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DE MEDICINĂ ȘI FARMACIE
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DENTAL MEDICINE MULTIPLE QUESTIONS

ENDODONTICS

1. **Which of the following affirmations is correct:**

A. a white K-file can be ISO 15 or 45
B. an ISO K-file red has a tip diameter of 0.25 mm
C. ISO standardised endodontic files have a constant taper of 2% (.02)
D. the symbol for K-files is a square and for K-reamers is a triangle
E. a K-file no.10 has a tip diameter of 10 mm

A,B,C,D

2. **Sodium hypochlorite used as main irrigant in endodontic therapy has the following roles:**

A. is an effective antibacterial agent
B. is an excellent solvent of the organical tissues
C. acts also as lubricant
D. is an excellent solvent of the smear layer
E. improves adhesion to the root canal walls

A, B, C

3. **The rationale for rubber dam use in endodontics is:**

A. protects patient and doctor
B. acts as barrier
C. provides retraction and protection of the soft tissues
D. improves the visibility and efficiency during endodontic treatment
E. shortens the working time

A,B,C,D

4. **For vital pulpectomy on tooth 2.6:**

A. topical anaesthesia is sufficient
B. only buccal plexal anaesthesia is used
C. buccal plexal anaesthesia combined with palatal infiltration are used
D. intrapulpal anaesthesia can be used complementary when the pulp chamber is opened
E. anaesthesia into Spixe's spine is used

C, D

5. **The access cavity is:**

A. triangular in lower incisors
B. oval in upper molars
C. oval in canines
D. oval in tooth 1.4
E. rounded triangular in premolars

C,D

6. **Which of the following affirmations is correct about the removal of the smear layer from the root canal space before its three-dimensional filling?**

A. can improve the adhesion and adaptation of the root canal filling, allowing the sealer to penetrate into the dentinal tubules
B. the opening of the dentinal tubules can release bacterias covered by smear layer, and expose them to NaOCl
C. improves the radiopacity of the endodontic sealers
D. can reduce the microinfiltration
E. is done by endodontic irrigants, such as NaOCl and chlorhexidine

A,B,C,D

7. **The access cavity in central upper incisors is located:**

A. more apical from the cingulum
B. more coronal from the cingulum, sometimes extended on the incisal margin
C. on the palatal surface
D. on the mesial surface
E. on the distal surface

B, C

8. ***Most frequently, two root canals and two roots has:**

A. the 1st maxillary molar
B. the 2nd upper premolar
C. the 1st upper premolar
D. the mandibular canine
E. the 1st lower incisor

C

9. **The major goals of root canal preparation are the prevention of periradicular disease and/or promotion of healing in cases where disease already exists, through:**

A. removal of vital and necrotic tissue from the main root canal(s)
B. creation of sufficient space for irrigation and medication
C. preservation of the integrity and location of the apical canal anatomy
D. avoidance of iatrogenic damage of the canal system and root structure
E. further infection of periradicular tissues

A,B,C,D

10. **The objectives of the root canal preparation are:**

A. remove remaining pulp tissue
B. eliminate microorganisms
C. remove debris
D. shape the root canal so that the root canal can be cleaned and filled
E. remove dental caries

A, B, C,D

11. **The requirements of the root canal shaping are:**

A. the prepared canal should include the original canal anatomy

B. the canal should end in an apical narrowing
C. the canals form should be tapered from crown to the apex
D. the preparation should be undertaken with copious irrigation
E. the final length of the preparation should be reduced by treatment
A,B,C,D

12. **Schilder's biological objectives of the root canal preparation are:**
A. confinement of instrumentation to the roots themselves.
B. do not force necrotic debris beyond the foramen.
C. removal of all tissue from the root canal space.
D. creation of sufficient space for intracanal medicaments.
E. do not performe cleaning-shaping for each root canal at one time
A,B,C,D

13. Patency is a step of the root canal treatment:
A. in which we use small stainless steel K-files (0.06, 0.08, 0.10)
B. which cleans the foramen, but does not enlarge it
C. which confirms that the foramen is patent, opened
D. which prevents blockages, ledges during shaping
E. which creates a tapered form of the preparation
A,B,C,D

14. Iatrogenic alterations of the apical foramen are:
A. ledging
B. transportation of the apical foramen
C. zipping without perforation
D. zipping with perforation
E. stripping
A,B,C,D

15. **Hand files motions are:**
A. reaming
B. filing
C. watch-winding
D. balanced force
E. step-back
A,B,C,D

16. It is true that the pulp chamber full of irrigant
A. facilitates negotiation
B. reduces friction
C. cleans and keeps the debris in suspension
D. improves visibility
E. improves anaesthesia
A,B,C

17. **Schilder described five design (mechanical) objectives for shaping the root canal:**

A. continuously tapering funnel from the apex to the access cavity.
B. cross-sectional diameter should be narrower at every point apically.
C. the root canal preparation should flow with the shape of the original canal.
D. the apical foramen should remain in its original position.
E. the apical opening shouldn't be kept as small as practical.
A,B,C,D

18. Endodontic sealers must be:
A. bacteriostatic
B. radiotransparent
C. radiopaque
D. soluble in tisular fluids
E. insoluble in tisular fluids
A,C,E

19. The gutta-percha ISO standardized cones:
A. have a pointed tip
B. have a rounded tip
C. have a constant taper of 2%
D. are used as master cones in the lateral compaction technique
E. have a variable taper of 4%
B,C,D

20. The advantages of a tapered preparation are:
A. better debridment
B. optimal irrigation
C. effective condensation of the filling materials
D. better restoration of the tooth
E. shorter shaping time
A,B,C

21. The apical control zone (ACZ):
A. is an area located in the apical third of the root canal system that demonstrates an exaggerated taper, created by the endodontist during the shaping of the root canal
B. this greater rate of taper is needed as a control zone to provide resistance against the condensation pressures of obturation
C. is a natural zone
D. is located in the coronal third of the root canal
E. is located in the pulp chamber
A,B

22. A tooth with a healthy dental pulp
A. responds normally to the various vitality tests, to percussion and palpation
B. presents no radiographic signs of canal obliteration

C. presents no signs of root resorption
D. has a normal periodontal ligament space and an intact lamina dura along its entire root length
E. does not respond to vitality tests
A,B,C,D

23. Pulpal hyperemia is:
A. a reversible clinical situation
B. characterized by the onset of a sudden, sharp pain in response to cold stimulus
C. the pain resolves almost immediately once the stimulus has been removed
D. the pain lasts for hours after the stimulus is removed
E. an irreversible clinical situation
A,B,C

24. Thinking of the case difficulty assessment, which of the following situations are considered high difficulty cases, and should be treated only by experienced practitioners?
A. signs and symptoms consistent with recognized pulpal and periapical conditions
B. extreme curvature or S-shaped curve
C. maxillary premolar with three roots
D. indistinct canal path or canal not visible on the radiography
E. canal divides in the middle or apical third
B,C,D,E

25. The step-back technique:
A. is an apico-coronal instrumentation technique of the root canal
B. uses K-files from the first and second ISO standardized series
C. creates a taper of 5% when the files are used each with 1 mm shorter than the WL
D. creates a taper of 10% when the files are used each with 0.5 mm shorter than the WL
E. is a corono-apical shaping technique
A,B,C,D

26. The endodontic system consists of:
A. the main root canal
B. lateral canals
C. accessory canals
D. the pulp chamber
E. tooth crown
A,B,C,D

27. An apex locator is a tool which:
A. is accurate, painless and safe
B. locates the end point of the canal and the beginning of the periodontal ligament
C. is not affected by the presence of soft tissue or fluids
D. is used in radiology
E. is used to measure the working length in endodontics
A,C,E

28. Real contraindications for endodontic therapy are:
A. root caries or bifurcation caries
B. internal root resorptions with perforation and fracture
C. vertical root fractures
D. non-restorable teeth, with no ferrule effect
E. internal root resorption without perforation
A,B,C,D

29. Which of the following affirmations are true about endodontic sealers?
A. zinc-oxide eugenol sealers have the advantage of being resorbed if extruded in periradicular tissues
B. the sustained activity of calcium hydoxide in calcium hydroxide sealers is a distinct advantage of this type of sealers
C. glass ionomers sealers are difficult to be removed if retreatment is needed
D. sealers fill the space between the canal walls and the core obturation material, and may fill lateral and accessory canals, isthmuses and irregularities of the root canal system
E. sealers containing paraformaldehyde are contraindicated in endodontic treatment
A,C,D,E

30. Which of the following materials are the most indicated in the luting procedure (adhesive cementation) of a glass fiber post:
A. zinc oxy-phosphate cements
B. etch and rinse adhesive systems
C. adhesive systems with self-etch primers
D. self adhesive resin cements (SARCs)
E. endodontic sealers
B,C,D

31. The standard parameters for fiber post placement in a tooth with normal periodontal support, in case of the adhesive cementation, are as follows:
A. one third to one half the length of the canal, maximum
B. a radicular extension about the coronal length of the core
C. for full crowns, a ferrule is needed to encircle the vertical walls of sound tooth structure above the restoration margins (1.5-2 mm), thus preventing a coincidence between core and restoration limits
D. two thirds the length of the root canal
E. a radicular extension shorter than the coronal length of the core
A,B,C

32. Some of the ideal properties of root canal filling materials are:
A. biocompatibility
B. dimensional stability
C. good flowing, good handling, short working time
D. no staining of the tooth structure
E. radiopacity
A,B,D,E

33. *Which of the following is not a main reason for using the rubber dam during root canal treatment?

A. provides retraction of the soft tissues
B. helps in managing an uncooperative patient
C. protects against the risk of inhalation or ingestion of endodontic instruments
D. protects against the risk of inhalation or ingestion of irrigants
E. eliminates microbial contamination, via saliva, of the exposed root canal system

B

34. *Endodontic therapy is contraindicated in teeth with:

A. constricted or calcified root canals
B. inadequate periodontal support
C. pulp stones
D. curved canals
E. accessory canals

B

35. Which of the following affirmations is true about resin-based sealers:

A. they provide adhesion to the root canal walls and do not contain eugenol
B. they are biocompatible and bacteriostatic
C. some contain formaldehyde and corticosteroids, which represents and advantage of their use
D. they contain zinc oxide and eugenol
E. they release calcium hydroxide during hardening, which increases their bacteriostatic action

A,B

36. *Mandibular left first molar demonstrates a relatively large apical radiolucency encompassing both the mesial and distal roots along with furcation involvement. Periodontal probing depths were all within normal limits. The tooth did not respond to thermal (cold) testing and both percussion and palpation elicited normal responses. There was a draining sinus tract on the mid-facial of the attached gingiva, which was traced with a gutta-percha cone. The diagnosis is:

A. pulp necrosis; chronic apical abscess
B. condensing osteitis
C. pulp necrosis; acute apical abscess
D. acute alveolar abscess
E. chronic pulpitis

A

37. The ProTaper Gold system:

A. is a set of NiTi rotary instruments with a variable taper
B. is a set of NiTi rotary instruments with a constant taper
C. contains 2 shaping instruments S1, S2, which are purple and white coded
D. contains 3 finishing instruments F1, F2, F3 which are 20.07, 25.08 and 30.09
E. contains 3 finishing instruments which are F1 double yellow, F2 red, F3 blue

A,C,D

38. In a crown-root fracture with pulp involvement, the emergency treatment is:
A. a temporary stabilization of the loose fragment to the adjacent teeth
B. in patients with open apices, it is advantageous to preserve the pulp vitality by a partial pulpotomy
C. in patients with mature apical development, root canal treatment can be the choice of treatment
D. in patients with open apices, root canal treatment can be the choice of treatment
E. a temporary stabilization of the loose fragment to the opposite teeth
A,B,C

39. According to IAADT, clinical findings in a root fracture are:
A. bleeding from the pulp
B. bleeding from the gingival sulcus may be observed
C. the coronal segment may be mobile and displaced
D. the tooth may be tender to percussion
E. sensibility testing may give negative results initially
B,C,D,E

40. *Maxillary left lateral incisor exhibits an apical radiolucency. There is no history of pain, and the tooth is asymptomatic. There is no response to Endo-Ice or to the EPT, whereas the adjacent teeth respond normally to both tests. There is no tenderness to percussion or palpation. Diagnosis is:
A. pulpal necrosis; symptomatic apical periodontitis
B. symptomatic irreversible pulpitis; symptomatic apical peridodontitis
C.pulpal inflammation; asymptomatic apical peridodontitis
D. pulpal necrosis; normal periapical tissues
E.pulpal necrosis; asymptomatic apical periodontitis
E

41. Calcium Hydroxide is a medicament used in root canal treatment because it inhibits microbial growth in canals. Which of the followings are not characteristics of this intracanal medicament?
A. it has an antibacterial effect due to its acidic pH of 12.5
B. it is used to dissolve necrotic tissue remnants and bacteria and their by-products
C. it is used as medicament only in vital cases
D. if extruded into the periapical tissues can cause tissue necrosis and pain for the patient
E. it is hygroscopic, so it helps in drying the canal in cases with large periapical lesions
A,C

42. It is true about the fistula in chronic periapical lesions:
A. needs surgical excision
B. prevents the spontaneous flare up of the tooth after the endodontic treatment
C. it is always opening near the apex of the causal tooth
D. it is a sign of a drainage of an acute alveolar abscess
E. it can open at a distance from the causal tooth, making the diagnosis more difficult
B,D,E

43. In the ProTaper Next set:
A. only the X1 instrument has a square section at the tip and rectangular in rest
B. the XA instrument has no colour code
and is called the auxiliary shaping file
C. the X1 and X2 instruments have a constant taper at the tip and then a progressively increasing taper
D. the X3 instrument is 30.07
E. the X2 instrument has a taper of .08
A,B,D

44. The acute alveolar abscess is characterised by:
A. positive vitality tests
B. negative vitality tests
C. swelling, oedema
D. increased mobility of the tooth, the tooth is painful at biting, percution and palpation
E. a fistula with a constant drainage of pus can be observed
B,C,D

45. It is true, thinking about the rotary NiTi instruments for negotiation and glide path:
A. the PathFile instruments are 13.02, 16.04, 19.06
B. the ProGlider instrument has a variable taper from 2 to 8.5 and a tip of 0.15 mm
C. the ProGlider instrument has a variable taper from 2 to 8.5 and a tip of 0.16 mm
D. the ProGlider instrument has an active part of 18 mm length
E. both Pathfile and ProGlider have a squared cross-section
C,D,E

46. According to the AAE, the periapical diagnosis is classified in:
A. Condensing pulpitis
B. Chronical alveolar abscess
C. Symptomatic apical periodontitis
D. Asymptomatic apical peridodontitis
E. Acute alveolar abscess
B,C,D,E

47. In an acute (symptomatic) apical peridodontitis:
A. always the tooth is necrotic
B. the tooth responds negative to vitality tests if the pulp is necrotic
C. the tooth is painful at the percution test
D. the tooth is painful also at vitality tests if the pulp is irreversible inflamed
E. radiologically there is always a lesion at the apex of the tooth
B,C,D

48. *An endodontic instrument with a constant taper of 7% and a tip diameter of 0.25 mm, has at 3 mm from its tip the diameter of:
A. 0,32 mm
B. 0,62 mm

C. 0,46 mm
D. 0,56 mm
E. 0,72 mm
C

49. In an acute alveolar abscess, the emergency treatment consists of:
A. drainage of the tooth with anaesthesia
B. drainage of the tooth without anaesthesia
C. tooth immobilisation between two fingers during access cavity opening
D. use of the highspeed handpiece for opening due to reduced vibration
E. if the drainage cannot be achieved, an incision is recommended
B,C,D,E

50. Which of the following affirmations is correct thinking of the WaveOne Gold system:
A. the instruments have a rectangular cross-section
B. the instruments have a parallelogram cross-section
C. the yellow and red instruments, called WOG Small and Primary, have each a taper of 7%
D. the WOG Medium instrument is 35.06
E. the WOG Large instrument is 40.05
B,C,D

51. In the continuous wave of condensation technique:
A. the electronic plugger heats and compacts gutta-percha in the same time
B. in the backfill phase the canal is filled from coronal to apical
C. the downpack phase is a heating and compaction of gutta-percha from coronal to apical
D. the binding point is located 4-5 mm shorter than the working length
E. the binding point is located 1-2 mm shorter than the working length
A,C,D

52. The Reciproc blue instruments:
A. have a variable taper only at the first 3 mm of the tip
B. have an increased flexibility compared to the Reciproc instruments
C. have a constant taper at the tip, decreasing in rest
D. are single file, single use instruments
E. are R25, R40 and R50
B,C,D,E

53. The emergency treatment of an avulsed completed developed tooth with an extra-oral dry time less than 60 minutes kept in a proper storage medium is:
A. Immediate implant
B. Replantation of the tooth
C. Apply a flexible splint for 2 weeks
D. Initiate root canal treatment after 7-10 days after replantation and before splint is removed
E. Immediate root canal treatment
B,C,D

54. Increased torsional stress can rapidly fracture rotary instruments in the root canal during the shaping procedure. Which of the followings are not the main causes of torsional fracture:

A. a large surface of the instrument rubs excessively against root canal walls (taper lock)
B. the instrument tip is larger than the canal section to be shaped
C. the operator applies excessive pressure on the handpiece
D. the instrument is smaller than the root canal
E. the instrument is bended by the curvature of the root canal
D,E

55. Which of the following affirmations are correct, thinking at the bending stress of rotary NiTi instruments:

A. the bending stress is called also taper lock
B. the bending stress depends on the original anatomy of the canal, which forces the instrument to bend as it passes through a curvature.
C. always there are two types of stresses when the instrument bends, compression, and extension, coexisting in the same moment
D. the bending stress is bigger where the radius of the curvature is smaller
E. the bending stress is bigger where the radius of the curvature is bigger
B,C,D

56. *The X3 instrument of the ProTaper Next set is:

A. 25.06
B. 30.08
C. 30.07
D. 30.09
E. 25.08
C

57. *From a gutta-percha point of 4% taper, with a tip of 0.25 mm, a cone of 0.30 mm can be obtained by cutting from its tip:

A. 1 mm
B. 2 mm
C. 3 mm
D. 2.5 mm
E. 0.5 mm
A

58. An avulsed tooth with an open apex, extraoral dry time less than 60 min, stored in a humid environment, needs as treatment:

A. slightly replantation with easy digital pressure
B. flexible splint up to 2 weeks
C. immediate endodontic therapy
D. endodontic therapy at 7-10 days
E. endodontic therapy is avoided if there are no clinical or radiological signs of pulpal necrosis
A,B,E

59. In which of the following situations an endodontic retreatment is indicated?
A. satisfactory radiological root canal obturation, tooth without lesion, symptomatology, or coronal infiltration
B. satisfactory radiological root canal obturation, tooth without lesion, with clinical symptomatology
C. satisfactory radiological root canal obturation, tooth with lesion
D. unsatisfactory radiological root canal obturation, tooth without lesion, symptomatology, or coronal infiltration (rare)
E. unsatisfactory root canal obturation, tooth with lesion
B,C,E

60. It is true about the ProTaper Ultimate system:
A. the Shaper instrument has a white colour coded ring, a tip diameter of 0.16 mm and a variable taper of 4%
B. the Shaper instrument has a white colour coded ring, a tip diameter of 0.20 mm and a variable taper of 4%
C. the Slider has a variable parallelogram section, tip diameter of 0.16 mm and a variable taper from 2 to 8%
D. the FX instrument has a variable taper of 12%, and is coded green
E. the FXL is double yellow (2 yellow rings) and has a variable taper of 10%
B,C,D,E

61. *The NiTi negotiation (glide path) instrument characterised by a taper of 4%, a tip diameter of 0.125 mm and an orange colour coded ring is:
A. Slider
B. WaveOne Gold Glider
C. ProGlider
D. PathFile
E. R-pilot
E

62. *According to its generation, the ProTaper Next system is a system from the:
A. first generation
B. second generation
C. third generation
D. fourth generation
E. fifth generation
E

63. It is true about the WaveOne Gold Glider instrument:
A. has a white wide colour coded ring (ABS ring) and a tip of 0.15 mm
B. has a white wide colour coded ring (ABS ring) and a tip of 0.16 mm
C. works in reciprocation, has a parallelogram cross-section and is made of gold NiTi alloy
D. has a variable increasing taper from to 2 to 6% on a working length of 16 mm
E. has a variable increasing taper from to 2 to 6% on a working length of 18 mm
A,C,D

64. It is true about the fracture mechanism of the NiTi rotary instruments:
A. in comparison with the bending stress, which mainly depends on the root canal anatomy, the torsional stress that may lead to fracture can be reduced if the operator works in a correct technique
B. in comparison with the torsional stress, which mainly depends on the root canal anatomy, the bending stress that may lead to fracture can be reduced if the operator works in a correct technique
C. the increase of the contact surface of the instrument with the canal walls may be produced by debris
D. the lack of irrigation during shaping may lead to the fracture of the instrument
E. irrigation during shaping increase lubrication and leads to fracture
A,C,D

65. According to the AAE, the case difficulty in endodontic retreatment is considered:
A. easy, when gutta-percha is well condensed
B. difficult when gutta-percha is in overfilling/extruded
C. difficult when there is a screwed/metallic post
D. moderate when gutta-percha is well condensed
E. easy when the cements/sealers inside the canal are soft/pastes
B,C,D,E

66. It is true about pulpal necrosis:
A. it can be a direct consequence of a pulpitis, but it may also arise immediately after trauma
B. as the result of an inflammatory process, the pulp continues to disintegrate, forming a slowly enlarging zone pf liquefactive necrosis
C. the process is accelerated by the presence of collateral circulation and extensible walls of dentin
D. pulpitis in a tooth with closed pulp chamber leads more rapidly to total necrosis of the entire pulp
E. pulpitis in a tooth with open pulp chamber or penetrating caries leads to slower destruction
A,B,D,E

67. The symptomatology of a pulp necrosis:
A. the tooth with a necrotic pulp is completely asymptomatic
B. the patients mat give a history of pulpitis, from which they may believe they just recovered
C. pain associated with pulp necrosis arises from periapical tissues
D. the tooth with a necrotic pulp is severely painful
E. pain associated with pulp necrosis arises from bacterial products inside the pulp chamber
A,B,C

68. MTA is an endodontic cement taht is extremely biocompatible:
A. capable of stimulating healing and osteogenesis
B. capable of stimulating healing and osteonecrosis
C. hydrophilic
D. hydrophobic
E. sets in the presence of moisture
A,C,E

69. The differential diagnosis of the fistulae from periapical lesions includes the following:

A. chronic alveolar abscess
B. tuberculosis
C. actinomycosis
D. localized infections of the skin
E. osteomyelitis

B,C,D,E

70. It is true, from histological point of view, about the granuloma as a lesion of endodontic origin:

A. is characterized by the presence of inflammatory granulation tissue
B. contains capillaries, fibroblasts, connective fibers
C. contains an inflammatory infiltrate
D. usually presents a peripheral capsule of connective fibers
E. usually presents an epithelial membrane

A,B,C,D

71. The four histological zones of a granuloma, starting from the centre of the lesion, are:

A. zone of necrosis and infection
B. zone of contamination
C. zone of irritation
D. zone of encapsulation (stimulation)
E. zone of resorption

A,B,C,D

72. Acute Apical Periodontitis:

A. is an acute inflammation at the level of periodontal ligament
B. in vital teeth can be caused by occlusal trauma from a recent restoration that extends beyond the occlusal plane
C. in vital teeth may be also caused by the extent of pulp disease in the periapical tissues
D. can only appear as a complication in necrotic teeth
E. in necrotic teeth may arise from the diffusion of bacteria and toxins present in the root canal into the periodontium

A,B,C,E

73. Which of the following are causes of incorrect measurement by the apex locator:

A. presence of hypochlorite in pulp chamber
B. contact between the instrument and a metallic restoration
C. instrument diameter too thin compared to the diameter of the apical foramen
D. the canal still contains traces of the old canal obturation
E. correct use of the rubber dam

A,B,C,D

74. It is true about the NiTi alloy:

A. it belongs to the family of inter-metallic alloys

B. this means that NiTi alloy can exist in various crystallographic forms
C. the austenitic phase is the most stable phase
D. the martensitic phase is the most unstable and ductile phase
E. the austenitic phase is the most unstable and ductile phase
A,B,C,D

75. The criteria that will influence the life of a NiTi rotary instrument are:
A. original canal anatomy
B. mechanical characteristics of the NiTi rotary instrument
C. rotational speed and maximum torque
D. operator ability
E. room temperature
A,B,C,D

76. It is true about the ProTaper system:
A. shaping files S1 and S2 have purple and white identification rings
B. the S1 and S2 have a tip diameter of 0.17 and 0.20 mm respectively
C. shaping files S1 and S2 have yellow and red identification rings
D. the S1 and S2 have a tip diameter of 0.20 and 0.25 mm respectively
E. the Sx file has an overall length of 19 mm
A,B,E

77. The four factors that typically prevent a file from passively moving in an apical direction are:
A. insufficient canal length
B. insufficient canal diameter
C. intracanal debris
D. intrablade debris
E. root canal anatomy
B,C,D,E

78. In the ProTaper Ultimate set:
A. the Sx orifice opener instrument is 020.003v
B. the Slider is 016.002v
C. the Shaper is 020.004v
D. the Shaper is 018.004v
E. the Slider is 015.002v
B,C,D

79. In an avulsed tooth with closed apex replanted prior to the patient's arrival at the dental office the treatment is:
A. leave the tooth in place
B. clean the area and suture gingival lacerations if present
C. apply a flexible splint for 3 weeks
D. initiate root canal treatment at 7-10 days and prior to splint removal
E. replant the tooth in the dental office
A,B,D

80. Which of the following are clinical criteria for success of an endodontic treatment:
A. the tooth has normal mobility and function
B. there is no sensibility to percussion or palpation
C. there are no signs of inflammation, discomfort, or pain
D. there are no radiological evidence of periapical lesions
E. the contour, width and structure of the periodontal space are radiologically normal
A,B,C,D

81. Which of the following are criteria for failure of an endodontic treatment:
A. pain at palpation or percution
B. persistent symptoms
C. oedema or pain associated with recurrent fistulas
D. radiological appearance of new periapical or lateral radiolucency
E. the lesion is radiologically healed or smaller
A,B,C,D

82. In the removal of gutta-percha with solvents:
A. orange oil, eucalyptol or chloroform are used as solvents in association with rotary or hand files
B. an electronic heated plugger is used
C. paper points are used to absorb the dissolved gutta-percha
D. active ultrasonic irrigation is recommended
E. passive ultrasonic irrigation is recommended
A,C,D

83. The principle causes of pigmentation (dischromia) of pulpless or endodontically treated teeth are:
A. pulpal haemorrhage
B. decomposition of pulp tissue
C. intracanal medicaments and sealers
D. restorative materials, metallic posts
E. tooth whitening gels
A,B,C,D

84. Factors influencing post removal in endodontic retreatment are:
A. length, diameter, and direction of the post
B. post type
C. cementing agent
D. temperature
E. operators' clinical experience
A,B,C,E

85. In the removal of separated (fractured) instruments of the root canal, which of the following techniques can be used:
A. lasso and anchor
B. tube and glue
C. tripod (braiding) technique

D. instrument removal system (IRS)
E. rotary NiTi instruments
A,B,C,D

UNIVERSITATEA
DE MEDICINĂ ȘI FARMACIE
„VICTOR BABEȘ“ DIN TIMIȘOARA

ODONTOTHERAPY

86. Which of the following statements related to enamel are true:
a. Its thickness is constant on all regions of the tooth
b. its thickness don't vary from one class of tooth to another
c. it is semi translucent
d. it is a highly mineralized crystalline structure containing 95% to 98% inorganic matter by weight
e. structurally, it is composed of millions of enamel rods or prisms

C, D, E

87. Which of the following statements related to enamel are true:
a. It's a hard, dense structure, permeable to certain ions and molecules
b. It's a hard, dense structure, completely impermeable to any ions and molecules
c. Is soluble when exposed to an acid medium
d. It's insoluble when exposed to an acid medium
e. Is incapable of repairing itself once destroyed

A, C, E

88. The following hand instruments are included in the cutting category:
a. excavators
b. chisels
c. probes
d. amalgam condensers
e. explorers

A,B,C

89. In the four unit hand instruments formula (which describe the dimensions and angles of the working end):

a. the first number indicates the primary cutting edge angle
b. the second number indicates the primary cutting edge angle
c. the first number indicates the blade length
d. the first number indicates the width of the blade
e. the second number indicates the blade length

B,D

90. *In the four unit hand instruments formulas, which describe the dimensions and angles of the working end the blade length is indicated by:
a. the first number
b. the second number
c. the third number
d. the forth number
e. all of the above answers are correct

C

91. *In the four unit hand instruments formulas, which describe the dimensions and angles of the working end the witdh of the blade is indicated by:
a. the first number
b. the second number
c. the third number
d. the forth number
e. all of the above answers are correct

A

92. *In the four unit hand instruments formulas, which describe the dimensions and angles of the working end the blade angle is indicated by:
a. the first number
b. the second number
c. the third number
d. the forth number
e. all of the above answers are correct

D

93. Which of the following hand instruments are a subdivisions of excavators:
a. ordinary hatchets
b. hoes
c. angle-formers
d. spoons
e. chisels

A, B, C, D

94. Which of the following statements related to the conventional tooth preparation is true?

a. is a preparation used in composite obturation

b. is a preparation used in glass-ionomer obturation

c. is a preparation used in amalgam obturation

d. it requires specific wall forms, depths, and marginal form

e. exhibits a great variability

C,D

95. In initial tooth preparation stage the preparation is extended in depth:
a. no deeper then 0,2 mm in dentin for pit and fissure lesions
b. no deeper the 0,2-0,8 mm in dentin for smooth surface lesions
c. more than 2 mm in dentin
d. as far as the lesion requires
e. all of the above statements are true

A, B

96. Primary caries are:
a. the original caries lesion of the tooth
b. Associated with certain areas of the teeth
c. caries that remains in a completed tooth preparation, whether by operator intention or by accident
d. caries that occurs at the junction of a restoration and the tooth and may progress under the restoration
e. all of the above statements are true

A, B

97. An acute (rampant) caries:
a. is rapidly damaging the tooth
b. is slow evolving
c. it is often in form of many soft, light-colored lesions
d. the lesion is discolored and fairly hard

e. all of the above statements are true

A, C

98. Root surface caries:

a. may occur an all exposed root surfaces

b. may occur on the tooth root that has been exposed to the oral environment and habitually covered with plaque

c. is usually more rapid in evolution than other forms of caries

d. is usually more slow in evolution than other forms of caries

e. can’t be restored

B, C

99. An incipient caries:

a. Is reversible

b. is irreversible

c. is the first evidence of caries activity in enamel

d. On smooth surface enamel, the lesion appears opaque white when air-dried, and will seem to disappear if wetted

e. can be remineralized if immediate corrective measures alter the oral environment, including plaque removal and control

A, C, D, E

100. In an MO preparation:

a. The gingival wall is an internal wall

b. The gingival wall is an external wall

c. The axial wall is an internal wall

d. The axial wall is an external wall

e. The pulpal wall is an external wall

B, C, E

101. In an MO preparation:

a. The distal wall is an internal wall

b. The distal wall is an external wall

c. The pulpal wall is an internal wall

d. The lingual wall is an internal wall

e. The facial wall is an internal wall

B, C

102. *A cavity internal wall is by definition:

a. A prepared (cut) surface that does not extend to the external tooth surface

b. A prepared (cut) surface that does extend to the external tooth surface

c. An enamel wall

d. A dentinal wall

e. the junction of three planal surfaces of different orientation

A

103. *A cavity axial wall is by definition:

a. an internal wall parallel with the long axis of the tooth

b. an external wall parallel with the long axis of the tooth

c. an internal wall that is perpendicular to the long axis of the tooth and occlusal of the pulp

d. an external wall that is perpendicular to the long axis of the tooth and occlusal of the pulp

e. none of the above

A

104. *A cavity pulpal wall is by defintion:

a. A pulpal wall is an internal wall that is perpendicular to the long axis of the tooth and occlusal of the pulp

b. A pulpal wall is an external wall that is perpendicular to the long axis of the tooth and occlusal of the pulp

c. an internal wall parallel with the long axis of the tooth

d. an external wall parallel with the long axis of the tooth

e. none of the above

A

105. *In Black clasiffication Class I refers to:

a. restorations on the gingival third of the facial or lingual surfaces of all teeth

b. smooth-surface lesions

c. restorations on the proximal surfaces of posterior teeth

d. restorations on the proximal surfaces of anterior teeth

e. pit-and-fissure lesions

E

106. *In Black clasiffication Class II refers to:

a. Restorations on the proximal surfaces of posterior teeth

b. Restorations on the proximal surfaces of anterior teeth that do not involve

the incisal angle

c. Restorations on the proximal surfaces of anterior teeth that do involve the incisal

edge

d. Restorations on the gingival third of the facial or lingual surfaces of all teeth

e. none of the above

A

107. * In Black clasiffication Class III refers to:

a. Restorations on the proximal surfaces of posterior teeth

b. Restorations on the proximal surfaces of anterior teeth that do not involve the incisal angle

c. Restorations on the proximal surfaces of anterior teeth that do involve the incisal edge

d. Restorations on the gingival third of the facial or lingual surfaces of all teeth

e. none of the above

B

108. * In Black clasiffication Class IV refers to:

a. Restorations on the proximal surfaces of posterior teeth

b. Restorations on the proximal surfaces of anterior teeth that do not involve the incisal angle

c. Restorations on the proximal surfaces of anterior teeth that do involve the incisal edge

d. Restorations on the gingival third of the facial or lingual surfaces of all teeth

e. none of the above

C

109. * In Black clasiffication Class V refers to:

a. Restorations on the proximal surfaces of posterior teeth

b. Restorations on the proximal surfaces of anterior teeth that do not involve the incisal angle

c. Restorations on the proximal surfaces of anterior teeth that do involve the incisal edge

d. Restorations on the gingival third of the facial or lingual surfaces of all teeth

e. none of the above

D

110. The folowing steps took place in the initial tooth preparation stage:

a. Outline form and initial depth

b. Primary resistance form

c. Primary retention form

d. Convenience form

e. Removal of any remaining infected dentin or old restorative material (or both), if indicated

A,B,C,D

111. The folowing steps took place in the final tooth preparation stage:

a. Removal of any remaining infected dentin or old restorative material (or both), if indicated

b. Primary resistance form

c. Primary retention form

d. Pulp protection, if indicated

e. Secondary resistance and retention forms

A, D, E

112. The folowing are typical features of establishing proper outline form and initial depth:

a. preserving cuspal strenght

b. preserving marginal ridge strenght

c. conecting two close faults or tooth preparations when they are between 1-2 mm apart

d. restricting the depth of the preparation into dentin to a maximum of 1 mm for pit-and-fissure caries

e. restricting the depth of the preparation into dentin to a maximum of 0,2 mm for pit-and-fissure caries

A, B, E

113. The foloowing are rules for wstablishing uutline form for pit-and-fissure tooth preparation:

a. Extend the preparation margin until sound tooth structure is obtained, and no unsupported or weakened enamel remains

b. Avoid terminating the margin on extreme eminences, such as cusp heights or ridge crests

c. If the extension from a primary groove includes one half or more of the cusp incline, consideration should be given to capping the cusp

d. If the extension from a primary groove includes one quarter of the cusp incline, consideration should be given to capping the cusp

e. conecting two close faults or tooth preparations when they are between 1-2 mm apart

A, B, C

114. *Primary resistance form is defined as:

a. the shape and placement of the preparation walls that best enable the restoration and the tooth to withstand, without fracture, masticatory forces delivered principally in the long axis of the tooth

b. the shape or form of the conventional preparation that resists displacement or removal of the restoration by tipping or lifting forces

c. the shape or form of the preparation that provides for adequate observation, accessibility, and ease of operation in preparing and restoring the tooth

d. all of the aboce

e. none of the above

A

115. The folowing are considered amalgam advantages when used in tooth obturations:

a. its strenght

b. its longevity

c. its self sealing ability

d. metallic color

e. potential nonesthetic appearence

A, B, C

116. During the initial preparation stage in preparing a conservative class I cavity preparation for amalgam:

a. the operator use a bur no. 245 or 330

b. The bur should be rotating when it is applied to the tooth and should not stop rotating until it is removed from the tooth

c. The bur should touch the tooth stoped and should start rotating only after in contact with the tooth

d. the bur enters the pit, at a proper depth of 3 mm

e. The desired pulpal depth is usually 0.1 to 0.2 mm into dentin

A, B, E

117. The folowing statements regarding enameloplasty are true:

a. it is indicated when the remaining fissure is no deeper than one quarter to one third the thickness of the enamel

b. it frequently reduces the need for further extension into the fissures with the No. 245 bur, conserving tooth structure

c. it is performed using a no.245 bur

d. it is performed using a no.330 bur

e. it refers to eliminating the developmental fault by removing it with the side of a flame-shaped diamond stone, leaving a smooth surface

A, B, E

118. During the occlusal step in class II amalgam cavity preparation:

a. Using high speed with air-water spray, the operator enters the pit nearest the involved proximal surface

b. Using high speed with air-water spray, the operator enters the oposite pit from the involved proximal surface

c. The bur is moved to extend the outline to include the central fissure and the opposite pit.

d. The isthmus width should be as narrow as possible, preferably no wider than one quarter the intercuspal distance

e. Ideally the isthmus width should be the witdh of no. 245 bur

A, C, D, E

119. The folowing statements regarding the occlusal step in class II cavity preparation for amalgam are true:

a. During development of the distal pit area of the preparation, extension to include any distofacial and distolingual developmental fissures radiating from the pit may be indicated.

b. The distal pit area (in this example) provides dovetail retention form, which may prevent mesial displacement of the completed restoration

c. While maintaining the established pulpal depth and with the bur parallel to the long

axis of the tooth crown, we extend the preparation mesially, stopping approximately

0.8 mm (the diameter of the end of the bur) short of cutting through the marginal ridge into the contact area

d. Using high speed with air-water spray, the operator enters the oposite pit from the involved proximal surface

e. The isthmus width should be as narrow as possible, preferably no wider than one half of the intercuspal distance

A, B, C

120. In class II amlgam cavities the primary resistance form is provided by:

a. the pulpal and gingival walls being relatively flat and perpendicular to forces directed with the long axis of the tooth

b. restricting extension of the walls to allow strong cusps and ridge areas to remain with sufficient dentin support

c. restricting the occlusal outline form (where possible) to areas receiving minimal occlusal contact

d. providing enough thickness of restorative material to prevent its fracture under mastication.

e. the occlusal convergence of facial and lingual walls and by the dovetail design of the occlusal step, if present

A, B, C, D

121. The folowing statements regarding class III cavity preparation for composite are true:

a. When a proximal surface of an anterior tooth is to be restored, and there is a choice between facial or lingual entry into the tooth, the lingual approach is preferable.

b. When a proximal surface of an anterior tooth is to be restored, and there is a choice between facial or lingual entry into the tooth, the facial approach is preferable.

c. Sometimes a groove or cove may be necessary for Class III restorations that either

extend onto the root surface or are very large.

d. Because the bond of composite to enamel and dentin is so strong, there is no need for additional preparation retention form in all Class III composite restorations

e. all of the above statements are true

A, B, C

122. The folowing statements regarding class III beveled conventional cavity preparation for composite are true:

a. A round carbide bur (No. 1⁄2 , 1, or 2) or diamond stone is used to prepare the outline form the size depends on the extent of the caries or defective restoration

b. a no. 245 bur is used to prepare the outline form the size depends on the extent of the caries or defective restoration

c. Before contacting the tooth, the cutting instrument is positioned for entry and rotated at high speed using air-water spray

d. After contacting the tooth, the cutting instrument is positioned for entry and start been rotate at high speed using air-water spray

e. all of the above statements are true

A, C

123. In class IV cavity preparation for composites:

a. The conventional tooth preparation design has minimal clinical Class IV application, however, except in areas that have margins located on root surfaces.

b. The beveled conventional tooth preparation usually is indicated for large Class IV restorations

c. the modified tooth preparation is indicated for smaller Class IV needs

d. The beveled conventional tooth preparation usually is indicated for smaller Class IV restorations

e. the modified tooth preparation is indicated for large Class IV restorations

A, B, C

124. Pulpal protection requires consideration of

a. chemical protection,

b. electrical protection,

c. thermal protection,

d. pulpal medication,

e. none of the above

A, B, C, D

125. The folowing statements regarding liners are true:

a. they are relatively thin layers of material used primarily to provide a barrier to protect the dentin from residual reactants diffusing out of a restoration or from oral fluids (or both) that may penetrate leaky tooth-restoration interfaces

b. The need for liners is greatest with pulpally extended metallic restorations that are not well bonded to tooth structure and that are not insulating, such as amalgam and cast gold, or with other indirect restorations

c. The need for liners is greatest with composite restorations

d. they don`t contribute to initial electrical protection

e. all of the above statements are true

A, B, C

126. The major approaches to classification of amalgams and the amalgam alloys on which they are based are in terms of:

a. amalgam alloy particle geometry and size,
b. copper content,
c. zinc content.
d. Mercury content
e. All of the above

A, B, C

127. Air-Borne contamination can occurs through contact with:

a. Aerosols
b. Mists
c. Spatter
d. Water from the patient glass
e. All of the above

A,B,C

128. Contamination can occur:

a. Through direct contamination when there is direct contact with body fluids
b. Through indirect contamination when repeatedly contact or handle unprotected operatory surfaces during treatments for dental personnel
c. Through direct contamination when repeatedly contact or handle unprotected operatory surfaces during treatments for dental personnel
d. Through indirect contamination when there is direct contact with body fluids
e. Through cross-contamination when touching soiled surfaces that are poorly cleaned

A, B, E

129. *Hand washing:

a. Should take place for 5 seconds
b. Should take place for at least 8 seconds
c. Can be done with jewelries on hands
d. Should take place for 5 seconds with jewelries on hands

e. Should take place for at least 10 seconds with no jewelries on hands

E

130. The correct order to put working garment is:

a. Before treatment, put on mask and eyewear before washing and gloving hands
b. Before treatment, wash and glove hands then put on mask and eyewear
c. After treatment, remove gloves, then eyewear and mask, and wash hands
d. After treatment, remove gloves, wash hands then remove eyewear and mask
e. None of the above

A,C

131. Which of the following statements are correct:

a. AIDS may develop in 1.5 to 11 or more years after an initial infection with *HIV*
b. HIV is a relatively fragile RNA retrovirus that is easily destroyed in the dry state in 1 to 2 minutes by most disinfectants
c. HIV is transmitted mainly by blood, blood-contaminated body fluids
d. Aerosols have transmitted human immunodeficiency virus (HIV)
e. Casual, nonsexual contact, including social kissing and sharing towels or food among family members in a household with an AIDS patient, has not transmitted the infection

A,B,C,E

132. *Which of the following symptoms and oral manifestations can be presented by a patient infected with HIV:

a. Within 3 months of infection, temporary flulike symptoms of pharyngitis, myalgia, fatigue, fever, or diarrhea may occur when antibody to HIV becomes detectable
b. After prolonged incubation of approximately 1.5 to 11 years, the dentist may detect any of several early signs of AIDS, signaling gradual failure of the immune system
c. Easily detected during examination are one or two cervical lymph nodes, especially below the mandible, that persist for more than 3 months.
d. Persistent oral candidiasis is often seen with easily dislodged, white, curdlike patches scattered over the tongue
e. All of the above

E

133. *Which of the following statements related to hepatitis transmission in dental office is true:

a. Personnel can be infected by parenteral exposure
b. Personnel can be infected by mucosal exposure to infected blood or blood-contaminated saliva
c. Aerosolized, blood-contaminated saliva and respiratory have not been shown to transmit HBV.
d. Plain saliva can be weakly infectious.
e. All of the above

E

134. The rubber dam isolation is effective because:

a. it improves access and visibility
b. it improves properties of dental materials
c. it increase the protection of the patient and the operator
d. it improves operating efficiency
e. none of the answers above are correct

A, B, C, D

135. Which of the following guidelines in rubber dam isolation is correct:

a. When operating on the incisors and mesial surfaces of canines, isolate from first premolar to first premolar.
b. When operating on a canine, it is preferable to isolate from the first molar to the opposite lateral incisor.
c. When operating on the incisors and mesial surfaces of canines, isolate from canine to canine.
d. When operating on posterior teeth, isolate anteriorly to include the lateral incisor on the opposite side of the arch from the operating site.
e. All of the above are correct

A,B,D

136. Which of the following guidelines in rubber dam isolation is correct:
a. When operating on premolars, punch holes to include one to two teeth distally, and extend anteriorly to include the opposite lateral incisor.
b. When operating on molars, punch holes as far distally as possible, and extend anteriorly to include the opposite lateral incisor.
c. Isolation of a minimum of three teeth is recommended except when endodontic therapy is indicated, and in that case, only the tooth to be treated is isolated.
d. Isolation of a minimum of four teeth is recommended except when endodontic therapy is indicated, and in that case, only the tooth to be treated is isolated.
e. Isolation of a minimum of five teeth is recommended except when endodontic therapy is indicated, and in that case, only the tooth to be treated is isolated.

A,B,C

137. Certain situations may preclude the use of the rubber dam, including:
a. teeth that have not erupted sufficiently to support a retainer
b. some third molars
c. extremely malpositioned teeth
d. rare instances when the patient cannot tolerate a rubber dam because of psychological reasons or latex allergy
e. none of the answers above are correct

A, B, C, D

138. What instruments are used in the clinical diagnosis of the carious lesion:
a. mirror
b. explorer
c. periodontal probe
d. scalpel
e. enamel hatchet

A,B,C

139. Which of the following statements regarding the white chalky spot are correct:

a. it is an incipient sign of the carious lesion
b. in is present on enamel
c. it is present on dentine
d. it appears Especially on rough surfaces
e. it appears Especially on smooth surfaces

A, B, E

140. Carious pits and fissures occurs on:
a. the occlusal two thirds of the facial or lingual surface of posterior teeth
b. on the lingual surface of maxillary incisors
c. on the teeth root surface
d. on the facial surface of maxillary incisors
e. on none of the surfaces described above

A, B, C,D

141. *Proximal surface caries in anterior teeth can be identified by
a. radiographic examination
b. visual inspection
c. probing with an explorer
d. transillumination
e. all of the above answers are correct

E

142. Which of the following statements concerning pulp capping is correct:
a. is a process of placing a specialized agent in contact with or in close proximity to the pulp with the intention of encouraging formation of new dentin and promote the healing of the pulp.
b. Can only be done on a healthy uninfected pulp
c. Can be done on any type of pulp
d. Can be direct if the pulp is exposed
e. Can be indirect if the pulp is exposed

A, B, D

143. Which of the following statements concerning direct pulp capping is correct:
a. it is indicated on immature permanent teeth
b. it is indicated on mature permanent teeth with simple restorative needs
c. it is indicated on teeth with a small pinpoint pulp exposure = 1 mm
d. it is contraindicated on patients with systematic diseases (diabetes, cancer
e. it is indicated on teeth with a large pulp exposure

A,B,C,D

144. Which of the following statements concerning indirect pulp capping are correct:
a. it is indicated in deep carious lesion, which is close to, but not involving the pulp in vital primary or young permanent teeth
b. it is indicated in superficial carious lesions
c. it is indicated when there is a definite layer of affected dentin after removal of infected dentine and complete removal of caries would cause pulp exposure
d. it is contraindicated in discolored teeth
e. it is indicated in teeth with mobility

A, C, D

145. Which of the following are indirect pulp capping contraindications:
a. A tooth with discoloration
b. A tooth with mobility
c. A tooth with negative reactions to vitality tests
d. A tooth with definite pulp exposure
e. A tooth with no history of spontaneous toothache

A, B, C, D

146. Which of the following are considered high strength bases:
a. zinc phosphate
b. zinc polycarboxylate
c. glass ionomer
d. calcium hydroxide
e. zinc oxide eugenol

A, B, C

147. A base is selected according to:
   a. design of the cavity
   b. type of permanent restorative material used
   c. proximity of the pulp to the cavity walls
   d. the patient economic situation
   e. the clinican mood

A, B, C

148. *Related to cavity depth in which type of cavity the clinician will apply Ca(OH)2 liner covered by glass ionomer cement and then by the restorative material:
   a. Type A
   b. Type B
   c. Tyep C and D
   d. All of the previous answers are correct
   e. None of the answers are correct

C

149. Which of the following represents mechanisms of adhesion:
   a. Mechanical adhesion
   b. Adsorption adhesion
   c. Diffusion adhesion
   d. Electrostatic adhesion
   e. Molecular adhesion

A, B, C, D

150. Enamel etching results in three different micromorphologic patterns as follows:
   a. type I pattern involves the dissolution of prism cores without dissolution of prism peripheries
   b. type II etching pattern involves the dissolution of peripheral enamel, but the cores are left intact
   c. type I pattern involves the dissolution of peripheral enamel, but the cores are left intact

d. type II etching pattern involves the dissolution of prism cores without dissolution of prism peripheries
e. type III pattern involves the dissolution of prism cores without dissolution of prism peripheries

A, B

151. In dentistry, bonding of resin-based materials to tooth structure is a result of four possible mechanisms:
a. Mechanical
b. Adsorption
c. Diffusion
d. A combination of the previous three mechanisms
e. None of the answers above are correct

A, B, C, D

152. Adhesive restorative techniques currently are used to accomplish the following:
a. Restore Class I, II, III, IV, V, and VI carious or traumatic defects
b. Change the shape and the color of anterior teeth
c. Seal root canals during endodontic therapy
d. Provide foundations for crowns
e. None of the answers above are correct

A, B, C, D

153. *Most current phosphoric acid gels have concentrations of:
a. 37 %
b. 50 %
c. 60 %
d. 70 %
e. 65 %

A

154. *How many seconds it is required to etch the enamel:
a. 20

b. 30
c. 40
d. 50
e.15

E

155. Which of the following statements concerning bacterial plaque are correct:
a. Plaque is adherent food debris
b. Plaque result from the haphazard collection of opportunistic microorganisms
c. The accumulation of plaque on teeth is a highly organized and ordered sequence of events
d. Plaque it is composed almost completely of bacteria and their byproducts
e. None of the answers above are correct

C,D

156. *The bacterial plaque presented on noncarious teeth is composed manily from:
a. S. Sanguis
b. S. mutans
c. Lactobacillus
d. Fusobacterium
e. S. salivarius

A

157. Which of the following statements regarding the ecologic niche are correct:
a. A particular niche generally is occupied by a single, best-adapted species
b. A particular niche generally is occupied by an unlimited number of bacterial species
c. For each habitat (e.g., a dental fissure), a limited number of niches are available to the oral flora
d. For each habitat (e.g., a dental fissure), an unlimited number of niches are available to the oral flora
e. When niche saturation occurs, only extremely competitive microorganisms can displace the indigenous bacteria from the community

A, C, E

158. Plaques dominated by normal oral flora, such as *S. sanguis,* may be considered desirable because:

a. their ability to control or prohibit the introduction of more pathogenic organisms
b. is more efficient in adhering to tooth surfaces than Mutans Streptococus and is established more rapidly in the local community
c. is less efficient in adhering to tooth surfaces than Mutans Streptococus and is established more slowly in the local community
d. it won`t produce a carious lesion
e. All of the previous answers are correct

A, B, D

159. *After professional removal of all organic material and bacteria from a tooth surface a cell-free, structureless organic film, the pellicle, can cover the previously denuded area completely:

a. Within 2 hours
b. After 12 hours
c. After 24 hours
d. After 48 hours
e. After a week

A

160. The functions of the pellicle are believed to be as follows:

a. to protect the enamel
b. to destroy the enamel
c. to reduce friction between the teeth
d. possibly to provide a matrix for remineralization
e. None of the answers above are correct

A, C, D

161. The pellicle is formed from salivary proteins like:

a. Lysozyme
b. Albumin
c. immunoglobin A
d. S. Sanguis
e. S. mutans

A, B, C

162. *Which communities presented in dental fissures are cariogenic:
a. With large populations of Mutans Streptococus
b. With large populations of S. Sanguis
c. With large populations of Lactobacillus
d. With large populations of Fusobacterium
e. None of the answers above are correct

A

163. Tooth habitats favorable for harboring pathogenic plaque include:
a. pits and fissures
b. the smooth enamel surfaces immediately gingival to the proximal contacts and in the gingival one third of the facial and lingual surfaces of the clinical crown
c. root surfaces, particularly near the cervical line
d. subgingival areas
e. incisal margin

A, B, C, D

164. *The appearance of Mutans Streptococus in pits and fissures is usually followed by caries:
a. 4 days later
b. 12 days later
c. One month later
d. 6 to 24 months later
e. Never

D

165. Caries originating on the root is alarming because:
a. it has a comparatively rapid progression
b. it is often asymptomatic
c. it is closer to the pulp
d. it is more difficult to restore
e. None of the answers above are correct

A, B, C, D

166. Salivary glands produce an impressive array of antimicrobial products like:
   a. Lysozyme
   b. Lactoperoxidase
   c. Lactoferrin
   d. Agglutinins
   e. Mutans Streptococus

A, B, C, D

167. Low caries incidence in the ancient man is due to diet which was :
   a. Comparatively low in carbohydrates
   b. Comparatively rich in carbohydrates
   c. Natural (unrefined) diet
   d. Coarse & not fully prepared or cooked
   e. Fully cooked

A, C, D

168. Distribution of the dental caries is related to:
   a. Age
   b. Gender
   c. Race / ethnicity
   d. Socioeconomic status
   e. None of the answers above are correct

A, B, C, D

169. During most of the 20th century, dental caries distribution pattern was :
   a. High prevalence in developed countries & higher socioeconomic group.
   b. Low prevalence in developing countries with less economic development.
   c. Low prevalence in developed countries & higher socioeconomic group.
   d. High prevalence in developing countries with less economic development.
   e. None of the answers above are correct

A, B

170. Which of the following statements related to diet and dental caries cariostatic effect are true:
   a. Carbohydrate: Sucrose is the most cariogenic carbohydrate

b. Protein: High protein diet is cariostatic
c. Fluorides: Increase the resistance of enamel to acid dissolution
d. Carbohydrate: Increase the resistance of enamel to acid dissolution
e. Fat: Increase the resistance of enamel to acid dissolution

A, B, C

171. The role of sugar in dental caries is related to:
a. The risk increased if sugars are taken between meals
b. The risk decreased if sugars are taken between meals
c. The risk is greatest if the sugar is in sticky form
d. The frequency of consumption is of major importance
e. There is no relation between sugar and dental caries

A, C, D

172. The saliva have the following roles:
a. Diluting effect on fermented food residues
b. Buffering capacity to neutralize acid end products resulting from such fermentation
c. Provides antibacterial, antifungal and antiviral agents
d. Provides ions for remineralization of early carious lesions
e. None of the answers above are correct

A, B, C, D

PROSTHODONTICS

173. Which of the following clinical signs indicate a decreased vertical dimension of occlusion?

A) The mandibular rotation is downward and backward
B) The patient shows more than 4 mm of maxillary incisor at rest
C) The smile line is higher than the gingival margin
D) The profile becomes flatter with incisor wear
E) The nasolabial angle becomes obtuse

R: B), D)

174. Which statements correctly describe the use of the Smile Self-Assessment Questionnaire?

A) The doctor should suggest answers for the patient
B) It helps clarify if patients want to change their smile
C) The questionnaire must be filled in during the clinical examination
D) A patient answering “no” to all questions is considered aesthetic
E) It's based on a model from “Change Your Smile” by Goldstein

R: B), E)

175. What are the indications for orthodontic treatment in facial aesthetic correction?

A) Correction of vertical maxillary excess
B) Anterior open bite correction
C) Severe skeletal asymmetries
D) Deviation of dental midline >4 mm
E) Moderate smile line distortion

R: D), E)

176. Which conditions define Class III in the ACP classification for edentulous spaces?

A) Missing two maxillary molars
B) Frontal edentulous space involving more than 3 teeth

C) One molar and one premolar absent
D) Two posterior teeth missing in one arch
E) Lateral edentulous space with 4 missing teeth

R: A), B), E)

177. What diagnostic tools are used for aesthetic communication with the dental technician?

A) Study models
B) Diagnostic wax-ups
C) Lip impressions
D) Radiographs
E) Digital photography

R: A), B), C), E)

178. Which of the following can distort dentolabial aesthetics during smile evaluation?

A) Excessive display of the lower incisors
B) Vertical overlap of incisors
C) Malpositioned lateral incisors
D) Gingival line asymmetry
E) Incomplete crown lengthening

R: C), D), E)

179. Which of the following statements are true regarding the periodontal phase of pre-prosthetic treatment?

A) Teeth with significant mobility should be permanently stabilized before initiating prosthetic treatment
B) The periodontal status of future abutment teeth is critical for the long-term success of fixed restorations
C) Mispositioned abutment teeth (e.g., tilted or extruded) can be corrected with orthodontic treatment
D) Periodontal therapy is optional for patients with mild gingivitis before prosthetic procedures
E) Guided tissue regeneration can help reduce tooth mobility in certain cases

R: B), C), E)

180. What elements influence the diagnostic wax-up design for anterior restorations?

A) Tooth height and width ratio
B) Patient’s lip mobility
C) Occlusal plane inclination

D) Gingival zenith position
E) Buccolingual cusp height

R: A), B), C), D)

181. Which features describe Class IV occlusal relationships in ACP classification?

A) No need for occlusal treatment
B) Reconstruction without changing vertical dimension
C) Class II division 2 or Class III inter-arch relationships
D) Alteration of vertical dimension of occlusion
E) Molar occlusion with balanced articulation

R: C), D)

182. In communication with patients, what are limitations of using study models alone?

A) Lack of color representation
B) Cannot visualize changes in occlusion
C) Poor patient understanding of outcomes
D) Models are difficult to reproduce
E) Cannot simulate lip dynamics

R: A), C), E)

183. What features are desirable for an ideal abutment tooth?

A) Divergent roots
B) Crown-root ratio of 1:1
C) Endodontic treatment with incomplete obturation
D) Oval root cross-section
E) Short clinical crown due to erosion

R: A), B), D)

184. Which factors influence crown-root ratio calculations for abutments?

A) Gingival sulcus position
B) Root length in bone
C) Cementoenamel junction position
D) Alveolar crest height
E) Length of incisal edge

R: A), B), D)

185. When selecting abutment teeth, which characteristics are most important?

A) Status of dental crown
B) Root morphology
C) Endodontic condition
D) Gingival pigmentation
E) Crown-root ratio

R: A), B), C), E)

186. Which of the following are features of Edentulous Ridge Class IV (ACP)?

A) Reduced frontal and lateral vestibular height
B) Posterior torus
C) Frontal hyperplasia
D) No torus interfering with distal border
E) Resilient frontal ridge

R: A), B), C)

187. Which methods allow for accurate visualization of tooth color and translucency?

A) Use of black background in photography
B) Digital filters for brightness control
C) Bracketing through aperture adjustment
D) Shade guides with dry enamel
E) Bilateral flash photography with color correction

R: A), B), C), E)

188. Which of the following describe changes that occur following tooth loss if no intervention is made?

A) Alveolar ridge atrophy
B) Migration of adjacent teeth
C) Discoloration of surrounding gingiva
D) Egression or extrusion of antagonist teeth
E) Development of parafunctional wear facets

R: A), B), D), E)

189. Which of the following elements should be assessed before finalizing a treatment plan for fixed partial dentures?

A) Presence of occlusal interferences
B) Integrity of occlusal relief
C) Patient's oral hygiene habits
D) TMJ condition and mandibular movements
E) Amount of keratinized gingiva in anterior sextants

R: A), B), C), D)

190. Which diagnostic methods can aid in evaluating vertical dimension and smile design?

A) Frontal facial photo at rest
B) Profile view for nasolabial angle
C) Cephalometric analysis
D) Tooth mobility scoring
E) Measurement of lip length and mobility

R: A), B), C), E)

191. In Kennedy Classification, which conditions apply to Class I edentulism?

A) Bilateral edentulous areas posterior to remaining teeth
B) Modifications always present
C) Unilateral distal extension
D) Edentulous space in anterior crossing the midline
E) No posterior abutment teeth

R: A), E)

192. What are the limitations of traditional shade guides in prosthetic communication?

A) Natural teeth often have non-uniform color
B) Standard guides lack surface texture
C) Lighting conditions don't influence shade match
D) Customized guides improve restoration matching
E) Shade guides can replicate natural enamel thickness

R: A), B), D)

193. Which occlusal considerations may lead to long-term prosthetic complications?

A) Presence of functional interferences
B) Loss of occlusal stops
C) Abutment teeth with physiological mobility

D) Vertical migration of antagonist teeth
E) Occlusion not aligned with centric relation

R: A), B), D), E)

194. Which statements are true regarding mock-up (direct in-mouth testing) technique?

A) It is used for subtractive contour corrections
B) It involves placing composite or wax directly on teeth
C) It is effective for simulating orthodontic corrections
D) It allows visualization of aesthetic changes in real time
E) It is ideal for simulating restorative tooth additions

R: B), D), E)

195. What defines a good crown-to-root ratio for abutment selection?

A) Minimum acceptable ratio is 1:1
B) Ideal ratio is 2:1 in favour of crown
C) Crowns with short roots are always suitable if vital
D) Ratios below 1:1 are acceptable for prosthetics with complete denture antagonists
E) A crown-to-root ratio of 1:1.5 to 2 is ideal

R: A), D), E)

196. Which statements are correct regarding the use of diagnostic wax-ups?

A) They allow evaluation of tooth symmetry and proportions
B) They are applied only after provisional restorations are done
C) They can be modelled directly on study casts
D) They provide visual communication between patient and lab
E) They are only used for anterior restorations

R: A), C), D)

197. What periodontal findings require intervention before prosthetic treatment?

A) Presence of true periodontal pockets
B) False pockets with gingival swelling only
C) Grade II or III tooth mobility
D) Healthy attached gingiva of 2 mm
E) Chronic gingivitis without bone involvement

R: A), C)

198. *Which is the primary cause of pathological passive eruption?

A) Microdontia
B) Lack of antagonist teeth
C) Gingival tissue failing to migrate apically
D) Loss of incisal edge due to attrition
E) Poor oral hygiene

R: C)

199. * The most predictable method to assess lip mobility is?

A) Cephalometric X-ray
B) Gingival probing
C) Measurement from rest to wide smile
D) Midline deviation scoring
E) Tooth shade photography

R: C)

200. *What is the average increase in upper lip length per decade after age 40?

A) 0.5 mm
B) 1 mm
C) 2 mm
D) 3 mm
E) 4 mm

R: B

201. How do correctly shaped polished surfaces of dentures contribute to denture stability during mastication?

A. They ensure proper occlusal contact.
B. They guide muscular forces to seat the denture on the mucosa.
C. They eliminate the need for impression surface adaptation.
D. They can cause dislodgement of the denture in absence of function.
E. They assist in both active and passive muscular fixation.

R: BE

202. Which factors can significantly improve a patient's ability to adapt to new dentures, especially in older individuals?

A. Using the dentures only fort short periods in the beginning
B. Replicating the shape of the old dentures
C. Avoiding soft foods early in adaptation
D. The stronger the retentive forces are, the higher will be the demand on the patient's skill in controlling the dentures
E. Providing training and advice to develop purposeful muscular control

BE

203. Which features help optimize the border seal and retention of a complete denture?

A. Extending the denture into the deepest sulcus position
B. Avoiding any contact with the buccal or labial mucosa
C. Laterally extended flanges that contact and slightly displace facial mucosa
D. Keeping the denture borders short to avoid displacement
E. A properly designed post-dam at the posterior border

CE

204. Which conditions reduce denture support and lead to instability during function?

A. Thick palatal gingiva
B. Severe alveolar ridge resorption
C. Well-developed residual ridges
D. Firm mucosa covering the ridge
E. Presence of flabby ridge tissues

BE

205. Which aspects of a patient's dental history are most important in assessing the suitability and likely success of new dentures?

A. Time since tooth extractions
B. Number of extracted teeth
C. Previous denture use and patient adaptation history
D. Number of natural teeth originally present
E. Patients psychological status

AC

206. Which of the following are important observations that should be made during an extra-oral examination to assist in denture treatment planning?

A. Assessing the shape of the residual ridges
B. Evaluating occlusal vertical dimension from facial appearance
C. Observing for signs of atrophic mucosa
D. Noting discrepancies between actual and biological age
E. Evaluating the presence of tori

BD

207. Which two denture design approaches are particularly helpful in improving stability and adaptability for specific patient needs?

A. Selecting denture tooth color early in the appointment
B. Copy dentures for patients with reduced adaptability
C. Using only prefabricated anatomical forms for all dentures
D. Functional neutral zone impression for unstable lower dentures
E. Ignoring old denture design regardless of previous success

BD

208. Which factors are essential in replicating proper lip support in an upper denture?

A. Position of the incisal edge in the horizontal plane
B. Position of the canine edge in the vertical plane
C. Inclination of the labial surface of the record rim
D. Buccolingual thickness of lower anterior teeth
E. Establishing a parallelism between the interpupillary line and anterior occlusal plane

AC

209. Which of the following are clinical signs or consequences of over-extension of denture flanges?

A. Immediate dislodgement of the denture after insertion
B. Deep sulcus visible under the denture flange
C. Mucosal trauma in the flange area
D. Retention improves with over-extension
E. Denture displacement during tongue movement

ACE

210. Which of the following are appropriate methods for assessing occlusion at the trial denture stage?

A. Visual inspection
B. Patient perception
C. Use of articulating paper
D. Tactile checking with fingers
E. Usually, patients are not able to detect slight occlusal unevenness

AB

211. Which of the following are common causes of pain originating from the impression surface of a new denture?

A. Acrylic nodules and spicules
B. Sharp acrylic margins
C. Occlusal discrepancies
D. Undercut flanges
E. Improper tooth position on the denture base

ABD

212. . The aetiology of the burning mouth syndrome may be:

A. Local irritants
B. Systemic factors
C. Psychogenic factors
D. Instability of the dentures
E. Hypersensitivity in functional movements

ABC,

213. . Mark the correct answer regarding the extraoral examination of the edentulous patient:

A. The symmetry of the face and lips should be observed
B. The amount of interocclusal clearance should be noted
C. The skeletal relationship can't be ascertained by examining the patient's profile
D. Old worn dentures aren't associated with angular cheilitis
E. Any swelling of the face or lymph nodes is noted and investigated.

ABE

214. .*During the clinical evaluation of the final denture occlusal imbalance can cause the following issues except for:

A. Breaking of the border seal
B. Deep overbite leading to vertical displacement
C. Loss of retention
D. In protrusion, interlocking cusps lead to horizontal displacement
E. Lateral movement of the mandible can lead to horizontal displacement

B

215. .**The anatomical landmarks of the maxillary arch, which may affect denture fabrication, include the:**

A. The incisive papilla;
B. The retromolar pad;
C. The pterygomandibular raphé fold;
D. The masseter notch;
E. The buccal shelf;

A

216. .Select the incorrect statement regarding diagnostic casts:

A. Diagnostic casts allow for the evalua- tion of hard and soft tissue anatomy without the presence of the patient;
B. Diagnostic casts provide the base from which custom impression trays are fabricated;

C. Diagnostic casts are made from preliminary impressions and are often poor representations of the hard and soft tissues of the ridges
D. Because of low cost and ease of use, irreversible hydro- colloid impression materials are the materials of choice for making the preliminary impressions
E. Diagnostic casts provide poor detail of the depth and width of the vestibules and surrounding muscular attachments

C

217. The characteristics of an ideal impression material do not include :

A. Being minimally viscous;
B. Polymerizing (setting) intraorally within 2–3 seconds;
C. Being hydrophilic;
D. Not flowing once removed from the mouth;
E. Not being excessively rigid;

B

261. Select the incorrect statement about the record base:

A. It must be stable on both the master casts and intraorally;
B. It should be rigid;
C. It should be accurately adapted to the casts;
D. It should be esthetic and comfortable to the patient;
E. It should cover half of the supporting tissues of the arches;

E

262. Select the correct statement regarding occlusion rim fabrication :

A. The occlusion rim is generally fabricated from green baseplate or set-up wax;

B. When completed, the plane of occlusion on the maxillary arch should be approximately 22 mm in height, as measured from the bottom of the notch created by the labial frenulum, and approximately 18 mm in height on the mandibular arch;

C. The maxillary occlusion rim should be approximately 18 mm in height from the record base at the crest of the ridge in the tuberosity areas

D. The labial inclination of the anterior portion of the occlusion rim is at approximately a 30^0 angle to offer lip support;

E. The posterior of the maxillary occlusion rim should slope occlusally at approximately a 30 degree angle from the record base, beginning approximately 2 mm from the

posterior extent of the record base.

B

263. Select the incorrect statement regarding the traditional balanced occlusion concept:

A. The denture teeth must be arranged and/or adjusted to eliminate prematurities so that all anterior and posterior inclined surfaces act as a “unit” in centric occlusion and during excursive movements;

B. The steepness of these movements is dictated by the incisal guidance and the condylar inclination;

C. This is a complex occlusion that provides multiple “cross tooth” and “cross arch” contacts on most if not all the posterior teeth;

D. It is important that the clinician make an accurate repeatable centric relation recording when articulating the mandibular master cast;

E. It is a easy occlusion to achieve and maintain from both a laboratory and clinical standpoint.

264. Select the correct statement regarding establishing the vertical dimension of occlusion (VDO):

A. The centric relation (CR) position and occluding vertical dimension orientation of the mandibular cast on the articulator must match the centric relation position and occluding vertical dimension of that seen in the patient.

B. The record bases/occlusion rims are used to transfer the correct horizontal and vertical position of the maxillary master cast relative to the mandibular master cast.

C. When determination of the occlusal vertical dimension is made, the proper interocclusal distance must be maintained in order to maximise speech problems and potential soft tissue irritation

D. The initial determination of the occlusal vertical dimension is achieved by making one measurement of a single facial parameter because there is a single method of accurately making this determination.

E. The record bases/occlusion rims are used to transfer the incorrect horizontal and vertical position of the mandibular master cast relative to the maxillary master cast.

A

265. Select the correct statement regarding incisal length and esthetics :

A. The incisal length will be the level at which the incisal edge of the maxillary central incisors will be positioned;
B. The length of the lower lip is an important guide because, generally speaking, the incisal edges of the central incisors should be slightly below the relaxed lower lip;
C. It is common for the lower lip to drop slightly and become longer esthetically as wax is removed from the contours of maxillary occlusion rim.
D. If the lip is long, a significant amount of the anterior teeth, and some of the denture base, may show in the completed denture even when the upper lip is relaxed.
E. If the lip is short, the anterior teeth, and some of the denture base, will not be visible in the completed denture even when the upper lip is relaxed.

A

266. Select the incorrect statement regarding the selection of denture teeth:

A. The selection of denture teeth for complete dentures seems to be an area in which many dentists feel uncomfortable ;
B. As with any skill, excellence in denture esthetics can be developed with patience and persistence;
C. In the selection of denture teeth to meet the esthetic desires of a patient, the clinician must correctly interpret the esthetic desires of the patient;
D. In the selection of denture teeth to meet the esthetic desires of a patient, the clinician must coordinate the patient's realistic desires with the dentist's personal esthetic and functional philosophies in construction of the definitive prostheses.
E. In the selection of denture teeth to meet the esthetic desires of a patient, the clinician must not take into account the practicality of those desires and discuss this information with the patient in treatment planning and again throughout treatment

E

267. Select the advantages of immediate dentures:

A. Because of the difficulty and demanding procedures required, additional and longer appointments are required, which increase cost to the patient ;
B. Bone resorption and shrinkage of the healing soft tissues occur at a greater rate compared to already well-healed tissues;
C. Because there is no completely edentulous period, the patient's appearance is maintained, and potential social embarrassment is avoided
D. The esthetic arrangement of the anterior teeth cannot be previewed prior to tooth extractions and the denture insertion;
E. The remaining anterior teeth may create an anterior ridge undercut that is difficult to capture with the impression procedure and may necessitate a sectional impression technique;

C

268. Select the correct statements regarding the palatal torus:

A. When present, the torus palatinus is located in the middle of the hard palate;
B. The torus palatinus is very soft;
C. The tissue overlying a palatal torus is always very thick;
D. Care must be taken during insertion to relieve any pressure to the torus caused by the denture
E. En enlarged torus palatinus could act as a fulcrum that can lead to instability of a denture.

A,D,E

269. Select the incorrect statements regarding the fovea palatini:

A. The fovea palatini are three depressions that lie bilateral to the midline of the palate;
B. The fovea palatini denote the sites of opening of ducts of small mucous glands of the palate;
C. The fovea palatini denote the sites of opening of ducts of small mucous glands of the tongue;

D. The fovea palatini are often useful in the identification of the vibrating line because they generally occur within 2 mm of the vibrating line;

E. The fovea palatini are often useful in the identification of the vibrating line because they generally occur within 4 mm of the vibrating line;

A,C,E

270. Select the correct statements regarding the tongue:

A. Many systemic disease processes, such as iron deficiency anaemia and pernicious anaemia, for example, can cause changes in the tongue ;

B. The dorsum of the anterior two-thirds of the tongue is rough because of the presence of projections known as lingual papillae ;

C. The ventral surface of the tongue (undersurface) is anchored to the floor by a mucous membrane fold known as the lingual frenulum ;

D. Its activities must be accounted for when making impressions but the activities do not interfere with arranging the teeth on the mandibular denture;

E. Careful handling of the dental instruments inside the mouth is advisable as injury to the vessels and nerves could occur;

A,B,C,E

271. An impression must be remade for many reasons including:

A. Incorrect tray position in the mouth, which has caused one or more anatomical areas not to be captured in the impression.
B. Any void or discrepancy too large to accurately correct on the cast.
C. Obviously distorted impression because of movement of the tray during the setting of the final impression material.
D. Excessive areas of the impression tray showing through the impression material indicating pressure that may have resulted in a distorted impression.
E. It includes all hard and soft tissues of the ridges, the entire vestibules, retromylohyoid areas, entire hard and initial 3–4 mm (1/4 inch) of the soft palate, and hamular notches

A,B,C,D

272. Select the correct statements regarding the preliminary impressions :

A. When available, a tray is selected that will provide about 2–3 mm even spacing between the tray and the tissues ;

B. The clinician should place the posterior border of the tray slightly beyond the hamular notches for the maxillary arch and over the retromolar pads for the mandibular arch;

C. The clinician should note the position of the tray when it is correctly located in the mouth.;

D. The relation of the handle of the tray should be aligned with the middle of the patient’s face; this will be the desired alignment when the preliminary impression is being made;

E. Prior to making the impression, the patient is instructed not to rinse his or her mouth with water to reduce the viscosity of the saliva

B,C,D

273. Select the correct statements regarding custom impression tray extension:

A. The desired extent of the tray should be drawn as an outline approximately 2 mm under the depth of the vestibules or obvious muscle or frenulum attachments on the labial, buccal and lingual;

B. The desired extent of the tray should extend anteriorly to the vibrating line on the maxillary arch and to the full extend to the retromylohyoid space on the mandibular arch;

C. The laboratory technician should fabricate the custom tray so that the flanges follow the outline on the diagnostic cast;

D. Even if the laboratory technician fabricates a tray that is 2–3 mm short of the depth of the vestibules, it will often impinge on the movable tissues intraorally;

E. The clinician is responsible for properly evaluating and adjusting the borders of the custom impression tray prior to initiating the border molding procedure;

C,D,E

274. Select the incorrect statements regarding border moulding for the maxillary arch:

A. The initial border moulding of the maxillary arch should begin with either the left or right buccal flange area
B. The patient is asked to close onto the clinician’s fingers while the clinician resists the closure movement and gently presses downward on the tray;
C. Border moulding of the distolingual and post-mylohyoid areas should be developed by having the patient forcefully protrude the tongue and move it from side to side
D. When border moulding the frenulum area, move the cheek out, down, in, backward, and forward.
E. A side-to-side movement is not indicated because the labial frenum does not function in this manner;

B,C

275. Regarding the record base fabrication, the following statements are correct:

A. To protect the master casts, tissue undercuts and irregularities are blocked out with baseplate wax;

B. The common locations for undercuts or irregularities on the maxillary casts are on the labial of the anterior ridge, in the rugae areas, and sometimes in the tuberosity areas laterally;

C. Wax used in blocking out buccal and lingual undercuts should be applied in sufficient thickness to almost completely block out most undercuts;

D. The record base is rigid and accurately fits the master cast.

E. The record base is elastic and accurately fits the master cast.

A,B,C,D

276. Select the correct statement regarding the functional inclines:

A. In protrusive movements, the functional inclines face anteriorly for mandibular teeth and face posteriorly for maxillary teeth in protrusive movements

B. In working movements, the functional inclines face buccally for the mandibular teeth and lingually for maxillary teeth in working movements.

C. In nonworking movements, the functional inclines face lingually for the mandibular teeth and buccally for the maxillary teeth in nonworking movements.

D. In working movements, the functional inclines face lingually for the mandibular teeth and buccally for maxillary teeth in working movements.

E. In nonworking movements, the functional inclines face buccally for the mandibular teeth and lingually for the maxillary teeth in nonworking movements.

A,B,C

277. Select the correct statements regarding the determination of the centric relation position:

A. Placing the tip of the tongue in the top and back of the mouth.

B. Telling the patient to “Stick out the upper teeth.” This misnomer some- times will help the patient make the correct mandibular movement.

C. Telling the patient to “Stick out the lower teeth.”
D. Use the molar reflex.

E. Put the patient to swallow

A,B,D,E

278. Regarding anterior mold selection, the following statements are correct:

A. Photographs can be an invaluable aid in tooth selection;
B. Photographs can not be an invaluable aid in tooth selection
C. Any old dentures can serve as a guide for both the patient's likes and dislikes;
D. The frontal outline form and size of the face, and lateral view of the patient's profile have been considered gross guides in tooth selection
E. Because the size and shape of the residual ridges cannot actually determine a specific mold selection, they are not important guides to overall size;

A,C,D

279. Once a preliminary shade has been determined, the actual shade guide tooth should be observed in the following locations:

A. Outside the mouth and beside the cheek;
B. Inside the mouth and beside the cheek;
C. Under the upper lip with just the incisal edge exposed;
D. Under the upper lip with the mouth open and two-thirds to three-fourths of the tooth exposed
E. Under the lower lip with the mouth open and two-thirds to three-fourths of the tooth exposed;

A,C,D

280. Single dentures may be fabricated to oppose:

A. An arch containing enough natural teeth and fixed restorations so as to not require any other prostheses.

B. A partially edentulous arch in which the missing teeth have been or will be replaced by a removable partial denture, fixed partial dentures, or implant-supported prostheses

C. An existing acceptable complete denture, whether it be mucosal-borne, tooth-supported, or implant-supported.

D. An existing unacceptable complete denture, whether it be mucosal-borne, tooth-supported, or implant-supported.
E. An arch containing a insufficient number of natural teeth;

A,B,C,

281. Support of the removable prosthesis (RP):

A. means the transmission of vertical components of the chewing force to the tissues of the mouth and the resistance of these tissues against this force
B. is about 1 kg
C. RP can be classified according to the structures involved in dental, mucosal and dental-mucosal.
D. is the foundation on which the denture rests and resists displacement of the denture towards the tissue;
E. is not normal for a RPD

acd.

282. *Types of elastic retainers in RPD treatment are:
A. flexible clasps
B. cast clasps
C. precision elements
D. wrought wire clasps
E. sliding precision attachments

a

283. Bar attachments:
A. consists of one component connecting the crowns on the abutment teeth which is the female element
B. the male component can be prefabricated or made individually
C. the male component is connecting the crowns on the abutment teeth
D. retention is based on friction and suction
E. are good retention elements for hybrid dentures on implants

bce

284. Denture design in case of dental support have the following characteristics:
a. there is the possibility to support the denture on one tooth
b. it allows the base plate and the flange to be maximally reduced, but the material and dental technical aspects must be considered
c. there is the possibility to support the denture on three or more points
d. it allows the base plate and the flange to be minimally reduced
e. Only the teeth are used for the support.

bce

285. Direct retainers have the following characteristics:
a. are tools that act against the bodily dislodgement of the removable partial denture away from the mucosa bone foundation
b. can be represented by clasps
c. can be represented by precision attachments (including telescopic crown)
d. they must be placed close to the saddle
e. they must be placed on the mucosa.

abcd

286. The question to be answered in removable denture with metal clasps and framework design are:
   a. asses the primary and secondary rotation axes in class III Kennedy edentulous arches
   b. asses the number position and distribution of the teeth on the dental arch
   c. selection the abutment teeth for support and retention
   d. find the appropriate areas for the occlusal rests
   e. select the major and the secondary connectors.

bcde.

287. The occlusal rests functions are:
   a. support for removable partial denture
   b. supporting the major connector in the designed position
   c. preventing soft tissue trauma
   d. the distribution of occlusal forces on the abutment teeth
   e. preventing the horizontal movements of the partial denture.

acd

288. The inefficiency of the indirect retainers leads to:
   a. rapid fatigue,
   b. activation of the direct retainers
   c. physiological stresses of the abutment teeth on which the direct elements of maintenance are applied
   d. patient discomfort caused by permanent detachment of the prosthesis
   e. physiological stresses of the abutment teeth on which the direct elements of support and stabilization are applied.

ad

289. Removable dentures with metal framework and metal clasps are indicated in:
   a. young people
   b. gerontology cases
   c. patients with neurological disease
   d. patients with metal allergy
   e. for aesthetic reasons

bc

290. Anchoring the prostheses to the remaining teeth by various systems for retainer, support and stabilization are using:
   a. friction - in the case of convergent walls that fit perfectly
   b. locking - in case of parallel wall bodies
   c. wedge effect - to the joining of conical bodies
   d. active retention - conical friction
   e. passive retention - latching systems

bce

291. By using RPI clasp to retain a RPD treating a class I Kennedy edentulous mandibular arch we will use:
   a. an occlusal rest located distal
   b. an occlusal rest located mesial
   c. a proximal plate located distal
   d. a proximal plate located mesial
   e. I-bar retentive arm on the lingual face of the abutment tooth.

bc

292. The support of a removable partial denture is a function assured by:
   a. the primary occlusal rests
   b. the flexible part of the retentive arm of the clasps
   c. the opposite arm of the clasps
   d. the rigid part of the retentive arm of the clasps
   e. the double crowns

acde

293. The palatal strap or the butterfly major connector is indicated in maxilla in the following situations:
   a. class I Kennedy
   b. class IV Kennedy
   c. class III Kennedy mod 1
   d. covers 1/3 of palatine palate surface
   e. equal width with distal/terminal saddles

acd

294. Oral surgery preliminary treatment consists of:
   a. the extraction of elongated teeth (egression) when there is lack of vertical clearance to prepare a denture for the opposite arch
   b. strongly tilted teeth when they cannot be repositioned during orthodontic treatment
   c. plaque and calculus removal and polishing of the tooth surfaces
   d. removal of sharp bone eminences and exostoses
   e. correction of alveolar ridge

abde

295. *Applegate rules to Kennedy classification include:
   a. the extent of the modification is considered
   b. the most anterior edentulous area (or areas) always determines the Kennedy class
   c. if the third molar is missing, it is always considered in the classification
   d. if the second molar is missing and not be replaced, it is not considered in the classification
   e. Kennedy class IV can have two modifications

d.

296. The possible techniques for telescopic anchored dentures are:
a. cast gold copings and crowns with precious or non-precious metal frameworks
b. cast gold copings and crowns with acrylic frameworks
c. cast gold copings and galvanic gold crowns with a secondary framework
d. cast gold copings with galvanic gold caps with a tertiary non-precious metal framework
e. non-precious metal copings and galvanic gold secondary copings with tertiary framework

ade

297. Secondary connectors are:
a. connecting the clasps with another secondary connector
b. connecting an auxiliary rest with the major connector
c. connecting the retentive arm of the RPI clasp with the saddle
d. connecting the saddles with the major connector
e. applied on the convex surfaces
b, c, d

298. The application point of the mastication force in RPD patients is:
a. at the level of the first and second premolars
b. at the level of the canines
c. at the level of the second premolar and the first molar,
d. at the level of the first molar and the second molar
e. the area is known as the stable chewing area

ce

299. Rotation through detachment in class I and II Kennedy is:
a. caused by gravitational force, in the case of maxillary prostheses,
b. caused by contraction of mandible muscles through adherent foods,
c. caused by contraction of oral muscles in the case of over-extensions of the saddles
d. rotation of the denture is counteracted by improving denture indirect retention
e. rotation of the denture is counteracted by improving denture stability.

Abcd

300. The circular displacements of the RPD may appear around the three reference axes:
a. a horizontal-transverse axis of rotation that crosses the medio- sagittal plane; around this axis, the prosthesis will rotate in the sagittal plane.
b. the sagittal, axis of rotation.
c. a vertical axis around which a vertical rotation occurs.
d. horizontal and antero-posterior
e. a horizontal-transverse axis of rotation that crosses the medio-sagittal plane; around this axis, the prosthesis will rotate in the horizontal plane.

a, b, d.

301. The form, size and resilience of ridges influences the RPD retention, support and stabilization”
a. a wide crest provides adequate mucosal support.
b. a wide crest - providing adequate mucosal stabilization.
c. the high residual ridge has role in horizontal stabilization.
d. the high residual ridge has role in mucosal support.
e. a thin adherent mucosa supports well the forces during mastication.

ac

302. The indication for mandibular major connectors are:
a. Usually the lingual bar is used
b. If the space is less than 12mm the lingual plate is used;
c. If the remaining teeth are periodontal affected, we are using the lingual plate
d. When there are only the frontal teeth present, the lingual plate is indicated
e. Labial bar is often indicated.
acd

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„VICTOR BABEȘ" DIN TIMIȘOARA

ANESTHESIOLOGY

7.1

303. Lidocaine
   a. From a chemical point of view, it is an aminoester
   b. The plain solution has a pH of 7.2
   c. The solution with vasoconstrictor has a pH of 6.5
   d. It is metabolized in the liver
   e. Its metabolites are excreted through the kidneys
   Answer: d, e (page 534, **49**)

304. Lidocaine:
   a. The anesthetic potency is 3 times greater than that of procaine
   b. The onset of anesthesia is slower than with procaine
   c. The duration of effective anesthesia is short
   d. The toxicity is 2 times greater than that of procaine
   e. The vasodilatory effect is much weaker than that of procaine
   Answer: d, e (page 535, **51**)

305. Contraindications and precautions in the administration of lidocaine:
   a. In patients with hepatic insufficiency
   b. In patients with allergy to lidocaine - very rarely
   c. In patients with allergy to sulfites for products without adrenaline
   d. In patients with kidney diseases due to renal metabolism of lidocaine
   e. It is recommended to administer the maximum dose for an effective anesthetic effect
   Answer: a, b (page 535, **49**)

306. Mepivacaine:
   a. It is an ester-type local anesthetic
   b. It is available in 3% concentration solution with vasoconstrictor
   c. It is also available for topical anesthesia
   d. duration of action of 20-40 min. for anesthesia of dental pulp
   e. Renal elimination within 30 hours
   Answer: d, e (page 537, **51**)

307. Mepivacaine:
   a. Is 30% unbound in plasma and is not recommended during pregnancy
   b. Is 30% unbound in plasma and is recommended during pregnancy

c. Is classified under pregnancy risk category B
d. Is not classified under any pregnancy risk category
e. The concentration used in dental medicine is 2% with a vasoconstrictor

Answer: b, c, e – page 534, **52**

308. Articaine:
a. Has a potency 3 times greater than procaine
b. The anesthesia duration is 180 minutes for 4% articaine with 1:100000 adrenaline
c. The onset duration of anesthesia is short, 5–6 minutes
d. The effective anesthesia duration is 45 minutes for 4% articaine with 1:200000 adrenaline
e. Binds to plasma proteins at a rate of 90%

Answer: d, e (page 539, **52**)

309. Bupivacaine:
a. Has a significant cardiotoxicity
b. It is an ester type of local anesthetic
c. It is used only in oro-maxillo-facial surgery anesthesia
d. The maximum dose per session is 10–28 mg
e. Has a prolonged anesthetic induction, up to 10 minutes

Answer: a, e (page 542, **56**)

310. Levonordefrin:
a. It is a synthetic non-catecholamine local vasoconstrictor
b. Toxic effects in overdose are identical to adrenaline but 30% lower
c. The maximum dose is 2 mg/session
d. The stimulating effect on the heart is weaker than that of adrenaline
e. It is found as a vasoconstrictor adjuvant with mepivacaine

Answer: a, d, e (page 544, **64**)

7.2

311. Anesthesia of the masseteric nerve:
a. The anesthetic puncture is performed above the zygomatic arch
b. Indicated in case of trismus
c. Anesthetic is injected at a depth of 3.5 cm
d. The required amount of anesthetic is 2–3 ml
e. The temporal muscle can also be anesthetized at a greater depth

Answer: b, d, e (page 558)

312. Anterior palatine nerve anesthesia:
a. Indicated for anesthesia of the anterior third of the palatal mucosa

b. The anesthetic puncture is performed in the palatine groove at the level of the second molar
c. Needle direction is upward, backward, and slightly inward
d. It is not necessary to enter the canal
e. A complication is the piercing of the palatine vessels
Answer: b, d (page 552, **26**)

313. The infraorbital foramen is located:
a. 6–8 mm below the inferior orbital rim
b. At the junction of the outer third with the inner two-thirds of the infraorbital margin
c. Above the maxillo-malar suture
d. On the vertical line passing between the two upper premolars
e. 5 mm inside the mid-pupillary vertical line
Answer: a, e (page 553, **22**)

314. Which statements about the peripheral trunk anesthesia of the Posterior Superior Alveolar nerves are true:
a. Quite often (25%–30% of cases), the anesthesia is ineffective for the mesiobuccal root of the first molar
b. Occasionally, anesthesia of the Mandibular branch of the Trigeminal nerve may occur simultaneously
c. Tuberosity anesthesia can also be performed externally, via the submandibular route
d. Landmarks for anesthesia are: zygomatic-alveolar crest, mobile mucosa, distobuccal root of the second molar
e. Sometimes anesthesia can also occur partially or totally in the premolar area
Answer: a, b, e (pages 550, 551)

315. Which statements about the peripheral trunk anesthesia of the Posterior Superior Alveolar nerves are false:
a. It may be indicated when general condition-related diseases contraindicate general anesthesia
b. Needle direction is upward, backward, and inward, parallel to the occlusal plane of the upper molars
c. Mouth is wide open to clearly visualize the puncture site and avoid hematoma
d. The cutaneous technique is indicated when there are obstacles at the oral puncture site (abscesses, tumors, trismus)
e. Hematoma at the tuberosity occurs whenever bone contact is not maintained or the pterygoid venous plexus is situated too low
Answer: b, c, e (page 551, **21**)

316. Which statements about Nasopalatine nerve anesthesia are true:

a. The Escat method describes anesthesia via imbibition on the floor of the nasal cavity
b. The Escat method describes anesthesia via imbibition at the level of retroincisive papilla
c. The direction of the needle is upward, backward and outward for the introoral technique
d. A frontal section image of the two nasopalatine canals looks like a V or I, opening on the floor of the nasal cavities on each side of the nasal septum
e. The needle is introduced 0.5 cm laterally to the edge of the incisive papilla, avoiding canal penetration due to painful anesthesia and risk of nerve damage

Answer: a, c (pages 552-553, **28-29**)

317. Which statements about Greater Palatine nerve anesthesia are true:
a. The anesthetic puncture is performed at the third molar level in adults
b. It is necessary to enter the canal up to 0.5 cm
c. Sudden injection of a large quantity of anesthetic leads to periosteal detachment
d. Soft palate infiltration leads to permanent edema
e. Needle direction is upward, backward, and outward, with the syringe reaching the contralateral oral commissure

Answer: c, e (page 553, **26**)

318. *Which statement about peripheral trunk anesthesia of the infraorbital nerve is false:
a. For anesthesia of the upper premolars, it is necessary to enter the canal 6–10 mm
b. In the cutaneous approach, the non-dominant hand’s index is placed on the inferior orbital rim
c. If anesthetic is injected into orbital fat, temporary blindness may occur via inferior branch anesthesia of the oculomotor nerve
d. For surgical procedures on the central incisor, infraorbital foramen anesthesia must be supplemented with nasopalatine and vestibular plexus anesthesia
e. In the intraoral approach, the non-dominant hand’s index is fixed suborbitally to perceive needle entry into the canal

Answer: c (page 554, **25**)

319. Which statements about peripheral trunk anesthesia of the Inferior Alveolar nerve (at Spix’s Spine) are false:
a. Puncture site is between the temporal crest of the mandible and the pterygomandibular raphe
b. Too medial a puncture will lead to anesthesia in the lateral pharynx
c. Higher puncture will anesthetize the Auriculotemporal nerve or paralyze the masseteric muscle
d. Intravascular injection introduces anesthetic into circulation causing pallor, syncope, bradycardia

e. At 1 cm depth the lingual nerve is anesthetized, then at 1.5–2 cm the more posterior inferior alveolar nerve

Answer: b, c, e (page 554, **30**)

320. Which statements regarding mental foramen anesthesia are true:

a. In edentulous patients, the mental foramen is often located halfway between the mental symphysis and the posterior edge of the mandible
b. Due to pronounced atrophy of the alveolar process, the mental foramen may reach close to the alveolar crest, beneath the gingival mucosa
c. The puncture site in intraoral mental foramen anesthesia is the mesial root of the lower first molar
d. The direction of the needle is downward, inward, and posterior, forming an angle of 15-20 degrees with the axis of the second premolar
e. It is necessary to enter the mental foramen 0.5-1 cm and inject 1-1.5ml of anesthetic

Answer: b, c page 558, **34**

7.3

321. Possible accidents in the Spix's spine anesthesia are:

a. Intravascular injection
b. Frequent needle breakage
c. Piercing of the neurovascular bundle
d. Perimandibular edema
e. Trismus

Answer: a, c (page 554)

322. Contraindications of anesthesia at the maxillary tuberosity are:

a. Tumor processes located in the anterior fornix
b. Inflammatory processes located posterior to the tuberosity
c. In hemophilic patients
d. In patients on antihypertensive treatment
e. In patients on anticoagulant treatment

Answer: b, c, e (page 550)

323. Which statements regarding pain as a local accident of loco-regional anesthesia are true:

a. In case of piercing the nerve trunk or sheath, the patient complains of a sharp, lightning pain locally, which can last up to 5-6 hours
b. The ideal injection rate of the anesthetic substance, to avoid pain due to sudden tissue distension, is 1 ml/30 seconds

c. Some anesthetic substances can cause violent, instantaneous pain at the moment of injection
d. To achieve anesthesia in the presence of tissue inflammation, it is not recommended to inject anesthetic solutions into inflamed or infected areas
e. To achieve anesthesia in the presence of tissue inflammation, it is recommended to inject larger amounts of anesthetic into the region

Answer: c, d, e page 562, **76**

324. Which statements regarding cheek hematoma, an accident of loco-regional anesthesia, are true:
a. May occur by puncture of the pterygoid venous plexus
b. May occur by puncture of the posterior superior alveolar artery
c. The hematoma grows deeply in the infratemporal space
d. Pressure cannot be applied to the injured area due to its location
e. A warm compress can be applied for 20 minutes, every hour, for 48 hours

Answer: a, b, c, d page 562, **80**

325. Which statements regarding local complications of loco-regional anesthesia are true:
a. Epithelial desquamation occurs at the site of anesthetic puncture and is caused by prolonged irritation of soft tissues by the injected anesthetic substance
b. In persistent paresthesia of the lingual nerve, alteration of gustatory sensitivity may appear
c. Symptoms of a septic process in post-anesthetic infections may include swelling, trismus, dysphagia, neuralgic-type pain
d. Treatment of post-anesthetic trismus includes administration of muscle relaxants and chewing rest, to avoid further irritation of the masticatory muscles
e. Post-extraction alveolitis, a complication of local anesthesia, is caused by local tissue ischemia, which favors necrosis

Answer: b, c, e page 564, **87**

326. A case of extraction in patients with diabetes mellitus:
a. The postextractional situs is susceptible of infection
b. It could develop hemorrhage
c. The healing can be deficient
d. The procedure can be performed even the glicemia is > 200 mg/dl.
e. The alveolus is recommended to be sutured

Answer: a,b,c,e page 573

327. Extraction in patients under immunosuppression therapy could have some complications:
a. Is at risc of hemorrhage

b. Is at risc of infection
c. It is always followed by edema
d. the infection is controlled only by local hygene
e. antibiotics are not indicated
Answer: b, e page 574

328. The attitude related with extraction in patients who will undergo radiotherapy in the cephalic:
a. The extractions are indicated to be performed only after the radiotherapy
b. Teeth which could develop infection are extracted only when they are symptomatic
c. The extractions are indicated to be performed 7 days before the beginning of radiotherapy
d. The alveoloplasty procedures with flap are indicated
e. The extractions can be performed also during the radiotherapy
Answer: d page 574

329. In the preprosthetic phase of treatment, dental extraction is indicated in the following cases:
a. Subtotal edentulism when the tooth obstruct the marginal adaptation of prosthesis
b. Teeth with acute pulpitis
c. Extruded teeth which interfere with the accurate treatment
d. Tilted teeth
e. Deciduous teeth which interfere with the permanent successor
Answer: a, c, d page 568

330. Special situations which indicate extraction:
a. Teeth with pulpitis when the conservatory treatment can not be performed
b. Teeth with odontogenic lesions in patients over 65 year old with general compromised status
c. Patients with general pathology when radiotherapy for head and neck is indicated
d. Tilted teeth
e. Extruded teeth which interfere with the accurate treatment
Answer: a, b, c page 568

331. Which are the absolute contraindications for extraction:
a. Diabetes mellitus
b. Chronic leukemia
c. Acute leukemia
d. Recent myocardial infarction
e. Herpetic stomatitis
Answer: c, d page 568

332. Which are the local relative contraindications for dental extraction:

a. Acute leukemia
b. Herpetic stomatitis
c. Acute Rhinosinusitis
d. Chronic pericoronitis
e. Perioseous abcesses
Answer: b, c, e page 568

333. Tooth extraction with roots separation is indicated in:
a. Convergent roots
b. Deciduous molars without physiological root resorbtion
c. Extended decay which let to partially coronal part fracture
d. Straight roots
e. Very divergent roots
Answer: b, c, e page 579

334. Roots separation for upper molars have some specifications:
a. The separation design is in a V form
b. It is applied in cases of convergent roots
c. It is sometimes associated with alveolotomy
d. The separation design is in a Y form
e. It is performed only in cases with risk of oroantral communication
Answer: c, d page 579

335. For performing an alveolotomy, the following types of flaps can be used:
a. Triangle flap, with a vertical incision created at the level of gingivoalveolar sulcus
b. Trapezoidal flap without releasing incisions
c. Envelope flap with vertical releasing incisions
d. Semilunar flap
e. Trapezoidal flap with 2 vertical releasing incisions
Answer: e page 580

336. Wassmundt technique is indicated in:
a. Oro-antral communication closure
b. Extraction of roots pushed into the maxillary sinus
c. Extraction of roots pushed under the schneiderian membrane
d. Apicectomy
e. Oro-antral communication plasty
Answer: c page 581

337. Dental accidents during the teeth extraction could be:
a. Coronal fracture at the tooth subject of extraction
b. Fracture of the alveolar bone

c. Fracture of the neighboring tooth
d. Linear plague of the adjacent gingiva
e. Fracture of the maxillary tuberosity
Answer: a. c page 582

338. General treatment in cases of post extractional hemorrhage is:
a. Etamsilat 12,5% with role on plasmatic factors of coagulation
b. Dicynone 500mg with role on platelets aggregation
c. Gause application over the alveolus and kept under light pressure
d. Tranexamic acid intravenous
e. Tranexamic acid applied into the alveolus
Answer: b page 588

339. Dry socket:
a. Is a form of local osteitis
b. It could occur after difficult extraction
c. It could occur in cases with a previous acute or chronic infection of alveolus
d. It could occur in immune compromised patients
e. It could occur in most of the cases after odontectomies
Answer: a, b, c, d page 588

340. Maxillary tuberosity fracture during maxillary molars extraction:
a. Could be followed by an important bleeding
b. Could induce oro-antral communication
c. Could be followed by a hematoma
d. The extraction is finished in the same operatory session
e. It is induced by medial oriented forces during extraction
Answer: a, b, c page 583

341. Mandible fracture during inferior molars extraction:
a. It is a rare complication
b. Profound inclusion of the tooth is a risk factor
c. A follicular cyst could be a contributing factor
d. Tooth extraction is always postpone after mandible healing
e. Severe atrophy of the mandible does not influence the conditions of fracture
Answer: b page 584

342. Post extraction bleeding:
a. Can be prolonged, without stopping tendence
b. Reactionary bleeding occurs few days after extraction
c. Secondary bleeding occurs immediately postextractional
d. It is caused by local and general factors

e. It is produced by the lack in blood clot formation or an early lysis
Answer: a, d, e page 585

343. For the inferior third molar odontectomy, the following incisions can be performed:
a. Envelope
b. Bayonet
c. Trapezoidal
d. Semilunar
e. With 3 axis
Answer: a, b, e page 594

344. Surgical procedures performed for labial frenulum can be:
a. Frenotomy
b. Z frenuloplasty
c. Frenuloplasty with vestibuloplasty
d. Frenectomy
e. Epulis fissuratum surgery
Answer: b, c, d page 601

345. The sensitive nerve disturbances related with difficult eruption of inferior third molar can be:
a. Trismus
b. Facial paralisis
c. Dental neuralgia
d. Muscle contracture
e. Cervical contracture
Answer: c page 592

Oral and maxillofacial surgery

346. Which of the following statements are true regarding TMJ dislocation:
   a. Unilateral anterior dislocation is rarer than the bilateral anterior dislocation
   b. Differential diagnosis of the unilateral anterior dislocation is done with facial nerve palsy
   c. In bilateral anterior dislocation you can observe a small distance between the upper and lower incisors
   d. When the mandible is pushed back into position a characteristic noise is heard
   e. Treatment of post-traumatic dislocation is surgical

Răspuns corect: abd

347. About temporomandibular ankylosis:
   a. It can be uni- or bilateral
   b. The development of ankylosis occurs over a period of 6-18 weeks
   c. It is more rapid in children and slower in elderly
   d. In bilateral ankylosis the mouth opening is completely blocked
   e. The best interpretation of the affected structures can be seen in an orthopantomography.

Răspuns corect: acd

348. About inspection:
   a. Palpation is prior to inspection
   b. We can observe the color of the lesion
   c. We can observe the surface of the lesion
   d. We can observe the consistency of the lesion
   e. It is one of the main ways of examining the cervico-facial regions

Răspuns corect: bce

349. Inspection of the face:
   a. Is done only from the front
   b. Is done only from the lateral position
   c. Is done from the front, from tangential and lateral position
   d. Is appreciating the symmetry
   e. The function of the facial nerve will not be evaluated

Răspuns corect: cd

350. In submental abscess:
   a. The treatment is only surgical
   b. The treatment is only medical

c. The treatment is surgical associated with medication
d. Treatment is done only under general anesthesia
e. The incision of 3-5cm is made parallel to the lower edge of the chin

Răspuns corect: ce

351. The examination of the oral cavity:
a. Starts with examining the upper and lower vestibule
b. Dyskeratosis may be a sign of chronic intraoral irritation
c. The character of saliva is analyzed
d. Taste sensitivity cannot be tested using sweet food
e. The degree of oral hygiene is evaluated

Răspuns corect: abce

352. In pathological conditions, mouth opening can be:
a. Impossible
b. Deviated
c. Limited (2-3 cm)
d. Limited (0,5-1cm)
e. Reduced (3-4cm)

Răspuns corect: abc

353. Functional examination can have both diagnostic and prognostic value. The following will be examined:
a. Mastication: normal, disturbed
b. Phonation: normal, disturbed
c. Mastication: normal, embarrassed, difficult, painful, impossible
d. Swallowing: normal embarrassed, difficult, painful, impossible
e. Breathing: normal, embarrassed, impossible

Răspuns corect: bcde

354. Advantages of MRI:
a. Good visualization of bone calcifications
b. Is non-invasive and non-radiant
c. Has no bone artifacts
d. The images have a very good contrast between the tissues
e. Pregnancy is not a limitation

Răspuns corect: bcd

355. The following statements are true about pathogenic mechanisms of infection spread:

a. Has five main mechanisms of diffusion
b. The direct route is through the veins
c. The transosseous pathway is found in the case of infections of the apical periodontium
d. In the lymphatic and hematogenous pathway, the infection diffuses through the lymphatic vessels.
e. In the case of mandibular and maxillary fractures the infection is spread submucosally

Răspuns corect: cde

356. Differential diagnosis of palatal abscess will be done with:
a. Vestibular abcess
b. Tuberculous goma
c. Lues
d. Superinfected maxillary cyst
e. All of the above

Răspuns corect: bcd

357. The submandibular lodge:
a. Has three walls
b. Has 4 walls
c. A medial wall, formed by the anterior belly of the digastric muscle, the mylohyoid and hyoglossal muscles.
d. A lateral wall, represented by the internal face of the horizontal mandibular branch.
e. An inferior wall, formed by the anterior belly of the digastric muscle, the mylohyoid and hyoglossal muscles

Răspuns corect: acd

358. Sublingual abscess:
a. Differential diagnosis is done with ranula and dermoid cyst of the floor of the mouth
b. The incision is made intraoral
c. No medication is needed
d. Differential diagnosis is done with submandibular abscess
e. Incision is done only under general anesthesia

Răspuns corect: abd

359. Differential diagnosis of masseter abscess:
a. Cheek abscess
b. Hemifacial phlegmon
c. Osteomyelitis
d. Malignant tumors of the cheek
e. Parotid abscess

Răspuns corect: ace

360. Transosseous diffusion path of periodontal infectious process includes the following stages:
a. hematogen
b. endoosseous
c. lymphatic
d. submucosal
e. subperiosteal
Răspuns corect: bde

361. *Lateral pharyngeal abscess is an abscess:
a. of the superficial space
b. The deep space
c. perimaxilar
d. perimadibular
e. it is a phlegmon
Răspuns corect: b

362. Which of the following statements are true for odontogenic maxillary sinusitis:
a. It’s usually found on adults
b. The patient may have cacosmia
c. Retro-alveolar Xray and SAF incidence could be used
d. Chronic odontogenic maxillary sinusitis is rarer than the acute one
e. The treatment of chronic sinusitis without orosinusal communication is the extraction of the casual tooth.
Răspuns corect: abce

363. The differential diagnosis of essential trigeminal neuralgia is with:
a. Post herpes zoster trigeminal neuralgia
b. Hemophilia
c. TMJ dysfunction
d. Atypical facial neuralgia
e. Leucoplakia
Răspuns corect: acd

364. In the aetiology of odontogenic sinusitis are cited:
a. apical periodontitis of the posterior teeth
b. dental implants introduced in maxillary sinus
c. adenoids
d. root cyst superinfected
e. endodontic treatment with sinus over fulfilment
Răspuns corect: abde

364. Masseteric abscess:
a. develops between masseter muscle and skin
b. is a deep space abscess
c. develops between ascending mandibular masseter muscle and mandibular ramus
d. is accompanied by a strong trismus
e. may be accompanied by fever, shiver, and malaise
Răspuns corect: acde

365. Phlegmons:
a. are characterized by the presence of suppurative collection limited at the head and neck
b. are diffuse infectious processes
c. it appears only as hemifacial phlegmons
d. tend to septic invasion
e. in their aetiology are incriminated poor body resistance and virulence great germs
Răspuns corect: bde

366. Examination of the oral cavity include:
a. inner cheek mucosa
b. tongue
c. sinuses points
d. the palate
e. latero-cervical nodes
Răspuns corect: abd

367. Which of the following procedures are representing the mandibular procedures, in orthognathic surgery:

a. maxillary osteotomy
b. sagittal split osteotomy
c. genioplasty
d. horizontal osteotomy
e. Le fort I osteotomy
Răspuns corect: bc

368. Primary malignant tumours of the oral cavity could be:
a. Lymphoma
b. Lipoma
c. Squamous cell carcinoma
d. Sarcoma
e. Erythroplakia
Răspuns corect: acd

369. For preoperative radiotherapy in oral cancer, the following affirmations are true:
a. It deals with residual disease
b. Lead to improved healing after surgery
c. Lead to delayed healing after surgery
d. May produce osteoradionecrosis
e. May produce osteogenesis imperfecta

Răspuns corect: cd

370. In mandible fractures, extra-oral clinical signs could be:
a. swelling (edema)
b. bleeding from the oral mucosa
c. bruising and hematomas
d. abnormal mandible movements
e. malocclusion

Răspuns corect: acd

371. Future developments in oral cancer therapy require:
a. Effective public health measures in high-risk population groups
b. Newer genetic and immunological therapies
c. Wider surgical removal
d. Interrupt growth stimulation
e. Wider introduction of active preventive therapies

Răspuns corect: abe

372. The treatment in Class III malocclusion is described by:
a. bimaxillary procedures could be used
b. the mandible is moved anteriorly
c. the maxilla is moved posteriorly
d. the mandible could be altered posteriorly
e. the maxilla could be moved anteriorly

Răspuns corect: ade

373. The minor salivary cysts usually symptoms are:
a. Painfull swellings
b. Reddish swellings
c. Bluish swellings
d. Firm consistency
e. Smooth consistency

Răspuns corect: ce

374. The pathological characteristics of benign tumors of the mouth, are the following:
a. Fast growing
b. Localized

c. Well differentiated
d. Local invasive
e. Encapsulated
Răspuns corect: bce

375. *In the floor of the mouth, the cyst arising from sublingual gland is usually called:
a. Sialocele
b. Salivary fistula
c. Sialosis
d. Ranula
e. Sialectasis
Răspuns corect: d

376. The precancerous lesions are the following:
a. Adenoma
b. Leukoplakia
c. Neurofibroma
d. Erythroplakia
e. Speckled leucoplakia
Răspuns corect: bde

377. The signs of clinical presentation of oral cancers are the following:
a. Induration and fixation of tissues
b. Non-healing ulcer
c. White/red mucosal patches
d. Exophytic growth
e. Slow-healing tooth socket

Răspuns corect: abcd

378. Sjogren's syndrome is usually associated with:
a. Rheumatoid arthritis
b. Lymphoma development
c. Diabetes
d. Alcoholism\
e. Sarcoidosis
Răspuns corect: ab

379. *In TNM classification, N2 means:
a. Mobile palpable nodes <3cm
b. Mobile palpable nodes <2cm
c. Mobile nodes 3-6 cm
d. Fixed node(s) = 6 cm
e. Infiltrating deep structures

Răspuns corect: c

380. The factors that influence jaw fracture healing are:
a. systemic diseases of the patient have no relevance
b. time since fracture till reduction and immobilization
c. disregarding doctor recommendations
d. fracture etiology
e. patient sex

Răspuns corect: bc

381. The indications of open mandible fracture reduction are:
a. important movements of the fragments
b. incomplete fracture
c. edentulous mandible or maxilla
d. associated multiple facial bone fractures
e. mandible fractures cannot be reduced surgically

Răspuns corect: acd

382. Developmental cysts of non-dental origin are:
a. Solitary cysts
b. Fissural cysts
c. Nasolabial cysts
d. Traumatic cysts
e. Median cysts

Răspuns corect: Bce

383. *The malignant salivary tumors arise more commonly in:
a. parotid glands
b. minor salivary glands
c. submandibular glands
d. sublingual glands
e. major salivary glands

Răspuns corect: b

384. In Le Fort I osteotomy:
a. the mandible is moved posteriorly
b. the maxilla can be altered posteriorly
c. the maxilla is moved anteriorly
d. the incision is performed intraoraly

e. the maxilla can be moved upwards and downwards
Răspuns corect: cde

385. Investigating the major salivary glands, the clinician should record the presence of:
a. pain
b. swelling
c. adjacent teeth
d. altered salivary flow
e. the periodicity of the swelling
Răspuns corect: abde

386. Differential diagnosis of the cysts of the jaw of dental origin can be made with:
a. Stafne's bone cavity
b. Central giant cell granuloma
c. Ameloblastoma
d. Aneurysmal bone cysts
e. Odontoma
Răspuns corect: abcd

387. *Which of the following cysts of the jaw are of dental origin:
a. Nasolabial cysts
b. Keratocysts
c. Incisive canal cysts
d. Globulomaxillary cysts
e. Median cysts
Răspuns corect: B

388. The classification of symmetric facial deformity is represented by:
a. Class III malocclusion with an anterior open bite
b. Class II malocclusion with a deep over bite
c. Class II malocclusion with an anterior open bite
d. Class III malocclusion due to a posterior mandible position
e. Class I malocclusion with a deep over bite
Răspuns corect: abc

389. The characteristics in Class III category could be:
a. Large mandible
b. Large maxilla
c. Small mandible
d. Small maxilla
e. Small mandible and large maxilla

Răspuns corect: ad

PEDIATRIC DENTISTRY

390. Expectations of general developmental milestones and child behaviour at 6-8 months are:
A. infants are discovering new ways to share and express their curiosity, joy, frustration and fear within their world
B. by 8 months, babies are beginning to crawl and discover their surroundings, learning to distinguish differences in their world and people
C. they can look at a 'teddy bear' and be delighted by it, then turn to look at the parents to share those feelings
D. understanding of spoken words and non-verbal communication (receptive language) develops at a much greater rate than expressive language
E. by 6 years, children are established at school and are moving away from the security of the family

ABCD
Handbook of PD, Chapter 2, pag 10

391. Dental implications at 6-8 months include:
A. advice regarding tooth eruption
B. initial oral hygiene measures
C. sialography
D. initial teething measures
E. salivary buffering capacity

ABD
Handbook of PD, Chapter 2, pag 11

392. * Dental implications at 8-12 years include:
A. to embarrass the child through criticism of his/her self-care (e.g. toothbrushing)
B. not to be patient in not expecting the child to freely share information without considerable rapport-building
C. children in this age range may not respond well to explanations about the need to engage in toothbrushing on their own, without parental prompting
D. children in this age range may respond well to explanations about the need to engage in toothbrushing and flossing on their own, without parental prompting
E. children in this age range may not respond well to explanations about the need to engage in flossing on their own, without parental prompting

D
Handbook of PD, Chapter 2, pag13- 14

393. In pediatric dentistry, the following principles are some of the important considerations in positive verbal and non-verbal communication with children and their families:
A. show interest in the child as an individual
B. do not focus on the positive aspects of a child's (and parent's) behaviours

C. avoid stereotyping and making assumptions about children (e.g. that boys are interested only in sports; that young girls are interested in dolls)
D. communicate at the child's level, both physically and cognitively/emotionally
E. show ethnic, cultural and gender sensitivity

ACDE
Handbook of PD, Chapter 2, pag 15

394. Expected child behaviours in the dental office at the 9-12 months of age period are:
A. the child has limited ability to understand dental procedures
B. with a sensitivity to the child's normal emotional development and play expectations, even without cooperation, an oral examination and some treatment can often be accomplished without sedation
C. the child understands dental procedures
D. good rapport with the parents is required
E. the dentist can educate the parent in the importance of sending positive and appropriate feedback to the infant/child about dental experience

ABDE
Handbook of PD, Chapter 2, pag 11

395. The following principles are some of the important considerations in positive verbal and non-verbal communication with children and their families:
A. show respect for the child and his/her feelings and interests
B. do not show interest in the child as an individual
C. give well-stated instructions related to what a child should do and what he/she should not do
D. communicate at the child's level, both physically and cognitively/emotionally
E. avoid stereotyping and making assumptions about children

ACDE
Handbook of PD, Chapter 2, pag 15

396. The following statements are true about the presence or absence of family members in the surgery/ treatment room:
A. it is appropriate that a parent be present in the surgery to support their children during treatment, particularly in their younger years
B. parents/caregivers can be coached by dental professionals regarding how to be most helpful during a visit
C. the parental acces to their children should never be denied
D. when there are other siblings, who enjoy or readily cope with dental treatment, it often is helpful to use them as a model
E. the parental acces to their children should always be denied

ABC
Handbook of PD, Chapter 2, pag 18

397. In pediatric dentistry behavioral methods for reducing anxiety are:
A. Tell-do -show
B. Playful humour
C. Positive reinforcement
D. Distraction
E. Distalization

ABCD

Handbook of PD, Chapter 2, pag 22

398. The current methods used commonly for caries detection are:
A. visual and tactile inspection
B. radiography
C. sialography
D. fluorescence
E. photopletismography

ABD

Handbook of PD, Chapter 4, pag 50

399. *Advice given to parents on diet modification should not include:
A. ‘grazing’ between meals should be discouraged
B. ‘give teeth a rest’ for at least 2 hours between every meal or snack
C. frequent consumption of soft drinks (including fruit juices and sports drinks) should be avoided
D. sweets are useful rewards, but should be limited to mealtimes
E. search for foods labelled ‘No added sugar’, which are safe

E

Handbook of PD, Chapter 4, pag 51

400. * The principal mode of action of all fluoridated modalities is:
A. systemic effect through ingestion
B. reduction of saliva pH
C. topical effect at the enamel surface
D. neutralizing dietary sugars
E. enhancing blood calcium level

C

Handbook of PD, Chapter 4, pag 52

401. CPP-ACP (casein phosphopeptide-amorphous calcium phosphate) functions by:
A. increase remineralization
B. providing supersaturated environment
C. promoting erosion
D. decrease demineralization
E. replace tooth enamel

ABD

Handbook of PD, Chapter 4, pag 52

402. Methods for plaque removal include:
A. tooth brushing
B. disclosing of plaque
C. flossing
D. use of vinegar
E. use of fluoride toothpaste

ABCE
Handbook of PD, Chapter 4, pag 52-53

403. The patient's caries risk should be determined considering several aspects:
A. presence of white spot lesions and their activity status
B. presence of chromogenic bacteria
C. individual and familial past caries history
D. diet
E. total fluoride exposure

ACDE
Handbook of PD, Chapter 4, pag 54

404. Preventive plans for patients with active caries include:
A. advise flossing after brushing with fluoridated toothpaste
B. advise to eat frequent fermentable carbohydrate
C. 24-monthly recall for patients who comply with recommendations
D. apply fissure sealant to all molars and premolars
E. apply concentrated fluoride treatments such as gels or varnishes

ADE
Handbook of PD, Chapter 4, pag 55

405. Characteristics of feeding bottle induced early childhood caries are:
A. rampant caries affecting the maxillary anterior teeth initially
B. mandibular anterior teeth are usually affected next
C. canines are affected less than first molars because of later eruption
D. early childhood caries occurs mostly in low-income socioeconomic groups
E. breastfed children are not affected

AC
Handbook of PD, Chapter 4, pag 58

406. The aetiologic factors of feeding-bottle induced early childhood caries are:
A. parental history of active and untreated caries
B. night-time feeding bottle containing any liquid with fermentable carbohydrates
C. exposure to sugary fluids
D. prolonged at-will breastfeeding in conjunction with a cariogenic solids diet
E. increased salivary flow rate at night **ABCD**

Handbook of PD, Chapter 4, pag 58

407. The aetiologic factors of early childhood caries, some reasons for offering feeds overnight are:
A. domestic violence
B. maternal guilt, stress, anxiety or depression
C. marital discord
D. high education levels
E. parental or infant illness

ABCE
Handbook of PD, Chapter 4, pag 60

408. Management of early childhood caries includes the following:
A. dietary advice and modification
B. fluoride and/or CPP-ACP application
C. use of biofilm moderating/antimicrobial products
D. dietary advice to eat a lot of sugary fluids
E. dental restorations and extractions if required

ABCE
Handbook of PD, Chapter 4, pag 61

409. The objective of any restorative technique in primary teeth is to:
A. restore the damage caused by dental caries
B. retain adequate function
C. facilitate easy maintenance of good oral hygiene
D. restore aesthetics function
E. do not facilitate easy maintenance of good oral hygiene

ABCD
Handbook of PD, Chapter 6, pag 79

410. The choice of appropriate restorative materials for certain clinical scenarios is influenced by the following factors:
A. patient’s age
B. caries risk
C. cooperation of the child
D. age of the parents of the child
E. caregiver’s preference

ABC
Handbook of PD, Chapter 6, pag 82-83

411. The indications for stainless steel crowns are:
A. grossly broken teeth
B. primary molars that have undergone pulp therapy
C. hypoplastic primary or permanent teeth

D. hypomineralized primary or permanent teeth
E. hypodontia

ABCD
Handbook of PD, Chapter 6, pag 86

412. *The Hall crown technique is indicated:
A. primary molar teeth with severe decay
B. primary molar teeth with moderate decay with clinical signs or symptoms of pulpal pathology
C. dentitions of children very good cooperation
D. dentitions of children with limited cooperation
E. unhealthy children

D
Handbook of PD, Chapter 6, pag 91

413. *Preventive resin restoration (PRR)/occlusal restoration is indicated in:
A. dentin-only lesions
B. enamel-only lesions
C. very large occlusal lesions
D. small class III lesions
E. small class II lesions

B
Handbook of PD, Chapter 6, pag 97

414. Acute signs and symptoms of pulpal pathology include:
A. pain
B. mobility
C. periapical or intra-radicular abscess
D. septum syndrome
E. facial cellulitis

ABCE
Handbook of PD, Chapter 7, pag 105

415. The following statements about pulp sensibility tests in children are true:
A. standard techniques of pulp sensibility testing are valuable diagnostic tools in children
B. standard techniques of pulp sensibility testing rely on patient feedback in response to thermal and electrical stimulation
C. in the primary dentition, it is likely that children will not have achieved the cognitive development necessary to respond reliably to a potentially painful stimulus and response challenge
D. in immature permanent teeth decreased response thresholds to electrical stimuli are observed
E. as young permanent teeth mature, response thresholds to electrical stimuli increase to normal levels with root maturation and apical closure.

BC
Handbook of PD, Chapter 7, pag 105

416. Dental-related pain in children can be interpreted as follows:
A. much of the pain that children experience may be caused by food impacting into a cavity
B. carious asymptomatic teeth are usually considered vital, as pulpal pathology in primary teeth always triggers intense pain
C. symptoms of severe, prolonged, spontaneous or nocturnal pain suggest irreversible pulpitis or a dental abscess
D. history of repeated need for analgesics is suggestive of pulp necrosis
E. dental pain will frequently resolve once a sinus tract establishes drainage, and thus relieves pressure

ACDE
Handbook of PD, Chapter 7, pag 105-106

417. The clinical examination of teeth can reveal the following diagnostic information regarding pulpal pathology:
A. coronal discoloration is suggestive of pulp necrosis
B. clinical mobility is associated with loss of bone from infection or imminent exfoliation
C. marginal ridge fracture in a primary tooth is suggestive of carious pulpal involvement in contact point caries
D. fracture of the incisal edge in anterior teeth with proximal caries also suggests pulpal involvement
E. nocturnal pain is indicative of an irreversible pulp inflammation

ABC
Handbook of PD, Chapter 7, pag 106

418. Contraindications of pulp treatment in primary teeth are:
A. very young children (3 years or less)
B. patients with congenital cardiac disease
C. patients with asthma
D. immunosuppressed patients
E. patients with diabetes asthma

BD
Handbook of PD, Chapter 7, pag 108

419. Direct pulp capping (DPC) of carious pulp exposures in primary teeth:
A. has a better prognosis compared to pulpotomy
B. failure usually occurs as a result of internal root resorption
C. the size of the pulp exposure does not affect prognosis
D. is not recommended in the primary dentition
E. is recommended in exposures of 1-1,5mm

BCD
Handbook of PD, Chapter 7, pag 111

420. Indications for pulpotomy in primary teeth are:

A. carious pulp exposure
B. asymptomatic tooth
C. tooth with mild transient pain
D. preoperative radiograph confirms the presence of radicular pathology
E. restorable tooth

ABCE

Handbook of PD, Chapter 7, pag 112

421. The clinical steps of the pulpotomy technique are:
A. pain control and rubber-dam isolation
B. complete removal of caries from pulp to periphery
C. amputation of coronal pulp and haemostasis
D. final restoration of the tooth with IRM or GIC
E. regular radiographic assessment

AC

Handbook of PD, Chapter 7, pag 112

422. *The treatment of choice for a primary tooth with carious exposure, minimal history of pain, occasional pain on stimulation and no radiographic evidence of radicular pathology is:
A. indirect pulp capping
B. direct pulp capping
C. pulpotomy
D. pulpectomy
E. extraction

C

Handbook of PD, Chapter 7, pag 120

423. Variations in the sequence of eruption can cause:
A. deficiency in arch length if the mandibular second permanent molar develops and erupts before the second premolar
B. deficiency in arch length if the maxillary second permanent molar develops and erupts before the second premolar and canine
C. deficiency in arch length if the mandibular first permanent molar develops and erupts before the second premolar
D. labial eruption of the maxillary canines in case of untimely loss of primary molars in the maxillary arch
E. labial eruption of the maxillary second molars in case of untimely loss of primary molars in the maxillary arch

ABD

McDonald and Avery 11ed, Chapter 20, pag 405-406

424. 456R egarding the etiology of dental caries in children, the following statements are true:
A. dental caries is a multifactorial disease

B. dental caries is influenced by multiple biological factors
C. dental caries cand be influenced by genetic factors as well
D. cultural, behavioural and socioeconomic factors do not influence dental caries development
E. dental caries occurrence typically increases with age, regardless of oral hygiene habits

ABC

McDonald and Avery's Dentistry for the Child and Adolescent 11th ed. – Ch.10, pag.200

425. Early Childhood Caries:
A. is also called Baby Bottle Tooth Decay and is strictly related to the use of baby bottle in early life
B. is defined as “the presence of one or more decayed (non–cavitated or cavitated lesions), missing or filled (due to caries) surfaces, in any primary tooth of a child under six years of age
C. according to the American Academy of Pediatric Dentistry (AAPD), in children younger than 3 years of age, any sign of smooth-surface caries is indicative of severe early childhood caries
D. breastfeeding in infants has not been epidemiologically associated with caries in the absence of other factors such as poor oral hygiene or a carbohydrate diet
E. nighttime bottle feeding and frequent between-meal consumption of sugar-containing snacks or drinks increase the risk of caries

BCDE

McDonald and Avery's Dentistry for the Child and Adolescent 11th ed. – Ch.10, pag.201-202

426. *Factors that can influence the development of caries in children and adolescents are the following, except:
A. salivary deficiency
B. anatomic characteristics of the teeth
C. the arrangement of the teeth in the arch
D. presence of dental appliances and restorations
E. physical activity

E

McDonald and Avery's Dentistry for the Child and Adolescent 11th ed. – Ch.10, pag.204-206

427. In the Caries Risk Assessment Form for children 6 years old or younger, clinical findings associated with high caries risk are:
A. the patients consume fluoridated water
B. the patient has defective restorations
C. the patient has multiple interproximal lesions
D. the patient has active white spot lesions or enamel defects
E. the patient has low salivary flow

CDE

McDonald and Avery's Dentistry for the Child and Adolescent 11th ed. – Ch.10, pag.207 (tabel)

428. *It is not a caries preventive therapy:
A. fluorides
B. chlorhexidine
C. xylitol
D. eugenol
E. thymol

D

McDonald and Avery's Dentistry for the Child and Adolescent 11th ed. – Ch.10, pag.213

429. *Dental sealants are recommended in:
A. low caries risk patients
B. moderate caries risk patients
C. high caries risk patients
D. all of the above
E. none of the above

D

McDonald and Avery's Dentistry for the Child and Adolescent 11th ed. – Ch.10, pag.208 (tabel)

430. Clinical signs or symptoms suggesting carious involvement of the pulp of primary teeth require radiographic investigation, which reveals:
A. the extent of the carious lesion
B. the position and proximity of pulp horns
C. the presence and position of the permanent successor
D. the status of the roots and of their surrounding bone
E. the status of the pulp – vital or necrotic

ABCD

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.107

431. Abscess formation related to a primary tooth is suggested by the following clinical signs:
A. transient pain to stimuli – thermal or chemical
B. inappropriate tooth mobility
C. tenderness to palpation
D. a sensation of occlusal interference
E. furcation radiolucency

BCD

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.108

432. Regarding the diagnosis of pulpal status in primary and immature permanent teeth, the following statements are true:
A. clinical signs and symptoms are poorly correlated with actual pulp histology
B. there are no objective or definitive tests to determine the health of the pulpo-dentinal complex
C. standard techniques of pulp sensibility testing are extremely valuable tools in children

D. in immature permanent teeth, lower response thresholds to electrical stimuli are observed
E. young patients frequently have difficulty communicating their experience of pain

ABE

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.104-105

433. In children, acute signs and symptoms of pulp pathology include:
A. pain
B. mobility
C. facial cellulitis
D. discharging sinus
E. persistent infection

ABC

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.105

434. Chronic signs and symptoms of pulp pathology in primary teeth may include:
A. pain
B. discharging sinus
C. inflammatory follicular cyst
D. failure of exfoliation of primary teeth
E. ectopic permanent teeth

BCDE

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.105

435. The following findings during clinical examination can be useful information for diagnosing pulpal pathology:
A. coronal discoloration is suggestive of pulp necrosis
B. clinical mobility is associated with loss of bone from infection or imminent exfoliation
C. marginal ridge fracture in a primary tooth is suggestive of carious pulpal involvement in contact point caries
D. fracture of the occlusal triangular ridges or carious undermining of the cusps in pit and fissure caries also suggests carious involvement
E. a sinus tract indicates a reversible inflammation of the pulpal tissue

ABCD

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.106

436. Contraindications of pulp treatment in children are:
A. congenital cardiac disease
B. bleeding disorders
C. immunosuppressed patients
D. hypodontia
E. asthmatic patients on corticosteroid therapy

AC

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.108

437. Indications of indirect pulp capping in primary and immature permanent teeth are:
A. large carious lesion
B. asymptomatic tooth or mild transient symptoms
C. painful sensation that subsides to analgetics
D. preoperative radiograph confirms the absence of radicular pathology
E. patients in which cooperation is difficult to obtain

ABD

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.110

438. Regarding direct pulp capping in primary teeth, it is true that:
A. it is not recommended in primary dentition because of the difficulties in determining the pulp status
B. direct pulp capping of carious pulp exposures in primary teeth has a poor prognosis
C. uncontaminated mechanical pulp exposures are thought to have a more favourable response to direct pulp capping
D. the prognosis of pulpotomy in primary dentition is inferior to that of direct pulp capping
E. traditionally, eugenol paste is used as a pulp medicament, in direct contact with the pulpal tissue

ABC

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.111

439. Indications for pulpotomy in primary teeth are:
A. carious pulp exposure
B. tooth asymptomatic or mild transient pain
C. preoperative radiograph confirms the absence of radicular pathology
D. restorable tooth
E. necrotic tooth without root resorption

ABCD

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.112

440. The pulpotomy technique in primary teeth includes the following steps:
A. removal of floor of pulp chamber
B. amputation of coronal pulp
C. amputation of radicular pulp
D. arrest of bleeding at amputation site
E. application of therapeutic agent

BDE

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.112

441. Therapeutic agents used for pulpotomy in primary teeth are:
A. eugenol paste
B. mineral trioxide aggregate
C. ferric sulphate
D. formocresol

E. resin-modified glassionomer cement

BCD

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.115-116

442. In a primary tooth with carious exposure and spontaneous pain, the elective treatment options are:
A. indirect pulp capping
B. direct pulp capping
C. pulpotomy
D. pulpectomy
E. extraction

DE

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.120 (tabel)

443. *In an immature permanent tooth with caries exposure, minimal history of pain, no mobility and no radiographic evidence of pathology, the treatment choice will be:
A. composite filling
B. resin infiltration
C. pulpotomy and apexogenesis
D. pulpectomy and apexification
E. extraction

C

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.121 (tabel)

444. The two overriding factors when assessing whether pulp therapy in an immature permanent tooth should be undertaken are:
A. the short-term outcome
B. the long-term prognosis
C. the ability to restore the tooth
D. the patient's preference
E. the practitioner's experience

BC

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.119

445. *It is not an indication for pulpectomy in primary teeth:
A. pulp necrosis
B. carious exposure of vital primary incisor
C. restorable tooth
D. non-resorbed tooth
E. reversible pulpitis

E

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.118

446. The following statements about dental pain in pediatric patients are true:
A. young patients frequently have difficulty communicating their experience of pain

B. usually parents seek treatment for their child right away, frequently in early stages of inflammation and minimal symptoms
C. symptoms of severe, prolonged, spontaneous or nocturnal pain suggest irreversible pulpitis or a dental abscess
D. history of repeated need for analgesics is also suggestive of pulp necrosis
E. dental pain will frequently resolve once a sinus tract establishes drainage

ACDE

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag.105-106

447. Haemostasis at the pulpotomy site in a primary tooth:
A. must be obtained before application of the therapeutic agent
B. is achieved with continuous irrigation and gentle dabbing with cotton wool pellets
C. should occur within 15 min
D. if it cannot be obtained, the pulpal inflammation is considered to have spread to the roots, and is associated with a poor prognosis
E. if it cannot be obtained, indirect pulp capping and temporisation with interim restoration is performed

ABD

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag. 112

448. Pulpotomy in immature permanent teeth:
A. aims to preserve the vitality of the remaining pulp to promote apexogenesis
B. is always performed at the level of the pulpal floor
C. a small carious exposure of the pulp horn of a permanent tooth can be managed by a superficial pulpotomy of only 1–2 mm
D. the pulp exposure site is continuously irrigated until haemostasis occurs, prior to application of the therapeutic medicament
E. the therapeutic medicament used can be eugenol paste or MTA

ACD

Handbook of Pediatric Dentistry 4th ed. (Cameron A.) – Ch.7, pag. 117

449. *What is the best immediate storage medium for an avulsed tooth if HBSS (Hanks balanced salt solution) is not available?
A. tap water
B. ice cubes
C. saline solution
D. milk
E. toothpaste

D

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1576

450. *What is the primary goal of partial pulpotomy in immature permanent teeth?
A. immediate root filling
B. extraction of the tooth
C. complete removal of necrotic tissue
D. preservation of vital tissue for root development

E. restoration of crown aesthetics only

D

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1558

451. *Which of the following complications is most commonly associated with avulsed teeth stored dry for over 1 hour?
A. internal resorption
B. pulp canal obliteration
C. replacement resorption (ankylosis)
D. periapical granuloma
E. hypercementosis

C

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1577

452. *Which permanent teeth are most commonly injured in children?
A. mandibular first molars
B. maxillary central incisors
C. mandibular canines
D. maxillary premolars
E. mandibular lateral incisors

B

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.) - Ch.16, pag.1552

453. *What is the recommended management for an intruded primary incisor that does not endanger the permanent successor?
A. immediate extraction
B. repositioning and splinting
C. leave for spontaneous re-eruption
D. root canal treatment
E. direct pulp capping

C

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.) - Ch.16, pag.709

454. *Which medical conditions are most relevant in the initial assessment of dental trauma in children?
A. diabetes and asthma
B. iron-deficiency anaemia
C. cardiac disease and bleeding disorders
D. hypothyroidism
E. gastroesophageal reflux

C

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.) - Ch.16, pag.698-699

455. *Which type of discoloration is most frequently associated with pulp necrosis in a traumatized primary incisor?
A. pink

B. red
C. yellow
D. gray or dark brown
E. blue

D

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.) - Ch.16, pag.718

456. What are typical causes of trauma in permanent teeth?
A. seizure episodes
B. contact sports
C. falls during play
D. car accidents
E. use of pacifiers

ABCD

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.) - Ch.16, pag.1551

457. Which injuries are considered luxation injuries?
A. concussion
B. avulsion
C. subluxation
D. root fractures
E. intrusion

ABCE

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.694

458. Which of the following are risk factors for dental trauma?
A. practicing a contact sport
B. protruding maxillary incisors
C. use of mouthguards
D. seizure disorders
E. inadequate immunization

ABD

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1551

459. Which of the following are typically seen in a concussion injury of primary teeth?
A. no mobility
B. no displacement
C. tooth coloration
D. tooth extrusions
E. immediate swelling

AB

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.694

460. Which diagnostic tests are commonly used in evaluating traumatized permanent teeth?

A. radiographic examination
B. pulp testing
C. temperature sensitivity
D. percussion testing
E. bacterial culture

ABCD

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1553-1554

461. Which treatments are appropriate for an enamel and dentine fracture without pulp exposure in young permanent teeth?
A. covering exposed dentin with calcium hydroxide
B. pulpectomy
C. no treatment needed
D. pulpotomy
E. covering exposed dentin with glass ionomer cement

AE

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag. 1555-1556

462. Which radiographic features suggest ankylosis (replacement resorbtion) following traumatic injury of young permanent teeth?
A. loss of PDL space
B. fusion of the root to bone
C. widening of the PDL
D. periapical radiolucency
E. increased root length

AB

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1570

463. Which of the following are the most challenging sequelae of a traumatic injury to the permanent dentition?
A. pulp canal obliteration
B. inflammatory resorption
C. spontaneous tooth eruption
D. crowding
E. replacement resorption (ankylosis)

ABE

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1567

464. Which of the following are necessary steps when managing an avulsed permanent tooth**?**
A. immediate reimplantation
B. storage in HBSS or milk
C. antiseptic treatment
D. extraction of surrounding teeth
E. prescribing antibiotics

ABCE

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1574-1576

465. What factors contribute to a good prognosis after a root fracture?
A. fracture occurring in the apical third
B. early repositioning of the coronal fragment
C. tooth vitality
D. delayed splinting
E. fracture occurring more cervically on the root

ABC

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.1566-1567

466. Which signs indicate possible child abuse?
A. multiple injuries in different healing stages
B. torn labial frenum
C. children never lie to protect their parents
D. inconsistent trauma history
E. fracture of permanent molars

ABD

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag. 692

467. Which clinical signs may be observed after a concussion injury?
A. mobility
B. tenderness to percussion
C. displacement
D. gingival bleeding
E. no displacement

BE

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.694

468. Which clinical features support a labial displacement of the root after intrusion of primary teeth?
A. palatal inclination of the crown
B. hard swelling in the vestibule
C. haemorrhage in the vestibule
D. increased mobility
E. occlusal interference

ABC

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.709

469. Which radiographic findings are associated with external inflammatory root resorption?
A. irregular root surface
B. rounded apex
C. widened pdl
D. enlarged pulp chamber
E. root fracture

AC

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.720-721

470. Which clinical strategies reduce infection risk after trauma?
A. oral antibiotics in all cases
B. chlorhexidine gel
C. soft diet
D. tooth brushing around injury
E. gentle antiseptic application

BCDE

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.713

471. Which general symptoms after trauma suggest central nervous system injury?
A. vomiting
B. loss of consciousness
C. mild tooth mobility
D. disorientation
E. tooth sulcus bleeding

ABD

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.699-700

472. Which features define pulp canal obliteration (PCO) of injured primary teeth?
A. yellow crown discoloration
B. absence of pulp space on x-ray
C. radiolucent apex
D. increased percussion sensitivity
E. no treatment required unless symptoms develop

ABE

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.719,725

473. What are long-term sequelae of trauma to primary teeth?
A. enamel hypoplasia in permanent tooth
B. root dilaceration of permanent tooth
C. open bite development
D. ectopic eruption of the permanent tooth
E. fluorosis

ABD

Pediatric Dentistry – Infancy through Adolescence 6th ed. (Nowak A.)- Ch.16, pag.728

474. ***Referring to the classification of Class II malocclusion, the more recent British standard classification exclusively relies on the:**

A. canine relationship;
B. molar relationship;
C. overjet;
D. overbite;
E. inter-incisor relationship.

Correct answer: E

475. ***True diastema:**

A. is caused by dento-alveolar disharmony with crowding;
B. encountered in 7% of the patients receiving orthodontic treatment;
C. is caused by impacted or unerupted mesiodentes;
D. is characterised by an interincisal space over 2 mm wide;
E. is caused by congenitally missing upper lateral incisors.

Correct answer: D

476. ***The treatment of diastema by reciprocal tooth movement includes:**

A. four distinct stages;
B. space closure by orthodontic tooth movement achieved with removable or fixed appliances;
C. the contention stage, when an "8" shaped ligature is applied between the two incisors for 3-4 weeks;
D. the surgical stage, in which the frenectomy should always be done before the orthodontic space closure;
E. the use of palatal plates with club-shaped, finger or C springs to close large diastemata with parallel or divergent crowns.

Correct answer: B

477. ***The following statements regarding the mesiodens are false:**

A. it usually has a single cusp;
B. is usually uniradicular;
C. it usually has a conical shaped crown;
D. it usually appears in the maxillary anterior region;
E. tuberculate mesiodentes resemble natural teeth in both size and shape.

Correct answer: E

478. ***The literature reports an incidence of the mesiodens of up to:**

A. 1%;
B. 5%;
C. 8%;
D. 0.8%;
E. 2-3%.

Correct answer: B

479. ***According to their number, mesiodentes can be classified as:**
A. single (less common);
B. double (most common);
C. tripe (very rare);
D. supplemental;
E. tuberculate.

Correct answer: C

480. ***The following statements regarding the dental impaction are false:**
A. is also called secondary retention;
B. is also called primary retention;
C. is the anomaly in which teeth remain blocked inside the bone and are unable to erupt for more than 1.5-2 years over the normal time of eruption;
D. can be classified in submucosal and partial impaction;
E. the palatal impaction of the upper permanent canine can be explained by the guidance theory.

Correct answer: A

481. ***The following statements regarding the dental ectopia are true:**
A. is the anomaly in which the tooth is situated outside (lingual ectopia) or inside the dental arch (buccal ectopia);
B. canine ectopia, is the most frequent type of dental ectopia;
C. is encountered in around 5% of the patients;
D. can be caused by microdontia;
E. upper permanent canine ectopia is evident relatively early (9-10 years).

Correct answer: B

482. ***The following statements are false regarding the local-regional disorders that can be associated with impacted teeth:**
A. mechanical (the movement of the adjacent teeth);
B. mechanical (root resorptions);
C. infectious complications (frequent in the lower wisdom molars);
D. nervous (sensitive, motor or vegetative);
E. tumoral or cystic degeneration (frequently implicating the premolars).

Correct answer: E

483. ***The following statements regarding the dental reinclusion are true:**

A. it is also called secondary retention;
B. it is also called primary retention;
C. defines the clinical entity in which a tooth that has never erupted submerges deep into the bone;
D. most frequently occurs in the case of the temporary first molars;
E. in complete reinclusion, the occlusal surface of the temporary molar is still visible on the arch, but in infraocclusion.

Correct answer: B

484. ***The following statements regarding the dental transposition are false:**

A. is defined by the positional interchange of two adjacent teeth, especially their roots;
B. is defined as the development or eruption of a tooth in a position occupied normally by a nonadjacent tooth;
C. the permanent lower canine is the tooth most frequently involved in transposition;
D. it is more common in females;
E. it is more frequent on the left side.

Correct answer: C

485. ***According to Angle's classification, pseudo or functional Class III malocclusion has the following characteristics:**

A. mandibular hypertrophy;
B. a long mandible;
C. occlusal prematurities;
D. marked shortening of the midface;
E. normally developed mandible.

Correct answer: C

486. ***The cephalometric analysis in pseudo Class III malocclusion has the following characteristics:**

A. the gonial angle similar to Class I malocclusion;
B. the SNB angle is increased;
C. the ANB angle is negative;
D. steep mandibular plane angle;
E. the gonial angle is increased (more obtuse).

Correct answer: A

487. ***The following statements are false regarding the myofunctional appliances recommended in Class III malocclusion:**

A. Class III (reverse) Bionator;
B. Wunderer Activator;
C. reverse Twin Block;
D. Frankel I Regulator;

E. Myobrace for Interceptive Class III (i3).

Correct answer: D

488. ***The chin cup's effects on growth in true Class III malocclusion:**

A. redirection of the mandibular growth horizontally;
B. forward repositioning or rotation of the mandible;
C. remodeling with closure of gonial angle;
D. anterior movement of Pogonion and Point B;
E. reduces anteroposterior maxillary growth.

Correct answer: C

489. ***The following statements are false regarding the indications of orthognathic surgery in true Class III malocclusion:**

A. severe retrognathic maxilla and prognathic mandible or both;
B. non-growing patients;
C. growing patients;
D. cleft lip and palate;
E. facial asymmetries.

Correct answer: C

490. ***Dentoalveolar deep bite is characterised by:**

A. molar infraocclusion and incisor supraocclusion;
B. decreased interocclusal clearance;
C. increased distance between the maxillary, mandibular and occlusal planes;
D. vertical growth pattern;
E. increased lower anterior facial height.

Correct answer: A

491. ***The etiopathogenesis of open bite includes the following iatrogenic factors:**

A. disturbed development of the roots of the posterior permanent teeth;
B. the space left after the early loss of a temporary tooth and the increased time interval until the eruption of the permanent tooth;
C. orthodontic treatment for anterior crossbite using appliances with inclined bite planes, maintained for longer periods of time;
D. rheumatic diseases;
E. dento-alveolar incongruence with primary or secondary crowding.

Correct answer: C

492. ***The frequency of Class I anomalies among the patients addressing for orthodontic treatment is around:**

A. 30-40%;
B. 40-50%;
C. 40-60%;

D. 50-60%;
E. 60-70%.

Correct answer: E

493. ***The following statements are true regarding open bites:**
A. occur by backward rotation of the maxilla;
B. occur by backward rotation of the mandible and forward rotation of the maxilla;
C. can be only skeletal;
D. occur by forward rotation of the mandible;
E. in all the cases, the treatment involves orthognathic surgery.

Correct answer: B

494. **The characteristics of Class II division 1 malocclusion are:**
A. square shaped arch form;
B. U shaped arch form;
C. V shaped arch form;
D. lip incompetence;
E. lip competence.

Correct answer: C, D

495. **The characteristics of Class II division 1 malocclusion are:**
A. normal lower lip;
B. normal mentolabial fold;
C. short upper lip;
D. normal upper lip;
E. everted lower lip.

Correct answer: C, E

496. **The characteristics of Class II division 2 malocclusion are:**
A. hypoactive mentalis muscles;
B. normal mentalis muscles;
C. normal lower facial height;
D. increased lower facial height;
E. prominent alveolar process.

Correct answer: B, E

497. **Pseudo Class III malocclusion has the following characteristics:**
A. habitual etiology;
B. hereditary etiology;
C. developmental etiology;
D. decreased gonial angle;
E. increased gonial angle.

Correct answer: A, C

498. **True Class III malocclusion has the following characteristics:**

A. further retrusion of the mandible is possible;
B. further retrusion of the mandible is not possible;
C. forward path of closure;
D. deviated path of closure;
E. backward path of closure.

Correct answer: B, C

499. **In the etiology of Class II malocclusion, the following factors may be included:**

A. low lip line;
B. overdeveloped mandible;
C. heredity;
D. high tongue position;
E. bad habits.

Correct answer: C, E

500. **Transient diastema:**

A. is the expression of a space deficit in the skeletal base of the maxilla;
B. frequently accompanies the eruption of the permanent upper central incisors;
C. is caused by an unerupted mesiodens or an odontoma;
D. frequently accompanies the eruption of the permanent lower central incisors;
E. will disappear spontaneously, after the eruption of the permanent upper lateral incisors.

Correct answer: B, E

501. **The reduction in the number of teeth, according to Gysi, can be classified as:**

A. hypodontia: absence of 1-5 dental germs;
B. reduced partial anodontia;
C. aplasia: absence of certain symmetrical teeth, affecting the last tooth in each group;
D. oligodontia: absence of over 8 dental germs;
E. total anodontia.

Correct answer: A, C, D

502. **According to their morphology, mesiodentes can be classified as:**

A. double;
B. molariform;
C. triple;
D. conical;
E. supplemental.

Correct answer: B, D, E

503. **Biomechanical orthodontic treatment in habitual open bite:**

A. consists in breaking the bad habit, before starting the orthodontic treatment;
B. consists in breaking the bad habit, at the end of the orthodontic treatment;

C. is difficult because it mainly involves the skeletal sector;
D. involves orthognathic surgery, to obtain correct inter-maxillary relationships;
E. is associated with functional exercises, when the open bite is caused by an increased tongue tonus.

Correct answer: A, E

504. **In open bite cases the cephalometric analysis may show:**
A. an increased SNA angle;
B. a decreased goniac angle;
C. an increased lower facial third in 10 – 20% of cases;
D. overdeveloped horizontal ramus and ascending ramus of the mandible;
E. the Se-Gn/FH angle is generally decreased, which indicates the backward rotation of the mandible.

Correct answer: A, D

505. **In open bite cases with hyperleptoprosopy:**
A. the goniac angle decreases;
B. the goniac angle increases;
C. the height of the ascending ramus increases;
D. the height of the ascending ramus decreases;
E. the body of the mandible moves downward.

Correct answer: B, D, E

506. **Open bites occur by:**
A. forward rotation of the maxilla;
B. backward rotation of the mandible;
C. backward rotation of the maxilla;
D. posterior rotation of the maxilla and anterior rotation of the mandible;
E. forward rotation of the mandible.

Correct answer: A, B

507. **Class II malocclusion, according to Angle's classification:**
A. is also referred to distocclusion;
B. is based on the relationship between the permanent canines;
C. is based on the relationship between the first permanent molars: the mesio-buccal cusp of the permanent first upper molar occludes between the two buccal cusps of the permanent first lower molar;
D. is based on the relationship between the first permanent molars: the mesio-buccal cusp of the permanent first lower molar occludes between the two buccal cusps of the permanent first upper molar;
E. is also referred to as mesiocclusion.

Correct answer: A, D

508. **Dental transposition:**

A. is a dental anomaly in which one impacted tooth deviates from its normal eruption path and crosses the midsagittal line;
B. is a dental anomaly of position;
C. can be classified as reciprocal, when non-adjacent teeth exchange their position;
D. is an anomaly characterized by the change in position of two teeth within adjacent quadrants;
E. can be classified as partial, when the teeth involved in the transposition overlap.

Correct answer: B, E

509. **In the etiology of the buccal eruption or the buccal impaction of the permanent upper canine the following factors are involved:**

A. heredity;
B. premature apical closure;
C. trauma of the dental germs;
D. the eruption of the canine in the cleft palate region;
E. local pathological lesions.

Correct answer: B, C, D, E

510. **Relative contraindications for the extraction of supernumerary teeth:**

A. macrodontia;
B. microdontia;
C. impacted supernumerary teeth – only if regular checkups are scheduled;
D. if the adjacent tooth is compromised (atypical morphology);
E. when the presence of the supernumerary tooth improves the discrepancy between the reduced volume of the teeth and the normally developed alveolar bone.

Correct answer: B, C, D, E

511. **The complex odontoma:**

A. is a form of hypodontia;
B. has separate, recognizable dental tissues (enamel, dentin and cementum);
C. usually presents as a radioopaque area with varying densities;
D. it usually appears in the anterior maxilla;
E. it usually appears in the posterior maxilla or in the mandible.

Correct answer: C, E

512. **The following statements are true regarding hyperdontia:**

A. it affects 0.1-0.9% of the temporary teeth;
B. it affects 3.5-6.5% of the temporary teeth;
C. males are more predisposed, being two times more frequently affected;
D. supernumerary teeth occur by an excess of activity in the dental lamina;
E. in around 20% of the cases, the presence of supernumerary teeth in temporary dentition is associated with supernumerary teeth in the permanent dentition.

Correct answer: C, D

513. **False diastema:**
- A. is secondary to other anomalies;
- B. is encountered in 1-2% of the patients;
- C. is variable in size and the incisors may be rotated;
- D. is encountered in 14% of the patients;
- E. is usually associated with a hypertrophic, high frenal attachment.

Correct answer: A, C, D

514. **The interincisal diastema:**
- A. is the expression of a hereditary factor;
- B. is characterised by the discrepancy in the dental and maxillary development;
- C. is the expression of stunted growth of the anterior dento-alveolar process;
- D. is characterised by the absence of vertical overlap in the anterior region;
- E. is more frequently present in the mandibular arch.

Correct answer: A, B

515. **In the etiology of midline diastema, the following factors may be included:**
- A. ankylosis of temporary teeth;
- B. generalized dental tremata;
- C. congenitally missing teeth;
- D. posterior cystic lesions;
- E. peg shaped lateral incisors.

Correct answer: B, C, E

516. **The dental factors involved in the etiology of deep bite:**
- A. increased interincisal angle;
- B. decreased interincisal angle;
- C. infraocclusion of the anterior teeth;
- D. infraocclusion of the posterior teeth;
- E. supraocclusion of the incisors.

Correct answer: A, D, E

517. **An abnormal eruptive path can be caused by:**
- A. space deficiency;
- B. traumas;
- C. osseous obstacles;
- D. idiopathic causes;
- E. normal frenal attachment.

Correct answer: A, B, C, D

518. **The most frequent congenitally missing teeth are:**
- A. lower second molars;

B. lower second premolars;
C. lower central incisors;
D. lower lateral incisors;
E. upper lateral incisors.

Correct answer: B, C, E

519. **The characteristics of Class II division 1 malocclusion are:**
A. flat mentolabial fold;
B. normal tooth angulation;
C. normal palate;
D. deep palate;
E. deep mentolabial fold.

Correct answer: B, D, E

520. **The characteristics of Class II division 1 malocclusion are:**
A. convex profile;
B. concave profile;
C. forward path of closure;
D. backward path of closure;
E. normal path of closure.

Correct answer: A, E

521. **The etiopathogenesis of open bite includes the following local factors:**
A. infantile deglutition;
B. thumb sucking;
C. retractile or keloid scars;
D. rickets;
E. dento-alveolar incongruence with primary or secondary crowding.

Correct answer: C, E

522. **The upper lip in Class II division 1 malocclusion is:**
A. normal;
B. short;
C. everted;
D. thin;
E. pale.

Correct answer: B, D, E

523. **The characteristics of Class II division 2 malocclusion are:**
A. proclined incisors;
B. retroclined lateral incisors;
C. retroclined central incisors;
D. hypotonic mentalis muscles;

E. deep overbite.

Correct answer: B, C, E

524. **The extraoral examination in Class II div. 1 anomalies with long face reveals:**

A. lip competence;
B. gummy smile;
C. decreased lower anterior facial height;
D. increased goniac angle;
E. decreased goniac angle.

Correct answer: B, D

525. **The Class II skeletal pattern, associated with a normally developed mandible, is determined by the following situations:**

A. the maxilla has an anterior position because of its excessive length;
B. the maxilla has a posterior position because of a decreased anterior facial height;
C. the maxilla has an anterior position because of an increased anterior facial height;
D. the TMJ has an anterior position which causes the mesial position of the normal sized mandible;
E. the TMJ has a posterior position which causes the distal position of the normal sized mandible.

Correct answer: A, C, E

526. **In the etiology of midline diastema, the following factors may be included:**

A. low tongue position;
B. peg shaped lateral incisors;
C. high lip line;
D. ectopic eruptive paths;
E. supernumerary teeth.

Correct answer: B, D, E

527. **True diastema:**

A. is secondary to other anomalies;
B. is encountered in 7-8% of the patients;
C. has an important hereditary component;
D. is encountered in 14% of the patients;
E. is usually associated with a hypertrophic, high frenal attachment.

Correct answer: C, D, E

528. **The reduction in the number of teeth, according to Boboc, can be classified as:**

A. hypodontia;
B. subtotal anodontia;
C. extended partial anodontia;
D. total anodontia;

E. oligodontia.

Correct answer: B, C, D

529. **The cephalometric analysis in skeletal Class III shows the following:**

A. gonial angle similar to Class I malocclusion;
B. lingual tipping of mandibular incisors;
C. decreased lower facial height;
D. decreased or normal SNA angle;
E. other cephalometric measurements have intermediate values between Class I and III.

Correct answer: B, D

530. **The following statements are true regarding the activity of the lips at rest and during function in open bite:**

A. the pressure of the lips varies between 103 – 573 g/cm2 (Straub);
B. during deglutition, when the mentalis muscle is perpendicularly oriented on the anterior teeth, the lower lip will exert pressure both on the lower incisors which will be proclined, as well as on the upper incisors which will be egressed;
C. the pressure of the lips varies between 5 – 178 g/cm2 (Straub);
D. in the case of proclined upper incisors which escape the pressure of the lower lip, the latter may exert an axial force on the upper incisors causing their egression/extrusion;
E. the lower lip may exert an axial force on the upper incisors causing their ingression/intrusion.

Correct answer: C, E

531. **The following statements are true regarding the myofunctional appliances in true Class III malocclusion:**

A. teeth respond to increased forces;
B. force application results in a primary adaptation in function which leads to a secondary alteration in form;
C. indicated in increased lower facial height;
D. recommended in growing patients;
E. indicated in moderate skeletal discrepancies.

Correct answer: D, E

532. **The local pathological factors implicated in the etiology of Class II div. 1 malocclusion are:**

A. metabolic disorders;
B. dental caries and the associated complications;
C. edentation (early tooth loss);
D. skeletal disorders (rickets);
E. changes in intra-arch and inter-arch relationships.

Correct answer: B, C, E

533. **The Class II skeletal pattern is determined by the following situations:**
A. the mandible has an anterior position;
B. the maxilla has an anterior position;
C. the TMJ has a posterior position;
D. the TMJ has an anterior position;
E. the TMJ has a normal position which causes the distal position of the normal sized mandible.

Correct answer: B, C

534. **In brachycephalic and euryprosopic patients with Class II div. 2 malocclusion the facial profile examination reveals:**
A. the lower facial profile is frequently concave;
B. the lower lip has an anterior position within Schwarz's gnathic profile field;
C. the labiomental fold is flat;
D. the labiomental fold is accentuated;
E. the chin and the nose appear underdeveloped.

Correct answer: A, D

535. **The cephalometric analysis in skeletal Class III shows:**
A. steep mandibular plane angle;
B. decreased lower facial height;
C. palatal tipping of maxillary incisors;
D. SNB angle – decreased (in long or prognathic mandible) or normal;
E. negative ANB angle.

Correct answer: A, E

536. **The treatment objectives in Class II div. 2 malocclusion are:**
A. bimaxillary expansion;
B. orthodontic extraction treatment depending on the clinical form;
C. protraction of the maxilla;
D. retrusion of the upper incisors;
E. flattening the occlusal plane.

Correct answer: A, B, E

537. **The cephalometric analysis in Class II div. 1 anomalies with long face reveals:**
A. relatively parallel horizontal planes;
B. posterior divergence of the horizontal planes;
C. reduced mandibular ramus height;
D. forward mandibular rotation (F/M angle);
E. backward mandibular rotation (F/M angle).

Correct answer: C, E

538. **Division 2 of the more recent British standard classification of Class II malocclusions has the following characteristics:**

A. a minimal or an increased overjet, with retroclined upper central incisors;
B. an increased overjet, with proclined upper central incisors;
C. the lateral upper incisors can be proclined, but it's not always the case;
D. the posterior teeth are in distoclussion;
E. the posterior teeth are in mesioclussion.

Correct answer: A, C, D

539. **The contention period in Class II div. 1 malocclusion:**

A. is equal to or longer than the period of treatment;
B. is longer when functional appliances are used;
C. is usually shorter if the treatment starts during the period of permanent dentition;
D. depends on the severity of the anomaly;
E. is difficult because of the genetic etiology.

Correct answer: A, D

540. **The following statements are true regarding dental ectopia:**

A. canine ectopia is encountered in around 15% of the patients;
B. second premolar ectopia is the most frequent type of dental ectopia;
C. canine ectopia is the most frequent type of dental ectopia;
D. second premolar ectopia is encountered in around 15% of the patients;
E. is the anomaly in which the tooth is situated outside or inside the dental arch line.

Correct answer: A, C, E

541. **The following statements are true regarding extended hypodontia:**

A. removable orthodontic appliances are used to stimulate the growth of the maxillaries;
B. it usually affects both arches;
C. it affects only the upper arch;
D. it is often associated with cleidocranial dysplasia;
E. it usually has an asymmetrical topography.

Correct answer: A, B

542. **Types of diastemata:**

A. transient diastema;
B. true diastema;
C. local diastema;
D. false diastema;
E. physiological diastema.

Correct answer: A, B, D, E

543. **The recommended appliances for the treatment of Class II div. 2 malocclusion are:**

A. reverse Twin Block;

B. distalizer appliances;
C. Delaire face mask;
D. Herbst appliances;
E. Fränkel type II functional regulator.

Correct answer: B, D, E

544. **According to Ballard, Class II div. 1 anomalies with short face are characterised by:**
A. a tendency of normal mandibular growth rotation;
B. a tendency of anterior mandibular growth rotation;
C. a tendency of posterior mandibular growth rotation;
D. an increased goniac angle;
E. a decreased goniac angle.

Correct answer: B, E

545. **The extraoral examination in Class II div. 1 anomalies with short face reveals:**
A. concave facial profile;
B. square face;
C. normal lower lip;
D. increased lower anterior facial height;
E. decreased lower anterior facial height.

Correct answer: B, E

546. **According to their position, supernumerary teeth can be classified as:**
A. mesiodens;
B. parapremolar;
C. supplemental;
D. rudimentary;
E. distomolar.

Correct answer: A, B, E

547. **According to their number, mesiodentes can be classified as:**
A. tuberculate;
B. triple;
C. supplemental;
D. double;
E. quadruple.

Correct answer: B, D, E

548. **The following statements are true regarding the dental reinclusion:**
A. sometimes the extraction is difficult;
B. is a high position of the dental germ during tooth development;
C. is called primary retention;
D. can be partial;

E. can be complete.

Correct answer: A, D, E

549. **The characteristics of Class II division 2 malocclusion are:**

A. increased overjet;
B. the central incisors are proclined;
C. the lateral incisors are proclined;
D. distocclusion;
E. normal palate.

Correct answer: C, D, E

550. **The etiology of palatally impacted permanent upper canines can be explained through:**

A. arch length discrepancy;
B. macrodontia;
C. the genetic theory;
D. the guidance theory;
E. the irreversible ectopic eruption of the permanent upper first molar.

Correct answer: C, D

551. **According to Hotz there are several types of diastemata:**

A. diastema with divergent incisor crowns (diastema divergens);
B. diastema with parallel incisor crowns;
C. diastema with convergent incisor crowns (diastema convergens);
D. transient diastema;
E. physiological diastema.

Correct answer: A, B, C

552. **Local etiologic factors in open bite:**

A. dento-alveolar incongruence with primary crowding;
B. dento-alveolar incongruence with secondary crowding;
C. infantile deglutition;
D. retractile or keloid scars;
E. bad habits.

Correct answer: A, B, D

553. **In brachycephalic and euryprosopic patients with Class II div. 2 malocclusion the following aspects can be observed:**

A. increased facial width and an increased bigonial diameter;
B. hypotonic masseter muscles;
C. square-shaped face;
D. increased lower anterior facial height;
E. hypertonic and everted lower lip.

Correct answer: A, C, E

554. **False diastema can be caused by:**
A. tooth migration after the extraction of permanent teeth;
B. pathologic tooth migration as a complication of chronic periodontitis;
C. microdontia;
D. a hypertrophic, high frenal attachment;
E. impacted canines in horizontal positions.

Correct answer: A, B, C, E

555. **The buccal impaction or buccal eruption of the upper permanent canines can be caused by the following etiologic factors:**
A. the irreversible ectopic eruption of the upper first permanent molars;
B. arch length discrepancy;
C. anodontia;
D. microdontia;
E. persistence of the temporary canine on the arch.

Correct answer: A, B, E

556. **In deep bite cases with excessive overjet, the extraoral examination reveals:**
A. the visible upper front teeth seem to rest on the lower lip;
B. the lower lip is retruded behind the palatal surfaces of the upper incisors;
C. the mentolabial fold is flat;
D. the vertical dimension of the lower facial third is increased;
E. the facial profile is convex.

Correct answer: A, B, E

557. **In deep bite cases with minimal overjet, the extraoral examination reveals:**
A. the vertical dimension of the lower facial third is reduced;
B. lip incompetence;
C. prominent chin;
D. deep mentolabial fold;
E. concave facial profile.

Correct answer: A, C, D

558. **In deep bite cases with excessive overjet, the intraoral examination reveals:**
A. protruded upper front teeth and alveolar process;
B. supraocclusion of the lower front teeth;
C. functional mandibular retrognathism;
D. retruded lower alveolar process;
E. the mandible can be in neutral or protruded position.

Correct answer: A, B, C, D

559. **In deep bite cases with minimal overjet, the intraoral examination reveals:**

A. narrow apical base;
B. flattening and elongation of the upper frontal arch;
C. retruded anterior nasal spine;
D. ectopic canines because of space deficit;
E. the lower front teeth can be retroclined and overerupted.

Correct answer: B, D, E

560. **The cephalometric analysis in deep bite shows the following characteristics:**
A. increased anterior facial height (N-Gn);
B. elongated apical base;
C. decreased Y-axis angle;
D. increased FMA angle;
E. short lower anterior facial height.

Correct answer: B, D, E

561. **The differential diagnosis of deep bite includes:**
A. maxillary compression with upper dentoalveolar protrusion (Angle Class II div. 1);
B. maxillary compression with upper dentoalveolar protrusion (Angle Class II div. 2;
C. maxillary compression with dentoalveolar incongruence with crowding (Angle Class II div. 2);
D. maxillary compression with dentoalveolar incongruence with crowding (Angle Class II div. 1);
E. functional mandibular prognathism.

Correct answer: A, C

562. **Regardless of the clinical form (deep bite with increased or reduced overjet) the treatment objectives are:**
A. extrusion of the anterior teeth;
B. intrusion of the posterior teeth;
C. proper alignment of the upper and lower front teeth;
D. levelling of the occlusal plane;
E. propulsion of the mandible.

Correct answer: C, D, E

563. **Biomechanical orthodontic treatment in skeletal open bite has the following objectives:**
A. to stimulate the vertical growth of the posterior teeth;
B. to stimulate the growth of the maxillaries;
C. to achieve posterior intrusion;
D. to achieve anterior extrusion;
E. to obtain correct inter-maxillary relationships, using orthognathic surgery.

Correct answer: B, C, D, E

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PERIODONTOLOGY

564. * Which one of the following is the WRONG ansewer about the physical functions of periodontal ligament?
A. Transmission of occlusal forces to the bone
B. Shock absorption
C. Doesn’t protect the vessels and nerves from injury
D. Attachment of the teeth to the bone
E. Maintenance of the gingival tissues in their proper relationship of the teeth
Answer: C (pag. 19)

565. The two main types of cementum are:
A. Extrinsic
B. Intrinsic
C. Acellular
D. Cellular
E. Fibrillar
Answer: C,D (pag. 21)

566. Ankylosis:
A. Is termed as the fusion of the cementum and the alveolar bone
B. Occurs in teeth with dentine resorption
C. It can occur in occlusal trauma
D. This condition very common
E. Affects only the adults
Answer: A,C (pag. 25)

567. The alveolar process consists of the following:
A. Lamina densa
B. An external plate of cortical bone is formed by haversian bone and compacted bone lamellae.
C. Cancellous trabeculae between two compact layers act as supporting alveolar bone.
D. The inner socket wall, called the alveolar bone proper
E. Cribrifom plate
Answer: B,C,D,E (pag. 25)

568. The following answers about external forces and periodontium are true:
A. The periodontium doesn’t depends on stimulation that it receives from function for the preservation of its structure
B. When occlusal forces are reduced the periodontal ligament atrophies and appears thinned
C. Forces that exceed the adaptive capacity of the periodontium produce trauma from occlusion
D. Periodontal ligament can never accommodate to any changes
E. Bone is removed from areas where it is no longer neened and added where it is presently needed
Answer: B,C,E (pag. 31)

569. The landmark studies of Page and Schroeder described the histologic changes that occur in the gingival tissues as:
A. Initial lesion
B. Advanced lesion
C. Mature lesion
D. Enlarged lesion
E. Early lesion
Answer: A,B,E (pag. 141)

570. Which statements about cytokines are correct?
A. Cytokines have just pro-inflammatory function
B. Cytokines are key inflammatory mediators in periodontal disease
C. The prolonged production of cytokines in the periodontium leads to the tissue damage
D. Cytokines function is flexible
E. Cytokines mediate connective tissue and alveolar bone regeneration
Answer: B, C, D (pag. 145)

571. Choose the correct statements about neutrophils:
A. Neutrophils are protective leukocytes
B. Deficiencies in neutrophil functioning result in decreased susceptibility to periodontal disease
C. Patients with periodontitis have neutrophils with enhanced enzymatic activity
D. Increased number of neutrophils leads to decreased immune response
E. Neutrophils release large quantities of destructive enzymes
Answer: A, C, E (pag. 147)

572. The molecules that play a role in the pathogenesis of periodontitis can be broadly divided into two main groups:
A. those derived from the subgingival microbiota
B. those derived from the supragingival microbiota
C. those derived from the host immune-inflammatory response
D. those derived from the dietary nutrients
E. those derived from the genetic predisposition
Answer: A, C (pag. 143)

573. Choose the correct statements:
A. In gingivitis, the inflammatory lesion is confined to the gingiva
B. The main determinant of susceptibility to periodontal disease is the nature of the invading bacteria
C. The main determinant of susceptibility to periodontal disease is the nature of the immune-inflammatory responses
D. The tissue damage that results from the immune-inflammatory response is recognized clinically as periodontitis

E. The tissue damage that results from the immune-inflammatory response is recognized clinically as gingivitis

Answer: A, C, D (pag. 140

574. Lipopolysaccharides:
A. are found in the outer membrane of Gram-positive bacteria
B. are not found in the outer membrane of Gram-negative bacteria
C. elicit strong immune responses
D. decrease production of inflammatory mediators
E. aggravate neutrophils function
Answer: C (pag. 143)

575. Alveolar Bone Resorption:
A. occurs with the strengthening of periodontal ligament
B. is a protective mechanism to prevent bacterial invasion
C. leads to tooth mobility
D. may lead to tooth loss
E. leads to gingival inflammation

Answer: B,C,D (pag. 148)

576. RANKL is produced by a range of cells, including:
A. stem cells
B. mast cells
C. fibroblasts
D. osteoblasts
E. mesenchymal cells
Answer: C, D, E (pag. 148)

19. Excessive and inappropriate or dysregulated immune responses lead to:
A. acute inflammation
B. chronic inflammation
C. tissue destruction
D. tissue regeneration
E. periodontal health
Answer: B, C (pag. 149)

577. What can be noticed in presence of cardio-vascular disease and periodontal pathology?

a. Absence of inflammation status
b. Increase of the fibrinogen levels
c. Decrease of the IL-6 levels
d. Increase of the C-reactive protein (CRP) levels
e. Increase of the inflammation status

Answer: B, D, E (pag. 209)

578. What changes occur after a periodontal therapy on a patient with cardio-vascular disease?
A. Increase of CRP
B. Decrease of IL-6
C. Absence of beneficial effects on the cardio-vascular status
D. Blood flow improvement
E. No changes occurs
Answer: B, D (pag. 209)

579. *Which form of periodontal pathology is more highly associated with cardio-vascular events than the others?
A. Generalized periodontitis
B. Localized periodontitis
C. Incisor-molar periodontitis
D. Periodontal abscess
E. Necrotizing periodontitis
Answer: A (pag. 207)

580. About diabetes and periodontal infection, we can say:
A. The incidence of the type 1 diabete is significantly higher in patients with periodontal disease
B. There is a bi-directional relationship between them
C. In patients with type 2 diabetes, severe forms of periodontitis were associated with significantly worse glycemic control
D. Periodontal therapy may have adverse effects on glycemic control
E. By reducing HbA1c, we mean a better blood sugar control
Answer: B, C, E (pag. 210)

581. *About periodontal infection and glycemic control in diabetes, which of these proposals are true?
A. Increase of TNF-alpha
B. Decrease of TNF-alpha
C. Increase of IL2B
D. Decrease of IL-6
E. Decrease of IL1B
Answer: A (pag. 211)

582. About periodontal disease and acute respiratory infections, which bacterial species are considered as the most common?
A. Streptococcus pneumoniae
B. Fusobacterium nucleatum
C. Streptococcus mutans
D. Aggregatibacter actinomycetemcomitans
E. Haemophilus inlfluenzae
Answer: A, E (pag. 214)

583. Which of the following are true regarding the detection of periodontal defects?

A. Periodontal defects are commonly associated with shallow probing depths and minimal gingival inflammation.
B. Interdental craters are best detected by placing the probe obliquely from both facial and lingual surfaces.
C. Root surface concavities can be detected through careful tactile exploration.
D. Furcation invasions are best assessed using specially designed probes such as Nabers probes.
E. Visual inspection alone is sufficient to detect subgingival concavities and furcations.
Answer: B, C, D (pag. 300)

584. Which of the following statements are true regarding probing depth (PD) and clinical attachment loss (CAL)?
A. PD is the distance from the gingival margin to the coronal end of the junctional epithelium.
B. Clinical attachment loss (CAL) is measured from the cementoenamel junction (CEJ) to the base of the pocket.
C. When the gingival margin is apical to the CEJ, CAL is greater than PD.
D. In healthy gingiva, CAL is always equal to PD.
E. If the gingival margin coincides with the CEJ, then CAL equals PD.
Answer: B, C, E (pag. 302)

585. Which of the following statements about bleeding on probing (BOP) and pain during probing are correct?
A. Bleeding on probing is a late sign of periodontal disease.
B. Absence of BOP is a reliable indicator of periodontal stability.
C. Pain during probing usually indicates gingival inflammation.
D. The intensity of BOP depends on the severity of inflammation.
E. Pain during probing is unrelated to periodontal inflammation.
Answer: B, C, D (pag. 301)

586. Which of the following are key factors that influence the accuracy and reproducibility of periodontal probing measurements?
A. The morphology of the root and tissue changes.
B. The angle of insertion of the probe.
C. The patient's age.
D. The size of the probe.
E. The type of toothbrush used by the patient.
Answer: A, B, D (pag. 300)

587. Which of the following statements about gingival recession is correct?
A. Gingival recession is the distance from the cementoenamel junction to the gingival margin when the cementoenamel junction is located supragingivally.
B. Gingival recession always indicates the presence of gingival inflammation.
C. The degree of recession does not need to be recorded if biofilm or calculus is present.
D. The presence of biofilm and calculus is unrelated to gingival recession.
E. When gingival recession is present, the degree of recession, presence of biofilm and calculus, gingival inflammation, and width of keratinized tissue should be evaluated.

Answer: A, E (pag. 299)

588. Gingival disease in individual cases is described by combining the preceding terms:
A. *Localized marginal gingivitis* is confined to only one of the marginal gingiva
B. *Localized diffuse gingivitis* extends from the margin to the mucobuccal fold in a limited area
C. *Localized papillary gingivitis* is confined to only one interdental space in a limited area.
D. *Generalized marginal gingivitis* involves the gingival margins in relation to all the teeth. The interdental papillae are usually affected
E. *Generalized diffuse gingivitis* involves the entire gingiva. The alveolar mucosa and attached gingiva are affected, so the mucogingival junction is sometimes obliterated
Answer: B, D, E (pag. 223)

589. Which of the following statements about gingival contour changes are true?
A. Changes in gingival contour are primarily associated with gingival enlargement.
B. Stillman's clefts are indentations in the gingival margin described as narrow, triangular-shaped recessions.
C. McCall festoons refer to a thin, retracted band of gingiva seen adjacent to the incisors.
D. Stillman's clefts may expose the cementum of the root surface as they progress.
E. Inflammation at the mucogingival junction may occur due to difficulty in maintaining plaque control.
Answer: A, B, D, E (pag. 228)

590. Which of the following drug classes are known to cause drug-induced gingival overgrowth (DIGO)?
A. Anticonvulsants
B. Calcium channel blockers
C. Immunosuppressants
D. Beta-blockers
E. Selective serotonin reuptake inhibitors (SSRIs)
Answer: A, B, C (pag. 229)

591. Which of the following correctly describes the grading of gingival enlargement?
A. Grade 0 indicates no signs of gingival enlargement.
B. Grade I involves only the interdental papilla.
C. Grade II affects the papilla and attached gingiva.
D. Grade III involves coverage of three-fourths or more of the tooth crown.
E. Grade II includes enlargement of both the papilla and marginal gingiva.
Answer: A, B, D, E (pag. 230)

592. Which of the following are common oral symptoms for necrotizing gingivitis?
A. Lesions are extremely sensitive to touch.
B. Pain is constant, radiating, and worsened by spicy or hot foods.
C. Patients experience a sweet, fruity taste in the mouth.
D. Patients often notice a metallic foul taste.

E. Excessive pasty saliva is a common complaint.
Answer: A, B, D, E (pag. 235)

593. Which of the following statements accurately reflect the diagnostic considerations of necrotizing gingivitis?
A. Diagnosis is primarily based on clinical signs such as gingival pain, ulceration, and bleeding.
B. A bacterial smear or culture is essential for confirming the diagnosis.
C. The bacterial profile of NG is significantly different from that seen in marginal gingivitis or pericoronitis.
D. Bacterial studies can aid in differentiating NG from other specific infections like diphtheria or thrush.
E. Diagnosis does not rely on bacterial culture due to the non-specific nature of the bacterial picture.
Answer: A, D, E (pag. 236)

594. *Which of the following is a characteristic feature of Desquamative Gingivitis?
A. Affects primarily children
B. Marginal gingiva is not involved
C. Papillae undergo noticeable necrosis
D. Patchy desquamation of gingival epithelium
E. Produces a strong, fetid odor
Answer: D (pag. 237)

595. *Which of the following is not associated with Destructive Periodontal Disease?
A. Chronic history
B. Bacterial smears vary
C. Purulent material may appear from pockets
D. Papillae undergo noticeable necrosis
E. Affects adults, occasionally children
Answer: D (pag. 237)

596. *Which condition is associated with a membrane that is difficult to remove and is caused by Corynebacterium diphtheriae?
A. Desquamative Gingivitis
B. Diphtheria
C. Secondary Stage of Syphilis
D. Necrotizing Gingivitis
E. Destructive Periodontal Disease
Answer: B (pag. 237)

597. *Which of the following conditions causes minimal pain and is caused by Treponema pallidum?
A. Desquamative Gingivitis
B. Diphtheria
C. Secondary Stage of Syphilis (Mucous Patch)

D. Necrotizing Gingivitis
E. Destructive Periodontal Disease
Answer: C (pag. 237-238)

598. *Which of the following conditions can be a predisposing factor for acute gingival disease due to an immunocompromised host?
A. Leukemia or acquired immunodeficiency
B. Hypertension
C. Pregnancy
D. Diabetes
E. Asthma
Answer: A (pag. 238)

599. Which of the following are types of lesions seen in oral lichen planus?
A. Keratotic lesions
B. Erosive or ulcerative lesions
C. Vesicular or bullous lesions
D. Atrophic lesions
E. Nodular lesions
Answer: A, B, C, D (pag. 245)

600. Which of the following factors are commonly associated with microbial biofilm in chronic inflammatory gingival overgrowth (GO)?
A. Lack of proper oral hygiene
B. Misaligned teeth
C. Use of mouthwash
D. Orthodontic appliances
E. Consumption of sugary foods
Answer: A, B, D (pag. 230)

601. What factors can favor plaque accumulation and retention in chronic inflammatory gingival overgrowth?
A. Poor oral hygiene
B. Anatomic abnormalities
C. Proper restorative work
D. Mouth breathing
E. Irritation from orthodontic appliances
Answer: A, B, E (pag. 230)

602. Which of the following are key components in the clinical evaluation of gingival enlargement due to gingivitis?
A. Visual examination of gingival contours, texture, and color
B. Recording blood pressure to assess systemic health
C. Detailed medical history to exclude systemic factors
D. Evaluation of oral hygiene and plaque control efficiency
E. Use of radiographs to check for bone loss due to gingivitis

Answer: A, C, D (pag. 230)

603. Which of the following are clinical features of gingival health on an intact periodontium?
A. Absence of bleeding on probing (BOP)
B. Presence of erythema and edema
C. No attachment or bone loss
D. Probing depths of 4 mm or greater
E. Physiological bone levels 1.0 to 3.0 mm apical to the cemento-enamel junction
Answer: A, C, E (pag. 44)

604. Which of the following are characteristics of gingival health on a reduced periodontium?
A. Absence of bleeding on probing (BOP)
B. Presence of erythema and edema
C. Probing depths of 3 mm or less
D. Reduced clinical attachment and bone levels
E. No risk of periodontal disease progression
Answer: A, B, D (pag. 44)

605. * What is the primary goal of grading a periodontitis patient?
A. Classify the severity and extent of the tissue destruction caused by periodontitis.
B. Assess specific factors that may determine the complexity of disease control and management.
C. Estimate the future risk of periodontitis progression and responsiveness to standard therapeutic treatments.
D. Determine the current measurable extent of attachment and bone loss in the patient.
E. Classify the patient based on their systemic health condition.
Answer: C (pag. 81-82)

606. *What is the primary determinant of stage in the diagnosis of periodontitis?
A. Clinical Attachment Loss (CAL)
B. Radiographic Bone Loss (RBL)
C. Presence of a complexity factor (e.g., tooth mobility)
D. Progress of periodontal treatment
E. Patient's gender
Answer: A (pag. 86)

607. Which factors can influence the grading of periodontitis progression?
A. Elevated CRP (C-reactive protein) levels.
B. The patient’s age.
C. The type of treatment performed in the past.
D. The presence of poorly controlled Type 2 diabetes.
E. The patient’s oral hygiene habits.
Answer: A, D, E (pag. 87-88)

608. Which of the following statements regarding direct and indirect evidence of periodontitis progression are correct?
A. Direct evidence includes longitudinal observations and diagnostic-quality radiographs.
B. Indirect evidence is based on bone loss at the most affected tooth relative to the patient's age.
C. Radiographic bone loss can be measured as a percentage of root length divided by the patient's age.
D. Indirect evidence is more reliable than direct evidence in determining the rate of disease progression.
E. Direct evidence may include a detailed medical history of the patient.
Answer: A, B, C (pag. 88)

609. Which of the following scenarios would help differentiate Stage III from Stage I or II periodontitis?
A. CAL greater than 5mm and radiographic bone loss (RBL) involving more than the middle third of the root.
B. Furcation involvement (Grade II or III) in more than one tooth.
C. Probing depth (PD) greater than 5mm in more than 2 adjacent teeth.
D. CAL less than 5mm in fewer than 2 adjacent teeth, with no furcation involvement.
E. Periodontal tissue loss (PTL) present and probing depths in the range of 3-5mm.
Answer: A, B, C (pag. 89)

610. Which of the following statements are correct regarding the definition of a periodontitis case according to the 2017 World Workshop?
A. Interdental CAL must be detectable at ≥2 non-adjacent teeth
B. Buccal or oral CAL ≥3 mm with pocketing >3 mm must be present at at least one tooth
C. CAL caused by cervical caries is excluded from the diagnostic criteria of periodontitis
D. Gingival inflammation (BOP) alone is sufficient to define a case of periodontitis
E. To increase specificity, CAL from non-periodontal causes must be excluded
Answer: A, C, E (pag.78)

611. Which of the following elements are considered in the updated 2017 WWC classification of periodontitis?
A. Severity of periodontal breakdown
B. Type of bacteria isolated from periodontal pockets
C. Complexity of treatment based on factors like probing depth and tooth mobility
D. Rate of disease progression
E. Risk factors such as smoking and diabetes
Answer: A, C, D, E (pag. 79)

612. Which of the following clinical features or characteristics are associated with necrotizing periodontal diseases (NPD)?
A. Papilla necrosis
B. Bleeding
C. Pain
D. Slow and asymptomatic progression
E. Association with impaired host immune response

Answer: A, B, C, E (pag. 72)

613. Which of the following are recognized predisposing conditions or factors for necrotizing periodontal diseases in chronically, severely compromised patients?
A. HIV/AIDS with low CD4 counts and detectable viral load
B. Severe malnutrition in children
C. Stress and poor oral hygiene in otherwise healthy adults
D. Severe systemic immunosuppressive conditions
E. Extreme living conditions in children
Answer: A, B, D, E (pag. 73)

614. * Which of the following best describes the primary purpose of staging in the periodontitis classification system?
A. To determine the patient's genetic susceptibility to periodontitis
B. To estimate the likelihood of tooth loss in the next 5 years
C. To describe the severity, extent, and complexity of the disease at the time of diagnosis
D. To select specific antibiotics based on microbial profile
E. To identify the best surgical technique for bone regeneration
Answer: C (pag. 81)

615. *Which of the following best describes the main clinical characteristic of Stage I periodontitis?
A. Extensive tooth loss requiring prosthetic rehabilitation
B. Deep periodontal lesions with furcation involvement
C. Early attachment loss due to persistent gingival inflammation and biofilm dysbiosis
D. Loss of masticatory function and bite collapse
E. Severe bone loss extending to the apical portion of the root
Answer: C (pag. 82-83)

616. Which of the following are histopathological zones described in necrotizing gingivitis lesions?
A. Superficial bacterial zone
B. Neutrophil-rich zone
C. Apical cementum destruction zone
D. Necrotic zone
E. Spirochetal/bacterial infiltration zone
Answer: A, B, D, E (pag. 74)

617. Which of the following are recognized signs or symptoms of necrotizing periodontitis?
A. Necrosis or ulceration of the interdental papillae
B. Rapid bone loss
C. Tooth mobility due to secondary occlusal trauma
D. Halitosis and gingival pain
E. Pseudomembrane formation and lymphadenopathy
Answer: A, B, D, E (pag. 74-75)

618. A tooth *should be extracted* under the following conditions:
A. it can cause acute abscesses during therapy
B. it maintains posterior stops
C. it is so mobile that function becomes painful
D. there is no use for it in the overall treatment plan
E. mobility grade 1
Answer: A, C, D (pag. 306)

619. The third step of periodontal therapy include the following interventions:
A. repeated subgingival instrumentation with or without adjunctive therapies;
B. access flap periodontal surgery;
C. mucogingival graft;
D. resective periodontal surgery;
E. regenerative periodontal surgery
Answer: A, B, D, E (pag. 302)

620. What change occurs in subgingival plaque during pregnancy?
A. bacterial anaerobic/aerobic ratios are modified;
B. higher concentrations of *Prevotella intermedia;*
C. lower concentrations of *Prevotella intermedia;*
D. higher concentrations of *Bacteroides melaninogenicus;*
E. lower concentrations of *Porphyromonas gingivalis;*
Answer: A, B, D (pag. 312)

621. *What does a dental examination of older adults typically include?
A. Facial symmetry
B. TMJ
C. Oral epithelium;
D. Mandible position
E. Lips
Answer: C (pag. 323)

622. Which medications, when used as adjunctive therapy to scaling and root planing for the treatment of Grade C periodontitis, have been shown to significantly improve clinical attachment gain and pocket depth reduction compared to scaling and root planing alone
A. tetracycline;
B. ciprofloxacin;
C. clindamycin;
D. metronidazole;
E. amoxicillin;
Answer: D, E (pag. 328)

623. NG treatment consists of:

A. alleviation of the acute inflammation by reduction of the microbial load and removal of necrotic tissue;
B. treatment of chronic disease underlying the acute disease in any area of the oral cavity;
C. alleviation of generalized symptoms such as fever and altered general condition;
D. correction of systemic conditions or factors that contribute to the initiation or progression of gingival changes;
E. laser teraphy;
Answer: A, B, C, D (pag. 333)

624. *The treatment options for periodontal abscess does not include:
A. drainage through pocket retraction or incision;
B. scaling and root planning;
C. periodontal surgery;
D. local antibioticsș
E. systemic antibiotics;
Answer: D (pag. 337)

625. The indications for antibiotic therapy in patients with acute abscess are:
A. caries;
B. recessions;
C. fever;
D. regional lymphadenopathy;
E. deep, inaccessible pocket;
Answer: C, D, E (pag.338)

626. The second route of communication between the pulp and periodontium is represented by lateral or accessory canals, at varying frequencies depending on their location:

A. 59% of maxillary second premolars possess lateral canals;

B. 16% of accessory canals were found in midroot and 4% in cervical regions;

C. 28% of permanent molars exhibit patent accessory canals in furcation regions;

D. 78% of those canals are located in the apical regions of the root canals;

E. 16% of those canals are located in the apical regions of the root canals;

Answer: A, B, C, D (pag.340)

627. In classical classification of Simon, Glick and Frank (1972): there are five types of lesion formation that may account for the radiographic appearance of periodontic-endodontic lesions:

a) primary periodontal lesions;
b) primary endodontic lesions;
c) secundary endodontic lesion with secondary periodontic involvement;
d) primary periodontic lesions with secondary endodontic involvement;
e) non combined lesions;
Answer: A, B, D (pag. 340)

628. Instruments for scaling, root planning (SRP) and curettage are:
A. Periodontal probes
B. Explorers
C. Sickle scalers
D. Curettes
E. Ultrasonic and sonic instruments
Answer: C, D, E (pag. 354)

629. Double-ended Gracey curettes are paired in the following manner:
A. Gracey #1-2 and #3-4: Posterior teeth, mesial
B. Gracey #1-2 and #3-4: Anterior teeth
C. Gracey #5-6: Anterior teeth and premolars
D. Gracey #11-12: Posterior teeth, distal
E. Gracey #13-14: Posterior teeth, mesial
Answer: B, C (pag.355)

630. Advantages of mechanized instruments compared with manual instruments:
A. Increased efficiency
B. Less chance for repetitive stress injuries
C. Reduced lateral pressure
D. Less tactile sensation
E. Aerosol production
Answer: A, B, C (pag. 364)

631. Contraindications for use of mechanized instruments:
A. Supragingival debridement of dental calculus and extrinsic stains
B. Subgingival debridement of calculus, oral biofilm, root surface constituents, and periodontal pathogens
C. Swallowing difficulty (dysphagia)
D. Chronic pulmonary disease: asthma, emphysema, cystic fibrosis, pneumonia
E. Cardiovascular disease with secondary pulmonary disease
Answer: C, D, E (pag.365)

632. *The surgical phase of therapy is also referred to as:
A. Phase I therapy
B. Phase II therapy
C. Phase III therapy
D. Phase IV therapy
E. Phase V therapy

Answer: B (pag.390)

633. Critical zones in pocket surgery:
A. Zone 1: Soft tissue pocket wall
B. Zone 2: Underlying bone
C. Zone 2: Tooth surface
D. Zone 3: Underlying bone
E. Zone 4: Attached gingiva
Answer: A, C, D, E (pag. 392)

634. The following findings may indicate the need for a surgical phase of therapy:
A. Areas with *regular bony contours*
B. Pockets on teeth in which a complete removal of root irritants is considered clinically possible (frequently in anterior areas)
C. In cases of *furcation involvement of grade II or III*
D. *Intrabony pockets on distal areas of last molars*
E. *Persistent inflammation* in areas with moderate to deep pockets
Answer: C, D, E (pag. 393)

635. The selection of a technique for treatment of a particular periodontal lesion is based on the following considerations:
A. *Characteristics of the pocket*: depth, relation to bone, and configuration
B. *Accessibility* to instrumentation, including presence of furcation involvements
C. Existence of *mucogingival problems*
D. *Response to Phase II therapy*
E. *Patient cooperation*, including ability to perform effective oral hygiene
Answer: A, B, C, E (pag. 393)

636. Indications for use of mechanized instruments:
A. Supragingival debridement of dental calculus and extrinsic stains
B. Subgingival debridement of calculus, oral biofilm, root surface constituents, and periodontal pathogens
C. Gingival and periodontal conditions and diseases
D. Unshielded pacemakers
E. Infectious diseases: human immunodeficiency virus, hepatitis, tuberculosis (active stages)
Answer: A, B, C (pag. 365)

637. * Variations of the intraoral finger rest are:
A. Conventional: The finger rest is established on tooth surfaces on the other side of the same arch
B. Cross-arch: The finger rest is established on tooth surfaces immediately adjacent to the working area
C. Opposite arch: The finger rest is established on the index finger or thumb of the nonoperating hand
D. Finger on finger: The finger rest is established on tooth surfaces on the opposite arch (e.g., mandibular arch finger rest for instrumentation on the maxillary arch)
E. Conventional: The finger rest is established on tooth surfaces immediately adjacent to the working area
Answer: E (pag. 360)

638. *Periodontal surgical instruments are not classified as follows:
A. Excisional and incisional instruments:
periodontal knives (gingivectomy knives), interdental knives, surgical blades, electrosurgical instruments)
B. Periosteal elevators
C. Hemostats and tissue forceps
D. Periodontal probe
E. Scissors
Answer: D (pag. 395)

639. * The *crestal incision:*
A. starts in the gingival crevice and is directed apically through the junctional epithelium and connective tissue attachment and down to the bone
B. starts at the surface of the gingiva apical to the gingival margin and can be external bevel or internal bevel
C. starts at the surface of the gingiva at the gingival margin and is directed apically down through the epithelium and connective tissue to the bone
D. starts at the surface of the gingiva apical to the periodontal pocket and is directed coronally toward the tooth apical to the bottom of the periodontal pocket
E. starts at the surface of the gingiva and is directed apically to the bone crest
Answer: C (pag. 396)

640. Gingivectomy may be performed for the following indications:
A. Aesthetics
B. Elimination of gingival enlargements
C. Access to bone required
D. Narrow zone of keratinized tissue
E. Elimination of suprabony pockets if the pocket wall is fibrous and firm
Answer: B, E (pag. 400)

641. The flap surgical technique for drug-induced gingival enlargement is as follows:
A. After anesthetizing the area, sounding of the underlying alveolar bone is performed with a periodontal probe to determine the presence and extent of the osseous defects.
B. On the buccal and lingual aspects, with a #12 D surgical blade, the initial scalloped internal bevel incision is made at least 3 mm coronal to the mucogingival junction, which includes the creation of new surgical interdental papillae in each interproximal space.
C. On the buccal and lingual aspects, with a #15 surgical blade, the initial scalloped internal bevel incision is made at least 3 mm coronal to the mucogingival junction, which includes the creation of new surgical interdental papillae in each interproximal space.
D. Intrasulcular incisions are made on buccal, lingual, and palatal areas that are being treated to release the tissue collar
E. The marginal and interdental tissues are removed with curettes
Answer: A, C, D, E (pag. 410)

642. The characteristics of a normal bony form are as follows:

A. The interproximal bone is more apical in position than the labial or lingual-palatal bone and pyramidal in form
B. The interproximal bone is more coronal in position than the labial or lingual-palatal bone and pyramidal in form
C. The position of the bony margin mimics the contours of the cementoenamel junction.
D. The form of the interdental bone depends on the tooth's form and the embrasure's width.
E. The distance from the facial bony margin of the tooth to the interproximal bony crest is flatter in the anterior than the posterior areas
Answer: B, C, D (pag. 413)

643. The following sequential steps are suggested for ORS (Osseous Resective Surgery):
A. Vertical grooving
B. Flattening interproximal bone
C. Radicular blending
D. Gradualizing marginal bone
E. Horizontal grooving
Answers: A, B, C, D (pag. 416)

644. Bone graft materials by origin include the following:
A. *allografts* are bone obtained from the same individual
B. *allografts* are bone obtained from a different individual of the same species
C. *xenografts* are bone from a different species
D. *autografts* are bone obtained from a different individual of the same species
E. *autografts* are bone obtained from the same individual
Answer: B, C, E (pag. 423)

645. Glickman classified furcation involvement in four grades:
A. Grade I furcation is the incipient or early stage of furcation involvement. The pocket is suprabony and primarily affects the soft tissues. Early bone loss may have occurred with an increase in probing depth, but radiographic changes are not usually found.
B. Grade III furcation can affect one or more furcations of the same tooth. The furcation lesion is essentially a cul-de-sac with a definite horizontal component. If multiple lesions are present, they do not communicate with each other. Vertical bone loss may be present and represents a therapeutic complication. Radiographs may or may not depict the furcation involvement, particularly with maxillary molars because the overlapping of the roots. In some views, the presence of "furcation arrows" indicates possible furcation involvement.
C. In grade II furcation the bone is not attached to the dome of the furcation. In early grade II the opening may be filled with soft tissue and may be not visible. The clinician may not even be able to pass a periodontal probe completely through the furcation because the interference with the bifurcational ridges or facial-lingual bone margins. If the clinician adds the buccal and lingual probing dimensions and obtains a cumulative probing measurement that is equal to or greater than the buccal-lingual dimension of the tooth at the furcation orifice, the clinician must consider a grade II furcation. Radiographs of early grade II furcation display the defect as a radiolucent area in the crotch of the tooth.
D. In grade III furcation the interdental bone is destroyed and the soft tissue have receded apicaly so the furcation opening is clinically visible. Thus, the periodontal probe passes from one aspect of the tooth to another

E. In grade IV furcation the interdental bone is destroyed and the soft tissue have receded apicaly so the furcation opening is clinically visible. Thus, the periodontal probe passes from one aspect of the tooth to another
Answer: A, E (pag. 432)

646. The following criteria are used for selection of mucogingival techniques:
A. Surgical site free of biofilm, calculus, and inflammation
B. Anatomy of the recipient and donor sites
C. Minimal trauma to the surgical site
D. Adequate blood supply to the recipient tissue
E. Stability of the grafted tissue to the recipient site
Answer: A, B, C, E (pag. 438)

647. Causes for recurrence of periodontal disease include the following:
A. Gradual increases in tooth mobility
B. Gradual increases in bone loss, as determined by radiographs
C. Inadequate restorations placed after the periodontal treatment was completed
D. Presence of some systemic diseases that may affect host resistance to previously acceptable levels of biofilm
E. Increasing depth of sulci, leading to the recurrence of pocket formation
Answer: C, D (pag. 4)

OCLUSOLOGY

648. * An anterior overjet of 5 mm is characteristic of:
A. class I interincisal relationships
B class II interincisal relationships, division I
C. class II interincisal relationships, division II
D. class III interincisal relationships
E. none of the above
B

649. * The specific occlusal analysis begins with the examination of:
A. **VDO**
B. the anterior curve
C. the curve of Spee
D. the curve of Wilson
E. **CRO**
E

650. * An anterior disc dislocation with reduction can occur when the patient has a hyperactivity of the:
A. deep portion of the masseter muscle
B. medial pterygoid muscle
C. anterior portion of the temporalis muscle
D. superior lateral pterygoid muscle
E. inferior lateral pterygoid muscle
D

651. * The Willis gauge measures:
A. the freeway space
B. the closest speaking space of Silverman
C. the **PVD**, that is equal to the distance between the tragus and the external angle of the eye
D. the **PVD**, that is equal to the distance between the corner of the mouth and the external angle of the eye
E. none of the above
D

652. * A patient presents a deflection of the mandibular interincisal point to the right during mouth opening. Propulsion and lateral mandibular movements have a normal range and path. He has:
A. an anterior disc dislocation with reduction in the right **TMJ**
B. an anterior disc dislocation without reduction in the right **TMJ**
C. hyperactivity of the right masseter muscle
D. hyperactivity of the right medial pterygoid muscle
E. none of the above

C

653. *The contact between 1.1, 4.1 and 4.2 in right laterotrusion, in a patient with natural teeth, is considered:
A. an antero-lateral guidance
B. a group guidance
C. a non-working side occlusal interference
D. a working side occlusal interference
E. none of the above
D

654. * The anterior disc dislocation with reduction occurs in:
A. **MI**
B. **CRO**
C. the maximum protrusion
D. the maximum mouth opening
E. the postural position of the mandible
E

655. * The myofascial trigger points in the superficial portion of the masseter refer pain to the:
A. maxillary anterior teeth
B. maxillary posterior teeth
C. **TMJ**
D. mandibular anterior teeth
E. mandibular posterior teeth
E

656. * The mandibular interincisal point does not coincide with the maxillary one in **MI**, in a patient with natural teeth. In addition, the middle of the chin coincides with the mid-sagittal plane of the face and the *overjet* values of the left and right canines are symmetric. In this case, the deflection of the mandibular interincisal point can be caused by:
A. abnormalities in the size, position or number of anterior teeth
B. a premature contact in the **CRO**
C. a premature contact in **MI**
D. an unilateral condylar hypertrophy
E. large posterior edentulous spaces
A

657. * The apex of the gothic arch corresponds to:
A. **MI**
B. **CR**
C. maximum mouth opening
D. maximum propulsion
E. the apex of the anterior guidance angle
B

658. * The occlusal concept indicated for a large fixed partial denture, supported by natural teeth, is:
A. functional occlusion
B. mutually protected occlusion
C. general balanced occlusion
D. therapeutic occlusion
E. implant-protected occlusion
D

659. * In a functional occlusion, the mesio-lingual cusp of 1.6 establishes a centric stop with:
A. the mesial triangular fossa of 4.6
B. the central fossa of 4.6
C. the distal triangular fossa of 4.6
D. the mesial triangular fossa of 4.7
E. none of the above
B

660. * A patient with natural teeth has a pronounced curve of Spee due to the vertical migration of 2.6 in an opposing edentulous space. There is no risk of non-working side occlusal interference in protrusion if the patient also has:
A. class II interincisal relationships, division I
B. class II interincisal relationships, division II
C. "end to end" anterior occlusion
D. anterior crossbite
E. anterior open bite
B

661. * Anterior open bite may progressively occur in an adult patient with natural teeth if he has:
A. long posterior edentulous spaces, which favor the distalization of the mandible in **MI**
B. bilateral osteoarthritis of the **TMJ**
C. unilateral retrodiscal tissue inflammation of the **TMJ**
D. hyperactivity of an inferior lateral pterygoid muscle
E. none of the above
B

662. * The disocclusion of natural posterior teeth in protrusion is ensured by the harmony between:
A. anterior guidance angle, curve of Wilson, cusps height of the posterior teeth and contralateral Bennett angle
B. anterior guidance angle, curve of Spee, cusps height of the posterior teeth and contralateral Bennett angle
C. anterior guidance angle, curve of Wilson, cusps height of the posterior teeth and sagittal condylar inclination

D. anterior guidance angle, curve of Spee, cusps height of the posterior teeth and sagittal condylar inclination
E. none of the above
D

663. * Which of the following statements is false?
A. In the case of a single **ISR**, that replaces a central incisor, the anterior guidance will be exclusively provided by the natural incisors.
B. The myofascial trigger points in the deep portion of the masseter refer pain to the maxillary posterior teeth.
C. A new premature contact in **MI** (e.g a “high” restoration) can produce pain in the masseter muscles.
D. A concave anterior curve can lead to premature contacts in **CRO**.
E. In a patient with general balanced occlusion, the occlusal contacts on the working side will be associated with contacts on the non-working (balancing) side in laterotrusion, in order to provide stability of the complete dentures.

D

664. * In a normal masticatory system, the excessive protrusive movements of the mandible are limited by:
A. the superficial masseter muscle
B. the **TMJ** capsule
C. the stylomandibular ligament
D. the retrodiscal tissues
E. at least two maxillary central incisors

C

665. In a patient with natural teeth, the degree of curvature of the curve of Spee is correlated with the following occlusal parameters in order to ensure the disocclusion of the posterior teeth in protrusion :
A. overbite and overjet of the working side canine
B. Bennett angle
C. degree of curvature of the curve of Wilson
D. overbite and overjet of the two maxillary central incisors
E. none of the above

D

666. * In a patient with an upper and a lower complete denture and an otherwise normal masticatory system, the bilaterally occlusal contacts of the posterior artificial teeth during protrusion are considered :
A. non-working side occlusal interferences
B. working side occlusal interferences
C. premature contacts
D. acute malocclusion
E. correct occlusal contacts, which stabilize the dentures

E

667. * The general balanced occlusion:
A. results after the occlusal equilibration achieved by selective grinding in patients with traumatic occlusion
B. is indicated in large fixed partial dentures made in **CR** at a physiological **VDO**
C. is indicated in the case of complete dentures
D. is indicated in patients with natural teeth and anterior displacement of the disc
E. none of the above

C

668. The inflamation of the retrodiscal tissues:
A. can be diagnosed by a positive functional manipulation during propulsion associated with a negative compression test
B. can cause acute malocclusion characterized by heavy occlusal contacts on the contralateral posterior teeth in **MI**
C. can occur in the anterior displacement of the articular disc
D. can be diagnosed by palpating the lateral pole of the mandibular condyle
E. can lead to progressive anterior open bite

B

669. A patient with an anterior dislocation of the disc without reduction cannot have:
A. a difficult extraction of 4.8 in the last months
B. thinning of the anterior border of the disc
C. loss of the elasticity of the superior retrodiscal lamina
D. hyperactivity of the superior lateral pterygoid muscle
E. pain when guiding the mandible into **CR**

B

670. * In a patient with natural teeth, the inner incline of the mesio-buccal cusp of 2.7 can be involved in:
A. maintaining the correct **CRO**
B. a non-working side occlusal interference in protrusion
C. a non-working side occlusal interference in right laterotrusion
D. a working side occlusal interference in left laterotrusion
E. a group guidance in left laterotrusion

D

671. The interocclusal records made 1-2 mm before the first occlusal contact in **CRO** are performed in order to:
A. determine the **VDO**
B. determine the anterior guidance angle
C. indirectly determine the sagittal condylar inclination on a non-arcon articulator
D. indirectly determine the Bennett Angle on an arcon articulator
E. mount the mandibular cast on an arcon semiadjustable articulator for occlusal analysis

E

672. In a therapeutic occlusion there is no:
A. long centric
B. cusp tip – fossa floor occlusal contact in **MI**
C. disocclusion of posterior teeth in protrusion
D. effective canine guidance in laterotrusion
E. none of the above

A

673. The implant supported restoration **RP-4** is:
A. mainly an overdenture completely supported by implants
B. an overdenture supported by both soft tissue and implants
C. a fixed prosthesis which replaces missing crowns and gingival color and portion of the edentulous site
D. a fixed prosthesis which replaces the crown and a portion of the root
E. a fixed prosthesis which replaces only the crown and appears like a natural tooth

A

674. *In a patient with functional occlusion, the inner incline of the buccal cusp of 1.5 can participate to the:
A. protection of the cheeks during mastication
B. anterior guidance in protrusion
C. group guidance in left laterotrusion
D. group guidance in right laterotrusion
E. none of the above.

D

675. * Which of the following statements regarding the determination of **CR** in a completely edentulous patient is true?
A. The patient will be placed in the dental chair with the head unsupported.
B. The patient will open the mouth more than 25 mm during the procedure.
C. The base plates (record bases) will have optimal retention and stability.
D. Locating and recording of **CR** will be done before establishing a correct, physiological **VDO**.
E. The bimanual guiding of the mandible into **CR** (after Dawson) is recommended.

C

676. Which of the following statements are false?
A. The compression test allows us to exclude an articular source of pain.
B. Centric stops maintain **VDO**.
C. A posterior tooth that does not have an opposing tooth can migrate.
D. Interarticular pressure has maximum values in the postural position of the mandible.
E. The reference plane of the Artex system is the Camper's plane

D,E

677. Which of the following statements are true in a patient with natural teeth and an Angle Class II malocclusion?
A. Angle's key is normal
B. He can have a deep bite at the level of the central incisors

C. The axis of the mesio-buccal cusp of 2.6 can be directly in line with the occlusal embrasure between 3.5 and 3.6
D. He has a mesialization of the mandible
E. The axis of the mesio-buccal cusp of 1.6 can be directly in line with the occlusal embrasure between 4.6 and 4.7
B,C

678. Which of the following statements are false?
A. The guiding cusp covers more of the occlusal table than the supporting cusp.
B. Centric stops stabilize **CRO** in a patient with natural teeth and long centric.
C. The medial pterygoid muscle is evaluated by functional manipulation during mouth closure.
D. The **PVD** is equal to the distance between the centers of the two condyles placed in **CR**.
E. The intermediate opening click simultaneously occurs with the deviation of the mouth opening path in a patient with an anterior disc dislocation with reduction.

A, B, D

679. The occurrence of a non-working side occlusal interference in protrusion in a patient with natural teeth is favored by:
A. the extraction of a maxillary lateral incisor
B. the excessive wear of the two maxillary central incisors due to an eccentric bruxism
C. a pronounced curve of Spee due to the vertical migration of a molar that doesn't have an opposing tooth
D. the excessive wear of a maxillary canine due to an eccentric bruxism
E. class II interincisal relationships, division II
B, C

680. The causes of an anterior disc dislocation with reduction are:
A. centric bruxism
B class II interincisal relationships, division I
C. class II interincisal relationships, division II
D. a slide in centric over 2 mm or with an antero-lateral direction
E. the hyperactivity of the inferior lateral pterygoid muscle
A, C, D

681. When an anterior disc dislocation with reduction becomes an anterior disc dislocation without reduction:
A. the single-handed guiding of the mandible into **CR** becomes painless
B. the reciprocal click disappears
C. a soft and painful "end feel" sets in
D. a deviation of the mouth opening path appears
E. the superior retrodiscal lamina has lost its elasticity
B,E

682. In order to analyse the **CRO**:
A. the patient is instructed to "clench his teeth"
B. single-handed guiding of the mandible into **CR** can be used

C. the patient is instructed to "raise his mandible on the posterior teeth" until he feels the first occlusal contacts between the posterior teeth and then to stop
D. the patient is instructed to "raise his mandible on the posterior teeth" until he feels the contact between the maxillary incisors and the doctor's finger and then to stop
E. the patient must have a point centric
B,C

683. The principle of mutual protection refers to the fact that:
A. In protrusion, the complete dentures will establish occlusal contacts both on the anterior and posterior artificial teeth, bilaterally
B. In laterotrusion, the occlusal contacts on the working side will be associated with contacts on the non-working (balancing) side in a patient with complete dentures
C. the posterior teeth are protecting the anterior teeth in **MI**, in a patient with natural teeth
D. the anterior teeth are protecting the posterior teeth in protrusion and laterotrusion, in a patient with natural teeth
E. the guiding cusps are protecting the soft tissues (tongue, cheeks) during mastication
C, D

684. Which of the following statements concerning the anterior guidance angle are false?
A. It is the angle formed by a horizontal reference plane with the path of the mandibular incisal edges (maintaining permanent contact with the maxillary lingual surfaces) in protrusion, from **MI** to the „edge to edge“ position of the anterior teeth.
B. The maximum value of the anterior guidance angle is in class II interincisal relationships, division II
C. The higher the anterior *overjet*, the higher the anterior guidance angle will be.
D. The smaller the anterior *overbite,* the higher the anterior guidance angle will be
E. The anterior guidance angle must be in harmony with the sagittal condylar inclination in order to ensure disocclusion of the posterior teeth in protrusion in a patient with natural teeth.
C,D

685. Which of the following statements are false?
A. Under normal conditions, the triangle of the curve of Wilson has a height of about 5 mm.
B. The occlusal table consists of the inner inclines of the buccal and lingual cusps.
C. Excessive tooth mobility is an irreversible sign of occlusal disorders
D. A concave anterior curve is unaesthetic and affects anterior guidance
E. The single-handed guiding of the mandible into **CR** starts with the mouth of the patient opened to the maximum.
CE

686. Primary occlusal trauma includes:
A. a sudden change in occlusal contacts, without the dentist's intervention, as an effect of the temporomandibular disorder
B. excessive tooth mobility
C. gingival recessions
D. all irreversible signs of occlusal disorders
E. wear facets on the posterior teeth

B, C

687. Which of the following statements regarding the Artex System face-bow are false?
A. It is an arbitrary face-bow.
B. It records the relationship of the maxillary arch to a reference plane defined by the terminal hinge axis and the orbitalis point.
C. It records the intermaxillary relationships.
D. It enables the mounting of the mandibular cast on a mean value or semi-adjustable articulator at an individualized distance from the terminal hinge axis
E. It allows the direct determination of the sagittal condylar inclination.
B, C, D, E

688. A patient with natural teeth has a normal occlusion in **MI** and an occlusal interference between 2.4 and 3.4 in right laterotrusion. Which of the following statements are true for this patient?
A. That interference occurs between the inner incline of the lingual cusp of 2.4 and the inner incline of the buccal cusp of 3.4
B. That interference occurs between the inner incline of the buccal cusp of 2.4 and the outer incline of the buccal cusp of 3.4
C. The patient may have a positive functional manipulation during propulsion, with pain before the left-sided tragus, associated with a negative compression test
D. The patient may have a positive functional manipulation during propulsion, with pain before the left-sided tragus, associated with a positive compression test on the left side.
E. The patient may have a reciprocal click.
A,C

689. The occurrence of a working side occlusal interference in laterotrusion in a patient with natural teeth is favored by:
A. the extraction of a maxillary lateral incisor
B. the excessive wear of the two maxillary central incisors due to eccentric bruxism
C. a pronounced curve of Wilson due to the vertical migration of a molar that doesn't have an opposing tooth
D. the excessive wear of a maxillary canine due to eccentric bruxism
E. class II interincisal relationships, division II
C,D

690. Which of the following statements are true?
A. Under normal conditions, the maximum depth of the curve of Spee is at the permanent mandibular first molar (1 – 3 mm).
B. The face-bow of the Artex system enables an individualized 3D orientation of the occlusal plane with respect to the reference plane defined by the terminal hinge axis and the tip of the nose.
C. Referred tooth pain is increased by the local provocation of the painful tooth by percussion.
D. Myofascial trigger points in the trapezius muscle can refer pain to the **TMJ**.
E. Large posterior edentulous spaces can be associated with mesialization or distalization of the mandible in **MI**.

A, B, D, E

691. The left side Bennett angle can be indirectly determined:
A. by using interocclusal records made 1- 2 mm before the first occlusal contact in **CRO**
B. by using interocclusal records in right lateral mandibular movements
C. by using interocclusal recordings in propulsion
D. on an arcon semi-adjustable articulator
E. on a non-arcon semi-adjustable articulator
B, D

692. To perform an occlusal analysis on a semi-adjustable arcon articulator:
A. the maxillary cast is mounted by using an arbitrary face-bow registration
B. the mandibular cast is mounted by using a kinematic face-bow registration
C. the mandibular cast is mounted by using interocclusal records in **MI**
D. the mandibular cast is mounted by using interocclusal records made 1-2 mm before the first occlusal contact in **CRO**
E. the mandibular cast is mounted by using interocclusal records in propulsion and lateral mandibular movements
A, D

693. Which of the following statements are true?
A. An exaggerated **VDO** can lead to hyperactivity and fatigue of the elevator muscles due to an increased freeway space.
B. A steeper posterior slope of the articular tubercle allows a more pronounced curve of Spee in a patient with natural teeth.
C. The side on which a premature contact is located in **CRO** is initially indicated by the patient, by raising his hand.
D. Hyperactivity of the superior lateral pterygoid muscle often occurs in patients with centric bruxism.
E. Hyperactivity of the masseter muscle can lead to deviation of the mouth opening path.
B, C, D

694. In a patient with natural teeth and posterior crossbite:
A. biting of his cheeks will occur
B. the maxillary buccal cusps become supporting cusps
C. the mandibular buccal cusps become guiding cusps
D. the Angle's key shows a mesialization of the mandible
E. the Angle's key shows a distalization of the mandible
B, C

695. In a patient with natural teeth and long centric, normal **CRO**:
A. coincides with **MI**
B. is the starting point of the slide in centric
C. is by definition unstable because it is maintained by the contacts between the mesial inclines of the maxillary supporting cusps and the distal inclines of the mandibular supporting cusps, at the level of all posterior teeth

D. has occlusal contacts of the anterior teeth that are weaker than the occlusal contacts of the posterior teeth
E. is placed anterior and superior to **MI** on Posselt's diagram
B, C

696. A "high" filling that produces a premature contact in **MI** can be followed by:
A. myalgia of the deep portion of the masseter during functional manipulation during mouth closing
B. medial pterygoid myalgia on palpation
C. lateral deflection of the mandibular interincisal point from the maxillary one
D. excessive irreversible tooth mobility
E. reversible odontalgia
A, C, E

697. A patient with natural teeth has a normal Angle”s key and the maxillary buccal cusps circumscribe the mandibular ones in **MI**. An unwanted occlusal contact between the inner incline of the maxillary lingual cusp and the inner incline of the mandibular buccal cusp can represent:
A. a premature contact in the **CRO** causing an anterolateral slide in centric deflected to the same side as the location of the premature contact
B. a premature contact in the **CRO** causing an anterolateral slide in centric deflected to the side opposite to the location of the premature contact
C. a non-working side occlusal interference in laterotrusion
D. a working side occlusal interference in laterotrusion
E. a non-working side occlusal interference in protrusion
A, C

698. The hyperactivity of the inferior lateral pterygoid muscle:
A. restricts mandibular propulsion
B. can be detected by palpating the muscle on the inner surface of the mandibular angle
C. makes it difficult to guide the mandible into **CR**
D. can appear in patients with long posterior edentulous spaces and mesialization of the mandible
E. can be caused by the occlusal interferences that occur between the distal inclines of the maxillary lingual cusps and the mesial inclines of the mandibular buccal cusps.
C, D, E

699. A slight functional shortening of the right inferior lateral pterygoid muscle can lead to acute malocclusion in **MI** manifested by:
A. inocclusion of the posterior teeth on the right side
B. too intense occlusal contacts on the left anterior teeth
C. intensification of the occlusal contacts of the posterior teeth on the right side
D. stronger occlusal contacts on left posterior teeth
E. the fact that "the teeth no longer touch properly"
A,B

700. Adapted **CR** occurs in patients with:

A. a hyperactivity of the inferior lateral pterygoid muscle
B. a hyperactivity of the medial pterygoid muscle
C. an anterior disc dislocation with reduction
D. an anterior disc dislocation without reduction
E. a habitual **CRO**
CD

701. Angle class I malocclusion is characterized by:
A. mesialization of the mandible
B. distalization of the mandible
C. normal Angle's key
D. posterior cross bite
E. position abnormalities of the anterior teeth
CE

702. The anterior disc dislocation can occur when the patient has:
A. hyperactivity of the depressor muscles
B. thinning of the posterior margin of the articular disc
C. elongation of the collateral ligaments
D. elongation of the stylomandibular ligament
E. elongation of the superficial part of the temporo-mandibular ligament.
B,C

703. The postural position of the mandible is characterized by:
A. the balance between the tonus of the elevator muscles and the tonus of the depressor muscles
B. a freeway space of 1-2 mm between the dental arches
C. minimum interarticular pressure
D. the **PVD**, measured between orbitale and gnathion
E. the nociceptive reflex
A, C

704. The articular disc accompanies the condyle during the condyle's translations due to:
A. the collateral ligaments
B. the retrodiscal tissues
C. the superior lateral pterygoid muscle
D. the interarticular pressure
E. the normal morphology of the disc.
D,E

705. In an anterior dislocation of the disc with reduction, the condyle translates over the posterior margin of the disc during mouth opening. This translation:
A. occurs at the moment of maximum mouth opening
B. is associated with an intermediate click
C. is associated with the deviation of the opening path
D. is associated with a reciprocal click
E. is associated with the deflection of the opening path to the contralateral side

B, C

706. The retrodiscal tissues do not include:
A. the deep portion of the temporomandibular ligament
B. the superior retrodiscal lamina
C. the inferior retrodiscal lamina
D. the **TMJ** capsule
E. loose connective tissue that is highly vascularized and innervated

A, D

707. Which of the following statements regarding anterior dislocation of the disc with reduction are false?
A. It causes a hard “end feel”
B. It restricts the propulsion of the mandible
C. It occurs in the postural position of the mandible
D. It is associated with the deviation of the opening path
E. It is associated with pain when guiding the mandible into **CR**

A, B

708. Which of the following statements regarding the **CR** are false?
A. It represents the most anterior and superior position of the condyle-disc complex on the posterior slope of the articular tubercle, when the condyle comes into contact with the intermediate, thinnest area of the disc.
B. It coincides with the apex of the gothic arch
C. It can be identified in the complete edentulous patient by single-handed guiding of the mandible
D. It can be easily identified in patients with natural teeth, large posterior edentulous spaces and mezialization of the mandible in **MI**
E. It is limited by the upper portion of the posterior slope of the articular tubercle

C, D

709. In a patient with natural teeth, a premature contact:
A. takes all the occlusal force generated by the depressor muscles in **MI**
B. in **CRO** can cause an incorrect slide in centric in a patient with long centric
C. occurs when the posterior teeth are touching in protrusion (at the level of the maxillary distal inclines and the mandibular mesial inclines)
D. occurs when a 40 µ inocclusion appears between two opposing posterior natural teeth in **MI**
E. can lead to pain in the medial pterygoid muscle on the same side as the premature contact

B, E

710. Which of the following statements are true in a patient with natural teeth?
A. The „fan” shape migration of the periodontally affected maxillary incisors can lead to class II division II interincisal relationships
B. A postero-inferior translation of the condyle-disc complex on the posterior slope of the articular tubercle takes place during mouth opening

C. A high sagittal condylar inclination favors the disocclusion of the posterior teeth during laterotrusion
D. The centric stops do not maintain the postural vertical dimension
E. The horizontal (deep) fibers of the temporo-mandibular ligament limit the posterior movement of the condyle

D,E

711. A patient with an occlusal overloaded **ISR** (replacing 1.6) can have the following signs:

A. thickening of the peri-implant periodontal ligament
B. reversible implant mobility
C. **ISR** or implant fracture
D. frequent debonding of the **ISR**
E. reversible implant migration

C, D

712. A patient with natural teeth and long centric has a deflection of the mandibular interincisal point to the left in **MI**, associated with an asymmetrical canine overjet and the chin deflection also to the left. The above can be caused by:

A. condyle hypertrophy on the right side
B. a supernumerary left mandibular incisor
C. a supernumerary right mandibular incisor
D. an antero-lateral centric slide to the right
E. a premature contact in **CRO** between the inner incline of the palatal cusp of 2.5 and the inner incline of the buccal cusp of 3.5

A, E

713. When a **ISR** replaces the two maxillary central incisors in a patient with natural teeth and long centric:

A. the **ISR** will be made in **CRO**
B. the **ISR** will establish simultaneous centric stops with the posterior teeth when the patient clenches the teeth in **MI**
C. the **ISR** will be in an inocclusion of about **40 µ** when the patient is lightly touching his teeth in intercuspation
D. the **ISR** can have some premature contacts because these restorations have a higher resistance to horizontal occlusal forces due to the reduced implant mobility
E. protrusion will be initially guided by the neighboring natural teeth next to the implants

C. E

714. Which of the following statements regarding the hyperactivity of the inferior lateral pterygoid muscle are true?

A. The functional manipulation during mouth closing is positive
B. Guiding of the mandible into **CR** is difficult
C. It can be caused by an overestimated **VDO**
D. Can lead to the anterior displacement of the articular disc
E. Can be caused by the mesialization of the mandible following the loss of the stable centric stops

B, E

715. Which of the following statements are false?
A. The disorder of the elevator muscles can generate, through central excitatory effects (via an efferent interneuron), the disorder of the tensor veli palatini and tensor tympani muscles, which in turn can lead to tinnitus
B. The superficial (oblique) fibers of the temporomandibular ligament limit the extent of mouth opening
C. Acute malocclusion describes a habitual occlusion in a patient with new restorations supported by natural teeth
D. In a functional occlusion, the maxillary interincisal line coincides with the mandibular interincisal line
E. 85-90% of the patients with functional occlusion have a long centric.
C, D

716. Which of the following statements are false?
A. Myocentric occlusion is represented by the occlusal contacts that occur in the postural position of the mandible.
B. Palpation of active myofascial trigger points will increase the referred odontalgia.
C. The interarticular pressure is at its lowest value in the postural position of the mandible.
D. Angle class III malocclusion is associated with a distalization of the mandible in **MI** and a deep bite at the level of the central incisors.
E. In a patient with natural teeth and a functional occlusion, the working side canines are included in the group guidance during laterotrusion.
A, D

717. The postural position of the mandible:
A. is mainly maintained by the balance between the tonus of the elevator and depressor muscles
B. is the position in which the hyperactive superior lateral pterygoid muscle can dislocate the condyle in front of the articular disc
C. is characterized by the postural vertical dimension, which is equal to the **VDO** in patients with point centric
D. occurs after swallowing
E. is characterized by the **PVD**, which is equal to the distance between the subnasale and gonion
A, D

718. A correct lingualized occlusion:
A. is indicated in implant- supported overdentures
B. requires a slide in centric of less than 2 mm, placed in the mid-sagittal plane
C. can be achieved by using anatomic maxillary teeth with prominent lingual cusps and semi- or nonanatomic mandibular teeth with large central fossae
D. requires occlusal contacts of the artificial buccal cusps with the opposing fossae both in **CRO** and during protrusion and laterotrusion (on the working and non-working side)
E. is often associated with tongue biting
A, C

719. Gerber's kinematic facebow is used to determine:

A. the relationship of the mandibular arch to the reference plane defined by the terminal hinge axis and acanthion
B. the anterior guidance angle
C. the sagittal condylar inclination
D. the **VDO**
E. the relationship of the maxilla to a reference plane defined by the terminal hinge axis and orbitale
A,C

720. Which of the following statements are false?
A. **CR** is limited by the horizontal (deep) portion of the temporomandibular ligament
B. The hyperactivity of the deep masseter muscle can be caused by a decreased muscle tone following stress
C. „supporting cusp tip – opposing fossa floor” contacts are not as stable as tripod contacts, but are easier to balance
D. Centric bruxism can lead to the hyperactivity of the superior lateral pterygoid muscle
E. In a patient with natural teeth and functional occlusion, the mesio-palatal cusp of 2.6 makes occlusal contact with the central fossa of 3.6 in the **MI**.
A, B, C

721. Which of the following statements are true?
A. An **ISR** replacing 2.3 can guide the left laterotrusion from start to finish.
B. The outer oblique portion of the temporo-mandibular ligament tightens when the mouth is opened beyond an interincisal distance of 20 – 25 mm
C. The mandible is in the postural position while the patient pronounces the „S” phoneme.
D. In a patient with natural teeth and posterior crossbite, the mandibular buccal cusps prevent the patient from biting his cheek
E. The right Bennett angle can be determined indirectly, on a non-arcon articulator, by using interocclusal recordings in right laterotrusion.
B, D

722. Which of the following statements are true?
A. A pronounced curve of Spee can be caused by migration of the posterior teeth that do not have opposing teeth.
B. Adapted **CR** occurs in patients with an anterior dislocation of the mandibular condyle
C. In complete dentures, the curve of Spee should be in harmony with the sagittal condylar inclination to ensure the disocclusion of the artificial posterior teeth
D. The double click is a reversible sign of an occlusal disorder.
E. In a functional occlusion, the buccal mandibular cusps are more important than the palatal maxillary cusps
A, E

723. Which of the following statements are false?
A. In right laterotrusion, the left condyle moves anteriorly, inferiorly and medially
B. The fibers of the superior lateral pterygoid muscle that are inserted onto the disc are stabilizing the condyle-disc complex on the posterior slope of the articular tubercle

C. Working side occlusal interferences in laterotrusion can be eliminated in some cases by restoring the normal morphology of the maxillary canine crown on the same side
D. Vertical migration of 1.6 into the edentulous space of 4.6 increases the risk of non-working side occlusal interference in right laterotrusion.
E. Myofascial trigger points located in the anterior temporal muscle refer pain to the maxillary molars
D, E

724. Which of the following statements are true?
A. A working side occlusal interference in protrusion can deflect the protrusive mandibular path from the mid-sagittal plane
B. The normal morphology of the disc and the collateral ligaments are maintaining a continuous contact of the condyle with the articular disc during mouth opening, in a normal **TMJ**.
C. A patient with an anterior dislocation of the disc presents a thinning of the posterior margin of the articular disc
D. The Angle's key is normal in functional occlusion and in Angle Class I malocclusion and is examined at the level of the second molars
E. A new high composite filling can create a working side occlusal interference in **MI**
A,C

725. When a previous anterior dislocation of the disc with reduction becomes an anterior dislocation of the disc without reduction:
A. the reciprocal click disappears
B. the hard "end feel" becomes soft and painful
C. the inferior retrodiscal lamina loses its elasticity
D. the deviation of the opening path becomes the deflection of the opening path towards the affected **TMJ**
E. the limited propulsion returns to a normal amplitude (around 7 mm)
A, D

726. A patient with natural teeth has an occlusal disharmony between the inner incline of the buccal cusp of 2.4 and the outer incline of the buccal cusp of 3.4. This occlusal disharmony can be:
A. a non-working side occlusal interference in protrusion
B. a non-working side occlusal interference in right laterotrusion
C. a premature contact in **CRO** causing an anterior slide in centric of more than 2 mm
D. a working side occlusal interference in left laterotrusion
E. anterolateral slide in centric to the side opposite to the location of the premature contact
D, E

727. The pain located anterior to the tragus, elicited when the patient clenches his teeth in **MI**, does not occur in the following cases:
A. anterior dislocation of the disc with reduction
B. disorder of the inferior lateral pterygoid muscle
C. anterior dislocation of the disc without reduction
D. disorder of the superior lateral pterygoid muscle
E. disorder of the medial pterygoid muscle

B, E

728. The occlusal overload of an **ISR** replacing 3.6 will be avoided by:
A. occlusal contacts centered on the body of the implant in **MI**
B. tripod type occlusal contacts in **MI**
C. occlusal table widened by 30%
D. freedom in centric of 1-1.5 mm
E. 40 μ inocclusion when the patient forcefully clenches his teeth in **MI**
A, D

729. Which of the following statements are true?
A. An exaggerated **VDO** is associated with a decreased freeway space
B. The elastic superior retrodiscal lamina is progressively tensed upon closing the mouth
C. Neuromuscular deprogramming is recommended before measuring the phonetic vertical dimension
D. A reduced **VDO** cannot lead to the disorder of the elevator muscles.
E. The centric stops maintain a stable position of the natural posterior teeth on the dental arches.
A, E

730. A large implant-supported **FPD** (Toronto bridge) that has opposing natural teeth:
A. will establish centric stops centered on the body of the implants
B. will meet the criteria of general balance occlusion, using a lingualized occlusal scheme
C. will present a point centric
D. will present a mild anterior guidance (small overbite, large overjet) in protrusion
E. will present a modified "group guidance" in laterotrusion (with the participation of **ISR** extensions)
A, D

731. The single-handed guiding of the mandible in **CR**:
A. will begin with a neuro-muscular deprogramming, by applying two cotton rolls between the dental arches
B. assumes a relaxed patient with a straight back and the head not supported in the headrest
C. is performed while the patient "raises his mandible on the frontal teeth" and stops when he feels the first occlusal contact
D. can be combined with the use of calibrated sheets made of polyester (leaf gauge)
E. involves the dentist applying a postero-inferior pressure to the chin
A, D,

732. Which of the following statements regarding the terminal hinge axis are true?
A. The terminal hinge axis represents a vertical axis around which the working side condyle rotates in laterotrusion
B. When the condyles are stabilized in **CR**, they can perform a pure rotational movement around the terminal hinge axis up to an interincisal distance of 20 – 25 mm.
C. The terminal hinge axis points are placed on the line connecting the tragus with the external angle of the eye, at 13 mm from the tragus
D. The terminal hinge axis must be parallel to the line joining the subnasale and the gonion

E. To check the points of the terminal hinge axis, we invite the patient to perform a maximum propulsion
B, C

733. Which of the following statements are false?
A. The anterior guidance angle is the angle formed by a horizontal reference plane with the protrusive path traveled by the mandibular incisal edges on the palatal surfaces of the maxillary anterior teeth, from **MI** to the "edge to edge" position
B. **CRO** coincides with the myocentric occlusion in patients with point centric
C. Extended posterior edentulous spaces can lead to the distalization of the mandible in **MI**
D. In a functional occlusion, the buccal cusps of the maxillary premolars and molars circumscribe the buccal cusps of the mandibular premolars and molars in **MI** in order to maintain the **VDO**
E. Freedom in centric combines a long centric with a wide centric in the same patient
B, D

734. Which of the following statements regarding inocclusion are true?
A. Inocclusion of the natural central incisors in **MI** leads to non-working side occlusal interference in laterotrusion
B. Inocclusion of the natural anterior teeth is normal in a correct **CRO** in a patient with long centric
C. Inocclusion of a natural posterior tooth in the **MI** can be followed by its migration.
D. Inocclusion of the natural canines in the **MI** leads to working side occlusal interference in protrusion
E. An **ISR** replacing a single tooth will show an inocclusion of 40µ when the patient gently touches the teeth in intercuspation
B, C, E

735. The **arcon** semi-adjustable articulators are very used:
A. in cases of complete dentures
B. in cases of tissue-borne removable partial dentures
C. for occlusal analysis
D. to obtain a diagnostic wax-up
E. for the manufacturing of teeth supported restorations
C, D, E

736. In a patient with functional occlusion, the supporting cusps:
A. maintain the **VDO**
B. avoid cheek biting
C. avoid bruxism
D. are represented by the mandibular buccal cusps and by the maxillary lingual cusps
E. have the same shape as the guiding cusps
A, D

737. In a patient with natural teeth, the anterior overbite:
A. has a value of 2-4 mm in a functional occlusion
B. is equal to the anterior overjet in a functional occlusion
C. has a value of less than 4 mm in class II division II interincisal relationships
D. must be in harmony with the curve of Spee

E. can be measured with the Willis gauge

A, D

738. The occlusal concept indicated for complete dentures is characterized by:

A. point centric
B. long centric
C. a slide in centric of less than 2 mm
D. occlusal contacts on the nonworking side during protrusion and laterotrusion
E. a **VDO** equal to the distance between the mandibular condyles placed in **CR**

A, D

739. Which of the following statements are true?

A. The occlusal table is represented by the inner inclines of the buccal and lingual cusps.
B. The pathological attrition of the cusp tip or 1.3 or 2.3 can lead to occlusal interferences in laterotrusion in a patient with natural teeth.
C. The **CR** is reproducible and is limited by ligaments.
D. The buccal mandibular cusps are supporting cusps in a posterior crossbite.
E. Patient with natural teeth and a posterior crossbite do not have a correct anterior guidance

A, B