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replaced with a root canal sealer. in this process, the actual canal is thoroughly cleaned with special techniques. finally, the root canal system is filled or sealed and the entire tooth is then evaluated for overall success of the treatment. this is the most commonly used method of root canal therapy and used by many dentists. in the case of supernumerary teeth, two options are possible. either the supernumerary tooth is left in place or the supernumerary tooth should be extracted. deciding between the two options is a difficult and challenging task which has no guidelines or protocols and is done on a case to case basis. if supernumerary tooth is left in its place, then the functions of the supernumerary tooth can be restored with the corresponding tooth. however, the treatment of the primary dentition is very much important and can be done in a meticulous manner under the supervision of the pediatrician. if the supernumerary tooth is extracted, then the treatment of the primary dentition can be postponed till the permanent dentition is in place. as a result, these treatment procedures are used for large and complex supernumerary teeth.

# Download

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transparency is the transparence of the mucosa. it often results from the interaction between genetic, environmental, and

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behavioral factors. in contrast, opacity of the mucosa may be induced by: irritation, salivary gland obstruction, and the accumulation of mucus. the structural anatomy of the mucosa is arranged to provide protection of body against the external agents. clinical examination of the oral cavity should reveal the presence of white (leukoplakia), red (chronic ulcerations), or yellow (gum tissue) lesions. the surface is rough because of the accumulation of inflammatory exudate. the clinical diagnosis of leukoplakia is based on the

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clinical appearance of the white-colored lesion. it can be further confirmed by performing a surface biopsy of the lesion. this patient presented to the department of dental surgery and implantology, in smnhs hospital with chief complaint of swelling on the tongue for the last 6 months. the patient revealed he had no bleeding or discharge from the tongue and that the swelling increased gradually. the patient felt that the swelling was starting and off during the day and had no pain. on palpation the swelling was diffuse and firm with a smooth

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surface and no palpable border. the swelling was moderate to fluctuating in nature. the color of the swelling was light red, which was excruciative and changeable in nature. the size of the swelling increased gradually to the present state. the swelling was present since last 2 years, but appeared to increase in size over the last 6 months. the swelling was present in all four quadrants of the anterior and posterior border of the tongue and was mildly fluctuating. the patient was healthy and was not on any medication. he also denied any tobacco habit and any alcohol

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intake. his medical history was  
found to be non-contributory.  
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