

MAHATMA GANDHI DENTAL COLLEGE

HOSPITAL, JAIPUR

(MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES AND TECHNOLOGY, JAIPUR - NAAC A+ Accredited)

No. MGDCH/CDE/DCR/2025/07

Date: 19/04/2025

32nd DENTAL COMBINED ROUND (DCR)

"Root to Success: Endodontic Choices for Immature Teeth."

Department of Conservative Dentistry and Endodontics

Speakers

Dr. Anshum Jain PG Resident (III) Dept. of Conservative Dentistry and Endodontics

Dr. Ruchi Chandak PG Resident (III) · Dept. of Conservative Dentistry and Endodontics

Under the Guidance of

Dr. Deepak Raisingani Prof. and Head Dept. of Conservative Dentistry and Endodontics

Dr. Ashwini B Prasad Professor Dept. of Conservative Dentistry and Endodontics

Moderator

Dr. Charu Thanvi Reader Dept. of Conservative Dentistry and Endodontics

> Chairperson Dr. M. L. Swarankar **Emeritus Chairperson MGUMST**

Wednesday, April 23rd 2025, at 02.00pm-03.00pm Venue: LT-1, MGDCH

All HODs, Faculty members and Residents of Mahatma Gandhi Dental College and Hospital, Jaipur must attend the DCR in LT-1 at 2.00 pm sharp. The 33nd DCR will be conducted on 07th May, 2025 by Dept. of Pediatric and Preventive Dentistry.

Dr. Achal Gulati President cum Vice Chancellor MGUMST

Dr. V. K. Kapoor Pro. Vice Chancellor MGUMST

Dr. Narendra Padiyar U. Principal & Dean

Dr. Anshuman Jamdade Professor and Head Dept of Oral Medicine & Radiology, Convenor, DCR

Copy to-

- PS to the Chairperson, MGUMST
- PS to the President, MGUMST

- PS to the Pro-President, MGUMST
 Principal & Controller, MGMC&H
 Principal & Controller, MGDC&H
 Principal Adviser to Chairperson, MGUMST
 Director, Hospital Administration, M.G.H.

- Medical Superintendent, MGH
 Heads of the Departments-M.G. Dental College
 Director, IOAC, MGUMST
- 11. Co-Ordinator, IQAC, MGDCH
- 12. Ve Media Centre
- 13. Office copy

Dr. Deepak Raisingani



Mahatma Gandhi Dental College & Hospital (A UNIT OF MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES & TECHNOLOGY)

(A UNIT OF MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES & TECHNOLOGY)
RIICO Institutional Area, Sitapura, JAIPUR –302022
Phone: 2770300 (Ext. 201 Dental Colleges), Fax: 2770326



Event Report

^{32nd} DENTAL COMBINED ROUND (DCR)

Root to Success: Endodontic Choices for Immature Teeth

DATE: 23/04/2025

| No. | Event report |
|-----|---|
| 1. | Name and level of event |
| | DCR-Root to Success: Endodontic Choices for Immature Teeth |
| 2. | Background /Introduction |
| | Department of Conservative Dentistry and Endodontics conducted a DCR on "Root to |
| | Success: Endodontic Choices for Immature Teeth" at Mahatma Gandhi Dental College and |
| | Hospital, Jaipur and was presented by Dr Ruchi Chandak (Final year PG Resident) and Dr |
| | Anshum Jain (Final year PG Resident). The event was moderated by Dr. Charu Thanvi |
| | (Reader) and Dr. V K Kapoor(Pro Vice Chancellor), Dr. Deepak Raisingani (Additional |
| | Principal and Head of Department) was on Expert Panel. |
| 3. | Venue |
| | LT-1 MGDCH |
| 4. | Speaker |
| | Dr. Ruchi Chandak (Final year PG Resident) and Dr. Anshum Jain (Final year PG Resident) |
| 5. | Participants and Delegates |
| | All Head of Departments, Faculty, PG Residents of MGDC |
| 6. | Highlights |
| | The event was distinguished by the presentation and discussion of two case reports |
| | focusing on the management of immature permanent teeth with pulpal necrosis. Both |
| | cases involved the successful use of apexification as a treatment modality, resulting in |
| | root end closure and periapical healing. The presentations highlighted not only the |
| | clinical procedures but also the various challenges encountered during treatment, such as |
| | difficulty in achieving an apical barrier, patient compliance, and material handling. The |
| | session ended with an interactive discussion. |

Dr. Deepak RaisIngeni Head of Depertment Conservative Demanty & Endudonties Manatina Candis Dantal Callege & Hospite Streppica, Jassing

7. **Geotagged Photographs**











Der Jah.

Dr. Deepak Raisingani

Head of the Department

Department of Conservative Dentistry and Endodontics

Dr. Deepak Raisingani
Head of Department
Conservative Dentistry & Erchadontics
Mahatma Gardin Dental Cullenge & Hospital
Culture Jacus;

Presentation

32nd Dental Combined Round



Root to Success: Endodontic Choices for Immature Teeth

Presenters:

Dr Anshum Jain 3rd Year Resident

Department of Conservative Dentistry and Endodontics

Dr Ruchi Chandak

3rd Year Resident Department of Co and Endodontics

Under Guidance:

Dr. Deepak Raisingani Head of the Department Department of Conservative Dentistry and Endodontics

Dr. Ashwini B. Prasad Professor Department of Conservative Dentistry and Endodontics

Dr. Charu Thanvi (Moderator) Reader

Department of Conservative Dentistry and Endodontics

"Just as every child is a unique individual, every tooth has its own character-responding differently to trauma and requiring a tailored approach to treatment."





Root to Success: Endodontic Choices for

Immature Teeth

CHIEF COMPLAINT



Patient complains of discolouration of upper front tooth.



PAST MEDICAL HISTORY



- No previous hospital admission.
- No history of systemic medication.
- No history of drug allergy.

PAST DENTAL HISTORY

No relevant history

CASE HISTORY



GENERAL INFORMATION

- Age- 25yrs
- · Gender- Male
- · Address-Jagatpura, Jaipur
- · Occupation- Student

HISTORY OF PRESENT ILLNESS



- · History of trauma in the upper front tooth region in childhood (while playing football).
- · Yellowish discoloration was seen over a period of time.
- No history of loss of consciousness, nausea, vomiting and ENT bleeding.
- · Patient had no history of swelling or pus discharge.

PERSONAL HISTORY



- Marital Status: Unmarried
- Socioeconomic Status: Middle socioeconomic status.
- Family History: No relevant history
- The patient brush his teeth twice daily with soft-bristle toothbrush with toothpaste (fluoridated).

GENERAL PHYSICAL EXAMINATION



CLINICAL EXAMINATION



Soft Tissue Examination

· Patient was conscious, oriented and responsive when presented to the department.

Physiological vitals

■ B.P: 110/80 mmHg · Pulse Rate: 80 bpm

· Respiratory rate: 20 Breaths/min

■ Temperature: Afebrile

Extra Oral Examination

■ Lips : Competent

No Abnormality : Nose, Cheek, Eyes

Intra oral examination

No Abnormality: Labial, Buccal Mucosa and Vestibule

• No Abnormality: Tongue ,Floor of the Mouth and Palate

CLINICAL EXAMINATION



Hard Tissue Examination

· Yellowish brown discoloration seen in permanent maxillary left central incisor (#21)

| Tooth no. | vitality | TOP | |
|--|----------|-----|--|
| Maxillary Right Central Incisor (#11) | +ve | -ve | |
| Maxillary Left Central | -ve | +ve | |



RADIOGRAPHIC EXAMINATION



• Immature tooth with wide open apex having thin dentinal walls at the apical region

· Radiolucency in the periapical area i.r.t Maxillary left central incisor (#21) with the dimensions (3.5 x 2.5 mm).



CASE SUMMARY



A 25-year-old male patient reported with discoloration of the upper central incisor that was tender on percussion with blunderbuss canal and periapical radiolucency.





DIAGNOSIS



Trauma induced Immature tooth with blunderbuss canal i.r.t Maxillary Left Central Incisor (#21)

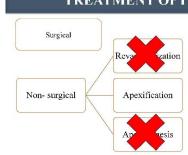


What could be the Treatment Options?



TREATMENT OPTIONS





Dr. Deepak Raisingani

TREATMENT PLAN



Treatment i.r.t maxillary left central incisor (#21)



MANAGEMENT



Root Canal Therapy i.r.t #21

- Endodontic access opening was done under local anesthesia.
- · Working length determined.
- Biomechanical preparation was done upto #50 K file.



Working length 21

- · Calcium hydroxide was placed in the root canal, and patient was recalled after 2 weeks.
- An apical barrier of 3–4 mm was placed in the canal with MTA carrier and condensed with hand plugger.







MTA Plug formation





- Patient was recalled next day; MTA set was confirmed
- Canals were obturated using roll cone technique and access sealed with composite
- Final prosthesis was given i.r.t. 21 and patient scheduled for follow-up.



Obturation

MANAGEMENT...



MTA Apexification with Roll Cone Technique

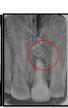












Pre - op

Working length

MTA Plug

Master cone 3-D Scaling

9 months follow up with coronal prosthesis

Dr. Deepak Raisingeni
Head of Department
Conservative Denistry & Endudenties
Mahatna Gandta Dantal Cullege & Hospital
Glasbyra, Jacob





CASE HISTORY



GENERAL INFORMATION

- Age- 15yrs
- Gender- Female
- Address- Bharatpur, Rajasthan
- Occupation-Student

CHIEF COMPLAINT



Presents with a chief complaint of pain in the lower right back tooth for the past three days.



HISTORY OF PRESENT ILLNESS



- · Patient reports dull, lingering pain that aggravated on chewing.
- There was no history of pus discharge, fever, or systemic illness.

PAST MEDICAL HISTORY



- Patient took over-the-counter analgesic for pain relief.
- No H/O of drug allergy
- No H/O alcohol consumption and substance abuse.

PAST DENTAL HISTORY



- · Patient got her treatment done for that tooth two months ago.
- Brushing habit: Twice a day with soft bristle toothbrush using toothpaste (Fluoridated).
- No H/O Parafunctional habits- clenching, bruxism.
- No H/O Tobacco consumption.

PERSONAL HISTORY



- Marital status : Unmarried
- Socioeconomic status : Middle socioeconomic status.
- · Family history: No relevant history

GENERAL PHYSICAL EXAMINATION



- Patient was conscious, oriented and responsive when presented to the department.
- Physiologically normal vitals
- ➤ B.P: 130/80 mmHg
- Pulse Rate: 80 bpm
- ➤ Respiratory rate: 20 cycles/min
- > Temperature: Afebrile

Dr. Despak Raisingani
Head of Department
Conservative Demistry & Enduantic
Mahatma Gandha Dental College & Hospi
Mahatma Gandha Dental College & Hospi

CLINICAL EXAMINATION



Soft Tissue Examination

Extra oral examination

- · Lips: Competent
- No Abnormality : Nose, Cheek, Eyes

Intra oral examination

- No Abnormality: Labial, Buccal Mucosa and Vestibule
- No Abnormality: Tongue ,Floor of the Mouth and Palate

RADIOGRAPHIC EXAMINATION



In relation to Mandibular Right Second Premolar (#45):

- · Previously initiated root canal therapy
- Wide canal with thin dentinal walls
- Open apex present

premolar (#45)

• Periapical radiolucent lesion (3.5mm x 3mm)



CLINICAL EXAMINATION....



Hard Tissue Examination

In relation to Mandibular Right Second Premolar (#45):

- · Temporary restoration present
- No mobility
- Tenderness on percussion



CASE SUMMARY





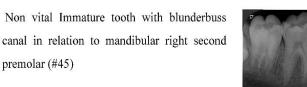
A 15-year-old female with pain in the lower right back tooth with radiographic findings of an immature tooth with periapical lesion.

DIAGNOSIS



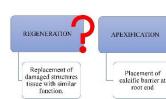
TREATMENT OPTIONS











TREATMENT PLANNING



Achieving Disinfection of Canal

Placement of Intracanal Medicament

Placement of Biomaterial and 3-D Sealing

Rehabilitation with Coronal Prosthesis

MANAGEMENT





Disinfection of canal with mechanical instrumentation(upto #50-K file) and judicious irrigation with 2.5% NaOCl and saline.



Paste)was placed and the canal was sealed with provisional restoration (GIC) for 21 days.

Dr. Deepak Raisingani

MANAGEMENT...



SECOND VISIT

Re-evaluation (After 21 Days)

- Temporary restoration was removed and the canal was re-accessed followed by thorough irrigation and dried using sterile paper points.
- Metapex dressing placed (premixed Calcium Hydroxide with Iodoform paste) into the canal and access was sealed with GIC.



MANAGEMENT...



12-Month Follow-Up:

 Radiographic examination showed continued root-end development with apical closure, resembling an apexogenesis-like outcome.



12 Months Follow Up



3 Months Follow Up

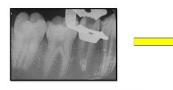
MANAGEMENT...











Master cone



A 3 4 mm MTA plug was placed at the apex.



MANAGEMENT...





DISCUSSION

WHAT IS OPEN APEX?



Due to trauma or carious exposure, the pulp undergoes necrosis, resulting in the cessation of dentin formation and the arrest of root growth. The resulting immature root exhibits a very large apical opening, a condition known as an open apex, which was previously referred to as a blunderbuss canal

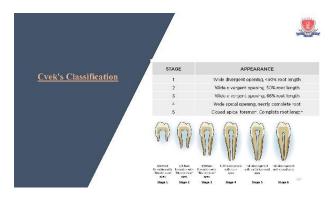
-Thomas R.Pittford (1989)

NON BLUNDERBUSS





Dr. Deepak RaisIngani Head of Department Head of Department Conservative Demistry & Endudontica Mahatma Gandra Dental College & Hospital Spitespore, Japan



TREATMENT CHOICES FOR IMMATURE TEETH PULP EXPOSURE (CARIES / TRAUMA) APEXIFICATION (root end closure- calcific barrier) APEXOGENESIS (root end closure-regeneration) BIODENTINE MTA

CHALLENGES IN ENDODONTIC TREATMENT



- · Accurate Working Length Determination is difficult due to the absence of a natural apical stop.
- Apex Locators often show beyond-apex readings.
- WL is kept 1-2 mm short of the radiographic apex to prevent overextension.



Ingle's Endodontics. 7th ed.

CHALLENGES IN ENDODONTIC TREATMENT.....



- Wide apex makes it hard to confine obturation material.
- A 3-4 mm MTA apical barrier is ideal for creating an artificial apical stop allowing controlled obturation using techniques like warm vertical compaction or the roll cone
- . However, in open apex cases, the dentinal walls are thin, increasing the risk of root fracture. So, minimal compaction force is needed during filling to avoid damage











INDICATIONS FOR APEXIFICATION

Blunderbuss



Presence of periapical radiolucency or chronic apical periodontitis in immature teeth.

CHALLENGES IN ENDODONTIC TREATMENT.....



- Immature roots have fragile dentin prone to fracture.
 Therefore, Minimal mechanical shaping is emphasized to preserve dentin integrity.
- K-files are preferred in fragile canal as they are less
- Use a side-vented needle 1-2 mm short of Working length with slow, controlled irrigation using 1.5–3% NaOCI, followed by saline to prevent periapical extrusion.



Inale's Endodontics. 7th ed.

APEXIFICATION

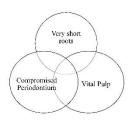


Frank's criteria for apexification

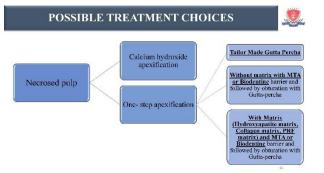
- Apex is closed, through minimum recession of the canal.
- Apex is closed with no change in root space.
- Radiographically apparent calcific bridge at the apex.
- There is no radiographic evidence of apical closure but upon clinical instrumentation there is definite stop at the apex, indicating calcific repair.

CONTRAINDICATIONS





Dr. Deepak Raisingeni
Head of Department
Conservative Denistry & Endudenties
Mahatina Gandta Dantal Cullege & Hospital
Glasbura, Jacob



ROLE OF ANTIBIOTIC PASTE



- The success of Apexification relies on effective canal disinfection.
- Triple antibiotic paste (TAP) is commonly used as an alternative to calcium hydroxide.
- TAP is prepared by mixing 1 mg each of ciprofloxacin, metronidazole, and minocycline (1:1:1) in 3 mL of sterile water or saline to achieve 1.0 mg/mL concentration, and is applied below the cementocnamel junction (CEJ) to prevent coronal staining.

| Agent | Description |
|-----------------------------------|---|
| Triple antibiotic paste ('3 mix') | Ciprofloxacin, metronidazole, minocycline (1:1:1) in a macrogol/propylene glycol vohicle |
| Modified triple antibiotic paste | Ciprofloxacin, metronidazole cefaclor |
| Double antibiotic paste | Ciprofloxacin, metronidazole |
| | |

INTRACANAL MEDICAMENT



- Calcium hydroxide (pH 12.5–12.8) is an effective intracanal medicament that disrupts bacterial metabolism by releasing calcium and hydroxyl ions, damaging cell membranes and DNA, inhibiting growth and division.
- Stimulates apical hard tissue formation by activating alkaline phosphatase and promoting mineralization.



MATERIAL USED

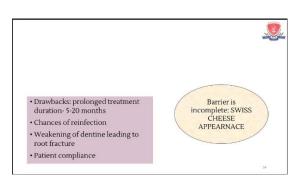


- Calcium hydroxide
- Mineral trioxide aggregate (MTA)
- Biodentine
- · Resorbable Tricalcium phosphate
- · Collagen calcium phosphate
- Bone morphogenic proteins



(m)

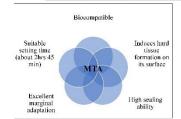
58



MTA or BIODENTINE-THE RIGHT CHOICE OR NOT?



Current gold standard is to create an apical plug





MTA has the ability to induce the cementum-like hard tissue when used adjacent to the periradicular tissue.

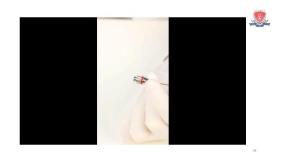


Disadvantages:

Difficult to manipulate

Expensive





Dr. Deepak Raisingani
Head of Department
Conservative Denistry & Encludenties
Mahatma Gandis Osafa College & Hospial
Bissoura Jacoby

BIODENTINE CAN BE USED AS AN EFFECTIVE ALTERNATIVE TREATMENT MODALITY TO MTA



- · Biodentin is a calcium-silicate based material .
- Specifically designed as a "dentine replacement" material.
- · Biodentine offers several advantages including high biocompatibility, excellent sealing ability and fast setting time (around 12 minutes).



TAKE HOME MESSAGE



> Apexilication remains a reliable and conservative treatment option in cases of open apex. With advancements in materials like MTA, clinicians can achieve predictable results, maintain tooth integrity, and avoid invasive alternatives like extraction and implants especially important in younger patients.

Outcomes of apexification in immature traumatised necrotic teeth and risk factors for premature tooth loss: A 20-year longitudinal study

The median survival time was 10 years for calcium hydroxide apexification and 16 years for MTA-apexification

DOI: 10.14260/jemds/2014/2004

CASE REPORT

TREATMENT OF BLUNDER BUSS CANAL: A CASE REPORT Dileep Soni¹, Deepak Raisingani², Rachit Mathur³, Neha Mehta⁴, Ritu Mee





CONCLUSION



> This case report demonstrates the successful outcome of apexification procedure in promoting root end closure and periapical healing in an immature permanent tooth with pulpal necrosis, highlighting its importance as a viable treatment option in similar clinical scenarios.

Apexification Outcomes in the United States: A Retrospective Cohort Study

The survival rates of apexification The survival rates of apextification procedures were 95% at 1 year; 93% at 2 years, 90% at 3 years; and 86% at 5 years. Tooth retention following apexification was 98% at 1 year; 96% at 2 years; 95% at 3 years; and 90% at 5 years.

International Journal of Contemporary Pediatrics Singual P et al. Int J Contemp Fediatr. 2023 Apr. 1641-593-598 http://www.ipodiatrics.com

#ISSN 2349-3293 eliSSN 2349-3291



Case Report

DOE https://dx.doi.org/10.18209/2349-3291.jcp30230746

Ignorance: the root of misfortune. Early childhood dental trauma to upper central incisor- consequences and its management-a case report

Pragya Singhal*, Prachi Mital, Deepak Raisingani, Ashwini B. Prasad

Department of Conservative Dentistry and Endocomics, Mahatma Gandhi Dental College and Hospital, Juipur, Rujasthan, India



Acknowledgement



Respected

- Dr. M. L. Swarankar Sir (Emeritus Chairperson MGUMST)
- Dr Vikas Swarnkar Sir (Chairperson-cum-Chancellor, MGUMST)
- Dr. Achal Gulati (President and Vice Chancellor)
- Dr. V. K. Kapoor (Pro-Vice Chancellor)
- Dr. Sudhir Sachdeva (Chief Advisor)
- Dr. Narendra Padiyar U.(Principal & Dean) Dr. Deepak Raisingani (Additional Principal)
- Dr. Anshuman Jamdade (Convenor, DCR)
- · Heads of the Departments
- · Faculty members and Post graduate students

Dr. Deepak Raisingani
Head of Department
Conservative Dentiarty & Endudantics
Mahatma Gandta Dantal Callege & Hospital
Glassipra, Japan





Antiki
Comparison of MTA versus Biodentine in Apexification
Procedure for Nonvital Immature First Permanent Molars:
A Randomized Clinical Trial

Both MTA and Biodentine are effective materials for apexification, with Biodentine showing advantages in terms of faster setting time, improved handling properties, and enhanced fracture resistance. The thickness of the apical plug plays a crucial role in the sealing ability and overall success of the treatment. While Biodentine demonstrates promising results, the choice between MTA and Biodentine should be based on specific clinical scenarios, operator preference, and material availability

Dr. Deepak Raisingani
Head of Department
Conservative Denistry & Endudonties
Mahatina Garbaya Dantal Callege & Hospias
Grapura Jacobi



Mahatma Gandhi Dental College & Hospital MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES & TECHNOLOGY, JAIPUR (Sponsoring Body: India Education Trust) RICO Institution of the Control of t

(Sponsoring Body : India Education Trust)
RIICO Institutional Area, Sitapura, Tonk Road, JAIPUR - 302 022 (Raj.) INDIA
Phone : 0141-2770300, 3292139 • Fax : 0141-2770326
email : principal dentol@mgumst.org

Date:

23/04/2025

32nd DENTAL COMBINED ROUND (DCR)

"Root to Success: Endodontic Choices for Immature Teeth."

Presenting Dept.: Conservative Dentistry and Endodontics

Staff Attendance Sheet

| S.NO. | NAME | DESIGNATION | SIGNATURE |
|-------|-----------------------|--|-----------|
| • | | | |
| • | Dr. V. K. Kapoor | | Var |
| • | Dr Narendra Padiyar U | Principal and Dean, Professor and Head, Dept of Prosthodontics and Crown and Bridge | |
| • | Dr Deepak Raisingani | Professor and Head, Dept of Conservative Dentistry & Endodontics | Depot |
| • | Dr Sumanth Prasad | Professor and Head, Department of Public Health Dentistry | dh |
| • | Dr Anshuman Jamdade | Professor and Head, Department Oral medicine and Radiology | And. |
| • | Dr Anant Nigam | Professor and Head, Department of Pediatric & Preventive dentistry | |
| • | Dr Kamal Bajaj | Professor and Head, Department of Orthodontics & Dentofacial Orthopedics | he |

Dr. Deepak Raisingani Head of Department heervative Dentistry & Endudont

| | Dr Ashish Yadav | Professor and Head, Department of periodontology | - Nodon |
|---|----------------------|---|--|
| • | Dr Vikas K. Singh | Professor and Head, | 14 |
| • | Dr Manish Jain | Department Oral & maxillofacial surgery Professor and Head, Department of Oral Pathology & Microbiology | |
| • | Dr. Mridula Trelan | Prof. Orthodontics | midule 23/4/25 |
| • | Dr. Ashuini Pra | | The second secon |
| _ | Dr. Nivedita Sain | In hotwer . Cons I finds | New |
| • | Or. Harshit | | Mardon |
| | Dr. Dileep Soni | prof. of Con 2 Endo | Rilundo: |
| | D. Amit | ons | Bus |
| | Dr. Garrey Thami | Leader, onits | Stockour! |
| | Dr Sonal Singh | Serial Lecture, Perio | Sovel |
| | Di Reema Shoem | Reader Pedodonbes | Kenne |
| | De lovely sheet | Si lectura | adu |
| | Dr. Land Waterlivair | 84. Lectura. | list |
| | A Elia | Ing. outh | of. |
| | D4. Shilps | Reader Graffaly | luga. |
| • | 1 | | |
| | | | |
| | | | |
| | | | 100 |

2

Dr. Despak Raisingani
Head of Department
Conservative Denistry & Endudoties
Mahatina Garden Denial Callege & Hospias
Steapura Jackir



Mahatma Gandhi Dental College & Hospital MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES & TECHNOLOGY, JAIPUR (Sponsoring Body: India Education Trust) RIICO Institutional Area, Sitapura, Tonk Road, JAIPUR · 302 022 (Raj.) INDIA Phone: 0141-2770300, 3292139 • Fax: 0141-2770326 email: principal.dental@migumst.org

Date: 23/04/2025

32™ DENTAL COMBINED ROUND (DCR)

"Root to Success: Endodontic Choices for Immature Teeth."

Presenting Dept.: Conservative Dentistry and Endodontics

Post-Graduate Attendance Sheet

| s.NO | DEPARTMENT | S.NO. | NAME OF POST- GRADUATE | SIGNATURE |
|------|-----------------------|-------|---------------------------|-----------|
| 1. | Oral Medicine And | 1 | Kanishka Singh | Kingh. |
| | Radiology | 2 | Monika Gupta | Lange |
| | | 3 | Saurabh Kanawa | |
| | | 4 | Reeya Garg | Pux |
| 2 | Oral And | 5 | Aayushi Agarwal | 12. |
| _ | Maxillofacial Surgery | 6 | Krati Jajani | |
| | | 7 | Mahima Jain | |
| | | 8 | Chokshi Krupa | |
| | | 9 | Tara Chand | |
| | | 10 | Pooja Sharma | |
| | | 11 | Samiksha Pamnani | 74 |
| | | 12 | Pooja Meena | |
| | | 13 | Divesh Jain | |
| | | 14 | Avni Singh | |
| | | 15 | Hetal Vaya | |
| | | 16 | Kshitij Kumawat | |
| | | 17 | Sanjeevani | |
| | | 18 | Shalu Choudhary | |
| | | 19 | Swati Verma | |
| 3 | Prosthodontics And | 20 | Rajbir Kaur | |

| | Crown & Bridge | 21 | Naman Goyal | × |
|---|----------------|----|-------------------------------------|-----------|
| | | 22 | Poonjee Gupta | 1 Book |
| | | 23 | Ayushi Goyal | deniles |
| | | 24 | Khandhedia Harsh | article. |
| | | | Jayeshkumar | A. |
| | | 25 | Rishika Singh | |
| | | 26 | Sanya Dayma | |
| | | 27 | Patil Shweta Narendra Kumar | 88 M. |
| | | 28 | Khushboo Meena | 102 |
| | | 29 | Sheetal Vijay | |
| | | 30 | Akanksha Verma | |
| | | 31 | Muskan Malik | |
| | | 32 | Nandini Sharma | |
| | | 33 | Prachi Singh | |
| | 翻 | 34 | Shruti Ashok Rathod | |
| 4 | Conservative | 35 | Sohan Sharma L | Savar |
| | Dentistry & | 36 | Chanchal Meena | There . |
| | Endodontics | 37 | Ruchi Chandak | |
| | | 38 | Poorva Sharma | fault of. |
| | | 39 | Anshum Jain | 0 |
| | | 40 | Kusum Meena | |
| | | 41 | Praveen Singh Chauhan | |
| | | 42 | Sakshi Bilaiya | |
| | | 43 | Vookanti Venkat Ramana Reddy | Dock Thy. |
| | | 44 | Mohit Kumar Jyotiyana | Machet. |
| | | 45 | Anusha Saxena | Jaxe-2 |
| | | 46 | Khushi Bhargava | · · |
| | | 47 | Kiran Gurdasani | Vivi |
| | | 48 | Saumya Kanode | Courge |
| | | 49 | Mutyalwar Sunaina Shanka Shankar | 1,4 |
| 5 | Paediatrics & | 50 | Vipul Sharma | 1.00 |

Dr. Deepak Raisingeni Heat of Department Conservative Dentatry & Endudanties Manatma Carles Dental College & Hospia Gresova Jacob

| _ | Preventive Dentistry | 51 | Simran Vangani | Simon |
|-----|----------------------|----|---------------------------|-------------|
| | | 52 | Vritika Singh | XIII |
| | | 53 | Ghawate Nikhil Dattatraya | |
| | | 54 | Mrunal Milind Bandiwar | Harding? |
| | | 55 | Harsha Patni | 40 |
| | | 56 | Riya Bafna | Pius. |
| | | 57 | Surbhi Surana | 0 Pari: |
| | | 58 | Anugya Jain | gunny |
| | | 59 | Muskan Rathore | Muslema |
| | | 60 | Sanjana Verma | TV-N-S |
| | | 61 | Sanika Pravin Rathi | |
| | | 62 | Khushboo Parihar | |
| | | 63 | Sanchi Pramod Meshram | |
| _ | | 64 | Aditi Choudhary | |
| 6 | Periodontology | 65 | Hemant Sharma | |
| | | 66 | Shashidhar Ojha | Jedle |
| | | 67 | Vaishali Sharma | (9) |
| | | 68 | Pooja Shukla | Stal |
| l l | | 69 | Srashti Katiyar | |
| | | 70 | Priyanka Pawar | |
| | | 71 | Aakanksha | aus |
| | | 72 | Abhivyakti Rajput | Athivyaleti |
| | | 73 | Keertika Rathore | U |
| 7 | Orthodontics & | 74 | Priyanka Agarwal | |
| | Dentofacial | 75 | Mausham Chaudhary | huns |
| | Orthopaedics | 76 | Harshita Gautam | Au |
| | | 77 | Soni Hitesh Kumar | MASSTON |
| | | 78 | Pallavi Goswami | - garasz |
| | | 79 | Modak Ankur Rahul | Auber |
| | | 80 | Heena Khan | |
| | | 81 | Richa Sharma | • |
| | | 82 | Mantrishna Sarma | |
| | | 83 | Nivita Jewaria | |

Dr. Deepak Raisingani
Head of Department
Conservative Dentarity & Endudonites
Mahabha Ganda Dental Callege & Nospas
Steadyra Jacks

| | 84 | Adarsh | |
|---|----|-----------------|-------|
| | 85 | Divyansh Raghav | 7 |
| | 86 | Pooja Sharma | Rop |
| 9 | 87 | Rashmi Upadhyay | Kashy |
| | 88 | Sanya Mathur | Lan |

Dr. Deepak RaisIngarii
Heaf of Department
Conservativ Dentatry & Endudantica
Mahatma Gardau Dantal Callege & Hospita
Gardau Dantal Callege & Hospita



Mahatma Gandhi Dental College & Hospital

(A UNIT OF MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES & TECHNOLOGY)

RIICO Institutional Area, Sitapura, Tonk Road, JAIPUR - 302 022 (Raj.) INDIA



DENTAL COMBINED ROUNDS (DCR)

CERTIFICATE OF APPRECIATION

This is presented to Dr. Anshum Jain

of Department of

Conservative Dentistry of

for making a Presentation in Dental Combined Rounds

on 23rd April, 2025

Dept. of Oral Medicine & Radiology Dr. Anshuman Jamdade **Professor & Head**

Convenor, Dental Combined Rounds

Dr. Narendra Padiyar U Principal & Dean

MGDCH, Jaipur

Pro-Vice Chancellor



Mahatma Gandhi Dental College & Hospital (A UNIT OF MAHATMA GANDHI UNIVERSITY OF MEDICAL SCIENCES & TECHNOLOGY)

RIICO Institutional Area, Sitapura, Tonk Road, JAIPUR - 302 022 (Raj.) INDIA



DENTAL COMBINED ROUNDS (DCR)

CERTIFICATE OF APPRECIATION

This is presented to Dr. Ruchi Chandak

of Department of

Conservative Dentistry & for making a Presentation in Dental Combined Rounds

on 23th April 2025

Dr. Anshuman Jamdade Professor & Head

Dept. of Oral Medicine & Radiology Convenor, Dental Combined Rounds

Dr. Narendra Padiyar U
Principal & Dean
MGDCH, Jaipur

Dr. V. K. Kapoor
Pro-Vice Chancellor
MGUMST

Dr. Deepak Reislingeni
Head of Department
Conservative Denistry & Endudonties
Mahatina Gandha Dental College & Hospire
Spitespore 1 Japan