

Oral Pathology DHYG 1339 13. A

CREDIT

3 Semester Credit Hours

MODE OF INSTRUCTION

Note: This course meets face to face. This course will meet Wednesday, Room 112 Multi-Purpose Center from 8:00- 10:30.

PREREQUISITE/CO-REQUISITE:

Prerequisite: DHYG 1301 ,1227, 1304, 1207,1219,1235,1260,2301

Co-Requisite: DHYG 1311, 2261,2331

COURSE DESCRIPTION

DHYG 1339 is a study of disturbances in human body development, diseases of the body, and disease prevention measures with an emphasis on the oral cavity and associated structures.

COURSE OBJECTIVES

Upon completion of this course, the student will be able to:

- Describe the dental hygienist responsibility in recognizing, documenting and referring oral pathology.
- Identify normal, deviations of normal pathology of oral tissues.
- Describe the effects of specific diseases or conditions on the following systems and describe any oral effects associated with these conditions.

Hematopoietic	Respiratory
Endocrine	Integumentary
Skeletal	
- Identify the lesion, etiology, disease process, treatment and prognosis for the following categories of oral conditions

Inflammatory	Non-Neoplastic Diseases
Immune	Infectious Diseases
Neoplastic	Oral facial Pain/TMJ
Genetic	Developmental

INSTRUCTOR CONTACT INFORMATION

Instructor: Renee Sandusky

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Office Location: MPC 211

Office Hours: Monday (12:30–3:00), Wednesday (10:30-12:00), Thursday (9:30-12:00), Friday (8:00-9:00)

REQUIRED TEXTBOOK AND MATERIALS

Ibsen, OAC & Phelan, JA., Oral Pathology for the Dental Hygienist, WB Saunders Co., Eight Edition, 2023. ISBN 978-0-323-76403-2.



**LAMAR INSTITUTE
OF TECHNOLOGY**

COURSE CALENDAR

DATE	TOPIC	READINGS	ASSIGNMENTS
		(Due on this Date)	(Due on this Date)
8/26	Course Orientation	Syllabus/ Chapter 1	
	Chapter 1- Introduction to Preliminary diagnosis of Oral Lesions/Inflammation and Repair		
8/29			Chapter 1 Assignment
9/2	Chapter 2- Inflammation and Repair	Chapter 2	
9/5			Chapter 2 Assignment (Part 1)
9/9	Chapter 2-Inflammation and Repair (cont) Kahoots		
9/12			Chapter 2 Assignment (Part 2)
9/16	TEST 1 Lecture Chapter 3- Immunity and Immunologic Oral Lesions	Chapter 3	
9/19			Chapter 3 Assignment
9/23	Chapter 4- Infectious Diseases Case studies	Chapter 4	
9/26			Chapter 4 Assignment
9/30	TEST 2 Lecture Chapter 5- Developmental Disorders	Chapter 5	
10/3			Chapter 5 Assignment

10/7	Chapter 6- Genetics Case studies	Chapter 6	
10/10			Chapter 6 Assignment
10/14	TEST 3		
	Chapter 7 -Neoplasia Dr. Mendoza Guest lecture	Chapter 7	
10/17			Chapter 7 Assignment
10/21	Chapter 8- Nonneoplastic Diseases of the Bone Case studies	Chapter 8	
10/24			Chapter 8 Assignment
10/28	TEST 4		
11/4	Chapter 9- Oral Manifestations of Systemic Diseases Case Studies	Chapter 9	
11/7			Chapter 9 Assignment
11/11	Chapter 10- Orofacial Pain and Temporomandibular Disorders Case Studies	Chapter 10	
11/14			Chapter 10 Assignment
11/18	TEST 5		
11/25	SCHOOL HOLIDAY- HAPPY THANKSGIVING		
12/2	FINAL EXAM (Comprehensive)		

ATTENDANCE POLICY

Absenteeism

In order to ensure the students in the dental hygiene program achieve the necessary didactic and clinical competencies outlined in the curriculum, it is necessary that the student complete all assigned lecture classes, clinical and laboratory hours. It is the responsibility of the student to attend class, clinic or lab. The instructor expects each student to be present at each session.

It is expected that students will appear to take their exams at the regularly scheduled examination time.

Make-up examinations will be given **only** if the absence is due to illness (confirmed by a physicians' excuse), a death in the immediate family, or at the discretion of the instructor.

If students are unable to attend lecture class, clinic or lab, it is **mandatory that you contact the appropriate instructor prior to the scheduled class, clinic or lab time**. The student is responsible for all material missed at the time of absence. Extenuating circumstances will be considered to determine if the absence is excused. Extenuating circumstances might include but are not limited to funeral of immediate family member, maternity, hospitalization, etc. If the student has surgery, a debilitating injury, or an extended illness, a doctor's release will be required before returning to clinic.

a. Fall/Spring Semesters:

Dental hygiene students will be allowed **two excused absences** in any lecture, clinic or lab. Absences must be accompanied by a written excuse on the next class day. In the event that a student misses' class, clinic or lab beyond the allowed absences, the following policy will be enforced:

2 absences = notification in Starfish

Beginning with the third absence, **2 points** will be deducted from the final course grade for each absence thereafter.

Two (2) points will be deducted from the final course grade for each unexcused absence.

Tardiness

Tardiness is disruptive to the instructor and the students in the classroom. A student is considered tardy if not present at the start of class, clinic or lab. It is expected that students will arrive on time for class, clinic or lab, and remain until dismissed by the instructor. If tardiness becomes an issue, the following policy will be enforced:

Tardy 1 time = notification in Starfish

Tardy 2 times = is considered an unexcused absence. (See the definition of an unexcused absence)

If a student is more than 15 minutes late to any class period, it will be considered an unexcused absence.

Students should plan on attending classes, labs and clinic sessions as assigned throughout the semester.

Family outings, vacations and personal business should be scheduled when school is not in session and will not be considered excuses for missing assignments, examinations, classes, labs or clinic time.

DROP POLICY

If you wish to drop a course, you are responsible for initiating and completing the drop process by the specified drop date as listed on the [Academic Calendar](#). If you stop coming to class and fail to drop the course, you will earn an "F" in the course.

STUDENT EXPECTED TIME REQUIREMENT

For every hour in class (or unit of credit), students should expect to spend at least two to three hours per week studying and completing assignments. For a 3-credit-hour class, students should prepare to allocate approximately six to nine hours per week outside of class in a 16- week session OR approximately twelve to eighteen hours in an 8-week session. Online/Hybrid students should expect to spend at least as much time in this course as in the traditional, face-to-face class.

COURSE REQUIREMENTS

COURSE EVALUATION

Final grades will be calculated according to the following criteria:

5 Major Tests (weighted equally)	50%
Comprehensive Final Exam	10%
Chapter Assignments (weighted equally)	15%
Case Study	25%
Canva (course requirement)	

GRADING SCALE

A	=	92 - 100
B	=	83 - 91
C	=	75 – 82
D	=	60 - 74
F	=	59 and below

LIT does not use +/- grading scales

ACADEMIC DISHONESTY

Students found to be committing academic dishonesty (cheating, plagiarism, or collusion) may receive disciplinary action. Students need to familiarize themselves with the institution's Academic Dishonesty Policy available in the Student Catalog & Handbook at

<http://catalog.lit.edu/content.php?catoid=3&navoid=80#academic-dishonesty>.

TECHNICAL REQUIREMENTS

The latest technical requirements, including hardware, compatible browsers, operating systems, etc. can be online at <https://lit.edu/online-learning/online-learning-minimum-computer-requirements>. A functional broadband internet connection, such as DSL, cable, or WiFi is necessary to maximize the use of online technology and resources.

DISABILITIES STATEMENT

The Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973 are federal anti-discrimination statutes that provide comprehensive civil rights for persons with disabilities. LIT provides reasonable accommodations as defined in the Rehabilitation Act of 1973, Section 504 and the Americans with Disabilities Act of 1990, to students with a diagnosed disability. The Special Populations Office is located in the Eagles' Nest Room 129 and helps foster a supportive and inclusive educational environment by maintaining partnerships with faculty and staff, as well as promoting awareness among all members of the Lamar Institute of Technology community. If you believe you have a disability requiring an accommodation, please contact the Special Populations Coordinator at (409)-951-5708 or email specialpopulations@lit.edu. You may also visit the online resource at [Special Populations - Lamar Institute of Technology \(lit.edu\)](http://Special Populations - Lamar Institute of Technology (lit.edu)).

STUDENT CODE OF CONDUCT STATEMENT

It is the responsibility of all registered Lamar Institute of Technology students to access, read, understand and abide by all published policies, regulations, and procedures listed in the *LIT Catalog and Student Handbook*. The *LIT Catalog and Student Handbook* may be accessed at www.lit.edu. Please note that the online version of the *LIT Catalog and Student Handbook* supersedes all other versions of the same document.

STARFISH

LIT utilizes an early alert system called Starfish. Throughout the semester, you may receive emails from Starfish regarding your course grades, attendance, or academic performance. Faculty members record student attendance, raise flags and kudos to express concern or give praise, and you can make an appointment with faculty and staff all through the Starfish home page. You can also login to Blackboard or MyLIT and click on the Starfish link to view academic alerts and detailed information. It is the responsibility of the student to pay attention to these emails and information in Starfish and consider taking the recommended actions. Starfish is used to help you be a successful student at LIT.

ADDITIONAL COURSE POLICIES/INFORMATION

Examination and Quiz Policy

Examinations will be based on objectives, lecture notes, handouts, assigned readings, audiovisual material and class discussions. Major examinations will consist of multiple choice, true/false, matching, short answer, and case study questions. No questions will be allowed during exams.

Students are expected to complete examinations as scheduled. Make-up examinations will be given ONLY if the absence is due to illness (confirmed by a physicians' excuse), a death in the immediate family, or at the discretion of the Instructor. All make-up examinations must be taken within two (2) weeks from the scheduled exam date. All examinations will be kept on file by the Instructor. Students may have access to the examination by appointment during the Instructor's office hours. Exams may be reviewed up to two (2) weeks following the exam date. **You may not copy, reproduce, distribute or publish any exam questions.** This action may result to dismissal from the program. A grade of "0" will be recorded for all assignments due on the day of absences unless prior arrangements have been made with the Instructor.

Respondus Lockdown Browser will be used for examinations administered on campus. The student is required to bring their own portable electronic device for any scheduled on-campus exams. Approved devices include a personal laptop, tablet, or iPad.

Academic Integrity

It shall be considered a breach of academic integrity (cheating) to use or possess on your body any on the following devices during any examination unless it is required for that examination and approved by the instructor: cell phones, smart watches/watch phone, electronic communication devices (including optical), earphones connected to or used as electronic communication devices. It may also include the following: plagiarism, falsification and fabrication, abuse of academic materials, complicity in academic dishonesty, and personal misrepresentation.

Use of such devices during an examination will be considered academic dishonesty. The examination will be considered over, and the student will receive a zero for the exam. Students with special needs and/or medical emergencies or situations should communicate with their instructor regarding individual exceptions/provisions. It is the student's responsibility to communicate such needs to the instructor.

Mandatory Tutoring

If a student receives a failing grade on any major exam, the student will be required to meet with course instructor within 2 weeks of the failed exam. Concept review by appointment with the course instructor will be provided and/or written academic warning when a student is failing to meet minimal requirements in the classroom setting.

Electronic Devices

Portable electronic devices may only be used in class or lab for accessing approved course content (e-book) slides, publisher content, Blackboard, etc) Texting or web browsing will not be allowed during class, lab or clinic.

Late coursework

Assignments, Quizzes and Tests must be completed by the due date. Late submissions or completion will not be accepted and will result in a zero for that assignment/quiz/test.

Remediation

Remediation is required when a student does not meet course requirements or performance expectations. Remediation is designed to identify deficiencies, provide targeted instruction, and support the student in achieving the expected level of performance.

All remediation must be documented using the program's approved remediation forms for clinical and didactic coursework.

Didactic Remediation

Didactic remediation is required when a student does not meet course objectives, exam standards, or minimum academic expectations.

Requirements

- Students receiving a failing grade on any major exam must meet with the instructor within 2 weeks to initiate remediation.
- Remediation will include targeted review, assigned activities, and re-evaluation as determined by the instructor.
- All assigned remediation activities must be completed by the specified deadline.

Documentation

All didactic remediation will be completed using the Didactic Remediation Agreement form, including:

- Identified areas of deficiency
- Assigned remediation plan
- Completion timeline
- Student and faculty acknowledgment

Student Responsibility and Progression

- Remediation is mandatory and must be completed as assigned.
- Remediation supports learning but does not guarantee improved performance or passing the course.
- Students remain responsible for meeting all course requirements and demonstrating required performance levels.
- Failure to meet course requirements after remediation may result in a final course grade of "F" in accordance with program policy.

* Faculty has the authority to modify the above policies if unusual circumstances mandate a change. Please refer to the Student Handbook for a complete listing of program policies.

Artificial Intelligence Statement

Lamar Institute of Technology (LIT) recognizes the recent advances in Artificial Intelligence (AI), such as ChatGPT, have changed the landscape of many career disciplines and will impact many students in and out of the classroom. To prepare students for their selected careers, LIT desires to guide students in the ethical use of these technologies and incorporate AI into classroom instruction and assignments appropriately.

Appropriate use of these technologies is at the discretion of the instructor. Students are reminded that all submitted work must be their own original work unless otherwise specified. Students should contact their instructor with any questions as to the acceptable use of AI / ChatGPT in their courses.

COURSE OUTLINE

Chapter 1 - Introduction to Preliminary Diagnosis of Oral Lesions

- A. Vocabulary
 - 1. Clinical appearance of soft tissue lesions
 - 2. Soft tissue consistency
 - 3. Color of lesion
 - 4. Size of lesion
 - 5. Surface texture
 - 6. Radiographic terms used to describe lesions in bone
- B. The Diagnostic Process
 - 1. Making a diagnosis
- C. Variants of Normal
 - 2. Retrocuspid Papilla
 - 3. Leukoedema
- D. Benign Conditions of Unknown Cause
 - 1. Lingual thyroid nodule
 - 2. Median rhomboid glossitis
 - 3. Erythema margins
 - 4. Fissured tongue
 - 5. Hairy tongue

Chapter 2 - Inflammation and Repair

- A. Injury
- B. Natural Defenses Against Injury
- C. Inflammation
 - 1. Microscopic events and clinical signs of inflammation
 - 2. Cells involved in the acute inflammatory response
 - 3. Biochemical mediators of inflammation
 - 4. Systemic manifestations of inflammation
 - 5. Chronic inflammation
 - 6. Hyperplasia, hypertrophy and atrophy
- D. Regeneration and Repair
 - 1. Microscopic events that occur during repair
 - 2. Types of repairs
 - 3. Bone tissue repair
- E. Injuries to Teeth
 - 1. Attrition
 - 2. Abrasion
 - 3. Abfraction
 - 4. Erosion
 - 5. Methamphetamine Abuse
- F. Injuries to Oral Soft Tissues
 - 1. Aspirin burn
 - 2. Phenol burn
 - 3. Electric burn
 - 4. Other burns
 - 5. Lesions from self-induced injuries
 - 6. Lesions associated with cocaine use
 - 7. Hematoma
 - 8. Traumatic Ulcer
 - 9. Frictional keratosis
 - 10. Nicotine stomatitis

11. Tobacco pouch keratosis
12. Traumatic neuroma
13. Amalgam tattoo
14. Melanosis
15. Solar cheilitis
16. Mucocele
17. Necrotizing sialometaplasia
18. Sialolith
19. Acute and chronic sialadenitis
- G. Reactive Connective Tissue Hyperplasia
 1. Pyogenic granuloma
 2. Peripheral giant cell granuloma
 3. Irritation fibroma
 4. Denture-induced fibrous hyperplasia
 5. Papillary hyperplasia of the palate
 6. Gingival Enlargement
 7. Chronic Hyperplastic pulpitis
- H. Inflammatory Periapical Lesions
 1. Periapical abscess
 2. Dental or periapical granuloma
 3. Radicular cyst
 4. Residual cyst
 5. Resorption of teeth
 6. Focal sclerosing osteomyelitis
 7. Alveolar osteitis

Chapter 3 – Immunity

- A. The Acquired Immune Response
- B. Antigens
- C. Cells Involved in the Immune Response
 1. Lymphocytes
 2. Macrophages
 3. Cytokines
- D. Major Divisions of the Immune Response
- E. Memory and Immunity
- F. Types of Immunity
 1. Passive immunity
 2. Active immunity
- G. Immunopathology
 1. Hypersensitivity
 2. Autoimmune Diseases
 3. Immunodeficiency
- H. Oral Diseases with Immunologic Pathogenesis
 1. Aphthous ulcers
 2. Urticaria and angioedema
 3. Contact mucositis and dermatitis
 4. Fixed drug eruptions
 5. Erythema multiforme
 6. Lichen Planus
 7. Reactive Arthritis Syndrome
 8. Langerhans Cell Disease
- I. Autoimmune Diseases that Affect the Oral Cavity
 1. Sjogren Syndrome
 2. Systemic Lupus Erythematosus

3. Pemphigus Vulgaris
4. Mucous Membrane Pemphigoid
5. Bullous Pemphigoid
6. Behçet Syndrome
- J. Immunodeficiency
 1. Primary immunodeficiencies
 2. Secondary immunodeficiencies

Chapter 4 - Infectious Diseases

- A. Bacterial Infections
 1. Tuberculosis
 2. Actinomycosis
 3. Syphilis
 4. Necrotizing Ulcerative Gingivitis
 5. Pericoronitis
 6. Acute Osteomyelitis
 7. Chronic Osteomyelitis
- B. Fungal Infections
 1. Candidiasis
 2. Deep Fungal Infections
 3. Mucormycosis
- C. Viral Infections
 1. Verruca Vulgaris
 2. Condyloma Acuminatum
 3. Multifocal epithelial hyperplasia
 4. Herpes Simplex infections
 5. Varicella-Zoster viruses
 6. Epstein-Barr virus infection
 7. Coxsackievirus infections
 8. Other viral infections that may have oral manifestations

Chapter 5 – Developmental Disorders

- A. Developmental Soft Tissue Abnormalities
 1. Ankyloglossia
 2. Commissural Lip Pits
 3. Lingual Thyroid
- B. Developmental Cysts
 1. Odontogenic cysts
 2. Nonodontogenic cysts
 3. Pseudocysts
- C. Developmental Abnormalities of Teeth
 1. Abnormalities in the number of teeth
 2. Abnormalities in the size of teeth
 3. Abnormalities in the shape of teeth
 4. Abnormalities of tooth structure
 5. Abnormalities of tooth eruption

Chapter 6 – Genetics

- A. Genes and Chromosomes
 1. Chromosomal Abnormalities
 2. Gross Chromosomal Abnormalities
- B. Patterns of inheritance
- C. Molecular Chromosomal Abnormalities
 1. Cyclic Neutropenia

2. Papillon-Lefevre Syndrome
3. Focal Palmoplantar and Gingival hyperkeratosis
4. Gingival fibromatosis
5. Laband's Syndrome
- D. Inherited Disorders Affecting the Jaw Bones and Facies
 1. Cherubism
 2. Ellis-Van Creveld Syndrome
 3. Cleidocranial dysplasia
 4. Gardner's Syndrome
 5. Mandibulofacial dysostosis
 6. Nevroid Basal Cell Carcinoma Syndrome
 7. Osteogenesis Imperfecta
- E. Inherited Disorders Affecting the Oral Mucosa
 1. Cleft Palate
 2. Hereditary Hemorrhagic Telangiectasia
 3. Multiple Mucosal Neuroma syndrome
 4. Neurofibromatosis of von Recklinghausen
 5. Peutz-Jeghers syndrome
 6. White sponge nevus
- F. Inherited Disorders Affecting the Teeth
 1. Amelogenesis imperfecta
 2. Dentinogenesis imperfecta
 3. Dentin dysplasia
 4. Hypohodrotic ectodermal dysplasia
 5. Hypophosphatasia
 6. Hypophosphatemic vitamin D-resistant Rickets

Chapter 7 – Neoplasia

- A. Causes of Neoplasia
- B. Classification of Tumors
- C. Names of Tumors
- D. Tumors of Squamous Epithelium
 1. Papilloma
 2. Premalignant lesions
 3. Squamous cell carcinoma
 4. Verrucous carcinoma
 5. Basal cell carcinoma
- E. Salivary Gland Tumors
 1. Pleomorphic Adenoma
 2. Monomorphic Adenoma
 3. Adenoid Cystic carcinoma
 4. Mucoepidermoid carcinoma
 5. Other malignant salivary gland tumors
- F. Odontogenic Tumors
 1. Epithelial odontogenic tumors
 2. Mesenchymal odontogenic tumors
 3. Mixed odontogenic tumors
 4. Peripheral odontogenic tumors
- G. Tumors of Soft Tissue
 1. Lipoma
 2. Tumors of nerve tissue
 3. Tumors of muscle
 4. Vascular tumors

- H. Tumors of Melanin-Producing Cells
 - 1. Melanocytic nevi
 - 2. Malignant melanoma
- I. Tumors of Bone and Cartilage
 - 1. Osteoma
 - 2. Osteosarcoma
 - 3. Tumors of cartilage
- J. Tumors of Blood-Forming Tissues
 - 1. Leukemia
 - 2. Lymphoma
 - 3. Multiple Myeloma
- K. Metastatic Tumors of the Jaws

Chapter 8 – Nonneoplastic Diseases of Bone

- A. Benign Fibro-osseous Lesions
 - 1. Periapical cemento-osseous dysplasia
 - 2. Focal cemento-osseous dysplasia
 - 3. Florid cemento-osseous dysplasia
 - 4. Fibrous dysplasia
- B. Paget Disease of Bone
 - 1. Clinical and radiographic features
 - 2. Diagnosis and treatment
- C. Central Giant Cell Granuloma
- D. Aneurysmal Bone Cyst
- E. Osteomalacia
 - 1. Clinical and radiographic features
 - 2. Treatment

Chapter 9 – Oral Manifestations of Systemic Diseases

- A. Endocrine Disorders
 - 1. Hyperpituitarism
 - 2. Hyperthyroidism
 - 3. Hypothyroidism
 - 4. Hyperparathyroidism
 - 5. Addison Disease
- B. Blood Disorders
 - 1. Disorders of red blood cells and hemoglobin
 - 2. Disorders of white blood cells
 - 3. Celiac Disease
 - 4. Bleeding disorders
- C. Effects of Drugs on the Oral Cavity

Chapter 10 Orofacial Pain and Temporomandibular Disorders

- A. Orofacial Pain
 - 1. Neuropathic Orofacial Pain
 - 2. Burning Mouth Syndrome
 - 3. Trigeminal Neuralgia (Tic Douloureux)
 - 4. Bell Palsy (Idiopathic Facial Paralysis, Idiopathic Seventh Nerve Paralysis)
- B.
 - 1. Anatomy of the Temporomandibular Joint
 - 2. Normal Function of the Temporomandibular Joint
 - 3. Disorders of the Temporomandibular Joint
 - 4. Treatment of Temporomandibular Joint

COURSE OBJECTIVES

INTRODUCTION TO GENERAL AND ORAL PATHOLOGY

Objectives: At the completion of this unit the student should be able to:

1. Define each of the terms in the vocabulary list for this chapter.
2. List and define the eight diagnostic categories that contribute to the diagnostic process.
3. Name a diagnostic category and give an example of a lesion, anomaly, or condition for which this category greatly contributes to the diagnosis.
4. Define "variant of normal" and give three examples of such lesions involving the tongue.
5. List and describe the clinical characteristics and identify a clinical picture of fissured tongue, median rhomboid glossitis, erythema margins, ectopic geographic tongue, and hairy tongue.
6. Describe the clinical and histologic differences between leukoedema and linea alba.
7. Be able to describe a given lesion according to size, shape, location, texture, consistency, color and radiographic appearance using commonly accepted dental terminology.

INFLAMMATION AND REPAIR

Objectives: At the completion of this unit the student should be able to:

1. Define the terms in the vocabulary list for this chapter.
2. List the five classic signs of inflammation that occur locally at the site of inflammation.
3. List four major systemic clinical signs of inflammation.
4. Describe the microscopic events associated with each of the classic signs of inflammation.
5. List and describe the microscopic events of the inflammatory process.
6. List the types of white blood cells that participate in inflammation and describe how each is involved.
7. Describe the differences between acute and chronic inflammation.
8. Define and contrast hyperplasia, hypertrophy, and atrophy.
9. Describe the microscopic events that occur during the repair of a mucosal wound.
10. Describe and contrast healing by primary intention, healing by secondary intention, and healing by tertiary intention.
11. Describe local and systemic factors that can impair healing.
12. Describe and contrast attrition, abrasion, and erosion.
13. Describe the pattern of erosion seen in bulimia.
14. Describe the relationship between bruxism and abrasion.
15. Describe the cause, clinical features, and treatment of each of the following: aspirin and phenol burns, electric burn, traumatic ulcer, frictional keratosis, linea alba, nicotine stomatitis.
16. Describe the clinical features, cause (when known), treatment, and histologic appearance of each of the following: traumatic neuroma, post inflammatory melanosis, solar cheilitis, mucocele, ranula, necrotizing sialo metaplasia, pyogenic granuloma, peripheral giant cell granuloma, chronic hyperplastic pulpitis, and irritation fibroma.
17. Describe the difference between a mucocele and a ranula.

18. Define sialolithiasis.
19. Describe the difference between acute and chronic sialadenitis.
20. Describe the clinical features, radiographic appearance, and histologic appearance of a periapical abscess, a periapical granuloma, and a periapical cyst.
21. Describe and contrast internal and external tooth resorption.

IMMUNITY

Objectives: At the completion of this unit the student should be able to:

1. Define each of the words in the vocabulary list for this chapter.
2. Describe the primary difference between the immune response and the inflammatory response.
3. List and describe the three main types of lymphocytes, their origins, and their activities.
4. List the activities of macrophages and dendritic cells.
5. Describe, using the cells involved, the difference between the humoral immune response and the cell-mediated immune response.
6. Describe the functions of the five antibodies.
7. Describe the difference between passive and active immunity.
8. Give one example of passive immunity and one example of active immunity.
9. List and describe four types of hypersensitivity reactions, and give an example of each.
10. Define autoimmunity, and describe how it results in disease.
11. Define immunodeficiency, and describe how it results in disease.
12. Describe and contrast the clinical features of each of the three types of aphthous ulcers.
13. List three systemic diseases associated with aphthous ulcers.
14. Describe and compare the clinical features of urticaria, angioedema, contact mucositis, fixed drug eruption, and erythema multiforme.
15. Describe the clinical features and contrast the features of lichen planus.
16. List the triad of systemic signs that compose reactive arthritis, and describe the oral lesions that occur in this syndrome.
17. Name the two cells that histologically characterize Langerhans cell disease. Describe the acute disseminated form, chronic disseminated form, and chronic localized form and state the names that have traditionally been used for each of these conditions.
18. Describe the oral manifestations of each of the following autoimmune diseases: Sjogren syndrome, lupus erythematosus, pemphigus vulgaris, mucous membrane pemphigoid, Behçet syndrome.
19. Describe the clinical features of desquamative gingivitis, and list three diseases in which it may occur.
20. Describe the components of Behçet syndrome.
21. Describe the difference between primary and secondary immunodeficiency.

INFECTIOUS DISEASES

Objectives: At the completion of this unit the student should be able to:

1. For each of the following infectious diseases, name the organism causing it, list the route or routes of transmission of the organism and the oral manifestations of the disease, and describe how the diagnosis is made: tuberculosis, actinomycosis, syphilis (primary, secondary, tertiary), verruca vulgaris, condyloma acuminatum, and primary herpetic gingivostomatitis.
2. List and describe four forms of oral candidiasis.
3. Describe the clinical features of herpes labialis.
4. Describe the clinical features of recurrent intraoral herpes simplex infection, and compare them with the clinical features of minor aphthous ulcers.
5. Describe the clinical characteristics of herpes zoster when it affects the skin of the face and oral mucosa.
6. List two oral infectious diseases for which a cytologic smear may assist in confirming the diagnosis.
7. List four diseases associated with the Epstein-Barr virus.
8. List two diseases caused by coxsackieviruses that have oral manifestations.
9. Describe measles and mumps.

DEVELOPMENTAL DISORDERS

Objectives: At the completion of this unit the student should be able to:

1. Define each of the words in the vocabulary list for this chapter.
2. Define inherited disorders.
3. Recognize developmental disorders of the dentition.
4. Define each of the development anomalies discussed in this chapter.
5. Identify clinically, radiographically, or both, the developmental anomalies discussed in this chapter.
6. Distinguish between intraosseous cysts and extraosseous cysts.
7. Describe the differences between odontogenic and nonodontogenic cysts.
8. Name four odontogenic cysts that are intraosseous.
9. Name two odontogenic cysts that are extraosseous.
10. Name four nonodontogenic cysts that are intraosseous.
11. Name four nonodontogenic cysts that are found in the soft tissues of the head, neck, and oral region.
12. List and define three anomalies that affect the number of teeth.
13. List and define two anomalies that affect the size of teeth.
14. List and define five anomalies that affect the shape of teeth.
15. Define and identify each of the following anomalies affecting tooth eruption: impacted teeth, embedded teeth, and ankylosed teeth.
16. Identify the diagnostic process that contributes most significantly to the final diagnosis of each developmental anomaly discussed in this chapter.

GENETICS

Objectives: At the completion of this unit the student should be able to:

1. Define each of the words listed in the vocabulary for this chapter.
2. Explain what is meant by the Lyon hypothesis and give an example of its clinical significance.
3. Explain what is meant by a gross chromosomal abnormality and give three examples of syndromes that result from gross chromosomal abnormalities, and their characteristics.
4. List the four inheritance patterns.
5. Explain what is meant by X-linked inheritance.
6. State the inheritance pattern and describe the oral manifestations and, if appropriate, the characteristic facies for each of the following: cyclic neutropenia, Papillon-Lefevre (PLS) syndrome, cherubism, chondroectodermal dysplasia (Ellis-van Creveld syndrome), mandibulofacial dysostosis (Treacher Collins syndrome), gingival fibromatosis, Laband syndrome, cleidocranial dysplasia, osteogenesis imperfecta, hereditary hemorrhagic telangiectasia (Osler-Rendu-Parkes Weber syndrome), Peutz-Jeghers syndrome, white sponge nevus (Cannon disease), ectodermal dysplasia, hypophosphatasia, and hypophosphatemia vitamin D-resistant rickets.
7. State the inheritance pattern, the oral or facial manifestations, and the type and location of the malignancy associated with each of the following syndromes: Gardner syndrome; nevoid basal cell carcinoma syndrome (Gorlin syndrome); multiple mucosal neuromas, medullary carcinoma of the thyroid gland, and pheochromocytoma syndrome (multiple endocrine neoplasia type 2B [MEN 2B]); and neurofibromatosis of von Recklinghausen.
8. State the location and malignant potential of the intestinal polyps in Peutz-Jeghers syndrome and Gardner syndrome.
9. List the four types of amelogenesis imperfecta.
10. Briefly compare and contrast dentinogenesis imperfecta, amelogenesis imperfecta, and dentin dysplasia, including the inheritance patterns, the clinical manifestations, and the radiographic appearance of each.

NEOPLASIA

Objectives: At the completion of this unit the student should be able to:

1. Define each of the words listed in the vocabulary for this chapter.
2. Explain the difference between a benign tumor and a malignant tumor.
3. Define leukoplakia and erythroplakia.
4. Define the following neoplasms, describe the clinical features of each, and explain how they are treated: papilloma, squamous cell carcinoma, verrucous carcinoma, basal cell carcinoma, pleomorphic adenoma, monomorphic adenoma, adenoid cystic carcinoma, mucoepidermoid carcinoma, ameloblastoma, calcifying epithelial odontogenic tumor (CEOT), adenomatoid odontogenic tumor (AOT), odontogenic myxoma, central cementifying and ossifying fibromas, benign cementoblastoma, ameloblastic fibroma, ameloblastic fibro-odontoma, odontoma, peripheral ossifying fibroma, lipoma, neurofibroma and schwannoma, granular cell tumor, congenital epulis,

rhabdomyosarcoma, hemangioma, lymphangioma, Kaposi sarcoma, melanocytic nevi, malignant melanoma, osteoma, osteosarcoma, chondrosarcoma, leukemia, lymphoma, multiple myeloma, and metastatic jaw tumors.

NON-NEOPLASTIC DISEASES OF BONE

Objectives: At the completion of this unit the student should be able to:

1. Define benign fibro-osseous lesions.
2. Define dysplasia as it relates to bone diseases and differentiate the term from epithelial dysplasia.
3. Describe the clinical, radiographic, and microscopic features of aneurysmal bone cyst, periapical cemento-osseous dysplasia, focal cemento-osseous dysplasia, and florid cemento- osseous dysplasia.
4. Compare and contrast periapical cemento-osseous dysplasia, focal cemento-osseous dysplasia, and florid cemento-osseous dysplasia.
5. List the benign fibro-osseous lesions that occur in the jawbones.
6. Compare and contrast monostotic fibrous dysplasia with polyostotic fibrous dysplasia.
7. Compare and contrast the radiographic appearance, histologic appearance, and treatment of fibrous dysplasia of the jaws with those of ossifying fibroma of the jaws.
8. Compare and contrast the three types of polyostotic fibrous dysplasia.
9. Describe the histologic appearance of Paget disease of bone and describe its clinical and radiographic appearance when the maxilla or mandible is involved.
10. State the cause of osteomalacia and rickets.
11. Describe the clinical, radiographic and microscopic features of the central giant cell granuloma and aneurysmal bone cyst.

ORAL MANIFESTATIONS OF SYSTEMIC DISEASES

Objectives: At the completion of this unit the student should be able to:

1. Define each of the words listed in the vocabulary for this chapter.
2. Describe the difference between gigantism and acromegaly and list the physical characteristics of each.
3. State the oral manifestations of hyperthyroidism.
4. Describe the difference between primary and secondary hyperparathyroidism.
5. Define Addison disease and describe the changes that occur on the skin and oral mucosa in a patient with Addison diseases.
6. Compare and contrast the cause, laboratory findings, and oral manifestations of each of the following: iron-deficiency anemia, pernicious anemia, folic acid deficiency, and vitamin B deficiency.
7. Compare & contrast the definitions & oral manifestations of thalassemia major & sickle cell anemia.
8. Define celiac disease.
9. Describe the difference between primary and secondary aplastic anemia.
10. Describe the oral manifestations of polycythemia.
11. Explain why platelets may be deficient in polycythemia vera.
12. Describe the most characteristic oral manifestations of agranulocytosis.

13. Describe and contrast acute and chronic leukemia.
14. State the purpose of each of the following laboratory tests: platelet count, bleeding time, prothrombin time (PT), partial thromboplastin time (PTT), and international normalized ratio (INR).
15. List two causes of thrombocytopenic purpura.
16. Describe the oral manifestations of thrombocytopenia and nonthrombocytopenic purpura.
17. Define hemophilia and describe its oral manifestations and treatment.

OROFACIAL PAIN AND TEMPOROMANDIBULAR DISORDERS

Objectives: At the completion of this unit the student should be able to:

1. Define each of the vocabulary words for this chapter
2. Describe the two categories of neuropathic pain
3. Describe the clinical features, oral manifestations, diagnosis, and treatment of burning mouth syndrome.
4. Describe the clinical features, diagnosis and treatment of trigeminal neuralgia
5. Describe the clinical features, diagnosis, and treatment of Bell palsy (idiopathic facial paralysis)
6. Be able to label the TMJ, glenoid(mandibular) fossa of the temporal bone, articular disc, mandibular condyle, joint capsule, and superior belly of the lateral pterygoid muscle. And state the function of the muscles of mastication.
7. Name and explain the various factors on which normal function of the temporomandibular joint depends.
8. Be able to describe temporomandibular disorders, dysfunctions and the use of imaging.
9. List and describe the different types of temporomandibular disorders, and be able to discuss treatment goals and two main categories of treatment for temporomandibular disorders.

APPENDIX I

CASE STUDY REPORT/PRESENTATION

DESCRIPTION:

The purpose of the case studies is to guide the development of critical thinking skills and the application of theory. The case supplements conditions discussed in lectures and provide an opportunity to evaluate scientific literature.

OBJECTIVES: The student will be able to:

- Evaluate current scientific literature
- Use critical thinking skills to assess the condition
- Foster cooperative learning
- Reinforce recognition of oral conditions

INSTRUCTIONS:

Students will be assigned to groups of two or three. Each group must develop a detailed presentation of assigned case study. The group will present the case study to the class. Each group will have one case study for the semester. Be sure and check your work against the rubric provided.

The case study report and presentation:

- Reports:
 - Must be typed
 - 1 of the pages should be the reference page. You should use at least 3 references. The references should be peer reviewed and dental related. One can be the textbook.
 - #12 font
 - State all information to cover your topic thoroughly. Include all radiographs and pictures to help support your topic.
 - The reports are due the Monday before presentation.
- Class Presentations:
 - No more than 10 to 15 minutes.
 - Each group member should participate in the presentation

DHYG 1339 Case Study/Disease Process Report/ Presentation			
LIT Competency Statements	P2. Assume responsibility for dental hygiene actions and care based on accepted scientific theories and research as well as the accepted standard of care. P4. Communicate effectively with individuals and groups from diverse populations both verbally and in writing.		
Student		Date:	
Group #		Grade:	_____ Points Awarded

1= Meets all criteria; 0 = Does not meet all criteria

The student, in accordance with the standards set forth by the ADA and the Dental Hygiene Program, has demonstrated the following criteria.		Points Awarded
1	Introduce two topics you have been assigned and cover them in detail	
2	Patients' history filled out in detail	
3	Provide radiographs for each topic	
4	Provide intraoral pictures for each topic	
5	The etiology for each topic (if unknown you must state that it is idiopathic)	
6	State treatment for each topic	
7	State what would be preventative measures taken for each topic	
8	Provide two test questions (included in slide show for class participation)	
9	Report is turned in by email on the Monday before the presentation	
10	Weebly is turned in one week from presentation	
	Total points	