AMRITA VISHWA VIDYAPEETHAM
DEEMED TO BE UNIVERSITY

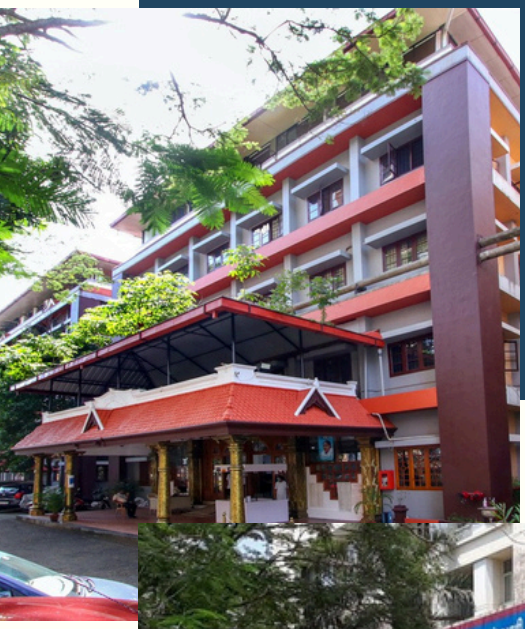
SRI RAMACHANDRA
INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Category - I Deemed to be University) Porur, Chennai

DENTAL EDUCATION UNIT
AMRITA SCHOOL OF DENTISTRY

TELEDENTISTRY

PROGRAM 2025

A monthly forum for promoting collaborative learning in dentistry



SESSION 3

Date: 19th March 2025

Time: 2:00 pm to 3:30 pm

Mode: Online (Zoom platform)

HOSTED BY

Department of Prosthodontics
and
Department of Public Health Dentistry
Amrita School of Dentistry

MEETING LINK

https://us02web.zoom.us/j/86217004548?pwd=UHubaU9yaxBTbbunJSsP4HJrITrwMo.1

Meeting ID: 862 1700 4548 Passcode: 123456

Dr. Balagopal Varma R. (Principal)

Dr. Rakesh S. (Vice Principal)

Dr. R. Venkitachalam (Coordinator, DEU)

Dr. H. Thamizhchelvan (Dean)

Dr. S. Muthukumar (Chairman, CSM and SAF)

Dr. K. C. Vignesh (Coordinator, Teledentistry)

Amrita School of Dentistry

Sri Ramachandra Dental College & Hospital

ABSTRACT

Implants in auricular area using Virtual surgical planning and surgical guide

Presenter: Dr. Archit Singh (Final year MDS Resident)
Dept. of Prosthodontics

In anatomical regions like temporal area the implant placement is very challenging due to its complex anatomical structure. Complete care has to be taken to avoid intraoperative complications such as bleeding, inner cortical perforations of the pneumatized mastoid portion into underlying tissues and angulation discrepancies.
The integration of various radiographic imaging with implant planning software and fabrication of surgical guides for implant placement enables us to place extra oral implants with increased accuracy thereby avoiding surgical complications.
The evolution of virtual surgical planning with various implant planning software has optimized the prosthetically driven approach to the surgical phase thereby improving the final prosthetic outcome.
In the present paper I will be presenting one case and discussing about the prosthetically driven approach for extraoral implant placement using virtual surgical planning software for fabrication of two-piece anatomical surgical guide.

Effectiveness of an Oral Health Curriculum in Reducing Dental Caries Increment and Improving Oral Hygiene Behaviour among School Children of Ernakulam District in Kerala, India: A Cluster-Randomized Trial

Presenter: Dr. Hindol Das (ICMR Nurturing Clinical Scientist)
Dept. of Public Health Dentistry

Objectives: This study aimed to evaluate the effectiveness of an oral health curriculum in reducing dental caries increment and improving oral hygiene behaviour among high school students in the Ernakulam district of Kerala, India.
Design: A cluster randomized trial design was used. The trial employed a parallel-group comparative design, with the intervention of the oral health curriculum through two arms: Group A received it from a dental professional, while Group B received it from a schoolteacher.
Setting: The trial was conducted across six English medium CBSE (Central Board of Secondary Education) high schools in the Ernakulam district in Kerala, India.
Participants: The target population for this study was high school children from standard 8 to 10, aged 13-15 years. A total of 1,707 children were recruited in the trial.
Intervention: The oral health curriculum “Everlasting Smiles” was implemented over twenty-four months in six different sessions- one session every four months, followed by periodic reinforcement and follow-up assessments.
Outcome measures: The primary outcomes measured were the DMFT index for dental caries increment. Secondary outcomes were OHI-S for oral hygiene status along with changes in knowledge, attitude, and behavior (KAB) scores related to oral health. Data were collected at baseline, 12 months, and 24 months post-intervention.
Results: The trial demonstrated significant improvements in oral health-related knowledge (mean: 8.03 to 8.76), attitude (2.77 to 3.23), and behaviour (2.38 to 2.64) scores over 24 months ($p < 0.001$), post-intervention. Dental caries levels decreased, with DMFT reducing from 1.65 to 1.47 ($p = 0.011$) and DMFS from 2.01 to 1.81 ($p = 0.018$). Dentist-led interventions consistently showed greater improvements than teacher-led ones. Oral hygiene scores improved substantially, with OHI-S declining from 1.06 to 0.74 ($p < 0.001$).
Conclusions: A structured, school-based oral health curriculum effectively reduces dental caries and improves oral hygiene behaviors in children. Integrating oral health curriculum into schools offers a scalable, cost-effective approach to fostering lifelong oral health, emphasizing the value of early health education for sustainable, population-wide benefits.