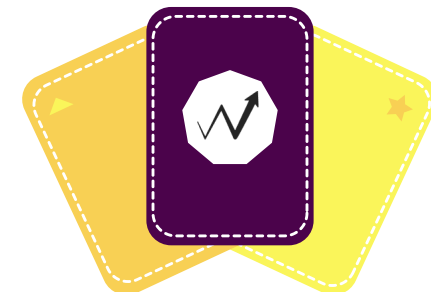


PEDODONTICS

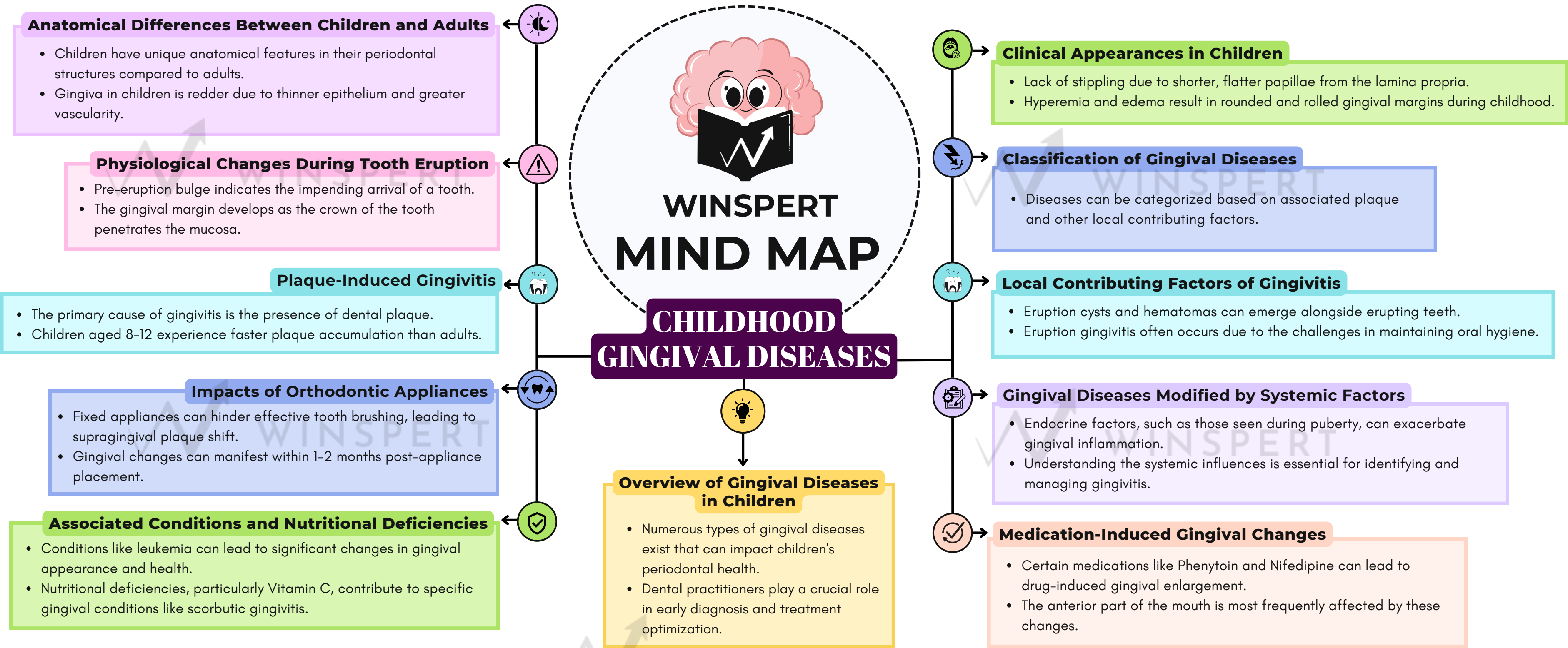
CHILDHOOD GINGIVAL DISEASES



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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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.



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**CHILDHOOD
GINGIVAL DISEASES**

Question 2

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



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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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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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**CHILDHOOD
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.



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**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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**CHILDHOOD
GINGIVAL DISEASES**

Question 6

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



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**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.



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**CHILDHOOD
GINGIVAL DISEASES**

Question 7

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



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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.



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**CHILDHOOD
GINGIVAL DISEASES**

Question 8

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



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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
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**CHILDHOOD
GINGIVAL DISEASES**

Question 9

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

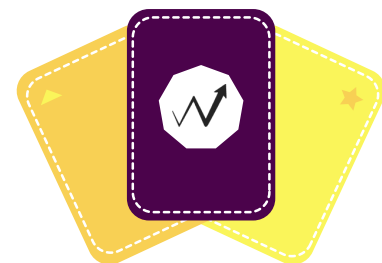


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CHILDHOOD GINGIVAL DISEASES

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

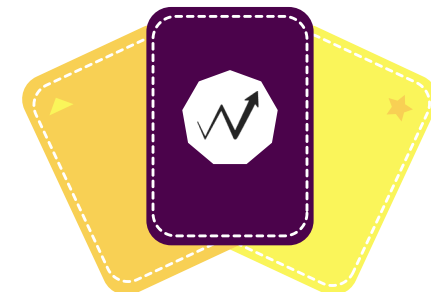
Periodontitis is rare in children and is usually associated with systemic diseases. If encountered, a referral to a specialist is necessary for management.

PEDODONTICS

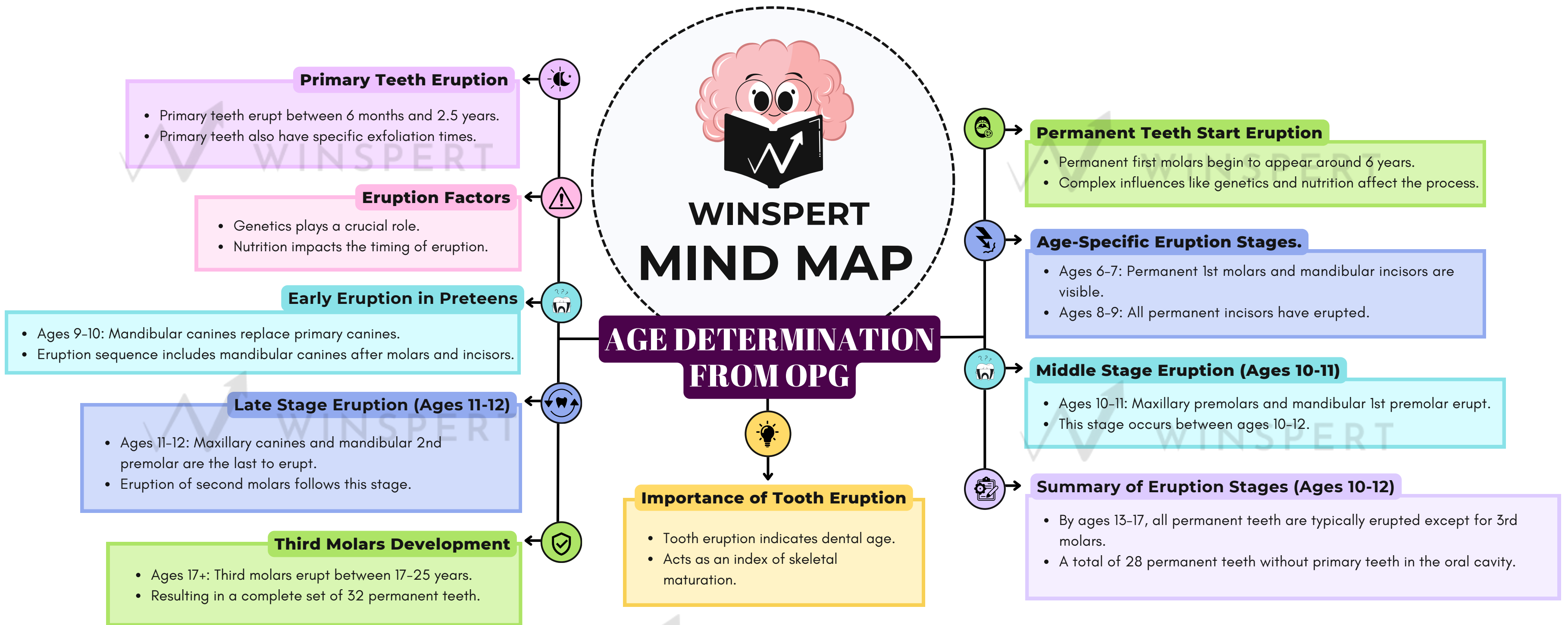
AGE DETERMINATION FROM OPG



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





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CUE CARDS**

**AGE DETERMINATION
FROM OPG**

Question 1

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



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CUE CARDS**

**AGE DETERMINATION
FROM OPG**

Answer 1

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



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**AGE DETERMINATION
FROM OPG**

Question 2

At what age do primary teeth erupt in the mouth?



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**AGE DETERMINATION
FROM OPG**

Answer 2

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

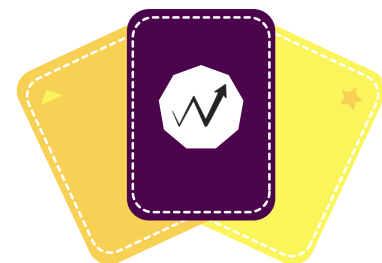


**WINSPERT
CUE CARDS**

**AGE DETERMINATION
FROM OPG**

Question 3

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



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CUE CARDS**

**AGE DETERMINATION
FROM OPG**

Answer 3

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

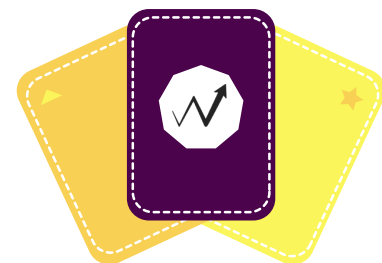


**WINSPERT
CUE CARDS**

**AGE DETERMINATION
FROM OPG**

Question 4

What factors can influence the eruption of permanent teeth?



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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.



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**AGE DETERMINATION
FROM OPG**

Question 5

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



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**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?

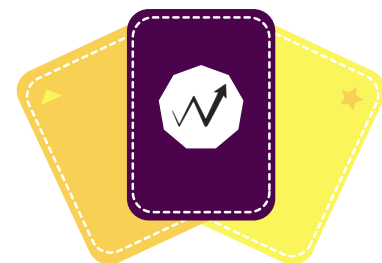


**WINSPERT
CUE CARDS**

**AGE DETERMINATION
FROM OPG**

Answer 6

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



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CUE CARDS**

**AGE DETERMINATION
FROM OPG**

Question 7

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

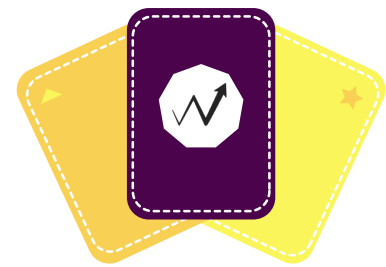


**WINSPERT
CUE CARDS**

**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?



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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?**



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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

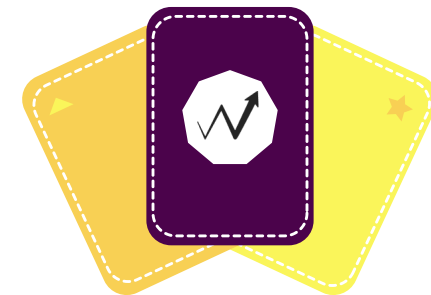
Third molars typically erupt between the ages of 17 to 25 years, resulting in a total of 32 permanent teeth in the oral cavity.

PEDODONTICS

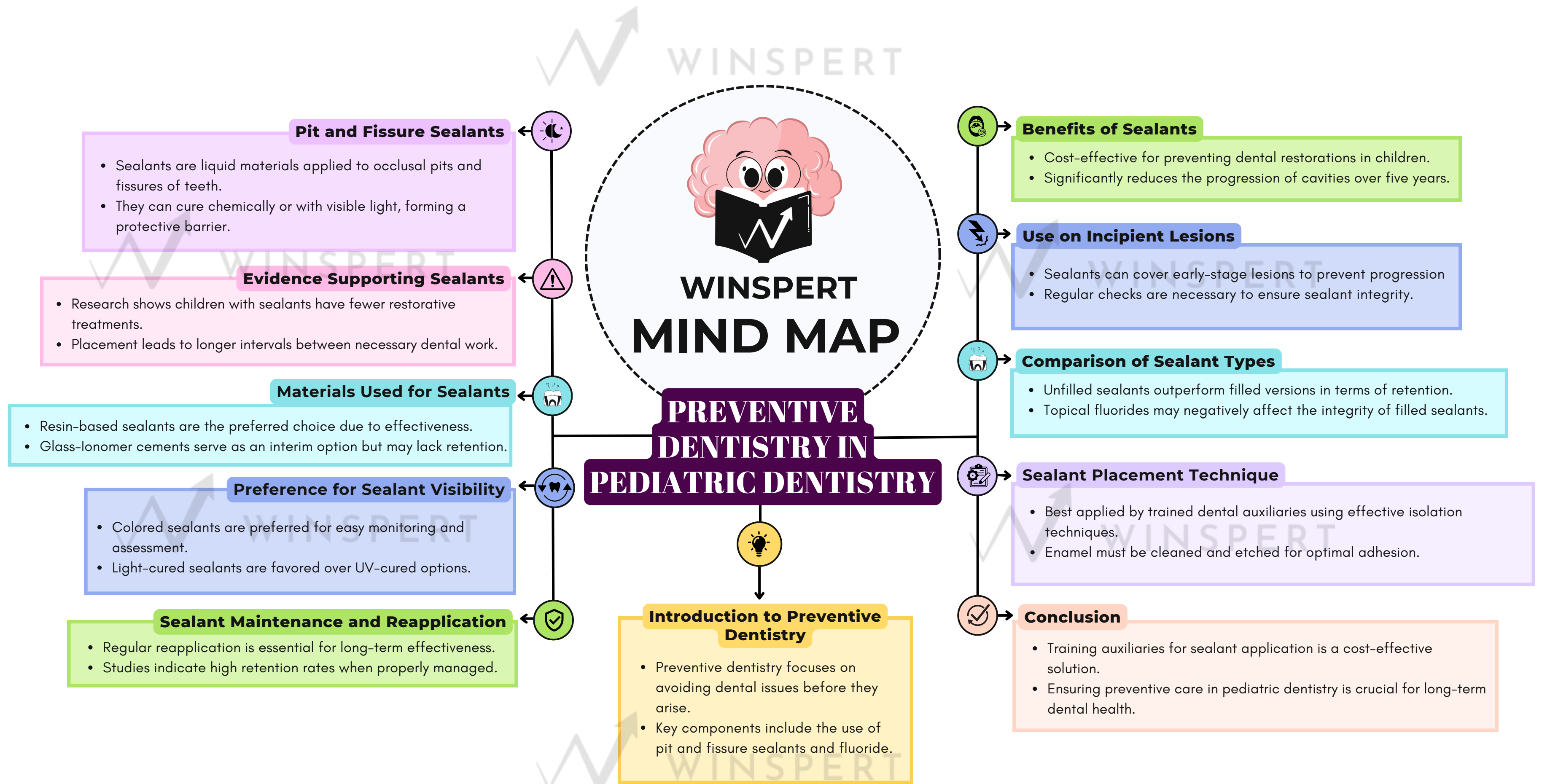
PREVENTIVE DENTISTRY IN PEDIATRIC DENTISTRY - PIT & FISSURE SEALANTS, FLUORIDES

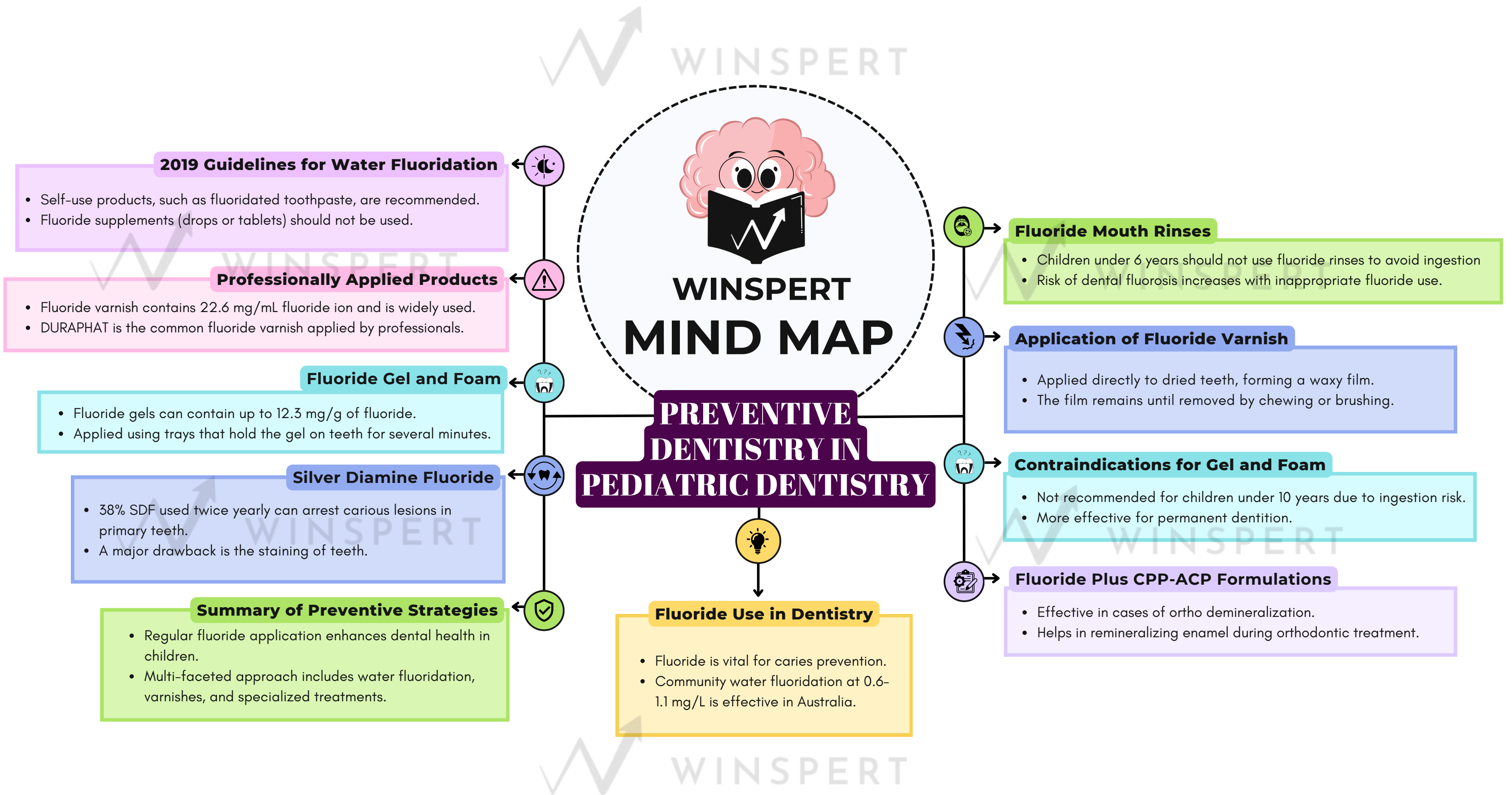


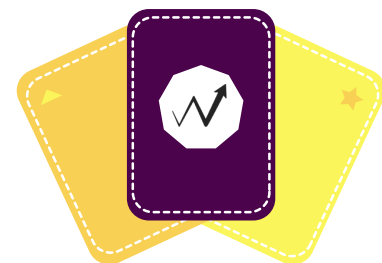
MIND MAP & CUE CARDS



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?

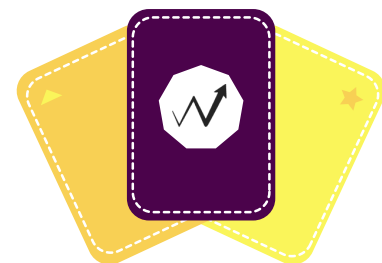


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CUE CARDS**

**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.



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

Question 2

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



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

Answer 2

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

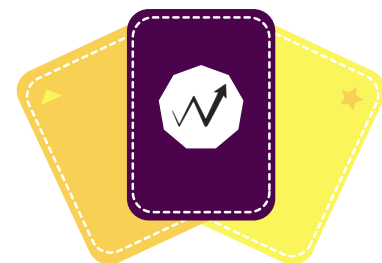


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CUE CARDS**

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

Question 3

What are pit and fissure sealants?

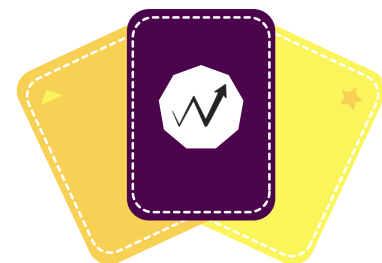


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**PREVENTIVE DENTISTRY IN
PEDIATRIC DENTISTRY - PIT &
FISSURE SEALANTS,
FLUORIDES**

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.



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

Question 4

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

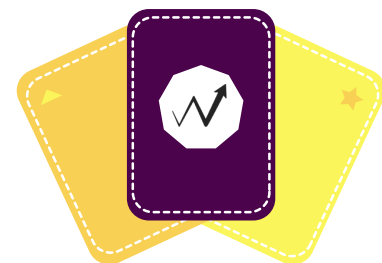


**WINSPERT
CUE CARDS**

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?**

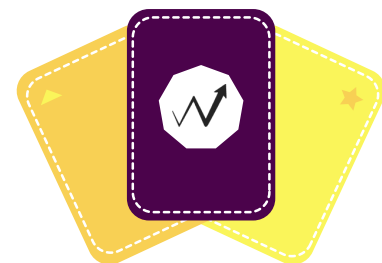


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CUE CARDS**

**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.



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CUE CARDS**

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

Question 6

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

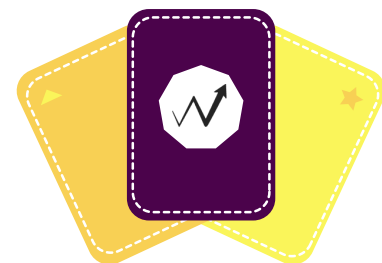


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**PREVENTIVE DENTISTRY IN
PEDIATRIC DENTISTRY - PIT &
FISSURE SEALANTS,
FLUORIDES**

Answer 6

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

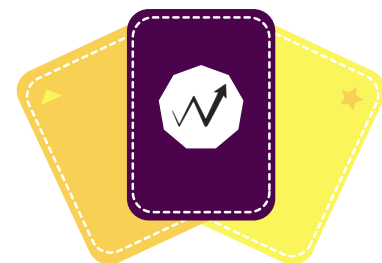


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CUE CARDS**

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

Question 7

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

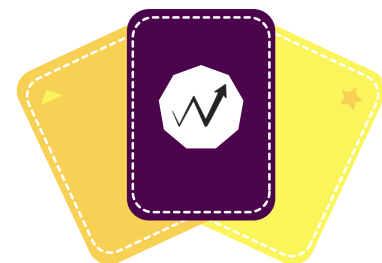


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**PREVENTIVE DENTISTRY IN
PEDIATRIC DENTISTRY - PIT &
FISSURE SEALANTS,
FLUORIDES**

Answer 7

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



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**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?

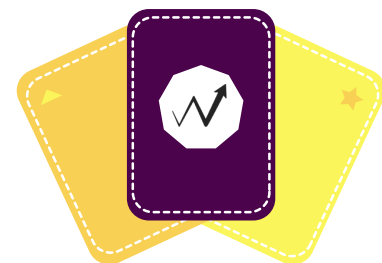


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CUE CARDS**

**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?**

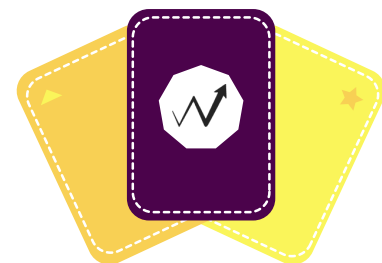


**WINSPERT
CUE CARDS**

**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?**



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CUE CARDS**

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

Answer 10

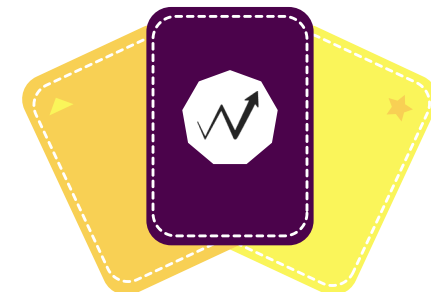
Silver diamine fluoride (38% SDF) is effective in arresting active carious lesions in primary teeth and root caries in permanent teeth among the elderly.

PEDODONTICS

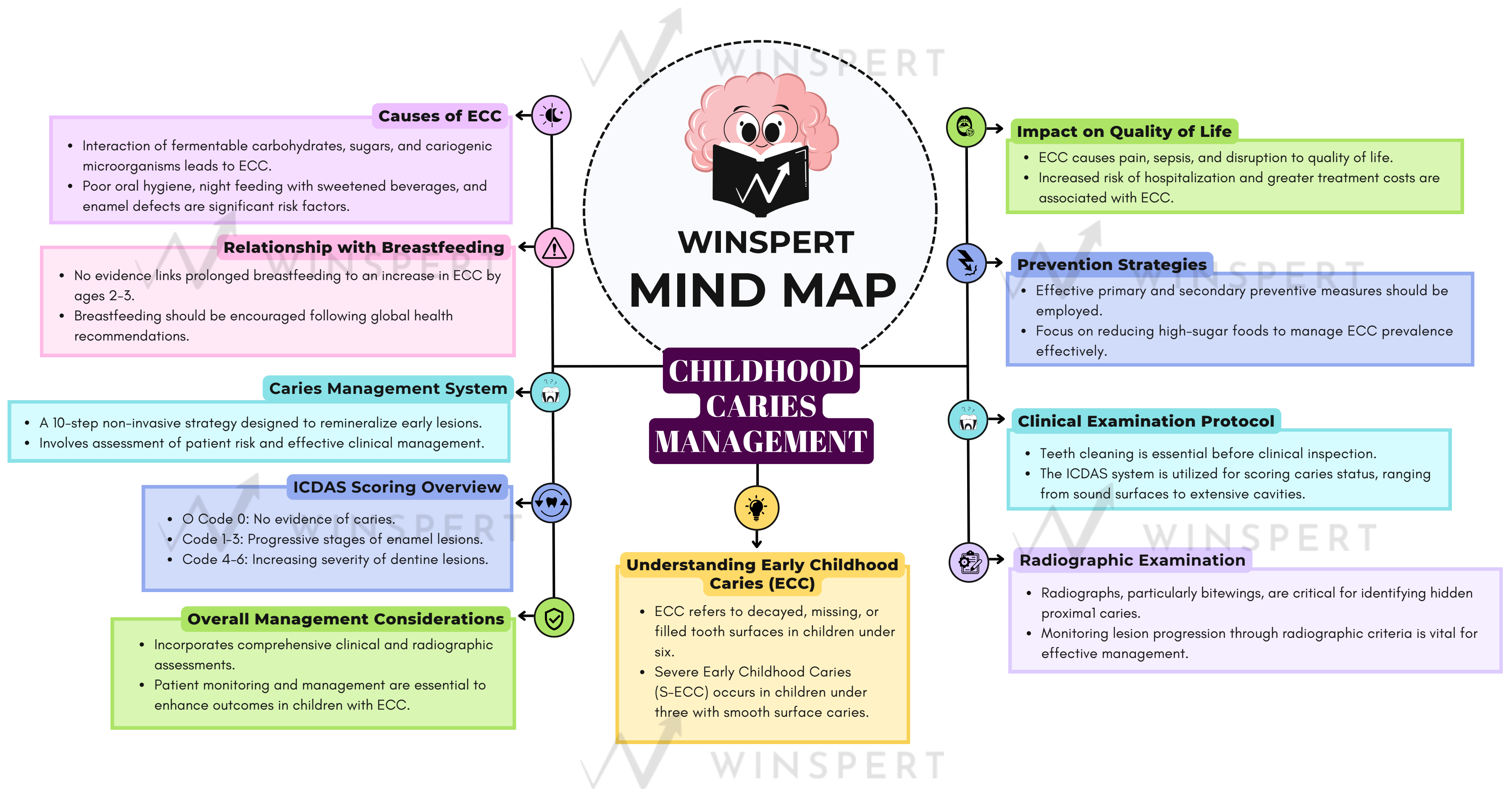
CHILDHOOD CARRIES MANAGEMENT

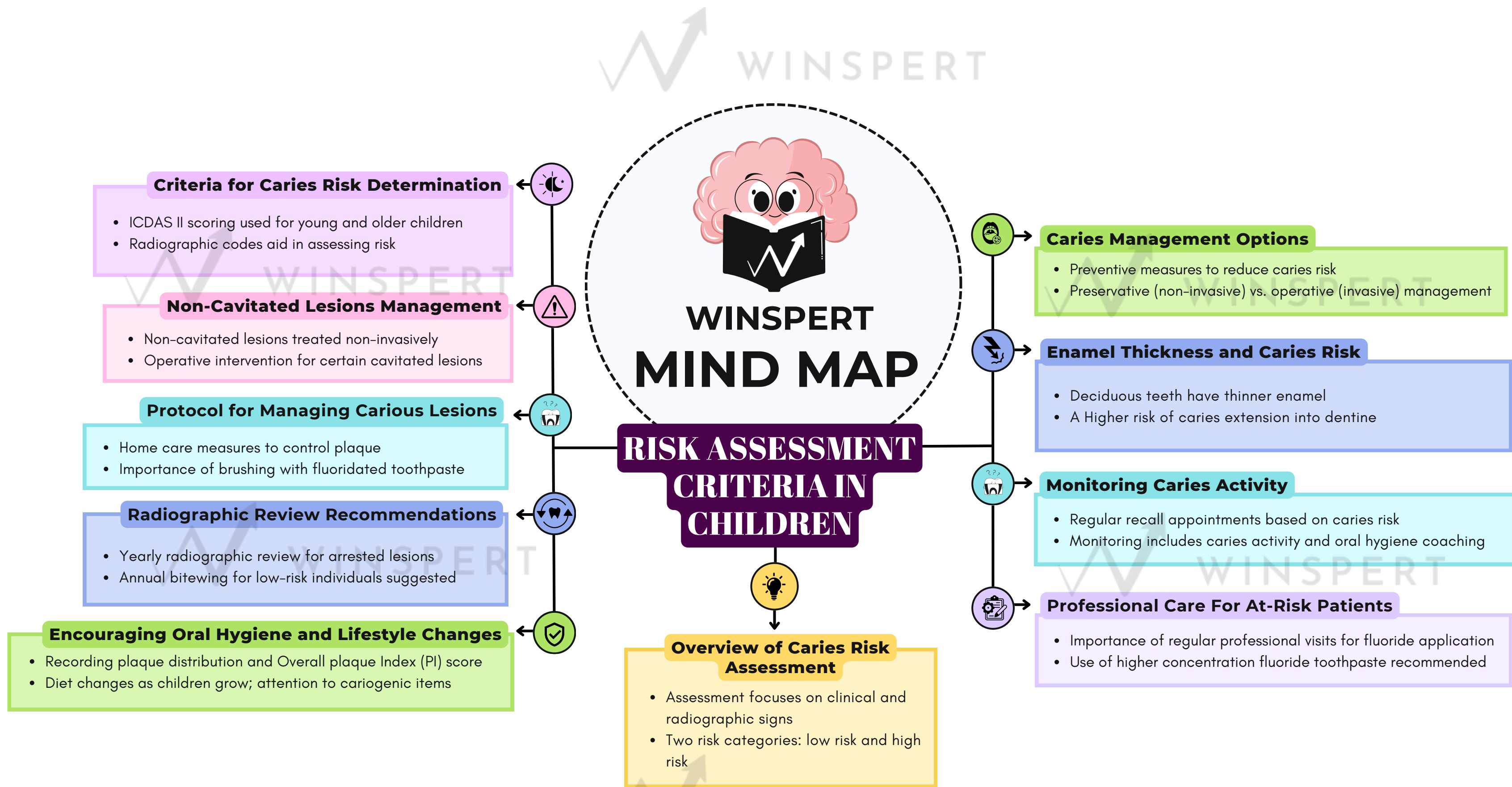


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA







**WINSPERT
CUE CARDS**

**CHILDHOOD CARIES
MANAGEMENT**

Question 1

What is Early Childhood Caries (ECC)?



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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.



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**CHILDHOOD CARIES
MANAGEMENT**

Question 2

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



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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.



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CUE CARDS**

**CHILDHOOD CARIES
MANAGEMENT**

Question 3

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

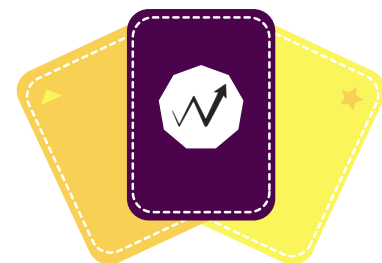


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CUE CARDS**

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.

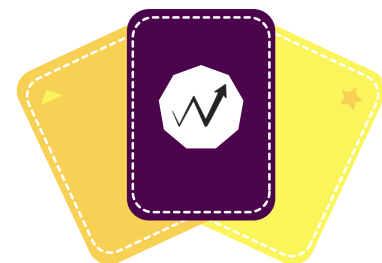


**WINSPERT
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**CHILDHOOD CARIES
MANAGEMENT**

Question 4

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



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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.



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**CHILDHOOD CARIES
MANAGEMENT**

Question 5

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



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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.



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**CHILDHOOD CARIES
MANAGEMENT**

Question 6

What is the ICDAS scoring system used for?



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**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.



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CUE CARDS**

**CHILDHOOD CARIES
MANAGEMENT**

Question 7

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



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**CHILDHOOD CARIES
MANAGEMENT**

Answer 7

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



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**CHILDHOOD CARIES
MANAGEMENT**

Question 8

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



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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.

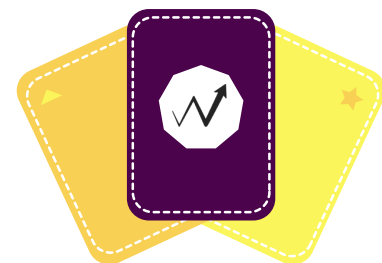


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**CHILDHOOD CARIES
MANAGEMENT**

Question 9

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



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**CHILDHOOD CARIES
MANAGEMENT**

Answer 9

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



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**CHILDHOOD CARIES
MANAGEMENT**

Question 10

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



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CHILDHOOD CARIES MANAGEMENT

Answer 10

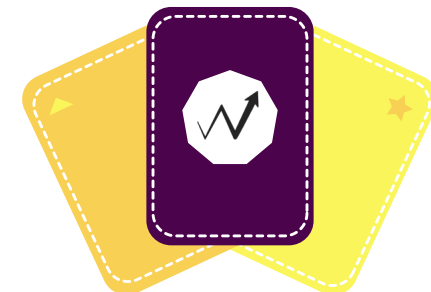
It is important to emphasize the need for regular attendance for fluoride varnish application, use higher concentration fluoride toothpaste at home, and employ fissure sealants to help manage carious lesions.

PEDODONTICS

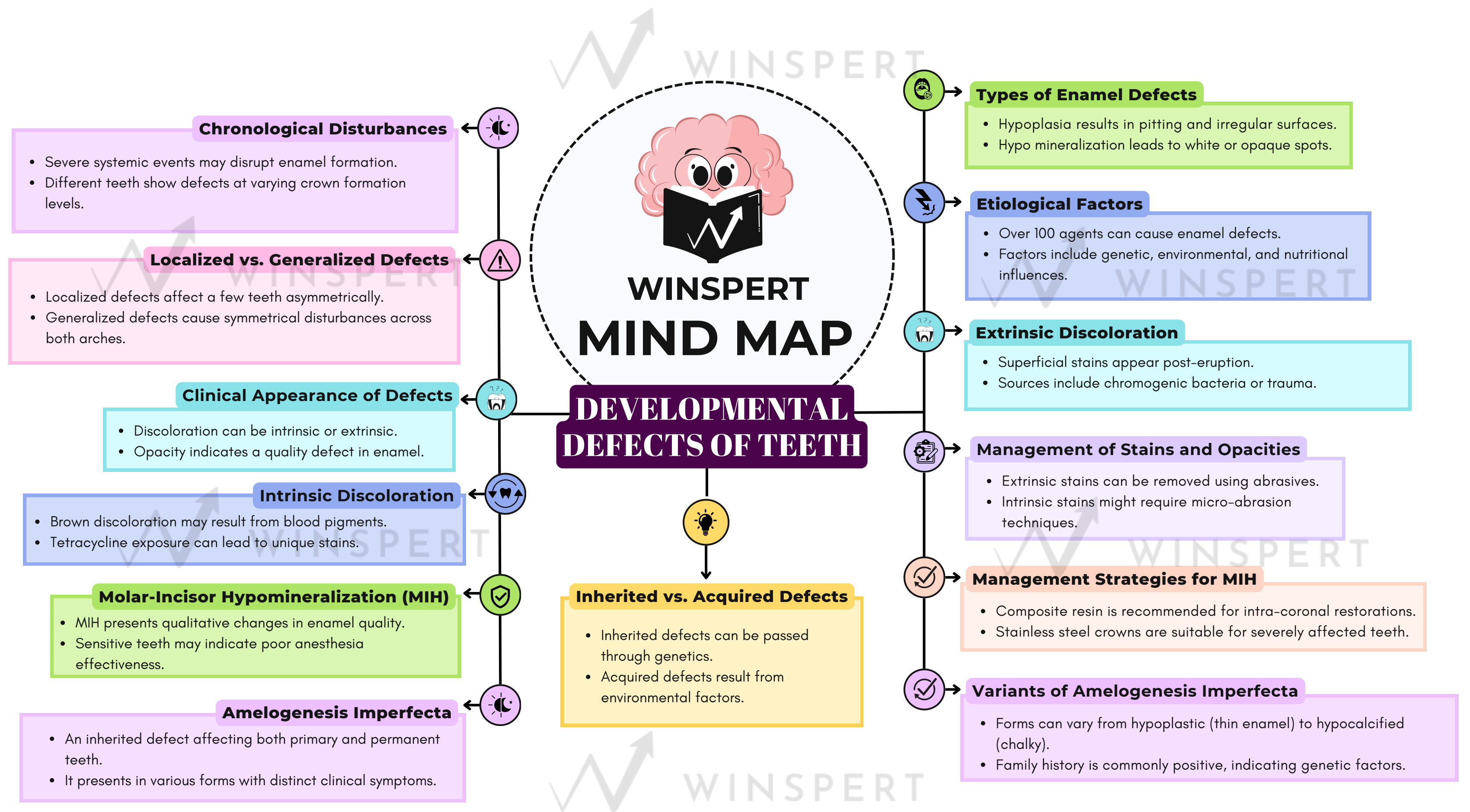
DEVELOPMENTAL DEFECTS ON TEETH

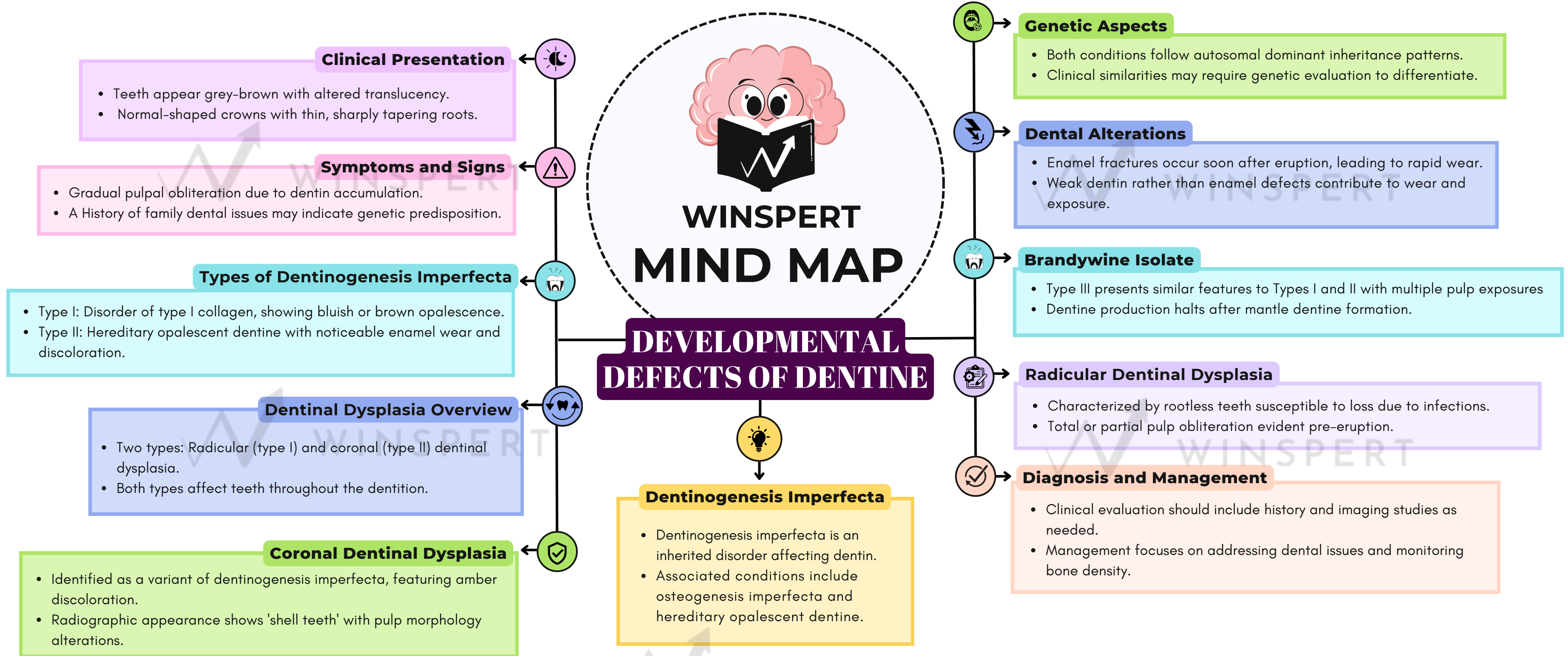


MIND MAP & CUE CARDS



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?



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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.



**WINSPERT
CUE CARDS**

**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?**

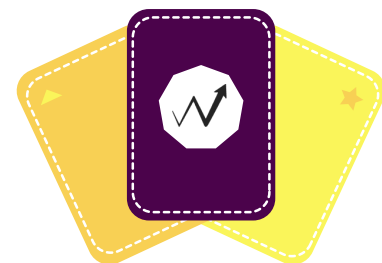


**WINSPERT
CUE CARDS**

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.

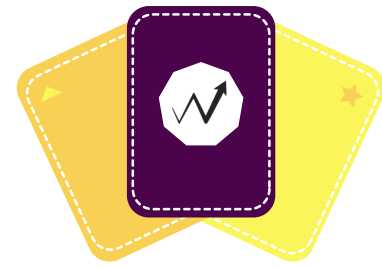


**WINSPERT
CUE CARDS**

**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

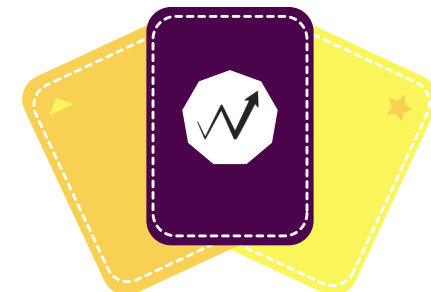
Dentinal Dysplasia involves abnormalities in tooth roots and pulp morphology which can either be radicular (short or absent roots) or coronal (amber discoloration with typical tooth wear and altered pulp morphology).

PEDODONTICS

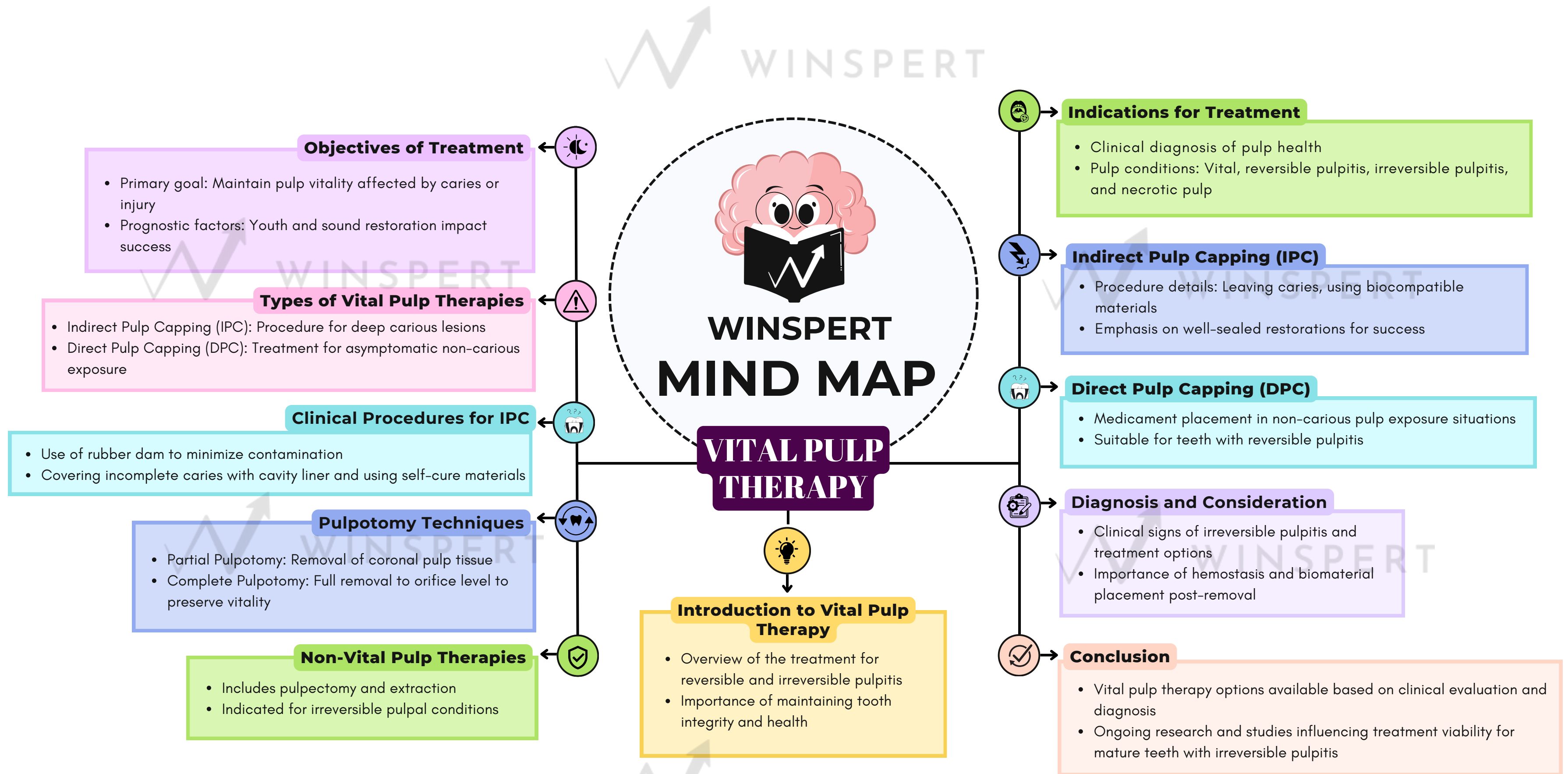
VITAL PULP THERAPY

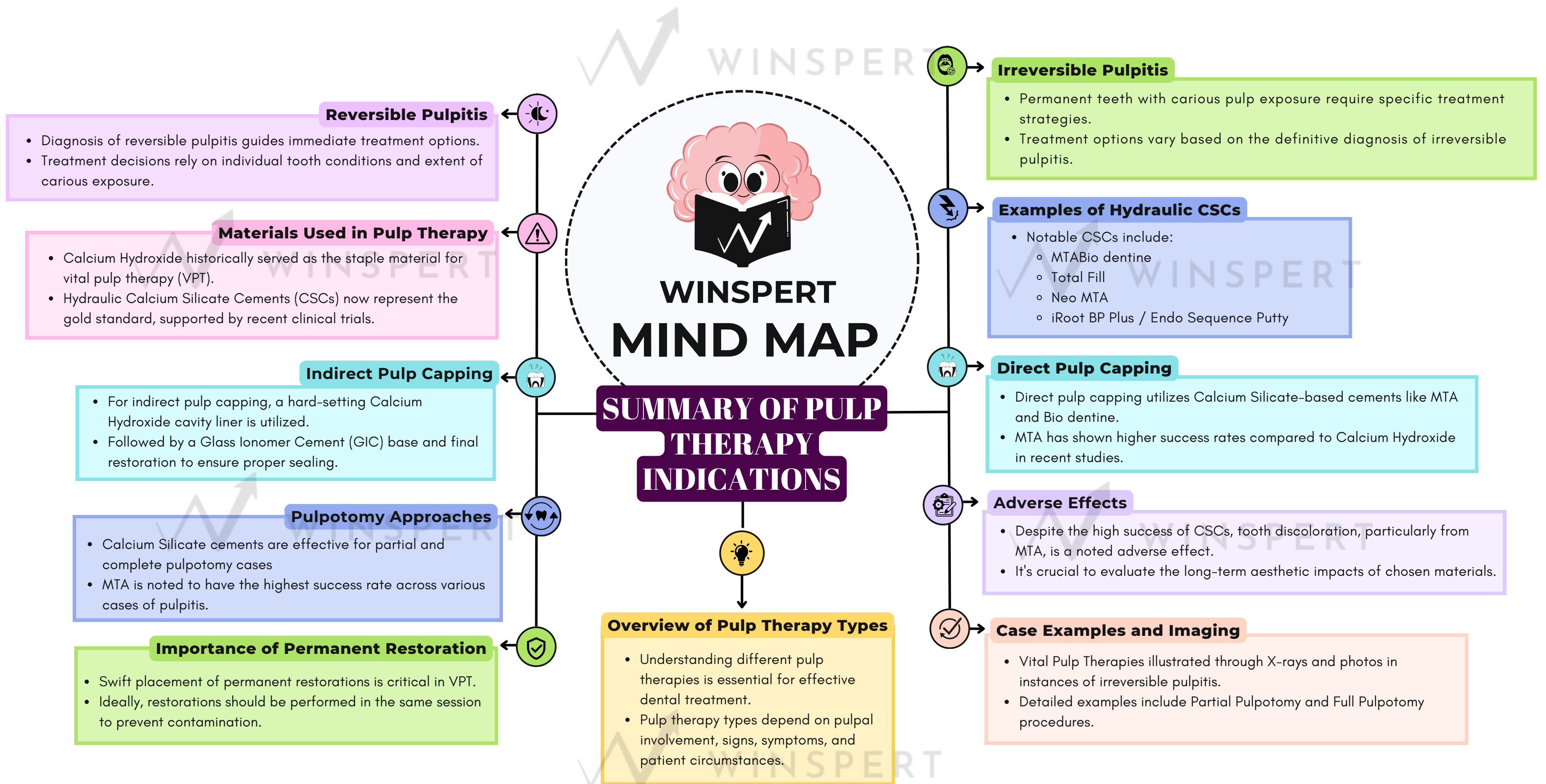


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





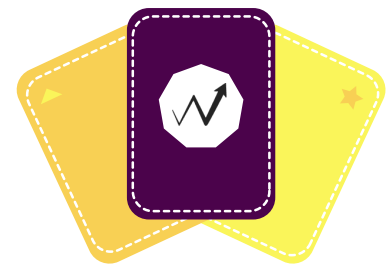


**WINSPERT
CUE CARDS**

**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.

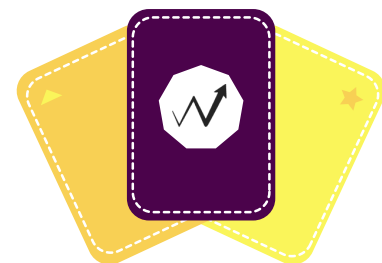


**WINSPERT
CUE CARDS**

**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.

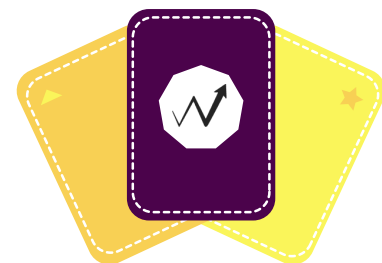


**WINSPERT
CUE CARDS**

**VITAL PULP
THERAPY**

Question 4

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

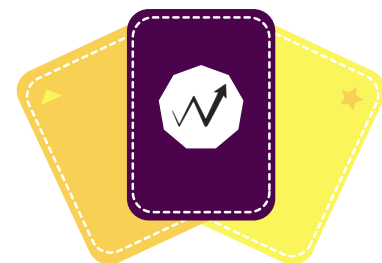


**WINSPERT
CUE CARDS**

**VITAL PULP
THERAPY**

Answer 4

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

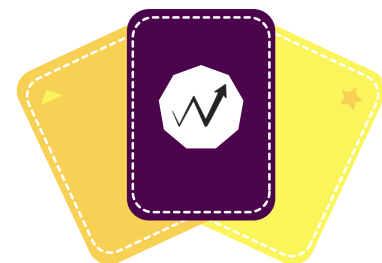


**WINSPERT
CUE CARDS**

**VITAL PULP
THERAPY**

Question 5

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



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CUE CARDS**

**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.

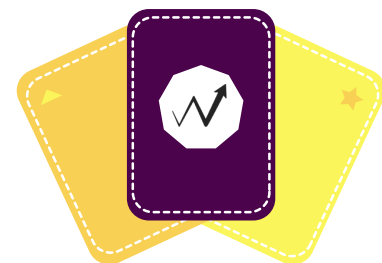


**WINSPERT
CUE CARDS**

**VITAL PULP
THERAPY**

Question 6

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



**WINSPERT
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.



**WINSPERT
CUE CARDS**

**VITAL PULP
THERAPY**

Question 7

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



**WINSPERT
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?

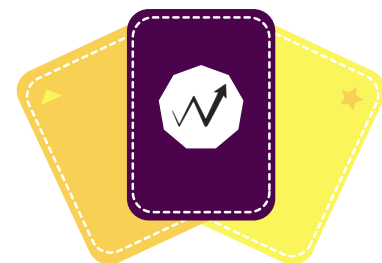


**WINSPERT
CUE CARDS**

**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.



**WINSPERT
CUE CARDS**

**VITAL PULP
THERAPY**

Question 9

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



**WINSPERT
CUE CARDS**

**VITAL PULP
THERAPY**

Answer 9

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

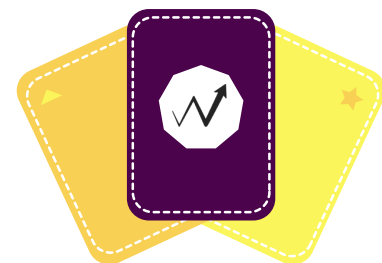


**WINSPERT
CUE CARDS**

**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

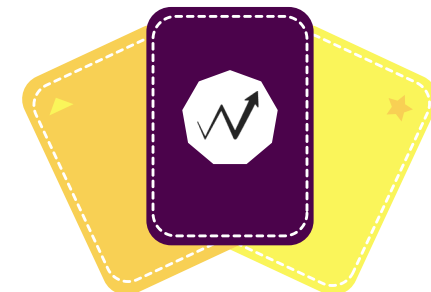
Tooth discoloration has been confirmed as an adverse effect associated with calcium silicate cements (CSC), especially with MTA.

PEDODONTICS

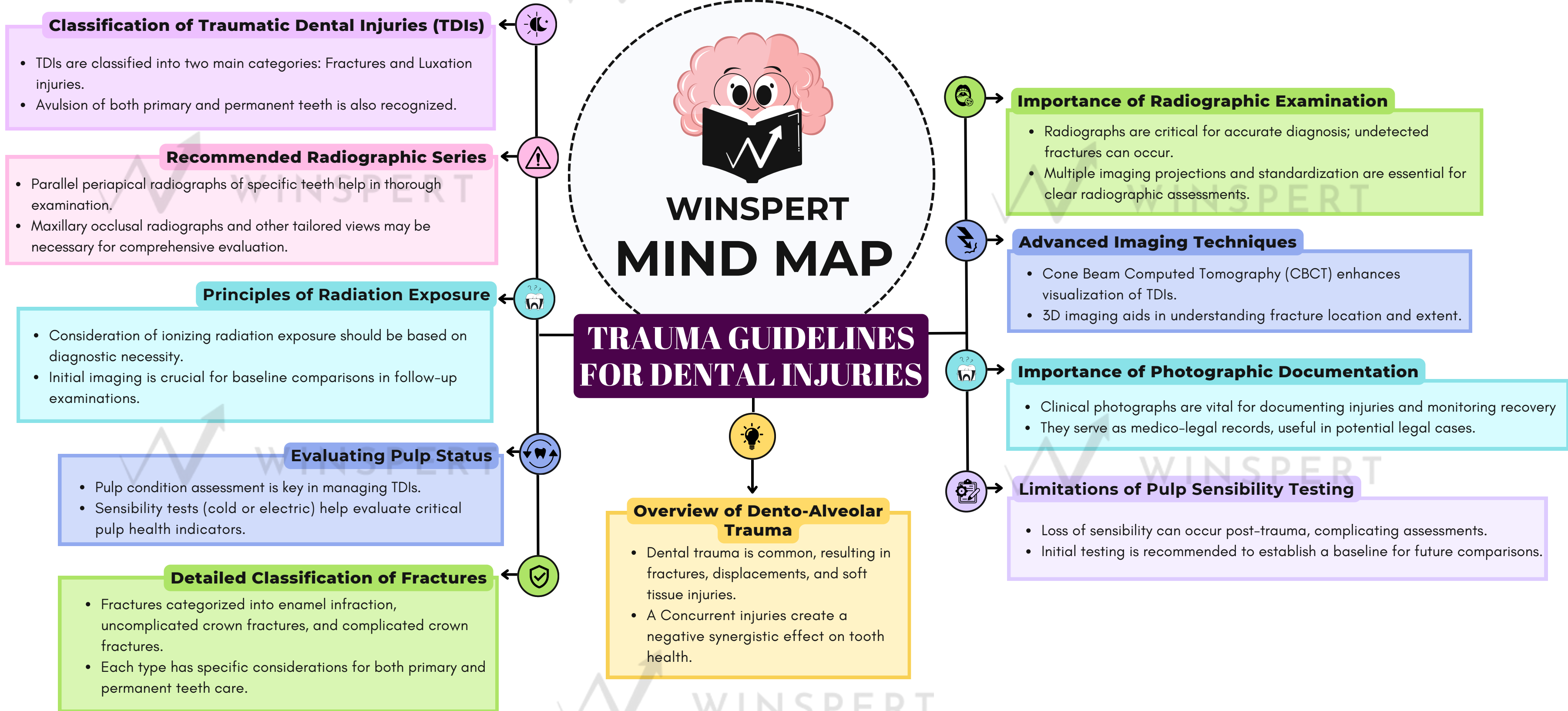
TRAUMA GUIDELINES

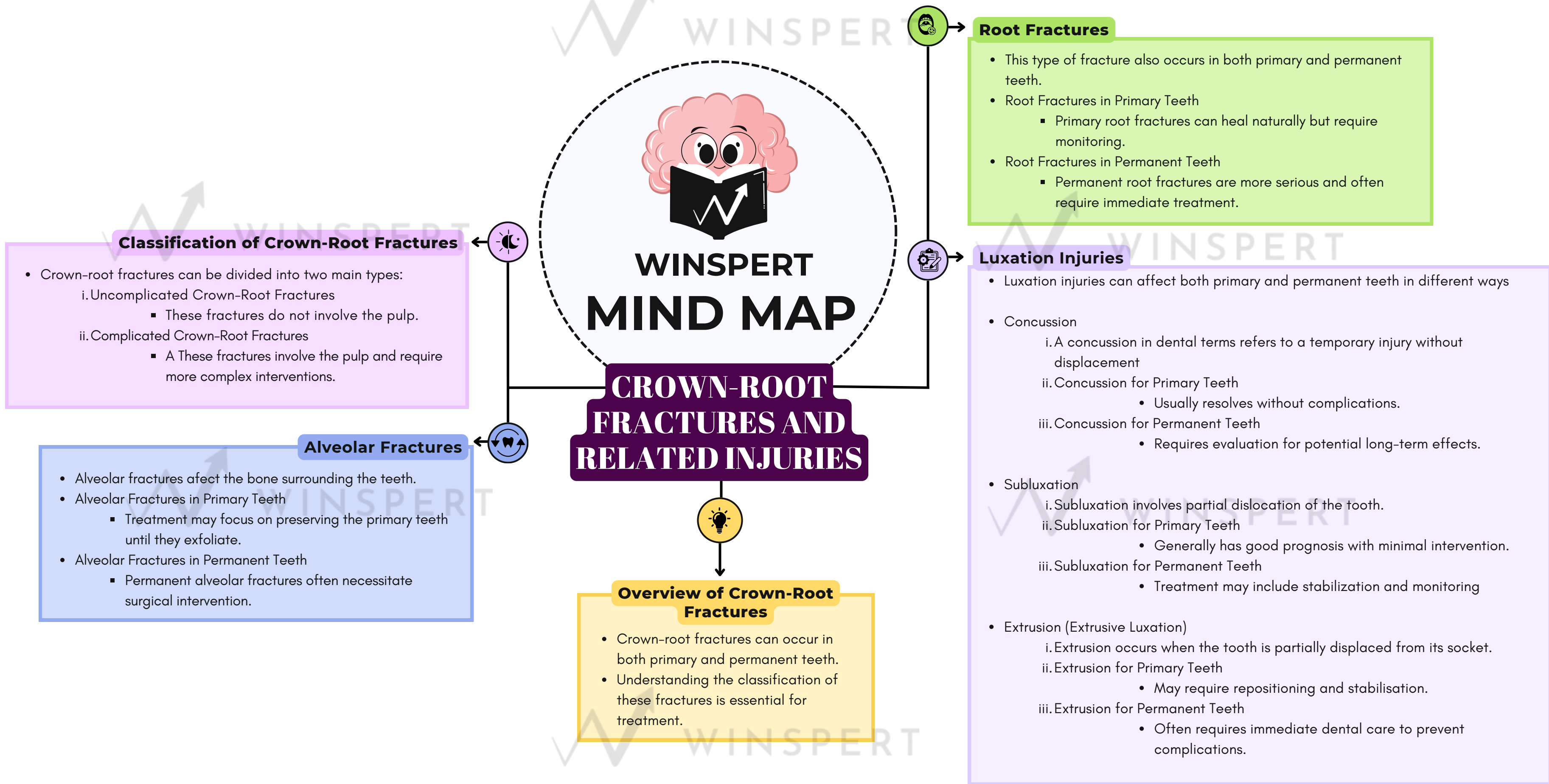


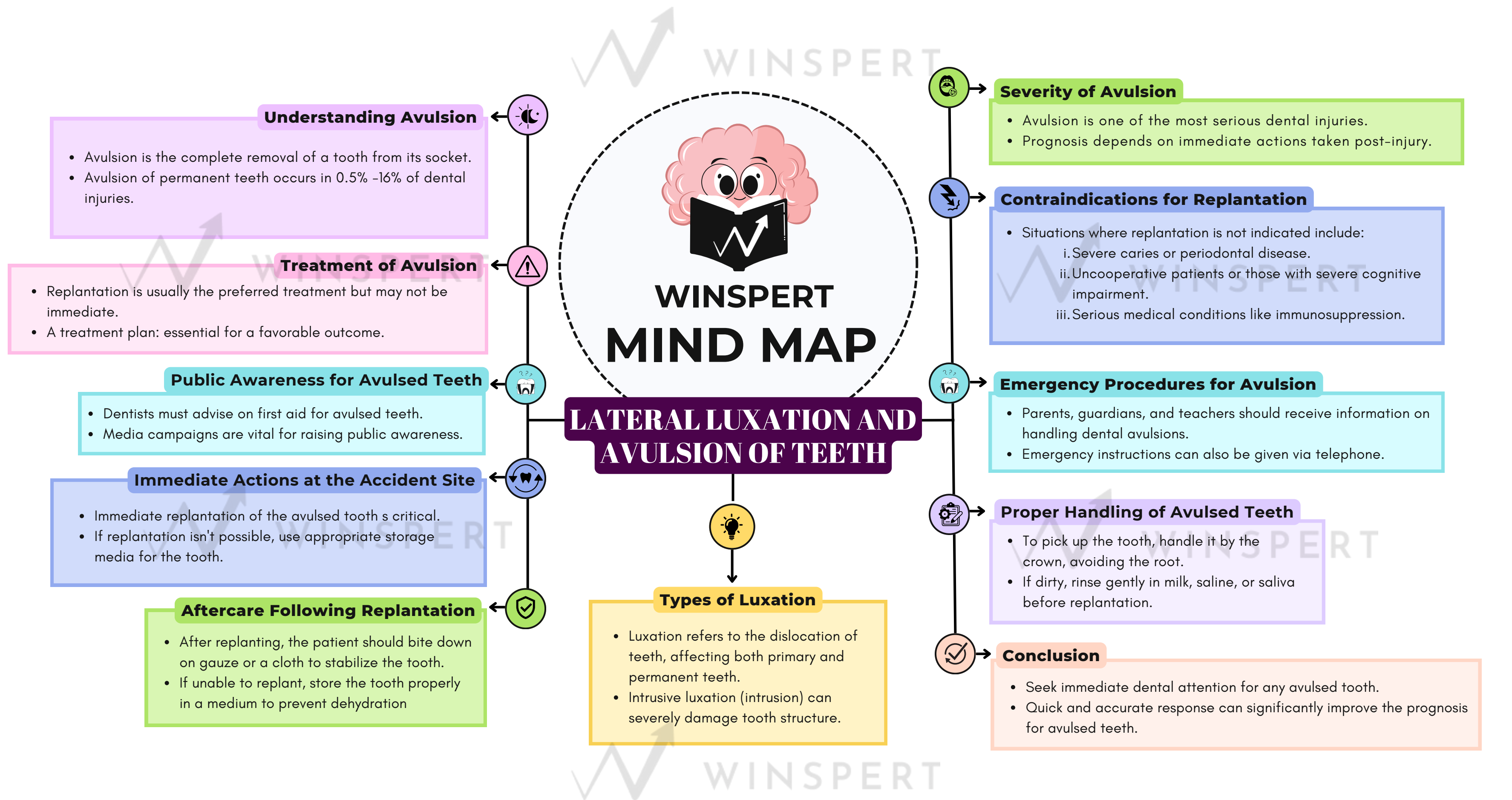
MIND MAP & CUE CARDS

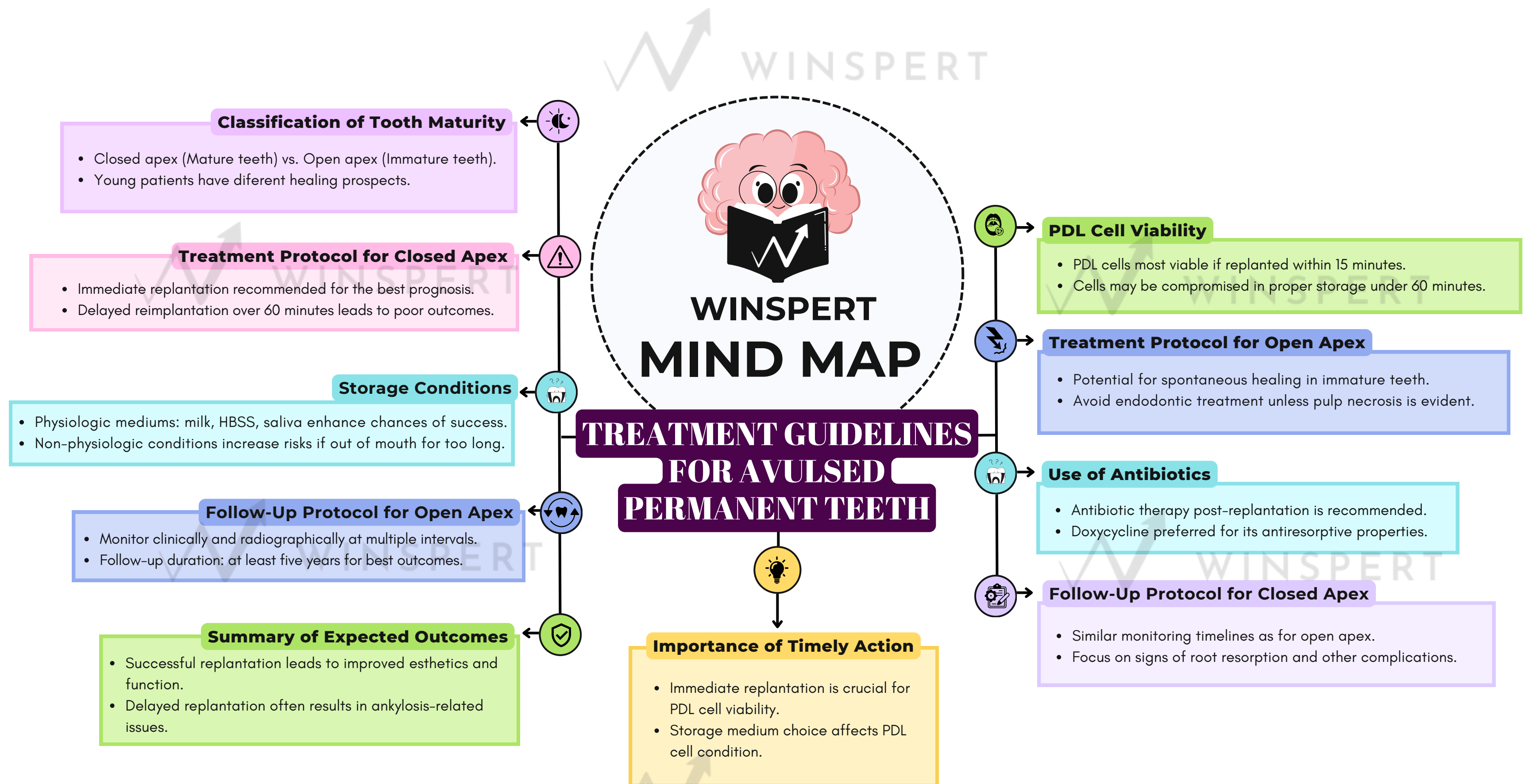


BY DR. JIGYASA SHARMA











**WINSPERT
CUE CARDS**

**TRAUMA
GUIDELINES**

Question 1

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



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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.



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**TRAUMA
GUIDELINES**

Question 3

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

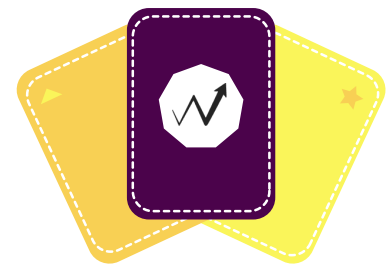


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CUE CARDS**

**TRAUMA
GUIDELINES**

Answer 3

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

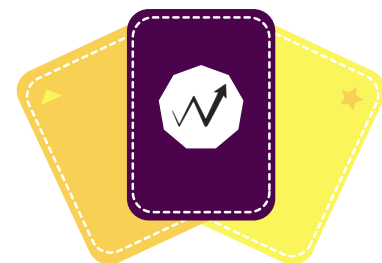


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CUE CARDS**

**TRAUMA
GUIDELINES**

Question 4

Why are radiographic examinations important in diagnosing dental injuries?



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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?**



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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?

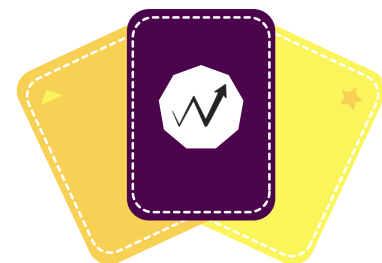


**WINSPERT
CUE CARDS**

**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

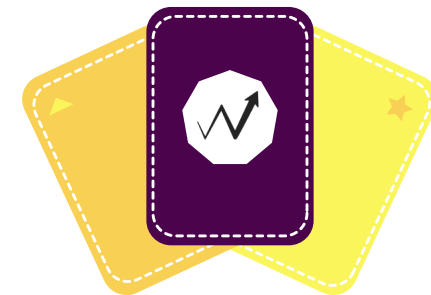
Replanted teeth should be monitored clinically and radiographically at 2 weeks, 1 month, 2 months, 3 months, 6 months, one year, and yearly thereafter for at least five years.

PEDODONTICS

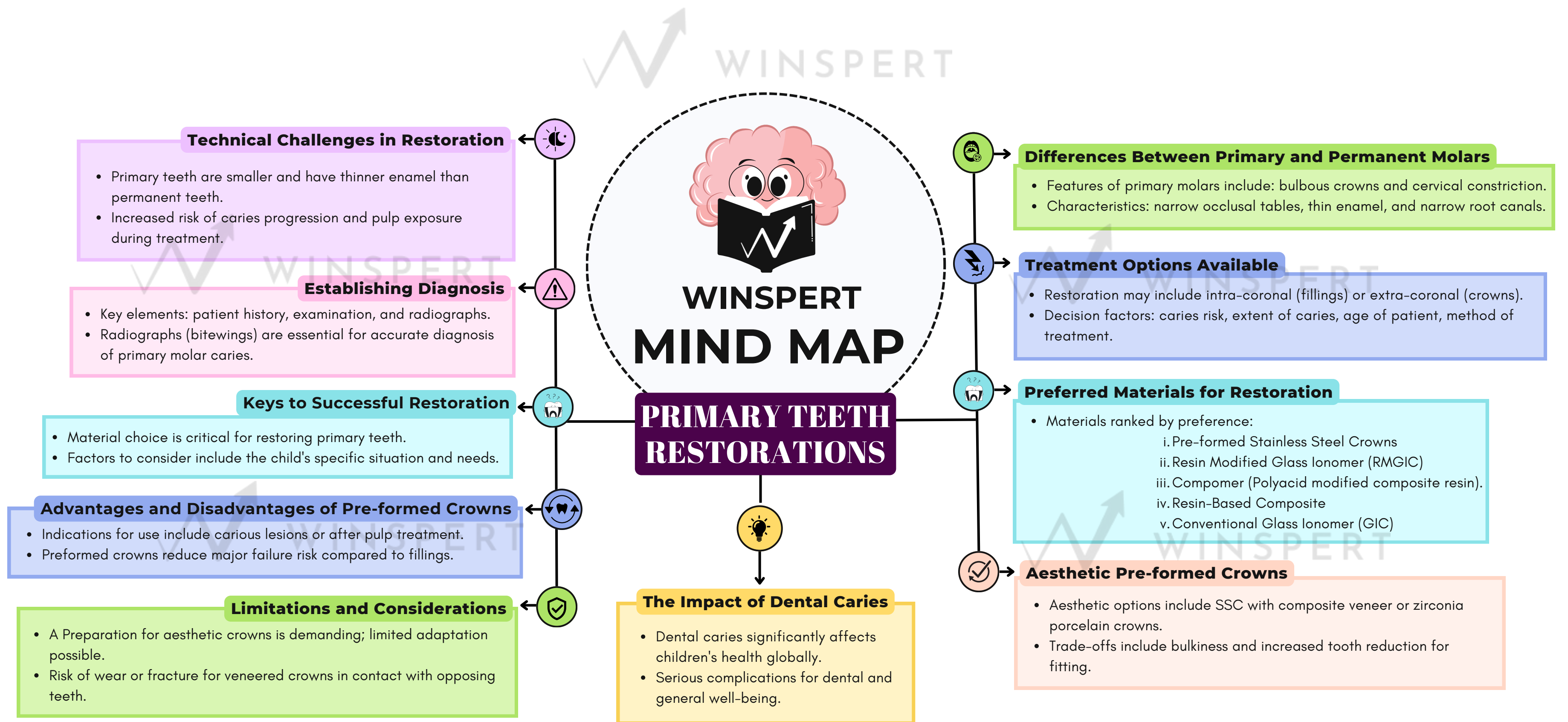
PRIMARY TEETH RESTORATIONS

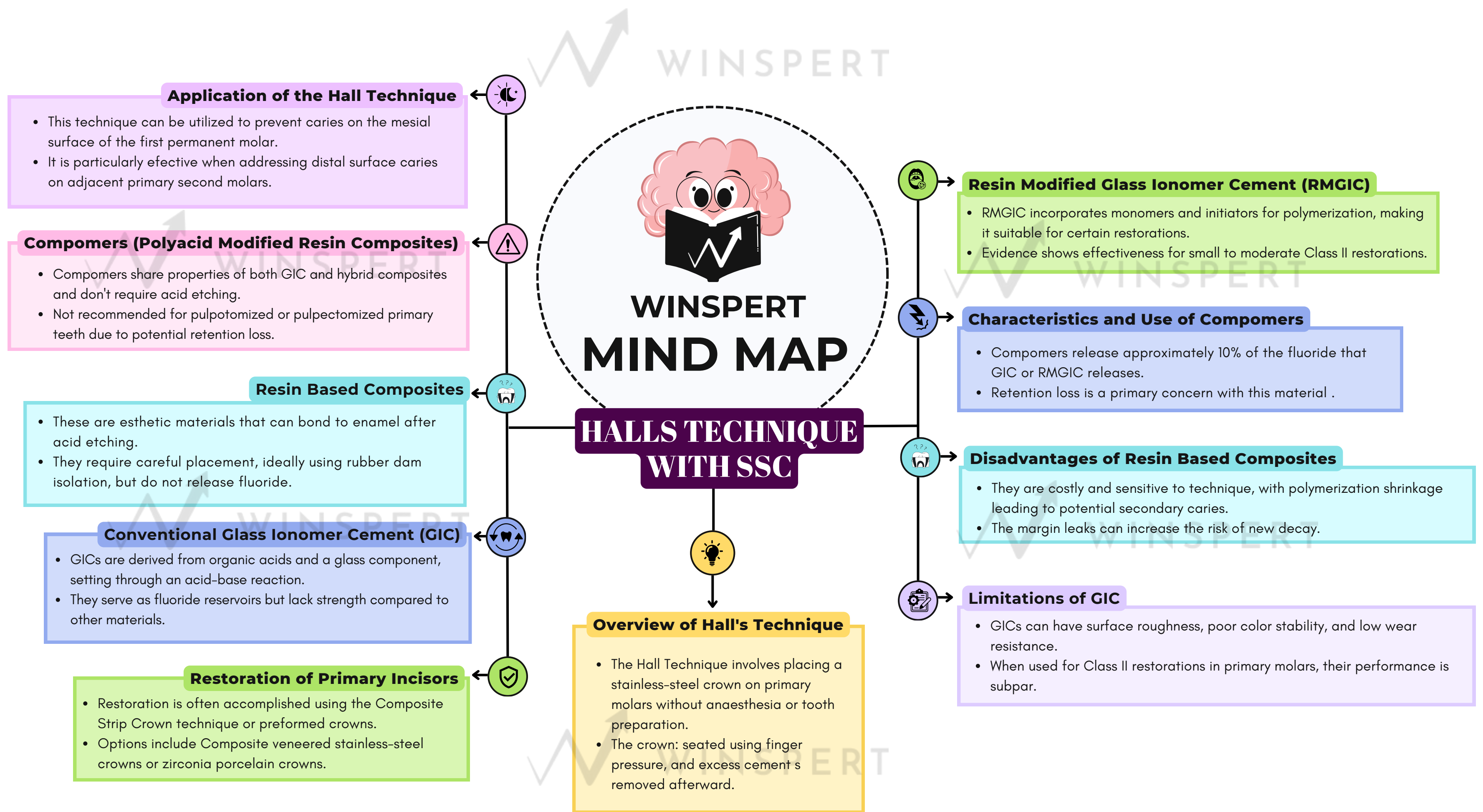


MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





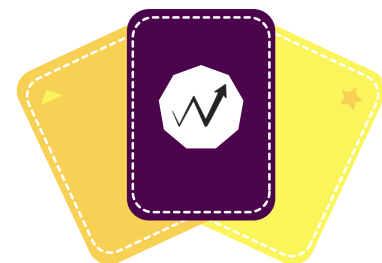


**WINSPERT
CUE CARDS**

**PRIMARY TEETH
RESTORATIONS**

Question 1

What is the significance of restoring primary teeth in children?

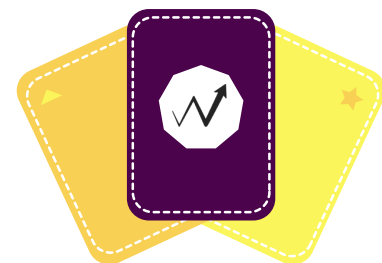


**WINSPERT
CUE CARDS**

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.

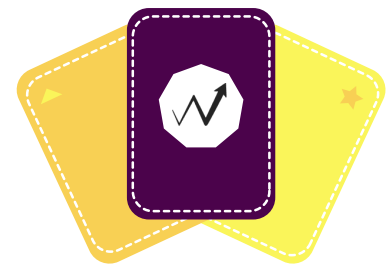


**WINSPERT
CUE CARDS**

**PRIMARY TEETH
RESTORATIONS**

Question 4

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

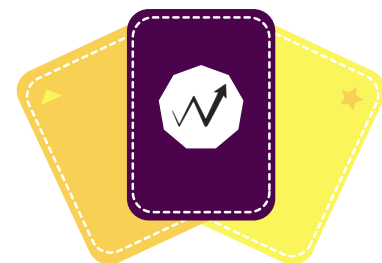


**WINSPERT
CUE CARDS**

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?**



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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).

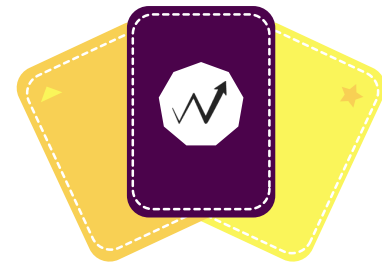


**WINSPERT
CUE CARDS**

**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

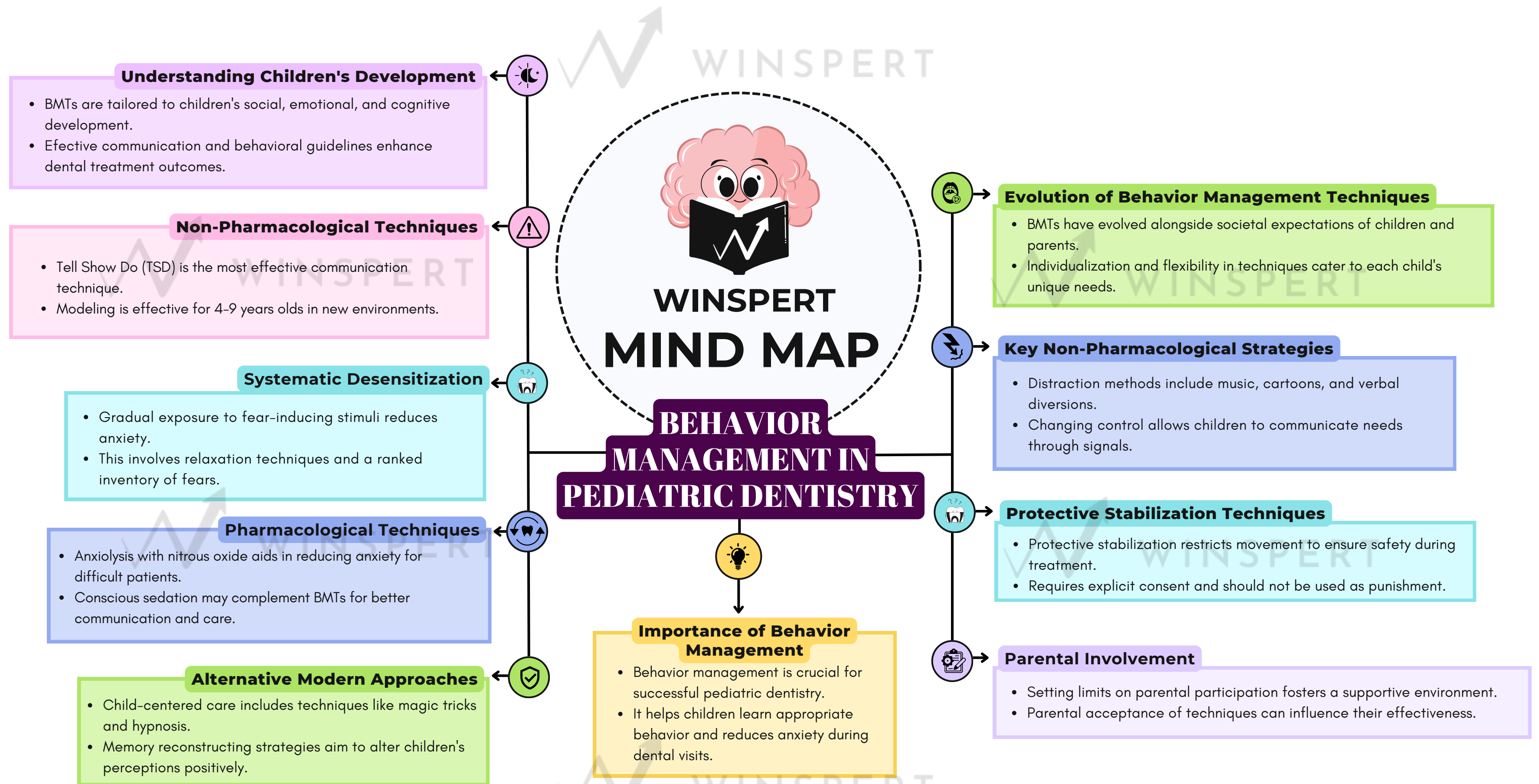
BEHAVIOUR MANAGEMENT



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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**BEHAVIOUR
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.



**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Question 2

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



**WINSPERT
CUE CARDS**

**BEHAVIOUR
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.



**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Question 3

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



**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Answer 3

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

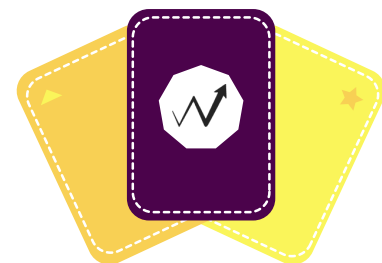


**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Question 4

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



**WINSPERT
CUE CARDS**

**BEHAVIOUR
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.



**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Question 5

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



**WINSPERT
CUE CARDS**

**BEHAVIOUR
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.



**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Question 6

What is behavior shaping, and how does it work?



**WINSPERT
CUE CARDS**

**BEHAVIOUR
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.



**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Question 7

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



**WINSPERT
CUE CARDS**

**BEHAVIOUR
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.



**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Question 8

What is the significance of distraction in pediatric dentistry?



**WINSPERT
CUE CARDS**

**BEHAVIOUR
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.



**WINSPERT
CUE CARDS**

**BEHAVIOUR
MANAGEMENT**

Question 9

What is systematic desensitization, and how is it implemented?

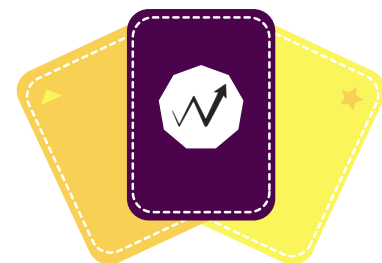


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**BEHAVIOUR
MANAGEMENT**

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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**BEHAVIOUR
MANAGEMENT**

Question 10

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



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**BEHAVIOUR
MANAGEMENT**

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

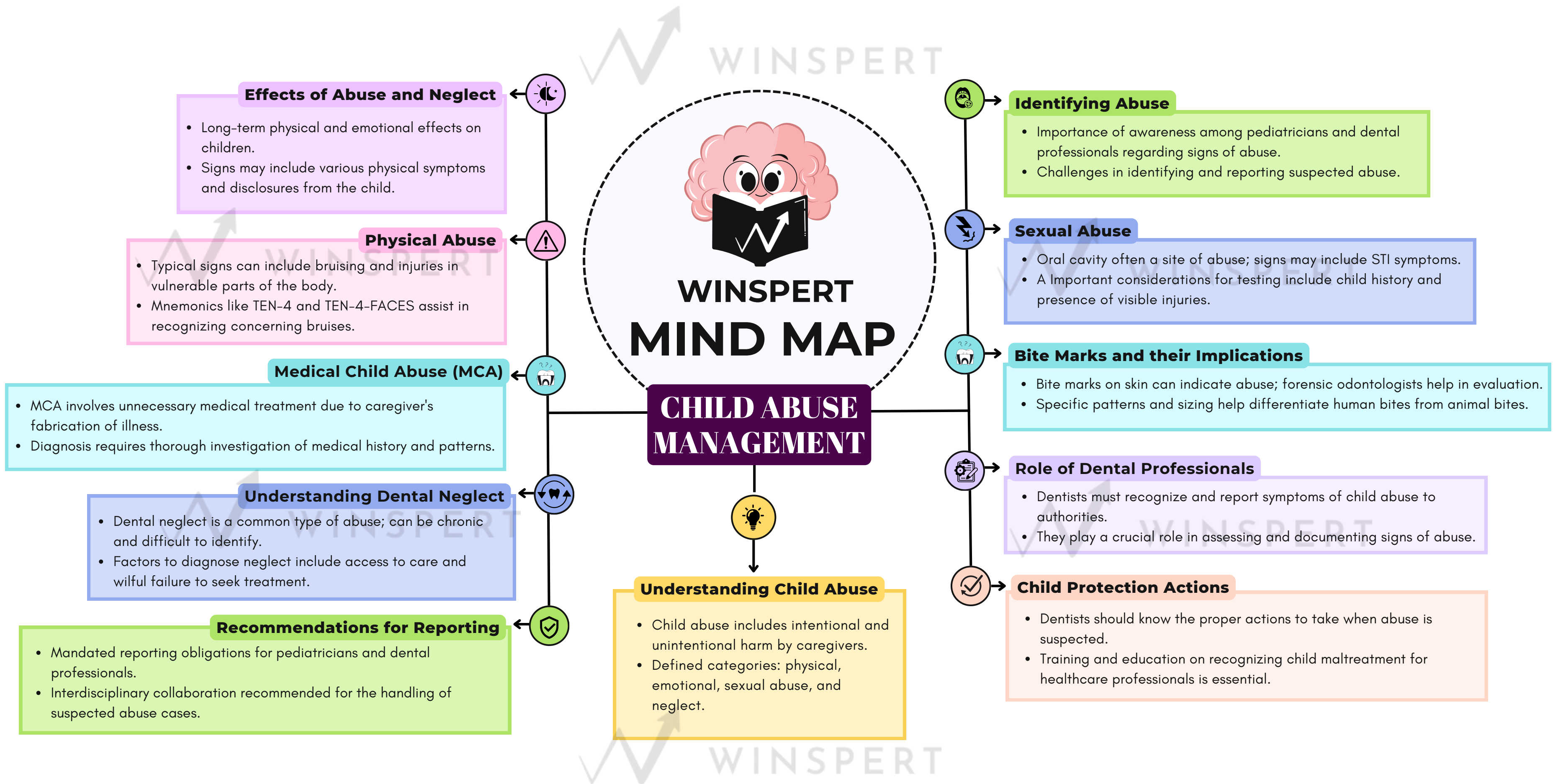
CHILD ABUSE MANAGEMENT



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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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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**CHILD ABUSE
MANAGEMENT**

Question 2

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



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MANAGEMENT**

Answer 2

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

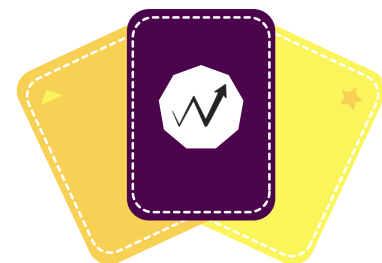


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**CHILD ABUSE
MANAGEMENT**

Question 3

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



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MANAGEMENT**

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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**CHILD ABUSE
MANAGEMENT**

Question 4

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



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MANAGEMENT**

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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MANAGEMENT**

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?

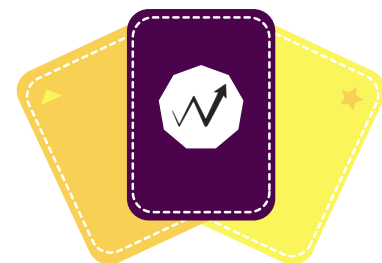


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**CHILD ABUSE
MANAGEMENT**

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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**CHILD ABUSE
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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**CHILD ABUSE
MANAGEMENT**

Question 8

What physical evidence may indicate child abuse?



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MANAGEMENT**

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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**CHILD ABUSE
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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MANAGEMENT**

Answer 10

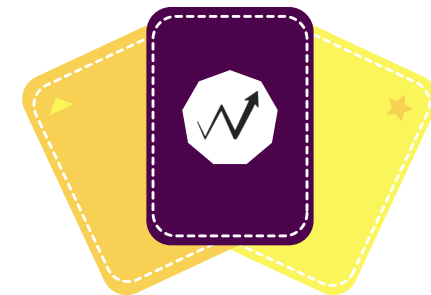
Forensic odontologists assist in the detection and evaluation of bite marks related to physical and sexual abuse, helping to identify patterns and document injuries.

PEDODONTICS

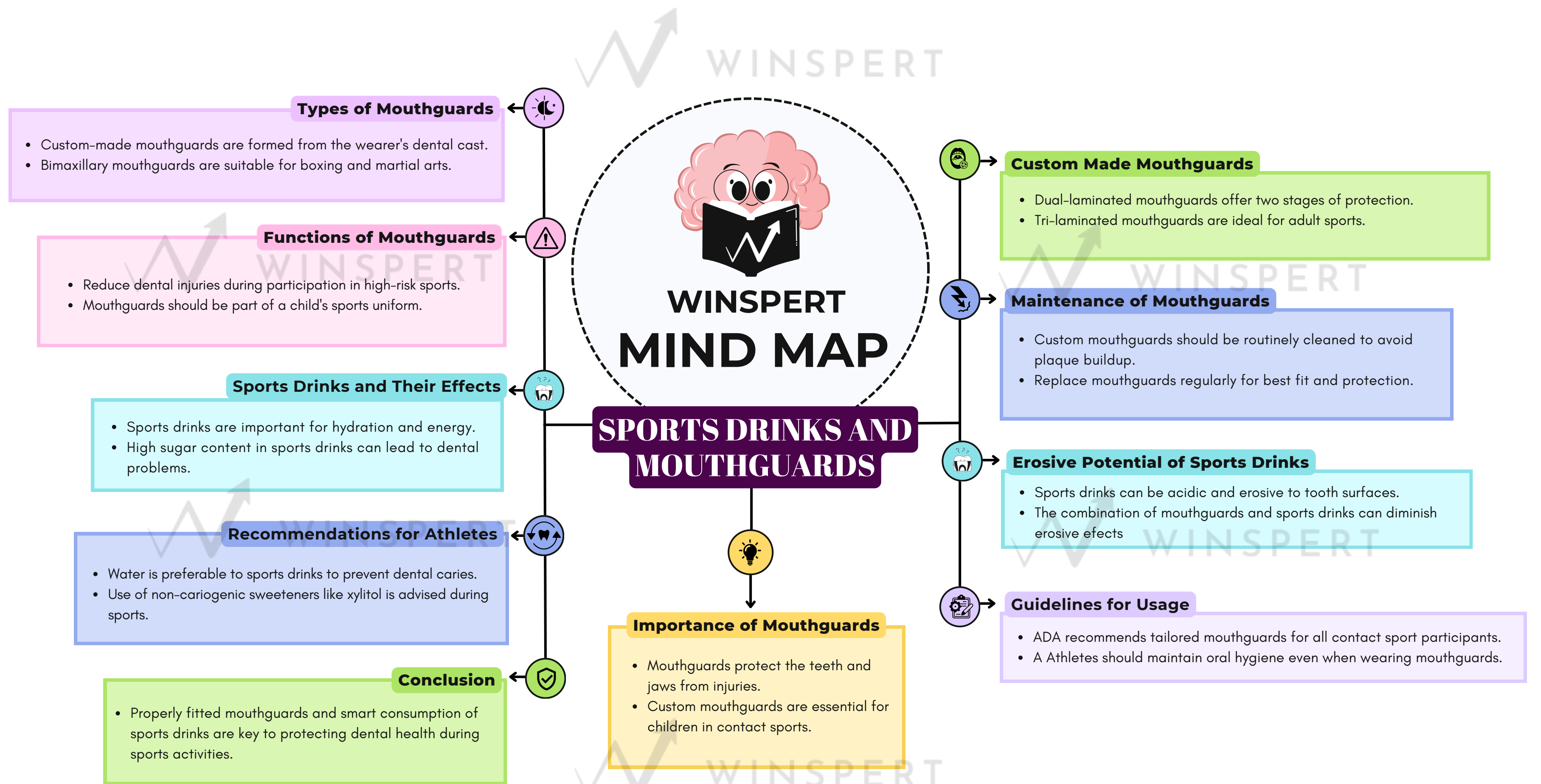
SPORTS DRINKS & MOUTHGUARDS



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





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**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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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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**SPORTS DRINKS &
MOUTHGUARDS**

Answer 3

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



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**SPORTS DRINKS &
MOUTHGUARDS**

Question 4

What are the general design principles of mouthguards?



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MOUTHGUARDS**

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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**SPORTS DRINKS &
MOUTHGUARDS**

Question 5

**What are custom made
mouthguards?**



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**SPORTS DRINKS &
MOUTHGUARDS**

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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**SPORTS DRINKS &
MOUTHGUARDS**

Question 6

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



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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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**SPORTS DRINKS &
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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**SPORTS DRINKS &
MOUTHGUARDS**

Question 8

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



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MOUTHGUARDS**

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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**SPORTS DRINKS &
MOUTHGUARDS**

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

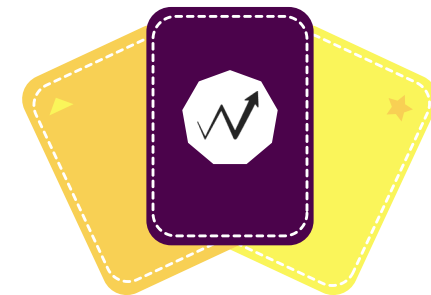
Athletes should promote oral hygiene as dental plaque can accumulate on the tooth surface when using mouthguards, and it is recommended to consume water or non-cariogenic sports drinks while wearing them.

PEDODONTICS

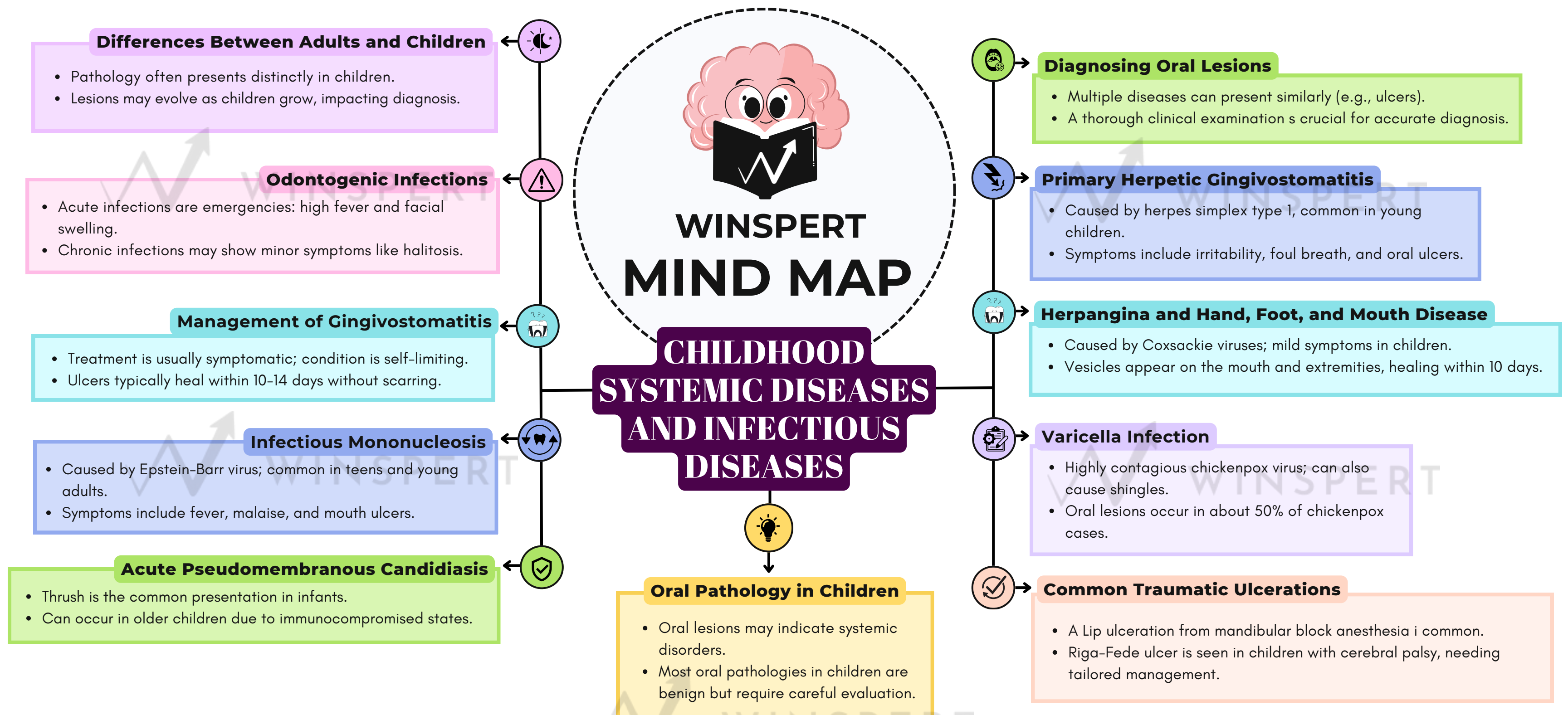
CHILDHOOD SYSTEMIC DISEASES AND INFECTIOUS DISEASES



MIND MAP & CUE CARDS



BY DR. JIGYASA SHARMA





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**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.

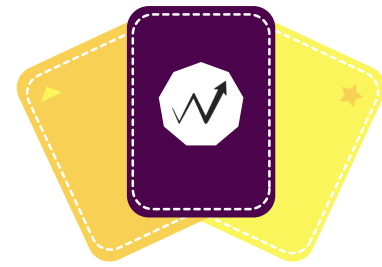


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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

Question 2

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



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**CHILDHOOD
SYSTEMIC DISEASES
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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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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

Question 3

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



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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
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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**CHILDHOOD
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?**

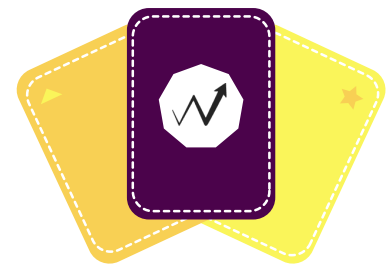


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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

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.

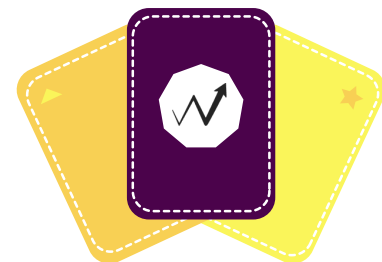


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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

Question 6

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

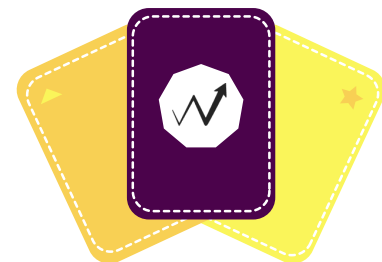


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**CHILDHOOD
SYSTEMIC DISEASES
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DISEASES**

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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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

Question 7

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

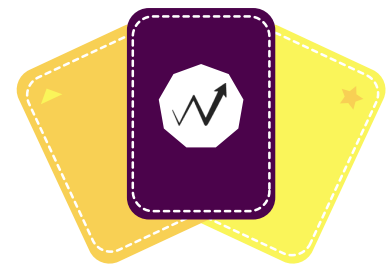


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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

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.

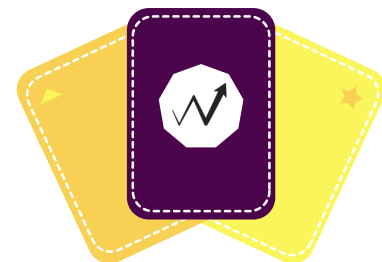


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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

Question 8

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

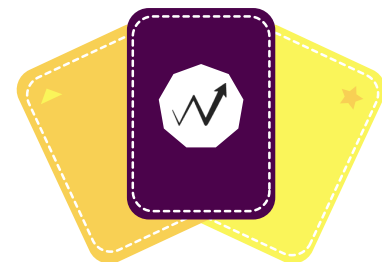


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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

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.

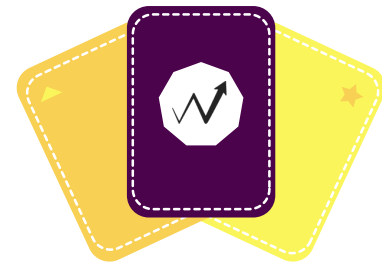


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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

Question 9

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



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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.



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**CHILDHOOD
SYSTEMIC DISEASES
AND INFECTIOUS
DISEASES**

Question 10

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



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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.