Dear colleagues am writing down extra notes for this lecture. Though doctor was just reading the slides and she was really fast.

I asked her for our reference she said slides and article for this lect are enough.

**Eruption disturbance**

Slide 4: the etiology is mostly associated with tooth germ

Please note that the slides are repeated.

Slide 6: Management: depends on the case if it's mobile or not. most of the teeth are excessively mobile so if they are mobile and you can't deal with child or there's sublingual ulceration then go for simple extraction.

Slide 8: acute neonatal osteomyelitis caused by bacterial infection.

Acrodynia : its mercury poisoning

Hypophostophasia: deficiency of alkaline phosphatase. It's very important in bone metabolism regulation, so when it's deficient it will lead attachment loss between cementum and periodontal tissue.

Neutropenia: problem in neutrophils count

Slide 9: bone resorption can be focal, multi focal or diffused (floating teeth).

Slide 10:most probably the problem in primary teeth will be appeared in permanent teeth.

Slide 11 : with no teeth, the alveolar bone won't grow so we can place any implant without fear of jaw growth and implant displacement

Slide 12: delayed loss of primary teeth leads to delayed loss of permanent teeth eventually

In cleidocranial dyplasia we can notice the supernumerary teeth.

Slide 14: if the first point doesn’t happen we will end up having open bite

Slide 15 : 2 SD means one year delay

**Oral pathology in pediatric dentistry**

Slide 4: igG transmits to placenta

Stress reduces the Immunity

Slide 9: asprin can cause Rays syndrome

Use lidocaine topical in small amounts

Slide 10 : in methemoglobinemia the oxygen can't be delivered to tissue by hemoglobin

Slide 14: the color will depend on amount of trauma. If its severe it will appear purplish to bluish if not it will be pinkish color.

Slide 19: its GUM not gingiva

Slide 25 : if it's in tingling stage then it's easy to treat if not then use corticosteroid and antihistamine.

Slide 29: we can see it in adults and immune-compromised children.