGE ANUSHREE	<u>Bhoge</u>	<u>Bhoge</u>
13.	BHORE SONAM	<u>Sonam</u>	<u>Sonam</u>
14.	BHOYAR NAMRATA	<u>Namrata</u>	<u>Namrata.</u>
15.	BODELE PRANALI P.	<u>Sauri</u>	<u>Sauri</u>
16.	BUNDELE SAHIL	<u>Sbundele</u>	<u>Sbundele</u>
17.	CHAVAN RENUKA	<u>Renika</u>	<u>Renika.</u>
18.	DAHIHANDEKAR CHINMAYEE	<u>Chinmayee</u>	<u>Chinmayee.</u>
19.	DESHMUKH KALYANI P.	<u>Keshukh</u>	<u>Keshukh</u>
20.	DHOTE ANUJA ARUN	<u>Anuja</u>	<u>Anuja</u>
21.	DIVYASRI MODUKURI	<u>Divya</u>	<u>Divya.</u>
22.	GABHANE ANKITA	<u>Anita</u>	<u>Anita.</u>
23.	GAJBHIYE MAYANK	<u>Majbhaye</u>	<u>Majbhaye.</u>
24.	GAJGHATE APEKSHA	<u>Aje</u>	<u>Aje</u>

25.	GHODEKAR ASHWINI	<u>ASH</u>	<u>ASH</u>
26.	IKHAR AISHWARYA	<u>Aikhar</u>	<u>Aikhar</u>
27.	JAYBHAY E DHANSHREE	<u>shree</u>	<u>shree</u>
28.	JOGI SHREYASHI	<u>Sjogi</u>	<u>Sjogi</u>
29.	KALE SANSKRUTI	<u>sans</u>	<u>sans</u>
30.	KAPSE NIKITA	<u>Kapse</u>	<u>Kapse</u>
31.	KARMORE PRATIKSHA R.	<u>Pramore</u>	<u>Pramore</u>
32.	KARTIK GANDHEWAR P.	<u>Kartik</u>	<u>Kartik</u>
33.	KHADE SHRUTIKA	<u>Shkedy</u>	<u>Shkedy</u>
34.	KHAN NIYAZI ANAM	<u>anam</u>	<u>anam</u>
35.	KHAN SANIYA MAZHAR	<u>Saniya</u>	<u>Saniya</u>
36.	KHEDKAR PRACHI	<u>Prachi</u>	<u>Prachi</u>
37.	LALWANI NEHA	<u>Nehe</u>	<u>Nehe</u>
38.	LAMBHADE PRITI	<u>Prabade</u>	<u>Prabade</u>
39.	MAHVASH FATEMA	<u>Fatema</u>	<u>Fatema</u>
40.	MAKHJANI DIVYA	<u>Divya</u>	<u>Divya</u>
41.	MARWADKAR SHRUTI	<u>shru</u>	<u>shru</u>
42.	MENDHE ANJALI	<u>Anendhe</u>	<u>Anendhe</u>
43.	MOHATA GYANESH	<u>Gyanesh</u>	<u>Gyanesh</u>
44.	MOHILE SAYALI	<u>Sayale</u>	<u>Sayale</u>
45.	MOHOD PRIYA	<u>Priya</u>	<u>Priya</u>
46.	MUNESHWAR RUTUJA	<u>Runeswari</u>	<u>Runeswari</u>
47.	NERKAR NIKITA	<u>Nerkar</u>	<u>Nerkar</u>
48.	NIGOTE PRIYA	<u>Priya</u>	<u>Priya</u>
49.	NINAWNE NEHA	<u>Nehe</u>	<u>Nehe</u>
50.	PANAT ULUPI	<u>Ulupi</u>	<u>Ulupi</u>
51.	PATIL TRISHLA	<u>Trishla</u>	<u>Trishla</u>

52.	PIMPARKHEDE MONIKA	<u>Monika</u>	<u>Monika</u>
53.	PRANAV KURUP	<u>Pranav</u>	<u>Pranav</u>
54.	PURANIK SHIVANI	<u>Puranik</u>	<u>Puranik</u>
55.	QURESHI ARSHIYA	<u>Arshiya</u>	<u>Arshiya</u>
56.	RAGIT RUTUJA	<u>R.R.</u>	<u>R.R.</u>
57.	RAMANDEEP KAUR	<u>Kaur</u>	<u>Kaur</u>
58.	RAMBHAD PAYAL	<u>Payal</u>	<u>Payal</u>
59.	SAMARTHA SHIVANI	<u>Shr.</u>	<u>Shr.</u>
60.	SANAP DIPALI	<u>Dsanap</u>	<u>Dsanap</u>
61.	SANDHU MANRAJ SINGH	<u>Sandhu</u>	<u>Sandhu</u>
62.	SHANWARE PRACHEE	<u>Shanware</u>	<u>Shanware</u>
63.	SHARMA JYOTI	<u>Jsharma</u>	<u>Jsharma</u>

# Intern's attendance for VIHASA PROGRAMME

(Batch 2014)

No	Name	13october	14october
1.	AALIYA SADAF MOHAMMAD SHAMIM	<u>Aaliya</u>	<u>Aaliya</u>
2.	AFROZA GILLANI	<u>Afroza</u>	<u>Afroza</u>
3.	AGASHE PRANGHA KUWARLAL	<u>Agashe</u>	<u>Agashe</u>
4.	AHUJA CHARU RAM	<u>Charu</u>	<u>Charu</u>
5.	ANDE SHRUTI HIRAMANRAO	<u>Ande</u>	<u>Ande</u>
6.	ANSARI SANA SAMRIN NIHAL AHMED	<u>Sana</u>	<u>Sana</u>
7.	APURVA DHENGLE	<u>Apurva</u>	<u>Apurva</u>
8.	ASWALE SONIYA ANIL	<u>Aswale</u>	<u>Aswale</u>
9.	BHATIA AYUSHI ANIL	<u>Bhatia</u>	<u>Bhatia</u>
10.	BHATIA KOMAL INDRAKUMAR	<u>Bhatia</u>	<u>Bhatia</u>
11.	BHONGADE SHRUTI MANOHAR	<u>Bhongade</u>	<u>Bhongade</u>
12.	BHURE SHRUTI DUDHARAM	<u>Bhure</u>	<u>Bhure</u>
13.	BHUTANGE PANKAJ ASHOK		
14.	BODHANKAR KSHITIJ RAVINDRA	<u>Bodhankar</u>	<u>Bodhankar</u>
15.	CHANDAK PRERNA PUROSHOTTAM	<u>Prerna</u>	<u>Prerna</u>
16.	CHOWDHARY HUMATALAT KHANAM MOHD. MUNIR AZHAR	<u>Chowdhary</u>	<u>Chowdhary</u>
17.	DARADE PRATIMA RAJABHAU	<u>Pratima</u>	<u>Pratima</u>
18.	DHAMANI ALIFIYA AZIZ	<u>Dhamani</u>	<u>Dhamani</u>
19.	DHOTE ANIKET VIJAY	<u>Dhote</u>	<u>Dhote</u>
20.	DONGRE SHIKHA SANJU	<u>Dongre</u>	<u>Dongre</u>
21.	EDACKATT KEZIA JACOB		
22.	FULWANI POOJA SHYAM	<u>Fulwani</u>	<u>Fulwani</u>
23.	FULZELE SONALI KESHAORAO	<u>Fulzele</u>	<u>Fulzele</u>
24.	GAJBHIYE PAYAL RAVINDRA	<u>Gajbhiye</u>	<u>Gajbhiye</u>
25.	GAWARLE RUTUJA SURENDRA	<u>Gawarle</u>	<u>Gawarle</u>
26.	GHODERAO DHANASHREE GANGADHAR	<u>Ghoderao</u>	<u>Ghoderao</u>
27.	GHOSH	<u>Ghosh</u>	<u>Ghosh</u>

	SAYANTIAMARJYOTI		
28.	GHUGE NITIN DNYANADEVRAO	<i>Nitinh</i>	<i>Ghugst</i>
29.	GUPTA PRIYA VIJAYKUMAR	<i>Gviyaykar</i>	<i>Gviyaykar</i>
30.	GURNANI RAKHI RAMESH	<i>Rakhi</i>	<i>Rakhi</i>
31.	HIWRALE ANJALI BABANRAO	<i>Hibakarao</i>	<i>Hibakarao</i>
32.	INGLE SNEHAL MILIND	<i>In</i>	<i>In</i>
33.	JAWADE JASMINE FULCHAND	<i>Ful.</i>	<i>Ful.</i>
34.	JIBHAKATE RASIKA SURESHRAO	<i>Rasika</i>	<i>Rasika</i>
35.	JIRAFE SANJANA JAYANT	<i>In</i>	<i>In</i>
36.	KARAMCHANDANI JITESH TULSIDAS	<i>Jitesh</i>	<i>Jitesh</i>
37.	KHAN AFSHA BISMILLAH	<i>Afshab</i>	<i>Afshab</i>
38.	KHARDE SATISH KARBHARI	<i>Satish</i>	<i>Satish</i>
39.	KHARWADE SNEHAL VISHWESWAR	<i>Snehal</i>	<i>Snehal</i>
40.	KHATI DEOKI SANJEEV		
41.	KOLHATKAR AMRUTA AJIT	<i>Amruta</i>	<i>Amruta</i>
42.	KULKARNI POORVA SANJAY	<i>Poorva</i>	<i>Poorva</i>
43.	KULKARNI PURVA PRANAY	<i>P.P.K.</i>	<i>P.P.K.</i>

## Intern's attendance for VIHASA PROGRAMME

Sr.No	Name of Interns	16 October	17 October
1.	Aditya Agrawal	Agr	Agr
2.	Aher Sakshi	Aher	Aher
3.	AkanshaMukwane	Akansha	Akansha
4.	Anand Agarkar	Anand	Anand
5.	AnushreeTalnkar	Anushree	Anushree
6.	Apte Aditee	Apte	Apte
7.	AwariVaidehi	Awari	Awari
8.	Bagani Prachi	Bagani	Bagani
9.	Bale Akansha	Bale	Bale
10.	BhoyarJahnvi	Jahnvi Bhoyar	Jahnvi Bhoyar
11.	Bidwaikar Apurva	Bidwaikar	Bidwaikar
12.	BurandeNirzar	Burande	Burande
13.	Burungpalli Ayesha	Burungpalli	Burungpalli
14.	Chikhale Pallavi	Chikhale	Chikhale
15.	Chinmaya Kumar	Chinmaya	Chinmaya
16.	Danish Ashraf	Danish	Danish
17.	Deshmukh Krutika	D.	D.
18.	Dhamode Varsha	Dhamode	Dhamode
19.	Divya Dube	Divya	Divya
20.	Fadnavis Aditi	Fadnavis	Fadnavis
21.	Gadbail Vaishnavi	Gadbail	Gadbail
22.	Giri Namrata	Giri	Giri
23.	Gotmare Priyanka	Gotmare	Gotmare
24.	HedauLaxmikant	Laxmikant Hedau	Laxmikant Hedau
25.	HukreMrudul	Mrudul Hukre	Mrudul Hukre
26.	JagritiKedia	JK	JK
27.	Jain Aayush	JA	JA
28.	Jain Mayur	JMayur	JMayur
29.	Jaiswal Esha	Jaiswal	Jaiswal
30.	Kale Ankita	Kale	Kale
31.	KamdiSanjeevani	Sanjeevani Kamdi	Sanjeevani Kamdi
32.	Karan Jaiswal	Karan	Karan

33.	KeshwaniBhavika	Bhavin	Bhavin
34.	Khobragade Bela	Bkhabragade	Bkhabragade
35.	Khode Gayatri	Gay Khode	Gay Khode
36.	Kothari Disha	Disha	Disha
37.	Lalwani Riya	Riwalani	Riwalani
38.	Lanje Neha	Lanje	Lanje
39.	Madnelsha	Madnel	Madnel
40.	Mandal Anushri	Anushri	Anushri
41.	Masram Priyanka	Priyanka	Priyanka
42.	Mehar Ashlesha	MA	MA
43.	Muley Gargee	Gargee	Gargee
44.	PandeMeenal	Meenal	Meenal
45.	Pardhi Ashwini	Ashwini P	Ashwini P
46.	Pawar Swati	Swati	Swati
47.	PeshneGayatree	Gayatree	Gayatree
48.	Pooja Malgani	Pooja	Pooja
49.	Raghuwanshi Neha	Neha	Neha
50.	Rathod Yogeshwari	Yogeshwari	Yogeshwari
51.	Raut Priya	Priya	Priya
52.	RewaKawade	Kawade	Kawade
53.	SaiviDatar	Datar	Datar
54.	Sakshi Pathak	Pathak	Pathak
55.	Salve Apoorva	Apoorva	Apoorva
56.	Sana Mohommad	Mohommad	Mohommad
57.	SaojiAmisha	Amisha	Amisha
58.	SaojiRucha	Rucha	Rucha
59.	Sayyed Farheen	Farheen	Farheen
60.	Sharma Aditi	Aditi	Aditi
61.	Singh Jasmeet	Singh	Singh
62.	Solanki Mohini	Mohini	Mohini
63.	Somkuwar Jay	Somkuwar	Somkuwar
64.	Swayangprabha Sarangi	Sarangi	Sarangi
65.	Taniya Gaha	Taniya	Taniya
66.	TejaswiniNerkar	Nerkar	Nerkar
67.	Thakur Arpita	Arpita	Arpita
68.	Toshniwal Priya	Priya	Priya

69.	Umathe Pooja	<u>Pooja</u>	<u>Pooja</u>
70.	Vaishnavi Tikhe	<u>Vaishnavi</u>	<u>Vaishnavi</u>
71.	Yadav Parul	<u>Yadav</u>	<u>Yadav</u>
72.	Zoya yunus	<u>Zoya</u>	<u>Zoya</u>
73.	PrachitiNinawe	<u>Prachiti</u>	<u>Prachiti</u>
74.	Vaibhav Ganvir	<u>Vaibhav</u>	<u>Vaibhav</u>
75.	Harsha Banorkar	<u>Harsha</u>	<u>Harsha</u>
76.	PrashastiSarode	<u>Prashasti</u>	<u>Prashasti</u>

## Intern's attendance for VIHASA PROGRAMME

Sr.No	Name of Interns	20 March	21 March	22 March	23 March
1.	Aditya Agrawal	<u>Aditya</u>	<u>Aditya</u>	<u>Aditya</u>	<u>Aditya</u>
2.	Aher Sakshi	<u>Sakshi</u>	<u>Sakshi</u>	<u>Sakshi</u>	<u>Sakshi</u>
3.	Akansha Mukwane	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>
4.	Anand Agarkar	<u>Anand</u>	<u>Anand</u>	<u>Anand</u>	<u>Anand</u>
5.	Anushree Talnikar	<u>Anu</u>	<u>Anu</u>	<u>Anu</u>	<u>Anu</u>
6.	Apte Aditee	<u>Aditee</u>	<u>Aditee</u>	<u>Aditee</u>	<u>Aditee</u>
7.	Awari Vaidehi	<u>Vaidehi</u>	<u>Vaidehi</u>	<u>Vaidehi</u>	<u>Vaidehi</u>
8.	Bagani Prachi	<u>Prachi</u>	<u>Prachi</u>	<u>Prachi</u>	<u>Prachi</u>
9.	Bale Akansha	<u>Akansha</u>	<u>Akansha</u>	<u>Akansha</u>	<u>Akansha</u>
10.	Bhoyar Jahnavi	<u>Jahnavi</u>	<u>Jahnavi</u>	<u>Jahnavi</u>	<u>Jahnavi</u>
11.	Bidwaikar Apurva	<u>AP</u>	<u>AP</u>	<u>AP</u>	<u>AP</u>
12.	Burande Nirzar	<u>Nirzar</u>	<u>Nirzar</u>	<u>Nirzar</u>	<u>Nirzar</u>
13.	Burungpalli Ayesha	<u>Ayesha</u>	<u>Ayesha</u>	<u>Ayesha</u>	<u>Ayesha</u>
14.	Chikhale Pallavi	<u>Pallavi</u>	<u>Pallavi</u>	<u>Pallavi</u>	<u>Pallavi</u>
15.	Chinmaya Kumar	<u>Chinmaya</u>	<u>Chinmaya</u>	<u>Chinmaya</u>	<u>Chinmaya</u>
16.	Danish Ashraf	<u>Danish</u>	<u>Danish</u>	<u>Danish</u>	<u>Danish</u>
17.	Deshmukh Krutika	<u>Krutika</u>	<u>Krutika</u>	<u>Krutika</u>	<u>Krutika</u>
18.	Dhamode Varsha	<u>Varsha</u>	<u>Varsha</u>	<u>Varsha</u>	<u>Varsha</u>
19.	Divya Dube	<u>Divya</u>	<u>Divya</u>	<u>Divya</u>	<u>Divya</u>
20.	Fadnavis Aditi	<u>Aditi</u>	<u>Aditi</u>	<u>Aditi</u>	<u>Aditi</u>
21.	Gadbail Vaishnavi	<u>Vaishnavi</u>	<u>Vaishnavi</u>	<u>Vaishnavi</u>	<u>Vaishnavi</u>
22.	Giri Namrata	<u>Namrata</u>	<u>Namrata</u>	<u>Namrata</u>	<u>Namrata</u>
23.	Gotmare Priyanka	<u>Priyanka</u>	<u>Priyanka</u>	<u>Priyanka</u>	<u>Priyanka</u>
24.	Hedau Laxmikant	<u>Laxmikant</u>	<u>Laxmikant</u>	<u>Laxmikant</u>	<u>Laxmikant</u>
25.	Hukre Mrudul	<u>Mrudul</u>	<u>Mrudul</u>	<u>Mrudul</u>	<u>Mrudul</u>
26.	Jagriti Kedia	<u>Jagriti</u>	<u>Jagriti</u>	<u>Jagriti</u>	<u>Jagriti</u>
27.	Jain Aayush	<u>Aayush</u>	<u>Aayush</u>	<u>Aayush</u>	<u>Aayush</u>
28.	Jain Mayur	<u>Mayur</u>	<u>Mayur</u>	<u>Mayur</u>	<u>Mayur</u>
29.	Jaiswal Esha	<u>Esha</u>	<u>Esha</u>	<u>Esha</u>	<u>Esha</u>
30.	Kale Ankita	<u>Ankita</u>	<u>Ankita</u>	<u>Ankita</u>	<u>Ankita</u>
31.	Kamdi Sanjeevani	<u>Sanjeevani</u>	<u>Sanjeevani</u>	<u>Sanjeevani</u>	<u>Sanjeevani</u>
32.	Karan Jaiswal	<u>Karan</u>	<u>Karan</u>	<u>Karan</u>	<u>Karan</u>
33.	Keshwani Bhavika	<u>Bhavika</u>	<u>Bhavika</u>	<u>Bhavika</u>	<u>Bhavika</u>

## Intern's attendance for VIHASA PROGRAMME

Sr.No	Name of Interns	17 April	18 April	19 April	20 April
1.	Aditya Agrawal	<u>Agawal</u>	<u>Agawal</u>	<u>Agawal</u>	<u>Agawal</u>
2.	Aher Sakshi	<u>Sakshi</u>	<u>Sakshi</u>	<u>Sakshi</u>	<u>Sakshi</u>
3.	Akansha Mukwane	<u>AM</u>	<u>AM</u>	<u>AM</u>	<u>AM</u>
4.	Anand Agarkar	<u>Agarkar</u>	<u>Agarkar</u>	<u>Agarkar</u>	<u>Agarkar</u>
5.	Anushree Talnikar	<u>Atalnikar</u>	<u>Atalnikar</u>	<u>Atalnikar</u>	<u>Atalnikar</u>
6.	Apte Aditee	<u>Aditee</u>	<u>Aditee</u>	<u>Aditee</u>	<u>Aditee</u>
7.	Awari Vaidehi	<u>Vaidehi</u>	<u>Vaidehi</u>	<u>Vaidehi</u>	<u>Vaidehi</u>
8.	Bagani Prachi	<u>Prachi</u>	<u>Prachi</u>	<u>Prachi</u>	<u>Prachi</u>
9.	Bale Akansha	<u>Akansha</u>	<u>Akansha</u>	<u>Akansha</u>	<u>Akansha</u>
10.	Bhoyar Jahnavi	<u>Jahnavi</u>	<u>Jahnavi</u>	<u>Jahnavi</u>	<u>Jahnavi</u>
11.	Bidwaikar Apurva	<u>AP</u>	<u>AP</u>	<u>AP</u>	<u>AP</u>
12.	Burande Nirzar	<u>Nirzar</u>	<u>Nirzar</u>	<u>Nirzar</u>	<u>Nirzar</u>
13.	Burungpalli Ayesha	<u>Ayesha</u>	<u>Ayesha</u>	<u>Ayesha</u>	<u>Ayesha</u>
14.	Chikhale Pallavi	<u>Pallavi</u>	<u>Pallavi</u>	<u>Pallavi</u>	<u>Pallavi</u>
15.	Chinmaya Kumar	<u>Chinmaya</u>	<u>Chinmaya</u>	<u>Chinmaya</u>	<u>Chinmaya</u>
16.	Danish Ashraf	<u>Danish</u>	<u>Danish</u>	<u>Danish</u>	<u>Danish</u>
17.	Deshmukh Krutika	<u>Krutika</u>	<u>Krutika</u>	<u>Krutika</u>	<u>Krutika</u>
18.	Dhamode Varsha	<u>Varsha</u>	<u>Varsha</u>	<u>Varsha</u>	<u>Varsha</u>
19.	Divya Dube	<u>Dube</u>	<u>Dube</u>	<u>Dube</u>	<u>Dube</u>
20.	Fadnavis Aditi	<u>Aditi</u>	<u>Aditi</u>	<u>Aditi</u>	<u>Aditi</u>
21.	Gadbail Vaishnavi	<u>Vaishnavi</u>	<u>Vaishnavi</u>	<u>Vaishnavi</u>	<u>Vaishnavi</u>
22.	Giri Namrata	<u>Namrata</u>	<u>Namrata</u>	<u>Namrata</u>	<u>Namrata</u>
23.	Gotmare Priyanka	<u>Priyanka</u>	<u>Priyanka</u>	<u>Priyanka</u>	<u>Priyanka</u>
24.	Hedau Laxmikant	<u>Laxmikant</u>	<u>Laxmikant</u>	<u>Laxmikant</u>	<u>Laxmikant</u>
25.	Hukre Mrudul	<u>Mrudul</u>	<u>Mrudul</u>	<u>Mrudul</u>	<u>Mrudul</u>
26.	Jagriti Kedia	<u>Jagriti</u>	<u>Jagriti</u>	<u>Jagriti</u>	<u>Jagriti</u>
27.	Jain Aayush	<u>Aayush</u>	<u>Aayush</u>	<u>Aayush</u>	<u>Aayush</u>
28.	Jain Mayur	<u>Mayur</u>	<u>Mayur</u>	<u>Mayur</u>	<u>Mayur</u>
29.	Jaiswal Esha	<u>Esha</u>	<u>Esha</u>	<u>Esha</u>	<u>Esha</u>
30.	Kale Ankita	<u>Ankita</u>	<u>Ankita</u>	<u>Ankita</u>	<u>Ankita</u>
31.	Kamdi Sanjeevani	<u>Sanjeevani</u>	<u>Sanjeevani</u>	<u>Sanjeevani</u>	<u>Sanjeevani</u>
32.	Karan Jaiswal	<u>Jaiswal</u>	<u>Jaiswal</u>	<u>Jaiswal</u>	<u>Jaiswal</u>
33.	Keshwani Bhavika	<u>Bhavika</u>	<u>Bhavika</u>	<u>Bhavika</u>	<u>Bhavika</u>