

#### 4. CONSERVATIVE DENTISTRY AND ENDODONTICS

##### **OBJECTIVES:**

The following objectives are laid out to achieve the goals of the course. These are to be achieved by the time the candidate completes the course. These objectives may be considered under the following subtitles.

##### **Knowledge:**

At the end of 36 months of training, the candidates should be able to:

- Describe etiology, pathophysiology, periapical diagnosis and management of common restorative situations, endodontic situations that will include contemporary management of dental caries, management of trauma and pulpal pathosis including periodontal situations.
- Demonstrate understanding of basic sciences as relevant to conservative / restorative dentistry and Endodontics.
- Identify social, economic, environmental and emotional determinants in a given case or community and take them into account for planning and execution at individual and community level.
- Ability to master differential diagnosis and recognize conditions that may require multi disciplinary approach or a clinical situation outside the realm of the specialty, which he or she should be able to recognize and refer to appropriate specialist.
- Update himself by self-study and by attending basic and advanced courses, conferences, seminars, and workshops in the specialty of Conservative Dentistry-Endodontics-Dental Materials and Restorative Dentistry.
- Ability to teach/guide, colleagues and other students.  
Use information technology tools and carry out research both basic and clinical with the aim of his publishing his work and presenting the same at scientific platform.

##### **Skills:**

- Take proper chair side history, examine the patient and perform medical and dental diagnostic procedures as well as perform relevant tests and interpret to them to come to a reasonable diagnosis about the dental condition in general and Conservative Dentistry – Endodontics in particular. And undertake complete patient monitoring including preoperative as well as post operative care of the patient.
- Perform all levels of restorative work, surgical and non-surgical Endodontics as well as endodontic-periodontal surgical procedures as part of multidisciplinary approach to clinical condition.
- Provide basic life saving support in emergency situations.
- Manage acute pulpal and pulpo periodontal situations.
- Have a thorough knowledge of infection control measures in the dental clinical environment and laboratories.
- Should have proper knowledge of sterilization procedures

##### **Human Values, Ethical Practice and Communication Abilities**

- Adopt ethical principles in all aspects of restorative and contemporary Endodontics including non-surgical and surgical Endodontics.
- Professional honesty and integrity should be the top priority.
- Dental care has to be provided regardless of social status, caste, creed or religion of the patient.
- Develop communication skills in particular to explain various options available for management and to obtain a true informed consent from the patient.
- Apply high moral and ethical standards while carrying on human or animal research.

- He/She shall not carry out any heroic procedures and must know his limitations in performing all aspects of restorative dentistry including Endodontics. Ask for help from colleagues or seniors when required without hesitation.
- Respect patient's rights and privileges including patients right to information.

## **COURSE CONTENTS:**

### **PART-I:**

#### **Applied Basic Sciences:**

##### **Applied Anatomy of Head and Neck:**

- Development of face, paranasal sinuses and the associated structures and their anomalies, cranial and facial bones, TMJ anatomy and function, arterial and venous drainage of head and neck, muscles of face and neck including muscles of mastication and deglutition, brief consideration of structures and function of brain. Brief consideration of all cranial nerves and autonomic nervous system of head and neck. Salivary glands, Functional anatomy of mastication, deglutition and speech. Detailed anatomy of deciduous and permanent teeth, general consideration in physiology of permanent dentition, form, function, alignment, contact, occlusion.
- Internal anatomy of permanent teeth and its significance.
- Applied histology – histology of skin, oral mucosa, connective tissue, bone, cartilage, blood vessels, lymphatics, nerves, muscles, tongue.

##### **Anatomy and Development of Teeth:**

- Enamel – development and composition, physical characteristics, chemical properties, structure.
- Age changes – clinical structure.
- Dentin – development, physical and chemical properties, structure type of dentin, innervations, age and functional changes and clinical considerations.
- Pulp – development, histological structures, innervations, functions, regressive changes, clinical considerations.
- Dentin and pulp complex.
- Cementum – composition, cementogenesis, structure, function, clinical considerations.
- Knowledge of internal anatomy of permanent teeth, anatomy of root apex and its implications in endodontic treatment.
- Periodontal ligament – development, structure, function and clinical considerations.
- Salivary glands – structure, function, clinical considerations.

##### **Applied Physiology:**

- Mastication, deglutition, digestion and assimilation, fluid and electrolyte balance.
- Blood composition, volume, function, blood groups, haemostasis, coagulation, blood transfusion, circulation, heart, pulse, blood pressure, shock, respiration-control, anoxia, hypoxia, asphyxia, artificial respiration, and endocrinology – general principles of endocrine activity and disorders relating to pituitary, thyroid, parathyroid, adrenals including pregnancy and lactation.
- Physiology of saliva – composition, function, clinical significance.
- Clinical significance of vitamins, diet and nutrition – balanced diet.
- Physiology of pain, sympathetic and Para sympathetic nervous system, pain pathways, physiology of pulpal pain, Odontogenic and non Odontogenic pain, pain disorders – typical and atypical.
- Biochemistry such as osmotic pressure, electrolytic dissociation, oxidation, reduction etc. Carbohydrates, proteins, lipids and their metabolism, nucleoproteins, nucleic acid and

their metabolism. Enzymes, vitamins and minerals, metabolism of inorganic elements, detoxification in the body, anti metabolites, chemistry of blood lymph and urine.

### **Pathology:**

- Inflammation, repair, degeneration, necrosis and gangrene.
- Circulatory disturbances – ischemia, hyperemia, edema, thrombosis, embolism, infarction, allergy and hypersensitivity reaction.
- Neoplasms – classifications of tumors, characteristics of benign and malignant tumors, spread of tumors.
- Blood dyscrasias.
- Developmental disturbances of oral and Para oral structures, dental caries, regressive changes of teeth, pulp, periapical pathology, pulp reaction to dental caries and dental procedures.
- Bacterial, viral, mycotic infections of the oral cavity.

### **Microbiology:**

- Pathways of pulpal infection, oral flora and micro organisms associated with endodontic diseases, pathogenesis, host defense, bacterial virulence factors, healing, theory of focal infections, microbes relevance to dentistry – strepto, staphylococci, lactobacilli, corynebacterium, actinomycetes, clostridium, neisseria, vibrio, bacterioids, fusobacteria, spirochetes, mycobacterium, virus and fungi.
- Cross infection, infection control, infection control procedure, sterilization and disinfection.
- Immunology – antigen antibody reaction, allergy, hypersensitivity and anaphylaxis, auto immunity, grafts, viral hepatitis, HIV infections and aids. Identification and isolation of microorganisms from infected root canals. Culture medium and culturing technique (Aerobic and anaerobic interpretation and antibiotic sensitivity test).

### **Pharmacology:**

- Dosage and route of administration of drugs, actions and fate of drug in body, drug addiction, tolerance of hypersensitivity reactions.
- Local anesthesia – agents and chemistry, pharmacological actions, fate and metabolism of anaesthetic, ideal properties, techniques and complications.
- General anesthesia – pre medications, neuro muscular blocking agents, induction agents, inhalation anesthesia, and agents used, assessment of anesthetic problems in medically compromised patients.
- Anaesthetic emergencies
- Antihistamines, corticosteroids, chemotherapeutic and antibiotics, drug resistance, haemostasis, and haemostatic agents, anticoagulants, sympathomimetic drugs, vitamins and minerals (A, B, C, D, E, K IRON), anti sialogogue, immunosuppressants, drug interactions, antiseptics, disinfectants, anti viral agents, drugs acting on CNS.

### **Biostatistics:**

- Introduction, Basic concepts, Sampling, Health information systems – collection, compilation, presentation of data. Elementary statistical methods – presentation of statistical data, Statistical averages – measures of central tendency, measures of dispersion, Normal distribution. Tests of significance – parametric and non – parametric tests (Fisher exact test, Sign test, Median test, Mann Whitney test, Kruskal Wallis one way analysis, Friedmann two way analysis, ANOVA, Regression analysis), Correlation and regression, Use of computers.

### **Research Methodology:**

- Essential features of a protocol for research in humans
- Experimental and non-experimental study designs

- Ethical considerations of research

### **Applied Dental Materials:**

- Physical and mechanical properties of dental materials, biocompatibility.
- Impression materials, detailed study of various restorative materials, restorative resin and recent advances in composite resins, bonding- recent developments, tarnish and corrosion, dental amalgam, direct filling gold, casting alloys, inlay wax, die materials, investments, casting procedures, defects, dental cements for restoration and pulp protection (luting, liners, bases) cavity varnishes.
- Dental ceramics-recent advances, finishing and polishing materials.
- Dental burs – design and mechanics of cutting – other modalities of tooth preparation. Methods of testing biocompatibility of materials used.

## **PART-II:**

### **Paper-I: Conservative Dentistry**

1. Examination, diagnosis and treatment plan
2. Occlusion as related to conservative dentistry, contact, contour, its significance. Separation of teeth, matrices, used in conservative dentistry.
3. Dental caries- epidemiology, recent concept of etiological factors, pathophysiology, histopathology, diagnosis, caries activity tests, prevention of dental caries and management – recent methods.
4. Hand and rotary cutting instruments, development of rotary equipment, speed ranges, hazards.
5. Dental burs and other modalities of tooth reparation- recent developments (air abrasions, lasers etc.)
6. Infection control procedures in conservative dentistry, isolation equipments etc.
7. Direct concepts in tooth preparation for amalgam, composite, GIC and restorative techniques, failures and management.
8. Biologic response of pulp to various restorative materials and operative procedures.
9. Direct and indirect composite restorations.
10. Indirect tooth colored restorations- ceramic, inlays and onlays, veneers, crowns, recent advances in fabrication and gingival tissue management.
11. Impression procedures used for indirect restorations.
12. Cast metal restorations, indications, contraindications, tooth preparation for class II inlay, onlay, full crown restorations.  
Restorative techniques, direct and indirect methods of fabrication including materials used for fabrication like inlay wax, investment materials and casting.
13. Direct gold restorations.
14. Recent advances in restorative materials.
15. Esthetics including smile design
16. Management of non-carious lesions.
17. Management of discolored tooth
18. Minimal intervention dentistry.
19. Recent advances in restoration of endodontically treated teeth and grossly mutilated teeth.
20. Hypersensitivity-theories, causes and management.
21. Lasers in Conservative Dentistry.
22. CAD-CAM in restorative dentistry.
23. Digital imaging and its applications in restorative dentistry.
24. Clinical Photography.

### **Paper-II: Endodontics**

1. Rationale of endodontics.

2. Pulp and periapical pathology.
3. Pathobiology of periapex.
4. Diagnostic procedures – Orofacial dental pain emergencies: endodontic diagnosis and management, recent advances used for diagnosis.
5. Case selection and treatment planning.
6. Endodontic microbiology.
7. Infection control procedures used in Endodontics (aseptic techniques such as rubber dam, sterilization of instruments etc.)
8. Endodontic emergencies and management.
9. Access cavity preparation – objectives and principles
10. Endodontic instruments and instrumentation – recent developments, detailed description of hand, rotary, sonic, ultra sonic etc.
11. Working length determination, cleaning and shaping of root canal system and recent developments in techniques of canal preparation.
12. Root canal irrigants and intra canal medicaments.
13. Obturation materials, techniques and recent advances.
14. Traumatic injuries and management – endodontic treatment for young permanent teeth.
15. Endodontic surgeries, recent developments in technique and devices and wound healing.
16. Endoperio interrelationship and management.
17. Lasers in Endodontics.
18. Multidisciplinary approach to endodontic situations.
19. Radiology and CBCT in endodontic practice.
20. Procedural errors in endodontics and their management.
21. Endodontic failures and retreatment.
22. Resorptions and its management.
23. Microscopes and Microsurgery in endodontics.
24. Single visit endodontics, current concepts and controversies.
25. Regenerative Endodontics

**Paper-III:** Essays (descriptive and analyzing type questions)

### **TEACHING / LEARNING ACTIVITIES:**

**The post graduate is expected to complete the following at the end of :**

The following is the minimum required to be completed before the candidate can be considered eligible to appear for final MDS exam.

#### **First Year**

##### **● Pre Clinical Work – Conservative and Endodontics**

##### **● Preclinical work on typhodont teeth**

1. Class II amalgam cavities
  - a. Conservative preparation - 03
  - b. Conventional preparation - 03
2. Inlay cavity preparation including wax pattern and casting on premolars and molars – MO, DO, MOD - 02
3. Onlay preparation on molars including wax pattern and casting - 02
4. Full Crown

- a. Anterior - 02
- b. Posterior - 02
- (1 each to be processed)

● **Pre Clinical work on natural teeth**

1. Wax Carving of all permanent teeth
2. Inlay on molars and premolars MO, DO, and MOD including wax pattern and casting - 05
3. Amalgam cavity preparation
  - a. Conventional - 02
  - b. Conservative - 02
4. Complex amalgam on molar teeth - 02
5. Onlay on molars including wax pattern and casting (1 to be processed) - 02
6. Full crown premolars and molars (metal, PFM & Ceramic) - 04
7. Full crown anterior (PFM, composite & Ceramic) - 03
8. Veneers anterior teeth - 02
9. Composite
  - a. Composite Filling (Class I, II, III & V) -05 (each)
  - b. Inlay (Class I & II) -02
  - c. Veneer -02
  - d. Diastema Closure -02
  - e. Angle Buildups -02

**Endodontics:**

1. Sectioning of all maxillary and mandibular teeth (vertical & horizontal).
2. Access cavity opening in relation to maxillary and mandibular permanent teeth.
3. Access cavity preparation, BMP and Obturation
  - a) Anterior (3 maxillary and 3 mandibular) - 06
    - Conventional prep - 02
    - Step back - 02
    - Crown down - 02
    - Obturation - 03
    - (2 lateral compaction and 1 thermoplasticized)
  - b) Premolar - 04
    - (2 upper and 2 lower) obturation 1 each
  - c) Molar - 06
    - (3 upper – 2 first molars and 1 second molar
    - 3 lower – 2 first molars and 1 second molar) obturation 1 each
4. Post and core preparation and fabrication in relation to anterior and posterior teeth
  - a. Anterior 10 (Cast Post 5 and prefabricated post 5)
  - b. Posterior 05 (Cast Post 2 and prefabricated post 5)
5. Removable dies - 04

**Note : Technique work to be completed in the first four months**

**Clinical Work:**

A	Composite restorations	30
B	GIC Restorations	30

C	Complex amalgam restorations	05
D	Composite inlay + veneers (direct and indirect)	10
E	Ceramic jacket crowns	05
F	Post and core for anterior teeth	10
G	Bleaching vital	05
	Non vital	05
H	RCT Anterior	20
I	Endo surgery – observation and assisting	05

**Presentation of:**

- Seminars – 5 seminars by each student – should include topics in dental materials, conservative dentistry and endodontics
- Journal clubs – 5 by each student
- Submission of synopsis at the end of 6 months
- Library assignment work
- Internal assessment – theory and clinicals.

**Second Year****Case discussion- 5**

1	Ceramic jacket crowns	10
2	Post and core for anterior teeth	10
3	Post and core for posterior teeth	05
4	Composite restoration	15
5	Full crown for posterior teeth	15
6	Cast gold inlay	05
7	Other special types of work such as splinting - Reattachment of fractured teeth etc.	10
8	Anterior RCT	30
9	Posterior RCT	40
10	Endo surgery performed independently	05
11	Management of endo – Perio problems	05
12	Angle build up composite	05
13	Diastema closure	05
14	Composite Veneers	05

- Under graduate teaching program as allotted by the HOD
- Seminars – 5 by each student
- Journal club – 5 by each student
- Dissertation work
- Prepare scientific paper / poster and present in conference and clinical meeting
- Library assignment to be submitted 18 months after starting of the course
- Internal assessment – theory and clinical

**Third Year**

Dissertation work to be submitted 6 months before final examination.

**Clinical work**

- Cast gold inlay- Onlay, cuspal restoration 10
- Post and core 20
- Molar endodontics 50
- Endo surgery 05
- Diastema Closure 05

- Angle Build up 05
- All other types of surgeries including crown lengthening, perioesthetics, hemi sectioning, splinting, replantation.

**Presentation of:**

- Seminars – 5 by each student
- Journal club – 5 by each student
- Under graduate teaching program as allotted by the HOD
- Internal assessment – theory and clinical

**Monitoring Learning Progress:**

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

**Scheme of Examination:**

<b>A. Theory:</b> Part-I: Basic Sciences Paper	-	<b>100 Marks</b>
Part-II: Paper-I, Paper-II & Paper-III	-	<b>300 Marks</b>
(100 Marks for each Paper)		

Written examination shall consist of Basic Sciences Paper (Part-I) of three hours duration and should be conducted at the end of First year of MDS course. Part-II Examination will be conducted at the end of Third year of MDS course. Part-II Examination will consist of Paper-I, Paper-II & Paper-III, each of three hours duration. Paper-I & Paper-II shall consist of two long answer questions carrying 25 marks each and five questions carrying 10 marks each. Paper-III will be on Essays. In Paper-III three Questions will be given and student has to answer any two questions. Each question carries 50 marks. Questions on recent advances may be asked in any or all the papers. Distribution of topics for each paper will be as follows: \*

**PART-I** : Applied Basic Sciences: Applied Anatomy, Physiology, Pathology including Oral Microbiology, Pharmacology, Biostatistics and Research Methodology and Applied Dental Materials.

**PART-II**

<b>Paper-I</b>	:	Conservative Dentistry
<b>Paper-II</b>	:	Endodontics
<b>Paper-III</b>	:	Essays (descriptive and analyzing type questions)

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

**B. Practical / Clinical Examination : 200 Marks**

The duration of Clinical and Viva Voce examination will be 2 days for a batch of four students. If the number of candidates exceeds 4, the programme can be extended to 3<sup>rd</sup> day.

**Day 1**

**Clinical Exercise I – Random case discussion – (2) - 10+10 Marks**



**(Diagnosis, Treatment, Planning & Discussion)**

Cast core preparation

(i) Tooth Preparation	-	20 marks
(ii) Direct Wax Pattern	-	10 marks
(iii) Casting	-	10 marks
(iv) Cementation	-	05 marks
(v) Retraction & Elastomeric Impression	-	05 marks

**Clinical Exercise II**

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**30 Marks****(Inlay Exercise )**

(i) Tooth preparation for Class II Inlay (Gold or Esthetic)	-	20 marks
(ii) Fabrication of Indirect Pattern	-	10 marks

**Day 2****Clinical Exercise III**

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**100 Marks****(Molar Endodontics)**

(i) Local Anaesthesia and Rubber Dam application	-	20 marks
(ii) Access Cavity	-	20 marks
(iii) Working length determination	-	20 marks
(iv) Canal Preparation	-	20 marks
(v) Master cone selection	-	20 marks

**C. Viva Voce**

:

**100 Marks****i. Viva-Voce examination**

:

**80 marks**

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

**ii. Pedagogy Exercise**

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**20 marks**

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