




# FORENSIC ODONTOLOGY

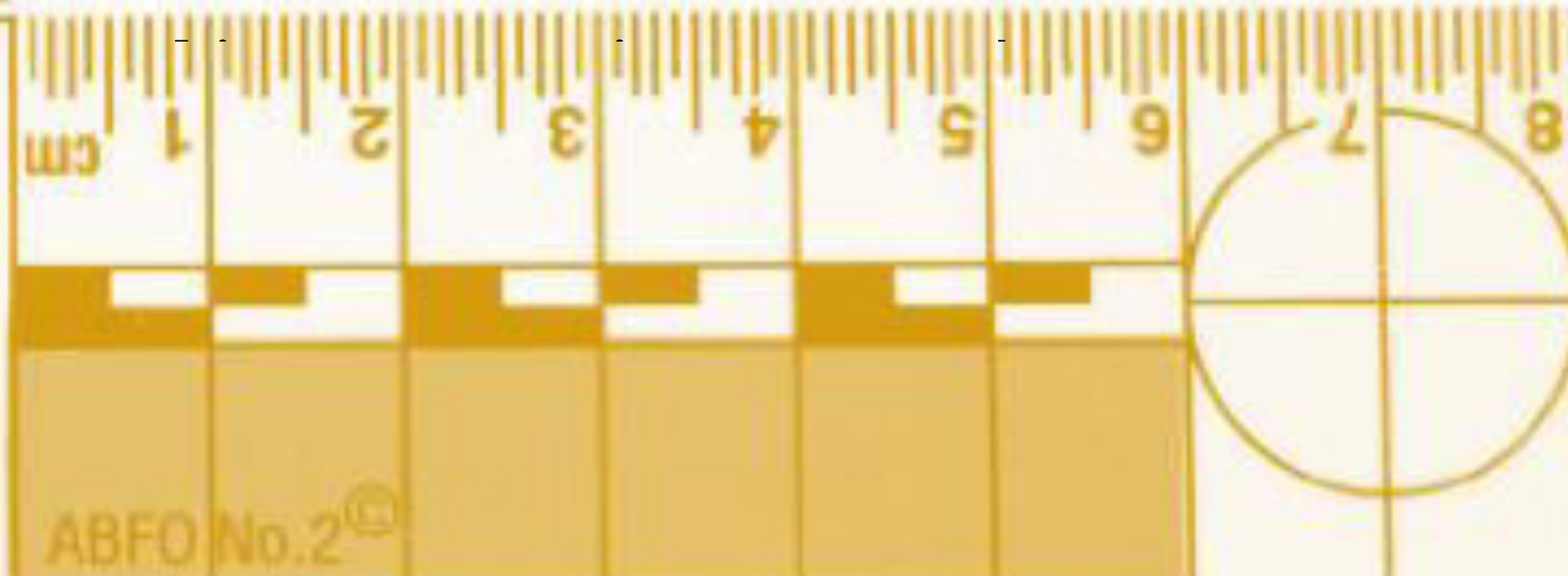
## Demystifying Dental mysteries

The practice of Forensics is an integral part of being a Dentist

We deal with one of the most resilient Evidence yielding structures in the human body

  
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Coorg Institute of Dental Sciences  
VIRAJPET, PIN - 571 218

Educating oneself on these aspects begins on day one at CIDS



### **Need of course:**

- Exposure of graduate and Post graduates students to the various practical aspects of Forensic Odontology
- Education of the students on the evidentiary value of dental records and applications of the subject

### **Course Content:**

Forensic odontology is an integral part of application of dental knowledge. It starts off with the basis of understanding Normal Dental Anatomy, the variations commonly seen and identifying the presence of therapeutic changes; and applying it in the field of identification and estimation. It is not normally a field that's given importance in the undergraduate curriculum.

The students, as a result of the course, understand the importance of the same and many of them carry out studies related to forensics and are taught the basics of Age estimation, Gender dimorphism, Disaster Victim Identification etc. and also undergo hands on training for the same.

### **Course Participants:**

The course is conducted for the First, Second, Third year BDS students and the Post-graduates who show interest in Forensic Odontology.

  
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REGISTER OF ATTENDANCE & FEES

FOR THE MONTH OF .....

Admission No.	NAME OF THE INSTITUTE :	NAMES	7/8 14/8 21/8 28/8 4/9 11/9 18/9 25/9 2/10 9/10 16/10 23/10 30/10												SECTION	PLACE														
			1	2	3	4	A	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
		ADHILA MAMADU	1	2	3	4	A	5	6	7	8	9	10	u	12	13	14	15	16	17	18	A								
		APRA C.P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20								
		ALPHONSA THOMAS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20								
		AMRUTHA PRABHAKARAN	1	2	3	4	5	6	7	8	9	10	11	A	12	13	14	15	16	17	18	19								
		ANAGHA . R. S.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20								
		ANIKITHA SHENOY	1	2	3	4	A	5	6	7	8	9	10	A	11	12	13	14	15	16	17	18								
		CHEZHAN ICUMAR S	A	A	A	1	2	3	4	5	-	6	7	8	9	10	11	12	13	14	15	A	16							
		CHIZAN S	1	2	3	4	5	6	7	A	-	8	9	10	A	11	12	13	14	15	16	A	A							
		HARIPRINYA H R	1	2	3	4	5	6	00	00	-	A	7	8	9	10	11	12	13	14	15	16	17							
		HARSHA K H	1	2	3	4	5	6	7	8	Z	9	10	11	12	13	14	15	16	17	18	19	20							
		JAYALAKSHMI J	1	2	3	4	5	6	7	8	e	9	10	A	11	12	13	14	15	16	17	18	19							
		JUMBENA T	1	2	3	4	A	5	6	A	-	A	7	8	A	9	10	11	12	13	14	15	16							
		K.M. KUSHALAPPA	1	2	3	4	5	6	00	00	e	7	8	9	10	11	12	13	14	15	16	A	17							
		KAVANASHREE . A.M	1	2	3	4	5	6	7	8	-	9	10	11	12	13	14	15	16	17	18	e	19	20						
		MAHA LAKSHMI A	1	A	2	3	4	5	6	7	8	9	10	12	13	14	15	16	17	18	A	19								
		MUSSAMIL . S. MOHAMMED	1	2	3	A	4	5	6	A	-	A	7	A	A	8	A	9	10	11	12	A	13							
		N. THEERTHA DEVAIAH	1	A	2	3	4	5	00	00	-	A	6	7	8	9	10	11	12	13	14	15	16							
		NAFEESA SHARVIN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	-	19	20							
		NEHA NIZAR	1	2	3	4	5	6	7	8	Z	A	9	10	11	12	13	14	15	16	17	18	19							
		NEHA S M	1	2	3	4	5	6	7	8	e	A	9	10	11	12	13	14	15	16	17	18	19							
		NESREE JAN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20								
		PARVATH V MURALI	1	2	3	4	5	6	7	8	A	9	10	11	12	13	14	15	16	17	18	A								
		RICHA CHENGAPPA K	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20								
		RUPALI K	1	2	3	4	5	6	7	8	9	10	11	A	12	13	14	15	16	17	18	19								
		SHABNAM SHIRIN	1	2	3	4	A	5	6	7	8	9	A	10	11	12	13	14	15	16	17	A								
		SHAMMA M K	1	2	3	4	5	6	7	8	A	9	10	11	12	13	14	15	16	17	18	19								
		SITHARA PARVEEN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20								

Number present M  
Daily E

Initials M  
Daily E





# REGISTER OF ATTENDANCE & FEES

FOR THE MONTH OF .....

Sl. No.	Admission No.	NAME OF THE INSTITUTE :	SECTION											PLACE										
			NAMES																					
		SREEJISHA S	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
		SUSHMA M	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
		THEERTHA PRAKASH	1	2	3	4	5	6	7	8	A	9	10	11	12	13	14	15	16	17	18	19		
		DIHARA P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
		MADEEDA NASREEN KM	1	2	3	A	4	5	6	7	8	9	A	10	11	12	13	14	15	16	17	18		
		MENDON NIKITA RAVI	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		

EBD I  
 PBL I  
 Forensic I  
 EBD II  
 PBL II  
 Forensic II  
 EBD III  
 PBL III  
 Forensic III  
 EBD IV  
 PBL IV  
 Forensic IV  
 VALUE ADDED COURSE - DR. TILAKARATHI  
 EBD V  
 PBL V  
 Forensic V  
 EBD VI  
 PBL VI  
 Forensic VI

Number present M  
Daily E

Initials M  
Daily E

No. on roll at the beginning of month.      Admitted during the month.      Left No. on Roll at end of month.      No. of Working days.      Average attendance




DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

INTER DEPARTMENTAL COURSES LIST OF PARTICIPANTS

FORENSIC ODONTOLOGY 2018-2019

SL NO	NAME
1.	Amir Suhail
2.	Anjitha V. C
3.	Anusree Madhusoodanan
4.	Ayshath Hiba Moideen
5.	Balram P. A
6.	David Paul
7.	Dikson Kuriakose
8.	Fairoosa K.T.
9.	Indra A
10.	Joseph Ignatius
11.	Jufaira C
12.	Merin Alphonsa Johnson
13.	Monica R
14.	Naseeha Shabnam
15.	Padma Swetha S
16.	Pavithra G
17.	Prajwal G
18.	Rameesa T
19.	Revathi P.K.
20.	Samantha Ganapathy
21.	Shahla Nazreen


22.	Shelma C Paul
23.	Sindiya Balram
24.	Sneha Pankajkshan
25.	Sreelakshmi C C
26.	Swetha Leslie
27.	Swetha Muraleedharan
28.	Viswajith Gangadhran
29.	Anushka Bobde
30.	Karishma K. V
31.	Sitara Subbiah M
32.	Sneha Suresh Kakkanattu
33.	Tarini Subbiah M
34.	Tsering Dolma

  
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:oorg Institute of Dental Sciences  
VIRAJPET, PIN - 571 218

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY  
INTER DEPARTMENTAL COURSES LIST OF PARTICIPANTS  
FORENSIC ODONTOLOGY 2019-2020

Sl no	Name
1.	Adhila Mamadu
2.	Afra C.P.
3.	Alphonsa Thomas
4.	Amrutha Prabhakaran
5.	Anagha R.S.
6.	Ankitha Shenoy
7.	Chethan Kumar S
8.	Ehzan S
9.	Haripriya H.R.
10.	Harsha K.H.
11.	Jayalakshmi J
12.	Jumeena T
13.	K.M. Kushalappa
14.	Kavana Shree A.M.
15.	Mahalakshmi A
16.	Mendon Nikita Ravi
17.	Musammil S Mohammed
18.	N Theertha Devaiah
19.	Nafeesa Sharvin
20.	Neha Nizar
21.	Neha S.M.
22.	Nesreejan

23.	Parvathy Murali
24.	Reshma M
25.	Richa Changappa K
26.	Rupali K
27.	Shabnam Shrin
28.	Shamma M.K.
29.	Sithara Parveen
30.	Sreejisha S
31.	Sushma M
32.	Theertha Prakash
33.	Theertha Ramesh
34.	Uthara P
35.	Yadeeda Nasreen K.M

  
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VIRAJPET, PIN - 571 218



**COORG INSTITUTE OF DENTAL SCIENCES**

**ACADEMIC COUNCIL**

Date: 24/07/2018

From

The Member secretary  
Academic council  
Coorg institute of dental sciences

To

Head of Department  
Department of Oral Pathology & Microbiology  
Coorg institute of dental sciences

Sub: Regarding the proposal to conduct a course on Forensic Odontology. (Proposal Date 08/07/2018)

Dear Sir,

We have received your proposal for conducting a course on "**Forensic Odontology**".

The proposal was discussed in academic council meeting held on 24/07/2018 and we have found it to be relevant for undergraduate students. We are pleased to inform that you can proceed to conduct the course.

Further, once the course is conducted we request you to kindly submit the below documents to the academic council.

1. Programme Brochure
2. Participants' list and speaker details.
3. Photos and any other relevant documents.
4. Final summary report.

Thank You.

Member secretary

Academic council

  
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COORG INSTITUTE OF DENTAL SCIENCES

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

From,

Date : 20/02/2018

The Head of the Department  
Department of Oral Pathology and Microbiology  
Coorg institute of Dental Sciences

Virajpet

To,  
The Member Secretary  
Academic council  
Coorg institute of Dental Sciences

Virajpet

Respected sir,

**SUB: PROPOSAL TO CONDUCT A COURSE ON FORENSIC ODONTOLOGY**

One emerging field of interest in dentistry is the branch of Forensic Odontology. The subject has been proven to be of great value in managing the judicial system and it has also been of interest for research .The current undergraduate syllabus provides only a basic introduction to this flourishing subject .Thus it has been noted that there is a need for brining about a course to enrich the undergraduate students in forensics and help them understand the scope of the field ,beyond the textbook.

The Department of Oral Pathology and Microbiology would like to propose a course on Forensic Odontology for third year undergraduate students.The course details has been enclosed with this letter for the same.


We kindly request you to grant us permission to conduct the same.

Thanking You ,

Yours Faithfully



The Head of the Department  
Department of Oral Pathology and Microbiology



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VIRAJPET, PIN - 571 218

**COORG INSTITUTE OF DENTAL SCIENCES**  
**INTERDISCIPLINARY COURSE ON FORENSIC ODONTOLOGY**

**Departments Collaborating:**

Department of Oral Pathology and Microbiology, Department of Forensic Odontology

**Need of course:**

1. Exposure of Third BDS students to the various practical aspects of Forensic Odontology

**Course Outline:**

Forensic odontology is an integral part of application of dental knowledge. It starts off with the basis of understanding Normal Dental Anatomy, the variations commonly seen and identifying the presence of therapeutic changes; and applying it in the field of identification and estimation. It is not normally a field that's given importance in the undergraduate curriculum.

The students also understand the importance of the same and many of them carry out studies related to forensics and are taught the basics of Age estimation, Gender dimorphism, Disaster Victim Identification etc and also undergo hands on training for the same.

**Course Participants:**

The course is conducted for Third BDS students.

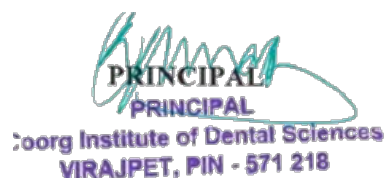
**COURSE CONDUCTOR (WITH SIGNATURE)**



Dr. Shashidara.R

Head of Department

Department of Oral Pathology and Microbiology

  
Coorg Institute of Dental Sciences  
VIRAJPET, PIN - 571 218

COORG INSTITUTE OF DENTAL SCIENCES

DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

From,

Date : 27/02/2019

The Head of the Department  
Department of Oral Pathology and Microbiology  
Coorg institute of Dental Sciences

Virajpet

To,  
The Member Secretary  
Academic council  
Coorg institute of Dental Sciences

Virajpet

Respected sir,

**SUB: PROPOSAL TO SET UP A DEPARTMENT OF FORENSIC ODONTOLOGY**

Forensic odontology is a branch of dentistry that is fast approaching its importance ninth fields of law and crime investigations. The field has gained immense popularity in the areas of research as well. With a long legacy of this brach helping in solving many prime cases, it has made its mark to be important in multiple aspects.

Keeping this in mind , The Department of Oral Pathology and Microbiology would like to put forth a proposal to set up a separate Department of Forensic Odontology within the institution. The department will function for all research related and academic related purposes. We also plan to collaborate the department with the local bodies of Law and Order, so that the service would also be available for its practical application in the society.

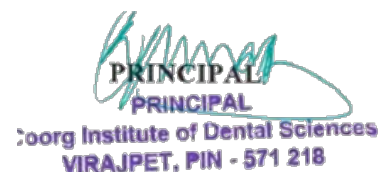
We kindly request you to grant us permission to conduct the same.

Thanking You ,

Yours Faithfully



The Head of the Department  
Department of Oral Pathology and Microbiology



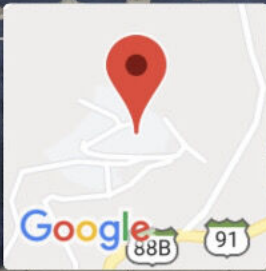
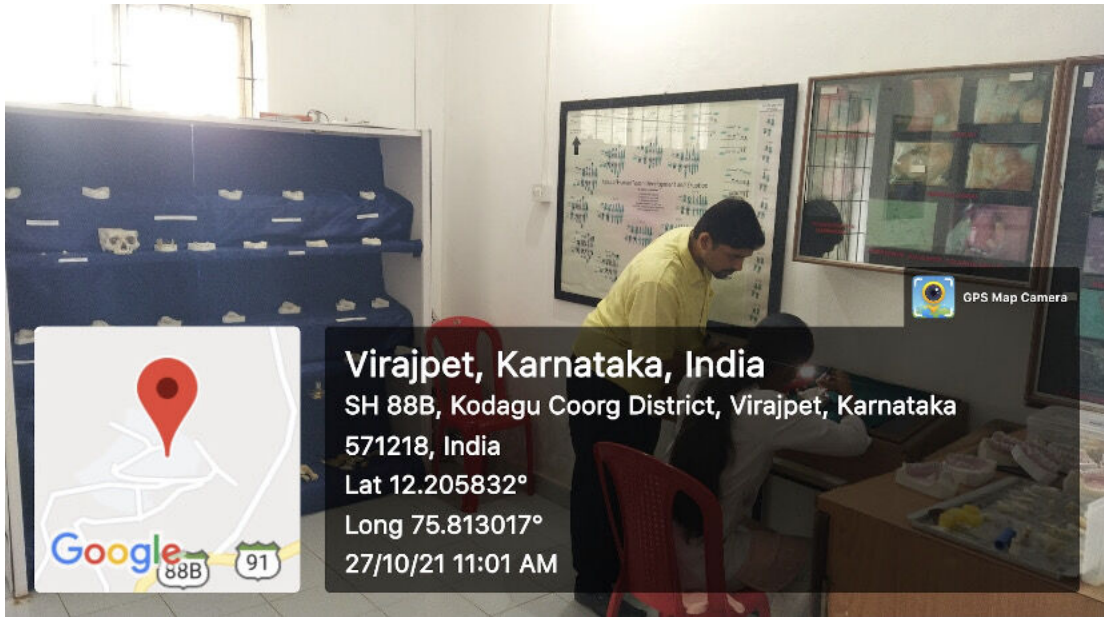
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Coorg Institute of Dental Sciences  
VIRAJPET, PIN - 571 218

**COORG INSTITUTE OF DENTAL SCIENCES**

**LIST OF PARTICIPANTS FROM THIRD YEAR BDS 2020-2021**

<b>Name</b>
Abdul Khadar
Adwaith Rathish.K.
Alakananda.S
Ananya Ajeesh
Ananya K.Y
Anitta Augustine
Anjuna .K
Bafna Vinod M
Bhagya R
Bharath G
Diya Merin Shelly
Fathima.A.K
Fathimath Thasni K
Fida Faisal
Gopika Prakash
Jadhav Rohini Dileep
Mariya M Jos
Megha Menon
Mohammed Jadeer C.J
N. Pratheeksha Kalappa
Nawar Jabeen P T P
Neha M P

Niharika T P
Niveda Santhosh
Partha Yadav K P
Reiyna G Nair
Sanjan K.P
Sanjana.S.
Sanjana Sreejesh
Shahana M.K
Shana Nasrin
Shilu Shabu
Showryavardhan M R
Sona Sunny
Sudharshan.V.P
Teenu Mariya Sivi
Uzma Fathima
Yoshit Adithyan
Venkatesh Nambiar
<b>Supplementary Batch</b>
Kailash
Manu Ajith Thomas
Vyshak Ravindran



**Virajpet, Karnataka, India**


SH 88B, Kodagu Coorg District, Virajpet, Karnataka

571218, India

Lat 12.205832°

Long 75.813017°

27/10/21 11:01 AM

  
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Coorg Institute of Dental Sciences  
**VIRAJPET, PIN - 571 218**

# Forensic Odontology Training



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VIRAJPET, PIN - 571 218



# Radiographic age Estimation




DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

INTER DEPARTMENTAL COURSES LIST OF PARTICIPANTS

FORENSIC ODONTOLOGY 2018-2019

SL NO	NAME
1.	Amir Suhail
2.	Anjitha V. C
3.	Anusree Madhusoodanan
4.	Ayshath Hiba Moideen
5.	Balram P. A
6.	David Paul
7.	Dikson Kuriakose
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DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY

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15.	Mahalakshmi A
16.	Mendon Nikita Ravi
17.	Musammil S Mohammed
18.	N Theertha Devaiah
19.	Nafeesa Sharvin
20.	Neha Nizar
21.	Neha S.M.
22.	Nesreejan

23.	Parvathy Murali
24.	Reshma M
25.	Richa Changappa K
26.	Rupali K
27.	Shabnam Shrin
28.	Shamma M.K.
29.	Sithara Parveen
30.	Sreejisha S
31.	Sushma M
32.	Theertha Prakash
33.	Theertha Ramesh
34.	Uthara P
35.	Yadeeda Nasreen K.M

  
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**COORG INSTITUTE OF DENTAL SCIENCES**  
**INTERDISCIPLINARY COURSE ON FORENSIC ODONTOLOGY**

**Departments Collaborating:**

Department of Oral Pathology and Microbiology, Department of Forensic Odontology

**Need of course:**

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**Course Participants:**

The course is conducted for Third BDS students.


**COURSE CONDUCTOR (WITH SIGNATURE)**



Dr. Shashidara.R

Head of Department

Department of Oral Pathology and Microbiology



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VIRAJPET, PIN - 571 218

## PROBLEM SOLVING METHODOLOGIES -UNDERGRADUATES

Department - OMR

Academic Year – 2019-2020

DATE	TOPIC/PROBLEM ALLOTTED	BATCH OF STUDENTS	NO. OF STUDENTS ATTENDED	MODERATOR
7/2/19	C/O PAIN IN TMJ	G1 IV YEAR REGULAR BATCH	2	Dr. VEENA
19/2/19	C/O WHITE PATCH OF BUCCAL MUCOSA	G2 IV YEAR REGULAR BATCH	1	Dr. VEENA
27/2/19	C/O SUBMANDIBULAR SWELLING	HI IV YEAR REGULAR BATCH	2	Dr. KAVITHA
12/3/19	C/O DIFFICULTY IN MOUTH OPENING	H2 IV REGULAR BATCH	2	Dr. NEHA



**Prof. & HOD**  
Department of Oral Medicine & Radiology  
Coorg Institute of Dental Sciences  
Virajpet 571 218



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## PROBLEM SOLVING METHODOLOGIES -UNDERGRADUATES

Department - OMR

Academic Year – 2020-21

DATE	TOPIC/PROBLEM ALLOTTED	BATCH OF STUDENTS	NO. OF STUDENTS ATTENDED	MODERATOR
24/12/2020	PALATAL ABSCESS	IV YEAR BATCH A	5	Dr. KAVITHA
13/1/2020	DENTURE STOMATITIS	IV YEAR BATCH B	5	Dr. KAVITHA
28-1-2021	PAROTID SWELLING (PLEOMORPHIC ADENOMA)	IV YEAR BATCH C	5	Dr. VEENA
09-2-2021	ODONTOGENIC TUMOR	IV YEAR BATCH D	5	Dr. VEENA
09-03-21	SIALOLITH	IV YEAR BATCH E	5	Dr. VEENA
4/3/21	ORAL MANIFESTATIONS IN HIV-ULCERS, CANDIDIASIS	IV YEAR BATCH F	5	Dr. VEENA



**Prof. & HOD**  
Department of Oral Medicine & Radiology  
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**PROBLEM SOLVING METHODOLOGIES -POSTGRADUATE STUDENTS**

Department - OMR

Academic Year – 2020-21

DATE	TOPIC/PROBLEM ALLOTTED	BATCH OF STUDENTS	NO. OF STUDENTS ATTENDED	MODERATOR
16/5/2020	AOT	III MDS	4	Dr. VEENA
5/06/2020	HERPES ZOSTER	III MDS	4	Dr. VEENA
20/06/2020	SARCOIDOSIS	III MDS	4	Dr. VEENA
0/07/2020	SECONDARY TRIGEMINAL NEURALGIA	III MDS	4	Dr. VEENA



**Prof. & HOD**  
Department of Oral Medicine & Radiology  
Coorg Institute of Dental Sciences  
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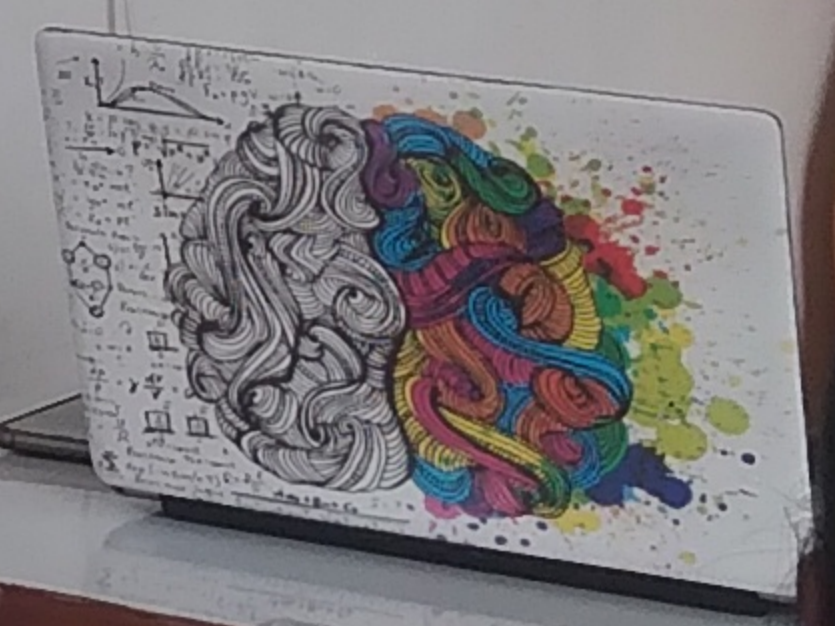
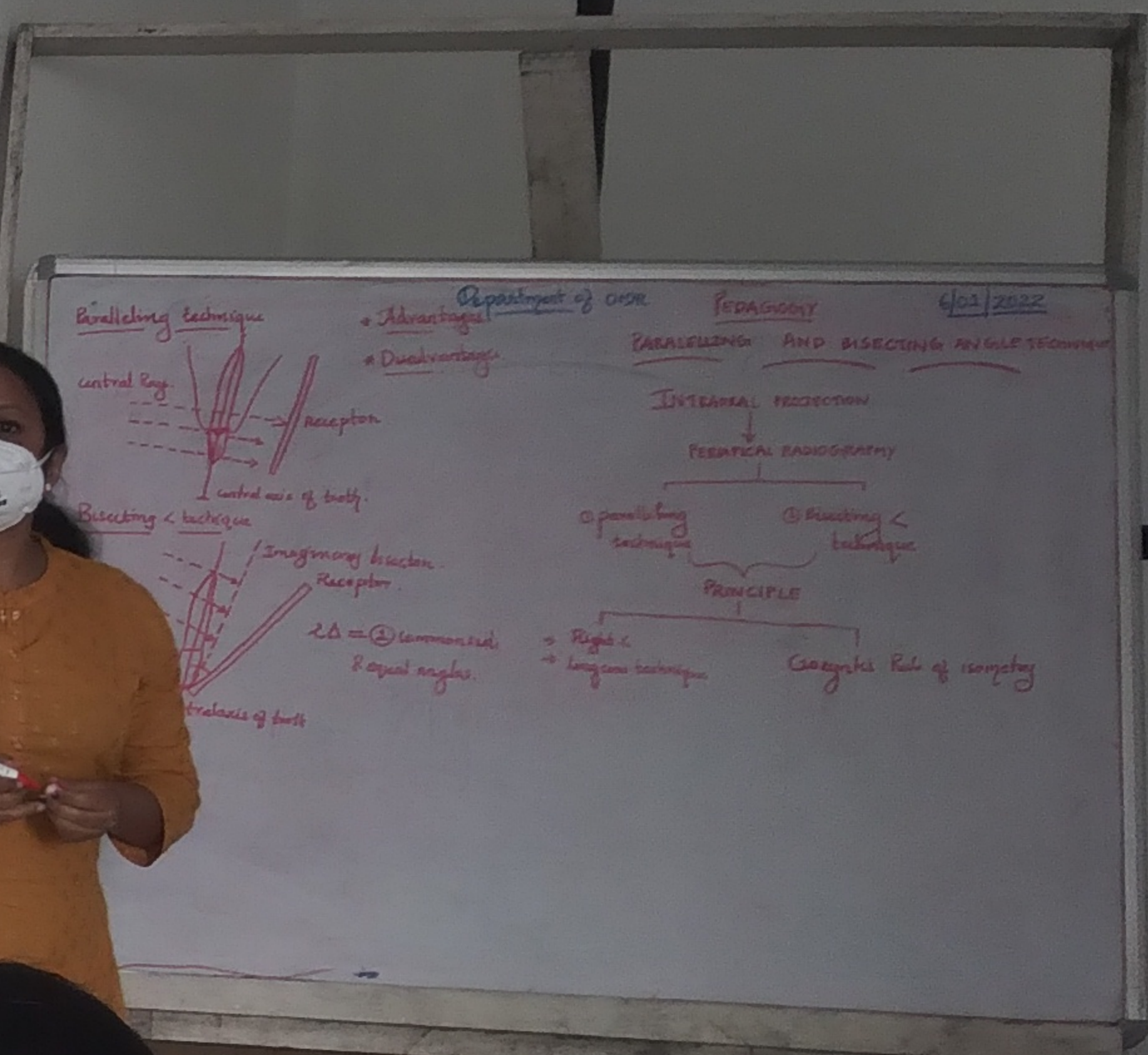
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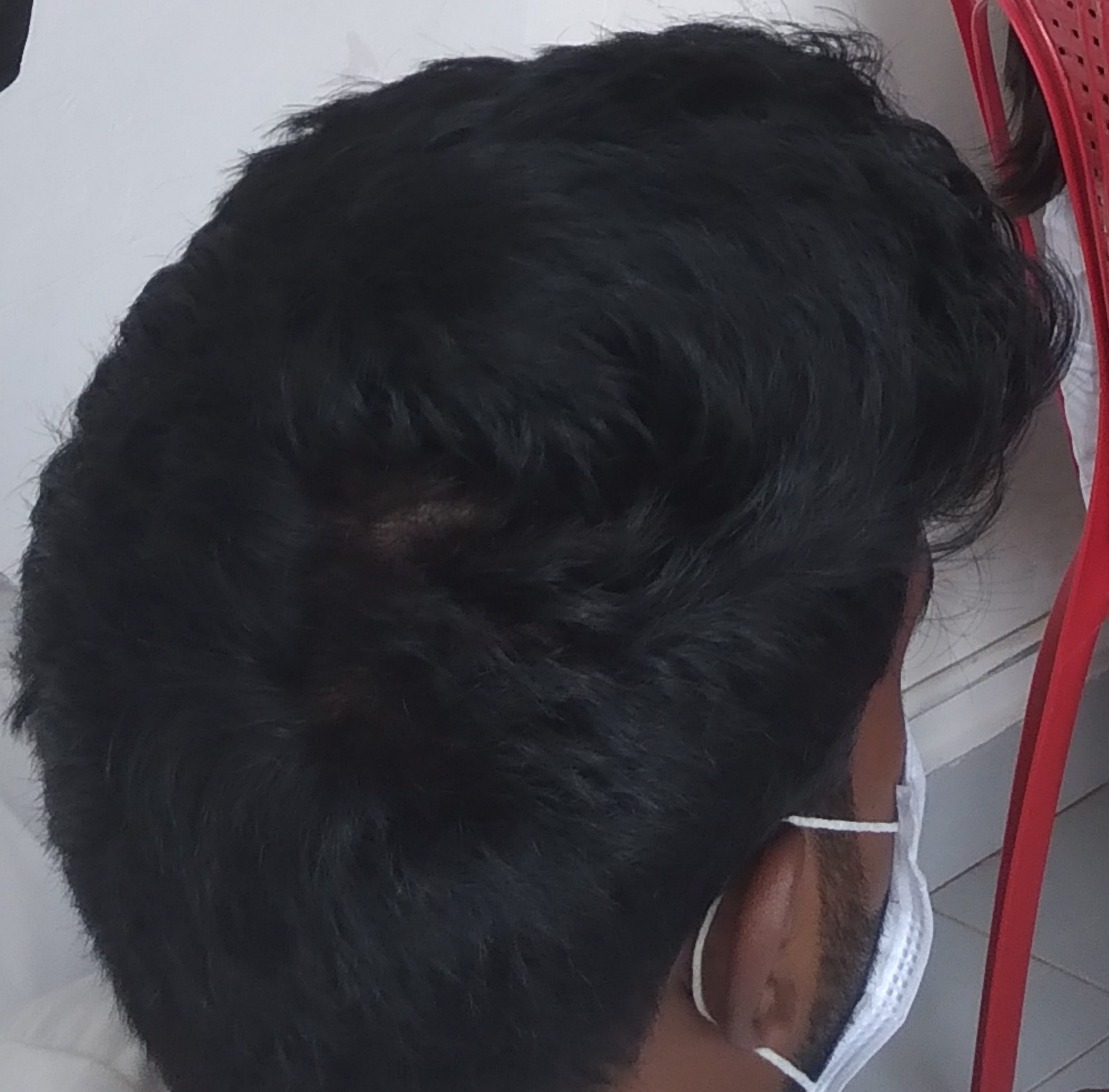
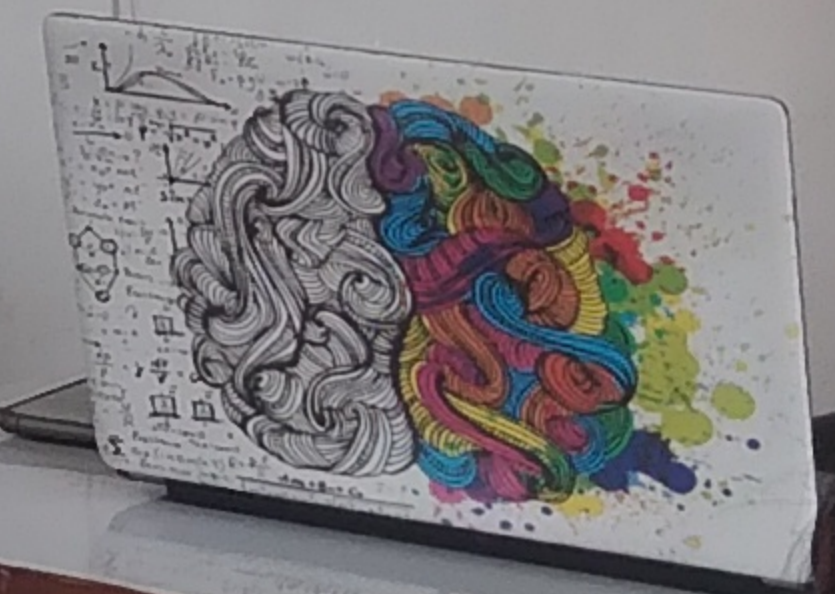
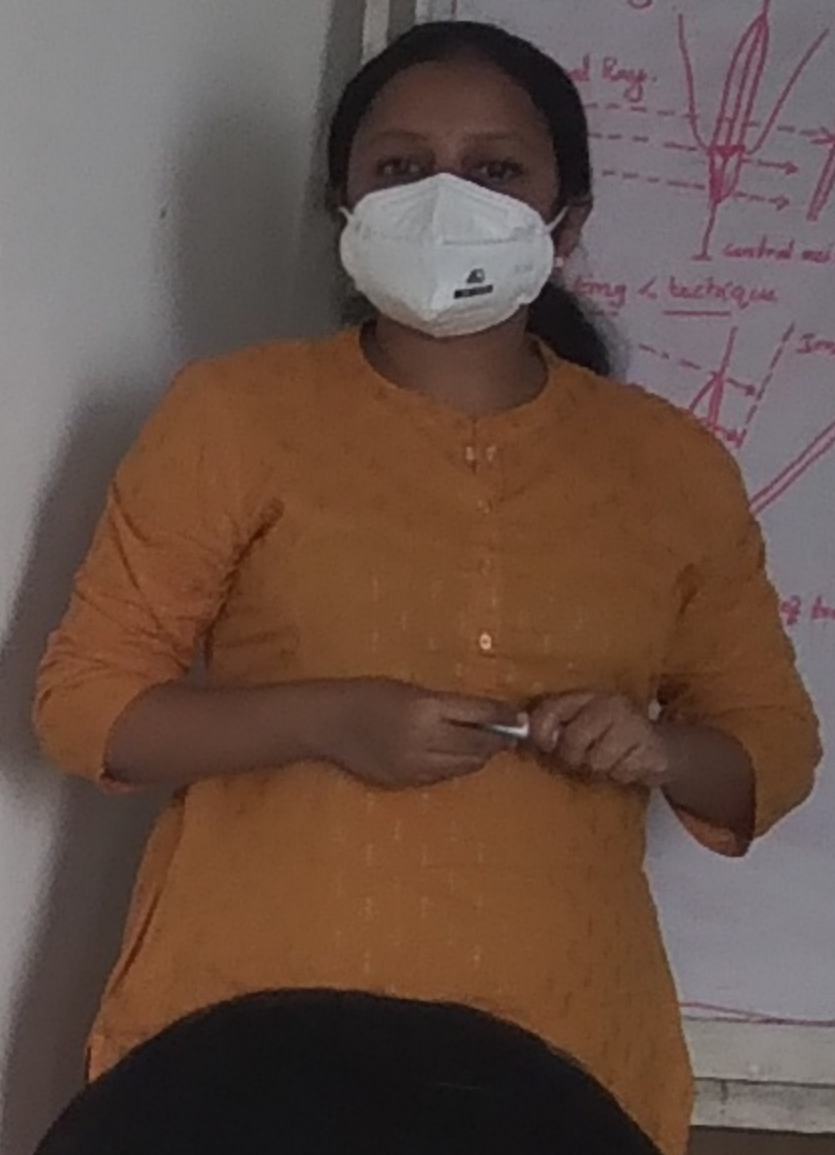
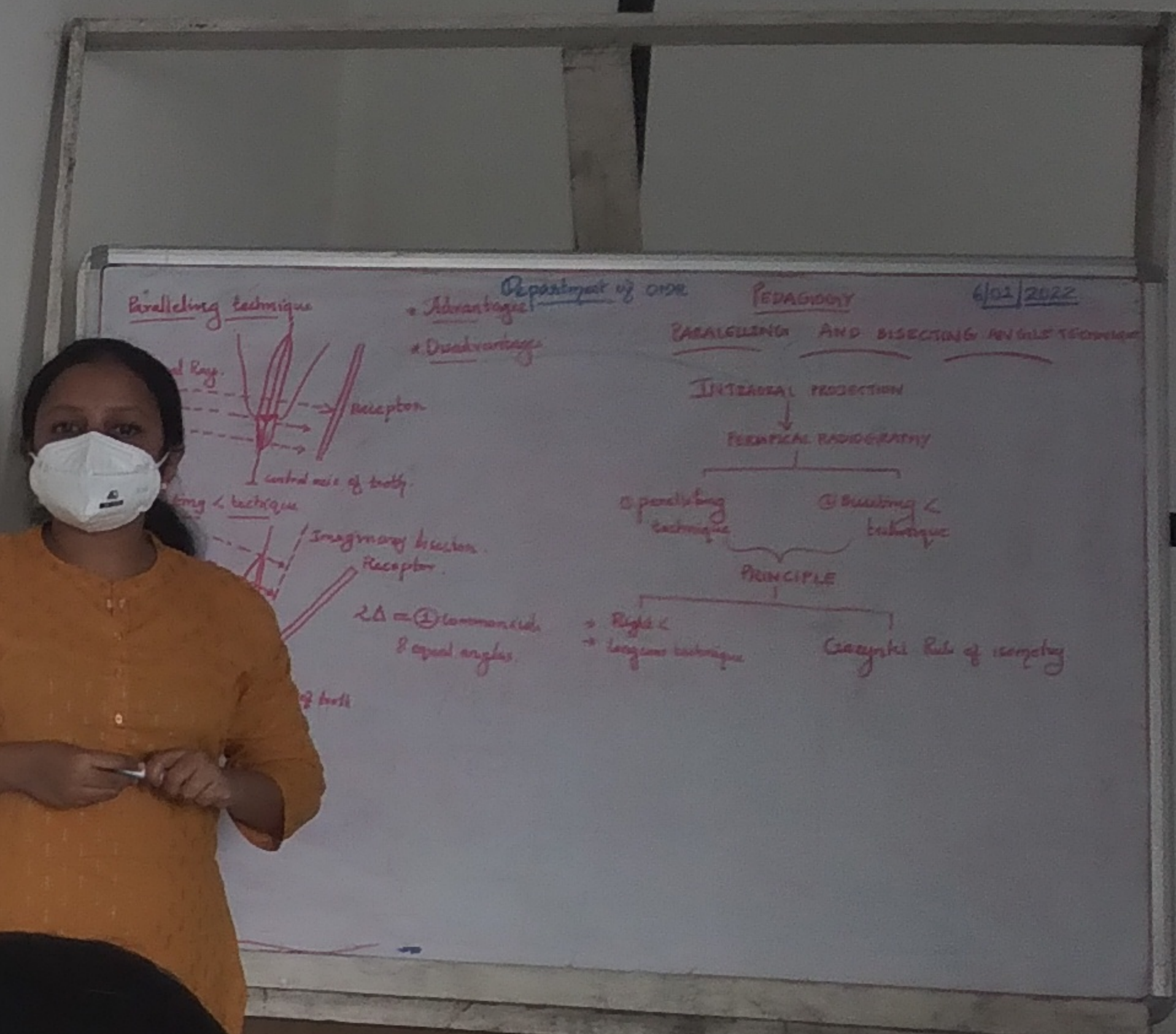
# Problem Solving Exercises



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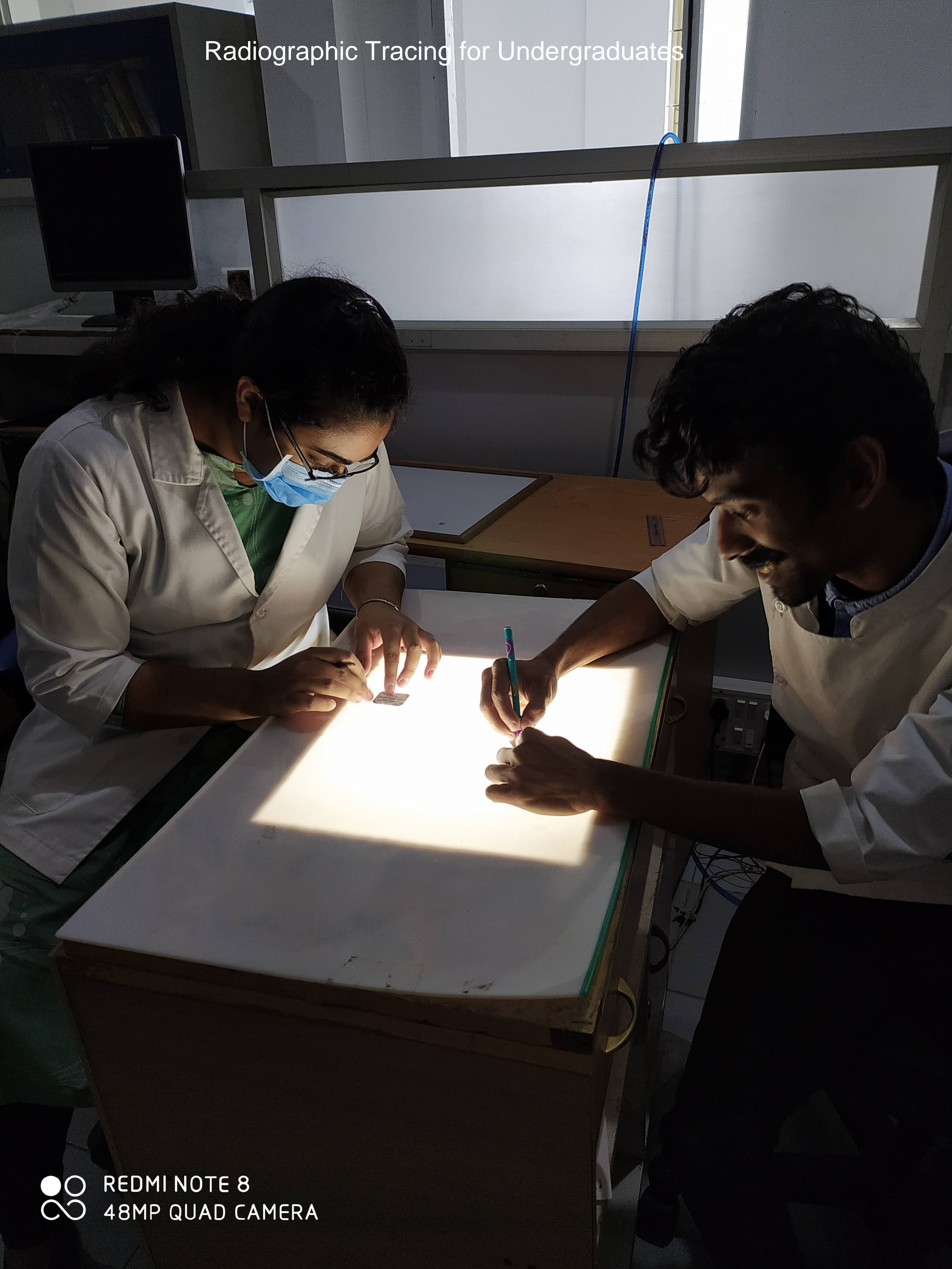


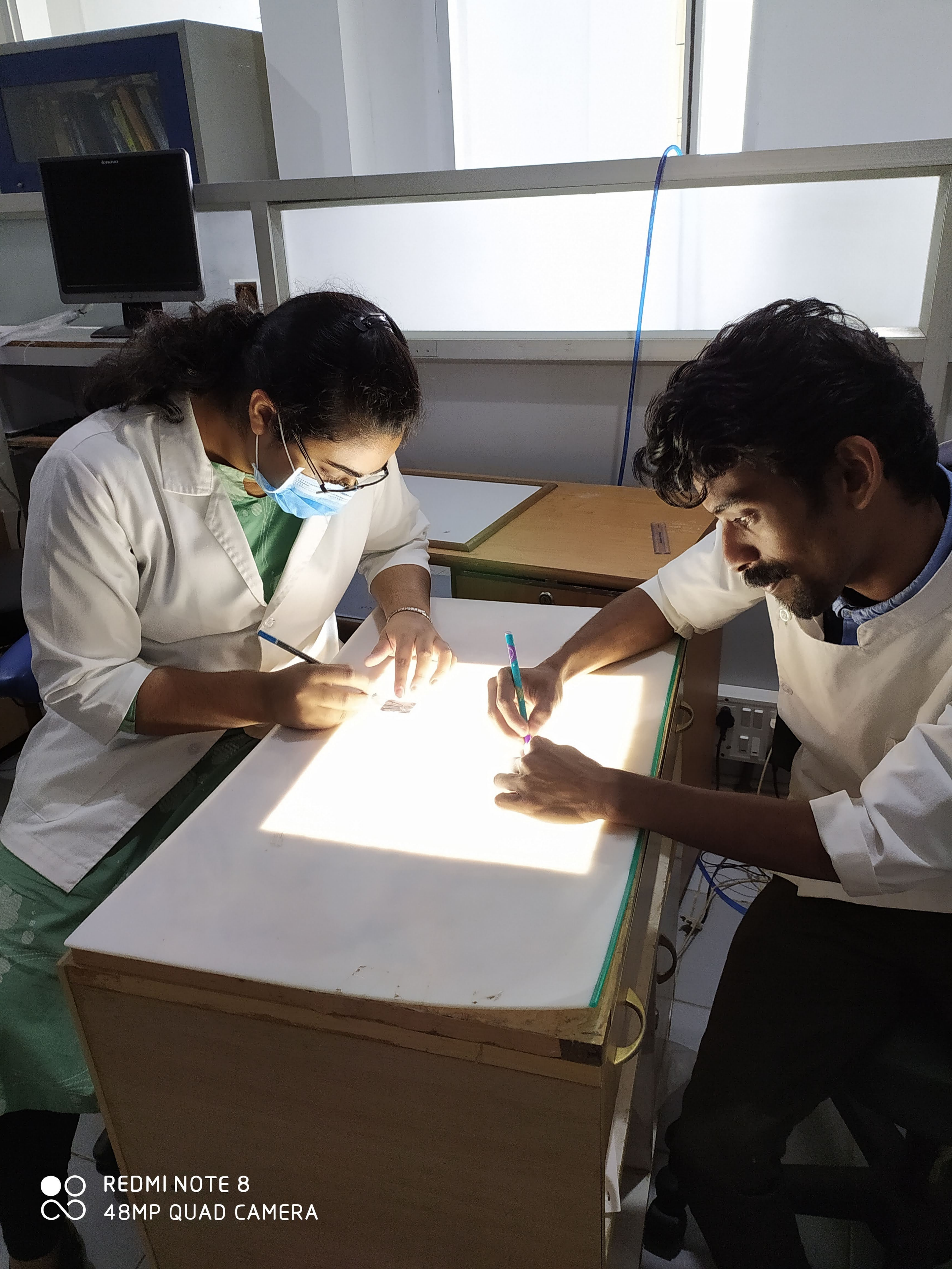
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**DEPARTMENT OF ORAL PATHOLOGY AND MICROBIOLOGY**

**CREATIVITY, ANALYTICAL AND INNOVATION : UNDERGRADUATES**

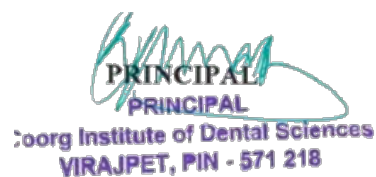
We at the department of Oral Pathology and Microbiology believe in the holistic development of the student and teaching beyond textbooks. The curriculum in the department is specially designed to involve creativity and innovation. The students of first year BDS, as a part of their curriculum involves carving of basic shapes and teeth to scale. Along with this , the students are also encouraged to carve some complex shapes and they are given individually to each student based on their creativity skills and hand. To further build on their creativity skills, the students are encouraged to make projects and models based on topics in the syllabus.

The students are also taught how to use a microscope and how to view histopathological slides in them. They are encouraged to analyse the slides and diagnose it, be it a histological or a pathological slides. The students are also further encouraged to build their analytical skills by diagnosing pathologies and identifying the age of the patient from dental casts and teeth specimen. To advance and rattle their minds, the students are also part of programmes beyond the curriculum such as problem based learning, evidence based dentistry, forensic odontology and the practical skills required as well as root canal anatomy. Regular case scenarios are also presented to them during class hours to help them better their skills.

The Students are encouraged to participate in various researches that are taken up by the department. They are given the freedom to select topics ranging from histopathology to forensic dentistry to microbiology and even immunology. They are guided at every step and even encouraged to innovate any new idea or technique they have discovered during the course of their research.



Head of Department  
Department of Oral Pathology and Microbiology



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## OCCLUSAL PLANE ORIENTOR

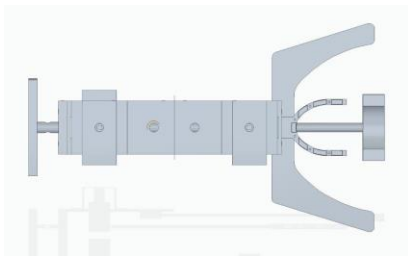
**Presented by** : Sushmitha.P and Shringa Amrutheshwary Nanaiah  
**Supervisor** : Dr. Mallikarjuna D M and Dr. Pallavi N T  
**College/University** : Coorg Institute of Dental Sciences, Virajpet



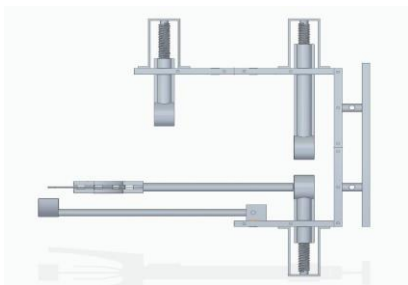
### ABSTRACT

For the success of complete denture prosthesis, arranging teeth in correct occlusal plane is pivotal. The orientation of occlusal plane forms the basis for teeth arrangement conducive to satisfactory aesthetics and proper function. Changes in the plane of occlusion modify the physical and functional relationship of the oral musculature leading to an alteration in the function, comfort and also aesthetic value. Dentists face the challenge of providing accord between function and aesthetics. The occlusal plane lost in the edentulous patients should be relocated if complete dentures are to be aesthetically and functionally satisfactory.

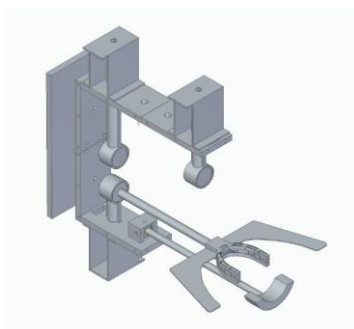
The GPT defines occlusal plane as 'the average plane established by incisal and occlusal surface of the teeth'. Considering the importance of accurate establishment of location and the effect of the inclination of the established occlusal plane on function, aesthetics and speech a method to confirm it to the occlusal plane that existed in the natural teeth seems necessary. This paper describes an instrument to check for the parallelism of ala-tragus line and inter-pupillary line with the occlusal plane by heating the intraoral part of the fox plane using an external heat source.




VIEW FROM ABOVE



FRONTAL VIEW



COMPLETE ASSEMBLY

  
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निर्गमन सं. 32/2019  
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DATE: 09/08/2019

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: NA

(61) Patent of Addition to Application Number

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Filing Date

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88B, Kodagu Coorg District, Virajpet Karnataka India

(72)Name of Inventor :

**1)Dr. SHANTHALA B M**


**2)SUNIL MUDDAIAH**

**3)ANUSHA JAYADEVAN**

(57) Abstract :

The invention relates to an oral hygiene composition comprising plant part(s) of Jatropha curcas. More particularly, the invention relates to an oral hygiene composition comprising extract of Jatropha curcasleaves very effective as antibacterial agent against carcinogenic microorganism streptococcus mutans.

No. of Pages : 9 No. of Claims : 8

  
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(39 OF 1970)

AND  
THE PATENT RULES, 2003  
**COMPLETE SPECIFICATION**  
(See section 10 and rule 13)

**"AN ORAL HYGIENE COMPOSITION COMPRISING PLANT PART(S) OF  
JATROPHA CURCAS"**

Name of Applicant	Nationality	Address
Dr. Shanthala B M	Indian	Coorg Institute of Dental Sciences, SH 88B, Kodagu Coorg District, Virajpet, Karnataka 571218 India

The following specification describes the invention and the manner in which it is to be performed:

  
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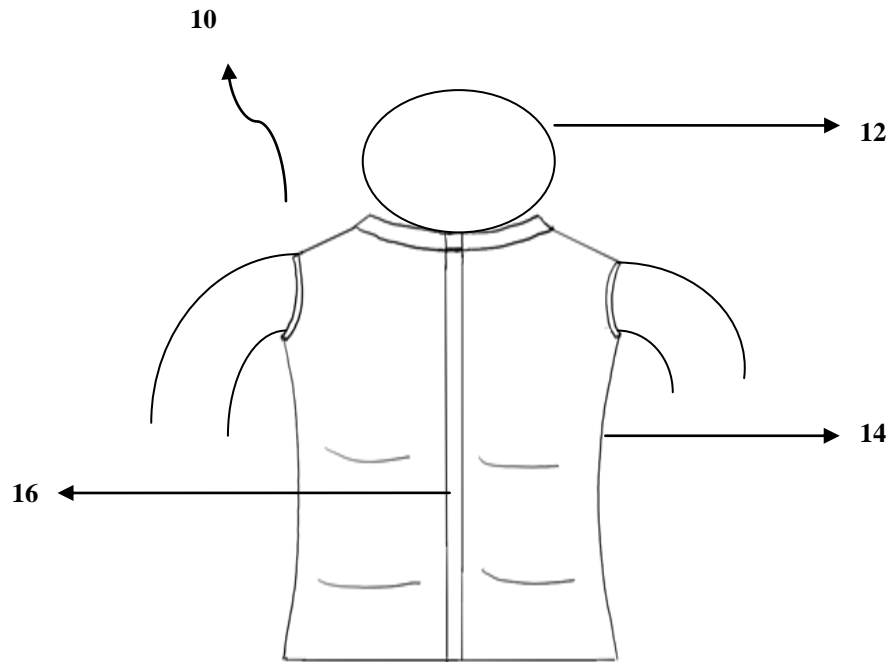



Figure 1

  
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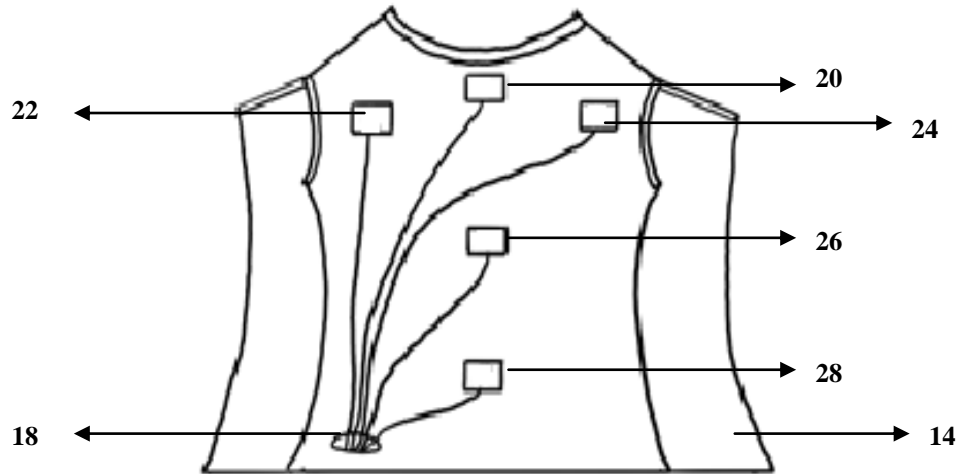

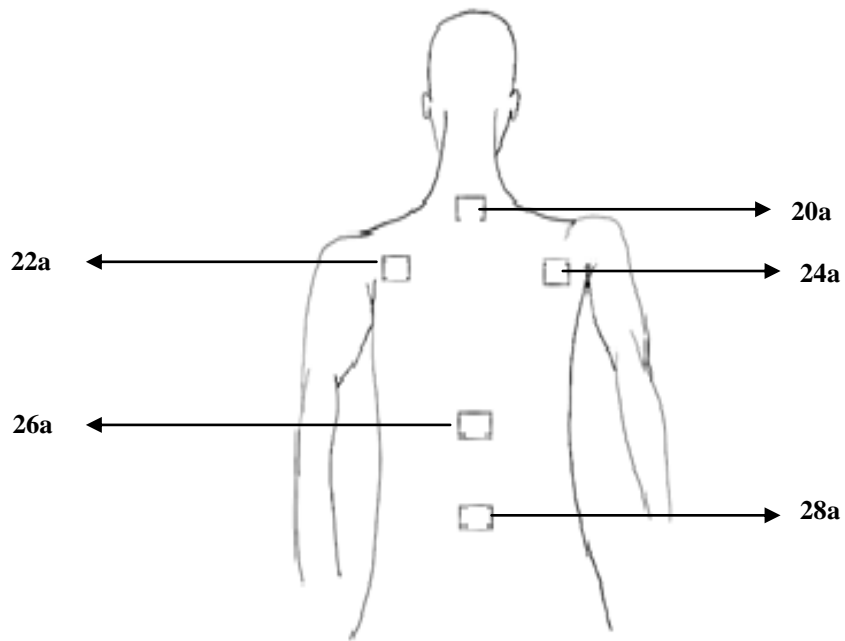


Figure 2a

  
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**Figure 2b**

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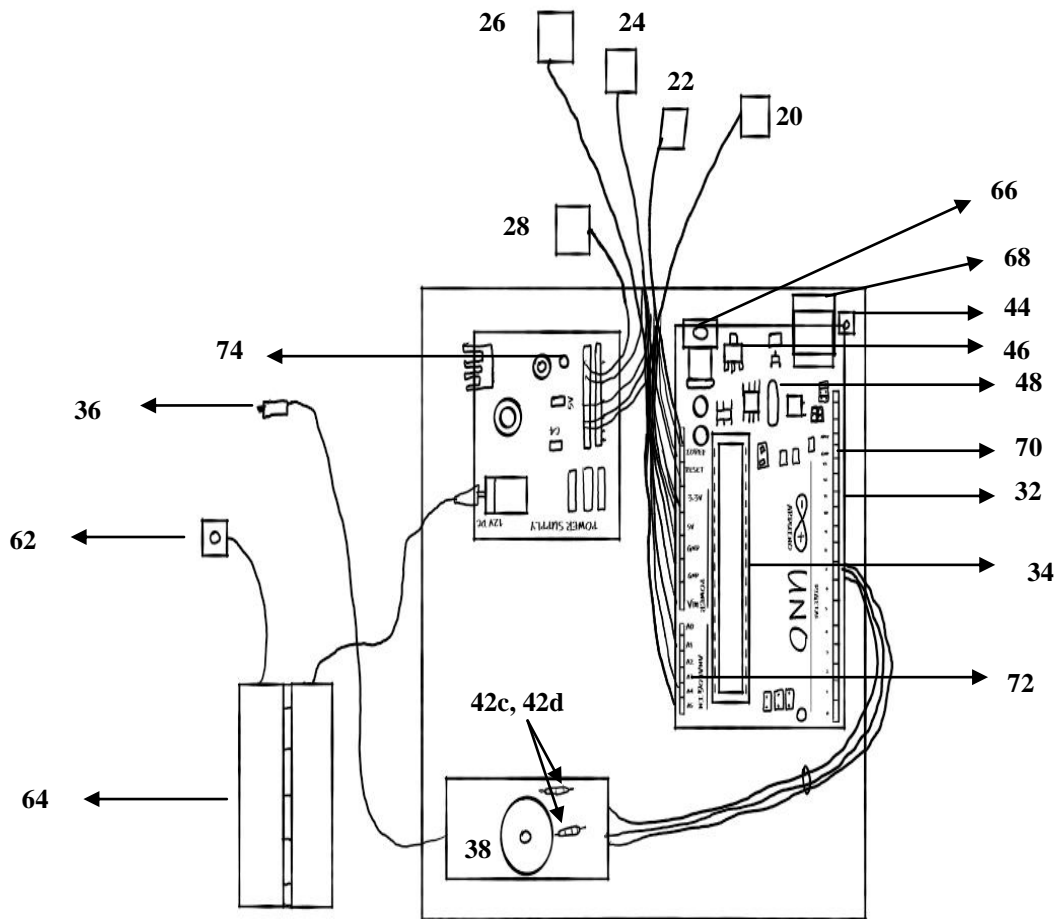



Figure 3

  
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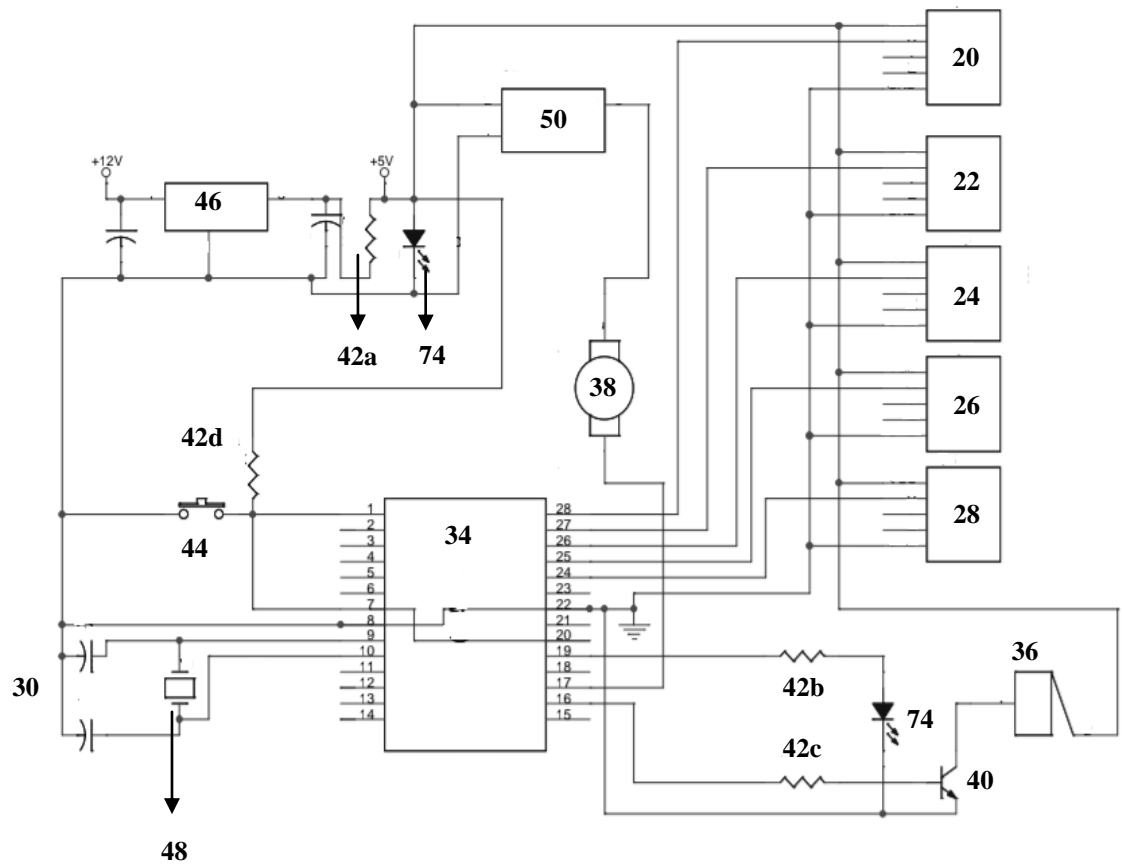



Figure 4

  
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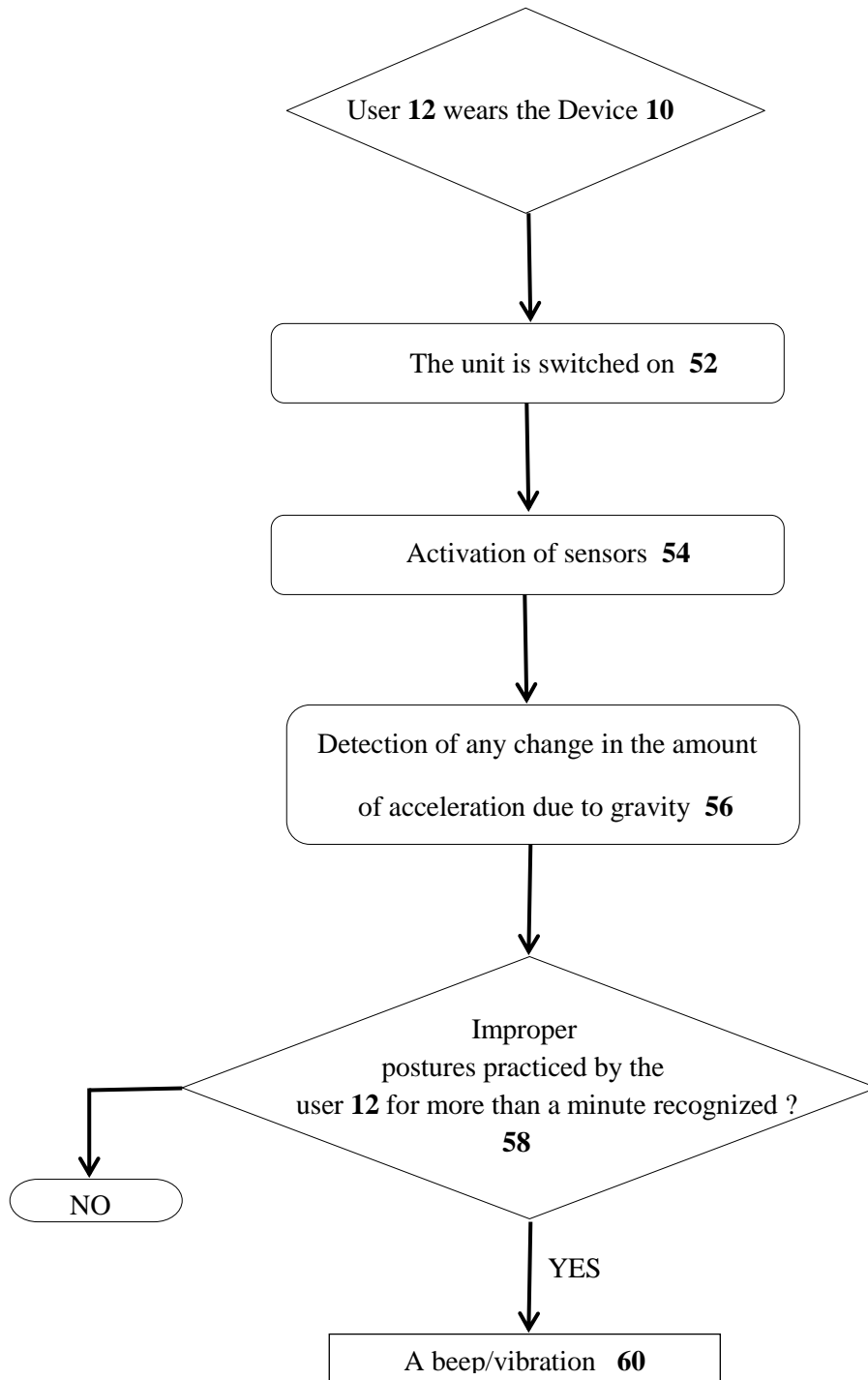



Figure 5

  
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## CASE REPORT

# An Innovative Space Regainer “Banded Helical Retractor” in Space Management: A Case Report

Shanthala B Mallikarjun<sup>1</sup>, Bobby Wilson<sup>2</sup>, Soumya Joppan<sup>3</sup>, Safeena Puthiyandi<sup>4</sup>, Minu Suresh<sup>5</sup>

### ABSTRACT

**Background:** The premature loss of the primary teeth after the eruption of first permanent molar can result in mesial shift of the first permanent molar. In such circumstances, we require space regainer. The “banded helical retractor” was designed to overcome some of the limitations of the conventional removable and fixed retainers.

**Aim and objectives:** This paper presents a case report with premature loss of second deciduous molar after the eruption of first permanent molar, and regaining the space loss by using innovative design “banded helical retractor”.

**Case description:** A 7-year-old patient with loss of space due to early exfoliation of 75 was given an innovative space regainer “banded helical retractor”.

**Results:** After 6-weeks followup, space was regained with uprighting of molars.

**Conclusion:** “Banded helical retractor” as a space regainer was effective in regaining the space in the short duration of time.

**Keywords:** Banded helical retractor, Premature loss, Space management.

*International Journal of Clinical Pediatric Dentistry* (2019): 10.5005/jp-journals-10005-1677

### INTRODUCTION

The goal of a pediatric dentist is to guide the developing occlusion, preventing any anticipated deviations and/or intercepting the developing malocclusion. Premature loss of any of the primary molars can lead to the development of occlusal discrepancies and malocclusion in the permanent dentition. The consequence of the early and untimely loss of second deciduous molar in the lower arch is the mesial shifting of the first permanent molar, leading to space loss and inadequate arch length.<sup>1</sup>

All removable appliances used for distalizing the molars are limited in effectiveness by the degree of cooperation of the child patient, adequate stability, and anchorage of the appliance.<sup>2</sup>

When fixed appliances with open coil springs are used to reposition the first permanent molars, there will be reciprocal force exerted to the teeth and the supporting tissue anterior to the space, resulting in undesirable flaring of the anterior teeth.<sup>3</sup>

Thus, in the innovative designing of the spring “banded helical retractor,” a fixed space regainer was considered to achieve the effects of spring design in mandibular arch to distalize the first permanent molars.

Planning the design and layout of a spring entails selecting a point of attachment so that the free-end sweeps along the intended line of movement of the tooth; further details are to ensure an optimum combination of length, number of coils, thickness, shape of the spring, and provision for guarding and guiding the spring over its range of activity. The length and thickness of a spring must be decided with regard to the space available.<sup>1</sup>

This case report explains the need of timely intervention to regain the space loss in the mandibular arch owing to premature loss of second primary molar.

### CASE DESCRIPTION

A female child patient aged 7 years was reported to the Department of Pedodontics and Preventive Dentistry with a complaint of missing

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<sup>4</sup>Department of Pedodontics, Coorg Institute of Dental Sciences, Virajpet, Karnataka, India

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**Source of support:** Nil

**Conflict of interest:** None

tooth in the left back tooth region for 6 months. Clinical examination revealed prematurely missing 75 (Fig. 1). The history revealed that the tooth was extracted owing to gross decay.

Arch space analysis revealed a space discrepancy of 2.5 mm.

An Orthopantomogram (OPG) revealed 3 mm amount of bone covering, developing 35 and mesially inclined 36 (Fig. 2).

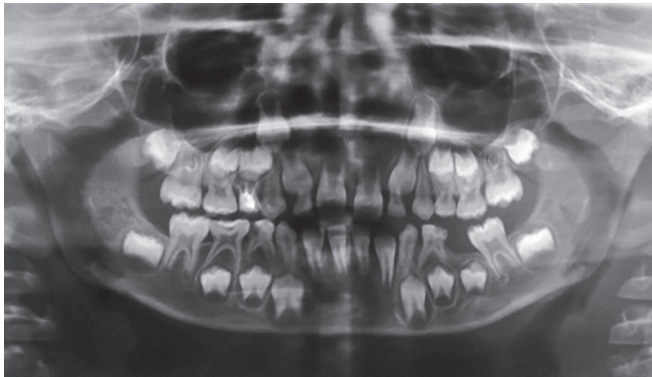


**Fig. 1:** Clinically missing 75 and mesially shifted permanent molars

The decision of fixed banded helical space regainer was made.

### Fabrication of the Innovative Appliance

- Banding of the first permanent molar and first deciduous molar was done.
- Molar tube was welded lingually to molar band.
- Wire component was fabricated using 19-gauge wire with helix 3 mm in diameter and active arm of 10 mm was placed across the mesial surface of the first molar and it was engaged into molar tube on the molar band (lingual). The 10 mm of active arm was measured by calculating the space from distal to helix to the end of the molar tube lingually. The measurements of helix, active arm, and the wire were considered to achieve an effective pressure of the appliance on the tooth. The retentive arm of the wire component was soldered lingually to the deciduous molar band (Fig. 3). The additional space of 2.5 mm was included for the aligning of the first molar and the retentive arm was given to avoid the discomfort to the patient by preventing soft tissue laceration.
- The finishing and polishing of the appliance was done and cemented after activation using GIC luting cements (Fig. 4). Activation was done by opening the coil in the spring to allow the force to be transmitted onto the first permanent molar.



**Fig. 2:** Orthopantomogram reveals the space discrepancy of 2.5 mm with mesial inclination

### Follow-up

The patient was recalled weekly for the followup, within 4 weeks, the required space was regained (Figs 5 and 6). This was further confirmed with OPG (Fig. 7). The appliance was maintained for 2 weeks, after which the lingual arch holding space maintainer was given (Fig. 8).

### DISCUSSION

The eruptive forces of the permanent first molars tend to shift mesially, if the guiding planes of the distal surface of the mandibular second molar distal roots are prematurely missing.<sup>4,5</sup> Orthodontically to regain the lost space due to premature exfoliation of primary molars and to achieve stable intercuspation of the molars by flattening the excess curve of spee would be challenging.<sup>6</sup>

Space maintenance after premature extraction of primary teeth is a key to guide the growth of healthy occlusion. The space maintenance involves either passive occlusal guidance or active occlusal guidance. Passive occlusal guidance involves the use of space maintainers, while active occlusal guidance involves space regaining, that is when an abnormality in the dimensional changes in the arches are detected to implement treatment of regaining the space lost due to premature extraction.<sup>2</sup> Mandibular first permanent molar suffer mesial inclination more than maxillary first permanent molar.<sup>5</sup>

In the present case, an innovative space regainer “banded helical retractor” designed regained the space loss at the shortest possible duration of time and the same appliance served as a passive appliance after the desired position of the molars was obtained.

The factors that were considered in designing the appliance were: patient compliance, ease to fabricate, effectiveness (force of action), shorter duration of appliance wear, and also serve as passive appliance after the alignment of molars.

Patient compliance for the appliance was good. This appliance was easy to fabricate. The anchorage for the appliance was achieved by soldering retentive arm of the springs to the bands of deciduous molars.

The ratio of 1:3 was considered to achieve the effectiveness of the appliance explained by Adams, that the effectiveness can be achieved by the short range of action of the active arm in the available space.<sup>1</sup>



**Figs 3A and B:** (A) Retentive arm soldered to 74 band with the spring of helix 3 mm and active arm of 10 mm; (B) Innovative space regainer ‘banded helical retractor’



Fig. 4: Cementation of banded helical retractor



Fig. 5: Follow-up of appliance after 4 weeks



Fig. 6: Post removal of appliance



Fig. 7: Post-OPG reveals space achieved and uprighting of molars



Fig. 8: Follow-up with lingual arch holding space maintainer

This design also served as the passive/retentive appliance after the desired action from the spring was achieved.

## CONCLUSION

Innovative space regainer “banded helical retractor” was effective, easy to fabricate, and showed good patient compliance.

The limitation of the appliance was its activation before cementation and can be used in space loss less than 3 mm.

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