

Government Dental College and Hospital, Mumbai
POST GRADUATE (MDS) Interdepartmental activity
Report

Date: 21st June 2025

Venue: LT-2, second floor (GDC & H, MUMBAI)

Time: 1:00 pm

The 5th session of PG interdepartmental activity for post graduate students in the course of MDS for the year 2025 was conducted under the guidance of Dr. Wasundhara Bhad, Dean, Govt Dental College and Hospital, Mumbai.

Dr. Pratik Walunkjar and Dr Niharika Kumari editors of PG club hosted the event.

The program commenced with Dean, Government Dental College and Hospital, Dr Wasundhara Bhad and Dr. Easwaran Ramaswami, officer-in-charge, post graduate cell, Govt. Dental College and Hospital, Mumbai and Head of the Department of Oral Medicine and Radiology, welcoming the subject experts Dr Rohit Shah, Associate Professor Department of Periodontology at Terena Dental College, Navi Mumbai and Dr. Sheetal Mali, Associate Professor, Bhartiya Vidyapeeth Dental College and Hospital..

The first presentation of Nexus 2025 was presented by the Department of Periodontology by Dr. Harshad Jain and Dr Shubham Tale on the topic, From Grafts to Implants: Comprehensive Management of Severly Atrophic Alveolar Ridges, Dr. Rohit Shah presented her comments on the talk.


The second presentation was by the Department of Conservative Dentistry and Endodontics by Dr. Dditi Magar and Vivek Karuli on the topic, Tooth Resorption - Clinical Perspective and Management, Dr. Sheetal Mali presented his comments on the talk.

Next the case of the month was presented by Dr. Sanat from the Department of Paediatric and Preventive Dentistry.


Before concluding, Dean, Dr Wasundhara Bhad Ma'am gave her insights on the event followed by her presentation on orthodontic treatment of syndromic patients.

Ending the session with Vote of Thanks by our editors to Dean madam, Chief guests, subject experts, all HOD's, staffs and PG students.

BROCHURE OF THE PROGRAM



GOVERNMENT DENTAL COLLEGE & HOSPITAL, MUMBAI



NEXUS

AIM
To facilitate inter- disciplinary interaction and thereby enable post graduate students to understand the importance of multiple specialties in patient care.

OBJECTIVES


1. To gain comprehensive knowledge of diagnosis and treatment planing through multi disciplinary approach and provide holistic patient care.
2. To keep abreast about newer advances in different specialties of dentistry.
3. To encourage students to develop their presentation skills.

Dr. Wasundhara Bhad (Patil)
Dean
Government Dental College & Hospital,
Mumbai

Dr. Pratik Walunjkar
Editor PG Club

Dr. Easwaran Ramaswami
Officer In-Charge
Postgraduate Cell

Dr. Niharika Kumari
Editor PG Club




NEXUS

<p>TOPIC :- FROM GRAFTS TO IMPLANTS: COMPREHENSIVE MANAGEMENT OF SEVERELY ATROPHIC ALVEOLAR RIDGES</p> <p>DEPARTMENT OF PERIODONTOLOGY</p> <p>ABSTRACT: The narrow alveolar ridge presents a significant clinical challenge in restorative and implant dentistry. Following tooth loss, alveolar bone undergoes progressive resorption, often resulting in inadequate ridge width for prosthetic rehabilitation or implant placement. A deficient ridge not only compromises function and esthetics but also limits treatment options. Effective management of narrow ridges requires a thorough understanding of ridge anatomy, bone biology, and surgical techniques. Several methods have been implicated to augment the narrow alveolar ridges, such as guided bone regeneration (GBR) using various graft materials (autograft, allograft, xenograft, and alloplast), autogenous onlay block grafts harvested intra-orally or extra-orally, distraction osteogenesis, ridge expansion osteotomy, and ridge splitting. In this interaction we covered two important methods of alveolar ridge augmentation. The alveolar ridge split technique (ARST) involves splitting the buccal or labial and lingual or palatal cortical tables and gradually opening the space, which heals in a manner similar to an extraction socket. Autogenous bone from the mandibular symphysis serves as a reliable donor source for alveolar ridge augmentation, offering osteogenic, osteoinductive, and osteoconductive benefits—while avoiding extraoral donor-site morbidity.</p> <p>PRESENTER :- Dr. Harshad Jain Dr. Shubham Tale</p> <p>SUBJECT EXPERT :- Dr. Rohit Shah <small>Associate Professor Periodontology and Post- Graduate Guide of Terna Dental College, Navi Mumbai.</small></p>	<p>TOPIC :- TOOTH RESORPTION - CLINICAL PERSPECTIVES & MANAGEMENT</p> <p>DEPARTMENT OF CONSERVATIVE DENTISTRY & ENDODONTICS</p> <p>ABSTRACT: Tooth resorption involves the pathological loss of dentin and/or cementum, posing a significant threat to tooth survival. Often asymptomatic until advanced stages, it is typically detected via routine radiographs ("silent progression"). Though pink discoloration can be an early sign, its etiology is multifactorial: trauma (luxation, avulsion, orthodontic forces >20g/cm²) is the primary cause (58-75% of external cases), potentially manifesting months/years postinjury. Infection/inflammation (pulpal necrosis releasing endotoxins/cytokines, periodontal infection) is another major trigger, with pulpitis combined with trauma increasing risk by 80%. Systemic factors (hyperparathyroidism, Turner syndrome) and iatrogenic causes (excessive orthodontics, internal bleaching with H₂O₂, surgical trauma) also contribute, while 12-18% of cases remain idiopathic. The core pathophysiology involves odontoclast activation (derived from hematopoietic stem cells) via the RANKL/RANK/OPG pathway. Key mechanisms include: 1) Inflammatory Pathway (trauma/infection → cytokine release → inflammatory resorption), 2) Mechanical Pathway (orthodon. c. pressure → PDL hypoxia → surface resorption), and 3) Ankylosis Pathway (severe OS, damage → replacement resorption/fusion to bone). Diagnosis is challenging (mimics caries/cracks) and often requires 3D imaging (CBCT). Management depends on type/stage/etiology/invasive approaches (root canal therapy to remove infection, MTA repair) are used where possible, while advanced cases necessitate extraction. Prognosis hinges on early detec- on, resorp- on type, and patient factors, emphasizing the need for long-term radiographic monitoring (e.g. 25 years post-trauma).</p> <p>PRESENTER :- Dr. Aditi Magar Dr. Vivek Kalluri</p> <p>SUBJECT EXPERT :- Dr. Sheetal Mali <small>Associate Professor, Broad Vajrapureeth Dental College & Hospital, Nashik</small></p>
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Case of the Month **PRESENTER :- Dr. Sanat**
Department of Paediatric & Preventive Dentistry

Date: 21st June, 2025 | Time: 1.00 pm. | Venue: Lecture Theatre - 2

 **GOVERNMENT DENTAL COLLEGE & HOSPITAL, MUMBAI**

CERTIFICATE FOR SUBJECT EXPERT



GOVERNMENT DENTAL COLLEGE & HOSPITAL, MUMBAI

CERTIFICATE
OF APPRECIATION

Awarded to

Dr. Rohit Shah

for being Subject Expert - Department Of Periodontology
on **"NEXUS" Inter- Disciplinary PG Activity**
at Government Dental College & Hospital, Mumbai
on 21st June, 2025

Dr. Wasundhara Bhad (Patil)
Dean
Government Dental College & Hospital, Mumbai

Dr. Easwaran Ramaswami
Officer In-Charge
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CERTIFICATE
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Dr. Sheetal Mali

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