Methodological Recommendations for Pediatric Therapeutic Dentistry for the 5th year students the 9th term
Lviv 2014

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Considered and approved by the Methodical Commission (Head - Ogonovsky R.Z., Professor) of the Dentistry Department (protocol № 8, from 14.10.2014)
## The Practical Lessons Schedule
(Pediatric Dentistry)
(for the fifth year students of Dentistry Department, 9th term, 2014-2015 years)

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## The Independent Work Schedule
(Pediatric Dentistry)
(for the fifth year students of Dentistry Department, 9th term, 2014-2015 years).

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5 Traumatic lesions of mucous membrane in children. Clinic, diagnosis, treatment and prevention, first aid. 3
6 First aid in child dentistry clinic. 3
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### The Lecture Lessons Schedule
(Pediatric Dentistry)
(for the fifth year students of Dentistry Department, 9th term, 2014-2015 years)

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Practical class 1

Clinic, diagnosis, differential diagnosis, treatment of gingivitis. The choice of medical drugs, methods of their application.

Purpose of the lesson: To study with student etiology of gingivitis in children and young person, peculiarities of clinical manifestation, diff. diagnosis and choice of the methods of treatment.

Control of the initial level of knowledge

1. What is periodontium?
2. Anatomy and physiology of the periodontium in the children in different age periods.
4. The role of local and general factors in the development of the periodontal disease in children.
5. The choice of individual hygiene means for the children with periodontal disease.

Content of the practical class

Periodontium is a complex of morphologically and functionally related structures that surround the tooth and keep it in the alveolar bone. These are gums, periodontal ligament, cement of the tooth root and alveolar bone.

Gums or gingiva is an important structural unit of periodontium. It is divided into 3 parts, which are different in their structure: gingival interdental papillae, marginal and alveolar parts of gums. Gingival interdental papillae have a triangular shape and they are localized in interdental space. Marginal gingiva is adjacent to the neck of the tooth and it is separated from its surface by a narrow fissure-gingival sulcus. Alveolar part of the gums is tightly connected with the periosteum and covers the alveolar bone. The gingival mucosa in children has several features (Vinogradova T.F, 1983):
- thinner layer of cornified cells of the oral epithelium;
- more intensive vascularization of gums, which causes its bright red color;
- low density of a connective tissue;
- gingival sulcus is more shallow;
- roundness of gingival margin with symptoms of its swelling and hyperemia during teeth eruption.

Periodontal ligament is a connective tissue formation, retaining the roots of teeth in the alveolar bone. There are 2 parts in the alveolar process: the alveolar bone itself and supporting alveolar bone.

Classification of periodontal diseases:
1. **Gingivitis** - inflammation of gingival mucosa without affection of the dentogingival junction.
   Forms: catarrhal, hypertrophic, and ulcerative.
   Course: acute, chronic, aggravated, remission.
   Prevalence: localized, generalized.
   Degree of severity: mild, moderate, severe.

2. **Periodontitis** - the inflammatory destructive process in periodontal tissues with disturbed integrity of dentogingival junction.
   Course: chronic, aggravated, abscessed, remission.
   Prevalence: localized, generalized.
   Degree of severity: mild, moderate, severe.

3. **Periodontosis**: adystrophic lesion of periodontal tissues.
   Course: chronic, remission.
   Prevalence: generalized.
   Degree of severity: mild, moderate, severe.

4. Idiopathic diseases with progressive lysis of periodontal tissues (Papillon-Lefevre syndrome, histiocytosis, hereditary neutropenia, decompensated diabetes, etc).

5. Tumors and tumor-like diseases: epulis, gingival fibromatosis, etc.

**GINGIVITIS** is the inflammatory process in gingival mucosa, which isn’t accompanied with the loss of integrity of the dento-gingival attachment.

Factors that can increase risk of gingivitis include:

- Poor oral health habits
- Tobacco use
- Diabetes
- Older age
- Decreased immunity as a result of leukemia, HIV/AIDS or other conditions
- Certain medications
- Certain viral and fungal infections
- Dry mouth
- Hormonal changes, such as those related to pregnancy, menstrual cycle or use of oral contraceptives
- Poor nutrition
- Substance abuse
- Ill-fitting dental restorations

**Classification of gingival diseases:**

1. Dental plaque-induced gingival diseases.
   1. Gingivitis associated with plaque only
   2. Gingival diseases modified by systemic factors
   3. Gingival diseases modified by medications
   4. Gingival diseases modified by malnutrition

2. Non-plaque-induced gingival lesions
   1. Gingival diseases of specific bacterial origin
   2. Gingival diseases of viral origin
   3. Gingival diseases of fungal origin
4. Gingival diseases of genetic origin
5. Gingival manifestations of systemic conditions
6. Traumatic lesions
7. Foreign body reactions
8. Not otherwise specified

**Catarrhal gingivitis-acute course**
(by protocol)

**Diagnostic criteria:**
Anamnesis - complaints of pain and bleeding gums when brushing teeth and eating

**Clinical course:**
- Bright redness and swelling of the mucous membrane of the gums

**Index assessment of periodontal tissues:**
- PMA (papillary-marginally-alveolar index)
index to 20% - mild severity of gingivitis
from 25 to 50% - the average severity of gingivitis
above 51% - a severe severity of gingivitis

**Light form of severity**
- Hyperemia of gingival papillae;
- Swelling of the gingival papillae

**Average (middle form) of severity**
- Expressive hyperemia of gingival papillae and the gingival margin;
- Swelling of the gingival papilla and gingival margin;
- Pain on palpation of gingival papilla and gingival margin

**Severe degree of disease**
- Expressive hyperemia of gingival papillae, margin and alveolar part of the gums;
- Swelling of the gingival papilla, margin and alveolar part of the gums;
- Pain and bleeding on palpation of gingival papillae, margin and alveolar part of the gums

**Treatment**
- Professional oral hygiene
- Sanation of the oral cavity
- Orthodontic treatment –if there is the presence of an abnormal occlusion and occlusion anomalies.
- Surgical treatment - in the presence of anomalies of the structure and location of the soft tissues.

**Light form of severity**
- antibiotic therapy (topical) - taking into account the sensitivity of microflora;
- nonsteroidal anti-inflammatory drugs (local);
- antiseptic agents (local);

**Average severity**
- anesthetics (local);
- antibiotic therapy (topical) - taking into account the sensitivity of microflora;
- anty-trichomonas drugs (locally) - in the presence of trichomonas in the oral cavity;
- antiseptic agents (local);
- inhibitors of proteolysis (local);
- nonsteroidal anti-inflammatory drugs (local);

**Severe degree of disease**
- anesthetics (local);
- antibiotic therapy (topical) - taking into account the sensitivity of microflora;
- anty-trichomonas drugs (locally) - in the presence of trichomonas in the oral cavity;
- antiseptic agents (local);
- inhibitors of proteolysis (local);
- nonsteroidal anti-inflammatory drugs (local);

**Additional recommendations**
- hygienic education of the individual oral care;
- toothbrushing with soft or very soft bristle;
- therapeutic and prophylactic anti-inflammatory effect of toothpaste containing herbal extracts; paste containing antiseptics; paste containing macro and microelements - in case of radiological changes in periodontal tissues
- rinses containing antiseptics;
- elixir

**Performance criteria of treatment:**
- elimination of clinical manifestations of the disease.

**Catarrhal gingivitis, chronic course.**
(by protocol)

**Diagnostic criteria:**
Medical history - possible complaints of recurrent bleeding of gums during teeth brushing

**Clinical course:**
- Redness of the mucous membrane of the gums
- Cyanosis of the mucous membrane of the gums
- Moderate swelling of the mucous membrane of the gums

**X-ray:**
- Unclear contour of the cortical plate of the alveoli
- Osteoporosis of the spongy substance on the tops of the interdental septum

**Index assessment of periodontal tissues:**
- PMA (papillary-marginally-alveolar index)
  - index to 20% - mild severity of gingivitis
  - from 25 to 50% - the average severity of gingivitis
  - above 51% - a severe severity of gingivitis
- CPI (communal periodontal index)
  - 0 - healthy gums
  - 1 - bleeding of gums
  - 2 - the presence of tartar
  - 3 - pocket size 4-5 mm
  - 4 - pocket size larger than 6 mm

**Clinic manifestation:**

**Light form of severity**
- Moderate swelling of the gingival papilla and gingival margin;
- Stagnant hyperemia, cyanosis of gingival papillae

**Average severity**
- Moderate swelling of the gingival papilla and gingival margin;
- Stagnant hyperemia, cyanosis of gingival papilla and gingival margin

**Severe degree of disease**
- Moderate swelling of the gingival papilla and gingival margin, and alveolar part of gums
- Stagnant hyperemia, cyanosis of papilla and gingival margin, and alveolar part of gums.

**Treatment**

**Light form of severity**
- antibiotic therapy (topical) - taking into account the sensitivity of microflora;
- nonsteroidal anti-inflammatory drugs (local);
Physiotherapy
hydrotherapy - water massage of the gums - in the absence of exacerbation in the gums

*Average severity*
- antibiotic therapy (topical) - taking into account the sensitivity of microflora;
- antiseptic agents (local);
- nonsteroidal anti-inflammatory drugs (local);

*Physiotherapy*
- hydrotherapy (locally)
- electrophoresis with calcium and fluoride preparations (topical) - in the presence of radiological changes in the periodontal tissues, electrophoresis with solutions of vitamins (in presence of the tendency to bleeding gums).

*Severe degree of disease*
- antibiotic therapy (topical) - taking into account the sensitivity of microflora;
- antibacterial agents of plant origin (local);
- antiseptic preparations (topical)
- anty-trichomonas drugs (locally)
- nonsteroidal anti-inflammatory drugs (local);

*Physiotherapy*
- hydrotherapy (locally)
- electrophoresis of calcium and fluoride preparations (topical) - in the presence of radiological changes in the periodontal tissues, electrophoresis solutions of vitamins (the tendency to bleeding gums).

**Additional recommendations**
- hygienic education of the individual oral care;
- therapeutic and prophylactic toothpaste with anti-inflammatory effect containing herbal extracts; paste containing antiseptics; paste containing macro and microelements - in case of radiological changes in periodontal tissues
- rinses containing antiseptics

**Dispensary care at the dentist:**
Light severity – 1st dispensary group - clinical supervision 1 per year
Medium severity - II dispensary group - clinical supervision 2 times a year
Severe degree of disease - III dispensary group - clinical supervision 3 times a year

**Performance criteria of treatment:**
- elimination of clinical manifestations of the disease.
- stabilization of radiological changes in alveolar process.

**Comprehensive control:**
1. Classification of the periodontal disease.
2. Etiology of gingivitis in children.
5. Prevention of the periodontal disease.

**Test control:**
1. A 16-year-old teenager complains of halitosis, general weakness, body temperature rises up to 37.6. These symptoms turned up 2 days ago; the boy has a history of recent angina. Objectively: oral cavity hygiene is unsatisfactory; teeth are covered with soft white deposit. Gums are hyperemic, gingival papillae are covered with grayish coating. What is the most likely diagnosis?
A. Ulcero-necrotic gingivitis
B. Acute catarrhal gingivitis
C. Chronic catarrhal gingivitis
D. Hypertrophic gingivitis
E. Desquamative gingivitis

2. An 18-year-old patient complains of gingival enlargement, pain and haemorrhage during eating of solid food. Objectively: hyperaemia, gingival edema, hypertrophy of gingival edge up to 1/2 of crown height near the 12, 13, 14 teeth are noted. Formalin test is painless. What is the most likely diagnosis?
A. Hypertrophic gingivitis
B. Generalized II degree periodontitis, chronic course
C. Exacerbation of generalized I degree periodontitis
D. Ulcero-necrotic gingivitis
E. Catarrhal gingivitis

3. Examination of an 11-year-old boy revealed thickened, somewhat cyanotic, dense gingival margin overlapping the crowns of all teeth by 1/2 of their height. Fedorov-Volodkina oral hygiene index is 2,6, PMA index is 20%. X-ray picture shows no pathological changes of periodontium. The child has a 2-year history of neuropsychiatric treatment for epilepsy. Make a provisional diagnosis:
A. Chronic hypertrophic gingivitis
B. Chronic catarrhal gingivitis
C. Localized periodontitis
D. Acute catarrhal gingivitis
E. Generalized periodontitis

4. A 10-year-old child complains of gingival pain and haemorrhage which appeared two days ago after a cold. Objectively: the gingiva is edematic, hyperaemic, bleeds easily, painful on palpation. The tips of gingival papillae are dome-shaped. What is the most likely diagnosis?
A. Acute catarrhal gingivitis
B. Chronic catarrhal gingivitis
C. Hypertrophic gingivitis
D. Ulcerative gingivitis
E. Generalized periodontitis

5. A 14-year-old teen complains of gingival haemorrhages during tooth brushing. Objectively: gingival mucosa is hyperemic, pastous, bleeds when touched. Schiller-Pisarev test is positive. PMA index - 70%. Hygienic index - 3,0. X-ray picture of the frontal area depicts no evident changes. What is the most likely diagnosis?
A. Chronic catarrhal gingivitis
B. Chronic periodontitis
C. Acute catarrhal gingivitis
D. Chronic hypertrophic gingivitis
E. Exacerbation of chronic periodontitis
6. A 13.5 year old girl complains of gingival painfullness and haemorrhage during tooth brushing and eating, halitosis. She has been ill with angina for a week. Objectively: mucous membrane of gums in the area of frontal teeth of her upper and lower jaws is edematous, hyperemic. Apices of gingival papillae are necrotic, they also bleed when touched. There is a thick layer of soft tooth plaque. What is the causative agent of this disease?
A. Anaerobic microflora
B. Herpes virus
C. Streptococci
D. Staphylococci
E. Yeast fungi

7. A 13-year-old patient complains about gingival haemorrhage during tooth brushing. Objectively: gums around all the teeth are hyperemeric and edematous, PMA index (papillary marginal alveolar index) is 46%, Greene-Vermillion hygiene index is 2.5. Provisional diagnosis: exacerbation of chronic generalized catarrhal gingivitis. This patient should be recommended to use toothpaste with the following active component:
A. Chlorhexidine
B. Calcium glycerophosphate
C. Monofluorophosphate
D. Vitamins A, D, E
E. Microelement complex

8. Parents of 10-years old patient turned to the dentist complaining about increasing of body temperature, to 37-38 c, weakness, headache, loss of appetite, sleep disturbance, gums bleeding, that increases during food intake; putrid smell from the mouth, excessive salivation. During dental examination swelling, hyperemia and bleeding of gingival mucosa were revealed. On the surface of the gums dirty-gray necrotic coating is observed. Make the diagnosis.
A. Ulcerative-necrotizing gingivitis
B. Chronic catarrhal gingivitis
C. Acute catarrhal gingivitis
D. Hypertrophic gingivitis
E. Desquamative gingivitis

9. The 9-years-old child was diagnosed with ulcerative-necrotizing gingivitis. In which order should be the treatment conducted?
A. Anestesia, removal of necrotic tissues, antibacterial therapy, antiinflammatory therapy, stimulation of regeneration, hygienic education
B. Removal of necrotic tissues, antibacterial therapy, anestesia antiinflammatory therapy, stimulation of regeneration, hygienic education
C. Hygienic education, removal of necrotic tissues, antibacterial therapy, anestesia antiinflammatory therapy, stimulation of regeneration
D. Antibacterial therapy, anestesia antiinflammatory therapy, stimulation of regeneration, removal of local predisposing factors
E. Removal of local predisposing factors, anestesia, removal of necrotic tissues, antibacterial therapy, antiinflammatory therapy, stimulation of regeneration
10. 13-years-old patient was diagnosed with granulatiating form of hypertrophic gingivitis. Which group of medicine should be applied for the antibacterial therapy?
A. Chlorhexidine
B. Lydase solution
C. "Kamistad"
D. Maraslavine
E. Mefenaminic paste

Recommended literature:


Practical class 2


Purpose of the lesson: To know the etiology of localized and generalized periodontitis in children and young person, peculiarities of clinical manifestation, diagnosis, diff. diagnosis and choice of the methods of treatment. To know the etiology, clinical manifestation, and diagnosis of periodontal syndrome in children.

Control of the initial level of knowledge

1. Anatomy and physiology of the periodontium in the children in different age periods
2. Functions of peridontium.
3. Index assessment of the state of periodontal tissues.
4. The role of local and general factors in the development of the periodontal disease in children.

Content of the practical class:

Generalized Periodontitis

Diagnostic criteria:
Clinical course:
- Symptomatic gingivitis
- Periodontal pocket
- Pathological tooth mobility
- Traumatic occlusion
- Progressive resorption of alveolar bone.
X-ray:
- Destruction of the cortical plate of tops of interalveolar septum
- Osteoporosis of the spongy substance between alveolar bony septa
- Resorption of the interalveolar septum
- Expansion of periodontal sulcus.
Index assessment of periodontal tissues
- PMA (papillary-marginally-alveolar index)
index to 20% - light severity of gingivitis
from 25 to 50% - the average severity of gingivitis  
above 51% - severe severity of gingivitis  
- PI (periodontal index)  
index to 1.0 - initial degree of periodontitis  
from 1.5 to 4.0 - the average degree of periodontitis  
from 4.5 to 8.0 - severe degree of periodontitis  
- CPI (communal periodontal index)  
0 - healthy gums  
1 - bleeding gums  
2 - the presence of tartar  
3 - pocket size 4-5 mm  
4 - pocket size over 6 mm  

Laboratory:  
- Cytology of the content of gingival pockets with intact periodontium:  
  neutrophils - 2.0-3.0; epithelial cells - 4.0-5.0  
Indicators of inflammation - more than 2.0-3.0; 4.0-5.0, respectively.  
- Indicators of emigration of leukocytes in the oral cavity by Yasinovskiy  
  intact periodontium: 80-120 leukocytes in 1 ml (of which 90-98% are viable),  
  epithelial cells - 25-100  
Values exceeding 80-120 leukocytes in 1 ml and epithelial cells of more than 100 indicate the  
inflammation in periodontal tissues.  

**Clinical course:**  

*Light form of disease*  
- Chronic symptomatic gingivitis (catarrhal or hypertrophic)  
- Periodontal pockets - 3-3.5mm  
- Dental deposition  
- Teeth are unmovable  

*The average severity*  
- Chronic symptomatic gingivitis (catarrhal or hypertrophic)  
- Periodontal pockets - 3, 5 -5 mm  
- Pathological mobility of teeth (I and II degree)  
- Traumatic occlusion  

*Severe degree of disease*  
- Chronic symptomatic gingivitis  
- Periodontal pockets - 5-6mm  
- Pathological mobility of teeth (II-III)  
- Single or multiple abscesses  

**Treatment:**  
- Elimination of local stimuli (dental deposition, cavities, traumatic occlusion, occlusion  
  pathology, anomalies of attachment of soft tissues of the mouth, etc.)  

*Light form of disease*  
- Treatment of symptomatic gingivitis.  
- Antibiotic (locally) - taking into account the sensitivity of microflora pocket.  
- Antifungal drugs (locally) - the presence of fungal flora in periodontal pockets.  
- Anty-trichomonas drugs (locally) - in the presence of trichomonas in the oral cavity  
- Natural compounds with sclerosing effect (locally) - in the presence of symptomatic  
  hypertrophic gingivitis.  
Physiotherapy.  
- Electrophoresis of ascorbic acid (5%) and vitamin P (1%) or a 1% solution of nicotinic acid -  
  with bleeding gums (locally).  
- Hydrotherapy - in the absence of exacerbation in the gums.
- Electrophoresis with 10% solution of potassium gluconate or 10% solution of calcium chloride or 5% solution of calcium lactate or 2.3% solution of calcium glycerophosphate - in the presence of osteoporosis and resorption of the interdental septa (locally).

**The average severity of disease**
- Antibiotic therapy - based on microflora pocket (locally).
- Proteolytic enzymes, enzymes and antibiotics based on sensitivity to certain microorganisms - in the presence of purulent exudates in periodontal pockets (locally).
- Surgical techniques: curettage, vacuum curettage - at a depth of periodontal pockets 4-5 mm, recurrent abscess.
- Physiotherapy: hydrotherapy or hydro massage or vibromassage - in the absence of aggravation in the gums.
- Electrophoresis with calcium and fluoride - in osteoporosis and progressive resorption of the interdental septa.

**Severe disease**
- Surgical techniques: curettage - at a depth of periodontal pockets 4-5 mm, recurrent abscess.
- gingivectomy - at a depth of pockets more than 4-5 mm and symptomatic hypertrophic gingivitis.
- Antibiotic therapy - based on microflora of pocket (locally).

**Exacerbation of generalized periodontitis**
(light and medium severity form):
- Inhibitors of proteolysis (natural and synthetic) (locally).
- Nonsteroidal anti-inflammatory drugs (locally).
- Corticosteroids (topical).
- Essential oils - in periodontal pockets (locally).
- phytoncids drugs - in periodontal pockets (locally).
- Antibiotics of plant origin (locally).
- Physiotherapy (locally).
- UHF-therapy, or UV therapy or microwave therapy
- Aerosol antiseptics, non-steroidal anti-inflammatory drugs, enzymes and antibiotics - when indicated.

**General treatment:**
- Adequate rational nutrition.
- Calcium supplements (calcium gluconate or calcium glycerophosphate or calcium lactate or biocalcevit) - if necessary.

**Dispensary care at the dentist:**
Light severity – I<sup>th</sup> dispensary group - clinical supervision 1 per year
Medium severity - II dispensary group - clinical supervision 2 times a year
Severe degree of disease - III dispensary group - clinical supervision 3 times a year

**Performance criteria of treatment:**
- elimination of clinical manifestations of the disease.
- stabilization of radiological changes in alveolar process.

**Hand-Schuller-Christian Syndrome:**
A rare disease of unknown cause in which lipids accumulate in the body and manifest as histiocytic granuloma in bone, particularly in the skull; the skin; and viscera, often with hepatosplenomegaly and lymphadenopathy. Exophthalmos and diabetes insipidus may be present. Both sexes affected, with a slight male predominance. The disease is seen in children and young adults, seldom in elderly persons. Onset usually before the age of six years. As originally described, this syndrome included the classic triad of unilateral or bilateral...
exophthalmos, diabetes insipidus, and defects in the membranous bones of the skull. Clinical features may also include defects in the mandible, long bones, pelvis, ribs, and spine.

In Letterer-Siwe disease the lesions are widespread, the disease is severe and death likely within a short time. Aetiology unknown. Letterer–Siwe disease is a genetic disorder considered to be a type of histiocytosis (a condition where histiocytes proliferate in the body). It is sometimes classified as a form of Langerhans cell histiocytosis or as a form of histiocytosis X. It is most commonly seen in children less than two years old. The disorder is believed to be inherited in an autosomal recessive pattern. Signs:

1. Classic Triad (10%)
   1. Lytic bone lesions (esp. Skull defects)
   2. Diabetes Insipidus
   3. Exophthalmos

2. Oral Changes
   1. Gum swelling and necrosis
   2. Extrusion of teeth
      3. Rash
         1. Papular, seborrheic or petechial rash
         2. Minute xanthomatous Nodules
         3. Raised yellow to brown lesions in neck and maxilla
            4. Growth retardation
            5. Developmental delay
            6. Lung changes

2. Labs
   1. Complete Blood Count
      1. Hemoglobin or Hematocrit consistent with Anemia
      2. White Blood Cell Count consistent with Leukopenia
      3. Platelet Count consistent with Thrombocytopenia

   2. Chemistry panel and Serum osmolarity
      1. Diabetes Insipidus changes
      2. Diagnosis
         1. Skin biopsy
         2. Bone Marrow Biopsy

**Comprehensive control:**

2. Clinical forms of periodontitis.

**Test control**

1. A 12-year-old patient complains about gingival haemorrhage and tooth mobility. He has been suffering from this since the age of 4. Objectively: gums around all the teeth are hyperemic and edematous, bleed during instrumental examination. Tooth roots are exposed by 1/3 and covered with whitish deposit. II degree tooth mobility is present. Dentogingival pouches are 4-5 mm
deep. External examination revealed dryness and thickening of superficial skin layer on the hands and feet, there are also some cracks. What is the most likely diagnosis?
A. Papillon-Lefevre syndrome  
B. Hand-Schuller-Christian disease  
C. Generalized periodontitis  
D. Letterer-Siwe disease  
E. Localized periodontitis

2. A young patient complains of gum bleeding and pain during mastication, unpleasant smell from the mouth. During the examination the hypertrophy of marginal gums in the areas of 11, 12, 13, 21, 22, 23, 34, 33, 32, 31, 41, 42, 43, 44 teeth on 1/3 of their crown’s height was found. Dental calculus and periodontal pockets of 3-4 mm of depth were present as well in mentioned areas. What is the most probable diagnosis?
A. General periodontitis of I degree  
B. General periodontitis of II degree  
C. Hypertrophic gingivitis, fibrous form  
D. Hypertrophic gingivitis, granulated form  
E. Local periodontitis of I degree

3. Parents of a 5-year-old child complain of tooth mobility and bleeding of the gums in a child. During the examination - the mucous membrane of the gums is swollen, hyperemic, bleeds easily, the mobility of the teeth is I-II degree. What additional examination of the oral cavity the doctor should prescribe?
A. Radiography  
B. Determination of the depth of periodontal pockets  
C. Electroodontometry  
D. Blood test  
E. Determination of tooth mobility

4. The 13-year-old child complains of bleeding of the gums during brushing of the teeth for several years. Objectively: gingival margin in the region of the 31 and 41 teeth is swollen, hyperemic, and cyanotic. There is a shortening of the lower lip frenulum. Radiological in this area osteoporosis of the interdental septum and cortical plate destruction of the alveoli are defined. Clarify the diagnosis:
A. Chronic localized periodontitis  
B. Chronic atrophic gingivitis  
C. Chronic generalized periodontitis  
D. Chronic catarrhal gingivitis  
E. Chronic hypertrophic gingivitis

5. A 14-year-old girl appealed to the dentist with complaints of bleeding of the gums, bad odor from the mouth. Objectively: gingival mucosa in the area of the frontal teeth of the upper and lower jaws is hyperemic, pasty, bleeding is noted. Schiller - Pisareva test is positive, PMA index is 70 %, GI by Fedorov-Volodkina is 3. On the frontal radiograph of both jaws - extension of
periodontal sulcus, disturbance of the sharpness of interdental tops, and its starting resorption in the area of the central teeth are present. What is the most likely diagnosis?
A. Acute localized periodontitis
B. Generalized chronic catarrhal gingivitis
C. Exacerbation of chronic generalized periodontitis
D. Chronic generalized hypertrophic gingivitis
E. Chronic generalized periodontitis

6. The 16 year-old girl complains of bleeding and painfull of the gums. The patient is ill on diabetes about 5 years. Objectively: there are cyanotic gums, the depth of periodontal pockets in the region of the 34, 35, 36, 37 teeth is 3 mm, with a sero-purulent exudates. On radiographs - the resorption of the alveolar bone is within 1/4 of their height. What is the most likely diagnosis?
A. Generalized periodontitis I degree, exacerbative course
B. Generalized periodontitis I degree, chronic course
C. Generalized periodontal II degree, chronic
D. Chronic catarrhal gingivitis
E. Generalized periodontitis II degree, exacerbative course

7. The 15 years-old patient was diagnosed with generalized periodontitis. With what diseases is it necessary to make the diff. diagnosis?
A. With catarrhal gingivitis, periodontal syndrome in hereditary neutropenia, eosinophilic granuloma
B. With acute catarrhal gingivitis, periodontitis marginal papillitis
C. With catarrhal and hypertrophic gingivitis, odontogenic abscess
D. With hypertrophic gingivitis, periodontitis
E. With hypertrophic gingivitis, gingival fibromatosis, papillitis

8. The 12 years-old patient turned to the dentist for the checkup. During the examination patient was diagnosed with acute localized periodontitis. As an anti-inflammatory therapy the doctor used:
A. 0.1% solution of sodium mefenamin
B. 5% solution of ascorbic acid
C. 1% solution of nicotinic acid
D. 2% sodium fluoride
E. 2.5% solution of calcium glycerophosphate

9. The parents of the 3 year-old girl complain of falling out of all teeth in their child. The blood test revealed a complete absence of neutrophils with normal total leukocyte count and a slight increase in the red cells of blood and platelets. What disease is characterized with such results of the test?
A. Permanent neutropenia
B. Letterer-Siwe disease
C. Cyclic neutropenia
D. Hand-Schuller Christian disease
E. Papillon-Lefevre syndrome
10. What disorder is characterized by reduced number of neutrophils in bone marrow and periphery blood?
A. Hereditary neutropenia
B. Letterer-Siwe disease
C. Hand-Schuller Christian disease
D. Niemann-Pick Disease
E. Eosinophilic granuloma

Recommended literature: