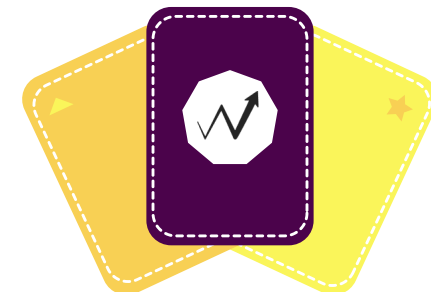


## **PEDODONTICS**

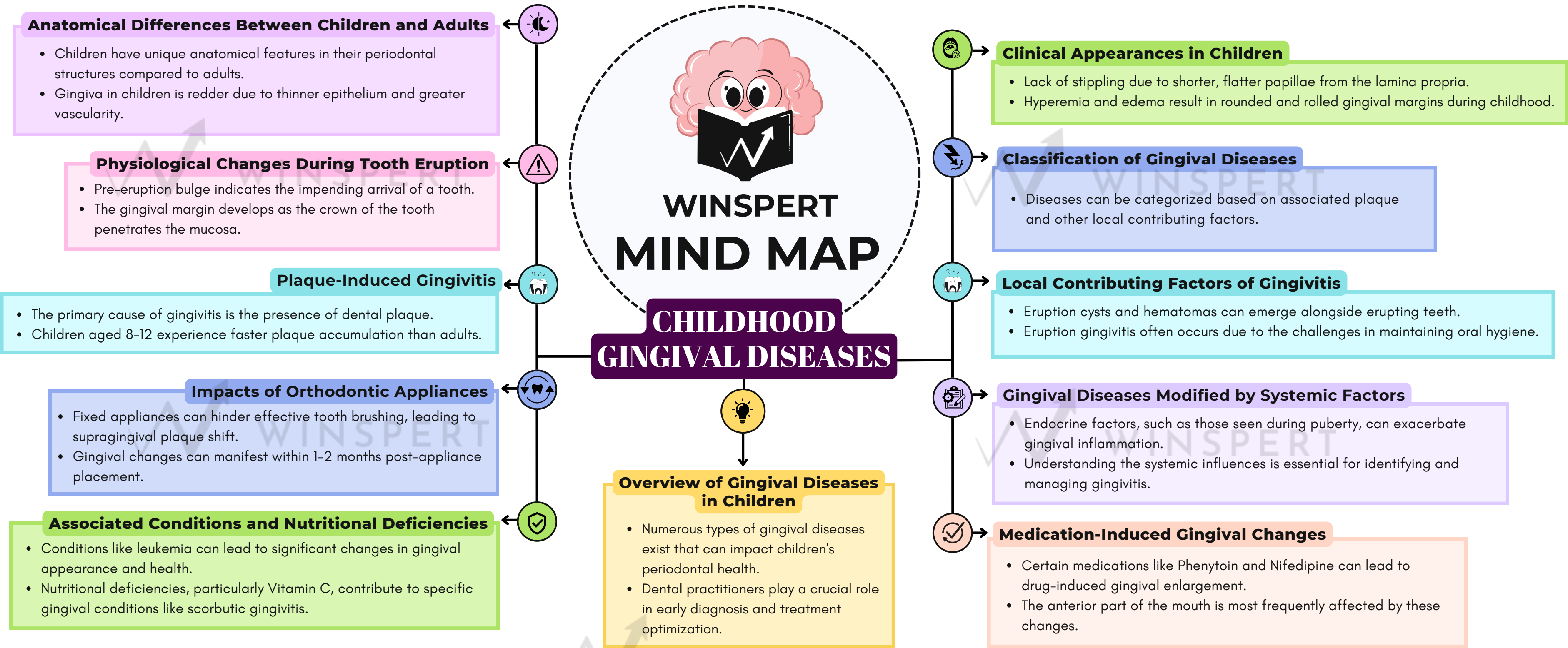
# CHILDHOOD GINGIVAL DISEASES



**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**







**WINSPERT  
CUE CARDS**

**CHILDHOOD  
GINGIVAL DISEASES**

## **Question 1**

**What are childhood gingival diseases and their significance?**





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CUE CARDS**

## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 1**

**Childhood gingival diseases are numerous and can progress to affect the periodontium in adults. Early recognition and diagnosis by dental practitioners are crucial for optimizing treatment outcomes.**

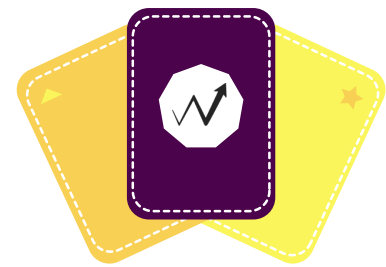


**WINSPERT  
CUE CARDS**

**CHILDHOOD  
GINGIVAL DISEASES**

## **Question 2**

**What anatomical differences exist between the periodontal structures of children and adults?**

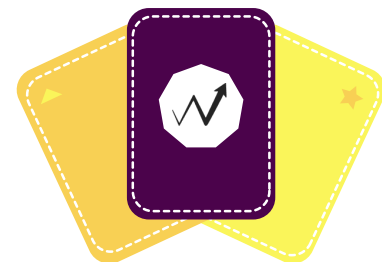


**WINSPERT  
CUE CARDS**

## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 2**

**Children's periodontal structures have several anatomical differences, such as a more reddish gingival color due to thinner epithelium, lack of stippling, rounded gingival margins, and greater vascularity compared to adults.**



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**CHILDHOOD  
GINGIVAL DISEASES**

### **Question 3**

**What clinical changes occur in the gingiva associated with the eruption of permanent teeth?**



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CUE CARDS**

## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 3**

**During tooth eruption, the gingiva displays a pre-eruption bulge, edematous and rounded gingival margins, and may be more prominent in mixed dentition, particularly in the maxillary anterior region.**





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GINGIVAL DISEASES**

## **Question 4**

**What is plaque-induced gingivitis, and how does it manifest in children?**



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## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 4**

**Plaque-induced gingivitis is mainly caused by plaque accumulation, which forms more rapidly in children aged 8-12. Symptoms include fiery red discoloration, swelling, and less frequent bleeding or increased pocket depth than in adults.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD  
GINGIVAL DISEASES**

## **Question 5**

**What is an eruption cyst, and how does it present?**



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**CHILDHOOD  
GINGIVAL DISEASES**

## **Answer 5**

**An eruption cyst is a form of dentigerous cyst associated with an erupting tooth, characterized by translucent, fluctuant, and circumscribed swelling.**



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CUE CARDS**

**CHILDHOOD  
GINGIVAL DISEASES**

## **Question 6**

**What is puberty gingivitis, and how is it related to hormonal changes?**





**WINSPERT  
CUE CARDS**

## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 6**

**Puberty gingivitis is enhanced gingival inflammation occurring in children during puberty, correlated with elevated sex hormones, and peaks earlier in girls than in boys.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD  
GINGIVAL DISEASES**

## **Question 7**

**What are the signs and symptoms of leukemia-induced gingivitis in children?**

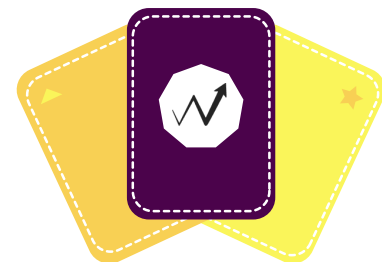


**WINSPERT  
CUE CARDS**

## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 7**

**Leukemia-induced gingivitis presents with swollen, glazed, spongy gingiva appearing red to deep purple, accompanied by gingival bleeding, diffuse mucosal enlargement, and symptoms like lethargy and lymphadenopathy.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD  
GINGIVAL DISEASES**

## **Question 8**

**What is scorbutic gingivitis,  
and what causes it?**



**WINSPERT  
CUE CARDS**

## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 8**

**Scorbutic gingivitis is caused by vitamin C deficiency, leading to hemorrhage, collagen degeneration, and edema, resulting in a bluish, soft, and friable gingiva.**





**WINSPERT  
CUE CARDS**

**CHILDHOOD  
GINGIVAL DISEASES**

## **Question 9**

**What factors can modify  
gingival diseases in children?**

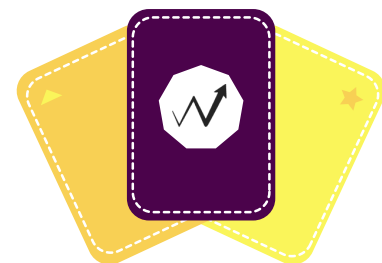


**WINSPERT  
CUE CARDS**

## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 9**

**Gingival diseases in children can be modified by systemic factors such as hormonal changes (e.g., puberty), blood dyscrasias (e.g., leukemia), nutritional deficiencies (e.g., vitamin C deficiency), and medications (e.g., drug-induced gingival enlargement).**



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**CHILDHOOD  
GINGIVAL DISEASES**

## **Question 10**

**What is the prevalence of periodontitis in children, and when should a referral be made?**



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## **CHILDHOOD GINGIVAL DISEASES**

### **Answer 10**

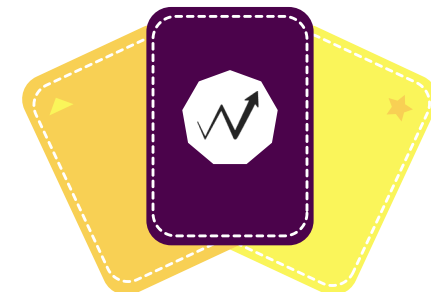
**Periodontitis is rare in children and is usually associated with systemic diseases. If encountered, a referral to a specialist is necessary for management.**

## **PEDODONTICS**

# **AGE DETERMINATION FROM OPG**

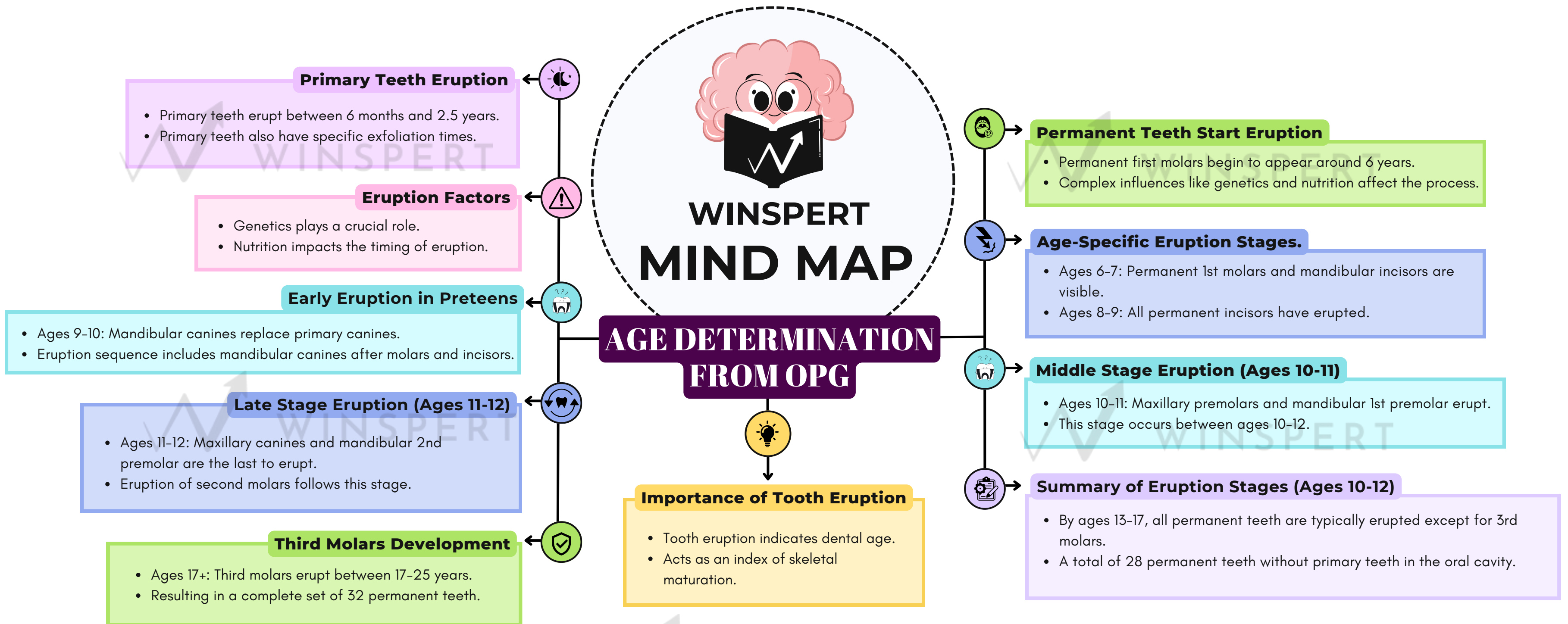


**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**







**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 1**

**What is a valuable indicator of dental age and skeletal maturation?**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Answer 1**

**Tooth eruption serves as a valuable indicator of dental age and an index of skeletal maturation.**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 2**

**At what age do primary teeth erupt in the mouth?**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Answer 2**

**Primary teeth erupt in the mouth from 6 months to 2 and a half years of age.**

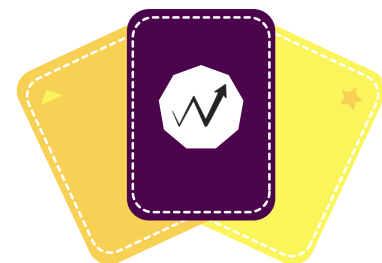


**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 3**

**When do permanent first  
molars start to appear in the  
mouth?**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Answer 3**

**Permanent first molars start to appear in the mouth at around 6 years of age.**



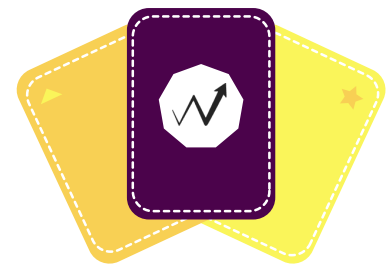
**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 4**

**What factors can influence the eruption of permanent teeth?**





**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Answer 4**

**Factors that can influence the eruption of permanent teeth include genetics, nutrition, preterm birth, socioeconomic status, body height and weight, craniofacial morphology, hormonal factors, and various systemic diseases.**

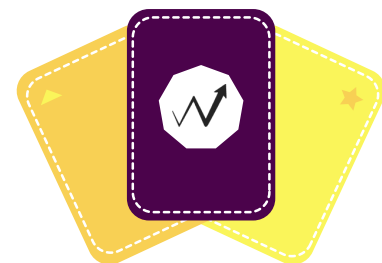


**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 5**

**At what ages are primary teeth typically being shed along with the eruption of permanent teeth?**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

**Answer 5**

**Primary teeth are typically being shed  
between the ages of 6 to 12 years.**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 6**

**What permanent teeth erupt during the early stage of 10-12 years of age?**

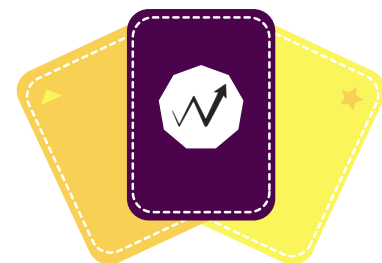


**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Answer 6**

**During the early stage of 10-12 years of age, permanent mandibular canines replace primary mandibular canines.**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 7**

**Which permanent teeth erupt  
at the middle stage of 10-12  
years of age?**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Answer 7**

**Maxillary first and second premolars and mandibular first premolar erupt at the middle stage of 10-12 years of age.**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 8**

**What is the last group of teeth to erupt during the late stage of 10-12 years of age?**





**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Answer 8**

**Maxillary canines and mandibular second premolars are the last to erupt during the late stage of 10-12 years of age.**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 9**

**What is noted about all  
permanent teeth by the age of  
13-17 years?**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

**Answer 9**

**All permanent teeth are erupted except for third molars by the age of 13-17 years.**



**WINSPERT  
CUE CARDS**

**AGE DETERMINATION  
FROM OPG**

## **Question 10**

**When do third molars typically erupt if present?**



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**AGE DETERMINATION  
FROM OPG**

**Answer 10**

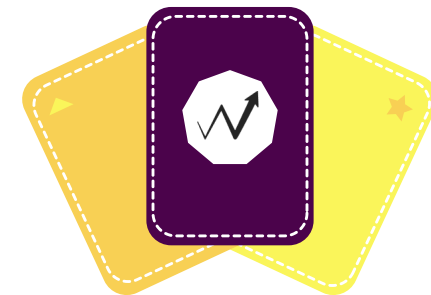
**Third molars typically erupt between the ages of 17 to 25 years, resulting in a total of 32 permanent teeth in the oral cavity.**

# PEDODONTICS

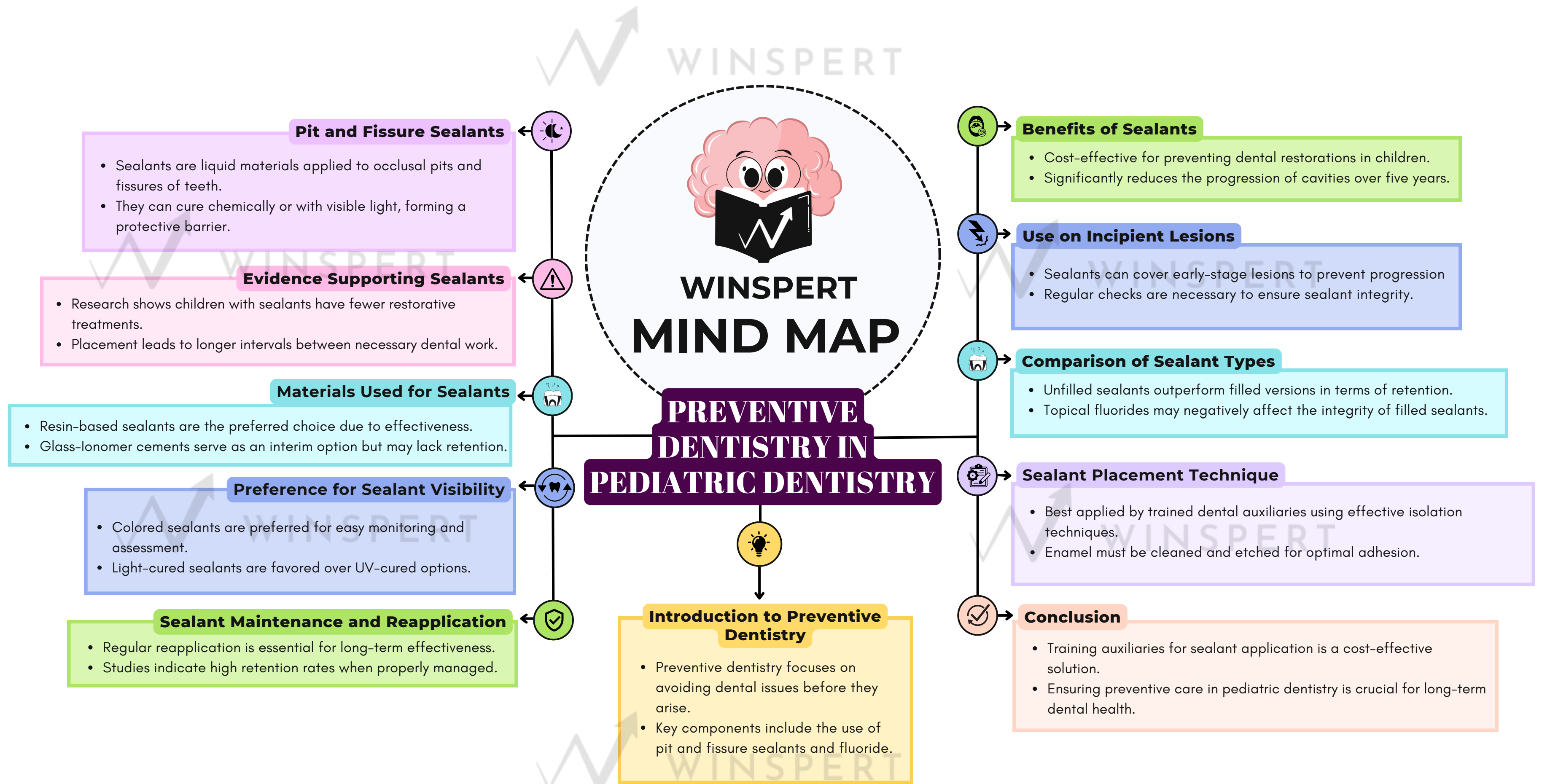
## PREVENTIVE DENTISTRY IN PEDIATRIC DENTISTRY - PIT & FISSURE SEALANTS, FLUORIDES

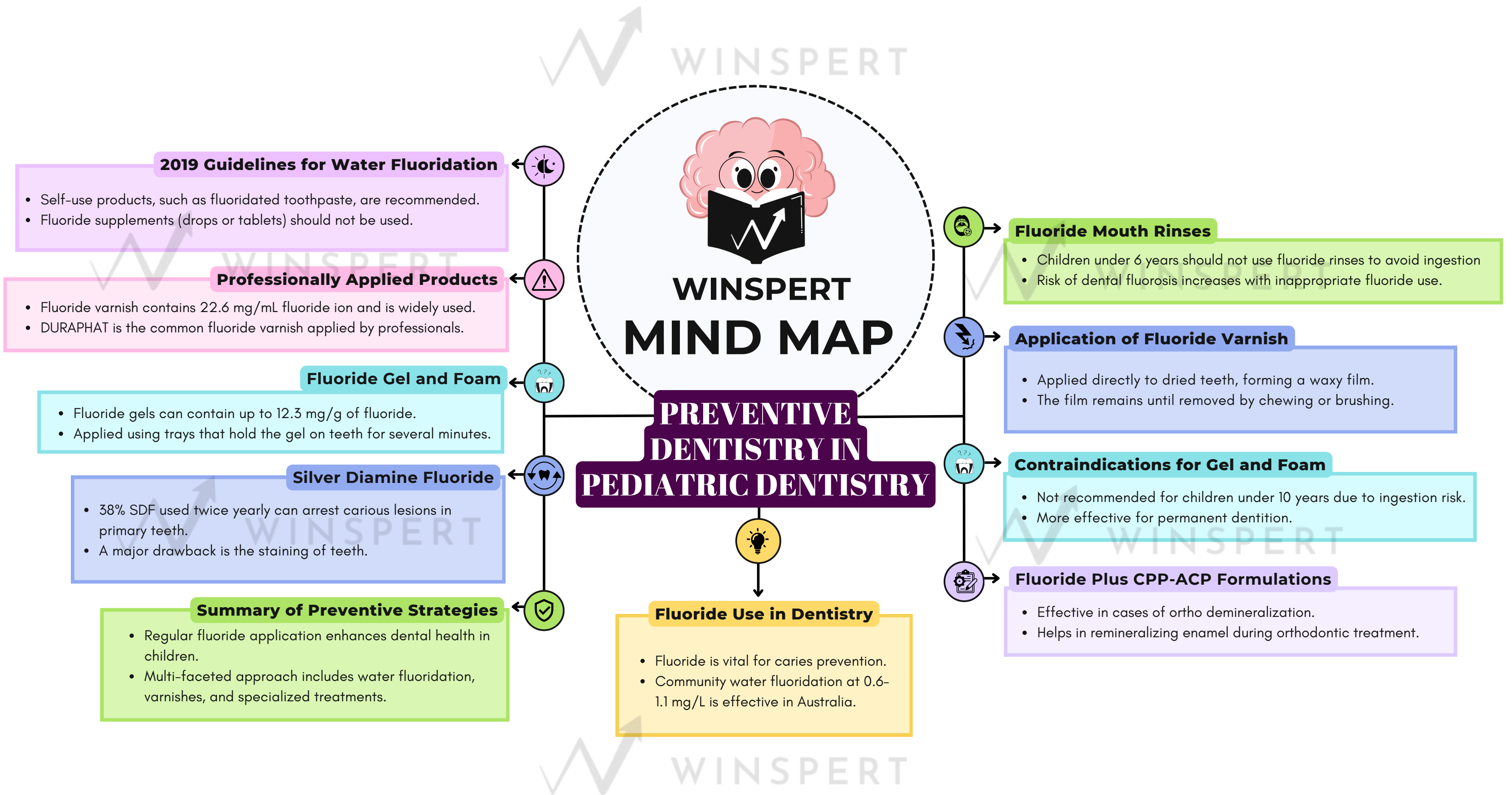


**MIND MAP & CUE CARDS**

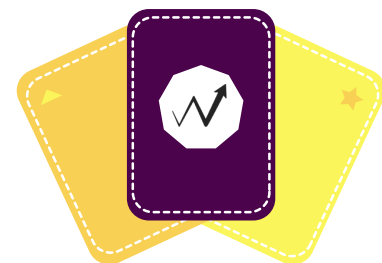


**BY DR. JIGYASA SHARMA**









**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 1**

**What is the best method to prevent pit and fissure caries in newly erupted teeth?**

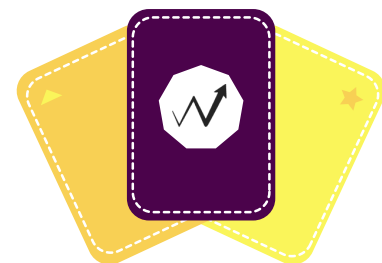


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CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 1**

**The best method to prevent pit and fissure caries in newly erupted teeth is the application of pit and fissure sealants.**



**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 2**

**What is the role of fluoride in  
dental caries prevention?**



**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 2**

**Fluoride use is a cornerstone  
for dental caries prevention.**



**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 3**

**What are pit and fissure sealants?**

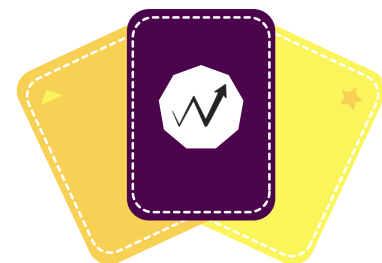


**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 3**

**Pit and fissure sealants are chemically-active liquid materials placed onto the occlusal pits and fissures of caries-susceptible teeth to prevent caries.**



**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 4**

**How do pit and fissure  
sealants protect against  
caries?**



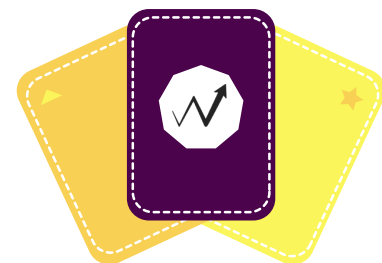
**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 4**

**They form a micromechanically bonded protective layer that prevents the invasion of caries-producing bacteria and cuts off their access to nutrients.**





**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 5**

**What is a significant advantage  
of placing resin-based sealants  
on children's permanent molars?**

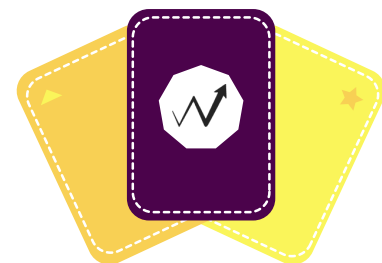


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**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 5**

**Placement of resin-based sealants is effective for caries reduction and results in less restorative work needed in the future.**



**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 6**

**What happens when sealants  
wear down over incipient  
lesions?**

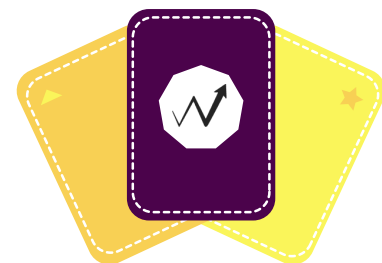


**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 6**

**When sealants wear down, communication with oral fluids occurs, and the previously diagnosed incipient lesion may become active again.**

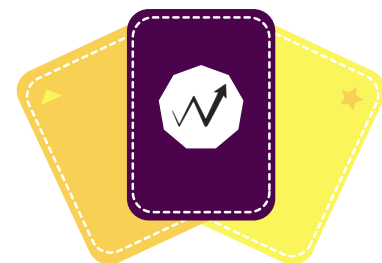


**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 7**

**What is the first choice of  
material for dental sealants?**

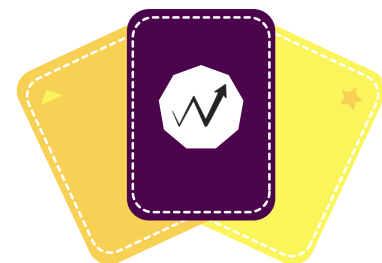


**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 7**

**Resin-based sealants are the first choice  
of materials for dental sealants.**



**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 8**

**What is a key difference in retention between glass ionomer cement and resin-based sealants?**



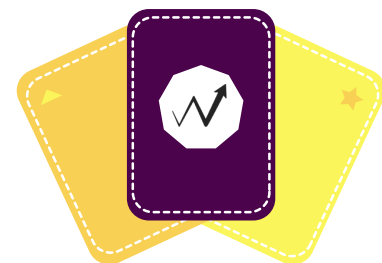
**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 8**

**The retention of glass ionomer cement is significantly inferior to that of resin-based sealants.**





**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 9**

**Why is it preferred to use  
colored sealants over clear  
sealants?**

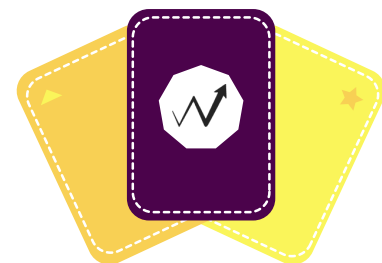


**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 9**

**Colored sealants are preferred because they are easier to see during application, assess retention during follow-ups, and document over time.**



**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Question 10**

**What is silver diamine fluoride  
used for in dental practice?**



**WINSPERT  
CUE CARDS**

**PREVENTIVE DENTISTRY IN  
PEDIATRIC DENTISTRY - PIT &  
FISSURE SEALANTS,  
FLUORIDES**

**Answer 10**

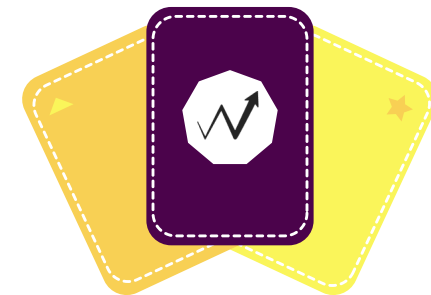
**Silver diamine fluoride (38% SDF) is effective in arresting active carious lesions in primary teeth and root caries in permanent teeth among the elderly.**

**PEDODONTICS**

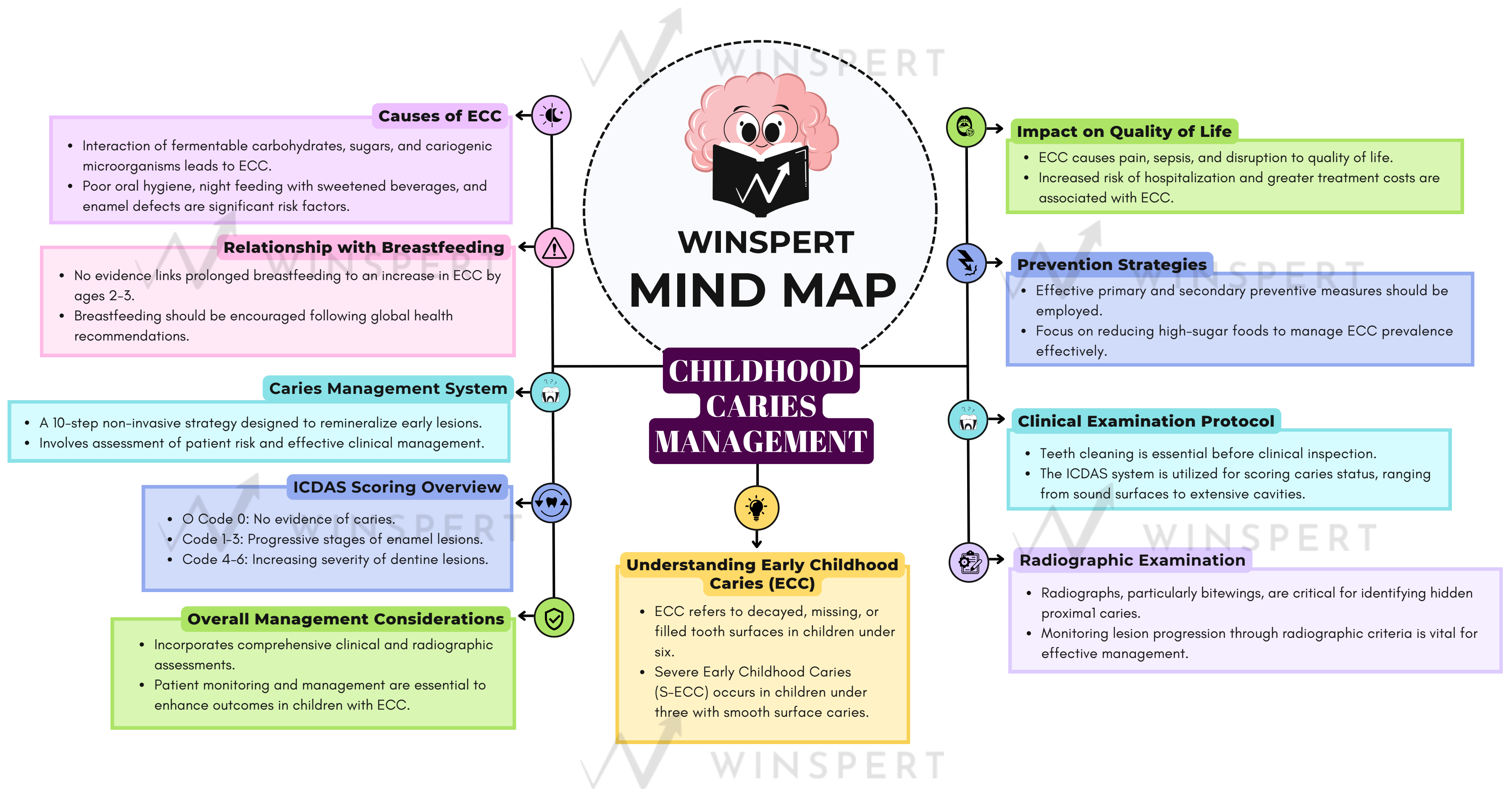
# CHILDHOOD CARRIES MANAGEMENT

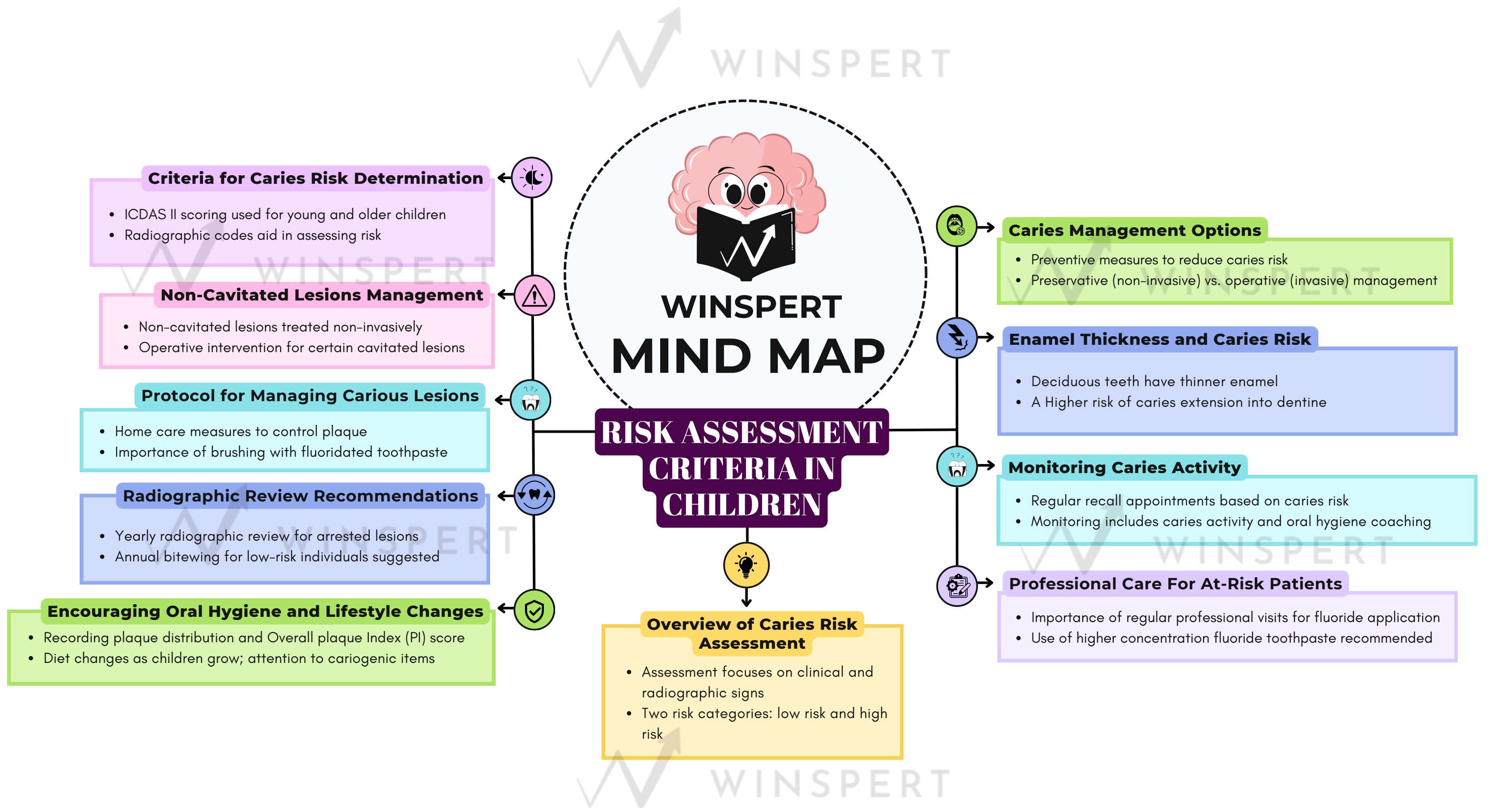


**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**









**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 1**

# **What is Early Childhood Caries (ECC)?**





**WINSPERT  
CUE CARDS**

## **CHILDHOOD CARIES MANAGEMENT**

### **Answer 1**

**Early Childhood Caries (ECC) is the presence of one or more decayed, missing, or filled tooth surfaces in any primary tooth in a child under the age of six.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 2**

**What factors are known to contribute to the development of ECC?**



**WINSPERT  
CUE CARDS**

## **CHILDHOOD CARIES MANAGEMENT**

### **Answer 2**

**ECC is caused by the interaction of fermentable carbohydrates, predominantly free sugars, and cariogenic microorganisms on susceptible teeth and hosts over time.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 3**

**What is Severe Early  
Childhood Caries (S-ECC)?**

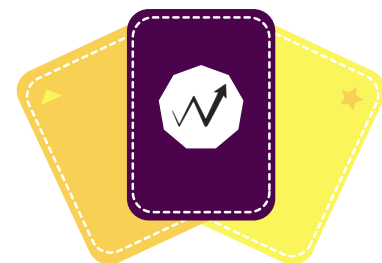


**WINSPERT  
CUE CARDS**

## **CHILDHOOD CARIES MANAGEMENT**

### **Answer 3**

**Severe Early Childhood Caries (S-ECC) is characterized by smooth surface caries in a child less than 3 years old.**

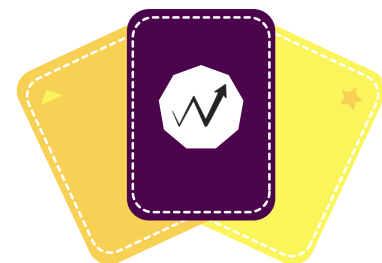


**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 4**

**How do breastfeeding practices  
relate to the incidence of ECC?**



**WINSPERT  
CUE CARDS**

## **CHILDHOOD CARIES MANAGEMENT**

### **Answer 4**

**Studies have shown that there is no association between sustained breastfeeding until at least 1 year of age, nighttime breastfeeding, and early childhood caries by 2-3 years of age.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 5**

**What are some potential  
consequences of ECC for  
children?**





**WINSPERT  
CUE CARDS**

## **CHILDHOOD CARIES MANAGEMENT**

### **Answer 5**

**Potential consequences of ECC include pain, sepsis, space loss, disruption to quality of life, growth and intellectual development issues, increased hospitalization, and higher treatment costs.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 6**

**What is the ICDAS scoring system used for?**



**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Answer 6**

**The ICDAS scoring system is used for assessing the caries status of both primary and permanent teeth, particularly providing a more refined method for evaluating enamel lesions.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 7**

**What are the two initial risk categories assigned to children during caries risk assessment?**



**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Answer 7**

**Children are initially assigned to low risk and high risk categories based solely on their clinical and radiographic signs.**



**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 8**

**What is the recommended management strategy for non-cavitated carious lesions in children?**



**WINSPERT  
CUE CARDS**

## **CHILDHOOD CARIES MANAGEMENT**

### **Answer 8**

**Non-cavitated lesions should be managed with home care measures, including brushing twice daily with fluoridated toothpaste and professionally applied fluoride varnish.**



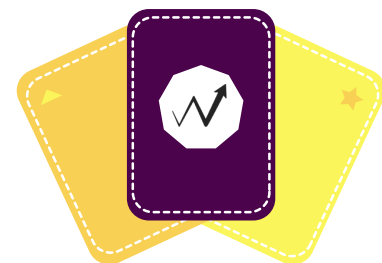
**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 9**

**How often should children who are assessed as low risk be scheduled for bitewing radiographs?**





**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Answer 9**

**Children assessed as low risk should be scheduled for bitewing radiographs annually.**

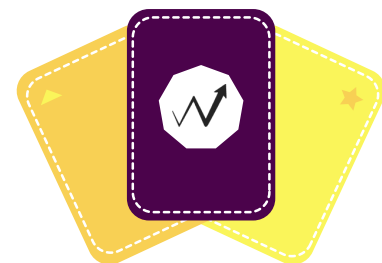


**WINSPERT  
CUE CARDS**

**CHILDHOOD CARIES  
MANAGEMENT**

## **Question 10**

**What should be emphasized during professional care visits for patients at risk of ECC?**



**WINSPERT  
CUE CARDS**

## **CHILDHOOD CARIES MANAGEMENT**

### **Answer 10**

**It is important to emphasize the need for regular attendance for fluoride varnish application, use higher concentration fluoride toothpaste at home, and employ fissure sealants to help manage carious lesions.**

## **PEDODONTICS**

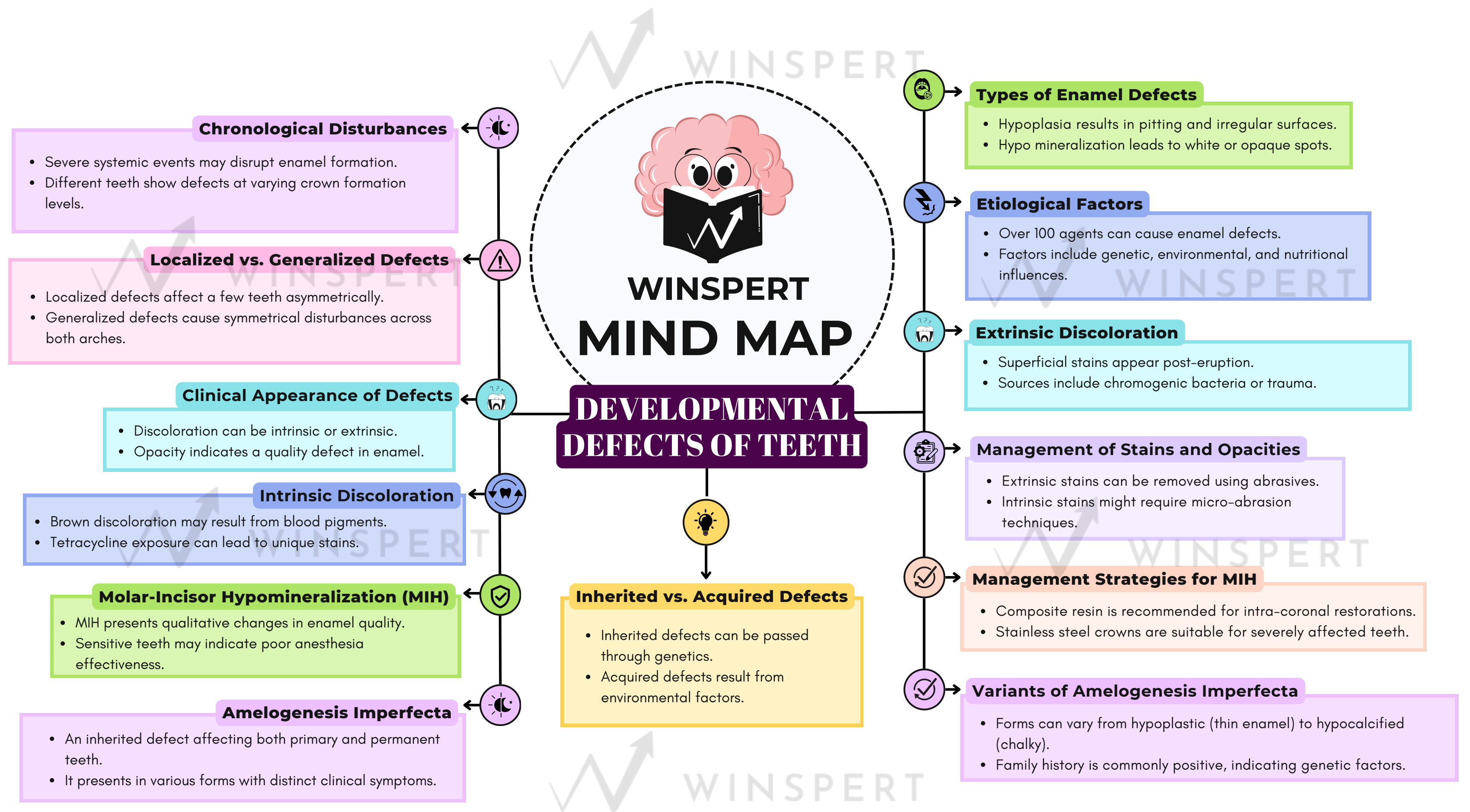
# **DEVELOPMENTAL DEFECTS ON TEETH**

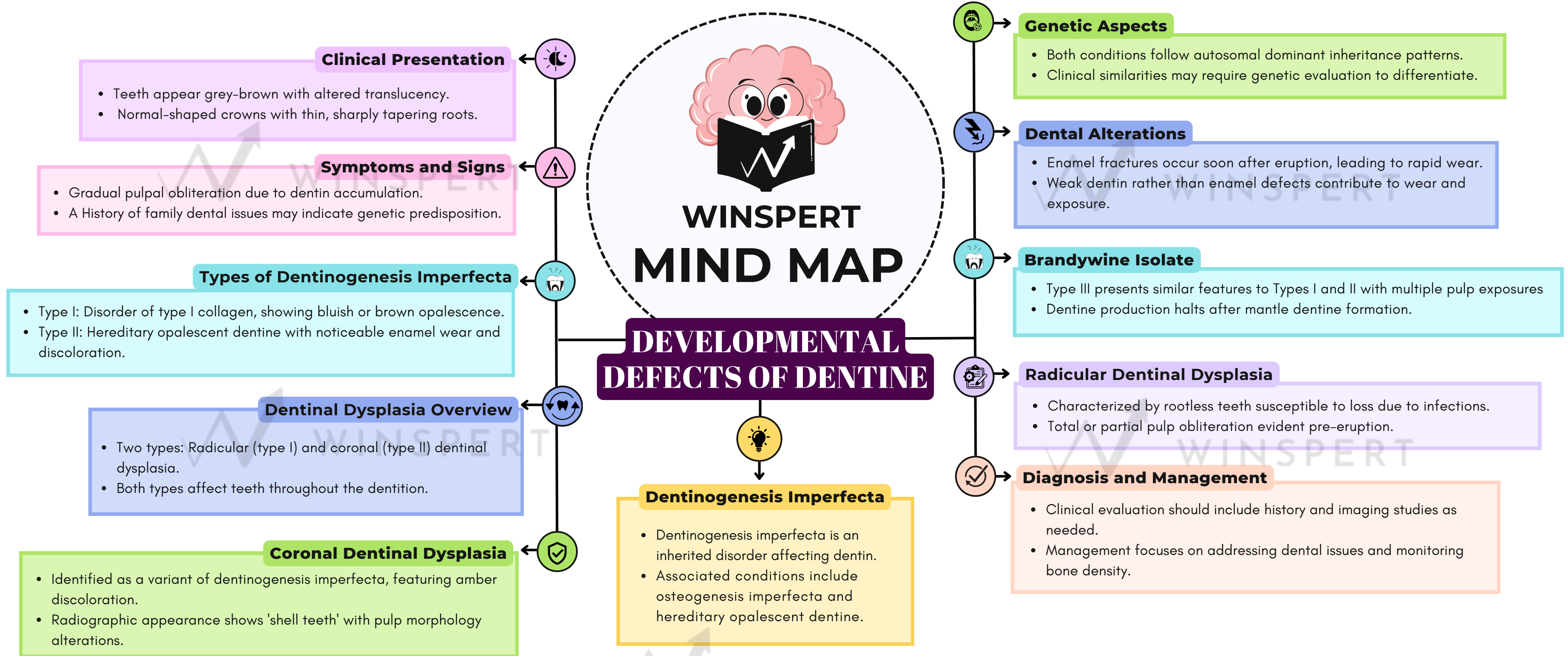


**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**







**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 1**

**What are developmental defects of enamel, and how can they be classified?**





**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 1**

**Developmental defects of enamel can be inherited or acquired and are classified based on chronological disturbances, localized or generalized defects, and clinical appearance, including discoloration, opacity, and hypoplasia.**



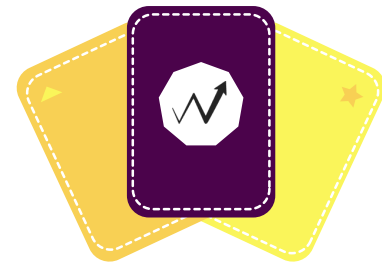


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**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 2**

**What is hypoplasia, and how does it present in enamel defects?**



**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 2**

**Hypoplasia refers to a reduction in the quantity of enamel, often presenting as pitting or an irregular surface due to a deficiency of the protein matrix.**



**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

### **Question 3**

**What characterizes hypo mineralization in enamel defects?**



**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 3**

**Hypo mineralization is characterized by a deficiency in mineral content, leading to opaque or bright white spots on the smooth surface of the enamel.**



**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 4**

**What are the differences  
between localized and  
generalized defects in dental  
enamel?**



**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 4**

**Localized defects affect one or more teeth asymmetrically, whereas generalized defects involve symmetrical disturbances on teeth of the same type on both sides of the mouth.**



**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 5**

**How does fluorosis manifest in dental enamel?**



**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 5**

**Fluorosis presents as hypo mineralization of enamel, leading to opacities that can range from tiny white flecks to confluent opacities throughout the enamel, causing a lack of translucency.**





**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 6**

**What is Molar-Incisor  
Hypomineralization (MIH)?**



**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Answer 6**

**Molar-Incisor Hypomineralization (MIH) is a condition characterized by qualitative changes in enamel with varying opacities and discoloration affecting primarily first permanent molars and incisors.**



**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 7**

**What is Amelogenesis  
imperfecta?**



**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 7**

**Amelogenesis imperfecta is an inherited defect of enamel affecting both primary and permanent teeth, resulting in color changes, hypoplasia, hypocalcification, and hypomaturation.**



**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 8**

**What are the dental  
manifestations of  
Dentinogenesis imperfecta?**



**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 8**

**Dentinogenesis imperfecta manifests as discolored teeth (amber, grey, or purple-blue), pulpal obliteration, bulbous crowns, and possible enamel loss due to inherent weakness in dentine.**

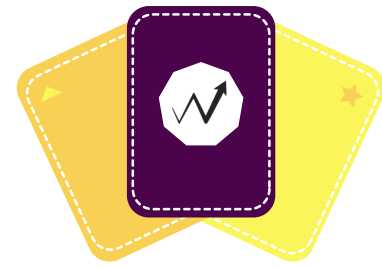


**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 9**

**What is the classification of  
Dentinogenesis imperfecta?**



**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 9**

**Dentinogenesis imperfecta is classified into three types: Type I associated with type I collagen, Type II known as hereditary opalescent dentine, and Type III as the Brandywine isolate of hereditary opalescent dentine.**





**WINSPERT  
CUE CARDS**

**DEVELOPMENTAL  
DEFECTS ON TEETH**

## **Question 10**

# **What is Dentinal Dysplasia?**



**WINSPERT  
CUE CARDS**

## **DEVELOPMENTAL DEFECTS ON TEETH**

### **Answer 10**

**Dentinal Dysplasia involves abnormalities in tooth roots and pulp morphology which can either be radicular (short or absent roots) or coronal (amber discoloration with typical tooth wear and altered pulp morphology).**

**PEDODONTICS**

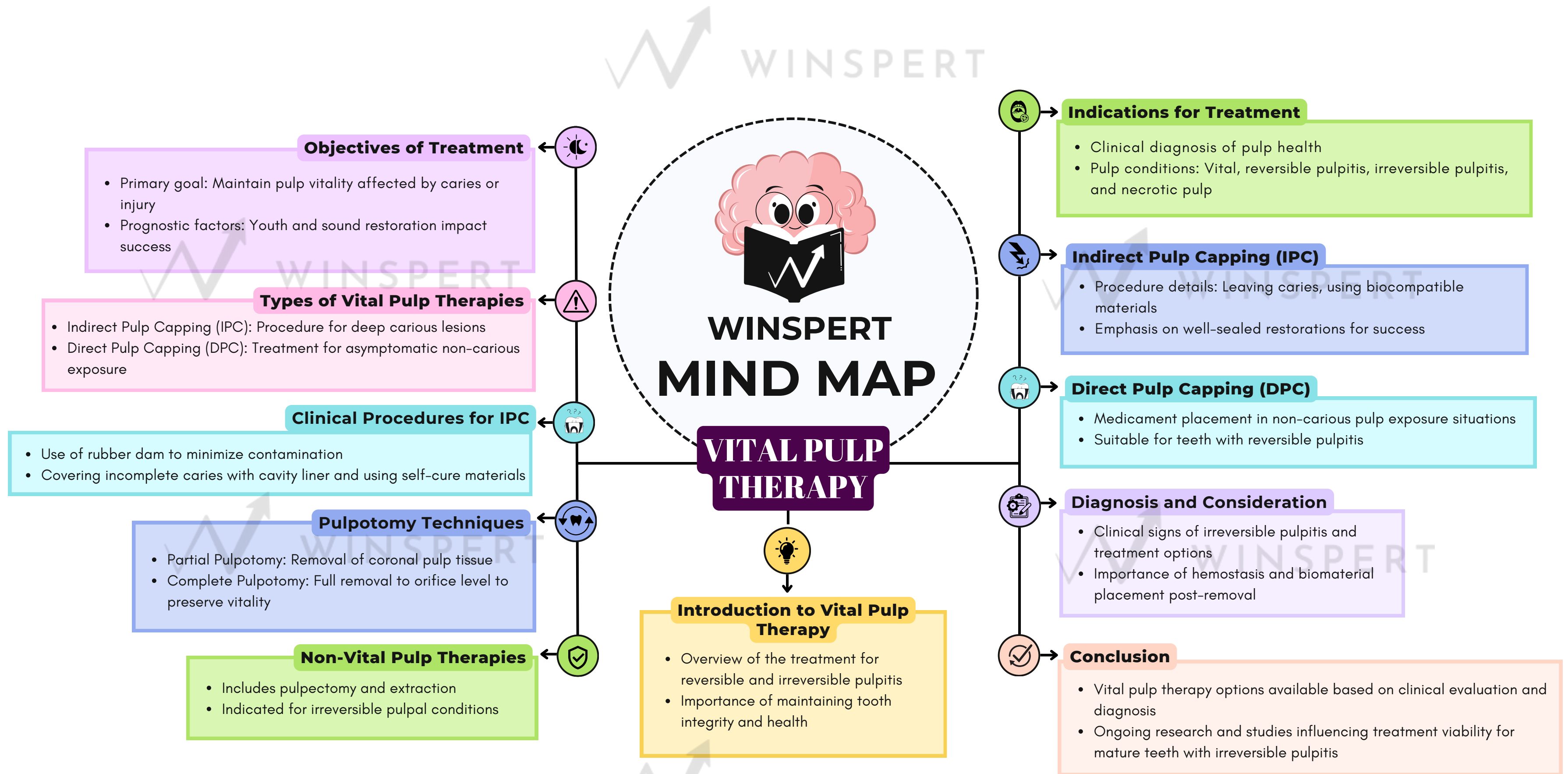
# VITAL PULP THERAPY

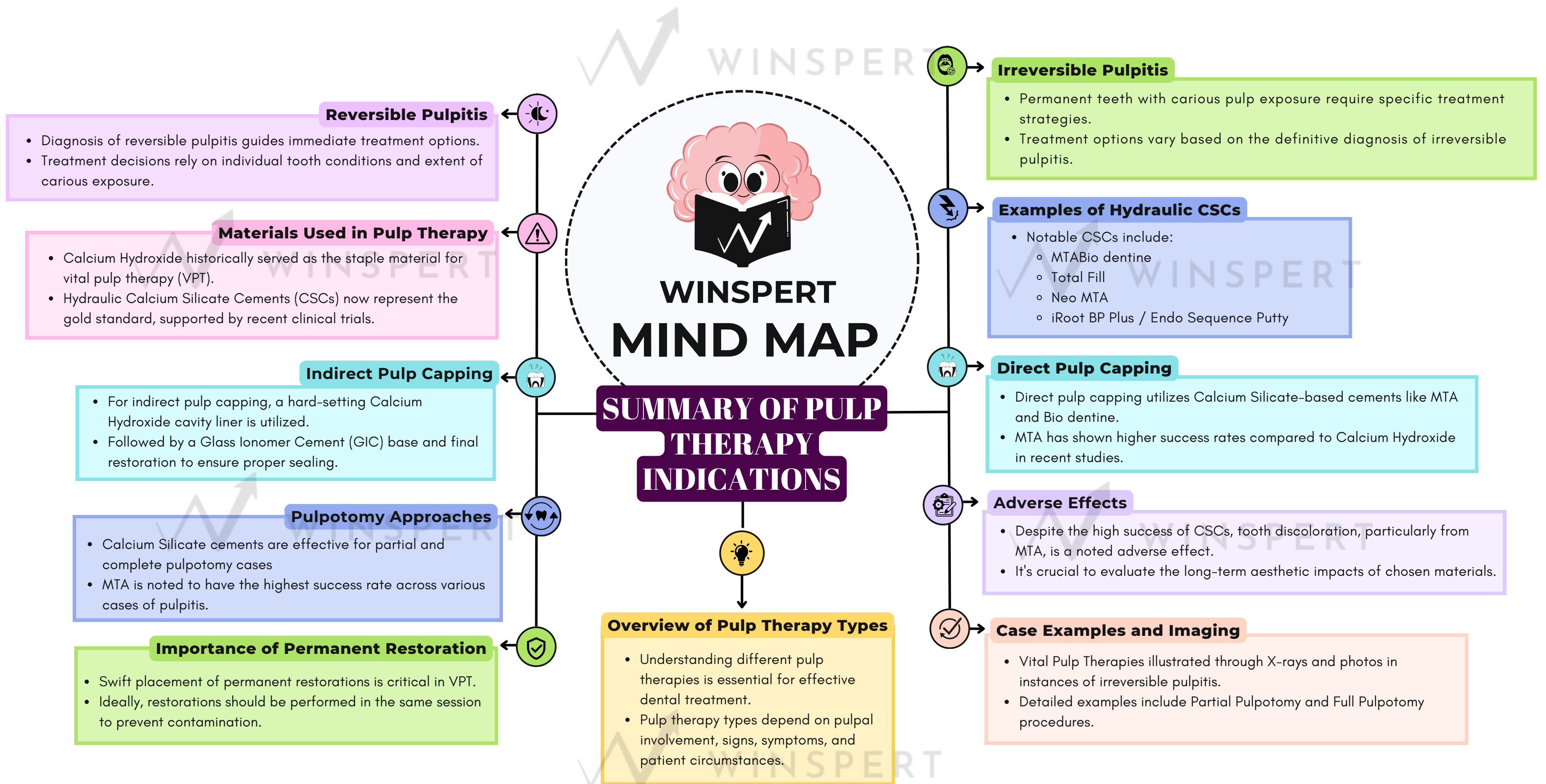


**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**







**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Question 1**

**What is the primary objective of vital pulp therapy (VPT)?**



**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Answer 1**

**The primary objective of vital pulp therapy (VPT) is to maintain the integrity and health of the teeth and the supporting tissues.**



**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Question 2**

**Under what condition is vital pulp therapy (VPT) indicated?**





**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Answer 2**

**Vital pulp therapy (VPT) is indicated for teeth diagnosed with a normal pulp requiring pulp therapy or with reversible pulpitis.**

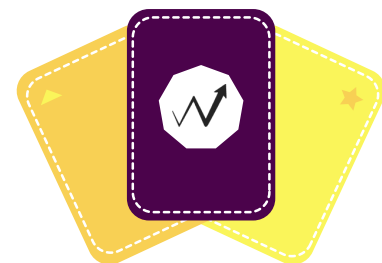


**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Question 3**

**What is indirect pulp capping (IPC)?**



**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Answer 3**

**Indirect pulp capping (IPC) is a procedure performed in a tooth with a deep carious lesion approximating the pulp, where the caries surrounding the pulp is left in place and covered with a biocompatible material.**

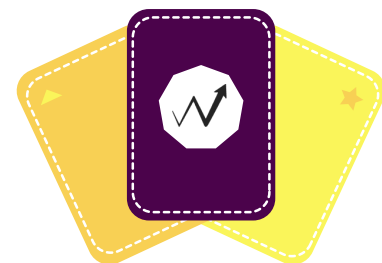


**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Question 4**

**What type of material is  
traditionally used in vital pulp  
therapies?**



**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Answer 4**

**Historically, Calcium Hydroxide was the most common material used in vital pulp therapies (VPT).**

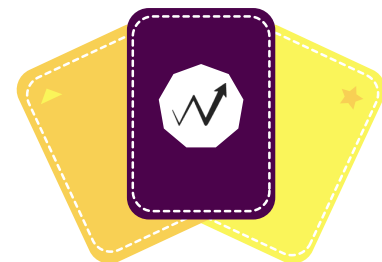


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**VITAL PULP  
THERAPY**

## **Question 5**

**What is the procedure involved in direct pulp capping (DPC)?**



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**VITAL PULP  
THERAPY**

## **Answer 5**

**Direct pulp capping (DPC) involves placing a medicament or material in direct contact with pulp tissue following non-carious pulp exposure in asymptomatic teeth or reversible pulpitis.**



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CUE CARDS**

**VITAL PULP  
THERAPY**

## **Question 6**

**What is the difference  
between partial pulpotomy  
and complete pulpotomy?**





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CUE CARDS**

**VITAL PULP  
THERAPY**

## **Answer 6**

**Partial pulpotomy involves the removal of only a portion of diseased coronal pulp tissue (2-3 mm), while complete pulpotomy involves the complete removal of the full coronal pulp tissue to the orifice level.**



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CUE CARDS**

**VITAL PULP  
THERAPY**

## **Question 7**

**What are some examples of hydraulic calcium silicate cements (CSCs) used in VPT?**



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CUE CARDS**

**VITAL PULP  
THERAPY**

## **Answer 7**

**Examples of hydraulic calcium silicate cements (CSCs) include MTA, Bio dentine, Total Fill, and iRoot BP Plus/Endo Sequence Putty.**



**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Question 8**

**What is the significance of using a rubber dam during vital pulp therapy procedures?**

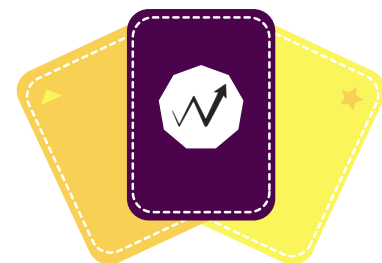


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**VITAL PULP  
THERAPY**

## **Answer 8**

**The use of a rubber dam during vital pulp therapy procedures minimizes moisture and bacterial contamination of the operative field.**

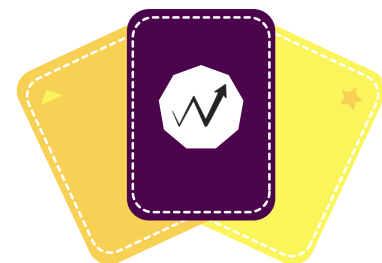


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**VITAL PULP  
THERAPY**

## **Question 9**

**What is an important diagnostic determination when considering pulpotomy as a treatment option for irreversible pulpitis?**



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**VITAL PULP  
THERAPY**

## **Answer 9**

**The direct visualization of exposed pulp is an important diagnostic determination when considering pulpotomy as a treatment option.**



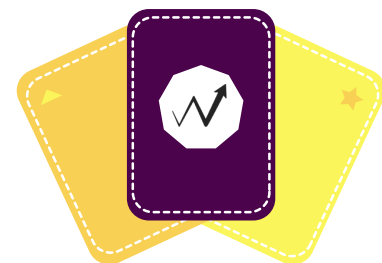
**WINSPERT  
CUE CARDS**

**VITAL PULP  
THERAPY**

## **Question 10**

**What adverse effect is associated with calcium silicate cements (CSC) used in vital pulp therapy?**





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**VITAL PULP  
THERAPY**

## **Answer 10**

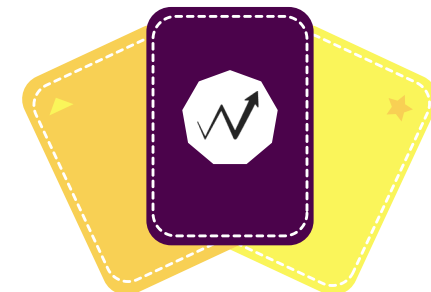
**Tooth discoloration has been confirmed as an adverse effect associated with calcium silicate cements (CSC), especially with MTA.**

**PEDODONTICS**

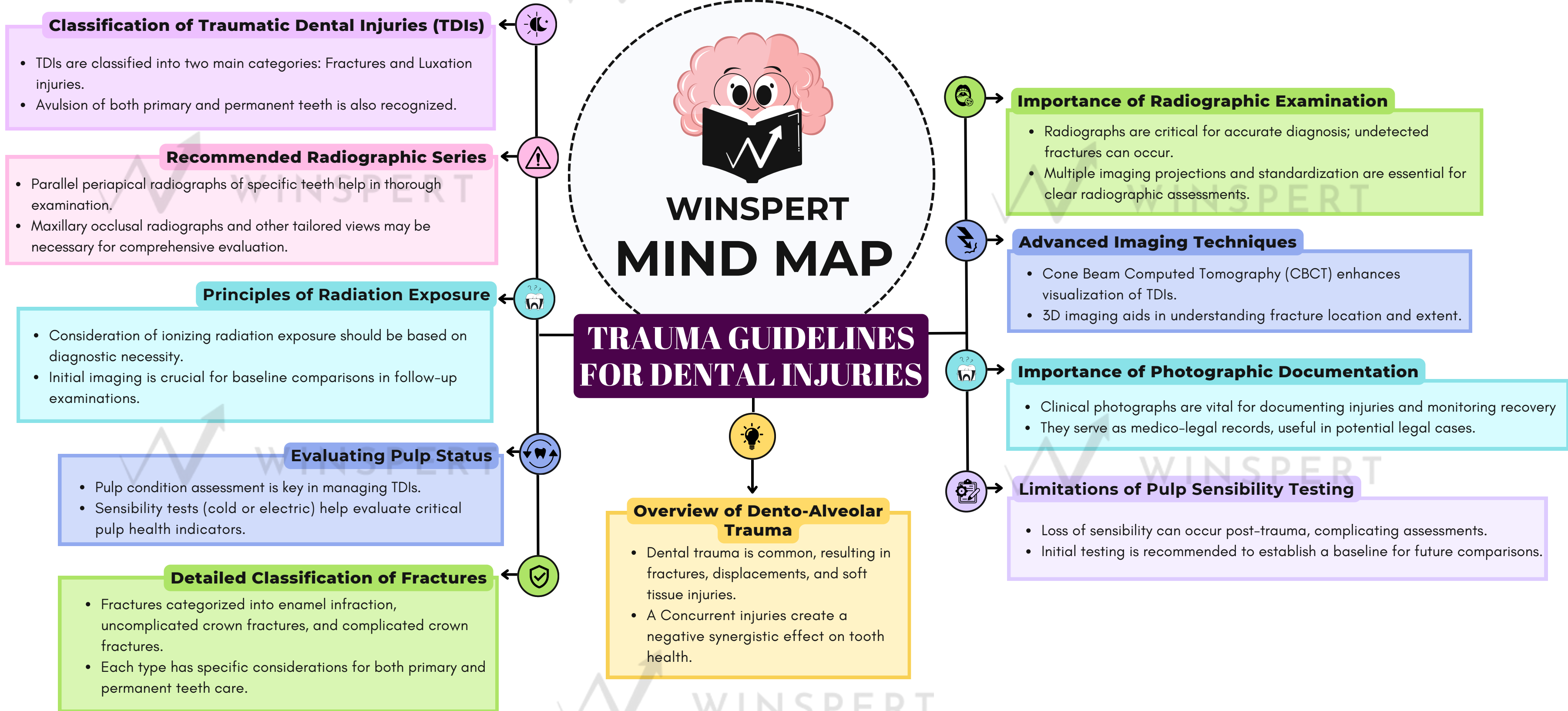
# TRAUMA GUIDELINES

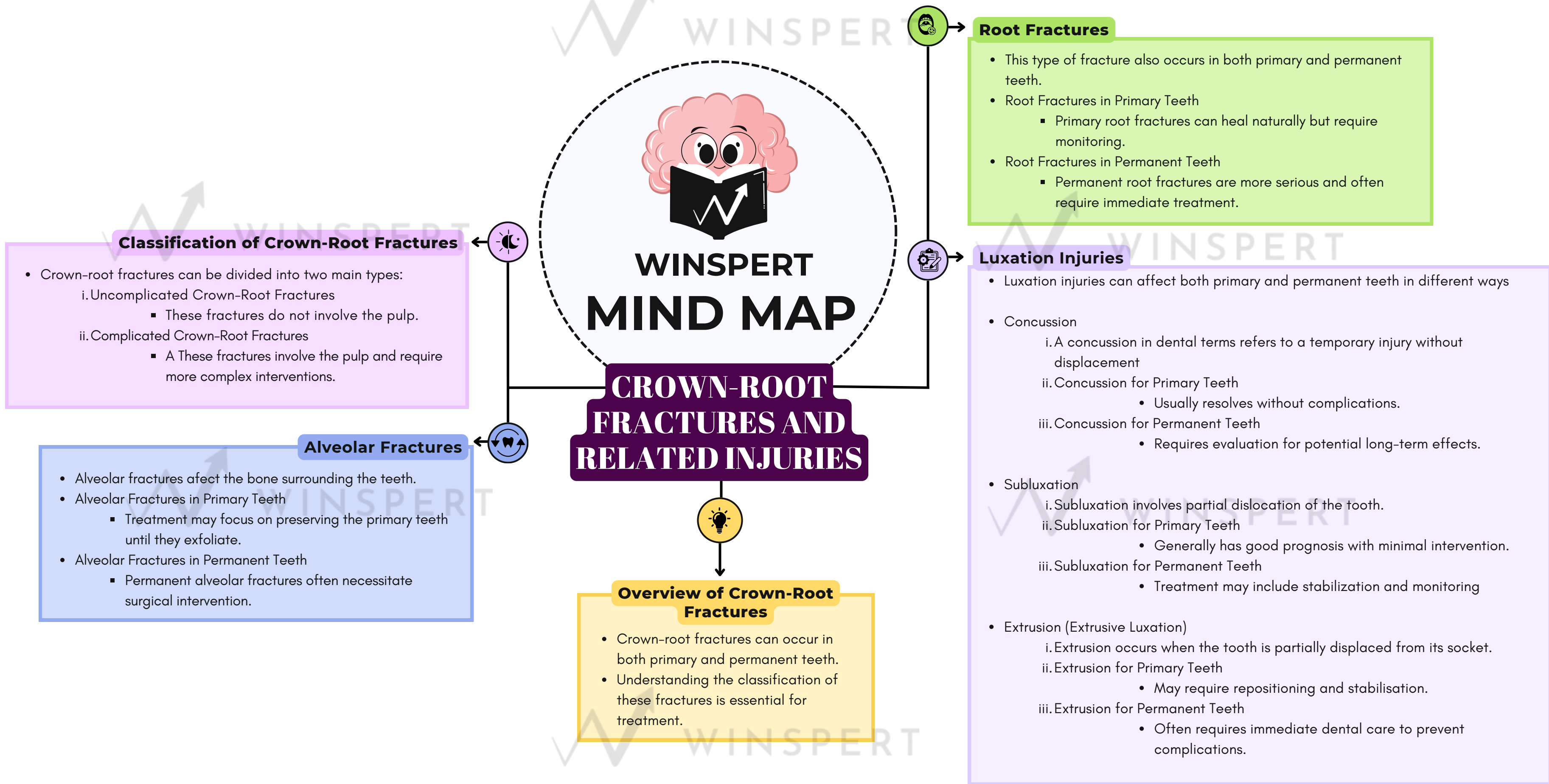


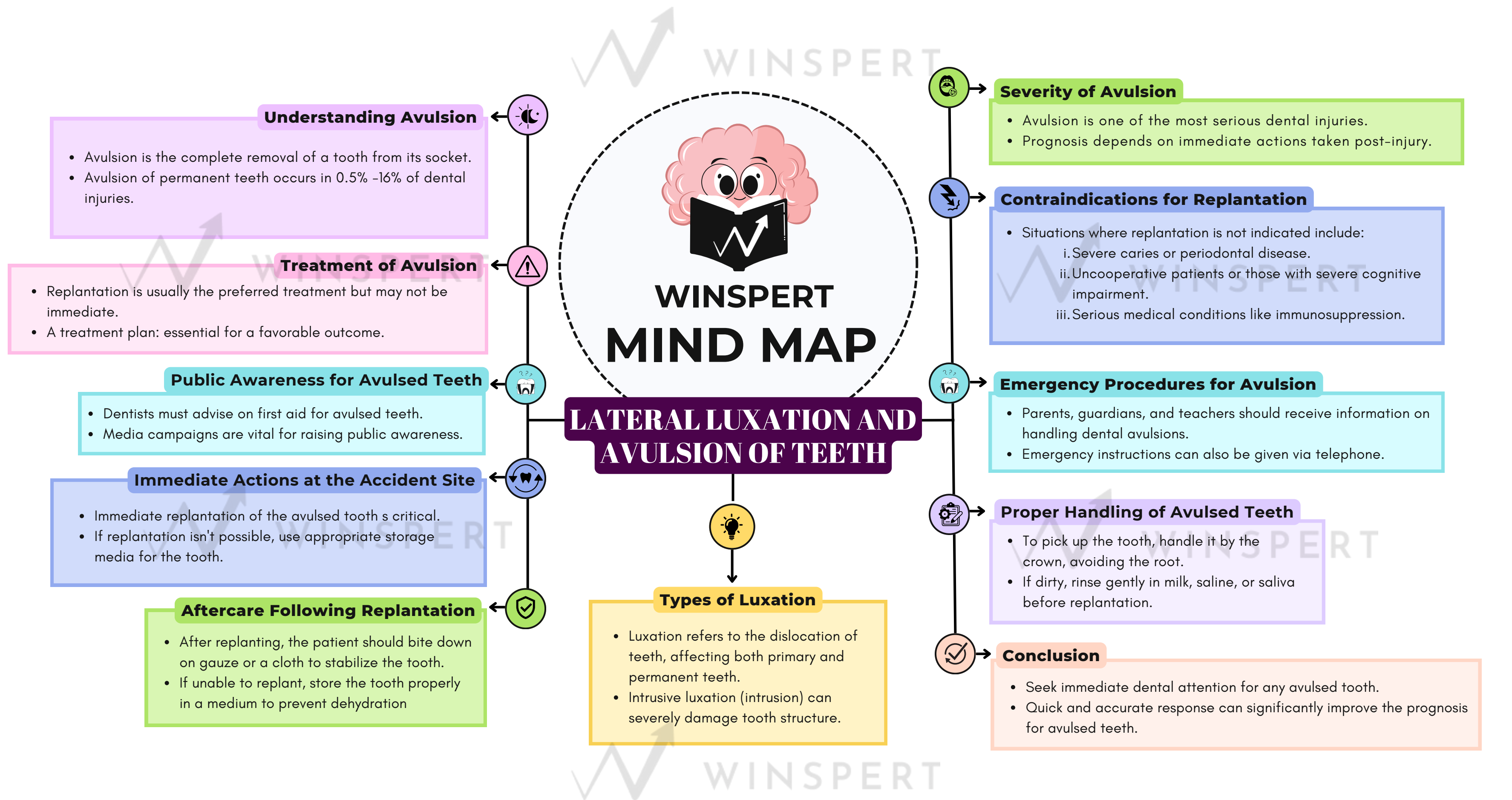
**MIND MAP & CUE CARDS**



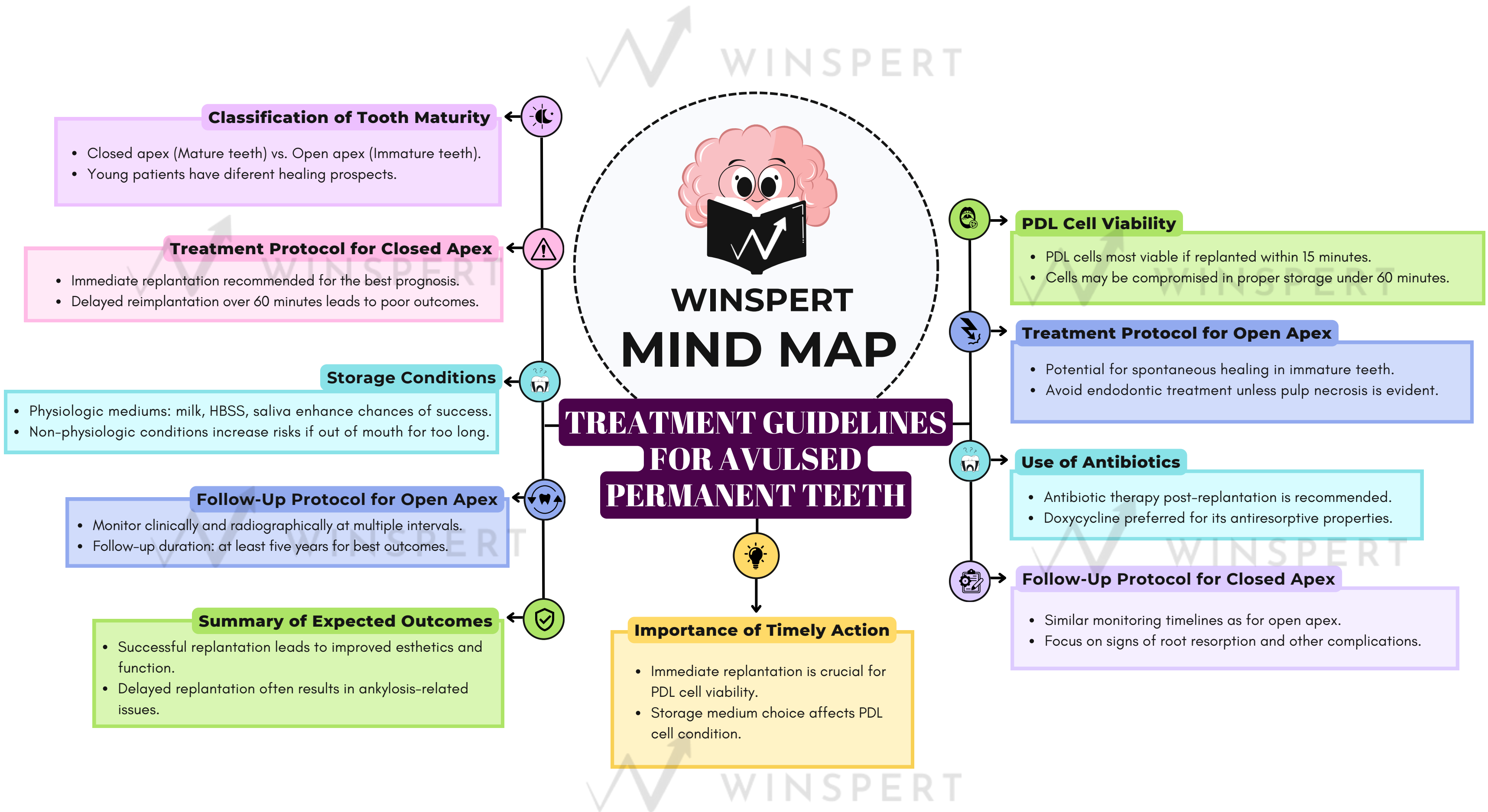
**BY DR. JIGYASA SHARMA**













**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 1**

**What are the common injuries associated with trauma to the dento-alveolar region?**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 1**

**Trauma involving the dento-alveolar region often results in fracture and displacement of teeth, crushing and/or fracturing of bone, and soft tissue injuries, including contusions, abrasions, and lacerations.**





**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 2**

**How can concurrent injuries  
affect dental trauma?**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 2**

**The combination of two different types of injuries occurring simultaneously to the same tooth can create a negative synergistic effect, making the situation more detrimental than a single injury.**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 3**

**What two main types of  
traumatic dental injuries  
(TDIs) exist?**

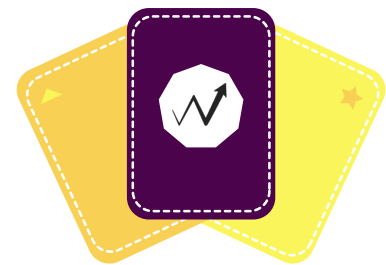


**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 3**

**TDIs can be classified into two main types: fractures and luxation injuries of both primary and permanent teeth.**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 4**

**Why are radiographic  
examinations important in  
diagnosing dental injuries?**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 4**

**Radiographs are crucial to make a thorough diagnosis of dental injuries, as root and bone fractures may occur without any clinical signs and can be undetected with only one radiographic view.**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 5**

**What role does cone beam computerized tomography (CBCT) play in assessing traumatic dental injuries?**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 5**

**CBCT enhances the visualization of traumatic dental injuries, particularly root fractures, crown/root fractures, and lateral luxation, helping to determine the location, extent, and direction of a fracture.**





**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 6**

**What is the importance of  
photographic documentation  
in dental injury cases?**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 6**

**Clinical photographs are recommended for documenting injuries initially and for follow-up examinations as they allow monitoring of healing, assessment of discoloration, and provide medico-legal documentation.**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 7**

**How can pulp status be evaluated in cases of traumatic dental injuries?**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 7**

**Pulp status can be assessed through sensibility tests such as a cold test or electric pulp test, which evaluate neural activity of the pulp but may not reliably indicate vascular supply.**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 8**

**What guidelines should be followed for replanting an avulsed permanent tooth?**

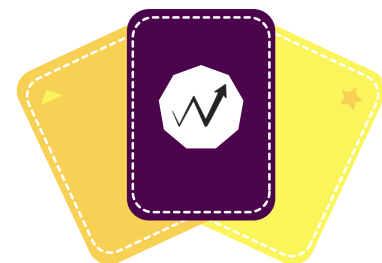


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CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 8**

**The best treatment for an avulsed permanent tooth is immediate replantation at the accident site; if this is not possible, the tooth should be stored in a suitable medium like milk, saliva, or saline.**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 9**

**What is the expected outcome for a replanted tooth with closed apex if it has been out of the mouth for more than 60 minutes?**



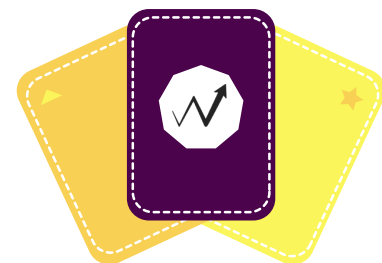
**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 9**

**If the tooth has been out of the mouth for more than 60 minutes, the periodontal ligament becomes necrotic and is not expected to regenerate, leading to a poor long-term prognosis.**





**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Question 10**

**What is the recommended  
follow-up protocol for  
replanted teeth?**



**WINSPERT  
CUE CARDS**

**TRAUMA  
GUIDELINES**

## **Answer 10**

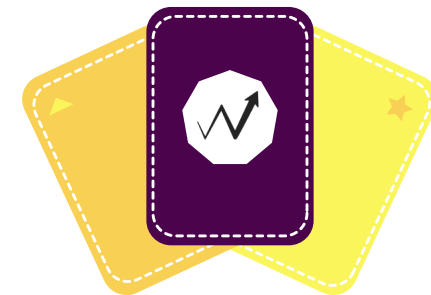
**Replanted teeth should be monitored clinically and radiographically at 2 weeks, 1 month, 2 months, 3 months, 6 months, one year, and yearly thereafter for at least five years.**

## **PEDODONTICS**

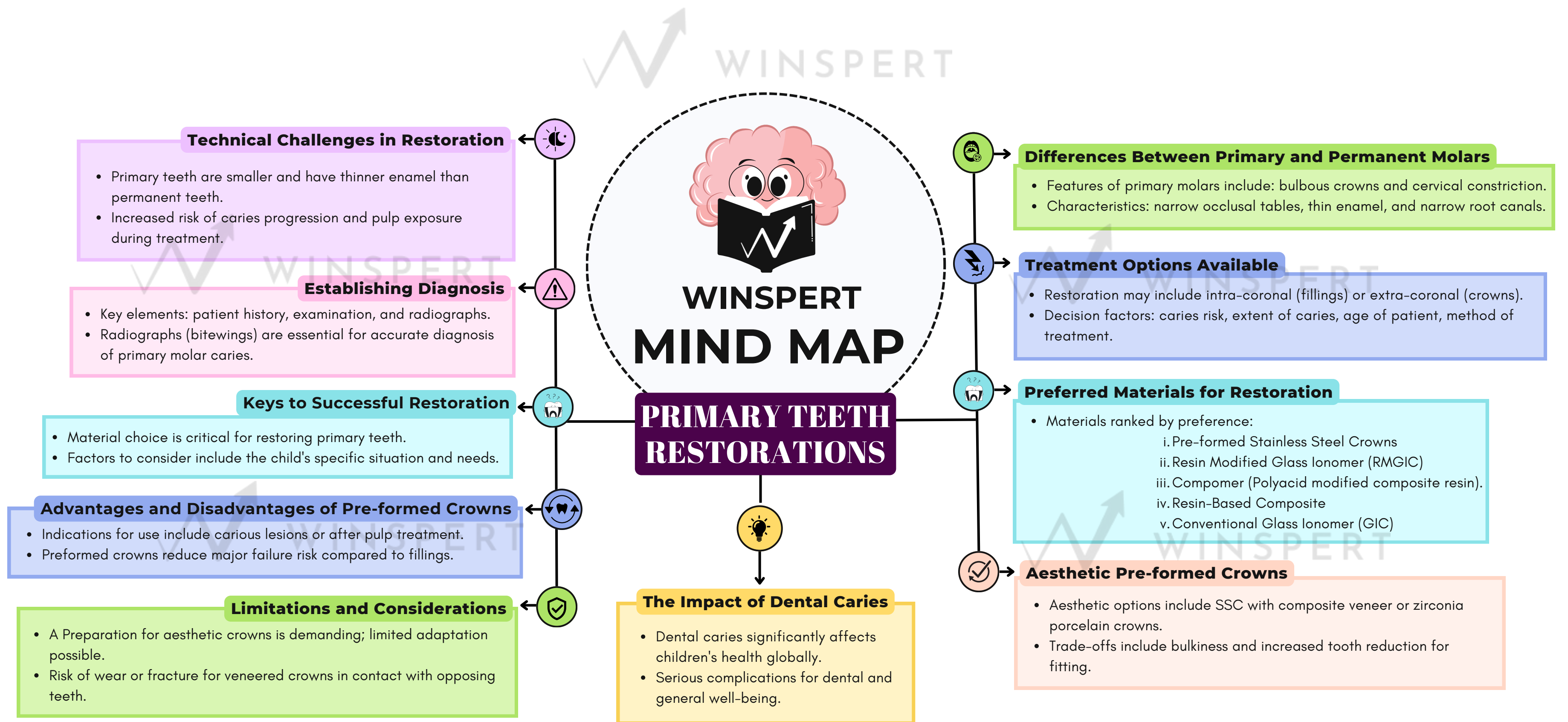
# **PRIMARY TEETH RESTORATIONS**

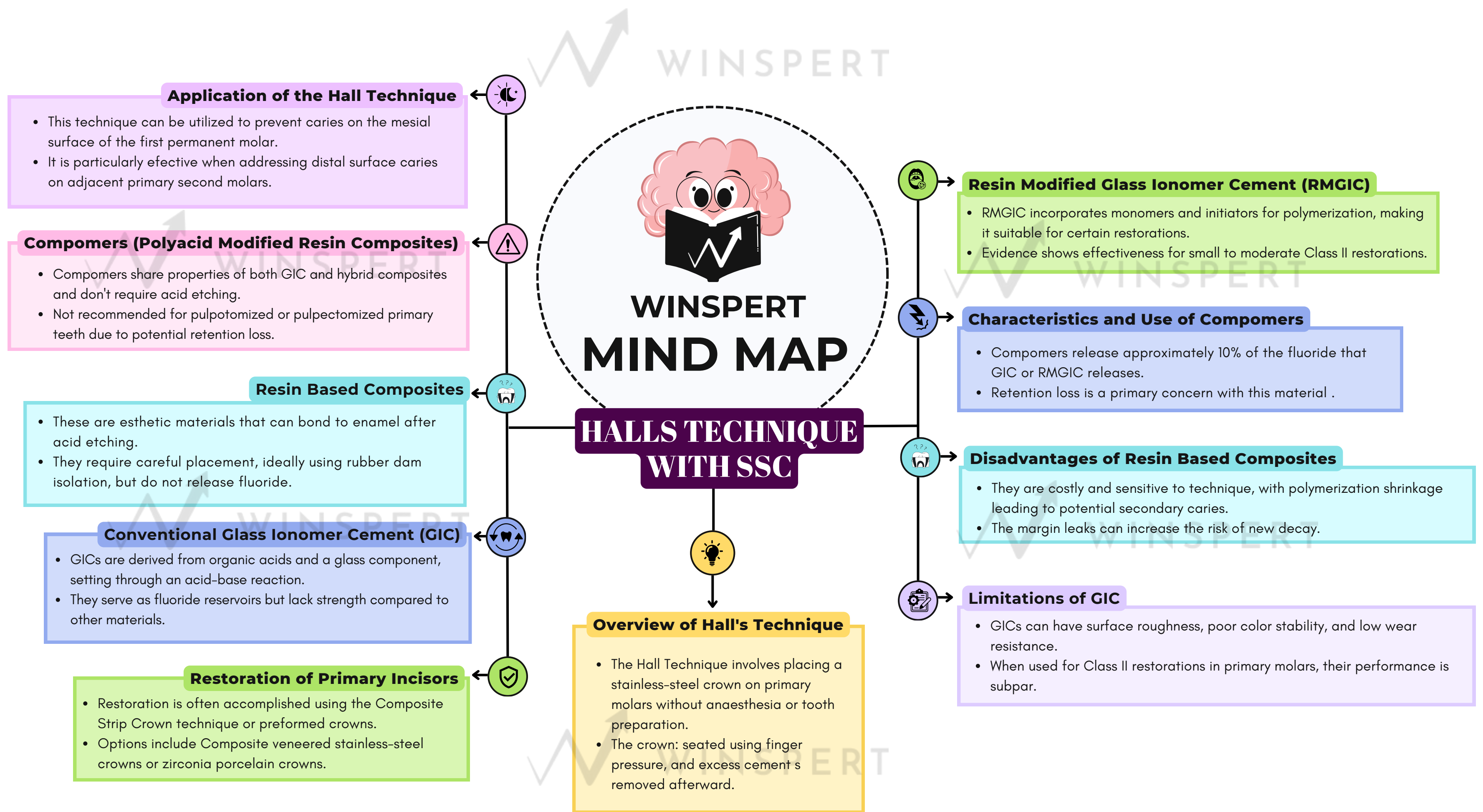


**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**





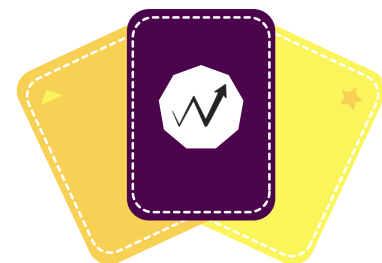


**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 1**

**What is the significance of restoring primary teeth in children?**



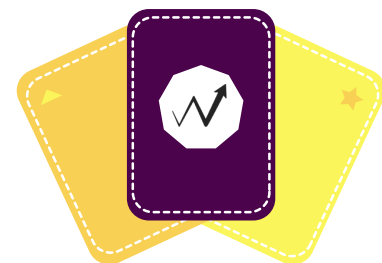
**WINSPERT  
CUE CARDS**

## **PRIMARY TEETH RESTORATIONS**

### **Answer 1**

**Restoring primary teeth is important as dental caries affects a significant percentage of children worldwide, which can lead to serious complications for their dental and general well-being. Rehabilitation of a child's dentition can restore health and function.**





**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 2**

**What challenges are associated with the restoration of primary teeth?**





**WINSPERT  
CUE CARDS**

## **PRIMARY TEETH RESTORATIONS**

### **Answer 2**

**The restoration of primary teeth is technically difficult due to their smaller size compared to permanent teeth, thinner enamel, high pulp horns, increased risk of caries progression into dentine, and a higher risk of pulp exposure during treatment.**



**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

### **Question 3**

**What are some features that differentiate primary molars from permanent molars?**



**WINSPERT  
CUE CARDS**

## **PRIMARY TEETH RESTORATIONS**

### **Answer 3**

**Features of primary molars include a bulbous crown, cervical constriction, a narrow occlusal table, thin enamel, pulp horns, narrow root canals, and a thin and porous pulpal floor.**

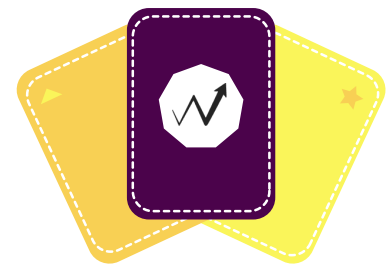


**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 4**

**What are the key elements in establishing an accurate diagnosis for carious primary teeth?**

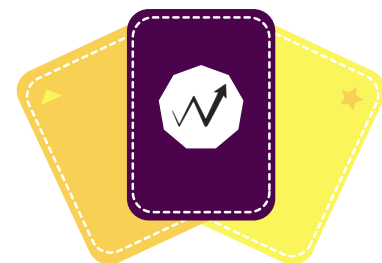


**WINSPERT  
CUE CARDS**

## **PRIMARY TEETH RESTORATIONS**

### **Answer 4**

**Key elements include taking a thorough history, conducting a physical examination, and performing special tests like radiographs. Clinicians should also question the child and their parents regarding symptoms.**



**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 5**

**What treatment options are available for restoring carious primary teeth?**



**WINSPERT  
CUE CARDS**

## **PRIMARY TEETH RESTORATIONS**

### **Answer 5**

**Treatment options include intra-coronal (fillings) and extra-coronal (crowns) restorations. The type of restoration depends on factors such as caries risk, extent of caries, age of the patient, and method of treatment.**



**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 6**

**What materials are preferred  
for restoration of primary  
teeth?**





**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Answer 6**

**Preferred materials include preformed stainless steel crowns, resin modified glass ionomer (RMGIC), compomer, resin-based composite, and conventional glass ionomer (GIC).**

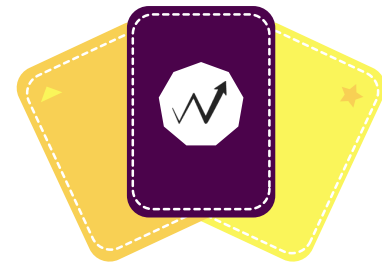


**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 7**

**What is the Hall Technique in relation to stainless steel crowns?**



**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Answer 7**

**The Hall Technique involves placing a stainless-steel crown on a primary molar without local anesthesia, caries removal, or tooth preparation, then seating it with finger pressure.**



**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 8**

**What are the properties and usage recommendations for Resin Modified Glass Ionomer (RMGIC)?**



**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Answer 8**

**RMGIC are glass ionomer cements with added monomers and are supported for use in small to moderate size Class II restorations.**



**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 9**

**How do compomers compare  
to glass ionomer cements  
(GIC)?**



**WINSPERT  
CUE CARDS**

## **PRIMARY TEETH RESTORATIONS**

### **Answer 9**

**Compomers are light-cured and provide adhesion without acid etching, but release only about 10% of the fluoride compared to GIC or RMGIC, and are not recommended for pulpotomized or pulpectomized primary teeth.**



**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Question 10**

**What is a significant drawback of using resin-based composites for primary teeth restorations?**





**WINSPERT  
CUE CARDS**

**PRIMARY TEETH  
RESTORATIONS**

## **Answer 10**

**A major drawback is polymerization shrinkage, which can lead to leaking restoration margins, increasing the risk for secondary caries. Additionally, they require a time-consuming process for bonding to enamel.**

**PEDODONTICS**

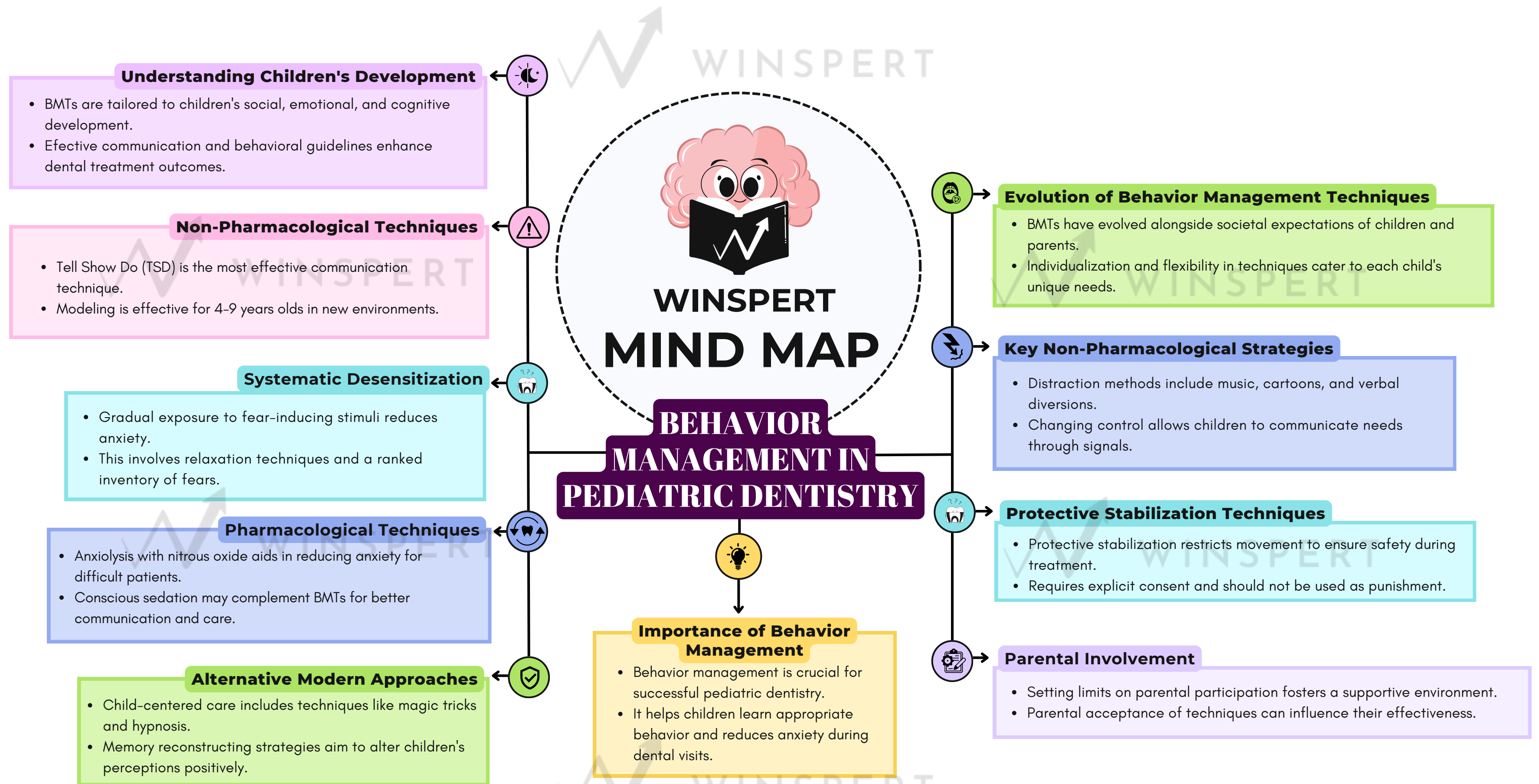
# BEHAVIOUR MANAGEMENT



**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**





**WINSPERT  
CUE CARDS**

**BEHAVIOUR  
MANAGEMENT**

## **Question 1**

**What is behavior management  
in pediatric dentistry?**



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MANAGEMENT**

## **Answer 1**

**Behavior management is essential for the success of pediatric dentistry, as it helps children learn appropriate behaviors and coping skills, reduces anxiety, and facilitates oral health care delivery.**



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MANAGEMENT**

## **Question 2**

**What are Behavior  
Management Techniques  
(BMTs)?**



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MANAGEMENT**

## **Answer 2**

**BMTs are strategies based on understanding children's social, emotional, and cognitive development to enhance communication and establish behavioral guidelines during dental treatment.**



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MANAGEMENT**

## **Question 3**

**What is the purpose of non-pharmacological techniques in behavior management?**





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## **Answer 3**

**Non-pharmacological techniques aim to reduce anxiety and improve cooperation through methods like Tell Show Do, voice control, modeling, and distraction.**

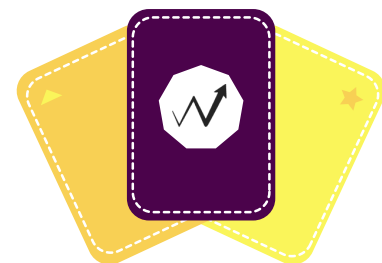


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MANAGEMENT**

## **Question 4**

**What does the Tell Show Do  
(TSD) technique involve?**



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MANAGEMENT**

## **Answer 4**

**The TSD technique involves three phases: telling the child about a procedure in an age-appropriate way, showing the procedure using sensory modalities, and then doing the procedure while providing positive reinforcement.**



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MANAGEMENT**

## **Question 5**

**How does voice control  
function as a behavior  
management technique?**



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MANAGEMENT**

## **Answer 5**

**Voice control modulates tone, volume, and pace of speech to guide children's behavior and can suppress disruptive actions effectively, especially when combined with non-verbal cues.**



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MANAGEMENT**

## **Question 6**

**What is behavior shaping, and how does it work?**



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MANAGEMENT**

## **Answer 6**

**Behavior shaping modifies behavior through reinforcement, strengthening desired behaviors and limiting undesirable ones, with immediate and consistent application being essential for effectiveness.**



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MANAGEMENT**

## **Question 7**

**What role does modeling play  
in pediatric behavior  
management?**





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MANAGEMENT**

## **Answer 7**

**Modeling involves children learning behaviors by observing and imitating others, particularly effective when the models are peers or individuals with perceived status.**



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MANAGEMENT**

## **Question 8**

**What is the significance of distraction in pediatric dentistry?**



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MANAGEMENT**

## **Answer 8**

**Distraction techniques redirect a child's attention away from fear-inducing stimuli, using methods like cartoons, music, and magic tricks to alleviate anxiety during dental procedures.**



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## **Question 9**

**What is systematic desensitization, and how is it implemented?**

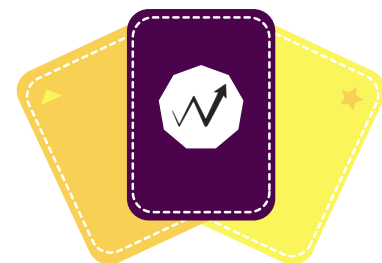


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## **Answer 9**

**Systematic desensitization reduces anxiety by gradually exposing a child to anxiety-inducing stimuli while they practice relaxation techniques, following a structured approach.**



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MANAGEMENT**

## **Question 10**

**What precautions should be taken when using protective stabilization in pediatric patients?**



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## **Answer 10**

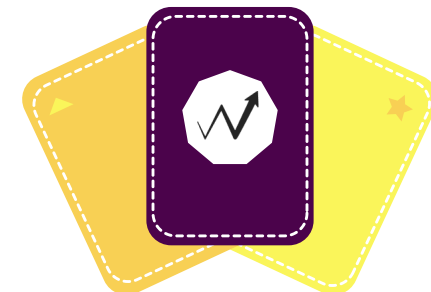
**Protective stabilization should only be used with explicit informed consent and is intended to ensure safety during treatment; it must not be used as a punishment and should consider the child's emotional needs.**

**PEDODONTICS**

# CHILD ABUSE MANAGEMENT

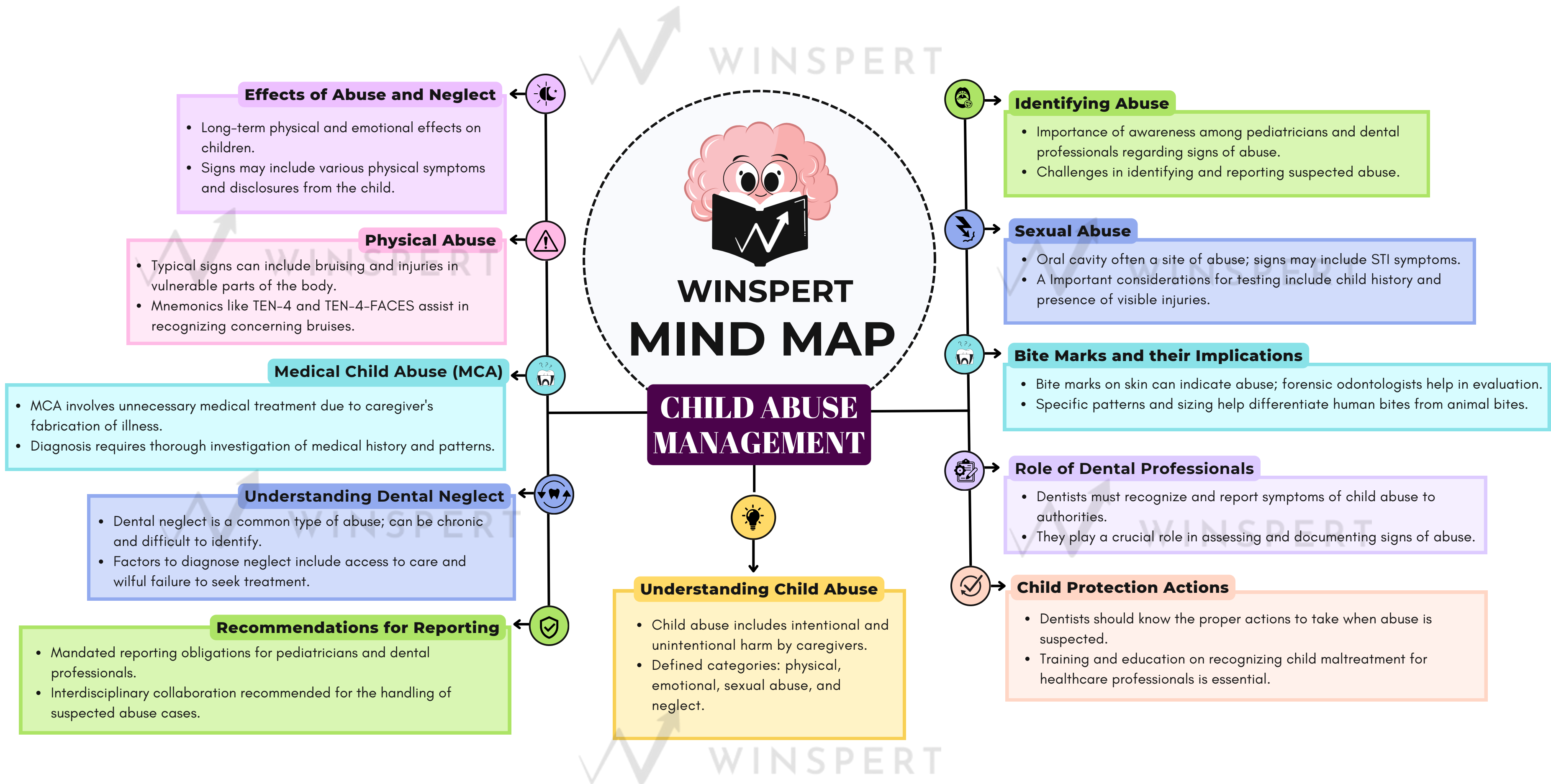


**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**







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**CHILD ABUSE  
MANAGEMENT**

## **Question 1**

**What is the definition of child abuse and neglect?**



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**CHILD ABUSE  
MANAGEMENT**

## **Answer 1**

**Child abuse and neglect refer to intentional and non-intentional behaviors by parents, caregivers, or adults in positions of responsibility that result in harm to a child, either physically or emotionally.**



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MANAGEMENT**

## **Question 2**

**What are the four categories  
of child abuse?**



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**CHILD ABUSE  
MANAGEMENT**

## **Answer 2**

**The four categories of child abuse are physical abuse, emotional abuse, sexual abuse, and neglect.**

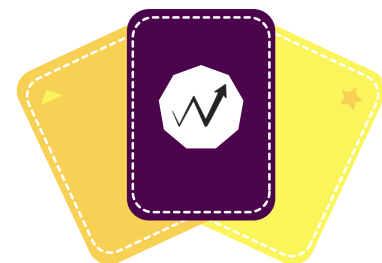


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MANAGEMENT**

## **Question 3**

**What does the mnemonic  
TEN-4 help identify?**



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## **Answer 3**

**The mnemonic TEN-4 assists in identifying bruises concerning for abuse in children, specifically bruises on the torso, ear, or neck in children 4 years or younger, and in any infant under 4 months.**



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## **Question 4**

**What are common signs of sexual abuse in children that dentists and pediatricians should be aware of?**





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## **Answer 4**

**Signs of sexual abuse may include a history of oral-genital contact, evidence of penetrative injury, and signs or symptoms of sexually transmitted infections (STIs).**



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## **Question 5**

**How is Medical Child Abuse  
(MCA) primarily characterized?**



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MANAGEMENT**

## **Answer 5**

**Medical Child Abuse (MCA), also known as “Munchausen syndrome by proxy,” is characterized by a caregiver subjecting a child to unnecessary medical care due to exaggeration or fabrication of illness.**



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**CHILD ABUSE  
MANAGEMENT**

## **Question 6**

**What are the typical signs that might indicate dental neglect?**

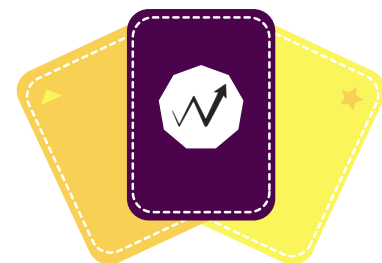


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## **Answer 6**

**Signs of dental neglect may include a child being harmed due to lack of dental care, repeated missed appointments, returning in pain, and the need for general anesthesia for dental extractions.**



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**CHILD ABUSE  
MANAGEMENT**

## **Question 7**

**What should pediatricians and dental professionals do if they suspect child abuse or neglect?**



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MANAGEMENT**

## **Answer 7**

**They must report injuries concerning for abuse or neglect to child protective services according to local or state legal requirements.**



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## **Question 8**

**What physical evidence may indicate child abuse?**





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## **Answer 8**

**Physical evidence of child abuse may include bite marks, bruises, burns, lacerations, dental neglect, and injuries in various stages of healing.**



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MANAGEMENT**

## **Question 9**

**What is a common challenge  
in recognizing Medical Child  
Abuse?**



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MANAGEMENT**

## **Answer 9**

**Diagnosing Medical Child Abuse can be challenging due to false information provided by caregivers and the need for thorough review of voluminous medical records.**



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**CHILD ABUSE  
MANAGEMENT**

## **Question 10**

**What role do forensic  
odontologists play in cases of  
suspected abuse?**



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**CHILD ABUSE  
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## **Answer 10**

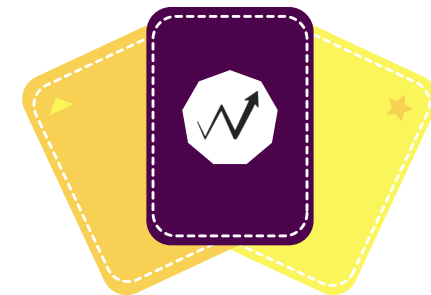
**Forensic odontologists assist in the detection and evaluation of bite marks related to physical and sexual abuse, helping to identify patterns and document injuries.**

## **PEDODONTICS**

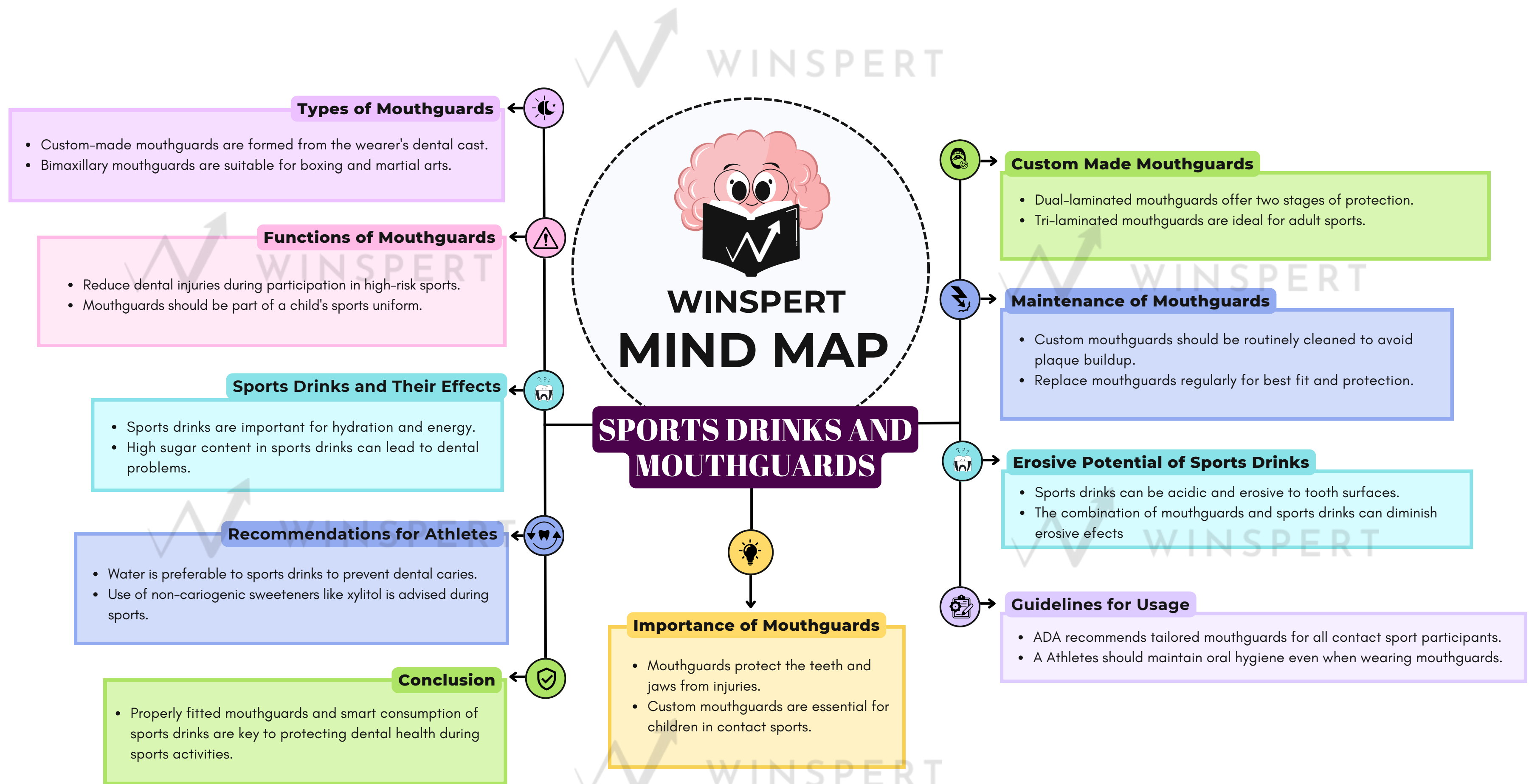
# **SPORTS DRINKS & MOUTHGUARDS**



**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**





**WINSPERT  
CUE CARDS**

**SPORTS DRINKS &  
MOUTHGUARDS**

## **Question 1**

**What is a mouthguard and its purpose in contact sports?**





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**SPORTS DRINKS &  
MOUTHGUARDS**

## **Answer 1**

**A mouthguard is a protective device worn in the upper jaw and sometimes the lower jaw to reduce injuries to the teeth, jaws, and associated soft tissues in contact sports.**



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**SPORTS DRINKS &  
MOUTHGUARDS**

## **Question 2**

**What is the significance of professionally fitted custom-made mouthguards?**



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**SPORTS DRINKS &  
MOUTHGUARDS**

## **Answer 2**

**Professionally fitted custom-made mouthguards are important for injury prevention in people involved in contact sports as they provide better protection for injury-prone dentition.**



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**SPORTS DRINKS &  
MOUTHGUARDS**

## **Question 3**

**When should children start wearing custom fitted mouthguards?**



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MOUTHGUARDS**

## **Answer 3**

**Children should start wearing custom fitted mouthguards as soon as they begin participating in organized contact sports.**



**WINSPERT  
CUE CARDS**

**SPORTS DRINKS &  
MOUTHGUARDS**

## **Question 4**

**What are the general design principles of mouthguards?**



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## **Answer 4**

**There are different types of mouthguards, including custom made mouthguards, bimaxillary mouthguards, laminated mouthguards, mouth formed mouthguards, and stock mouthguards.**



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MOUTHGUARDS**

## **Question 5**

**What are custom made  
mouthguards?**





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## **Answer 5**

**Custom made mouthguards are formed on the cast of the upper jaw (and sometimes the lower jaw) to obtain even occlusal contact and are the most acceptable type for protection.**



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## **Question 6**

**What are laminating  
mouthguards and how do  
they differ from other types?**



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**SPORTS DRINKS &  
MOUTHGUARDS**

## **Answer 6**

**Laminated mouthguards offer flexibility in design and construction by layering ethyl vinyl acetate (EVA) of different hardness and thickness for increased protection.**



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MOUTHGUARDS**

## **Question 7**

**What is a "boil and bite"  
mouthguard?**



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MOUTHGUARDS**

## **Answer 7**

**A "boil and bite" mouthguard is available over the counter, softened in hot water, and formed in the mouth using finger, tongue, and biting pressure for a customized fit.**



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MOUTHGUARDS**

## **Question 8**

**How long do different types of custom-made mouthguards last?**



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## **Answer 8**

**Dual-laminated custom-made mouthguards can be light or medium types designed for different uses, while tri-laminated custom-made mouthguards are best suited for stable adult teeth in high-impact sports.**



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## **Question 9**

**Why is the consumption of sports drinks concerning for athletes wearing mouthguards?**





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**SPORTS DRINKS &  
MOUTHGUARDS**

## **Answer 9**

**Sports drinks have acidic and erosive potential, and wearing a mouthguard while consuming them can lead to dental caries due to entrapment of the drink beneath the mouthguard.**



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**SPORTS DRINKS &  
MOUTHGUARDS**

## **Question 10**

**What oral hygiene practices  
should be followed by athletes  
using mouthguards?**



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**SPORTS DRINKS &  
MOUTHGUARDS**

## **Answer 10**

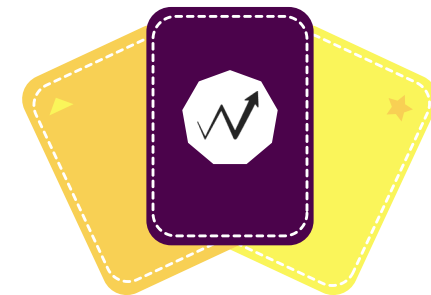
**Athletes should promote oral hygiene as dental plaque can accumulate on the tooth surface when using mouthguards, and it is recommended to consume water or non-cariogenic sports drinks while wearing them.**

**PEDODONTICS**

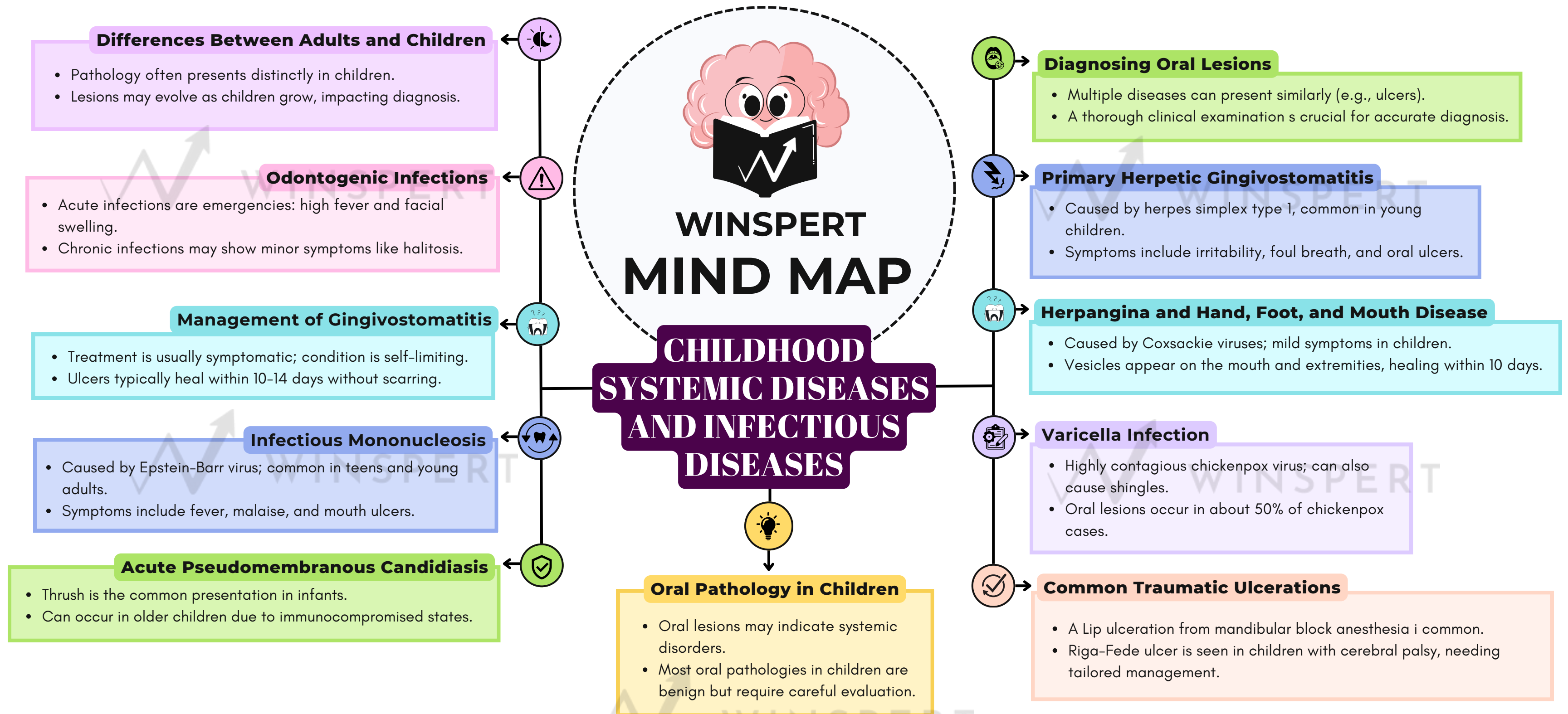
# CHILDHOOD SYSTEMIC DISEASES AND INFECTIOUS DISEASES



**MIND MAP & CUE CARDS**



**BY DR. JIGYASA SHARMA**





**WINSPERT  
CUE CARDS**

**CHILDHOOD  
SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

## **Question 1**

**What are the common signs of acute oral infection in children?**



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**CHILDHOOD  
SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

**Answer 1**

**The common signs of acute oral infection in children include a sick, upset child, raised temperature, red and swollen face, and anxious, distressed parents.**



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**CHILDHOOD  
SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

## **Question 2**

**How does chronic oral  
infection typically present in  
children?**





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AND INFECTIOUS  
DISEASES**

**Answer 2**

**Chronic oral infection typically presents as an asymptomatic or indolent process, which may include the presence of a sinus, a mobile tooth, or halitosis, along with discolored teeth.**



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SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

### **Question 3**

**What is the most common  
cause of severe oral ulceration  
in children?**



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DISEASES**

**Answer 3**

**The most common cause of severe oral ulceration in children is primary herpetic gingivostomatitis, caused by herpes simplex type 1 virus.**



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SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

## **Question 4**

**What are the typical symptoms of primary herpetic gingivostomatitis in children?**



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SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

**Answer 4**

**Typical symptoms include irritability, fever, malaise, difficulty in eating and drinking, drooling, red and edematous gingival tissues, and the presence of painful ulcers.**



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**CHILDHOOD  
SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

## **Question 5**

**How do herpangina and hand,  
foot, and mouth disease  
present clinically?**



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**CHILDHOOD  
SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

**Answer 5**

**Both herpangina and hand, foot, and mouth disease present with a prodromal phase of low-grade fever and malaise, followed by vesicle formation, with herpangina usually showing a cluster of vesicles on the palate and hand, foot, and mouth disease showing vesicles on the mouth, hands, and feet.**



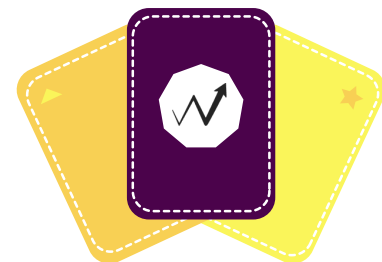
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**CHILDHOOD  
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AND INFECTIOUS  
DISEASES**

## **Question 6**

**What virus causes infectious mononucleosis, and what are its main symptoms?**



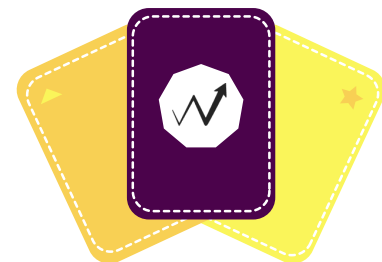


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SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

**Answer 6**

**Infectious mononucleosis is caused by the Epstein-Barr virus (EBV), and its main symptoms include malaise, fever, lymphadenopathy, and acute pharyngitis.**



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AND INFECTIOUS  
DISEASES**

## **Question 7**

**What is the cause of varicella (chickenpox), and how does it typically present in terms of oral lesions?**



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SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

**Answer 7**

**Varicella (chickenpox) is caused by a highly contagious virus, and oral lesions occur in about 50% of cases, typically presenting as few vesicles in the mouth.**



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SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

## **Question 8**

**What is thrush in infants, and how does it present?**

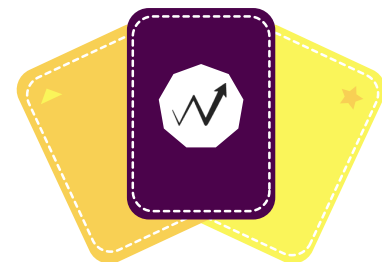


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SYSTEMIC DISEASES  
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DISEASES**

**Answer 8**

**Thrush is the most common presentation of Candida infection in infants, characterized by white plaques that reveal an erythematous, sometimes hemorrhagic, base upon removal.**



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SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

## **Question 9**

**What causes lip ulceration  
after mandibular block  
anesthesia in children?**



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**CHILDHOOD  
SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

**Answer 9**

**Lip ulceration after mandibular block anesthesia is commonly caused by trauma from biting the lips, and parents should be warned about this potential issue.**



**WINSPERT  
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SYSTEMIC DISEASES  
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DISEASES**

## **Question 10**

**What is Riga–Fede ulceration,  
and in which patient  
population is it most  
commonly found?**





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**CHILDHOOD  
SYSTEMIC DISEASES  
AND INFECTIOUS  
DISEASES**

**Answer 10**

**Riga–Fede ulceration is an ulceration of the ventral surface of the tongue caused by trauma from continual movements over the lower incisors, most commonly found in children with cerebral palsy.**