



MODULE- GIT & UGS II

3rd Year BDS

Teaching Hours Allocation

Hours allocation for different subjects

S.No	Subject	Hours
5	General Medicine	14
6	General Surgery	13
7	Periodontology	4
8	Prosthodontics	6
9	Oral Medicine	9
11	Oral & Maxillofacial Surgery	3
	Total	49

Themes

S. No	Theme	Duration in hours
1	Abdominal Pain	21
2	Vomiting & Diarrhea	15
3	Swelling	13
	Total in hours	49
	Total in weeks	3.5 weeks

***3 Hours per day for 5 days (Monday to Friday) = 15 hours/ week**

Learning Objectives

By the end of this module, students of 3rd year BDS will be able to;

1. Correlate the structure and function of the gastrointestinal and urinary systems with common medical and surgical disorders relevant to dentistry.
2. Identify key clinical presentations such as jaundice, abdominal pain, vomiting, bleeding, diarrhea, and swelling, and relate them to underlying pathology.
3. Interpret essential investigations including LFTs, RFTs, and imaging to support clinical diagnosis.
4. Recognize oral and maxillofacial manifestations of systemic hepatic, gastrointestinal, and renal diseases.
5. Apply principles of initial management and patient safety, including infection control and HBV vaccination protocols.
6. Differentiate medical from surgical conditions requiring urgent attention or referral.
7. Demonstrate professional communication, teamwork, and ethical conduct in clinical and community settings.
8. Reflect on clinical learning experiences to improve reasoning, diagnostic accuracy, and integration of oral systemic care.

Theme 1: Abdominal Pain

S.no	Topic	Hours	Learning Objectives
General Medicine			
1	Peptic Ulcer Disease/Gastro Esophageal Reflux Disease	1 hr	<ol style="list-style-type: none"> 1. Define PUD and GERD and differentiate between the two conditions. 2. Describe the common etiological factors of PUD. 3. Identify typical clinical features of PUD and GERD. 4. Enlist common complications of PUD and GERD 5. Describe oral and dental manifestations of GERD, 6. Outline key diagnostic approaches for PUD and GERD 7. Discuss medical management principles. 8. Identify dental precautions in patients taking anti-ulcer drugs and those with active gastrointestinal disease.
2	Hepatitis	1 hr	<ol style="list-style-type: none"> 9. Define hepatitis and classify it into viral (A-E) and non-viral causes. 10. Describe modes of transmission of viral hepatitis. 11. Outline common clinical features of acute and chronic hepatitis. 12. Identify basic investigations used to diagnose hepatitis and its etiology. 13. Explain general principles of management and prevention of viral hepatitis, including vaccination. 14. Describe standard infection control precautions and post exposure prophylaxis for hepatitis in dental settings.
3	Chronic Liver Disease	1hrs	<ol style="list-style-type: none"> 15. Define chronic liver disease and enlist its common causes. 16. Describe the pathophysiology of progression from hepatitis to cirrhosis. 17. Identify common clinical features and stigmata of CLD. 18. Recognize key laboratory abnormalities seen in CLD. 19. Outline drug metabolism impairment in CLD and its impact on commonly used dental medications. 20. Identify dental management considerations in patients with CLD

			(local anesthesia, analgesics, antibiotics, bleeding risk).
4	Complications of Chronic Liver Disease	1 hr	<ul style="list-style-type: none"> 21. Enlist major complications of CLD, 22. Describe the pathophysiology and clinical features of portal hypertension, including esophageal and gastric varices. 23. Outline management plan for GI bleed. 24. Describe pathophysiology, precipitating factors and clinical features of hepatic encephalopathy 25. Describe investigations and management of Hepatic Encephalopathy 26. Describe pathophysiology of ascites in settings of CLD. 27. Define Suppurative bacterial peritonitis 28. Differentiate etiology of Ascites based upon SAAG ratio 29. Formulate a treatment plan for CLD related Ascites and SBP
General Surgery			

5	Obstructive Jaundice	1	<p>30. List the benign & malignant causes of obstructive jaundice (choledocholithiasis, strictures, biliary & pancreatic tumours)</p> <p>31. Describe the clinical features, investigations and management of different surgical pathologies causing obstructive jaundice.</p>
6	Acute Abdomen	2	<p>32. Define acute abdomen.</p> <p>33. List the common causes of acute abdomen (appendicitis, perforation, intestinal obstruction, pancreatitis, ectopic pregnancy, volvulus).</p> <p>34. Discuss the clinical features and investigations of each.</p> <p>35. Describe the surgical management of acute abdomen.</p>
7	Appendicitis	1	<p>36. Discuss the etiology, clinical features and complications of acute appendicitis.</p> <p>37. Discuss the laboratory and radiological investigations for acute appendicitis.</p> <p>38. Describe the management of acute appendicitis, including a brief overview of the surgical steps involved in appendectomy.</p>
8	Cholecystitis	1	<p>39. Discuss the etiology, clinical features and complications of acute and chronic cholecystitis.</p> <p>40. Discuss the laboratory and radiological investigations for cholecystitis.</p> <p>41. Describe the management of cholecystitis, including a brief overview of the surgical steps involved in cholecystectomy.</p>
9	Pancreatitis	1	<p>42. Discuss the etiology, clinical features and complications of acute and chronic pancreatitis.</p> <p>43. Discuss the laboratory and radiological investigations for pancreatitis</p> <p>44. Describe the management of acute pancreatitis.</p>

10	Peptic Ulcer Disease and its Complications	1	<p>45. Discuss the etiology, clinical features and complications of peptic ulcer disease.</p> <p>46. Discuss the laboratory and radiological investigations for peptic ulcer disease.</p> <p>47. Explain the surgical management of bleeding and perforated ulcers.</p>
11	Liver Diseases (Abscess, Hydatid cyst, tumours)	1	<p>48. Discuss the clinical features, investigations and surgical management of liver abscess, hydatid cyst & liver tumours (primary & secondary)</p>
12	Abdominal & Pelvic Trauma	1	<p>49. Classify abdominal & pelvic trauma (blunt & penetrating injuries)</p> <p>50. Describe the clinical features, investigations and management of different intra-abdominal visceral injuries.</p> <p>51. Describe the clinical features, investigations and management of pelvic visceral injuries.</p>
Periodontology			
13	Nutritional influences on the periodontium	1	<p>52. Recognize how malnutrition affects periodontal tissues and host defense</p> <p>53. Describe the concept of the "oral-gut axis" and how the swallowing of periodontopathic bacteria could impact the gastrointestinal microbiome.</p>
14	Halitosis	1	<p>54. Diagnose the oral causes of halitosis, differentiating between tongue coating and periodontitis-related etiologies.</p> <p>55. Explain the role of specific periodontal pathogens and their metabolic byproducts (e.g., VSCs) in the pathogenesis of oral malodor.</p> <p>56. Formulate a treatment plan for halitosis that includes periodontal therapy, tongue cleaning, and patient education.</p>
Prosthodontics			
15	Relining and Rebasling:	2	<p>57. Define Relining and Rebasling</p> <p>58. Explain relining tooth supported denture bases.</p>

			<p>59. Explain relining distal extension denture bases.</p> <p>60. Elaborate the methods of reestablishing occlusion on a relined removable Partial denture</p>
OMFS			
16	Dental Management of patient with liver disease	1	61. Discuss the dental management of patient with liver disease (Jaundice, Hepatitis, Cirrhosis)
17	Systemic Complications of Local Anesthesia	1	<p>62. Enumerate systemic complications of Local Anesthesia\</p> <p>63. Discuss the management and prevention of systemic complications of local anesthesia</p>
Oral Medicine			
18	Hepatitis	1	<p>64. Discuss the oral manifestations of hepatitis.</p> <p>65. Discuss the management protocol for a patient with hepatitis undergoing dental treatment.</p> <p>66. Describe the protocol for needle stick injury.</p>
19	LA toxicity Anaphylaxis	1	<p>67. Discuss clinical features, diagnosis and management of a a patient suffering from LA toxicity in a dental chair</p> <p>68. Discuss clinical features, diagnosis and management of a patient suffering from a severe allergic reaction (anaphylaxis) in a dental chair</p>

Theme 2: Vomiting & Diarrhea

S.no	Topic	Hour	Learning Objectives
General Medicine			
20	Acute Gastro Enteritis	1 hr	69. Define acute gastroenteritis and describe its common causes.

			<p>70. Classify AGE based on etiology and stool characteristics.</p> <p>71. Identify common clinical features and danger signs of AGE.</p> <p>72. Explain the concept and assessment of dehydration.</p> <p>73. Outline basic investigations used in AGE.</p> <p>74. Describe principles of management of AGE</p> <p>75. Discuss complications of AGE</p>
21	Inflammatory Bowel Disease	1 hr	<p>76. Define inflammatory bowel disease.</p> <p>77. Differentiate between ulcerative colitis and Crohn's disease.</p> <p>78. Describe the basic pathophysiology of IBD.</p> <p>79. Identify common gastrointestinal manifestations of IBD.</p> <p>80. Enumerate extra-intestinal manifestations of IBD, including oral lesions.</p> <p>81. Differentiate IBD from IBS.</p> <p>82. Outline basic investigations used in IBD.</p> <p>83. Describe general principles of medical management of IBD.</p> <p>84. Recognize complications of IBD.</p> <p>85. Identify dental considerations in patients with IBD.</p>
22	Diabetes Mellitus	1 hr	<p>86. Define diabetes mellitus and classify its major types.</p> <p>87. Describe the basic pathophysiology of type 1 and type 2 diabetes.</p> <p>88. Identify common symptoms and signs of diabetes mellitus.</p> <p>89. Outline diagnostic criteria for diabetes.</p> <p>90. Describe principles of glycemic control and monitoring.</p> <p>91. Explain lifestyle modification in diabetes management.</p> <p>92. Enlist commonly used anti-diabetic medications with their main side effects.</p> <p>93. Recognize hypoglycemia and its immediate management.</p> <p>94. Recognize oral manifestations of Diabetes.</p>

			<p>95. Explain the impact of diabetes on wound healing and infections.</p> <p>96. Identify dental management considerations in diabetic patients.</p>
23	Complications of diabetes	1 hr	<p>97. Classify complications of diabetes mellitus into acute and chronic, macrovascular and microvascular forms.</p> <p>98. Describe clinical presentation, investigations and management of acute metabolic complications, including hypoglycemia, diabetic ketoacidosis, and hyperosmolar hyperglycemic state.</p> <p>99. Identify clinical features, treatment and complications of diabetic neuropathy.</p> <p>100. Describe the development and consequences of diabetic foot disease</p> <p>101. Explain the impact of poor glycemic control on surgical and dental outcomes.</p> <p>102. Identify situations requiring modification or postponement of dental treatment and referral.</p>
24	Addisons disease	1 hr	<p>103. Define Adrenal insufficiency.</p> <p>104. Differentiate between primary and secondary adrenal insufficiency.</p> <p>105. Describe the causes of primary adrenal insufficiency.</p> <p>106. Explain the basic pathophysiology of Addison's disease.</p> <p>107. Identify common clinical features of Addison's disease.</p> <p>108. Recognize characteristic oral manifestations of Addison's disease.</p> <p>109. Outline basic investigations used in diagnosis.</p> <p>110. Describe principles of management of Addison's disease.</p> <p>111. Explain the concept of adrenal crisis.</p> <p>112. Identify dental stress as a trigger for adrenal crisis.</p>

			113. Describe dental management and steroid coverage in Addison's disease patients.
25	Malabsorption/celiac disease	1 hr	<p>114. Define malabsorption syndrome.</p> <p>115. Describe common causes of malabsorption.</p> <p>116. Define celiac disease and explain its pathophysiology</p> <p>117. pathophysiology</p> <p>118. Identify clinical features of malabsorption and celiac disease.</p> <p>119. Identify oral manifestations of celiac disease.</p> <p>120. Outline basic investigations used to diagnose celiac disease and malabsorption.</p> <p>121. Describe principles of management of celiac disease.</p> <p>122. Explain dental considerations in patients with malabsorption disorders.</p>
Prosthodontics			
26	Repairs and additions	1	<p>123. Summarize causes of failure of cast retained cast partial denture.</p> <p>124. Explain repair of:</p> <ul style="list-style-type: none"> • Broken clasp arm • Fractured occlusal rest • Distortion or breakage of major or minor connectors • Loss of teeth • Denture base <p>125. Discuss soldering and its types.</p>
27	Special use RPDs	1 hr	126. Explain the purpose and applications of special-use RPDs such as Obturator Spoon dentures Every denture, and Overlay dentures
General Surgery			

28	Diarrhea	1	<p>127. List common causes of chronic diarrhea relevant to surgical practice (Inflammatory bowel disease, colorectal malignancy, intestinal tuberculosis, short bowel syndrome).</p> <p>128. Discuss the clinical features, investigations and surgical management of each.</p>
29	Nutrition & Fluid therapy in Surgery	1	<p>129. Discuss preoperative and postoperative malnutrition</p> <p>130. Describe the fluid and electrolyte requirement in the pre and post-surgical patient.</p> <p>131. Discuss the how to evaluate the nutritional requirement of surgical patients</p> <p>132. Discuss the different modes of nutrition in surgery (enteral nutrition, parenteral nutrition, tube feeding)</p> <p>133. Discuss indications, advantages, and limitations of enteral versus parenteral nutrition.</p>
Oral Medicine			
30	Orofacial Granulomatosis Melkerson-Rosenthal syndrome	1	<p>134. Define Orofacial Granulomatosis</p> <p>135. Enumerate conditions responsible for orofacial granulomatosis</p> <p>136. Describe clinical features, aetiology, diagnosis and treatment of Orofacial Granulomatosis</p> <p>137. Discuss in detail Melkersson-Rosenthal syndrome</p>
31	Inflammatory bowel disease Ulcerative colitis Chron's disease Pyo stomatitis vegetans GERD	1	<p>138. Define Inflammatory bowel disease</p> <p>139. Discuss types, oral manifestations, diagnosis and management of Inflammatory bowel disease.</p> <p>140. Discuss in detail Pyo stomatitis vegetans</p> <p>141. Describe GERD and its oral manifestations.</p> <p>142. Discuss management of oral manifestations of GERD.</p>
32	Diabetes	1	<p>143. Discuss the diagnosis and emergency management of a patients suffering from hypoglycaemia during a dental procedure</p> <p>144. Discuss the diagnosis and emergency management of a patients suffering</p>

			from hyperglycaemia during a dental procedure
33	Celiac disease	1	145. Define celiac disease 146. Discuss the oral manifestations, pathophysiology, aetiology, diagnosis, and management of celiac disease.
34	Endocrine disorders	1.	147. Discuss the dental implications of endocrine disorders.

Theme 3: Swelling

S.no	Topic	Hour	Learning Objectives
General Medicine			
35	Acute Kidney Injury	1 hr	<p>148. Define acute kidney injury.</p> <p>149. Classify AKI and enlist the causes of each class.</p> <p>150. Describe the basic pathophysiology of AKI.</p> <p>151. Identify common clinical features and laboratory findings of AKI.</p> <p>152. Differentiate different forms of AKI on the basis of clinical features and investigations.</p> <p>153. Outline general principles of management of AKI.</p> <p>154. Identify common complications of AKI.</p> <p>155. Explain the impact of AKI on fluid, electrolyte, and drug handling.</p> <p>156. Recognize dental drugs that require caution in AKI.</p> <p>157. Identify indications for dialysis in AKI</p>
36	Chronic Kidney Diseases	1 hr	<p>158. Define chronic kidney disease.</p> <p>159. Describe the stages of CKD.</p> <p>160. Explain the basic pathophysiology of CKD.</p> <p>161. Identify common clinical features of CKD.</p> <p>162. Enumerate major systemic complications of CKD.</p> <p>163. Describe anemia and mineral bone disorder in CKD.</p> <p>164. Outline general principles of management of CKD.</p> <p>165. Enlist indications of dialysis in CKD</p> <p>166. Enlist different types of renal replacement therapies.</p> <p>167. Identify oral and dental manifestations of CKD.</p> <p>168. Explain drug dose adjustment and bleeding risk in CKD patients.</p> <p>169. Identify dental treatment considerations and indications for deferring the procedure</p>

37	Glomerulo Nephritis (nephrotic, nephritic)	1 hr	<p>170. Define glomerulonephritis.</p> <p>171. Describe nephritic and nephrotic presentations of GN.</p> <p>172. Enlist causes of Nephrotic and Nephritic GN.</p> <p>173. Identify common clinical features of glomerulonephritis.</p> <p>174. Outline basic laboratory findings in GN.</p> <p>175. Describe general principles of management of GN.</p>
38	Cushings syndrome	1 hr	<p>176. Define Cushing's syndrome.</p> <p>177. Describe endogenous and exogenous causes of Cushing's syndrome.</p> <p>178. Explain the basic pathophysiology of hypercortisolism.</p> <p>179. Identify common clinical features of Cushing's syndrome.</p> <p>180. Recognize characteristic oral and facial manifestations.</p> <p>181. Outline basic investigations used in diagnosis.</p> <p>182. Describe principles of management of Cushing's syndrome.</p> <p>183. Identify complications associated with prolonged hypercortisolism.</p> <p>184. Explain the effect of Cushing's syndrome on wound healing and infection.</p>
General Surgery			
39	Skin and soft tissue swellings	1	<p>185. List the various skin and soft tissue swellings. Lipoma, Fibroma, Papilloma, Hemangioma, Neurofibroma, Ganglion cyst, Sebaceous cyst, Dermoid cyst, Pilar cyst)</p> <p>186. Discuss the clinical features, investigations and management of each.</p>
40	Abdominal wall herniae	1	<p>187. Classify abdominal wall herniae.</p> <p>188. Discuss the risk factors, clinical features and investigations for hernia.</p> <p>189. Describe the surgical management of hernia.</p>
Periodontology			
41	Chronic Kidney Disease	1	<p>190. Discuss the bidirectional relationship between periodontitis and chronic kidney disease.</p> <p>191. Adapt periodontal treatment and medication choices for a patient with renal compromise</p>
42	Periodontal Risk Assessment	1	<p>192. Define Risk factors for periodontal disease.</p>

			<p>193. Discuss the risk factors, risk determinants and indicators for periodontal disease.</p> <p>194. Describe the Risk determinants and risk indicators for periodontal disease.</p> <p>195. Identify the Risk markers/predictors for periodontal disease.</p> <p>196. Assess the Clinical risk for periodontal disease</p>
Oral Medicine			
43	Considerations in renal transplant and dialysis patients	1	<p>197. Describe the necessary considerations in a renal transplant and dialysis patient requiring dental treatment.</p> <p>198. Discuss the work up and modifications in dental treatment of renal transplant and dialysis patient.</p>
44	Patient on steroids	1	<p>199. Discuss the oral manifestations of a patient with long term steroid therapy.</p> <p>200. Discuss the management protocol of a patient requiring dental treatment while under steroid therapy.</p>
OMFS			
45	Dental Management of patients with renal disease	1	<p>201. Discuss the management of dental patients with renal disease</p>
Prosthodontics			
46	Digital Dentistry in RPD	2	<p>202. Define digital dentistry.</p> <p>203. Identify digital tools used in CPD workflows, including scanning, CAD, and CAM systems.</p> <p>204. Describe the digital workflow for designing and fabricating cast partial denture frameworks.</p> <p>205. Differentiate between conventional and digital techniques for CPD fabrication with respect to accuracy, efficiency, and limitations.</p>

Learning Resources	
Oral pathology	<p>Textbook of Soams and Southam's Oral Pathology</p> <p>Contemporary Oral and Maxillofacial Pathology</p> <p>Oral and Maxillofacial Pathologies by Neville</p>
Oral medicine	<p>Tyldesley's Oral Medicine Textbook</p> <p>Burket's Oral Medicine Diagnosis and Treatment Textbook</p>

Periodontology	Newman and Caranza's Clinical Periodontology and Implantology, 14 th edition Lindh's Clinical Periodontology and Implantology Dentistry, 7 th Edition
General medicine	Davidson's Principles and Practice of Medicine
General surgery	Bailey & Love's Short Practice of Surgery
Preclinical Prosthodontics	McCracken's Removable Partial Prosthodontics Stewart's Clinical Removable Partial Prosthodontics